Leeds and York Partnership NHS
NHS Foundation Trust

Annual Report and Accounts

1 April 2015
to
31 March 2016

improving health, improving lives

Leeds and York Partnership NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS
1 April 2015 to 31 March 2016

Presented to Parliament pursuant to Schedule 7 paragraph 25 (4) (a) of the National Health Service Act 2006

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1.1.1 THE CHAIR'S STATEMENT

I am a few weeks into my final term as Chair of this Trust so rather than look back at the last twelve months I shall make some observations about the broader context we work in and also the system-wide challenges a foundation trust such as this has to deal with.

Firstly, I am struck by the climatic change which has occurred over the last six years of my tenure in the way the status of being an FT has eroded. I can recall the policy heroics when at the peak of the Blair years the concept of foundation trusts was launched. The idea was predictably mauled by the need to effect compromises with a suspicious Labour movement but nonetheless the notional status of FTs as being corporate bodies at one remove from central government and even quango control survived not least rhetorically. Becoming a foundation trust was not just achieving a badge of honour; for some it meant giving these organisations real power and legal authority to change how, where and from whom health care was provided. By analogy other earlier public sector reforms were cited especially in the education service and it is of interest that the reform zeal has not completely dissipated there.

The public and indeed private discourse around this topic has profoundly changed such that the Board of an FT can face righteous criticism if it seeks its continued existence as a policy driver. The linkages with the private corporate world are now only legalistic, there in form only. The substantive policy drivers are about system provision first by reference to geographical boundaries and then the financial and logistical dimensions to new forms of organisation. Even some of the canons of corporate governance are now routinely disregarded, with hardly a week passing without an announcement being made of Trusts sharing chief executives. In a phrase the world emerging is one of fewer larger entities.

For mental health and learning disability services there is a real challenge in what we can term questions of scale. Our services are best when they are sufficiently well funded for continuity of care to be assured; but that is a 'no brainer' so to speak. The real issues relate to far more complex aspects of care which do not sit easily with the efficiency agenda of today's NHS.

Questions of 'effectiveness' are far more salient and touch upon the very nature of what we aspire to do. The importance of 'face to face' contact cannot be over-stated given the intrinsic uniqueness of how our service users present themselves to us. The word 'recovery' is frequently used in this context but perhaps the term 'discovery' is more meaningful. We are all touched by mental anguish and indeed it is an aspect being a human being. It is the severity and longevity of its presentation which we are charged with responding to and that challenge is not reducible to organisational form.

Nor is that the case with our responses to learning disability in any of its forms. Arguably this is an area of relatively major challenge because it is not capable of being contained within a medical model. Often the dilemma is cultural and the harshness with which our economy deals with peoples' needs; or it is a case of physical morbidities not being dealt with effectively. The interaction of different concepts of need presents a challenge which no one part of the care services world can respond to by itself.

Notwithstanding the style of dirigiste control now emerging this Foundation Trust is resolved to put the needs of our service users and their families in a pole position of one, so to speak, and not be diverted into organisational game playing. In reality the NHS pound is shrinking and the basic unit of resource available to local leaders is at a historically low level.

It has been a privilege to have chaired this Trust for the last six years and having just completed the appointment of a new Chief Executive, I am confident that Dr Sara Munro will lead a talented team of executive directors and a strong unitary Board in meeting the array of challenges we face.

Frank Griffiths
Chair of the Trust

1.1.2 THE CHIEF EXECUTIVE'S INTRODUCTION

Welcome to our 2015/16 Annual Report which provides a summary of our work during this period. In 2015/16 we have made some significant improvements to the quality of our care and internal governance processes, whilst continuing to work with partners to develop services and plans for the future. We enter 2016/17 as a financially stable organisation, although we recognise that our future sustainability depends on working with partners to develop new models of care in Leeds and networks of services across a wider geography. This Chief Executive's report provides a brief overview of our performance in 2016/17.

1.1.2.1 The Trust

The Trust is a provider of specialist mental health and learning disability services. We provide services to approximately 781,000 adults in the Leeds areas based on Office of National Statistics projections for 2016; and our specialist services accept referrals from across the UK. We operate from 123 dispersed sites and employ approximately 2,544 staff and 563 bank staff. As a teaching trust with strong links to local universities we have a reputation as a centre of excellence for teaching, research and development.

1.1.2.2 Quality and performance

Following a full Care Quality Commission (CQC) inspection in September 2014, we continued during 2015/16 to implement agreed actions to ensure that our services meet CQC fundamental standards. This included significantly improving our processes for assessing and addressing environmental risks and the speed and quality of our handling of complaints. In February 2016 we were informed that we will have a further full inspection by the CQC in July 2016.

The Trust met the vast majority of our national and local quality and performance standards for 2015/16. However, we continue to have too many people being placed out of area for inpatient care which has been largely due to significant pressures on mental health services. In addition to this we did not achieve the nationally mandated CQUIN for Physical Healthcare. For both of these areas comprehensive action plans are in place.

More details about our quality improvements can be found in the Quality Report which is in Part B of this Annual Report.

The overall financial performance as measured by NHS Improvement, our regulator, is assessed on key financial metrics:

- Underlying liquidity and the ability to cover interest and repayments on long-term debt,
- Income and expenditure margin and variance from planned income and expenditure margin.

An overall score ranging from 4 (highest performance / lowest risk) to 1 (lowest performance / highest risk) is calculated based on these metrics. We ended the year as an overall 4, with increased liquidity of 79 days compared to 65 days at the end of the previous year. Our long-term fixed PFI repayments and expected lower surpluses will result in a reduction to an overall 3 from 2016/17, however, this is still recognised as a good level of performance and the Trust remains strong on liquidity, linked to relatively high cash reserves.

1.1.2.3 Service developments

During 2015/16 we made significant improvements to our care services to enhance outcomes and service user experience. We are grateful to our commissioners for investment in many of these developments. A brief summary of a selection of these improvements is provided below.

- We opened a Crisis Assessment Unit (CAU) at the Becklin Centre. The CAU allows service users who have been initially assessed by the crisis assessment team to be admitted for up to 72 hours for further assessment of their ongoing needs. The aim of the CAU is to work with service users to manage the initial crisis and undertake a more comprehensive assessment without resorting to full inpatient admission.

- We opened a larger and upgraded Health-based Place of Safety (Section 136 suite) at the Becklin Centre which means we can give care and treatment in hospital for service users who in the past may have been taken into police custody. We also opened a dedicated S136 room for young people under the age of 18 to ensure they also receive care and assessment that maintains their emotional and physical wellbeing in a hospital environment.

- We enhanced our mental health Crisis Triage Service (formally Street Triage) by introducing nurses into the Police control rooms. The nurses provide advice and guidance to Police on the right actions to take when they are called to see service users with suspected mental health problems.

- In partnership with the Alzheimer's Society, we introduced memory support workers (MSW) who provide practical support and advice for people following a diagnosis of dementia. MSWs work between primary care, neighbourhood teams and specialist memory services, aiming to promote wellbeing at home and reduce the need for hospital admissions.

- We have supported older people in The Mount inpatient wards to gain the skills and knowledge to participate in, and get the most from the digital world. We believe that promoting digital inclusion has the potential to help reduce social isolation and loneliness for older people.

- We expanded our Neurodevelopmental Disorder Services, bringing together the Leeds Autism Diagnosis Service and the Attention Deficit Hyperactivity Disorder (ADHD) Service. This means we can reduce waiting lists for both services; offer more training to mainstream mental health services; and provide some post-diagnostic support for people with autism.

- The Yorkshire Centre for Eating Disorders was accredited by the quality network for eating disorders, which assures service users, carers and commissioners of the quality of the service they receive.

- Our perinatal services (often referred to as mother and baby units) developed a regional outreach service to support service users in the community.

- We continued work begun in 2014/15 with local GPs to support people with learning disabilities to increase the uptake of annual health checks. People with learning disabilities face significant health inequalities and this work has been designed to take an integrated approach to address this issue.

- We were part of a successful partnership bid to deliver a new integrated service for people needing help and support with alcohol and drugs. Forward Leeds brings together a range of expert organisations including DISC, Barca Leeds, St Anne's Community Services, St Martin's Healthcare Service and the Trust's Leeds Addiction Unit. It will support sustained recovery and enable individuals to make positive progress with their lives.

- Our Personality Disorder Services continued to develop innovative services, in partnership with the North East National Probation Service, which aims to reduce re-offending by supporting improvements in psychological health and wellbeing for service users and developing the health / criminal justice workforce.

You can read more about these and other developments in our clinical services in the Service User Care section, Part A section 2.2.1 of this Annual Report.

1.1.2.4 Services in the Vale of York

The Vale of York Clinical Commissioning Group tendered the provision of local mental health services in 2015/16. We submitted a bid that we believed best reflected the needs of the people we served in the Vale of York. Although our bid scored highest on quality, it was not the cheapest, and the tender was awarded to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

Service user safety is always the first priority of our Trust and, whilst we were running services at Bootham Park Hospital, our staff worked incredibly hard to reduce the risks to service users and keep services safe in what was an unsuitable decaying building. However, due to the scale of work required

and complications in getting the landlord to complete work, we were regrettably unable to bring Bootham Park up to acceptable standards. On 24 September 2015 the CQC informed the Trust to cease all regulatory activities at the hospital prior to the transfer of services to TEWV and we were required to close the hospital at very short notice. We co-operated fully with subsequent investigations carried out into the sudden closure of the hospital and accepted the recommendations.

1.1.2.5 Corporate services

Our clinical services cannot provide care and treatment for service users and carers without the support of our corporate services. We therefore continue to strive to improve both frontline and corporate services.

Similar to other mental health trusts in England, we have carried a significant risk to delivery of high quality services due to high numbers of vacancies, particularly in qualified nursing staff. In 2015/16 we developed new and improved approaches to recruitment, including use of social media and centrally-run recruitment events. To ensure effective staff retention, we also took steps to improve our staff engagement, including extensive Chief Executive listening events and the launch of an online Crowdsourcing platform to increase levels of staff involvement in setting organisational priorities.

We also started work on refreshing or IT strategy, recognising the need to introduce new technologies, such as Digipens to help support clinical staff in delivering care in a more effective and efficient way thereby freeing up more clinical time for face-to-face care. We have looked at our estates strategy to ensure we use this to its best. We have spoken with clinicians to ensure the estates strategy is aligned to clinical need and priority and that it supports the clinical strategy. We recognise the task ahead of us but are committed to making our care environments safer and more therapeutic so contributing to overall service user experience.

1.1.2.6 Tackling stigma and discrimination

As well as providing commissioned services, we have always taken seriously the role we can play in promoting a better understanding of mental health and learning disabilities and campaigning to reduce stigma. In 2015/16 our *Man Up?* campaign aimed to challenge stereotypical beliefs about men and their mental health and wellbeing, and to shed some light on the issues that are most pressing for men in 2015. Also, Love Arts Leeds held its fifth annual festival in October 2015, with events aimed at raising awareness and encouraging understanding around mental health and learning disabilities through art and creativity. In partnership with Converge at York St John University, we also held the second Love Arts York festival.

1.1.2.7 Sustainability and transformation

NHS England's Five Year Forward View was published in October 2014, and 2015/16 was the first full year of implementation. The Trust's Board of Directors considered carefully the direction of travel for health and care services set out in the Five Year Forward View and how we should engage with partners locally to play our part fully in the delivery of this plan. In doing so, we have focused in particular on the development of new models of care, working in partnership with commissioners and providers to develop a vision for services to be delivered by 2020.

Broadly speaking, the Trust provides two kinds of care: local mental health, learning disability and addictions services for the people of Leeds; and specialist services across the region and even further afield, with large bases in Leeds and York, and smaller ones in Manchester and Newcastle. We remain fully committed to maintaining and developing services at both these levels. Indeed, we believe that the financial sustainability of the Trust depends on transformation of both local and specialist services.

For our local services, we have been working closely with the Leeds Clinical Commissioning Groups, GP providers, Leeds Community Healthcare, Leeds City Council and third sector partners to develop plans to test out new models of care that bring together primary and community-based services into Multispecialty Community Providers (MCPs). This is an exciting development that gives us the opportunity to deliver real parity of esteem for people with mental health problems by providing a range of services for people wrapped around primary care. The plans are in the very early phase of development, but could become the standard model of care, building on the integrated neighbourhood teams that already provide integrated health and social care for older people.

For our regional specialist services, we have begun conversations with neighbouring providers to see if we can support improved quality and sustainability through exploring closer partnership approaches, such as managed networks of services. There are likely to be tenders for inpatient services for children and young people (Tier 4 CAMHS) and forensic mental health services in 2016/17 so we have focused on these regional specialist services in the first instance. We have also worked closely with other providers of mental health services in West Yorkshire to develop proposals for the Mental Health Urgent Care Vanguard.

We have been fully involved in the development of the Sustainability and Transformation Plan (STP) for Leeds and that for West Yorkshire. We have been explicit with commissioners about a number of challenges relating to mental health and learning disability services, including: the large rise in referrals from primary care; the significant levels of demand our community and inpatient teams are managing; and the rising thresholds NHS England are applying to specialist services and the pressure that this will bring to local services. We have therefore worked with partners in Leeds to ensure that mental health prevention, care and support runs as a theme through every facet of the STP. For example people with serious mental health conditions and learning difficulties have now been included in the specific high-risk groups within the Leeds population for whom providing appropriate preventative services is a priority.

At the heart of transformation and sustainability is our desire to work with partners to deliver high quality services that improve people's health and lives.

1.1.2.8 Leadership changes and our staff

In closing, I would like to thank our long-standing Chief Executive, Chris Butler, who stood down at the end of December 2015. Chris was a strong advocate of mental health and learning disability services, both locally and nationally, and made a significant contribution to the Trust during his 10 years as Chief Executive.

I would also like to thank all our staff and volunteers who have worked tremendously hard during the year to provide good quality, compassionate care. Whether they work directly with service users or provide support services, all of our staff and who have risen to the challenges presented to the Trust with a very high degree of professionalism and dedication.

Together we will continue to meet the ongoing go challenges faced not only by this Trust by the NHS more widely and build on the strong foundations we have put in place to help service users improve their health and improve their lives.

Jill Copeland
Interim Chief Executive

1.1.3 ABOUT OUR TRUST – A BRIEF HISTORY AND STATUTORY BACKGROUND

As part of the NHS and Community Care Act (1990) the Leeds Community and Mental Health Services Teaching NHS Trust was formed on 1 February 1993. This was a self-governing trust providing community, mental health and learning disability services within the Leeds metropolitan area. In 2002 all community services previously provided by the NHS Trust transferred to the PCTs in Leeds, and the Trust was renamed the Leeds Mental Health Teaching NHS Trust; providing only mental health and learning disability services.

On 1 August 2007 NHS Improvement (formally Monitor) authorised us as a foundation trust, and we were formed as the Leeds Partnerships NHS Foundation Trust under the NHS Act 2006. As a foundation trust we continue to provide mental health and learning disability services but are no longer performance managed by the Department of Health.

A further development for our Trust was the acquisition of mental health, learning disability and substance misuse services from NHS North Yorkshire and York on 1 February 2012. To reflect the new geographical area in which services were provided we became the Leeds and York Partnership NHS Foundation Trust. However, some of these services transferred across to Tees, Esk and Wear Valleys NHS Foundation Trust on 1 October 2015, although the Trust still provides Tier 4 and deaf CAMHS and Low Secure Forensic services in York which serve a regional population base.

1.1.4 STATEMENT OF PURPOSE AND ACTIVITIES OF THE TRUST

The Trust is a provider of specialist mental health and learning disability services. As a teaching trust with strong links to local universities it has a reputation as a centre of excellence for teaching, research and development, partly attributable to the national profiles of a number of our clinicians.

The Trust is the principal provider of secondary mental health and learning disability services in the city of Leeds. It has developed robust relationships with service users, carers and partners in the statutory and non-statutory sectors.

We provide services to approximately 781,000 adults in the Leeds areas based on the Office of National Statistics projections for 2016 and specialist services accept referrals from across the UK. We operate from 123 dispersed sites and employ approximately 2,544 staff and 563 bank staff.

Clinical services within the Trust are currently delivered across two service directorates:

1. Leeds Care Group which provides adult services and is commissioned by the Leeds CCGs
2. Specialist and Learning Disabilities Care Group which provides mainly NHS England specialist services but with some CCG and Local Authority commissioned services such as Learning Disabilities.

The Care Quality Commission (CQC) asks us to list our services within a set of pre-determined categories. Using these categories, the regulated activities that the Trust is registered to provide are as follows:

- Treatment of disease, disorder or injury
- Nursing Care
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures
- Personal Care.

More information about the work of the directorates can be found in Part A section 2.2.1 of this Annual Report.

1.1.5 OUR STRATEGY

In September 2013 we launched our refreshed Strategy *Improving health, improving lives*, which describes what we want to achieve over the next five years (to 2018) and how we plan to get there. The

strategy is designed around the three key elements of quality: effective care that improves outcomes for people who use our services; safe care; and positive service user and carer experience.

Our strategic intent set out in our Strategy (2013-2018), five-year Strategic Plan (2014-2019) and two-year Operational Plan (2014-2016) was fully aligned with national policy at the time of writing. Since that time a number of significant developments have affected this intent; these include the publication and emerging implications of the *NHS Five Year Forward View* and the loss of the contract for general mental health and learning disability services commissioned by the Vale of York CCG. The loss, whilst not materially affecting our financial position, has led to a substantial review and reflection on the long-term future for the Trust and how we plan to work differently with partners local to Leeds, and across a wider geographic area to provide better care for our service users.

Throughout 2015/16 the Board of Directors took time to review and consider the *NHS Five Year Forward View*, the *Dalton Review* and the evidence base, opportunities, and options that proposed new models of care present. The Board highlighted the need to initiate more formal partnership arrangements to scope out and identify joint service development work-streams and the potential sharing of corporate functions. The intention being that this would support the development of integrated business plans, including models of integrated physical and mental health services, at the neighbourhood / primary care level.

In January 2016 the Board considered our priorities for 2016/17 which would not only continue to improve the outcomes we deliver for service users, but also begin to provide a foundation in which we developed our new Trust strategy. A series of listening events and the design of a Crowdsourcing platform have been initiated to better enable discussion and feedback from service users, stakeholders and staff about our future strategy which we aim to launch towards the end of 2016.

1.1.5.1 Our goals, strategic objectives and priorities

We have three goals that very simply describe the outcomes we aspire to for everyone who uses our services. They are the three things we believe will help us achieve our purpose and which we are passionate about realising. We have deliberately kept them simple so all our staff can keep a clear focus on them every day and in everything they do. For each goal we have criteria that we can measure so we will know when we have supported people to achieve their desired outcomes.

For each objective we have set ourselves the measures of success we want to achieve by 2018, and milestones to track our progress. All our measures will continue to be tracked through our governance framework, to make sure we are on course to achieve them.

A summary of our strategy (2013 – 2018) can be found below and all our strategy documents are on our website www.leedsandyorkpft.nhs.uk.

Table 1.1A – Our strategy

Our strategy					
Purpose					
Improving health, improving lives					
Values					
Respect and dignity	Commitment to quality of care	Working together	Improving lives	Compassion	Everyone counts
Ambition					
Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives					
Goals					
1	People achieve their agreed goals for improving health and improving lives	2	People experience safe care	3	People have a positive experience of their care and support
Strategic objectives					
1	Quality and outcomes	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
2	Partnerships	We work with partners and local communities to improve health and lives			
3	Workforce	We value and develop our workforce and those supporting us			
4	Efficiency and sustainability	We provide efficient and sustainable services			
5	Governance and compliance	We govern our Trust effectively and meet our regulatory requirements			

1.1.5.2 How we have involved our governors

We have in place a Strategy Committee which is a sub-committee of the Council of Governors. The Strategy Committee is responsible for overseeing the development of the business priorities which underpin our strategy and are captured in our Operational Plan and five-year Strategic Plan. The committee also has oversight of the process to refresh our strategy, reporting its recommendations to both the Council of Governors and the Board of Directors. The governors are leading the process of our strategy refresh and will be leading aspects of development and consultation, including the Crowdsourcing initiative.

The Strategy Committee includes governor representatives from each constituency, with meetings being scheduled to coincide with our strategic planning cycle. Governors are asked to represent the interests of their members, the wider public and / or partner organisation when attending the committee and use their knowledge to inform the content of our future plans and support the achievement of our strategy.

1.1.6 OUR VALUES

Our values describe what attitudes and behaviours we believe are important in achieving our purpose. We support the values set out in the NHS Constitution, which we have adapted to make them relevant to the people who use our services, their carers and our staff. Our charter of values is set out below.

Table 1.1B – Our values

Respect and dignity	We value and respect every person as an individual. We challenge the stigma surrounding mental ill-health and learning disabilities. We value diversity, take what others have to say seriously and are honest about what we can and can't do
Commitment to quality of care	We focus on quality and strive to get the basics right. We welcome feedback, learn from our experiences and build on our successes
Working together	We work together across organisational boundaries to put people first in everything we do
Improving lives	We strive to improve health and lives by providing mental health and learning disability care. We support and empower people to take the journey to recovery in every aspect of their lives
Compassion	We take time to respond to everyone's experiences. We deliver care with empathy and kindness for people we serve and work alongside
Everyone counts	We work for the benefit of the whole community and make sure nobody is excluded or left behind. We recognise that we all have a part to play in making ourselves and our communities healthier

1.1.7 PRINCIPAL RISKS FOR THE ORGANISATION

The immediate in-year and potential future risks are those that have been identified as strategic risks on the strategic risk register. At the end of the year these are as follows:

- Care Quality Commission compliance actions: failure to meet deadlines for the implementation of agreed procedures, systems and improvements for all compliance actions notified to the CQC
- Cyber-attack: the danger of a cyber-attack on the Trust's ICT infrastructure through malicious hacking or system virus infection
- Deterioration in the financial standing of the Trust
- Fundamentally defective detentions: failings in systems and processes have arisen and the Trust is currently not assured of the legality of detentions/ restrictions under the Mental Health Act
- Increasing number of clinical vacancies in Care Services
- Providing services from premises that are not in direct ownership of the Trust
- Workforce not equipped or sufficiently engaged to deliver new models of care.

Each of these risks has an identified executive director and management lead. These risks are managed through the risk management and risk register process and are reported to the Executive Team; to the relevant Board sub-committee;, and to the Board of Directors via the Integrated Quality and Performance Report, key strategic action plans and the Board Assurance Framework.

Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The strategic risk register is regularly reviewed by the Executive Team and the positive impact of the mitigations assessed. The Audit Committee also receives at each meeting one of the directorate risk registers with a representative from the directorate attending to discuss the risks and present the mitigating actions.

1.1.8 GOING CONCERN STATEMENT

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt a going concern basis in preparing the accounts.

SECTION 1.2 – THE PERFORMANCE REPORT (Performance Analysis)

1.2.1 MEASURING PERFORMANCE

The Trust has NHS Improvement targets, NHS Standard contract requirements, national and local Commissioning for Quality and Innovation (CQUIN) measures and locally agreed performance and quality measures with our commissioners.

A monthly Integrated Quality and Performance Report is produced which captures performance against these standards. This is reported to our Board quarterly and our Executive Team and commissioners monthly. In addition CQUIN reports are produced in accordance with the Standard Contract reporting timescales or as agreed with commissioners for local CQUINs.

There are identified leads for each measure who are responsible for ensuring reports are submitted on time and that all relevant actions are completed to achieve performance.

The Executive Team, Board of Directors and Council of Governors have regular oversight of the reports. The reports include an exceptions section which gives further detail on areas where performance may not be as expected and what actions are being put in place to rectify this.

We also have regular dialogue with our commissioners and have a reporting schedule to submit performance and quality information to them. We meet on a quarterly basis and have a set agenda which addresses all aspects of performance and quality.

1.2.2 FINANCIAL PERFORMANCE

1.2.2.1 Overview

The Trust sets its financial plan at the beginning of each year to underpin the overall strategic objectives and support the delivery of the operational business plan. Part-way through 2015/16 the original plan agreed by the Board of Directors was reviewed and amended. This was specifically in relation to the consequences of being unsuccessful in the re-tendering for services commissioned by the Vale of York Clinical Commissioning Group. This contract expired on 30 September 2015. This change reduced the business of the Trust by £30 million annually (in year £15 million), and its financial impact was managed well with no significant adverse financial risk as a consequence.

The Trust's revised plan and actual performance are shown in the table below. It shows the key measures by which we and our regulator assess and monitor performance. The table demonstrates overall a strong financial performance by the Trust building on good performances in previous years, helping to maintain an underlying stable position.

Table 1.2A

Revised plan	Outturn
Income and expenditure surplus £2.5m	Income and expenditure surplus £3.1m
Capital expenditure £3.4m	Capital expenditure £1.9m
Cost improvement / efficiency £3.6m	Cost improvement / Efficiency £3.7m
Financial sustainability risk rating 4	Financial sustainability risk rating 4

The overall financial performance as measured by NHS Improvement, our regulator, is assessed on four key financial metrics; underlying liquidity and the ability to cover interest and repayments on long-term debt, income and expenditure margin and variance from planned income and expenditure margin. An overall score ranging from 4 (highest performance / lowest risk) to 1 (lowest performance / highest risk) is calculated based on these four metrics. As shown in the table below, we ended the year as an overall 4, with increased liquidity to 79 days compared to 65 days at the end of the previous year. Our long-term fixed PFI repayments and expected lower surpluses will result in a reduction to an overall 3 from

2016/17. This is still recognised as a good level of performance and the Trust remains strong on liquidity, linked to relatively high cash reserves.

Table 1.2B – Financial sustainability risk rating (FSRR)

Year ending 31 March 2016	Score	Risk Rating Category
Capital service cover	1.73	2
Liquidity	79 days	4
Income and expenditure margin	1.8%	4
Variance in Income and expenditure margin	0.2%	4
Financial sustainability risk rating		**4**

1.2.2.2 The Statement of Comprehensive Income (year-on-year)

The statement of comprehensive income shows a surplus of £3.1 million for the year ended 31 March 2016 (compared to £5.6m in the previous year). This was marginally higher than the revised plan of £2.5m. Again, as in the previous year, the financial performance reflects a range of non-recurrent factors and exceptional items, including: unutilised contingency reserves and provisions; and additional in-year non-recurrent funding for service changes and developments some had a level of slippage. After taking into account all of these, the underlying surplus was in the region of £1.2m, just under 1% of our annual turnover.

Operating income

Our income for the year reduced to £167.3 million (£179.5 million in 2014/15), this is after taking into account the part-year impact of the Vale of York tender, movements in tariff deflation and the impact of recurrent and non-recurrent funding changes across the years. Income received in respect of service user care activities is predominantly received on a fixed block basis but during the year we received additional recurrent allocations from our CCG commissioners to support service developments including our Crisis Assessment Unit in Leeds (£0.6 million), and Neurodevelopmental Service (£0.3 million). We also received a further £2.5 million from Leeds non-recurrently to support key initiatives. Additional investment was received from the specialist commissioner in the year relating to the men's intensive risk management services (£0.4 million) and perinatal outreach services (£0.3 million).

Operating expenses

The total operating expenses for the year was £160.2 million (£169.6 million in 2014/15), which is a net decrease of just over 5.5%. This is after taking into account the part-year impact of the Vale of York tender, cost inflation, savings targets and expenditure to match new funding. Staff costs are our single largest operating expense and this decreased by 7.9% in the year. The only material adverse impact on pay costs was the increased use of agency staffing during the year, affected by both the need for some short-term support in certain areas, the level of vacancies and some difficult to recruit to areas. All of this is being addressed in our future workforce planning. Purchase of healthcare from non-NHS bodies expenses increased to £6.5 million during the year (£3.1 million in 2014/15) as a consequence of increasing numbers of out of area placements and new arrangements with voluntary sector organisations.

Cost Improvement Plans (CIPs)

Each year we are required to meet a level of efficiency savings through the cost improvement programme. In-year we reduced the level of savings target primarily linked to discontinuing the Complex Later Life scheme following a review of the quality impact assessment. Combined cost savings delivered £3.7m (2.4% of operating expenses less PFI costs) in the year.

1.2.2.3 Capital Expenditure

During the year we reassessed our capital programme to take into account the scale and pace of delivering some key strategic items, which required further consultation. However even despite revising down the plan in-year we still did not achieve the level of investment expenditure we anticipated. Overall

we delivered a level of investment of £1.9million, which was much lower than the previous year (£4.5 million). The main projects were completing a refurbishment for the Intensive Community Service at St Mary's House and the creation of a dedicated Crisis Assessment Unit at the Becklin Centre. Other expenditure related to information technology infrastructure and the initial investment in an electronic prescribing system (which will be completed in 2016/17).

1.2.2.4 The statement of financial position

The summary of the Trust's overall value shows a net increase in taxpayers' equity of £4.9 million to £60.7 million as at 31 March 2016. This reflects the impact of the surplus generated in the year and the net impact of asset disposals and revaluations. In particular, during the year the Trust disposed of one of its PFI assets. Working capital (current assets less current liabilities) has increased by £4.5 million, of which the net cash decrease was £0.9 million. The surplus cash held at the end of the year was deposited with HM National Loans Fund. It is our policy to deposit any temporary surpluses in cash in low-risk deposit accounts with either United Kingdom commercial clearing banks or the HM National Loans Fund.

1.2.2.5 Future financial outlook and risks

Last year the Trust identified a number of challenges for 2015/16, some generic to the health sector (eg impact of continued constrained revenue allocations and requirements of integrated health funding with social care) and a specific risk due to expected re-procurements of two services: the Vale of York Mental Health and Learning Disability Services and the Addictions Service in Leeds. Both of these procurements materialised. The Trust was successful in a partnership bid for a city-wide Addictions Service, although with a significantly reduced share of business as the service specification is very different. The loss of the Vale of York commissioned services was significant in terms of Trust business but has not impacted materially on the financial position. It has however, combined with other external factors and the emergence of sustainability and transformation plans, led the Trust to begin reassessing its overall strategy for the medium-term.

The Trust has prepared an operational financial plan for 2016/17, which supports us to deliver the objectives set out for the year. Due to the significant financial pressure that the NHS provider sector is under in aggregate, individual organisations have been asked by the regulatory bodies to deliver the most challenging stretching position possible. The Board of Directors has agreed £1 million surplus plan for 2016/17 (slightly less than 1% of turnover). This requires an overall cost improvement plan of 2% and non-recurrent additional savings of £0.8m. The Trust has not been able to secure additional new investment for our core services in 2016/17 from our main commissioners (above the 1.1% inflation tariff). This reflects the very constrained position they are operating in and potentially adds to the financial risk and challenge for the Trust.

Recognising the wider financial challenges of the NHS and social care, the Trust's financial strategy remains focused on supporting the organisation to achieve its goals and maintain a strong stable position which minimises financial risk. We fully recognise the balance between financial sustainability and service quality and improvement with the emphasis being to work more collaboratively to ensure system-wide sustainability. The Trust is well placed to support the broader agenda and is in a stable financial position.

1.2.2.6 Our exposure to financial risks

Price risk

We have a relatively low exposure to price risk. This is for three main reasons. Firstly, salary costs are the single biggest component of our costs and for 2016/17 our financial plans reflect the nationally agreed pay award of 1%. With regard to non-pay our plans assume a similar level to the projected rate of increase in the consumer price index.

Secondly, income assumptions are set out each year through the business and planning arrangements for the NHS mandated by the Department of Health. Assumptions made regarding inflationary / deflationary changes have been assumed to be extremely challenging in the future. Finally, most income is received on a block contract basis rather than 'pay as you go' and it is unlikely for the significant part of our income that this will change quickly. As noted there have been national delays in the

implementation of a tariff system for mental health. When this is implemented it will need to be managed carefully due to an unintended risk for commissioners and providers.

Credit risk

This is minimal as the majority of our customers are public sector organisations, in particular NHS organisations.

Liquidity risk

Liquidity risk is felt to be low. This is because operating costs are incurred primarily through legally-binding contracts for services provided to clinical commissioning groups and NHS England, which in turn are financed from money received from parliament. Assumptions about future income have been revised to take into account the new market conditions.

Cash-flow risk

The main sources of income and expenditure are extremely predictable. The Trust is forecast to retain significant cash and other liquidity resources for the foreseeable future. Cash-flow risk is therefore felt to be low due to the adequate level of cash reserves; and the Trust not having sought a working capital loan facility because we have sufficient working capital. The Trust has modified its capital expenditure plans and has a robust approach to investment appraisal including risk issues.

1.2.3 CORPORATE SOCIAL RESPONSIBILITY

1.2.3.1 Mental health and art

The Arts and Minds initiates creative projects within our services to promote recovery and wellbeing. They have undertaken a wide range of activities that enable service users to participate in the cultural life of our cities. Below are some of the highlights of 2015/16.

- **Arts and Minds** have continued to develop partnerships with a range of education providers. Now in its fifth year, students from the Leeds College of Music are in the process of running three months of music workshops in older peoples' wards at the Mount. This year, the placements have expanded to include all wards at the Mount; Hawthorne House; and the Yorkshire Centre for Psychological Medicine, involving a total of 40 service users. The Swarthmore Education Centre has continued (for the third year) an arts course for people with dementia that is accessed through occupational therapists in our services. East Street Arts has also run two 10-week art courses at the Recovery and Rehabilitation Service. The outcomes have yet to be evaluated as some of the projects are not complete.

  "I felt good joining in and learnt something new" (participant in Recovery and Rehab project).

- We were successful in our bid for £10k to the Arts Council to fund a creative project within forensic services, older people's services, the perinatal unit and the acute inpatient service. Our arts partners Faceless Arts worked with 50 service users as well as staff, carers and visitors to co-produce a giant sculpture that was displayed in Leeds city centre for Light Night. The grant also funded a training and monitoring programme for emerging artists with mental health issues to enable them to create exhibitions as part of our Love Arts Festival arts trail. We had 22 exhibitions featured in the train and were promoted though our partners the British Art Show.

  "It has given me so much confidence that I didn't have before. I have made new friends and don't feel as alone or cut off" (participant in mentoring programme).

- Our fifth **Leeds Love Arts Festival** (www.loveartsleeds.co.uk) took place last autumn with the aim of raising public awareness of mental health and contributing to a reduction of stigma and discrimination. The main focus for the festival was a visual arts trail, the first of its kind for Love Arts Festival. We also held 24 festival events over two weeks. We developed partnerships with 47 organisations (including 24 new ones) and recruited 17 volunteers who supported our events. We made contact with: 880 people who attended events; 153,799 people who viewed

the art trail; and an estimated 1,842,741 people through our media profile during that time. The festival was marketed heavily using social media. It had 4,162 twitter followers (an increase of 825 from 2014), and 672 Facebook friends (an increase of 208 from 2014).

"Being acrophobic highly panicky, and prone to long bouts of dark depression, being involved with this has helped me to become more confident within my artwork and myself to become more active within events like Love Arts Festival. Things seem less lonely and dark and this wonderful service around me" (exhibiting artist).

- We published a ***Creative Pathways*** guide to support staff to incorporate more creativity into their service. We promoted the guide through a series of presentations at St Mary's House; the Mount; Eating Disorders Unit; Forensic Service; and Recovery and Rehab.

- **Cloth Cat** ran a music project at the Newsam Centre forensic unit, for the fifth year. The project was funded by profits raised at monthly music nights at Inkwell (where service users have the opportunity to perform), and from the fund-raising efforts of Arts and Minds members.

- **Arts and Minds** held three successful creative networking events at Stanley and Aubrey Burton Gallery; The Tetley; and Leeds Art Gallery. We also relaunched the 'Culture Club' that meets monthly to see shows, exhibitions, etc. Both of these initiatives enable members to connect with the cultural life of Leeds and build new networks to help sustain their mental health.

- The second **York Love Arts Festival** also took place in spring 2015, delivered by a steering group formed from local arts and mental health partners that we supported. Arts and Minds presented at the conference that formed part of the festival.

1.2.4 HUMAN RIGHTS

Our Trust respects and abides by all human rights legislation. The human rights principles of fairness, respect, equality, dignity and autonomy are detailed within our organisational values; they underpin our strategic objectives and our policies and procedures. Adherence to these principles is monitored through our governance structure.

As Interim Chief Executive I confirm that the information in this Performance Report (sections 1.1 and 1.2 of this Annual Report) is accurate to the best of my knowledge.

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

SECTION 2.1 – THE ACCOUNTABILITY REPORT (Directors' Report)

2.1.1 Members of the Board of Directors

At the end of 2015/16 the Board of Directors was made up of seven non-executive directors (including the Chair of the Trust) and six executive directors (including the Chief Executive). The table below lists members of the Board of Directors as at 31 March 2016. It shows the name of the Chair of the Trust and Deputy Chair; the Senior Independent Director; the Interim Chief Executive and the Interim Deputy Chief Executive.

Table 2.1A – Members of the Board of Directors as at 31 March 2016

NON-EXECUTIVE TEAM		
Frank Griffiths	Chair of the Trust	3 year appointment from 1 April 2013*
Margaret Sentamu	Non-executive Director (Deputy Chair from 17 February 2016)	3-year appointment from 6 February 2014
Julie Tankard	Non-executive Director	3-year appointment from 1 March 2016
Dr Gill Taylor	Non-executive Director (Senior Independent Director)	3-year appointment from 6 February 2014
Professor Carl Thompson	Non-executive Director	3-year appointment from 3 July 2013
Keith Woodhouse	Non-executive Director	3-year appointment from 7 November 2013
Steven Wrigley-Howe	Non-executive Director (Deputy Chair from 6 November 2014 to the 16 February 2016)	3-year appointment from 17 February 2016**
EXECUTIVE TEAM		
Jill Copeland	Interim Chief Executive	
Lynn Parkinson	Interim Chief Operating Officer	
Dawn Hanwell	Chief Financial Officer (Interim Deputy Chief Executive)	
Dr Jim Isherwood	Medical Director	
Anthony Deery	Director of Nursing	
Susan Tyler	Director of Workforce Development	

* Frank Griffiths was appointed for a further 1 year term by the Council of Governors with effect from 1 April 2016 to finish on 31 March 2017.

** Steven Wrigley-Howe was due to come to the end of his first term as a non-executive director on the 6 February 2016. The Council of Governors agreed to extend this first term by an additional 11-days (prior to him being re-appointed on the 17 February 2016) in order to ensure that there was a full complement of NEDs on the Board of Directors up until the date of the February 2016 Council of Governors meeting.

Non-executive directors, including the Chair of the Trust are appointed by the Council of Governors through an open advertisement process. Should it be necessary to remove either the Chair of the Trust or any of the other non-executive directors this will be done by the Council of Governors. A decision to remove the Chair of the Trust or another non-executive director must be done in accordance with our constitution and only if three quarters of the total number of governors appointed or elected at the time, vote to remove an individual.

The Board of Directors considers that it is balanced, complete and appropriate and this can be seen in the biographical details of Board members as set out in Part A section 3.3 of this Annual Report. All the non-executive directors are considered to be independent in both judgement and character, and the Board has confirmed that there are no relationships or circumstances which are likely to affect, or could appear to affect, judgment in this respect.

It is also reported that the Chair of the Trust has no other significant commitments that have affected his ability to carry out his duties to the full, and he has therefore been able to allow sufficient time to undertake these duties. A copy of the Chair's annual declaration of interest form can be obtained from the Head of Corporate Governance.

Further information about the Board of Directors can be found in Part A sections 2.4 and 3 of this Annual Report.

2.1.2 REGISTER OF DIRECTORS' INTERESTS

Under the provisions of the constitution, we are required to have a register of interests to formally record any declarations of interests of members of the Board of Directors. In particular, the register will include details of all directorships and other relevant material interests, which both executive and non-executive directors have declared.

On appointment members of the Board of Directors must declare any interests, which might place, or be seen to place them in a potential conflict of interest between their personal or private interests and those arising from their membership of the Board of Directors. None of the interests declared, conflict with their role as a director.

Members of the Board of Directors are also required to declare any conflict or pecuniary interests that arise in the course of conducting Trust business, specifically at each meeting of the Board, and make an annual declaration of interest to ensure declarations remain up to date.

The register of interests is maintained by the Head of Corporate Governance and is available for inspection by members of the public on request. The Head of Corporate Governance can be contacted by telephone 0113 8555930 or by email chill29@nhs.net.

2.1.3 DIRECTORS' STATEMENT AS TO DISCLOSURE TO THE AUDITORS

For each individual who is a director at the time this Annual Report was approved, so far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware; and the directors have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

2.1.4 DISCLOSURE FOR THE PAYMENT OF CREDITORS

We adopt the *Better Payment Practice Code*, which requires payment of all our undisputed invoices by the due date or within 30 days of receipt of goods. Further information can be found in note 9 of the Annual Accounts in Part C of this Annual Report.

2.1.5 INCOME DISCLOSURE

The Trust is required under Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to ensure that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has met this requirement in 2015/16. The Board of Directors therefore declares that there has been no material income other than from the provision of goods and services for the purposes of the health service in England. Any benefit is re-invested in the provision of those services.

2.1.6 COST ALLOCATION AND CHARGING

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and the Office of Public Sector Information guidance.

2.1.7 POLITICAL AND CHARITABLE DONATIONS

The Board reports that it has not made any political or charitable donations and that it is not the policy of the Leeds and York Partnership NHS Foundation Trust to make any such payments.

2.1.8 QUALITY GOVERNANCE REPORTING

The Quality Report contains a comprehensive review of the quality of our services and the priorities for quality improvement. This is set out in full in the Quality Report in Part B of this Annual Report. The following summary outlines some key points of note.

At the heart of our commitment to quality is a clearly defined system of quality performance management and, as outlined in the Annual Governance Statement, a clear risk management process.

A key part of the Board's assurance on quality and safety is the Quality Committee, which is chaired by a non-executive director (Prof Carl Thompson). The purpose of this committee is to ensure that quality and risks are considered in an integrated way by: seeking assurance and opportunities to improve clinical quality; looking at clinical effectiveness, service user experience and service user safety; and overseeing clinical governance through monitoring compliance with those standards required for the delivery of high quality care.

The Board of Directors monitors quality through the quarterly Integrated Quality and Performance Report. It also reviews serious incidents and the learning from the investigation of such incidents. We also have a comprehensive clinical audit work-plan covering both national and local audits with information and progress on clinical audit reported to the Quality Committee and the Audit Committee.

Our strategic plan and the Quality Report detail our approach to quality. We strive to ensure that we have the right people in the right places working to consistent quality standards as articulated in our policies and that this ensures that we are well governed and that service users are provided with consistently high quality care.

In 2014/15 the Trust was inspected between 29 September and 5 October 2014 as part of the Care Quality Commission's (CQC) comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services, including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

The Trust was given an overall rating of 'requires improvement' (see summary table below).

Table 2.1B – CQC ratings from the 2014 inspection

Five key questions	Overall rating for the Trust
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well led?	Requires improvement
Overall	**Requires improvement**

The inspectors found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York, the 'meaningful and extensive' activities for service users at the Newsam Centre in Leeds and the Crisis Assessment Unit at the Becklin Centre in Leeds.

There were a smaller number of areas where the inspectors found some issues with services including the quality of the environment where care was being delivered, the level of staffing available at all times to meet the needs of service users, and the level of training that staff had received.

The CQC set the Trust 19 'must-do' actions and 23 'should-do' actions across its clinical services. The Trust has agreed an action plan that addresses the key concerns highlighted in the report.

The 2014 the CQC full inspection action plan was shared with the Scrutiny Board and our commissioners and is now almost concluded. Four actions are classified as overdue and relate to

achievement of our target for compulsory training and supervision. This is being further supported by a new action plan and monitoring process to support services to better meet the training targets.

Four items are classed as partially complete due to two actions still requiring resolution and these include:

- The provision of a long term solution for the location of the Yorkshire Centre for Psychological Medicine that is currently based at Leeds General Infirmary. This is being addressed through the Trust's clinical strategy review which will also identify the accommodation requirements of the entire Trust.

- All Forensic service users at the Newsam Centre to be registered with a GP to ensure their physical healthcare needs are being met. This issue is being progressed and the Trust is seeking Leeds CCG support to identify GP support for these service users.

The Trust was not subject to any regulatory enforcement action by the CQC during 2015/16. Following the award of the Vale of York commissioned services to Tees, Esk and Wear Valleys NHS Foundation Trust in May 2015, the Trust was required to apply to the CQC in order to vary its registration for these services. The CQC notified the Trust in September 2015 that it had accepted the Trust's variation application and as of midnight on the 30 September 2015 the Trust was no longer responsible for the Vale of York commissioned services.

The CQC has informed the Trust that it will be carrying out a comprehensive inspection of the Trust's services in July 2016. This full inspection presents us with an opportunity to improve our ratings, both as a Trust and for the individual service areas. It also presents an opportunity to showcase all the good work and innovations that have taken place since the inspectors were last here. However, we note that there is still more work to do and staff continually strive to make services better for our service users and their carers.

There have been no inconsistencies between the Annual Governance Statement and reports arising from the Care Quality Commission reviews and inspections. Further information on the quality of our services and the Board's priorities for improving clinical quality are presented in the Quality Report in Part B of this Annual Report. Information about quality governance can also be found in the Annual Governance Statement in Part A Section 2.9 of this Annual Report.

SECTION 2.2 – ACCOUNTABILITY REPORT (Service User Care)

2.2.1 SERVICE USER CARE

We put the health, safety and wellbeing of our service users, carers and staff at the heart of everything we do. This is borne out in our strategy. Our principal activity is to provide excellent quality mental health and learning disability care that supports people to achieve the very best they can for their health and wellbeing. We work together with our partners to offer service users a choice of interventions and to ensure that our services provide a joined-up pathway of care. This section shows what we have done in respect of the services we provide.

2.2.1.1 Principal activities of our Care Groups

The Care Services Directorate includes those services that provide direct clinical care to our service users in Leeds and across Yorkshire and the Humber. In the last year we have stopped delivering mental health and learning disability services in York and North Yorkshire but we continue to provide regionally commissioned services in this area.

The directorate is made up of two care groups these are:

- Leeds Mental Health Care Group
- Specialist Services and Learning Disabilities Care Group.

This arrangement of services:

- Strengthens clinical leadership and ensures that the care we provide for service users is safe and effective
- Reduces our management costs and ensures that the front-line delivery of care is protected
- Matches the delivery of our care to the local commissioning groups and specialist commissioners who ask us to provide care and services to the people they cover
- Makes sure that our services are grouped together to deliver pathways and packages of care to our service users which reduce delays and are joined up to give people the right care at the right time from the right service.

We will continue to review our service structures to ensure these are delivered with lower overheads including management costs. We will continue to maximise the use of our Private Finance Initiative buildings to ensure these deliver the best possible return for service users and where possible lower our estates costs. We will also ensure that the maximum available resources are used in the direct delivery of care to service users and support for their carers.

We understand that service users get most benefit from having direct contact with the people who provide their care. We will therefore continue to harness opportunities to increase the time that clinical staff have to work directly with service users. Working with the Chief Clinical Information Officer and information team we have continued to review how we ensure that our information systems support the delivery of high quality and safe care without placing an excessive burden on clinical staff. We have in the last year streamlined key clinical assessments to reduce the amount of time clinicians spend completing these whilst maintaining their clinical effectiveness. We have also piloted the use of new technology such as Digipens to free clinical time in the entry of service user records onto the clinical information system.

All the care groups understand that we are one of many partner organisations who come together to provide support and care to service users. Having and maintaining strong relationships between these organisations will deliver benefits for our service users. We have over the last year worked with a range of partners to support the introduction of the Leeds Mental Health Framework which has been championed by the clinical commissioning group with lead responsibility for commissioning mental health and learning disability services. We will continue to work collaboratively with all partners to plan and deliver joined-up, effective and safe services which are recovery-focused, person-centred, and which deliver positive outcomes for our service users. We are engaged as a partner in a pilot in the Leeds West CCG to develop a multi-professional team approach in primary care to support those with

both physical and mental health needs. Similar pilots are expected to be developed in the South and East CCG and North CCG areas. This is an exciting development that gives us the opportunity to deliver real parity of esteem for people with mental health problems by providing a range of services for people wrapped around primary care. The plans are in the very early phase of development, but could become the standard model of care, building on the integrated neighbourhood teams that already provide integrated health and social care for older people. We are actively engaged in the city-wide work that will develop the Sustainability and Transformation Plan for Leeds which these and potentially other changes to models of care will feed into.

For our regional specialist services, we have begun conversations with neighbouring providers to see if we can support improved quality and sustainability through exploring closer partnership approaches such as managed networks of services. There are likely to be tenders for inpatient services for children and young people (Tier 4 CAMHS) and forensic mental health services in 2016/17 so we are focusing on these regional specialist services in the first instance.

We are committed to developing our staff and ensuring they have the necessary skills, expertise and knowledge to continue to deliver high quality care. We know that for staff to work at their best they must have clear personal, professional and organisational goals and that appraisals are important to achieving this. In 2015/16 we have developed training programmes for staff focusing on building key skills, competencies and attitudes to enhance the delivery of care for people with needs around psychosis, dementia, dual diagnosis and personality disorder. Over 80% of nursing staff in the Leeds Mental Health Care Group have also undertaken training specific to working with service users with needs relating to both mental health and learning disabilities.

Recovery is key to our on-going thinking and planning for developing sustainable services which place service user needs at the heart of what our services do. We understand that recovery will mean different things to different people and we have embraced this diversity within our recovery programme. In the last year we have focused our attention onto some key areas which we believe will have the maximum benefit for service users. We are concentrating on making the CPA wellbeing recovery plans a more meaningful, inclusive and useful experience for them putting service users at the centre of planning their care from beginning to end. We have begun to introduce the health coaching approach into teams to help service users achieve and sustain their personal goals. Finally we are embedding the triangle of care to strengthen the therapeutic alliance between carers, service users and staff, promoting recovery and sustaining wellbeing.

The Trust continued to provide services to service users in York and North Yorkshire until the transfer of services on 1 October to Tees, Esk and Wear Valleys NHS Foundation Trust. During this time we achieved significant clinical and service user engagement and defined new service models which we proposed to commissioners in our tender submission. In particular over the last year we managed to:

- Significantly reduce the use of out of area treatments in York
- Ensure that service users requiring psychiatric intensive care were able to receive this more locally in Leeds
- Improved the achievement of IAPT (Improving Access to Psychological Therapies) both in terms of numbers of service users entering treatment and reducing the time people waited for assessment
- Worked with partners to develop a sustainable approach to the delivery of recovery focused care through the development of a recovery college with key partners.

We are committed to continuously improving the quality of the services we provide. We have established and embedded our continuous improvement team within care services to promote this culture. The team works with clinicians to provide practical support, learning, knowledge and experience to help them to deliver and sustain improvement. They work on projects from small-scale improvements that individual teams would like to implement to Trust-wide change programmes. Part of this work includes working with service users to understand the 'voice of the customer' which put simply is what service users value about our services.

Achieving this continuous improvement engagement with service users and carers is essential. Our Recovery and Social Inclusion Team has continued to support the Leeds Service User Network (SUN), *Your Voice Counts*, your views meetings. Our Learning Disability and Specialist Services have also continued to develop their approaches to service user and carer engagement. During the coming year

we will engage with all of these groups to ensure that we are responding and changing services in line with their views and, where services users and carers wish to actively participate and shape future services, that we are doing this meaningfully.

Underpinning all we do is the need to ensure that service users achieve their agreed goals for improving their health and their lives. To support this we will be further developing and introducing outcome measures for our services. We have introduced service user reported outcome measures on our inpatient wards and rolled these out to all areas. We recognise that across the range of mental health and learning disability services that we provide, different outcome measures are needed which best meet the needs of service users, these measures will continue to be introduced.

2.2.1.2 Leeds Mental Health Care Group

The Leeds Mental Health Care Group provides a range of acute and community-based services to service users over the age of 18, which focus on service user need. The range of services includes:

- Community Mental Health Teams
- Care Home Team
- Memory Service
- Crisis Assessment Services
- Intensive Community Services including the Home-Based Treatment Team
- Younger People with Dementia Team
- Psychological and Psychotherapy Services
- Assertive Outreach Team
- Older People's Liaison Mental Health Service (based at St James's Hospital)
- Mental Health Inpatient Services
- Dementia Inpatient Service
- Rehabilitation and Recovery Services
- Healthy Living Service.

Key achievements for the Leeds Mental Health Care Group during 2015/16

During 2015/16 the Care Group has worked hard to improve the services we provide and to enhance service user experience. We aim to be open and honest with regard to our performance and some of the areas where we need to improve and areas of achievement are listed below.

- ✓ Out of area treatment is a serious concern within the Care Group. Service users should expect to receive their treatment locally and we believe that placing service users out of area provides a poor experience for them and their carers. This happens because demand for admissions to hospital is sometimes greater than the number of beds available for particular groups of service users. Last year we aimed to have no out of area placement and we did not achieve this aim. We believe that we have the right number of beds locally but over the last year the time that people stay in hospital has increased. In part this is because service users who are admitted to hospital are more acutely unwell and also because we sometimes have difficulty in accessing accommodation or nursing and residential home placements to allow safe discharge at the right time. We continue to believe that aiming to have no out of area placements is the right position and we have implemented a number of improvements across the care pathway which we believe will make our aim a reality.

- ✓ In August we opened the Crisis Assessment Unit (CAU) at the Becklin Centre. The CAU has three male beds and three female beds allowing service users who have been initially assessed by the Crisis Assessment Team to be admitted for up to 72 hours for further assessment of their on-going needs. The aim of the CAU is to work with service users to manage the initial crisis and to undertake a more comprehensive assessment without resorting to full inpatient admission. From the 1 August 2015 we had 250 admissions to the unit and reduced the number of people who are admitted to acute wards by between three to four people per week. We have introduced a number of performance measures for the unit and are continuing to monitor its effectiveness by analysing these measures.

- ✓ Service users detained by the police should expect to be treated in hospital and not have their illness criminalised. Our Mental Health Crisis Triage Service (formally Street Triage) was introduced to provide rapid assessment of service users and reduce the need for the Police to detain people in crisis using Section 136 of the Mental Health Act. We have enhanced this service by introducing nurses into the Police control rooms. The nurses provide advice and guidance to Police on the right actions to take when they are called to see service users with suspected mental health problems. Where detention cannot be avoided our new Section 136 Suite at the Becklin Centre provides four dedicated beds and ensures we can give care and treatment in hospital for service users who in the past may have been taken into police custody. We have also recently opened a dedicated Section 136 room for people under the age of 18 to ensure that they also receive care and assessment that maintains their emotional and physical wellbeing in a hospital environment.

- ✓ In the last year the amount of time that people spend in hospital after admission has been increasing. In part this has been due to service users having more acute needs and the number of people admitted using the Mental Health Act increasing. We are committed to ensuring that people who need inpatient treatment receive this and that they remain in hospital for the right length of time to meet their needs. However, some people are staying in hospital for longer periods because we are not effectively planning their discharges and ensuring that the right support is in place to facilitate this at the right time. To combat this our inpatient services have introduced Purposeful Inpatient Admission (PIPA). PIPA is a process which helps ward teams and service users understand what has to happen to lead to discharge. It involves a daily review of the service user's care; planning the right interventions at the right time to reduce delays and in turn the time they stay in hospital. PIPA has been successfully introduced in other hospitals and has helped reduced lengths of stay.

- ✓ To meet the challenges associated with an aging population and in partnership with other third sector health and social care providers, we reviewed our memory service pathway. We are seeing people for assessment for dementia more quickly and aiming to provide a diagnosis for more people to enable them to access the support they need. In partnership with the Alzheimer's Society we have introduced memory support workers (MSW) who will provide practical support and advice for service users to allow them to access community services such as community based activities, carers groups and advocacy. The MSWs work between primary care, neighbourhood teams and specialist memory services aiming to promote wellbeing at home and reduce the need for hospital admissions.

- ✓ In the last year we have reviewed the best way to provide psychological therapies within our community teams. We believe that promoting psychological thinking throughout our teams and giving access to specialist psychological support will maximise the choice of interventions we are able to provide to service users. To make this happen we have integrated parts of the psychological therapies service into community mental health teams whilst keeping access to more specialist services available on a city-wide basis. Psychologists working directly in teams are able to provide supervision for community staff and consult on possible psychological approaches that teams can use with individual service users as well as continue to see service users for one-to-one and group therapy.

- ✓ Increasing opportunities for digital inclusion for older people has been a priority for the inpatient wards at The Mount in the last year. We believe that promoting digital inclusion has the potential to help reduce social isolation and loneliness for older people. Over the past year the wards have introduced the Digiwards initiative to help service users gain the skills and knowledge to participate in and get the most from the digital world. The project aims to introduce older people to different digital platforms and build confidence with their use.

- ✓ Over the past year we have reviewed the new model of care we introduced in the rehabilitation and recovery services against agreed criteria that have predominantly focused on improving outcomes for service users. We believe that the partnership model of care, ensures that service users are able to receive a full package of care seamlessly from a number of providers, reduces delays and duplications and increases choice has been beneficial for service users. The learning we have gained from this review will be used in the forthcoming year to shape how we best transfer this model of care to other services to deliver these benefits to as many service users as possible.

- ✓ Staff at The Mount have, over the last year, been exploring what compassionate care means and how we can all treat each other with greater compassion. Groups have been facilitated by Father Michael and provide staff with an open and safe environment to look at how we better support service users, carers and each other with respect and dignity as human beings. The wards have developed 20 ground rules for compassionate care which we aim to spread to other services.

- ✓ Increasing demand for mental health services has provided the Care Group with a significant challenge over the last year. In the last two years the numbers of referrals we receive each month has increased by around 30% which is 700 more referrals per month. The Care Group understands that to continue to be sustainable we must ensure that we are able to manage this demand through better partnership working. We provide best value for service users when we are able to quickly see those service users who most benefit from the care we are able to provide. We have initiated a project to review capacity and flow within community teams to focus our resources where they are able to do most good. This group will continue to review best practice and make recommendations for changes which will in partnership with the wider health economy ensure choice, rapid access and the delivery of quality interventions for service users.

Future priorities for the Leeds Mental Health Care Group

In the coming year our key priorities continue to be closely linked to the delivery of the Leeds Mental Health Framework outcomes which have been collaboratively developed by the clinical commissioning groups. The framework supports developments and investment and is matched to the national mental health strategy *no health without mental health*. We must also ensure that our services are sustainable and represent value for money for our commissioners. Crucial to this will be the continued investment in and development of community services and alternatives to admission to reduce reliance on inpatient admission. We will focus on better and faster access for service users and on offering wider choice and support for service users in the community, integrating this care delivery with our key partners. Work has begun on the development of the wellbeing mental health portal which will act as a single point of access for all mental health services in Leeds and this will continue in the next year. We will work with our partners to develop the best parts of each service and ensure these combine to provide service users with the right level of support from the right agencies at the right time to meet their needs.

A major challenge for all health services will be an ageing population and it is important that our services are fit to meet this challenge. Over the past six months we have asked senior clinicians to lead a review of our services specifically for the frail elderly but to include all services for older people. Over the next year we will begin to change the way we deliver services to ensure they better meet the needs of this group. In May we will be holding a consultation event for service users, staff and partners to help finalise the exact nature of the changes which will be made. Our key criteria will be to ensure that older people receive the same opportunities to access urgent care, receive targeted alternatives to hospital admission and have access to specialist expertise and advice whenever they come into contact with health or social care. In so doing we aim to keep older people healthier through improving their wellbeing, supporting them to live at home and reduce the need for urgent admission to hospital. As part of this we will ensure that our new model of care builds upon the integration with the neighbourhood teams (community district nursing and adult social care teams) which already have Dementia Mental Health Liaison Practitioners based within them.

We believe that we can achieve our aim to ensure that service users are able to receive inpatient care without the need to be placed out of area. Over the last year we have commissioned an independent review of our services which concluded that we have broadly the right number of beds in Leeds to meet our expected demand over the next five years. The same review concluded that for this to remain the case we will need to continue to develop our community services and look at different ways of providing these with partners. In the next year we will build on the work undertaken in 2015/16 to reduce lengths of stay and ensure that all our services work together to support people out of hospital and to make beds available locally when these are needed.

The Care Group is concerned that if numbers of referrals continue to increase at the current rates in time our community mental health teams will not be able to meet demand. We are proud that the vast majority of service users are assessed within 14 days but increasingly this can only be achieved by our staff having to work extra shifts and this is not sustainable. Towards the end of 2015/16 our community

services were successful in securing investment to pilot a new approach to help partners in primary care work with service users and avoid referral to community mental health teams. We will be introducing a new team of qualified staff and care navigators / peer support workers into primary care. This team will provide extra support for people with low severity common mental health problems to receive care without being referred to community mental health teams. The team will also support transfer of care for service users from secondary to primary care ensuring this is timely and well managed. This pilot will be reviewed against agreed measures to ensure it is being effective on achieving its goals.

In the next year, with adult social care partners, we will be reviewing our community teams, intensive community services and social care day centres to develop ways that these services can work together better. There are currently some overlaps between services and also some gaps that can be filled through better joint working. This work is at an early stage however we aim to have options developed in the next few months on how this can be achieved. We will be reviewing demand for these services and looking at their roles to ensure there is a clear pathway of joint working focusing on delivering the right intensity of interventions in the right location reducing delays associated with referring service users between services. We will consult on these options once they are developed to gather service user feedback on the best way forward.

We will continue with our programme of skills development for clinical staff to ensure that they are able to effectively deliver National institute for Health and Care Excellence (NICE) approved interventions. Over the last year we have agreed which treatments people with similar risks and needs should expect to receive from the Care Group. From this we have identified the skills required for staff to deliver this evidence based care and which groups of staff are best placed to do this. We have begun a training needs analysis to identify which staff have which skills and also any gaps in service delivery. This will then inform our training and recruitment strategies to provide the right staff with the right skills in the right place delivering the right interventions with service users.

Risks and uncertainties for the Leeds Mental Health Care Group

There are a number of risks and uncertainties that face the Care Group in the next year and we recognise that the services we provide are part of a much wider group of partners who support people with mental illness. Increasing demand without any increase in capacity for community and urgent care services is a significant concern for the Care Group. We believe we are putting in place a number of strategies, some of which are outlined in the annual plan, to help mitigate this mismatch in demand and capacity. We will continue to monitor this over the year and develop strategies as may be required. Out of area treatments also represent a risk for the Care Group both in regard to the cost of these placements and reputational risk associated with service user experience. Again we have a number of mitigating actions in place and will continue to monitor this closely throughout the year.

We understand that it is important to bring all staff groups along with us and to embed a shared vision for the future of mental health services in Leeds. We need to give staff, partners and service users information on the need for change and the potential consequences of not moving forward. We also need to equip our staff with usable and fit-for-purpose information systems that allow them to spend time with service users rather than being burdened by the need to collect information. It is important to have a clinician-led development of these IT systems and the Care Group will support clinicians to achieve this.

The Care Group has a challenging number of cost improvements to make this year and whilst we believe this is achievable we also recognise that this will need to be carefully managed with service users and partners. To achieve these savings it is fundamental that we have open and honest conversation about the next year's business plan. The Care Group will continue through existing groups and meetings to have a meaningful conversation with staff, service users, families, carers and other partners with regard to the business plan.

2.2.1.3 Specialist Services and Learning Disability Care Group

The Specialist Services and Learning Disability Care Group comprise a range of specialist services operating on a local, regional and national basis. These services are:

- Forensic Services
- CAMHS Tier 4 Inpatient Services
- Learning Disability Services
- Eating Disorders Services
- Gender Identity Services
- Liaison Psychiatry
- National Deaf Children and Families Service
- Northern School of Child and Adolescent Psychotherapy (NSCAP) Clinical Services
- Perinatal Services
- Personality Disorder Services.

Our services are delivered by around 1,000 staff across a range of settings in Leeds, York and beyond (including our deaf CAMHS service based in Manchester and Newcastle). They are commissioned by a range of commissioners, including national specialised commissioning (NHS England), local CCGs, the Local Authority and Public Health. A number of our services are also delivered through formal partnerships with other agencies.

Each service area is jointly led by a Service Manager / Operational Manager and a Clinical Lead, reflecting the Care Group joint leadership model of the Associate Director and Clinical Director, who are supported by four professional leads representing psychiatry, nursing, psychology and allied health professionals. Due to the range and diverse nature of the services, each service area has their own management and clinical governance arrangements in place, which are overseen and supported by the Care Group Senior Management Team and the Clinical Governance Committee.

Three key cross-care group quality improvement objectives are agreed each year, which are then translated locally into plans that are monitored via the Care Group Clinical Governance Committee.

We are extremely proud of the services that are delivered across the Care Group, and in particular of the evident commitment that is shown across our services to continue to evaluate, develop and innovate, whilst maintaining both the quality of care delivery and the service user and carer experience at the heart of our services.

Key achievements for the Specialist Services and Learning Disability Care Group during 2015/16

During 2015/16 the Specialist Services and Learning Disability Care Group has continued to develop outcome-based services and to develop our service delivery from accommodation and estate which better meets the needs of service users. This last year has seen the development of robust governance arrangements for services to ensure that we continue to provide safe and effective services.

- ✓ We have expanded our Neurodevelopmental Disorder Services in the last year. We have brought together the Leeds Autism Diagnosis Service (LADS) and the Attention Deficit Hyperactivity Disorder (ADHD) Service under a single management structure to maximise the expertise available to service users. This will expand both the level of direct service they are able to offer but also increase the amount of training they are able to undertake with mainstream mental health services. This additional money will allow the service to provide post-diagnostic support for people with autism and improve service user experience.

- ✓ Over the past six months we have undertaken a review of urgent care mental health services provided at the Leeds Teaching Hospitals Trust (LTHT). This has included a review of the Acute Liaison Psychiatry Service. The aim of the review has been to ensure that we have sufficient capacity in place to meet demand and also to ensure that the mix of skills available is correct. The review was completed on time in March 2016 and has been submitted to commissioners for their consideration. We will continue to work with commissioners and services at LTHT to ensure people with mental health problems in acute hospitals receive appropriate and timely care and assessment. In January additional resources were secured following a bid for national funding by the services to further develop and improve in-reach to LTHT wards.

- ✓ Our learning disability services have continued to work with commissioners, service users and carers to develop a future model which responds to the needs for respite care. We understand the importance of getting this model right and will continue to work and engage with a wide

range of partners, service users, carers and staff to achieve this. A full service review is planned in 2016/17.

- ✓ In the last year the Eating Disorders Service has been accredited by the quality network for eating disorders. This accreditation assures service users, carers and commissioners of the quality of the service that they receive. The quality network for eating disorders (QED), developed in association with the Royal College of Psychiatrists, works with services to assure and improve the quality of services treating people with eating disorders and their carers by prioritising their input. Involving service users and carers in the quality network for eating disorders is a priority, and people with first-hand experience of using eating disorders services are encouraged to get involved in all stages of the accreditation process. The accreditation lasts until September 2018.

- ✓ Our forensic community team supports people with a mental health problem who have come into contact with the criminal justice system. The team has been reviewed in 2015/16 focusing on how it can be strengthened to improve the way in which this support is provided. A new community forensic pathway has been developed which will better meet the needs of this group of service users. There has been an enhancement in the provision of support particularly for people who are entering the criminal justice system and people living in hostels. This enhanced provision will help these people obtain the right support at an earlier stage and increase support to remain in community settings.

- ✓ Our perinatal services (often referred to as mother and baby units) have developed a regional outreach service to support service users in the community. This development was supported by investment from NHS England following the service submitting a new service model and having this agreed. Recruitment of staff to this new service has been completed and the service went live in 2015. Evaluation of the new service will take place in the second half of 2016/17 and will be reported to all stakeholders.

- ✓ In the last year we hoped to conclude the relocation of learning disability inpatient services into a single site at Parkside Lodge in Armley. Unfortunately it has been necessary to defer this plan due to the introduction of a new national strategic direction for learning disability services, the Transforming Care Agenda and the implications this will have for future commissioned services. We will continue to work with partners to explore options related to the provision of inpatient care and aim to complete this within the coming year.

- ✓ We have continued and expanded the work begun in 2014/15 with local GPs to support people with learning disabilities to increase the uptake of annual health checks. People with learning disabilities face significant health inequalities and this work has been designed to take an integrated approach to address this issue. The Community Learning Disability Nurses have worked with 30 GP practices throughout the last year. Each practice has been supported to review its current process for identifying people with learning disabilities, offering Annual Health Checks and developing Health Action Plans. They have also suggested reasonable adjustments to enhance the process of annual health checks. Our nurses have attended several events for service users and carers to promote the health check and Health Action Plan. Each event has been well received by the participants, and awareness of what to expect during a health check has been raised.

- ✓ In July 2015 a new integrated service for people needing help and support with alcohol and drugs was launched in Leeds. Forward Leeds brings together a range of expert organisations including DISC, Barca Leeds, St Anne's Community Services, St Martin's Healthcare Service and the Leeds Addiction Unit. The service operates from a number of hubs across Leeds as well as working with primary care. This new integrated model has meant new management and clinical leadership arrangements have been put in place. Forward Leeds will support sustained recovery and enable individuals to make positive progress with their lives, delivered primarily through the Building Recovery in Communities (BRiC) programme.

- ✓ There are a number of innovative services now being delivered by the Personality Disorder Services in partnership with the North East National Probation Service. 2015 saw the launch of Psychologically Informed Planned Environments (PIPEs), a new service for men with a personality disorder presentation at Holbeck House Approved Premises (Probation Hostel) in

Leeds. This service provides psychological support to men resident at Holbeck House through partnership work with the National Probation Service. The Discovery Project is an intensive psychological and occupational therapy based intervention programme for male service users being supervised by the National Probation Service and is delivered from Touchstone House in Leeds. This service provides group work and individual interventions pre-release from custody and in the community and began to engage its first cohort of men in March 2016. The Compass Project is a similar service now available for female service users who are also supervised by the National Probation Service which now has an established base at 'Together Women's Project' in the city centre. These exciting new interventions all look to reduce re-offending by supporting improvements in psychological health and wellbeing for service users and developing the health / criminal justice workforce.

Future priorities for the Specialist Services and Learning Disability Care Group

The Care Group will be focusing on three distinct areas of quality improvement in the coming year across all services. These have been agreed following engagement with staff and will be implemented using the principles of service improvement. Each service area will tailor their approach to achieving these to the needs of their service users and staff.

Area of Quality Improvement 1 – Each service within the Care Group will review their current arrangements for supporting and monitoring equality and diversity in access and delivery of care. This initial review will be completed by July 2016 with identified improvement objectives for implementation throughout the year.

Area of Quality Improvement 2 – Each service area will review multi-disciplinary team working within their areas, critically self-assessing the current effectiveness of this. From this each service will identify appropriate development objectives which will be implemented in 2016/17.

Area of Quality Improvement 3 – Each service area will review their current arrangements for supporting and monitoring carer involvement and feedback within their areas. Plans for improving carer involvement will be produced by July 2016 and implemented during the rest of the year.

Other priorities for the Care Group are listed below.

- For some years the Gender Identity Service has struggled to meet demand for its services leading to higher waiting lists. This was predominantly due to commissioning issues and we have worked with commissioners to put in place plans to increase capacity. Over the coming year we will implement the agreed plans to increase clinical capacity. This will decrease the amount of time service users will have to wait. We will implement the outreach 'hub and spoke' clinic model and, subject to funding, also improve the amount of support we are able to give to people who are on the waiting list. We aim to ensure compliance with NHS England target milestones to reduce the numbers of people waiting for the service and improve service user experience.

- From April 2016 the personality disorder clinical network will launch an expanded city-wide DBT (Dialectic Behaviour Therapy) informed skills group service, to be delivered from three sites across Leeds. This service is available for service users in Leeds with a personality disorder presentation who want to learn new skills to help cope when they feel suicidal or want to use self-harming behaviours. The DBT service will be delivered in partnership by staff from the personality disorder service, Community Mental Health Teams and Touchstone and will significantly increase availability of the programme to service users in the city.

- Our national Deaf Child and Adolescent Mental Health Services (Deaf CAMHS) covers the North of England operating from bases in York, Manchester and Newcastle. The service works with people under the age of 18 who are profoundly deaf and hearing children who have deaf parents. Operating over such a large area it is important that we have agreed care pathway standards in place so that service users understand the service they can expect to receive. In the coming year we will be implementing care pathways for a number of specific presentation and needs including self-harm, emotional regulation, parenting for deaf parents and autism spectrum conditions.

- Following the review of the liaison psychiatry services carried out during 2015/16 we will work with commissioners and partners including the Leeds Mental Health Care Group to develop a new model for the delivery of care. This will include the implementation of the nationally funded specialist practitioner roles pilot. Once implemented we will evaluate the effectiveness of this against agreed measures including access times. We plan to start this evaluation from January 2017.

- The Child and Adolescent Mental Health inpatient services understand that having defined care pathway for certain conditions benefits service users and defines the types and quality of interventions that will be delivered. In the coming year the team will develop care pathways based on local and national evidence based best practice. Initial focus will be on the treatment of eating disorders in younger people as this condition is one of the main reasons for being admitted to Mill Lodge. The service will also develop and implement care pathways for self-harm and suicidal thoughts. Best practice in the delivery of care is not static and so the care pathways once developed will be regularly reviewed and amended as guidance changes.

- In the next year we will be undertaking a full review of our learning disability services. Both national policy and local commissioning of learning disabilities services is changing and we need to make sure that the models of service delivery are sufficiently robust to meet future challenges. We will work with commissioners and partners to develop a clear strategic plan for learning disabilities services in Leeds. This will involve service user and carer consultation and engagement to ensure that users' views are fully understood and included. Once developed, our recommendations will be discussed with commissioners and implementation of these will begin.

Risks and uncertainties for the Specialist Services and Learning Disability Care Group

There are some risks and uncertainties which face the Care Group in the next year. We continue to have discussions with commissioners relating to their future commissioning plans and timescales. Whilst the national procurement process is planned for some specialist services this has not yet been fully clarified. There is therefore a risk that this uncertainty has the potential to de-stabilise services and affect future planning. We will continue to have clear communication with services regarding the commissioning process and ensure our plans are flexible enough to take account of the future potential timescales and national drivers.

In order to deliver all the planned developments and improvements we have identified it is important that we have in place enough capacity to do this. Without this capacity plans may not be delivered, timescales not met, and service users and staff will be affected. The Care Group will also potentially suffer in regard to its reputation. To avoid this, the Care Group will ensure additional specific capacity is identified in all plans through workforce planning and that plans are closely monitored for delivery.

The Care Group has a challenging number of cost improvements to make this year and whilst we believe this is achievable we also recognise that this will need to be carefully managed with service users and partners. Allied to this some service developments will require additional commissioner investment which will be both recurrent and non-recurrent. Failure to achieve this investment may therefore prevent planned developments.

The Care Group will need to respond to this by demonstrating positive outcomes for service users in respect of the care we offer and by effectively marketing the benefits for service users of our services. Our Learning Disability Services will need to pay careful attention to ensure that service users and carers are fully involved in discussions related to possible changes in how we deliver care. As changes occur within our services, we will work with service users to make sure these are managed and happen at a pace with which they are comfortable.

2.2.2 SERVICE USER EXPERIENCE

2.2.2.1 Feedback from people who use our services (our service user survey)

We gather feedback from people who use our services and their carers through a broad range of methods including both local and national surveys.

The national mental health community and inpatient surveys are used by the Care Quality Commission to benchmark our performance in regard to service user experience. We carry out both surveys each year so we can benchmark our performance on a regular basis. The questions that are asked in the national survey have also influenced our local *Your Views* questionnaire, which incorporates the friends and family test question.

The community survey is sent to a random sample of 1,200 service users; following an intense promotional campaign including posters and regular messages encouraging people to complete the survey, our response rate this year was 30% which matches the national average, but falls short of the 40% national target set by NHS Surveys. This figure equates to 342 usable responses from the random usable sample of 1,157; (43 were excluded because they had either moved from their given address or were deceased). Our response rate puts us in the middle quadrant along with 20 other Trusts. Only two Trusts achieved the quadrant of between 35% and 36% returns, and one Trust met the national target of 40%.

The 2015 inpatient survey was sent to 359 of our service users who were discharged from inpatient services between July and December 2014. Our return was 21% putting us in the middle quadrant on national scores; however, this equates to only 65 people responding which is disappointing compared to last year's figures. Therefore we should be concerned when acting upon outputs from this survey, to ensure we triangulate feedback from other sources.

Following the 2015 inpatient survey a workshop session was held with operational managers and clinical leaders from Care Groups, and a number of key areas of improvement were noted, especially around:

- Safety and security of inpatients
- Increasing time available for staff to spend directly with inpatient service users
- Improving discharge planning, including ensuring that service users and carers and / or their families are fully aware of plans and understand what to do in a crisis
- Improving information provided to inpatient service users and their carers, particularly about:
    - Interventions (including medication)
    - What to expect during an inpatient stay, including activities they will be involved in
    - The Mental Health Act
    - Their discharge from our services.

Actions from the two surveys are picked up as part of the care services business cycles, which the Patient Experience Team will oversee.

Work has taken place with the Service User Network (SUN) this year to improve the information given regarding medication and side effects, and with support that is available beyond our services. This links into the on-going recovery project.

2.2.2.2 Dealing with concerns – our complaints and PALS service

Over the past year a number of significant changes have been made to the way in which the Trust manages complaints, aimed at improving the process for service users. Complaints management training has been rolled out across the Trust from May 2015. The training is designed to assist those staff who are most likely to receive complaints as part of their day-to-day work. The course is aimed to help staff feel more confident in the handling of complaints, and provide participants with a better understanding of the complaints process, as well as an appreciation of how complaints are used as a positive influence in improving services.

The number of overdue complaints at the end of each month has continued on a downward trend during 2015/16. The steep reduction in overdue complaints from March 2015 coincides with the starting date of the new PALS, Complaints and Claims Manager, who has successfully addressed the backlog of

overdue complaints and works closely with complaint investigators to improve the experience of complainants.

There is now a formal process in place for recording compliments as a key measure of service user experience. As a result, we will soon be in a position to draw on feedback from both compliments and complaints aiming to create a stronger customer focus and further develop a culture that learns from feedback.

We have established a Complaints Review Team which meets on a quarterly basis. This group is made up of people with lived experience who will quality assess a random selection of complaints and responses. The learning will be used to influence the quality of the final response and enable both the Complaints Team and the investigator to put themselves in the shoes of the person who makes the complaint.

We have expanded the capacity within our PALS office and now have a new PALS Team Leader and two new part-time PALS officers. Leadership is from the PALS, Complaints and Claims Manager. PALS are also supported by two social work students from Leeds Beckett University who have commenced a 90-day placement as part of their MA in social work. This has created more capacity for promoting the service and increasing activity. As a result, the PALS team has been hosting 'PALS surgeries' within our inpatient units (Becklin Centre; Newsam Centre; The Mount; Clifton House; and Mill Lodge). This will continue throughout 2016/17 with plans to expand to our community units.

2.2.3 HOW WE ARE USING OUR FOUNDATION TRUST STATUS TO IMPROVE CARE

We were authorised as a foundation trust in August 2007. Since this time we have made good use of the benefits of our foundation trust status.

We are committed to working in partnership with the people who use our services, their families and friends and our external partners, to develop and improve our services. In addition to the people we have traditionally worked with, being a foundation trust brings the added benefit of being able to recruit a membership of people who are passionate about mental health and learning disability services. From that membership we are then able to form a Council of Governors; people elected and appointed, who have an important role in helping us to develop the way in which we deliver services.

During 2015/16 we have used the benefits of being a foundation trust in the following ways:

- Members and governors continued to help develop the shape and direction of our services in Leeds, York and North Yorkshire, especially around future scoping and planning of priorities through the strategic planning process

- Governors re-appointed 2 non-executive directors each for a three-year period and re-appointed our chairman for a further period of one year

- Governors were fully involved in reviewing the priorities for the Operational Plan through the Strategy Committee and Council of Governors' meetings

- Governors and members were invited to contribute to the refresh of our five-year strategy which will be completed in 2016/17

- Using the twilight '*Everything you need to know about…'* sessions, members have been informed about the care and support for people who use our services. This means they are able to understand what we do and help to promote positive mental wellbeing

- At the Annual Members' Day in September 2015 we rounded off our *Man UP?* campaign, by focusing on the different partnerships established over the year, and showing a film specially commissioned to focus on stories from Men who accessed our services. We also held our Annual Members' Meeting where the Board of Directors and Council of Governors made reports to members and the public on the work and our performance over the previous financial year

2.2.4 REGULATORY RATINGS AND PERFORMANCE

Information about our performance against key healthcare targets; our performance against national standards and targets; Care Quality Commission inspections and our responses to these; and performance against local commissioner targets can be found in Part A section 2.7 and the Quality Report in Part B of this Annual Report.

SECTION 2.3 – ACCOUNTABILITY REPORT (Stakeholders)

2.3.1 PARTNER RELATIONS

2.3.1.1 Provider partnerships programme

Our five-year strategy emphasised partnerships including the benefits to our service users and the improved outcomes we could deliver when working with partners across all agencies, with a particular emphasis on the third sector. These provider partnerships have developed at-a-pace. Our partnership with three third sector organisations within our Rehabilitation and Recovery Service became fully operational this financial year and has made a measurable difference to those experiencing long-term mental health issues, reducing inpatient stays and increasing community support. We also proudly launched a new Memory Support and Liaison service which we developed in partnership with the Alzheimer's Society.

To support future developments we launched a Partnership Procurement Framework in 2015/16. The Leeds Mental Health Provider Framework has been developed by the Trust to establish a Partnership Procurement Framework for the delivery of current and future mental health service models in Leeds. The framework is spread over four 'lots' and consists of older people's services, counselling, primary care and secondary services. The intention of the framework is to provide a foundation in which we jointly pursue and develop new service initiatives and new models of care with multiple partners. This will make it quicker and easier for us to work with a select group of quality providers without having to go out to full market procurement every time we develop something new.

Working in partnership with Leeds Mind and Converge we have established a steering group to implement a recovery college prototype. The 'Discovery College' initiative, will create a process in which service users are offered choices and information on the availability of motivational and supportive courses. Building on the work of Converge in York, we will be aiming to develop partnerships with further education providers in Leeds to enhance the options available for service users.

We worked with Adult Social Care in Leeds this year to consider how best our services and the work of the day support services could be aligned. The integration programme identified a number of areas where we could work closer together to provide service users with more choice and more of a streamlined service model. Further work to embed many of the principles and recommendations from service users and stakeholders will be undertaken in 2016/17.

2.3.1.2 Partnerships that promote understanding of mental health and learning disabilities

We have a number of partnerships that help to promote a better understanding of mental health and learning disabilities. This helps in our campaigning work to reduce stigma. Some of these are as follows:

- *'Man Up?', was* our 2015/16 campaign to tackle stigma and discrimination. The campaign aimed to challenge stereotypical beliefs about men and their mental health and wellbeing and to shed some light on the issues that are most pressing for men in 2015. Men's mental health can be a taboo subject. Masculinity, pride, peer pressure and social norms can all lend themselves culturally to an environment in which men, more so than women, can feel isolated, alone and unable to express concerns over their mental wellbeing. Using '*Man Up?*' as a questioning title for this campaign created an instant and engaging point of discussion.

- Love Arts Leeds held its annual festival in October 2015. The now well-established festival is held across multiple sites in Leeds, with a programme of events aimed at raising awareness and encouraging understanding around mental health and learning disabilities through art and creativity. Love Arts York has also followed the Leeds lead in this and in partnership with Converge we have enabled the second Love Arts York festival.

2.3.2 PUBLIC AND SERVICE USER INVOLVEMENT

2.3.2.1 Consultations

In 2015/16 we consulted with our staff, our governors and our members on a proposed change of the Trust's name from Leeds and York Partnership NHS Foundation Trust to Leeds Partnership NHS Foundation Trust. A change in name was proposed to: reduce confusion amongst service users, carers and the general public; and give us a name that stands the test of time and that reflects our heritage and roots.

Whilst over 50% of people who responded to the consultation were in favour of name change, the Board agreed not to pursue a name change at this time so the Trust can focus management resources on its forthcoming CQC inspection.

2.3.2.2 Public and service user involvement activities

In accordance with our Involving People procedure most of our clinical teams have a recognised lead for involvement and regularly hold local community meetings to keep service users and carers up to date with local events and plans for our wards and services. These meetings are an opportunity for the people who use our services to give feedback and share ideas about issues such as information on the wards, signage, and plans to develop the services.

The Involvement, Engagement and Membership Team has a programme of public events throughout the year. The 'Building your Trust' model provides the organisation with an opportunity to consult with people who use our services, and allows us to seek people's views about proposed service improvements and developments.

This has been especially important for our recovery project and our intentions to become "Smoke Free" from April 2016 '*Everything you need to know about*…' events are designed to inform our members about aspects of mental health and learning disability. They are led by some of the senior clinicians in the Trust and provide an opportunity for services to showcase their work. Areas that have been covered this year include dementia, eating disorders and gender dysphagia.

Recruiting members to represent the local community continues to be a priority for the Council of Governors. Assurance is provided to the Council of Governors, on a quarterly basis by membership report. Because membership recruitment is essential for a foundation trust, each year the Involvement, Engagement and Membership Team works with our governors to create a themed membership campaign which provides a framework for conversations about becoming a member. It also focuses on an aspect of mental health care and provides an opportunity to showcase some of our services. In 2016/17 our new campaign is to be '*This is Me!* which aims to challenge the labelling of people with Mental Health and Learning Disability conditions.

SECTION 2.4 – ACCOUNTABILITY REPORT (Remuneration Report)

2.4.1 INTRODUCTION

In company law a senior manager is defined as 'those persons in senior positions having authority or responsibility for direction or controlling the major activities of the foundation trust'. The Annual Reporting Manual indicates that this means those who influence the decisions of the Trust as a whole rather than the decisions of individual directorates or services. For the purpose of this Remuneration Report the description 'senior managers' will refer to the executive directors and the non-executive directors holding positions on the Board of Directors.

The Remuneration Report contains details of senior managers' remuneration and pensions. It also sets out further information about the appointment of those senior managers (where these have occurred during 2015/16) as required by NHS Improvement's Code of Governance. The narrative and figures in this report relate to those individuals who have held office as a senior manager of the Trust during 2015/16.

The information in sections 2.4.2 to 2.4.5 below is not subject to audit by our external auditors, PricewaterhouseCoopers LLP; however, they will read the narrative to ensure it is consistent with their knowledge of our Trust.

2.4.2 ANNUAL STATEMENT ON REMUNERATION

Remuneration for senior managers is determined by two committees: the Remuneration Committee (a sub-committee of the Board of Directors made up of all the non-executive directors), which is responsible for the remuneration pertaining to the executive directors; and the Appointments and Remuneration Committee (a sub-committee of the Council of Governors made up of a majority of governors), which is responsible for the remuneration pertaining to the non-executive directors.

2.4.2.1 Remuneration Committee – executive directors' remuneration

With regard to executive directors, the overarching policy of the Remuneration Committee is to follow the guidance given by the Department of Health in determining their pay and terms of service. However, when awarding percentage pay uplifts ('cost of living awards') the committee is always mindful of the percentage awarded to staff, which is used as a benchmark. A further consideration when determining the overall level of remuneration is the differential between the amount paid to an executive director and their direct reports and also prevailing salaries within the wider NHS. There is no performance-related pay in any director's current contract of employment. Where a salary requires review, a benchmarking exercise may be requested to make comparison against other similar NHS organisations and similar posts.

In respect of the 'cost of living award', in 2015/16 executive directors were awarded a 1% non-consolidated, non-recurrent uplift which was in line the percentage awarded nationally to public sector staff. This was agreed at the April Remuneration Committee meeting and applied with effect from 1 April 2015. The committee will continue to be mindful of the uplift awarded to staff and comply with any national guidance issued by the government in respect of annual pay awards and uplifts when determining what should be awarded to the executive directors in the future.

Further information about the work of the Remuneration Committee can be found below in section 2.4.4.2.

2.4.2.2 Appointments and Remuneration Committee – non-executive directors' remuneration

The overarching policy for the remuneration of the non-executive directors is to award levels of remuneration in line with other comparable NHS foundation trusts, using benchmarked figures from a number of sources. It will also award annual percentage uplifts to non-executive directors in line with that received by Trust staff.

Due to the prevailing economic climate no benchmarking exercise has been undertaken in 2015/16.

2.4.3 SENIOR MANAGERS' REMUNERATION POLICY

2.4.3.1 Future policy tables

This section describes the policy narrative relating to the components of the remuneration packages for senior managers (executive and non-executive directors). Each of the components detailed in these tables supports the Trust in respect of its long-term strategic objectives.

- **Strategic Objective 3** – Valuing and developing our workforce (putting in place a benchmarked remuneration package to fairly remunerate our Board; recognising the liability and responsibility they carry; thereby attracting an appropriately skilled and qualified senior team to lead the organisation)
- **Strategic Objective 4** – Provide efficient and sustainable services (ensuring there is an appropriate use of resources and that senior managers are remunerated at an appropriate level so as to gain value for money).
- **Strategic Objective 5** – Ensuring we govern our Trust effectively (having remuneration polices in place to ensure the remuneration packages are not subjective, but evaluated, reviewed and applied appropriately).

Table 2.4A – Remuneration policy for executive directors

Element	Policy
Salary	The overarching policy of the Remuneration Committee is to follow the guidance given by the Department of Health in determining executive director pay and terms of service. However, when awarding percentage pay uplifts ('cost of living awards') the committee is always mindful of the percentage awarded to staff, which is used as a benchmark. A further consideration when determining the overall level of remuneration is the differential between the amount paid to an executive director and their direct reports. The maximum amount that can be paid will be determined by the Remuneration Committee. There are no annual increments associated with executive directors' salaries.
Taxable benefits	This will in the main be any mileage rates paid which are over and above the HMRC threshold or any other benefit in kind applicable at the time of remuneration.
Annual performance related bonuses	The Trust does not pay any annual performance-related bonuses to executive directors; however, Section 2.4.3.2 (below) sets out the process for performance appraisals (not linked to pay).
Long-term performance-related benefits	The Trust does not pay any long-term performance related bonuses to executive directors, however; Section 2.4.3.2 below sets out the process for performance appraisals (not linked to pay).
Pension-related benefits	Pension rights for executive directors are determined by the NHS Pension Scheme. The maximum payable (by the employee and the employer) is determined by the NHS Pension Scheme.
Percentage uplift (cost of living increase)	The Remuneration Committee will decide if the executive directors will be awarded a percentage uplift for each financial year and what level this will be. In doing this the committee is mindful of the uplift awarded to staff and will comply with any national guidance issued by the government in respect of annual pay awards and uplifts when determining that which should be awarded to the executive directors in the future. The maximum that could be paid will be guided by the national pay awards made to staff on Agenda for Change.
Other remuneration (e.g. relocation expenses)	Any other expenses paid to executive directors would be paid in accordance with the Trust policy. There are no items of other expenditure which are applicable only to executive directors.

Table 2.4B – Remuneration policy for non-executive directors

Element	Policy
Fee payable	The non-executive directors are paid an amount of remuneration which has been approved by the Appointments and Remuneration Committee and ratified by the Council of Governors. This amount will, from time-to-time, be benchmarked against other similar foundation trusts by an external company, with the findings presented to the Council of Governors for consideration. Any in-year uplift will be in recognition of 'cost of living' increases and will be based on (if not equal) to that paid to staff through national pay bargaining. The maximum amount that can be paid will be determined by the Appointments and Remuneration Committee. There are no annual increments associated with non-executive directors' payments.
Additional fees for any other duties	The remuneration for the Chair of the Trust recognises the specialist role and extra time commitment over and above that of the other NEDs. The Chair of the Audit Committee is also remunerated differently in recognition of the specific skills and responsibility this role requires. All other non-executive directors are remunerated equally. The maximum amount that can be paid will be determined by the Appointments and Remuneration Committee.
Percentage uplift (cost of living increase)	The Appointments and Remuneration Committee will decide if the non-executive directors will be awarded a percentage uplift for each financial year and what level this will be. In doing this the committee is mindful of the uplift awarded to staff when determining the level that should be awarded to the non-executive directors in the future. The maximum that could be paid will be guided by the national pay awards made to staff on Agenda for Change.
Travel	Travel costs will be reimbursed through the payroll and will be supported by a completed travel claim form supported by the appropriate receipts. Costs incurred will be reimbursed on a like-for-like basis with mileage being paid at a fixed pence per mile.
Pension contributions	No pension deductions are made from non-executive directors' remuneration and no contribution is made to a pension fund in respect of any non-executive director.
Other remuneration	Any other expenses paid to non-executive directors would be paid in accordance with the Trust policy. There are no items of other expenditure which are applicable only to non-executive directors.

It should be noted that paragraph 7.2 of the executive directors' contract allows the Trust to recover any monies owed at any time via deductions from salary.

There have been no new components of the remuneration packages for either executive or non-executive directors since the 2014/15 Remuneration Report. There have also been no changes to the policy pertaining to the existing components of the remuneration package since the last Remuneration Report.

It should be noted that employees of the Trust are paid on Agenda for Change (AfC) bandings with an incremental scale; executive and non-executive directors are paid on a fixed salary which has no element of incremental scale. The level of salary paid to those on AfC is determined nationally, whereas the remuneration of the executive and non-executive directors are determined by the Remuneration and the Appointments and Remuneration Committees respectively.

2.4.3.2 Performance and appraisals

Performance and appraisals are not linked to remuneration and there is no element of performance related pay in senior managers' salaries or remuneration packages.

The appraisal of individual Board members identifies strengths and good performance, and also areas for development. The appraisal looks at an individual's development needs, which inform tailored Personal Development Plans (PDPs).

Objectives are set for each executive director in conjunction with the Chief Executive (the Chief Executives' objectives are set in conjunction with the Chair of the Trust). The agreed objectives are reported to the Remuneration Committee for all executives. These objectives are monitored through a series of one-to-one meetings (appraisals) which take place at various points in the year. The Chair of the Trust carries out the appraisal of the Chief Executive against their agreed objectives and appraisals for the other executive directors are carried out by the Chief Executive against their agreed objectives. The Chair of the Trust will apprise each executive director in regard to their performance as a member of the unitary Board. This will also be fed into their overall appraisal.

Appraisals of the non-executive directors are carried out by the Chair of the Trust; the Senior Independent Director conducts the appraisal of the Chair of the Trust. The appraisals for non-executive directors are carried out by the Chair of the Trust. A detailed report of the outcome of these appraisals is made to the Appointments and Remuneration Committee and a summary report to the Council of Governors.

2.4.3.3 Policy on payment for loss of office

The notice period for an executive director is three months. The executive directors' contract covers a number of issues relating to the grounds on which a directors' contract may be terminated and under what circumstances pay in lieu of notice may be paid. The contract also contains a paragraph that indicates the circumstances under which PILON may be paid by a lump sum.

Payment for loss of office does not apply to non-executive directors as they are not employed.

2.4.3.4 Statement of consideration of employment conditions elsewhere in the Trust

In determining the level of salary for executive director posts the Remuneration Committee will take into account the level of salary for direct reports to ensure there is sufficient differential to take account of the level of liability and responsibility that Board members have. The Trust has not consulted with staff when setting this remuneration policy.

2.4.3.5 Policy on notice periods

All contracts for executive directors are permanent and therefore open-ended. The period of notice for each member of the Executive Team is set out in their contracts, and is normally three months. Non-executive directors do not have a contract of employment; they have an appointment letter. Non-executive directors are not subject to employment law or regulations.

2.4.4 ANNUAL REPORT ON REMUNERATION

This section includes a description of the work of the committees that are involved in the appointments of both the executive and non-executive directors, and in determining their respective salaries and remuneration. These are:

- The Remuneration Committee (a sub-committee of the Board of Directors), made up of all the non-executive directors, chaired by the Chair of the Trust
- The Appointments and Remuneration Committee (a sub-committee of the Council of Governors) made up of a majority of governors
- The Nominations Committee (a sub-committee of the Board of Directors) made up of a mix of executive and non-executive directors (NED).

2.4.4.1 Directors' contracts

Details of the contract start date for the Interim Chief Executive and other members of the Executive Team who have served during 2015/16 are set out in the table below. As at 31 March 2016 no director has given notice to leave the Trust.

Table 2.4C – Executive directors who have served during 2015/16

Name	Title	Date appointment effective from	Date left the Trust
Chris Butler	Chief Executive	1 January 2005	21 February 2016
Jill Copeland	Chief Operating Officer (latterly Interim Chief Executive*)	1 April 2011	N/A
Anthony Deery	Director of Nursing	3 November 2014	N/A
Dawn Hanwell	Chief Financial Officer	1 August 2012	N/A
Dr Jim Isherwood	Medical Director	1 September 2012	N/A
Lynn Parkinson	Interim Chief Operating Officer **	1 January 2016	N/A
Susan Tyler	Director of Workforce Development	1 January 2012	N/A

* During 2015/16 Jill Copeland held the substantive position of Chief Operating Officer and Deputy Chief Executive. With effect from 1 January 2016 she was appointed as the Interim Chief Executive.

** During 2015/16 Lynn Parkinson held the substantive position of Deputy Chief Operating Officer. With effect from 1 January 2016 she was appointed as the Interim Chief Operating Officer.

Details of the non-executive directors who have served during 2015/16 are shown in the table below along with details of their current terms of appointments.

Table 2.4D – Non-executive directors that have served during 2015/16

Name	Date appointment effective from	Term	Date appointment ends or ended	Number of the term of office
Frank Griffiths (Chair of the Trust)	1 April 2013	3 years	31 March 2016	Second *
Margaret Sentamu	6 February 2014	3 years	5 February 2017	First
Julie Tankard	1 March 2016	3 years	28 February 2019	Second
Dr Gill Taylor	6 February 2014	3 years	5 February 2017	Second
Prof Carl Thompson	3 July 2013	3 years	2 July 2016	First
Keith Woodhouse	7 November 2013	3 years	6 November 2016	Second
Steven Wrigley-Howe	17 February 2016	3 years	16 February 2019	Second

* Frank Griffiths has been appointed for a third term of office (of 1 year) by the Council of Governors commencing on 1 April 2016 and finishing on 31 March 2017

2.4.4.2 The Remuneration Committee (a sub-committee of the Board of Directors)

The Remuneration Committee was established in accordance with the NHS Act 2006 and the principles in the Code of Governance. It is a sub-committee of the Board of Directors and is chaired by the Chair of the Trust; made up of all the non-executive directors. A copy of the Terms of Reference for this committee is on our website.

Acting in accordance with the values of the Trust, the committee has a key role in providing the Board with assurance that executive directors are rewarded appropriately for their contribution; that contractual arrangements are in place; and to provide assurance of the performance of individual executive directors against their agreed objectives, ensuring that plans are in place to address any areas of development.

The Remuneration Committee is independent of the executive arm of the Board of Directors. However, during 2015/16 the committee has taken advice from the following officers of the Trust: Chris Butler, Chief Executive (for meetings held up to the end of December 2015) and from Jill Copeland (for meetings from 1 January 2016). They have provided information in regard to the performance of the executive directors. The committee has also taken advice from Susan Tyler, the Director of Workforce Development in relation to employment matters and from Cath Hill, the Head of Corporate Governance, who has provided secretariat support and advice on matters of governance.

The Remuneration Committee has a key role regarding the recruitment and retention of appropriately qualified and experienced members of the Executive Team by agreeing appropriate reward packages. It exercises scrutiny of the remuneration of executive directors in regard to both salary and other areas of

reward (as may be applicable) and has a core responsibility to ensure compliance with all legal obligations, regulations, codes and recommendations of the Department of Health in respect of the employment and remuneration of executive directors.

During 2015/16 the committee met on four occasions with membership being made up of; the Chair of the Trust and six non-executive directors. Its main areas of business were discussions in regard to the portfolios of the executive team and the salary packages for the Interim Chief Executive and the Interim Chief Operating Officer. The table below shows the number of Remuneration Committee meetings attended by each member of the committee.

Table 2.4E – The Remuneration Committee

Name	18 June 2015	29 October 2015	18 November 2015	4 December 2015
Frank Griffiths (chair of the committee)	✓	✓	✓	✓
Margaret Sentamu	✓	-	✓	✓
Julie Tankard	✓	-	✓	✓
Gill Taylor	✓	✓	✓	✓
Carl Thompson	✓	-	✓	✓
Keith Woodhouse	✓	✓	✓	-
Steven Wrigley-Howe	✓	✓	-	-

2.4.4.3 The Appointments and Remuneration Committee (a sub-committee of the Council of Governors)

The term non-executive director as used in this section refers to all non-executives, including the Chair of the Trust.

The Appointments and Remuneration Committee is a sub-committee of the Council of Governors and is established in accordance with NHS Improvement's Code of Governance and the Trust's Constitution. It sets the remuneration and terms of service for the non-executive directors, and it also plays a role in the appointment of non-executive directors particularly in respect of the interview panels which are made up of members of the committee.

The committee meets as required and is made up of four elected governors and two appointed governors. It is chaired by the Chair of the Trust and is supported by the Director of Workforce Development and the Head of Corporate Governance.

In 2015/16 there were two formal meetings of the Appointments and Remuneration Committee; on 17 June and 22 October 2015. The table below shows the number of meetings attended by each member.

Table 2.4F – The Appointments and Remuneration Committee

Name	17 June 2015	22 October 2015
Frank Griffiths (Chair of the committee)	✓	✓
Claire Woodham (elected governor)	✓	✓
Steve Howorth (elected governor)	✓	✓
Julia Raven (elected governor)	✓	✓
Becky Oxley (elected governor) *	N/A	✓
Carol-Ann Reed (appointed governor)	N/A	✓

* Becky Oxley stepped down as a governor on 21 January 2016 and is no longer eligible to be a member of the committee.

In 2015/16 the main areas of work for the committee were:

- The approval of the refreshed procedure for the appointment of non-executive directors
- Being consulted on the process for the 'fit and proper' person checks as they relate to the work of the committee
- Consideration of the re-appointment of the Chair of the Trust for a further period of one year, with a recommendation being made to the Council of Governors that this should be ratified
- Agreeing the process and timetable for the re-appointment of two non-executive directors and recommending the Council of Governors ratify this process and timetable
- Forming a panel to interview two non-executive directors for re-appointment and making a recommendation to the Council of Governors to appoint Julie Tankard and Steven Wrigley-Howe, both for a second period of three years.

The process of appointment and re-appointment for non-executive directors

The appointment processes for non-executive directors is normally carried out through a competitive interview process. However the Council of Governors may agree to hold a protected interview process where there is an opportunity to re-appoint a NED.

The first step in any appointment (or re-appointment) process is for the Nominations Committee (a sub-committee of the Board of Directors) to define the skills and experience required on the Board and to draft a role profile and person specification. The Appointments and Remuneration Committee (a sub-committee of the Council of Governors) receives the agreed role profile and person specification against which appointments are made. It is also the responsibility of the committee to agree the process and timetable for the appointment process in hand. The process and timetable will then be signed off by the Council of Governors.

For a competitive interview process candidates are sought predominantly using external search companies and the NHS Jobs website. A panel consisting of a majority of governors headed by the Chair of the Trust will draw up a shortlist of candidates from the applicants. An interview panel will be formed, which again has a majority of governors (four governors in total), the Chair of the Trust and an independent assessor. The panel then conducts the interviews and chooses the preferred candidate based on merit. Once the panel had made its choice a recommendation is made to the Council of Governors and it is for the Council to ratify the recommended appointments.

Where a protected interview process is being carried out a panel consisting of a majority of governors headed by the Chair of the Trust will interview the incumbent NED to ensure they meet all the necessary criteria of the role. The Chair will also provide the panel with an assessment of the NEDs performance from their appraisal. Once the interview has been held the panel will make a recommendation as to whether the NED can be re-appointed which will be considered and ratified by the Council of Governors.

Appointment of non-executive directors in 2015/16

- Frank Griffiths – re-appointed as Chair of the Trust for a further period of one year commencing 1 April 2016 ending 31 March 2017
- Steven Wrigley-Howe – re-appointed as a non-executive director for a second term of three years with effect from 17 February 2016 ending 16 February 2019
- Julie Tankard – re-appointed as a non-executive director for a second term of three years with effect from 1 March 2016 ending 28 February 2019.

2.4.4.4 The Nominations Committee (a sub-committee of the Board of Directors)

The Nominations Committee is a sub-committee of the Board of Directors. It is a standing Committee of the Board and is established in accordance with NHS Improvement's Code of Governance for NHS Foundation Trusts and the Trust's Constitution. The table below shows the number of meetings attended by each member.

Its role is to regularly review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate, identify the skills, knowledge and experience required for vacant Board of Directors' posts for both executive and non-executive directors and ensure there are arrangements in place for succession planning within the Board. Where the vacant post is for a non-executive director the Nominations Committee will provide the Council of Governors' Appointments and Remuneration Committee with details of the agreed skills and experience required. Where the vacant post is for an executive director a panel made up of a majority of non-executive directors will lead on the appointment process to appoint to the skill-set.

The Nominations Committee meets as required. It is chaired by the Chair of the Trust and its membership is made up of the Chief Executive, the Director of Workforce Development and at least two non-executive directors. The choice of which NED will be at any given meeting will depend on a) availability and b) individuals not having a conflict of interest in any matter under discussion at that meeting. The committee is supported by the Head of Corporate Governance who provides secretariat support and advice on governance matters.

During 2015/16 the committee met on five occasions with membership being made up of; the Chair of the Trust, the Chief Executive and latterly the Interim Chief Executive, the Director of Workforce Development and two non-executive directors. Its main areas of consideration were the skills and experience required on the Board in relation to non-executive director vacancies that occurred during the financial year, the appointment of the Interim Chief Executive and the Interim Chief Operating Officer, and the process for the appointment of a substantive Chief Executive.

Table 2.4G – The Nominations Committee

Name	18 June 2015	30 July 2015	19 October 2015	4 December 2015	28 January 2016	31 March 2016
Frank Griffiths (chair of the committee)	✓	✓	✓	✓	✓	✓
Chris Butler (Chief Executive)	✓	✓	✓	-		
Jill Copeland (Interim Chief Executive)					✓	✓
Margaret Sentamu (Non-executive Director)	✓	-	-	-	-	-
Julie Tankard (Non-executive Director)	✓	-	-	✓	✓	✓
Gill Taylor (Non-executive Director)	✓	✓	✓	✓	-	-
Carl Thompson (Non-executive Director)	✓	✓	✓	-	✓	-
Susan Tyler (Director of Workforce Development)	-	✓	✓	✓	-	✓
Steven Wrigley-Howe (Non-executive Director)	✓	-	-	-	✓	✓
Keith Woodhouse (Non-executive Director)	✓	-	-	-	-	-

Appointment of executive directors in 2015/16

- Jill Copeland was appointed as the Interim Chief Executive with effect from 1 January 2016
- Lynn Parkinson was appointed as the Interim Chief Operating Officer with effect from 1 January 2016.

An appointment process for a substantive Chief Executive commenced during the last quarter of 2015/16 and will conclude in early 2016/17.

2.4.5 DIRECTORS AND GOVERNORS' EXPENSES

The following table sets out the total paid to directors (executive and non-executive) and governors for out-of-pocket expenses as a result of incurring costs for travel and subsistence during 2015/16.

Table 2.4H – Directors and governors' expenses

	2015/16			2014/15
	Number in office throughout the reporting period	Number receiving expenses in the reporting period	The aggregate sum paid in the reporting period £00	The aggregate sum paid in the reporting period £00
Executive directors	7*1	3	7	15
Non-executive directors	7	6	20	26
Governors	27*2	13	15	27

*1 Chris Butler is included in this number
*2 Appointed governors have not been included in this figure as their organisations pay the cost of travel

Please note that expenses pertaining to the executive and non-executive directors are shown in more detail the 'Benefits in kind' column in table 2.4J below.

2.4.6 SENIOR EMPLOYEES PENSION ENTITLEMENTS, REMUNERATION AND BENEFITS IN KIND

Accounting policies for pensions and other retirement benefits are set out in the notes to the annual accounts; see Part C of this Annual Report.

The disclosure on senior employees' remuneration and pension entitlements is subject to audit by our external auditors PricewaterhouseCoopers LLP. The auditors will consider whether the information contained in Part A section 2.4.6 and 2.4.7 is consistent with the financial statements.

Information about pension entailments, remuneration and benefits in kind for senior employees are set out in table 2.4I and 2.4J below.

Table 2.4l – Pension entitlement for senior employees (executive directors)

Name and title	Real increase in pension at age 60 (Bands of £2500) £000	Real increase in pension lump sum at age 60 (Bands of £2500) £000	Total accrued pension at age 60 as at 31 March 2016 (Bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2016 (Bands of £5000) £000	Cash equivalent transfer value at 31 March 2015 £000	Cash equivalent transfer value at 31 March 2016 £000	Real increase in cash equivalent transfer value £000	Employer-funded contribution to growth in CETV £000	Employer's contribution to stakeholder pension To nearest £100
Chris Butler Chief Executive	0 – 2.5	5 – 7.5	20 – 25	70 – 75	472	524	46	32	0
Jill Copeland Interim Chief Executive	2.5 – 5.0	7.5 – 10.0	40 – 45	120 – 125	695	753	57	40	0
Anthony Deery Director of Nursing	5.0 – 7.5	17.5 – 20.0	30 – 35	95 – 100	511	629	48	34	0
Dawn Hanwell Chief Financial Officer	0 – 2.5	2.5 – 5.0	40 – 45	120 – 125	721	754	33	23	0
Dr Jim Isherwood Medical Director	2.5 – 5.0	7.5 – 10.0	55 – 60	175 – 180	1,037	1,102	65	45	0
Lynn Parkinson Interim Chief Operating Officer	7.5 – 10.0	27.5 – 30.0	35 – 40	115 – 120	-	658	164	115	0
Susan Tyler Director of Workforce Development	0 – 2.5	2.5 – 5.0	45 – 50	140 – 145	950	988	38	26	0

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 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 the end of the period. On16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated

Non-executive directors do not receive pensionable remuneration and consequently there are no entries for them in respect of pensions. Chris Butler left his position as Chief Executive on 21 February 2016. Jill Copeland was appointed as Interim Chief Executive with effect from 1 January 2016. Lynn Parkinson was appointed as Interim Chief Operating Officer with effect from 1 January 2016.

Table 2.4J – Remuneration and benefits in kind for senior staff

Name and title	2015/16					2014/15				
	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind Rounded to nearest £100	Pension related benefits (bands of £2500) £000	Total (bands of £5000) £000	Salary (bands of £5000) £000	Other remuneration (bands of £5000) £000	Benefits in kind Rounded to nearest £100	Pension related benefits (bands of £2500) £000	Total (bands of £5000) £000
Chris Butler Chief Executive	135 – 140	0	0	47.5 – 50.0	225 – 230	155 – 160	0	0	37.5 – 40	195 – 200
Jill Copeland Chief Operating Officer and latterly Interim Chief Executive	115 – 120	0	2	60.0 – 62.5	175 – 180	110 – 115	0	0	7.5 – 10	120 – 125
Anthony Deery Director of Nursing	100 – 105	0	0	135.0 – 137.5	235 – 240	35 – 40	0	0	615 – 617.5	650 – 655
Dawn Hanwell Chief Financial Officer	110 – 115	0	0	30.0 – 32.5	140 – 145	110 – 115	0	11	7.5 – 10	120 – 125
Jim Isherwood Medical Director	160 – 165	0	3	70.0 – 72.5	235 – 240	95 – 100	65 – 75	0	10 – 12.5	170 – 175
Lynn Parkinson Interim Chief Operating Officer	20 – 25	0	0	885 – 890	905 – 910	0	0	0	0	0
Susan Tyler Director of Workforce Development	100 – 105	0	2	27.5 – 30.0	125 – 130	100 – 105	0	3	7.5 – 10	105 – 110
Frank Griffiths Chair of the Trust	40 – 45	0	1	0	40 – 45	40 – 45	0	1	0	40 – 45
Margaret Sentamu Non-executive Director	10 – 15	0	1	0	10 – 15	10 – 15	0	2	0	10 – 15
Julie Tankard Non-executive Director	10 – 15	0	0	0	10 – 15	10 – 15	0	0	0	10 – 15
Gill Taylor Non-executive Director	10 – 15	0	5	0	10 – 15	10 – 15	0	6	0	10 – 15
Carl Thompson Non-executive Director	10 – 15	0	0	0	10 – 15	10 – 15	0	3	0	10 – 15
Keith Woodhouse Non-executive Director	10 – 15	0 – 5	7	0	10 – 15	10 – 15	0 – 5	7	0	10 – 15
Steven Wrigley-Howe Non-executive Director	10 – 15	0	6	0	10 – 15	10 – 15	0	7	0	10 – 15

Chris Butler left his position as Chief Executive on 21 February 2016. Jill Copeland was appointed as Interim Chief Executive from 1 January 2016 and Lynn Parkinson was appointed as Interim Chief Operating Officer also from 1 January 2016.

The 'Other Remuneration' amount paid to Keith Woodhouse relate to his duties as a Mental Health Act Manager during 2015/16. The salary for Dr Jim Isherwood relates to a Clinical Excellence Award and the proportion of his salary paid to him for the clinical work he carries out as well as the amount to him for his Medical Director role

'Benefits In Kind' in respect of the Chair of the Trust and the other non-executive directors relate to the reimbursement of out of pocket expenses incurred whilst on Trust business. Those paid to the executive directors are in respect of out of pocket expenses incurred whilst on Trust business.

2.4.7 FAIR PAY MULTIPLE

Below is a table showing the median remuneration (the Hutton Disclosure) of all staff compared with the remuneration of the highest paid employee and the comparison ratio between the two.

Table 2.4K – Median remuneration

	2015/16	2014/15
Band of highest paid directors' total remuneration (£'000)	160 – 165	160 – 165
Median Salary (£)	25,709	25,603
Ratio	6.33	6.37

The banded remuneration of the highest paid director in the Trust in the financial year 2015/16 was £162,758 (2014/15, £163,059). This is 6.33 times (2014/15, 6.37) the median remuneration of the workforce, which is £25,709 (204/15 £25,603).

In 2015/16 two substantive employees (2014/15 six employees) received remuneration in excess of the highest paid director. Remuneration for these employees ranged from £172,097 to £172,743 (2014/15 £163,994 to £183,426).

To calculate the median salary we have used data that is generated from our payroll system and our agency staffing system.

All staff that were employed by the Trust on 31 March 2016 are included in the calculation.

For agency staff the calculation is based on the number of the agency staff who worked for the Trust on 31 March 2016. The agency fee was identified and removed based on invoices previously paid.

2.4.8 ACCOUNTING POLICIES

Accounting policies for pensions and other retirement benefits are set out in note 1.5 of the annual accounts in Part C of this Annual Report. Details of senior employees' remuneration can be found in this Remuneration Report (senior employees for the purpose of the Remuneration Report are our executive and non-executive Board members).

As Interim Chief Executive I confirm that the information in this Remuneration Report is accurate to the best of my knowledge.

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

SECTION 2.5 – ACCOUNTABILITY REPORT (Staff Report)

2.5.1 EQUAL OPPORTUNITIES

We believe in fairness and equality, and above all, value diversity in all aspects of our work. This is demonstrated by our commitment to improving health and improving lives for our service users and staff.

Everyone who comes into contact with our organisation can expect to be treated with respect and dignity. We are committed to eliminating discrimination and to the fair treatment of everyone, taking into account all 'protected characteristics' under the Equality Act 2010. If unfair discrimination occurs it will be taken very seriously and it may result in formal action being taken against individual members of staff, including disciplinary action.

We undertake an annual assessment to review equality progress across the organisation using the NHS Equality Delivery System framework and identify priority areas for action through this process. Progress is monitored through our Equality and Inclusion Group and membership includes staff, service users and governors to ensure there are wide ranging contributions to the development and implementation of the strategic equalities agenda.

During the last year a variety of work was undertaken including reviewing and improving the accessibility of information we provide for service users with a disability and the specification and delivery of a staff development programme to increase knowledge and awareness of the needs of specific communities.

We also aim to ensure that we employ and develop a workforce that is diverse, non-discriminatory and appropriate to deliver modern healthcare. Valuing the differences of each team member is fundamental. It enables staff to create respectful work environments and we are able to deliver high quality care and services whilst giving service users the opportunity to reach their full potential.

2.5.2 DISABILITY AND EMPLOYMENT

Our recruitment and selection procedures take full account of the requirements of the Equality Act 2010 and the associated public sector equality duties. We have committed to the Mindful Employer Charter and through our annual health and wellbeing action plan we implement activities to further develop our Trust as a healthy workplace in respect of mental health. We are also a disability 'Two Ticks' employer, which demonstrates we are positive about people with disabilities and support them to successfully attain and retain employment within our Trust.

We have a Lived Experience Network for staff who have experience of mental ill health. The network offers peer support for its members and is a way of consulting on the development and implementation of policies and activities that affect people with a disability.

We have supportive employment practices in place not only for those that we employ who have a disability, but for those who may become disabled whilst working for us. These include a support package within the Employee Wellbeing and Management of Sickness Absence Procedure; a process for the management of work-related stress including a new stress pathway tool-kit; an Employee Assistance programme (EAP) providing counselling and other support to staff; flexible working arrangements; and a bespoke Occupational Health Service. These procedures and services support the employment and retention of disabled employees and the implementation of reasonable adjustments to take account of individuals' needs.

Our attendance procedures also take account of individual needs related to disability and provides for disability leave as a reasonable adjustment, to support people to remain in work. We have made reasonable adjustments to working environments through the purchase of specialised equipment and have made necessary alterations to premises in respect of access to buildings.

In addition to this, our diversity training package aims to raise awareness of a wide range of diversity issues, including disability in order to minimise discrimination in all aspects of employment. Diversity training is compulsory for all staff and is required to be undertaken every three years. This ensures that our workforce is aware of current legislative and organisational requirements and best practice. We have developed an annual programme of development sessions to provide our staff with the knowledge and expertise they require when working with our service users and staff from diverse communities.

2.5.3 VALUING OUR STAFF

Our staff are our most valuable asset and we recognise this by making a commitment to ensure they are well trained, well informed and are given every opportunity to contribute not only to the delivery of services but also to the development of these and other new services.

2.5.3.1 Volunteers

As a Trust we value the contributions that our volunteers make to the experience of people accessing our services. Our volunteers have a variety of skills and experiences, including volunteers with personal lived experience. This is invaluable to providing inclusive, recovery-focused activities for our service users.

Our Voluntary Services department continues to provide a high quality service across our sites; working in partnership with volunteers, staff, service users and external voluntary organisations. This is evidenced through the continuing popularity for people to access volunteer roles within the Trust and we are currently over-subscribed for the volunteer roles we have available.

We actively support our volunteers to build on their skills and confidence and volunteering with our Trust continues to be a route into paid employment or full-time / part-time education for many of them. During the last year we have developed new areas of volunteering whilst continuing to support existing schemes and their volunteers. This includes the development of reminiscence activities within our dementia services and partnership work with Age UK and Create to further develop befriending opportunities for older adults.

We continue to maintain and raise the profile of the value of volunteers both within our Trust and the communities we serve. We are extremely grateful for all the good work undertaken by volunteers and the feedback they provide as well as the difference they make to the lives of our service users, carers and staff.

2.5.3.2 Staffside – working with the trade unions that represent our staff

Staffside is the elected body of the representative trade unions in our Trust. Staffside meets at least monthly to discuss and question, on behalf of the wider union membership, any issues raised by the individual trade unions or by the Trust. This committee enables the trade unions to negotiate with one voice. The JNCC (Joint Negotiation and Consultation Committee) is the meeting where all issues raised at Staffside meetings are brought to the attention of management.

Staffside has many years of experience of partnership working with the Trust. We have achieved this through the nationally recognised *In Partnerships* agreement.

During the past year Staffside has contributed to the strategic agenda by continuing to have involvement in service redesign and management restructuring, and also in communication and engagement with staff. Staffside has:

- Actively encouraged staff to complete the annual staff survey
- Continued involvement in the development of our strategy and in workforce issues through regular dialogue with the Director of Workforce Development and senior operational managers

- Successfully worked in partnership with the Workforce Development directorate and managers to support staff going through significant change due to the on-going change programme
- Contributed to the job evaluation process under Agenda for Change to ensure fairness and equity in pay banding
- Continued to support staff who are redeployed in order to minimise any redundancies
- Actively engaged and contributed to the ideas implementation groups through the *Your Voice Counts* programme over the last year.

Staffside also provides information and advice to staff through the development of an internal intranet page. They can be contacted by emailing staffside.lypft@nhs.net.

2.5.4 STAFF ENGAGEMENT

Key to the successful implementation of our strategic objectives is staff engagement and feedback. To support this important function we have a number of ways in which we engage with staff.

- In 2015/16 we continued to build on the early success of the *Your Voice Counts – Moving Forward Together* programme. This has supported staff to work in ideas implementation groups to gather feedback and also deliver key changes on four priority areas which arose from the 2014 staff survey; the four areas for action being: improving Trust appraisals; improving communication between managers and staff; reducing the incidents of violence experienced by staff from staff, services users and members of the public; and also gaining further feedback from staff on the staff survey equality and diversity indicators. As part of a commitment to engage fully with staff. The Trust invited all staff working for the Trust to participate in the annual staff survey. 47% of staff completed the survey and useful feedback from staff was received to inform future improvement activities

- Following feedback from staff, the Trust appraisal system and related documentation has been re-designed to ensure it is user friendly for all staff and that it supports high levels of engagement and embedding Trust values and behaviours

- We hold an annual Trust awards ceremony where we celebrate excellence and innovation and have monthly STAR awards for staff, which recognises exceptional contributions to our objectives and values

- In 2015 work has continued to develop the Trust's communications team and function. This has included a full restructure, recruitment of new team members, a successful business case to bring in specialist skills in digital communications, and implementing a more cost-effective graphic design service

- Work has been completed to re-design and establish credible internal communication channels including a new intranet which has involved work with the Trust's IM&T department and the procurement of an agency for the design, build and ongoing maintenance of the site. The new site is due to be launched in September 2016

- The Communications Team has been improving external communications channels including developing a new website (due to be launched in Autumn 2016). The team has also launched a new section on the current website dedicated to showcasing quality and performance and over-hauled the monthly stakeholder bulletin.

- Communications has led on a piece of work directly commissioned by the Board to evaluate the reputation of the Trust and put in place a plan to improve key drivers of reputation including systems, intelligence, channels and relationships with key stakeholders

- Comprehensive communications campaigns were deployed to support delivery of the 2015 staff survey, nurse and health support worker recruitment drive and the smoke free campaign

- The Chief Executive and other directors have utilised blogs to deliver key messages and updates on important Trust issues

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- In 2015 executive directors held a number of face-to-face engagement sessions with staff. Directors and other senior managers have undertaken regular walkabouts in services and teams across the organisation

- The format and membership of the Trust’s Leadership Forum was reviewed in 2015 and a new forum was launched in November. The Leadership Forum meets quarterly and is designed to support key business activities and leadership development. The re-launched forum has a more inclusive membership and there are over 80 leaders and managers actively involved.

2.5.5 OUR STAFF SURVEY

2.5.5.1 Results from the NHS staff survey 2015

This is the thirteenth annual staff survey in which we have participated. Table 2.5A below shows our performance in respect of response rate, and tables 2.5B and 2.5C show the top and bottom five ranking scores as presented in the findings by the Care Quality Commission.

Table 2.5A – Staff survey response rate

2014 survey		2015 survey		
Trust *	National average	Trust *	National average	Trust movement between years *
48%	42%	47%	45%	-1%

We adopted a full census approach to the survey in 2015 and used a ‘mixed’ point of access for staff. Most staff completed an online survey and paper surveys were also provided to those teams where accessing the online survey would present a barrier to them participating.

The approach built upon progress and learning achieved in previous years and in particular the 2014 survey. A dedicated team of staff and managers, including staff side representatives, came together to manage and steer delivery of the survey. A proactive *Your Voice Counts* campaign and staff survey champions promoted the benefits of survey completion amongst teams and individual staff members.

Although the Trust response rate did not increase on that achieved in 2014 it is above the national average for mental health and learning disability trusts.

During the past two years, the Trust has established *Your Voice Counts* as a staff engagement identity and has continued to provide feedback to staff on issues raised from the staff survey and other engagement events. The aim of this is to build understanding with our staff that their feedback is valued and we are ready to listen and act. Acting on the results of the annual staff survey and making meaningful changes in how we work with staff will bring about lasting improvements enabling us to remain strong, successful and deliver quality services.

The outcome of the 2015 survey presents a mixed picture for the Trust with some significant improvements in job-related responses but with many scores either static or declining since last year. The results highlight some key areas that require attention particularly: managers; health and wellbeing; effectiveness of appraisals and training; and service user feedback.

Areas where the Trust has done well compared to other mental health and learning disability trusts is in relation to staff telling us that their role makes a difference to service users; staff reporting most recent

experiences of violence; and staff believing that the organisation provides equal opportunities for career progression or promotion.

The Trust continued to use a workforce engagement approach to delivering change on four priority areas from the 2014 survey feedback. The *Your Voice Counts* programme has enabled feedback and changes to be delivered on our appraisal system and communications between managers and staff. During 2015 two additional areas of focus have been included, reducing the incidents of violence experienced by staff from service users and members of the public and also from other staff members. A group of Trust staff have been involved in reviewing and analysing in more depth the feedback received on the workforce race equality indicators included in the staff survey. The results of this work have been used to inform the development of actions to support compliance with the Workforce Race Equality Standard.

The tables below show the results from the 2015 staff survey; specifically the top five ranking scores, where we compare most favourably with other mental health / learning disability trusts in England.

Table 2.5B –Top five ranking scores

	Trust Score 2014 *	Trust Score 2015 *	National Average 2015	Trust movement Between years *
Percentage of staff/colleagues reporting most recent experience of violence	81%	89%	84%	+ 8%
Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	48%	54%	49%	+ 6%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	90%	87%	84%	- 3%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	21%	21%	22%	static
Percentage of staff experiencing physical violence from staff in the last 12 months	4%	3%	3%	- 1%*

* This is a good result as the lower the score the better

Table 2.5C –Bottom five ranking scores

	Trust Score 2014 *	Trust Score 2015 *	National Average 2015	Trust Movement Between Years *
Staff motivation at work (Score between 1- 5. High score = good)	3.69	3.76	3.88	+ 0.07
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	24%	26%	21%	+ 2%
Recognition and value of staff by managers and the organisation*	-	3.35	3.52	-
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	27%	30%	26%	+ 3%
Staff satisfaction with level of responsibility and involvement	3.72	3.74	3.84	+ 0.02%

* New key finding for 2015, so no comparative data available

2.5.5.2 Addressing areas of concern

An analysis of our staff survey results together with the Care Quality Commission observations about our overall staff survey performance provides us with a basis for determining the main areas to focus on when developing our key areas for action in 2016. The Trust is also actively taking feedback from staff using a number of mechanisms including face-to-face listening events and online technologies, such as Crowdsourcing to support our strategy refresh. This activity provides more regular feedback,

will help to ensure we continue to address staff concerns and respond to feedback and build levels of satisfaction and engagement.

Work will continue during 2016 to build on the learning and experience gained from the 2015 staff survey and the *Your Voice Counts* programme, improving the provision of results at a local / departmental level to support local improvement activities.

In 2016 the Trust is actively working on improving staff engagement and therefore addressing the key findings in table 2.5C above, which represent the Trust's bottom 5 ranking scores from the 2015 survey.

2.5.6 SICKNESS ABSENCE

At the end of March 2016 our absence rate increased to 5.2% from a position of 5.1% at April 2015. This is above our target of 3.7%.

The latest figures released by the Health and Social Care Information Centre (HSCIC) show that staff sickness absence in the NHS has fallen from September 2014 from 4.16% to 4% in September 2015. Despite this, for the coming year we have maintained our ambitious target of 3.7% and we will continue with our efforts to improve attendance, thereby improving quality and reducing costs.

The reasons for the increase in sickness absence levels include a high level of sickness absence due to stress and other mental health-related absences and due to muscular-skeletal related absence. There are similar national trends in these areas. These are areas where we are focussing our efforts to support staff and improve attendance.

The tables below show our sickness absence rate during 2015/16 and also present some statistics around the number of days lost due to sickness absence.

Table 2.5D – Sickness absence (percentage for 2015/16)

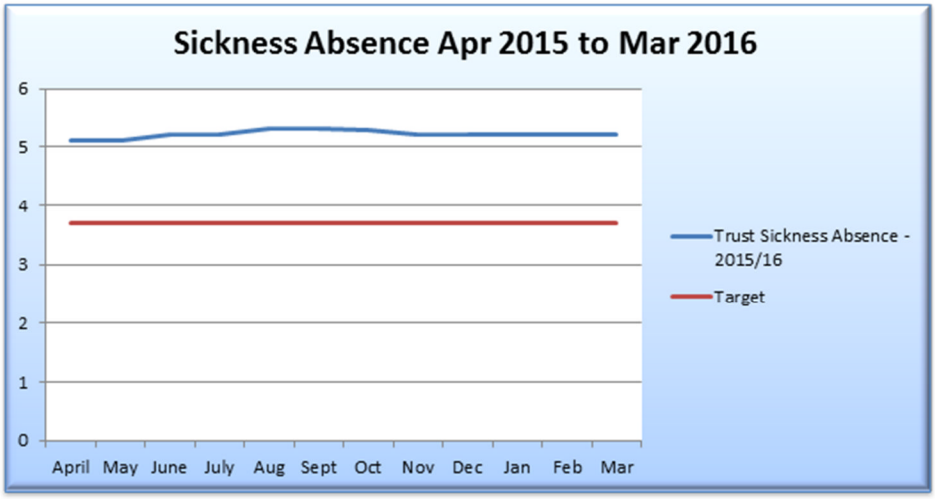

Table 2.5E – Sickness absence as reported in the FTCs

	2014/15 Number	2015/16 Number
Total days lost	33,140	31,691
Total staff years	3,267	2,994

In June 2015 we added the absence monitoring tool to the Firstcare absence reporting system (implemented in November 2014) to support the management of long-term sickness absence and to ensure a consistent approach across the Trust. We extended the pilot period for a further six months to allow us to evaluate the systems' effectiveness. This system provides a single point of access for sickness reporting and provides greater support for managers in understanding absence rates; having quicker referral rates to Occupational Health; a more effective return to work process; and more consistent reporting. We are now at a stage where managers are familiar with the system, and with HR support we are developing local attendance management action plans to address high levels of absence and 'hot-spot' areas.

Our physiotherapy service is now well established and we are seeing a month-on-month decrease in MSK absences. We have implemented physiotherapy clinics to support a reduction in high absence levels and provide education and advice to prevent injury / absence where possible. The service has worked in partnership with other experts and professionals to review and improve our in-house training provision in the areas of moving and handling and the prevention and management of violence and aggression. To manage demand for this highly regarded service we are piloting telemedicine model to triage symptoms and offer first-line advice and support. We continue to promote our Employee Assistance Programme to provide staff support both from a work and personal perspective. We anticipate that this will provide additional support for staff absences related to stress, anxiety, depression and other mental health conditions. A new stress pathway online toolkit was implemented in 2015 and is now starting to be publicised and communicated to teams.

We signed up to the Department of Health's *Public Health Responsibility Deal* and gave a commitment to a number of pledges including smoking cessation, occupational health and chronic conditions. Our progress is monitored and supported by our Health and Wellbeing Group and our health and wellbeing programme has supported smoking cessation, '*Dry January'*, and the seasonal flu campaign.

2.5.7 OCCUPATIONAL HEALTH SERVICE

We continue to share our Occupational Health Service with South West Yorkshire Partnership Foundation Trust (SWYPFT). It remains a nurse-led service created to meet the specific needs of staff in a mental health, learning disability and community services organisation. The team now provides an overall occupational health services for 9,000 employees in the region and continues to operate service level agreements for external contracts.

During 2015/16 the main achievements include:

- Achieving Safe, Effective, Quality Occupational Health Services (SEQOHS) accreditation
- The pilot of telemedicine to support low-level MSK symptoms and disorders and aid in triage of Firstcare alerts
- Improving and streamlining work health assessment process for volunteers
- Physiotherapy interventions for high absence areas 'hot spots' across the Trust
- Fast track physiotherapy appointments for MSK alerts received via Firstcare
- The provision of physical health checks in the Learning Disabilities Care Group
- A refresh of the service for mental health, stress and resilience and physical health checks.

2.5.8 DEVELOPING PEOPLE

Learning and development is something we take seriously as we recognise that without a fully competent workforce we will be unable to achieve our strategic objectives.

We continue to develop our workforce so they can make a difference to the community we serve. We are doing this by:

- Working in partnership with Skills for Health and Health Education England to develop the capability of our workforce at Agenda for Change bands 1 to 4

- Continuing to expand our apprenticeship programmes and working in partnership with providers across the city to deliver the first Integrated Health and Social Care Apprenticeship which commenced in November 2015
- Continuing to use coaching to support staff in their development; developing a coaching culture within our organisation
- Linking into the national NHS Leadership programmes such as Mary Seacole, Garrett-Anderson and Nye Bevan to develop leadership performance across the Trust whilst also developing management and leadership teams throughout the Trust using bespoke interventions and the use of 360 degree feedback
- Supporting team development across the Trust to improve how teams work to deliver their services
- Maximising the role of technology enhanced learning across the Trust to increase the flexibility in how staff access learning and development
- Providing CPD opportunities in the fields of Mental Health and Learning Disabilities to our Trust staff and other organisations through the Andrew Sims Centre
- Improving the safety of our services by developing the competencies of staff through achieving a high rate of compliance with compulsory training.

In April 2015 the Trust launched its first Mental Health Apprenticeship Cohort. Of the seven apprentices that have remained on the programme, six have secured permanent Healthcare Support Worker roles in the Trust. Using an assessment centre approach and recruiting for values and behaviours rather than educational achievements or healthcare experience, two of our apprentices won awards at the HEE Regional Talent for Care Awards in March 2016. The Trust is building on this experience to develop a Trust-wide approach to the use of apprenticeships as a recruitment route into the NHS.

Since the introduction of the new Care Certificate in April 2015, the Trust is ensuring that all newly recruited Healthcare Support Workers who are new to care are asked to complete the Care Certificate in their first few months. Experienced Healthcare Support Workers, and other appropriately nominated staff have completed Care Certificate Assessor Training to enable them to undertake observations which support the completion of the national Care Certificate workbook. This ensures that all our support staff have received training in their role and are providing high quality care and support.

When it comes to leadership and management development our focus in 2015 has been to link with the national NHS Leadership Academy programmes whilst also developing leadership and management teams within the Trust. We have invested significantly in supporting the development of leadership teams within Care Services through a range of bespoke interventions and through embedding the Healthcare Leadership Model. We have also invested in supporting the development of teams across the organisation aimed at increasing both the efficiency and effectiveness of how our teams operate.

We have developed our use of technology enhanced learning across the Trust to develop and produce a range of eLearning products to support our workforce. This provides training to strengthen their occupational knowledge and skills as well as support the training specified within the compulsory training procedure. Packages such as the Mental Health Legislation Awareness and Personal Safety Theory packages were designed and developed in house and have helped our Trust increase compliance for these compulsory training areas. As well as various other specialist training modules, an eLearning module was developed to support the Duty of Candour regulation; a professional duty and a regulatory requirement to be open and honest with people who use our services.

These packages ensure staff maintain safe working practices, and provide flexible delivery options at a time and place to suit individual staff members thereby reducing overall delivery costs. This year we have introduced the iLearn system, a new, user-friendly learning management system that supports e-learning delivery, access to training records / reports and also supports learning administration. ILearn has been positively received by staff and it has a user-friendly interface which can be accessed from any device with an internet connection.

Our in-house training provider, the Andrew Sims Centre (ASC), has continued to provide a Continuing Professional Development programme to an audience of local, regional and national mental health and learning disability professionals. This programme of events supports the national medical

revalidation and appraisal process and the CPD programme remains responsive to advances in mental health and learning disability care, as well as developing NICE guidelines. Once again the ASC worked in partnership with Health Education Yorkshire and the Humber to successfully deliver a number of high profile regional events, as well as with other healthcare organisations across the region.

Our compulsory training procedure for staff has been determined using a risk-based needs analysis based on staff role. This ensures there is reduced organisational risk in relation to the health and wellbeing of service users and staff through increasing and maintaining the competence of the workforce. During 2015 our compliance rates have increased and we have achieved a sustained level of performance across the year.

In 2015 the use of assessment centres has been used to support the Trust's emerging recruitment strategy, designed to support the recruitment of key frontline clinical staff. Assessment centres are widely acknowledged as being the most useful predictor of suitability for a role and for that reason we support our recruitment and selection activity by designing bespoke assessment centres. We use a variety of interventions including scenario-based cognitive assessments, service user panels and a full range of psychometric testing tools. They provide a fair process, complement our equality and diversity agenda and ensure that people are selected on the basis of merit alone.

2.5.9 GENDER PROFILE OF OUR TRUST

In accordance with the Companies Act 2006 Paragraph 414C (8) (c) below is the gender profile of our organisation:

Table 2.5F – Gender profile of our Trust

Group	Number male	Number female
Directors	6	7
Senior managers (Band 8 and above)	77	146
Employees	738	1843

For the purpose of this disclosure 'senior managers' are defined as all Agenda for Change staff on band 8 and above, as these individuals are deemed to have responsibility for planning, directing or controlling the activities of the organisation or a strategically significant part of the organisation as defined in the Companies Act 2006, Paragraph 414C (9)(a).

2.5.10 HEALTH AND SAFETY

We are committed to ensuring the health, safety and welfare of our employees. We also fully accept our responsibility for others who may be affected by our work activities. Health and safety is managed proactively, on the basis of risk assessment, with the aim of minimising the potential for injury and ill health.

Union-appointed safety representatives have an important and valued role in representing the interests of all staff (including those who are not in a trade union), consulting with management and supporting our health and safety arrangements. Their rights as safety representatives are outlined in the Safety Representatives: Consultation with Employees Policy. We also have a joint executive level Staffside meeting, which leads the health and safety agenda across the organisation.

We have in post competent people to provide specialist assistance in managing health and safety matters, including members of the Risk Management Department, senior nurses for infection control and fire officers. The Facilities Department has a special responsibility to ensure that health and safety issues are fully considered in the design and maintenance of our premises.

We recognise that we have a responsibility and a duty of care to provide a safe and secure environment, free from the risks of crime that may arise when providing a public service. This includes the protection of service users, staff, visitors and their property, and the physical assets of the organisation, while we endeavour to provide a welcoming friendly environment for both service users and staff. We have a nominated non-executive director for security management. We also have an appointed Local Security Management Specialist who has responsibility for investigating all security breaches, creating a pro-security culture within our Trust and liaison with stakeholders (e.g. NHS Protect and the police).

Managers are responsible for providing a safe working environment and for ensuring the health, safety and welfare of employees, volunteers and others within the services for which they have managerial control. The Trust has undertaken the following audits and inspections between April 2015 and March 2016:

- 51 health and safety audits
- 64 health and safety inspections
- 41 food safety audits
- 81 fire safety audits.

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Managers also have a responsibility for the safety of service users, carers and members of the public accessing our premises. Assessing what is 'reasonably practicable' requires managers to make balanced and pragmatic decisions, based on considerations of the level of risk against the cost and practicality of action necessary to reduce the risk.

2.5.11 HOW WE INVOLVE OUR STAFF IN UNDERSTANDING FINANCIAL PERFORMANCE

Financial plans are set in the context of an annual planning process. We are required to complete a one-year Operational Plan, 2016/17, produced in the context of our overarching strategy. Key assumptions to be used are discussed by the Executive Team and the Board of Directors to ensure there is an understanding of the key assumptions being made and the impact on our financial sustainability risk ratings.

Finance managers are integrated within the Care Groups, forming part of the leadership teams at this level. This ensures consistency and understanding across the Trust on service and financial objectives. In the context of the annual planning cycle, the agreement of the budgets for each year are discussed and agreed with the relevant lines of management in the organisation. Individual budget holders have an opportunity to discuss pressures (as well as efficiencies), which are considered for funding as part of the budgetary process.

The Board of Directors and the Council of Governors receive regular information regarding financial performance within the Integrated Quality and Performance Report; the Board of Directors on a quarterly basis (in line with the NHS Improvement's timetable for quarterly returns) and the Council of Governors five times a year (at each of its meetings). The performance report highlights financial performance against plan; any significant variances; how these have occurred; and what action is required, if any. The Council of Governors receives a report on performance (including financial performance) from a non-executive director which allows the Council to hold the non-executive directors to account for the performance of the Board (including financial performance) and to understand how they have challenged the executive directors in respect of any areas of poor performance or risks to performance.

At each meeting of the Joint National Consultative Committee (JNCC), Staffside representatives are informed of the current and forecast financial position, together with future prospects.

2.5.12 COUNTER-FRAUD

During 2015/16 the Local Counter-Fraud Specialist (LCFS) service was provided by a collaboration between West Yorkshire Audit Consortium (WYAC) and North Yorkshire Audit Services (NYAS). These organisations specialise in all aspects of internal audit and counter-fraud and investigations

work, primarily across the NHS but also the public, corporate and not-for-profit sectors. WYAC and NYAS have a team of accredited and experienced LCFS personnel.

Our LCFS has conducted work across all generic areas of counter-fraud activity, placing emphasis on the continued anti-fraud culture within our Trust and the prevention of fraud. Presentations at staff induction sessions and to selected groups of staff have been undertaken. The LCFS has continued to be proactive in their work and our staff have continued to be alerted to potential and real fraud risks.

A former employee of the Trust, along with a number of other individuals, appeared in Court during 2015/16 and were found guilty of a major fraud. The Trust has reviewed its internal processes in the light of this and will continue to be vigilant in regard to its procurement systems, processes and procedures. Our counter-fraud services have supported this review.

2.5.13 OFF-PAYROLL ENGAGEMENTS

Off-payroll arrangements are those where individuals, either self-employed or acting though a personal service company, are paid gross. While off-payroll arrangements may sometimes be appropriate for those engaged on a genuinely interim basis, they are not appropriate for those in management positon or those working for a significant period with the same employer.

The Trust acknowledges that off-payroll engagements may sometimes be appropriate and beneficial. It is therefore important that these engagements are transparent and open to scrutiny in the event of challenge. We have also a duty of care and responsibility in relation to the tax affairs of those engaged by the Trust.

We have in place a policy in respect of off-payroll engagements which sets out the requirements that must be followed.

Off-payroll engagements should only be made via the Procurement Team with an authorised requisition and purchase order in place. Under no circumstances should Trust employees engage with any agency or individual Personal Service Company directly without consultation with the Procurement Team.

In all circumstances appropriate contracts and / or framework agreements should be in place between the Trust and either the individual, agency or Personal Service Company. All contract and / or framework agreements should include a clause giving the Trust the right to seek assurance in relation to income tax and national insurance.

In addition, the appointing manager is required to undertake a risk assessment as to whether or not assurance needs to be sought that the individual is paying the right amount of tax and national insurance.

The following table relates to a Department of Health review of tax arrangements for public sector employees and shows all existing off-payroll engagements as of 31 March 2016, for more than £220 per day and lasting for longer than six months.

Table 2.5G – Off-payroll engagements

Number of existing engagements as of 31 March 2016	7
Of which:	
The number that have existed for less than one year at the time of reporting	4
The number that have existed for between one and two years at the time of reporting	3
The number that have existed for between two and three years at the time of reporting	0
The number that have existed for between three and four years at the time of reporting	0
The number that have existed for four or more years at the time of reporting	0

The Trust has considered all existing off-payroll engagements, outlined above, in terms of the risk (and whether assurance is required) that the individual is paying the right amount of tax and, where necessary, assurance has been sought.

The following table relates to all new off-payroll engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016, for more than £220 per day and lasting for longer than six months.

Table 2.5H – Off-payroll engagements

Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	18
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	18
Number for whom assurance has been requested	3
Of which:	
The number for whom assurance has been received	3
The number for whom assurance has not been received	0
The number that have been terminated as a result of assurance not being received	0

Table 2.5I shows any off-payroll engagements of Board members, and / or, senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016.

Table 2.5I – Off-payroll engagements

Number of off-payroll engagements of Board members, and / or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed 'Board members and / or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements	14

2.5.14 MENTAL HEALTH ACT MANAGERS

Mental Health Act Managers (MHAMs) are members of the public, appointed by the Board of Directors, together with a number of non-executive directors who act in this role. Their key responsibilities are to:

- Review the detention of service users who are either detained under the Mental Health Act or who have been placed on Community Treatment Orders (CTO)

- Discharge those service users who no longer meet the criteria to be detained or are subject to a Community Treatment Order.

The Board of Directors has established a Mental Health Legislation Committee which is a sub-committee of the Board. This Committee was chaired by a non-executive director, Keith Woodhouse, until January 2016 at which time Steven Wrigley-Howe, also a non-executive director, commenced in the role of Chair. This committee met three times during 2015/16. The Mental Health Act Managers' Forum reports into the Mental Health Legislation Committee, and met three times during 2015/16. This forum is also chaired by a non-executive director and through the Mental Health Legislation Committee has a direct link to the Board of Directors, in accordance with the Mental Health Act Code of Practice.

The recruitment of further MHAMs continued during 2015/16 and ten new managers were appointed. Regular recruitment drives ensure diversity is addressed within the group and that the organisation retains sufficient panel members to review detentions and CTOs in accordance with the Trust's own standard. A further recruitment drive is planned to ensure we continue to retain a sufficient number of MHAMs to meet our responsibilities in regard to the review of detention and

Community Treatment Orders. These new managers are expected to be confirmed in place during the latter part of 2016.

We are committed to ensuring that our MHAMs are appropriately trained for their role and that all new managers attend a one-day induction, followed by a period of observation with support from experienced MHAMs. On-going training is provided at forum meetings and a training day was held for all MHAMs in June 2015 which was very well received, with a high level of attendance. The MHAMs forum has identified a need to focus on training for panel chairs and this will be addressed during 2016.

A further review of the processes in relation to CTO hearings has taken place in the light of the publication of the new Mental Health Act Code of Practice which took effect on 1 April 2015. Work has also been undertaken to improve the quality of hearings, ensuring these are held prior to expiry of the current detention period.

In 2015/16 there were 83 appeal hearings, of which 73 were heard within our standard of 15 days. The MHAMs reviewed 192 renewals of detention and 73 extensions of CTOs. A total of 11 nearest relative Barring Orders were heard. Recording began in July 2015 in respect of breaches of renewal hearings (not heard prior to detention CTO expiry), 36 breaches have been recorded during the period 1 July 2015 to 31 March 2016. These breaches have been largely due to non-response to Responsible Clinician availability requests; action taken to reduce breaches has included escalation to line manager. A number of breaches are related to Responsible Clinicians leaving the Trust, resulting in hearing delays whilst replacement staff are in post.

We also experienced a number of indefensible detentions. More information about this and what we have done to address this can be found in the Quality Report, Part B of this Annual Report.

We are appreciative of the time and commitment that Mental Health Act Managers and non-executive directors acting as Mental Health Act Managers have given this year. Once again we wish to thank our Mental Health Act Managers for their dedication and the skill they apply when undertaking this vital role.

We currently have 41 Mental Health Act Managers and the table below shows those people who have acted in this capacity during 2015/16.

Table 2.5J – Mental Health Act Managers during 2015/16

Mental Health Act Managers during the period		
Alison Herbert*	Anesh Pema*	Angela Senior*
Chris Collins*	James Meehan*	Jenifer Patrick*
Jenny Roper*	Kashif Ahmed*	Kathleen Fenwick*
Keith Wood*	Linda Phipps*	Mike Wash*
Nancy Hill*	Nicholas Smith*	Patricia Varley*
Pauline English*	Roger Mattingley*	Sarah Roberts*
Tom McGuffog*	Wendy Henry*	Lucy Cole*
Maggie Archer	Enid Atkinson	Brain Councell
Lindsay Councell	Roger Helm	Heather Limbach
Bernard Marsden	Anne Rice	David Walkden
Michael Yates	Aqila Choudhry	Ian Hughes
Andrew Marran	Nasar Ahmed	Judith Devine
Loran James	Peter Jones	James Morgan
Claire Morris	Niccola Swan	Thomas White
Bernadette Addyman	Ian Addyman	Janis Bottomley
Marilyn Bryan	Debra Pearlman	Jeffrey Tee
Claire Turvill	Rebecca Casson	Nicolle Levine
David Mayes	Graham Martin	Ismail Patel
John Martyn Richards	Rajinder Richards	Kevin McAleese
Shamaila Quershi	Claire Woodham*	

* Retired from the role during 2015/16

Non-executive directors also acting as Mental Health Act Managers during 2015/16	
Steven Wrigley-Howe	Keith Woodhouse

2.5.15 AVERAGE STAFF NUMBERS

The table below shows the average number of staff in a defined number of job roles.

Table 2.5K

Average number of employees (WTE basis)	2015/16 Total number	2015/16 Permanent number	2015/16 Other number	2014/15 Total number	2014/15 Permanent number	2014/15 Other number
Medical and dental	184	176	8	205	200	5
Ambulance staff	0	0	0	0	0	0
Administration and estates	619	619	0	668	654	14
Health care assistant and other support staff	677	677	0	764	764	0
Nursing, midwifery and health visiting staff	793	793	0	936	936	0
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	340	318	22	377	354	23
Healthcare science staff	0	0	0	0	0	0
Social care staff	2	2	0	4	4	0
Agency and contract staff	129	0	129	90	0	90
Bank staff	227	0	227	228	0	228
Other	0	0	0	0	0	0
Total average numbers	**2970**	**2584**	**386**	**3271**	**2911**	**360**
Of which: Number of employees (WTE) engaged on capital projects	0	0	0	0	0	0

2.5.16 EXPENDITURE ON CONSULTANCY

Details of our expenditure on consultancy can be found in Note 4 of the Annual Accounts in Part C of Annual Report.

2.5.17 EXIT PACKAGES

The table below shows the total costs of exit packages agreed in the year. These include payments under the Civil Service Compensation Scheme (CSCS) payments and under any other compensation schemes where applicable; e.g. other non-departmental public body (NDPBs) and any other payment made. Exit packages for Board members are included with further detail in the Directors' Remuneration Report in section 2.4 of this Annual Report. There was one exit package relating to the Board members in 2015/16 (0 in 2014/15).

Table 2.5L

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	0 (0)	1 (5)	1 (5)
£10,000 - £25,000	0 (0)	1 (3)	1 (3)
£25,001 - £50,000	3 (2)	1 (3)	4 (5)
£50,001 - £100,000	2 (2)	2 (0)	4 (2)
£100,001 - £150,000	0 (0)	0 (0)	0 (0)
£150,001 - £200,000	2 (1)	0 (0)	2 (1)
Greater than £200,00	0 (0)	0 (0)	0 (0)
Total number of exit packages by type	**7 (5)**	**5 (11)**	**12 (16)**

The figures in brackets relate to 2014/15

2.5.18 NON-COMPLUSORY / OTHER DEPARTURES AGREED

Table 2.5M

Exit package cost band	Number of agreements	Total value of agreements £000
Mutually agreed resignations (MARS) contractual costs	2 (4)	98 (109)
Contractual payments in lieu of notice	4 (1)	71 (4)
Exit payments following Employment Tribunals or court orders	0 (3)	0 (43)
Non-contractual payments requiring MH Treasury approval	0 (4)	0 (15)
Total	**6 (12)**	**169 (171)**
Of which: Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0 (0)	0 (0)

The figures in brackets relate to 2014/15

Because a single exit package can be made up of several components each of which will be counted separately in this table, the total number above may not necessarily match the total numbers in note 7.3 of the Annual Accounts (Staff Exit Packages), which shows the number of individuals. Non-contractual payments requiring HM Treasury approval includes any non-contractual severance payments made following judicial mediation and any non-contractual payments in lieu of notice. In 2015/16 the maximum payment was £57,069 and the minimum payment was £3,946. The median of the payments was £28,201.

SECTION 2.6 – ACCOUNTABILITY REPORT (Disclosures required in the Annual Report)

2.6.1 COMPLIANCE WITH THE CODE OF GOVERNANCE

The Board has overall responsibility for the administration of sound corporate governance throughout the organisation. The NHS Foundation Trust Code of Governance (the Code) is published by NHS Improvement. The purpose of the Code is to assist foundation trust boards with ensuring good governance and to bring together best practice from public and private sector corporate governance.

2.6.1.1 Comply or explain

The Code is issued as best practice, but also contains a number of main principles, supporting principles and code provisions on a 'comply or explain' basis. The Leeds and York NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance, most recently revised in July 2014, based on the principles of the UK Corporate Governance Code issued in 2012.

Table 2.6A – Areas of non-compliance or limited compliance with the provisions of the Code of Governance

Code provision	Requirement	Explanation
D.2.2	The Remuneration Committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management.	The Remuneration Committee sets the pay for executive directors both at the point of advertising for a vacancy and then periodically if required to do so. The Remuneration Committee has also agreed that the pension rights for executive directors are determined by the NHS pension scheme. However, staff on the next level down are paid under the NHS Agenda for Change pay structure and these arrangements are not within the remit of the Remuneration Committee, but are governed by national pay grades and rates and are externally determined.
D.2.3	The Council of Governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	The Appointments and Remuneration Committee will from time-to-time commission an external company to carry out a review of the non-executive directors. The timing of this review will take account of the prevailing economic climate and the desirability of reviewing non-executive remuneration at a particular point in time (other than any cost of living increase). This may not be every three years.

2.6.2 DISCLOSURE STATEMENTS TO BE MADE IN THE ANNUAL REPORT

The Code contains a number of disclosure statements that the Board is required to include in the Annual Report. The disclosure statements contained in the Annual Report are based on the 2014 version of the Code of Governance, and the table below shows how the Board has complied with those disclosures it is required to include in this Annual Report.

The table below also includes a small number of specific additional requirements as set out in the NHS Foundation Trust Annual Reporting Manual, which directly relate to, or enhance the annual reporting requirements as set out in the NHS Foundation Trust Code of Governance.

Table 2.6B – How we have complied with the disclosures required to be shown in the Annual Report

Code provision	Requirement	Section in Annual Report / explanatory statement
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The Annual Report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the Board of Directors.	• Section 3.1 (Board of Directors) • Section 4.4 (Council of Governors)
A.1.2	The Annual Report should identify the: • Chairperson and the deputy chairperson (where there is one) • Chief Executive • Senior Independent Director • Chairperson and members of the Nominations Committee and the number of the meeting and attendance by directors • Chairperson and members of the Audit Committee and the number of the meeting and attendance by directors • Chairperson and members of the Remuneration Committee and the number of the meeting and attendance by directors • Number of meetings of the Board and individual attendance by directors.	• Section 3.2.3 • Section 3.2.3 • Section 3.2.3 • Section 2.4.4.4 • Table 3C in Section 3.6 • Section 2.4.4.2 • Section 3.4
A.5.3	The Annual Report should identify: • The members of the Council of Governors • A description of the constituency or organisation that governors represent, whether they were elected or appointed, and the duration of their appointments • The nominated lead governor.	• Tables 4B and 4C in Section 4.1 • Table 4B and 4C in Section 4.1 • Section 4.1
Annual Reporting Manual additional disclosure	The Annual Report should include a statement about the number of meetings of the Council of Governors and individual attendance by governors and directors.	• Table 4G in Section 4.3 and table 4H in Section 4.5
B.1.1	The Board of Directors should identify in the Annual Report each non-executive director it considers to be independent, with reasons if necessary.	• Section 3.2.3
B.1.4	The Board of Directors should include in its Annual Report a description of each director's skills, expertise and experience. Alongside this, in the Annual Report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	• Section 3.3 • Section 3.2.3
Annual Reporting Manual additional disclosure	The Annual Report should include a brief description of the length of appointments of the non-executive directors, and how they might be terminated.	• Section 3.2.3
B.2.8	The Annual Report should describe the process followed by the council of governors in relation to appointments of the chairperson and non-executive directors.	• Section.2.4.4.3

Code provision	Requirement	Section in Annual Report / explanatory statement
B.2.10	A separate section of the Annual Report should describe the work of the Nominations Committee(s), including the process it has used in relation to Board appointments.	• Section 2.4.4.3 (Appointments and Remuneration Committee) • Section 2.4.4.4 (Nominations Committee)
Annual Reporting Manual additional disclosure	The disclosure on the work of the Nominations Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of the chair or non-executive director.	Not applicable, open advertising and external search companies are used in each NED recruitment campaign.
B.3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the Annual Report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next Annual Report.	• Section 3.2.3 and 3.3
B.5.6	Governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The Annual Report should contain a statement as to how this requirement has been undertaken and satisfied.	• Section 1.1.5.2
Annual Reporting Manual additional disclosure	If during the financial year the governors have exercised their power under paragraph 10c of Schedule 7 of the NHS Act 2006 then information on this must be included in the Annual Report (power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).	This power has not been exercised during the course of the financial year
B.6.1	The Board of Directors should state in the Annual Report how performance evaluation of the • Board • Board committees • Directors including the chairperson, has been conducted.	• Section 3.5.1 • Section 3.5.2 • Section 2.4.3.2
B.6.2	Where there has been external evaluation of the board and or governance of the Trust, the external facilitator should be identified in the Annual Report and a statement made as to whether they have any other connection to the trust.	Not applicable, there was no external evaluation of the Board of Directors carried out in 2015/16
C.1.1	The directors should explain in the Annual Report their responsibility for preparing the Annual Report and accounts, and state that they consider the Annual Report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.	• Part C Section 1.1
C.1.1	Directors should also explain their approach to quality governance in the Annual Governance Statement (within the Annual Report).	• Section 2.9 and Section 2.1.8

Code provision	Requirement	Section in Annual Report / explanatory statement
C.2.1	The Annual Report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	• Section 2.9 (Annual Governance Statement)
C.2.2	The trust should disclose in the Annual Report if it has an internal audit function, how the function is structured and what role it performs.	• Section 6.2
C.3.5	If the Council of Governors does not accept the Audit Committee's recommendation on the appointment, re-appointment or removal of an external auditor, the Board of Directors should include in the Annual Report a statement from the Audit Committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Not applicable there was no appointment of the auditors made during 2015/16
C.3.9	A separate section of the Annual Report should describe the work of the Audit Committee in discharging its responsibilities. The report should include: • The significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed • An explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted • If the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	• Section 3.6
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the Annual Report should include a statement of whether or not the director will retain such earnings.	Not applicable
E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the Annual Report.	• For governors, section 5.5 and also details on the contacts page of the report • For directors see details on the contacts page of the Annual Report
E.1.5	The Board of Directors should state in the Annual Report the steps they have taken to ensure that the members of the Board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	• Section 4.5
E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the Annual Report.	• Sections 5.3 and 5.4

Code provision	Requirement	Section in Annual Report / explanatory statement
Annual Reporting Manual additional disclosure	The Annual Report should include: • A brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership • Information on the number of members and the number of members in each constituency • A summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	• Section 5.1 • Section 5.2 • Section 5.4
Annual Reporting Manual additional disclosure	The Annual Report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the Annual Report to simply state how members of the public can gain access to the registers instead of listing all the interests in the Annual Report.	• Governors = Section 4.7 • Directors = Section 2.1.2

2.6.3 DISCLOSURES AS PER SCHEDULE 7 OF THE LARGE AND MEDIUM SIZED COMPANIES AND GROUPS REGULATIONS 2008

This section sets out those disclosures required as per Schedule 7 of the Large and Medium Sized Companies and Groups Regulations 2008 and where these have been reported.

Table 2.6C – Disclosures and where they are reported in the Annual Report

Disclosure requirement	Statutory reference	Section in which reported
Any important events since the end of the financial year affecting the NHS foundation trust	7(1) (a) Schedule 7	• 1.8.1.3
An indication of likely future developments	7(1) (b) Schedule 7	• Section 1.1.2 • Section 2.2.1.1 • Section 2.2.1.2 • Section 2.2.1.3
An indication of any significant activities in the field of research and development	7(1) (c) Schedule 7	• See the Quality Report
An indication of the existence of branches outside the UK	7(1) (d) Schedule 7	Not applicable, no disclosure required
Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities	10(3) (a) Schedule 7	• Section 5.2.2
Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period	10(3) (b) Schedule 7	• Section 5.2.2
Policies applied during the financial year for the training career development and promotion of disabled employees	10(3) (c) Schedule 7	• Section 5.2.2
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees	11(3) (a) Schedule 7	• Section 2.5.4 • Section 2.5.3.2

Disclosure requirement	Statutory reference	Section in which reported
Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests	11(3) (b) Schedule 7	• Section 2.5.3.2
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance	11(3) (c) Schedule 7	• Section 2.5.4 and 2.5.11
Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust	11(3) (d) Schedule 7	• Section 2.5.11
In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the NHS foundation trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash-flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity	6 Schedule 7	• Section 1.2.2.6

2.6.4 OTHER DISCLOSURES AS REQUIRED BY THE NHS FOUNDATION TRUST ANNUAL REPORTING MANUAL 2015/16 AS DETERMINED BY NHS IMPROVEMENT

The Annual Reporting Manual for 2015/16 requires a number of disclosures to be made in the Annual Report and to state where these have been reported on. The following table sets out where these disclosures have been made.

Table 2.6D – Disclosures and where they are reported in the Annual Report

Disclosure requirement	Section in which reported
Any new or significantly revised services	• Section 2.2.1.1 • Section 2.2.1.2 • Section 2.2.1.3
Service improvements following staff or patient surveys	• Section 2.2.2.1 (for service users) • Section 2.5.5.1 (for staff)
Improvements in patient / carer information	• Section 2.2.2.1
Information on complaints	• Section 2.2.2.2
Descriptions of significant partnerships and alliances entered into by the NHS foundation trust to facilitate the delivery of improved healthcare	• Section 2.3.1
Development of services involving other local services/agencies and involvement in local initiatives	• Section 2.3.1 and 2.3.2

As Interim Chief Executive I confirm that the information contained in the Accountability Report is accurate to the best of my knowledge.

Jill Copeland
Interim Chief Executive
Date: 23 May 2016

SECTION 2.7 – REGULATORY RATINGS REPORT

2.7.1 TABLE OF PERFORMNACE

The following tables show our regulatory performance as reported to NHS Improvement for 2014/15 (table 2.7A) and 2015/16 (table 2.7B).

Table 2.7A

Risk ratings	As per the Annual Plan	At Q1 2014/15	At Q2 2014/15	At Q3 2014/15	At Q4 2014/15
Continuity of services risk rating	4	4	4	4	4
Governance	Green	Green	Green	Green	Green

Table 2.7B

Risk ratings	As per the Annual Plan	At Q1 2015/16	At Q2 2015/16	At Q3 2015/16	At Q4 2015/16
Continuity of services risk rating	4	3	4	4	4
Governance	Green	Green	Green	Green	Green

2.7.2 COMMENTARY ON THE TRUST'S PERFORMANCE

The Trust has reported 'Green' for the category of Governance throughout 2014/15 and 2015/16. During this reporting period there have been no breaches against the NHS Improvement thresholds. During Q3 of 2014/15 the Trust received a rating of 'Requires Improvement' from the Care Quality Commission. The Trust discussed this with NHS Improvement who indicated there would be no regulatory action and so the Trust's governance risk rating remained at 'Green'.

The Trust continues to have robust measures in place to monitor performance and quickly address areas of concern. Every quarter the Board of Directors is asked to confirm the in-year governance declaration.

The change in the regulatory regime has not had an impact on the Trust's ratings which have remained consistent.

Commentary on the continuity of services risk rating is contained in the financial commentary. See Part A section 1.2.2 of this Annual Report.

SECTION 2.8 – STATEMENTS

2.8.1 STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES FOR PREPARING THE FINANCIAL STATEMENTS

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

Under the NHS Act 2006, NHS Improvement has directed Leeds and York Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Leeds and York Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

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

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

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

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

SECTION 2.9 – ANNUAL GOVERNANCE STATEMENT

This statement seeks to make assurances about the framework of internal controls put in place to identify and manage risk for the period 1 April 2015 to 31 March 2016.

2.9.1 SCOPE OF RESPONSIBILITY

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

2.9.2 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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Leeds and York Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Leeds and York Partnership NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the Annual Report and Accounts.

2.9.3 CAPACITY TO HANDLE RISK

The Board of Directors is overall responsible for the governance of the Trust. It provides high-level leadership for risk management. The directors (both executive and non-executive) have appropriate skills and experience to carry out this function effectively and each member of the Board of Directors has corporate and joint responsibility for the management of risk across the organisation.

The Board is responsible for reviewing the effectiveness of the system of internal control, including systems and resources for managing all types of risk. tHE Board sub-committee structure includes: a Quality Committee, Finance and Business Committee, Mental Health Legislation Committee and an Audit Committee. Each has delegated responsibility for monitoring risk within their areas of responsibility as set out in the Terms of Reference, including reviewing the Board Assurance Framework.

The Director of Nursing has overall lead responsibility for the development and implementation of organisational risk management, including local security management. However, all executive directors have responsibility for the effective management of risk within their own area of direct responsibility. The Chief Financial Officer (CFO) has delegated responsibility for managing the development and implementation of financial risk (including counter-fraud). The CFO also has, within their portfolio, the role of Senior Information Risk Officer (SIRO). The Medical Director is the Caldicott Guardian and Responsible Officer. The responsibility for risk management is also clearly communicated to all staff and is included within job descriptions.

2.9.3.1 Staff training

The organisation has identified compulsory training that all staff must complete in order to comply with legislative and regulatory standards. The composition of compulsory training programmes for different groups of staff has been risk assessed to ensure these are targeted, and appropriate packages of training are in place. We have in place systems for monitoring the uptake of compulsory training, which includes reporting to the Quality Committee and to the Board of Directors.

Risk management training and awareness is included in the compulsory health and safety training and is supported by local induction. The Trust's risk management team delivers specific risk management training at all levels across the Trust.

2.9.3.2 Incident reporting and capacity to learn

The Trust actively encourages an open and honest culture of reporting incidents, risks and hazards and uses such reports as an opportunity to learn and improve. A comprehensive programme of investigation and follow-up of all incidents is in place. The Trust Incident Review Group (TIRG), which includes non-executive director representation, has responsibility for reviewing in detail all serious incidents using root-cause analysis methodology. Lessons learnt from incidents are considered by the Board of Directors, the Quality Committee, the Trust Incident Review Group and are also reported to the Council of Governors.

The Head of Clinical Governance produces a biannual Learning to Improve report that brings together information about serious incidents, complaints, claims and PALS enquiries. This is presented to the Quality Committee and feeds into the Care Group Clinical Governance Councils to ensure learning from incidents.

The Trust also seeks to learn from good practice (both internal and external to the Trust) through a range of mechanisms including benchmarking; clinical supervision and reflective practice, individual and peer reviews, continuing professional development programmes; clinical audit and the application of evidence-based practice. Points of learning from any of these sources and potential changes in clinical practice are reviewed as necessary by the Quality Committee.

2.9.3.3 NHS Litigation Authority risk management standards

The Trust is committed to effective and timely investigation and response to any claim. The Trust follows the requirements of the NHS Litigation Authority (NHSLA) in the management of claims.

- Clinical negligence claims are covered by the NHS Litigation Authority Clinical Negligence Scheme for Trusts (CNST). The CNST handles all clinical negligence claims against the Trust. The Trust is the legal defendant, however, the NHSLA takes over full responsibility for handling the claim and meeting the associated costs
- Employer liability claims are covered by the NHS Litigation Authority Risk Pooling Scheme for Trusts (RPST) and Liability to Third Parties Scheme (LTPS). LTPS covers employers' liability claims, from straightforward slips and trips in the workplace to serious manual handling, bullying and stress claims. In addition, LTPS covers public and products liability claims, from personal injury sustained by visitors to NHS premises to claims arising from breaches of the Human Rights Act, the Data Protection Act and the Defective Premises Act
- Public liability claims are handled as above
- Claims in respect of loss or damage to Trust property are covered by the NHS Litigation Authority RPST Property Expenses Scheme (PES).

2.9.4 THE RISK AND CONTROL FRAMEWORK

The Trust has in place a comprehensive Risk Management Policy that has been ratified by the Quality Committee and is available to all staff on Staffnet. The purpose of this policy is to ensure that the Trust manages risks in all areas using a systematic and consistent approach. It provides the framework for a robust risk management process throughout the Trust. The document describes the Trust's overall risk management process and the Trust's risk identification, evaluation and control system.

All risks are assessed using an electronic system for recording and managing risk assessments, which is available through Staffnet. This system is used by staff to assess and record risk assessments, scoring risks using a 5 x 5 assessment of likelihood and impact. Risks are then captured on the appropriate risk register which could be local, directorate or strategic. Oversight of the extreme risk register is a key communication tool and enables the Executive Team to question areas where the potential impact of the risk falls outside of what is tolerable i.e. the risk appetite.

Clinical risk management is based on a structured clinical assessment model under pinned by CPA and supported by decision-making aids.

Business, financial and service delivery risks are derived from organisational objectives through the business planning process. Clinical and non-clinical risks are identified through a well-defined process of assessment and reporting.

2.9.4.1 The Board Assurance Framework

The Board Assurance Framework (BAF) is one of the key risk assurance tools for the Board. It contains the principal risks to the achievement of the organisation's strategic objectives, which are taken from the strategic risk register. The BAF enables the Board, primarily through its Board sub-committee structure, to monitor the effectiveness of the controls required to minimise the principal risks to the achievement of the Trust's objectives and therefore provides the evidence to support this Annual Governance Statement.

The BAF is formally reviewed by the Board, the Audit Committee and the executive directors at least twice a year. The relevant sections of the BAF are also reviewed by the Quality Committee, the Finance and Business Committee, and the Mental Health Legislation Committee for those risks where they are named as assurance receivers. The BAF has been audited in-year and found to be fit-for-purpose with significant assurance being given.

2.9.4.2 Quality governance arrangements

Compliance with the Care Quality Commission (CQC) essential standards of quality and safety are one of the elements of the organisation's risk management process. The Trust is registered with the CQC without conditions, and is fully compliant with the registration requirements.

To manage any risk of being non-compliant with the CQC registration standards a detailed corporate annual assessment takes place with areas of vulnerability identified and addressed throughout the year. The Trust ensures the right skills set in all clinical teams to ensure quality clinical care that is consistent with the essential standards of quality and safety. The Trust has in place an assurance process based upon a series of mock CQC inspections.

In September and October 2014 we became the first mental health trust to undergo a full inspection under new inspection arrangements developed by the CQC. Our inspection reports were published on 16 January 2015 and the Trust received an overall rating of 'requires improvement'.

Where compliance actions or improvement actions have been received as a result of an inspection, robust action plans have been implemented. The CQC Fundamental Standards Group is in place and is chaired by the Director of Nursing to monitor progress against the compliance actions. Progress is reported to the Quality Committee and the Board of Directors. The Trust will ensure a consistent focus on the issues until we are able to satisfy the CQC of full compliance.

The Trust has also been identified for a further full inspection to take place in July 2016. The CQC Fundamental Standards Group meets weekly as a project group to manage the process and any risks which may be associated with the Trust not meeting the standards for the inspection.

2.9.4.3 Fraud, corruption and bribery

The Trust has procedures in place that reduce the likelihood of fraud, corruption and bribery occurring. These include an Anti-fraud and Bribery Procedure, Standing Orders, Standing Financial Instructions, documented procedures, a system of internal control (including internal and external audit) and a system of risk assessment. In addition, the Trust seeks to ensure that a comprehensive anti-fraud, corruption and bribery culture exists throughout the Trust via the appointment of a dedicated Local Counter-fraud Specialist in accordance with the standards for provider contracts.

Our LCFS has conducted work across all generic areas of counter-fraud activity, placing emphasis on the continued anti-fraud culture within our Trust and the prevention of fraud. Presentations at staff

induction sessions and to selected groups of staff have been undertaken. The LCFS has continued to be proactive in their work and our staff have continued to be alerted to potential and real fraud risks.

A former employee of the Trust, along with a number of other individuals, appeared in Court during 2015/16 and were found guilty of a major fraud. The Trust has reviewed its internal processes in the light of this and will continue to be vigilant in regard to its procurement systems, processes and procedures.

2.9.4.4 Principle risks to compliance with licence Condition 4.2 of FT4 (FT Governance)

The Trust has put in place measures to ensure that the Board is able to confirm compliance with Licence Condition 4.2 of FT4 (FT Governance). This includes a governance structure with three locally-determined Board sub-committees, over and above those required in statute (the Quality Committee, the Finance and Business Committee and the Mental Health Legislation Committee). This ensures that members of the Board (particularly non-executive directors) are more closely involved in the governance of the organisation and to assurance on the quality of services (clinical and non-clinical). There is also a structure beneath the Executive Team to support executive directors in delivering their individual portfolios to support the Chief Executive in carrying out their duties as Accounting Officer.

The Board of Directors and all its committees and sub-committees have clear terms of reference setting out accountabilities and the delegated authority they have been given by the Board to carry out work on its behalf. The Trust has in place all the necessary statutory documentation including a constitution, a scheme of delegation and matters reserved to the Board. The Trust also has a Corporate Governance Strategy which describes the framework for corporate governance and which references all the documents that sit within that framework. All members of the Board have role descriptions, clearly setting out their duties and areas of accountability and there is a signed memorandum of understanding between the Chair and Chief Executive, setting out their respective responsibilities.

On a quarterly basis the Board receives an Integrated Quality and Performance Report that details compliance with, and achievement of all regulatory, contractual and local targets. The Board is also provided with sufficient information to self-certify compliance with the Financial Sustainability Risk Rating as set out in the Risk Assessment Framework. The Board and its sub-committees receive timely and accurate information to its meetings in accordance with its scheduled cycle of business and will scrutinise performance. Performance is also reported to the Council of Governors and governors are provided with an opportunity of holding the non-executive directors to account for the performance of the Board.

2.9.4.5 Corporate Governance Statement

The Corporate Governance Statement (CGS) has been prepared in accordance with the guidance in the Risk Assessment Framework; its completion in 2015/16 was co-ordinated by the Head of Corporate Governance. Evidence of compliance or risks to compliance with each of the standards in the CGS was provided by a responsible senior manager (identified for each condition). This was then approved by an identified director before the entire document was submitted to the executive directors for consideration and the Audit Committee for assurance about the process.

The Board received and considered the CGS at its meeting on 23 May 2016 for it to be signed off before submission to NHS Improvement.

2.9.4.6 Public stakeholders

The Trust involves public stakeholders in identifying and managing risks to its strategic objectives in a number of ways. These include:

- Working with partners in health and social services in considering business and service change. The Trust has a framework for managing change to services agreed as part of its contracts with its main commissioners. The Trust also has good relationships with the Overview and Scrutiny Committees

- Active relationships with Healthwatch and service user and carer groups, working with these groups on the management of service risks and change
- An Associate Director of Strategy and Partnerships reporting directly the Chief Operating Officer, having responsibility for sustaining effective relationships with key public stakeholders
- Active engagement with governors on strategic, service, and quality risks and changes including active engagement in the preparation of the Quality Report and the setting of strategic priorities.

2.9.4.7 NHS Pension Scheme control measures

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's regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments to the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

2.9.4.8 Equality, diversity and human rights control measures

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

The Board has arrangements in place to ensure that the Foundation Trust complies with the Equality Act 2010. It has approved equality objectives for 2015/16 and an annual assessment is undertaken using the Equality Delivery System framework.

Evidence that issues specific to equality and diversity have been considered is required before policy decisions are made. Those concerned with the development of procedural documents are required to screen for equality relevance and carry out full impact assessments where potential inequalities are identified. A completed equality impact assessment document is required as part of the governance and ratification processes for all new and revised procedural documents as detailed in the Trust's Procedure for the Development and Management of Procedural Documents and the Equality Impact Assessment Guidance.

In addition a revised equality impact process has been introduced in 2015 for all major service redesign projects to strengthen risk management processes. Assessment and screening is required at the project initiation stage as part of the project governance and approval process.

2.9.4.9 Carbon reduction delivery plans

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

2.9.5 KEY RISKS FOR THE ORGANISATION

The immediate, in-year and potential future risks are those that have been identified as strategic risks on the Strategic Risk Register. These are:

- Care Quality Commission compliance actions: failure to meet deadlines for the implementation of agreed procedures, systems and improvements for all compliance actions notified to the CQC
- Cyber attack: the danger of a cyber attack on the Trust's ICT infrastructure through malicious hacking or system virus infection
- Deterioration in the financial standing of the Trust
- Fundamentally defective detentions: failings in systems and processes have arisen and the Trust is currently not assured of the legality of detentions / restrictions under the Mental Health Act
- Increasing number of clinical vacancies in Care Services

- Providing services from premises that are not in direct ownership of the Trust
- Workforce not equipped or sufficiently engaged to deliver new models of care.

Each of these risks has an identified executive director and management lead. These risks will be managed through the risk management, risk register and operational planning process and reported to the Executive Team, the relevant Board sub-committee and to the Board through the Integrated Quality and Performance Report, key strategic action plans and the Board Assurance Framework.

Behind each risk is a detailed risk assessment which sets out the controls and mitigations. The strategic risk register is regularly reviewed by the Executive Team and the positive impact of the mitigations assessed. The Audit Committee also receives a high-level report twice each year which indicates risk movement and hence the impact of risk management plans.

2.9.6 REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

We have a comprehensive system for setting strategic objectives and priorities. Our strategic intent as set out in our Trust Strategy (2013-2018), five-year Strategic Plan (2014-2019) and two-year Operational Plan (2014-2016) was fully aligned with national policy at the time of writing. Since that time a number of significant developments have affected this intent, these include the publication and emerging implications of the 5 Year Forward View, and the contract loss of general mental health and learning disability services commissioned by the Vale of York Clinical Commissioning Group (CCG). The loss, whilst not materially affecting our financial position, has however led to a substantial review and reflection on the long-term future for the Trust and how we work differently with partners local to Leeds, and across a wider geographic area.

In September 2015 the Board of Directors took time to review and consider the *NHS Five Year Forward View*, the *Dalton Review* and the evidence base, opportunities, and options that proposed new models of care. The Board highlighted the need to initiate more formal partnership arrangements to scope out and identify joint service development work-streams and the potential sharing of corporate functions. The intention being that this would support the development of integrated business plans, including models of integrated physical and mental health services at the neighbourhood / primary care level. We are now undertaking a large scale staff engagement process will which lead to a refreshed long term strategy for the Trust.

Our Trust strategy is designed around the three key elements of quality: effective care that improves outcomes for people who use our services; safe care; and positive service user and carer experience, which are reflected within our three strategic goals. Our five strategic objectives describe what we need to do to achieve our goals, with clear measures demonstrating how we have achieved our goals and objectives. Strategic Objective 4 sets out our priorities to provide efficient and sustainable services. We have robust plans in place to ensure that we offer value for money and remain financially strong. Measures have been agreed to ensure that the Board is able to monitor compliance with achieving this objective. These measures are monitored through the Programme Management Office with progress being reported to the Finance and Business Committee and to the Board of Directors.

The financial strategy for the coming year is set out in the Trust's Operational Plan. This shows on a projected basis what the expected financial performance for the coming year is to be. There is in place a comprehensive process for developing the plan with there being consultation with the Council of Governors and sign-off by the Board of Directors prior to submission to NHS Improvement. To be assured of progress against the plan (both financial and operational) the Board receives a quarterly update with the Programme Management Office taking operational control.

As part of the annual planning process we are required to identify our Cost Improvement Plans (CIPs). All our CIPs have been through the standard quality and delivery impact assessment process, with a CIP pro-forma being completed for each individual scheme. Each scheme has been scored and electronically signed off by both the Medical Director and the Director of Nursing and is monitored through the Programme Management Office. Our CIP processes have been endorsed by our commissioners and are subject to an annual internal audit. Our recent internal audit review has provided 'significant assurance' that we have an embedded and comprehensive process for ensuring

that the actual impact of CIPs is quality assessed prior to approval and implementation of each scheme.

At the end of 2015/16, the Trust achieved the revised CIP plan. Work has been undertaken to look at all schemes (those carried forward from 2015/16 and those new for 2016/17) to ensure they are realistic and achievable.

The Quality Committee is assured on the impact and mitigations of all CIP schemes to ensure we are maintaining the quality and delivery of our services. The Finance and Business Committee on a quarterly basis receives the financial progress against each individual scheme. The Board of Directors is also advised of progress with our cost improvement plans via the quarterly Operational Plan progress report.

The Trust operates within a well-defined corporate governance framework, with financial governance being set out through a number of documents including the Corporate Governance Policy, Standing Financial Instructions, financial procedures, the Scheme of Delegation and Matters Reserved to the Board of Directors. This framework includes explicit arrangements for:

- Setting and monitoring financial budgets
- Delegation of authority for committing resources
- Performance management
- Achieving value for money.

The Trust receives its core accounting systems and processes from third parties. The main accounting functions are provided by NHS Shared Business Services Ltd. Assurance is provided to the Trust through the Statement of Auditing Standards (SAS) No. 70, prepared by NHS Shared Business Services independent auditors. This internationally-recognised auditing standard signifies that a service organisation has had its control objectives and control activities examined by an independent accounting and auditing firm.

The payroll service is provided by the Leeds Teaching Hospitals NHS Trust (LTHT). Assurance is received from LTHT and its internal auditors regarding both the performance and controls associated with the Electronic Staff Record (ESR) system, which concludes that the payroll function is operational within an environment of effective control.

The structures that have been applied in maintaining and reviewing economy, efficiency and effective use of resources include:

- **The Board of Directors** which receives reports on any significant events or matters that affect the Trust. The Board also receives the Integrated Quality and Performance Report quarterly which reports on performance against the Trust's regulatory, contractual and internal targets and standards both non-financial and financial; the Board Assurance Framework; progress against strategy and operational plan measures; and minutes from its sub-committees including the Audit Committee

- **Internal Audit** (West Yorkshire Audit Consortium) provides an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives. The audit plan is derived from an assessment of risk areas within the Trust and includes all areas where Internal Audit is named in the Board Assurance Framework as a provider of assurance on the effectiveness of key controls. Internal Audit reported no major concerns arising from their work during the period of this report. A small number of reviews provided only limited assurance and action plans are in place to address the weaknesses identified. These are set out below.

  Internal Audit reports issued in the year have generated a 'significant assurance' opinion:

  > "Significant assurance is given 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. However, some weakness in the design and / or

inconsistent application of controls put the achievement of particular objectives at risk."

Whist a significant overall opinion has been provided, attention is drawn to the fact that there have been four reports issued in 2015/16 with a 'limited assurance' opinion which are detailed below.

Safer Staffing (LY06/2016)

An audit of the Board report on Safer Staffing was completed in 2014/15. This identified a number of issues with the validation processes for the data in the report and a limited opinion was issued. This was reviewed again in 2015/16 and whilst a number of the agreed recommendations had been implemented a further limited assurance opinion was given. The primary issue impacting upon the level of assurance was an error identified in the SQL Server report used to create the Board report. Management acknowledged the issue identified and took subsequent steps to rectify this. This was verified in subsequent follow up testing for January 2016 Board report where the system was found to be correct with no issues identified with the data reported to the Board.

Administration of detainees under the Mental Health Act 1983 (LY10/2016)

Management requested an internal audit of the processes for administering detainees under the Mental Health Act 1983 after some gaps in documentation were identified. The review demonstrated that to ensure compliance with the Code of Practice 2015 it would be necessary for the Trust to review and strengthen the processes in place at the Trust. The primary points identified were in relation to how PARIS (the patient administration system) is used to support the processes, regular audit of case files and the resources in place to carry out the administration of detainees and service users subject to Community Treatment Orders.

IT Security (LY18/2016)

The review identified a number of points that the Trust should address in order to strengthen its focus on managing IT security risks. This included the allocation of Chief Information Security Officer (CISO) responsibilities to a senior officer, ongoing measurement and assessment of the level of IT Security risk (Threat Level) at the Trust, the creation of an overarching IT Security Policy and ongoing monitoring of IT policies to ensure staff comply with them and that the policies remain effective.

Risk Management (LY20/2016)

The Trust has recently implemented and rolled out a new system for capturing and reporting on risks. The system of internal controls as described in the Trust's risk management policy and risk assessment and risk register were found to be adequately designed. However, as a still relatively new system further work was found to be required to ensure that the specific internal controls as designed are embedded and consistently applied across all areas of the Trust.

- **External Audit** (PricewaterhouseCoopers LLP) provides audit scrutiny of the annual financial statements, and the Trust's economy, efficiency and effectiveness in its use of resources. External audit also provides assurance through the review of systems and processes as part of the annual audit plan

- **The Audit Committee** is a sub-committee of the Board of Directors, the membership of which is made up of non-executive directors, and which reports directly to the Board. The committee has responsibility for being assured in respect of the Trust's internal controls, including risk management, and for overseeing the activities of internal and external audit and the local counter-fraud services.

The committee executes this role by approving the annual plans for internal and external audit and counter-fraud; receiving reports and updates against those plans; reviewing risks and the Board Assurance Framework; carrying out deep-dives into any area where further assurance is required on an area of risk

- **Board sub-committee structure** is made up of three locally determined committees; the Quality Committee, the Mental Health Legislation Committee and the Finance and Business Committee, each of which has responsibility for assurance in areas of clinical and financial performance and compliance. The Board also has two further statutory committees: the Nominations Committee and the Remuneration Committee. Each of the Board sub-committees are chaired by a non-executive director, with the Remuneration committee being made up wholly of non-executive directors.

2.9.7 INFORMATION GOVERNANCE

2.9.7.1 Incidents relating to information governance

Below is an analysis of our information governance incident reporting records for 2015/16. This shows nine incidents that have sensitivity factors that classify them as a serious incident requiring investigation (SIRI) reported via the national online tool.

Table 2.9A – Summary of incidents involving personal data as reported to the Information Commissioner's Office in 2015/16

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
February* 2015	Lost or stolen paperwork	Service user names, addresses, telephone numbers	~ 20	Individuals notified by care team, DoH / ICO notification via HSCIC website
April 2015	Unauthorised access / disclosure	Service user identifiers, forensic and mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
July 2015	Lost or stolen paperwork	Service user names, addresses	~ 98	Individuals notified by care team, DoH / ICO notification via HSCIC website
July 2015	Disclosed in error	Service user name, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
February* 2015	Unauthorised access / disclosure	Service user name, address, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
August 2015	Disclosed in error	Service user name, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
August 2015	Disclosed in error	Service user name, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
December 2015	Disclosed in error	Service user name, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website

Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
January 2016	Disclosed in error	Service user name, mental health data	1	Individual notified by care team, DoH / ICO notification via HSCIC website
Further action taken	A local senior management fact-find has been undertaken in the wake of each incident and process improvements have been actioned, where appropriate, to prevent recurrence. Although no regulatory action was taken by the ICO, the Trust engaged by consent with an ICO Improvement Review following a cluster of breaches and is now enacting the recommendations made. We will continue to monitor and assess information governance breaches. When weaknesses in systems or processes are identified there will be interventions undertaken. Low-level and near-miss events will be monitored and when there are common themes we will undertake Trust-wide communications to address these themes. We will continue to support information governance training via the national e-learning tool and aim for all staff to undertake annual refresher training as a reminder of their information governance obligations.			
Note	Items indicated * were reported 'in year', but occurred prior to the current reporting year.			

The Trust has a robust Information Governance (IG) function and framework that utilises subject matter expertise from IG, ICT, networks, informatics, health records and systems administration. It maintains effective links with the Trust's clinical teams through directorate and clinician representative delegates at the monthly Information Governance Group meetings. The Trust's Senior Information Risk Owner (SIRO) (Chief Financial Officer) and Caldecott Guardian (Medical Director) are members of this group. The group is the parent of the Data Quality Sub-group and in turn is a sub-group of the Finance and Business Committee, thereby maintaining a reporting line to the Board of Directors as required by regulation.

The group monitors IG breach incidents, maintaining oversight of level 2 SIRI breaches, as well as triggering appropriate responses to clusters or themes of low-level non-SIRI incidents.

2.9.7.2 Data security

The Trust recognises that our approach to information security requires, as described in the seventh Data Protection Principle, both a technical and organisational approach.

The Trust has a highly developed and mature approach to information governance, which includes high compliance with staff IG training and a comprehensive suite of IG-related procedural documents, giving instruction and regulation to our staff. The Trust deploys the mandatory public sector safeguards recommended by the HM Government Cabinet Office "Data Handling Procedures in Government"; including the operation of secure network storage, port control and the provision of encrypted digital media, and the encryption of high-risk portable computing resources.

The Trust continues to use NHS mail, facilitating secure digital communications with other NHS partners and the wider public sector via the Government Secure Intranet (GSi).

Senior managers in ICT receive the Health and Social Care Information Centre (HSCIC) 'CareCERT' broadcasts, to maintain an awareness of current information security threats so that timely and appropriate action can be taken where necessary.

We have a robust approach to business continuity (BC) / disaster recovery (DR) within ICT, with senior management taking ownership of developing BC/DR plans for their services. Work is under way to align ICT BC/DR with clinical service system criticality.

The Trust made a self-assessment against the Information Governance Toolkit of 'satisfactory' / 'green' overall as at 31 March 2016, achieving Level 2 or higher for all IG requirements.

2.9.8 ANNUAL QUALITY REPORT

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

The Director of Nursing is the executive director with the responsibility for lead on quality including the Quality Report. The Quality Committee enables the Trust to report directly to the Board on issues of quality governance and risks that may affect the service user's experience, outcome or safety.

To ensure the Quality Report presents a properly balanced picture of the Trust's performance over the year, the report goes to the Quality Committee which is chaired by a non-executive director with a lead on quality and has a number of clinical leads and a service user as members.

The performance information included in the Quality Report is in line with the performance information reported to the Executive Team, the Board of Directors and the Council of Governors through the following mechanisms:

- Performance reports to the Board of Directors, which set out performance against external requirements including NHS Improvement targets, CQC Registration Regulations and our contractual requirements with our main commissioner
- Performance reports to the Council of Governors
- Monthly reports to the Executive Team and quarterly reports to the Board of Directors which set out performance against CQUIN requirements
- Submissions to the Board of Directors for sign-off on our performance against Care Quality Commission Registration Regulations
- Quarterly submissions to the Board of Directors for sign-off on our performance against NHS Improvement targets.

There are systems and processes in place for the collection, recording, analysis and reporting of data which will ensure this is accurate, valid, reliable, timely, relevant and complete.

To manage the risk of there being incorrect data, the Trust has a Data Quality Policy which clearly identifies roles and responsibilities for the collection and input of service user information into patient records' systems. The Data Quality Team deals with erroneous entries and there are systems and processes in place to alert relevant managers of any issues in order to ensure that data presented in Quality Report is both accurate and reliable. A data quality warehouse is used to ensure that data quality issues are dealt with proactively and quickly to maintain data integrity.

2.9.9 REVIEW OF EFFECTIVENESS

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

I have drawn on the content of the performance information available to me. My review is also informed by comments made by the external auditors in their management letter; the Head of Internal Audit Opinion and other audit reports. I have been advised on the effectiveness of the systems of internal controls by: the Board of Directors; the Audit Committee; the Quality Committee; the Finance and Business Committee; and the Mental Health Legislation Committee; the Board Assurance Framework; and internal audit reports. I have also been advised by leadership from the executive directors with regard to risk reporting (clinical and non-clinical), implementing learning, and plans to address weaknesses and ensure continuous improvement of the systems in place.

2.9.10 CONCLUSION

On 24 September 2015 the CQC informed the Trust to cease all regulated activity at Bootham Park Hospital prior to the transfer of services to Tees, Esk and Wear Valleys NHS Foundation Trust. In our strategic risk register we had a risk in relation to *the provision of services from premises identified as not suitable from an environmental perspective*. Despite our sound systems of internal control and our continued management of this risk and the service user environment we were required to close the hospital and the risk became a 'live' issue.

The environment of the hospital was managed within a sector-wide system with the Trust being one partner within that system; some of the factors leading to the closure were outside the control of the Trust. Following the closure we looked at the events leading up to closing the hospital and also the lessons learnt report issued by NHS England to see if there were any points of learning for the Trust in order to guard against such an occurrence in the future.

In summary, the Trust has a sound system of internal control in place, which is designed to ensure delivery of the Trust's goals and strategic objectives and to manage and minimise exposure to risks. I am satisfied that the process for identifying and managing risks is robust and dynamic as evidenced above. I am also satisfied that the Trust is doing all it can to mitigate the risks that have been identified and has in place a sufficient system of internal control to manage the strategic and other organisational risks.

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

SECTION 3 – THE BOARD OF DIRECTORS (further information)

3.1 INTRODUCTION

The Board of Directors is the legally responsible body for the day-to-day management of the organisation and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of our strategy. It has a duty to ensure the provision of safe and effective services for its service users. It does this by having in place effective governance structures and by:

- Establishing and upholding our values and culture
- Setting the strategic direction
- Ensuring we provide high quality, effective and service user focused services
- Promoting effective dialogue with our local communities
- Monitoring performance against objectives
- Providing effective financial stewardship
- Ensuring high standards of governance are applied across the organisation.

The Chair of the Trust is responsible for ensuring that the Board of Directors focuses on the strategic development of our organisation and for ensuring robust governance and accountability arrangements are in place. The Chair of the Trust chairs both the Board of Directors and the Council of Governors and ensures there is effective communication between the two entities and that where necessary the views of the governors are taken into account by the Board.

Whilst the executive directors individually are responsible for the day-to-day operational management of the organisation, the non-executive directors, as part of the unitary Board, share corporate responsibility and liability for ensuring that our Trust is run efficiently, economically and effectively by making objective decisions in the best interests of the Trust. The non-executive directors will assure themselves of performance by holding the executive directors to account for the achievement of this.

The Board sets out the Trust's vision, values and standards of conduct, whilst ensuring that its obligations to its members are understood, clearly communicated and met. This is achieved by ensuring that the Board is made up of individuals who have the appropriate balance of skills, experience, independence and knowledge to enable the Board to discharge its respective duties and responsibilities effectively. The Board provides entrepreneurial leadership in a transparent manner and supports Trust staff in accordance with NHS values and accepted standards of behaviour in public life, including the Nolan Principles* of:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership.

*As set out in the '7 principles of public life', published 31 May 1995, by the Committee on Standards in Public Life.

The Board will reserve certain matters to itself and will delegate others to specific committees and executive directors. Details of this are set out in a document called *Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions/Duties Delegated by the Board of Directors*. Copies of this document are available on our website www.leedsandyorkpft.nhs.uk .

3.2 COMPOSITION OF THE BOARD OF DIRECTORS

3.2.1 Non-executive directors

Our non-executive director (NED) team is made up of seven non-executive directors including a non-executive Chair. During 2015/16 there has been one change to the NED team. Margaret Sentamu was appointed as Deputy Chair of the Trust with effect from 17 February 2016. Further information about our non-executive directors is set out in the Remuneration Report in Part A section 2.4 of this Annual Report.

3.2.2 Executive directors

The executive director team is made up of six executives, including the Chief Executive. The team is made up as follows:

Interim Chief Executive	Medical Director
Chief Financial Officer and Interim Deputy Chief Executive	Director of Nursing
Interim Chief Operating Officer	Director of Workforce Development

There have been four changes in the executive director team during 2015/16. Chris Butler who had been our Chief Executive since January 2005 left the Trust on 21 February 2016. To fill this role Jill Copeland was appointed as Interim Chief Executive with effect of 1 January 2016; Jill had previously been the Chief Operating Officer and Deputy Chief Executive within the Trust. Lynn Parkinson was then appointed as Interim Chief Operating Officer with effect of 1 January 2016; Lynn had previously been the Deputy Chief Operating Officer within the Trust. Because Jill Copeland was appointed as the Interim Chief Exertive and she had previously been Chris Butler's deputy, Dawn Hanwell was appointed as Interim Deputy Chief Executive with effect from 28 January 2016. Dawn carries out this duty alongside her existing role of Chief Financial Officer.

3.2.3 Members of the Board of Directors

At the end of 2015/16 the Board of Directors was made up of seven non-executive directors (including the Chair of the Trust) and six executive directors (including the Interim Chief Executive). The table below lists members of the Board of Directors as at 31 March 2016. It shows the name of the Chair of the Trust and Deputy Chair; the Senior Independent Director; the Interim Chief Executive and the Deputy Interim Chief Executive.

Table 3A – Members of the Board of Directors as at 31 March 2016

NON-EXECUTIVE TEAM		
Frank Griffiths	Chair of the Trust	3 year appointment from 1 April 2013*
Margaret Sentamu	Non-executive Director (Deputy Chair from 17 February 2016)	3-year appointment from 6 February 2014
Julie Tankard	Non-executive Director	3-year appointment from 1 March 2016
Dr Gill Taylor	Non-executive Director (Senior Independent Director)	3-year appointment from 6 February 2014
Professor Carl Thompson	Non-executive Director	3-year appointment from 3 July 2013
Keith Woodhouse	Non-executive Director	3-year appointment from 7 November 2013
Steven Wrigley-Howe	Non-executive Director (Deputy Chair from 6 November 2014 to the 16 February 2016)	3-year appointment from 17 February 2016*
EXECUTIVE TEAM		
Jill Copeland	Interim Chief Executive	
Lynn Parkinson	Interim Chief Operating Officer	
Dawn Hanwell	Chief Financial Officer (Interim Deputy Chief Executive)	
Dr Jim Isherwood	Medical Director	
Anthony Deery	Interim Director of Nursing, Professions and Quality	
Susan Tyler	Director of Workforce Development	

* Frank Griffiths was appointed for a further 1 year term by the Council of Governors with effect from 1 April 2016 to finish on 31 March 2017.

** Steven Wrigley-Howe was due to come to the end of his first term as a non-executive director on the 6 February 2016. The Council of Governors agreed to extend this first term by an additional 11-days (prior to him being re-appointed on the 17 February 2016) in order to ensure that there was a full complement of NEDs on the Board of Directors up until the date of the February 2016 Council of Governors meeting.

NEDs, including the Chair of the Trust, are appointed by the Council of Governors through an open advertisement process. Further information about the NED appointment process can be found in the Remuneration Report in Section 2.4.4.3 Should it be necessary to remove either the Chair of the Trust or any of the other non-executive directors this will be done by the Council of Governors. A decision to remove the Chair of the Trust or another non-executive director must be done in accordance with our Constitution and only if three quarters of the total number of governors appointed or elected at the time, vote to remove an individual.

The Board of Directors considers that it is balanced, complete and appropriate and this can be seen in the biographical details of Board members as set out below. All the non-executive directors are considered to be independent in both judgement and character, and the Board has confirmed that there are no relationships or circumstances which are likely to affect, or could appear to affect, judgment in this respect.

It is also reported that the Chair of the Trust has no other significant commitments that have affected his ability to carry out his duties to the full and he has therefore been able to allow sufficient time to undertake these duties.

Upon appointment, thereafter on an annual basis, and immediately at any point during the financial year that their interests change, Board members are required to make annual declarations as follows:

1) Declaration of Interests for members of the Board of Directors

The Constitution requires Board members to declare any personal or business interests which may influence or be perceived to influence their judgement and in accordance with the Standing Orders those interests that are declarable are any which are relevant and material.

Board members are required to declare interests relating to themselves and spouse (where living together) or co-habiting partners / close family members / close friends or associates (as required by the Standards of Business Conduct for NHS Staff).

Further information about directors' declarations of interests can be found in Section 2.1.2 of this Annual Report and in the Trust's procedure.

2) Independence of non-executive directors

The NHS Foundation Trust Code of Governance requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect their judgement. The Board has deemed that all the NEDs are independent in character and judgement.

3) Annual Declaration of members of the Board of Directors being 'fit and proper'

With effect from 27 November 2015 there is a legal requirement for Board level posts to provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Fitness to hold such a post is set out in the Trust's provider licence; Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and the Trust's Constitution.

Each Board member has declared themselves 'fit and proper' and there is a process in place to make checks on directors both on appointment and every three years after that.

3.3 PROFILE OF MEMBERS OF THE BOARD OF DIRECTORS

Frank Griffiths, Chair of the Trust
Frank has been in post as Chair of the Trust since 1 April 2010, when he was appointed for an initial period of three years. He was then re-appointed by the Council of Governors for a second term of office of three years which was extended for one further year. Frank's current term of appointment will come to an end on 31 March 2016, although he has been appointed by the Council of Governors for a further 1 year period ending on the 31 March 2017. He is the chair of the Board of Directors, the Council of Governors, the Remuneration Committee, Nominations Committee, Appointments and Remuneration Committee and the Strategy Committee.

Frank has been in Leeds since 1989 when he took up a senior position at the then Leeds Polytechnic now Leeds Beckett University, from which he retired in 2006 as the Deputy Vice Chancellor. He has extensive experience of the third sector having established two charities, the Trust for Education and the IGEN Trust. These merged in 2014 and as chair he now oversees a Trust with over £4 million to invest in organisations tackling educational exclusion across the country.

Frank is also an elected member of the Mental Health Network which as a constituent part of the NHS Confederation represents service users across England and campaigns for meaningful parity of esteem within the health service.

Margaret Sentamu, Non-executive Director (Deputy Chair with effect from 17 February 2016)
Margaret was appointed on 6 February 2014 for her first term of office and for a period of three years. Margaret is deputy Chair of the Trust, a member of the Audit Committee, the Mental Health Legislation Committee and the Remuneration Committee. She is also entitled to be a member of the Nominations Committee as and when required, providing there is no conflict of interest. As part of her portfolio Margaret takes a special interest in diversity and inclusion, and the contribution of the third sector to our service development.

Margaret's background is in recruitment and selection in the private, public and the third sectors. More recently she has focused on helping organisations to embed diversity practices in the workplace by challenging unconscious bias in the areas of recruitment, retention and people development.

Her portfolio career also includes regulating solicitors who breach the code of conduct for the Solicitors Regulatory Authority; and accountants, who are members of CIPFA (Chartered Institute of Public Finance and Accountancy) who breach the by-laws; as a non-executive director of Traidcraft she helps the board to think strategically about how to combat poverty through fair trade practices. She is also on the Advisory Board of the Bradford School of Management.

Margaret is a trustee and patron of a number of charities in the areas of health, education and poverty and is keen to strengthen partnerships between the mental health sector and the third sector and help fight stigma and discrimination.

Julie Tankard, Non-executive Director (Chair of the Audit Committee)
Julie was appointed for a second term of office on 1 March 2016 for a period of three years. Julie is the Chair of the Audit Committee. She is a member of the Remuneration Committee and the Finance and Business Committee and is also entitled to be a member of the Nominations Committee as and when required, providing there is no conflict of interest. Julie has been appointed to the Board for her financial expertise.

She is a fellow of the Chartered Institute of Management Accountants and qualified as an accountant 20 years ago. She has experience in finance and commercial roles and is currently working as the Director, Group Contract Management for BTplc.

Julie has run a large global team and has worked in an international environment for most of her career; consequently she is used to working across different cultures and values diversity. She is very experienced in procurement processes and contract negotiations. Her key skills lie in risk management, financial evaluation, investment appraisal and governance. She has a high degree of personal integrity. She is able to bring her commercial skills from a corporate environment to the Trust in order to help develop services for the benefit of service users.

Dr Gill Taylor, Non-executive Director (Senior Independent Director)
Gill was appointed as a non-executive director for a second term of office for a period of three years on 6 February 2014. She is the Chair of the Finance and Business Committee, a member of the Audit Committee and also the Remuneration Committee. She is entitled to be a member of the Nominations Committee as and when required, provided there is no conflict of interest. As part of her portfolio Gill takes a special interest in strategic growth, business development and developing effective partnership working.

Gill is Principal Advisor of the Local Government Association which helps improve the performance of local government, shares good practice and supports councils at risk through the facilitation of their improvement programmes. Gill has responsibility for councils in the north-west region and has a national role in respect of the integration of health and local government care services.

Gill is a former local authority Chief Executive. She was also Chief Executive of the Academy for Sustainable Communities (a national non-departmental public body); a Corporate Director for the Homes and Communities Agency; and was a government Policy Advisor on sustainable communities and community cohesion. She is also a board member of Manningham Housing Association in Bradford, and has a particular interest in housing and partnership working to support individuals and communities.

Professor Carl Thompson, Non-executive Director (Chair of the Quality Committee)
Professor Thompson was appointed as a non-executive director for his first term of office on 3 July 2013 for a period of three years. He is the Chair of the Quality Committee and is also a member of the Remuneration Committee. He is entitled to be a member of the Nominations Committee as and when required, provided there is no conflict of interest. As part of his portfolio Carl takes a special interest quality and service improvement.

Carl has a Chair in Applied Health Research in the School of Healthcare at the University of Leeds, and prior to this held a personal Chair at York from 2009 – 2015. Carl is a social scientist and nurse by background. He started his career at 16 years old as a health care assistant. Following his nurse training and various NHS clinical posts he undertook a degree, and then an Economic and Social Research Council-sponsored PhD, in Social Policy. Carl has published more than 100 publications and articles and three books on health service evaluation, clinical decision making and judgement. He has attracted more than £14million in research funding from the Economic and Social Research Council, the Medical Research Council and the National Institute for Health Research and has a long standing interest in the role of decision making and judgement in the implementation of research findings and attempts to raise the quality of health services.

Keith Woodhouse, Non-executive Director
Keith was appointed for his second term of office as a non-executive director on 7 November 2013 for a period of three years. He is currently a member of the Remuneration Committee and he is also entitled to be a member of the Nominations Committee as and when required, providing there is no conflict of interest. As part of his portfolio Keith takes a special interest in information management and technology, social networking and communications.

Keith has a background of programme and change management and over the last 10 years has worked at director level within both private and public bodies. His last executive role was with the Child Maintenance and Enforcement Commission, where he was responsible for the development and implementation of the Child Maintenance Service. This included the overall management of the change programme, control of budgets in excess of £100million and the design, build and implementation of new IT. Keith has also previously held a non-executive director post with Calderdale Primary Care Trust.

Keith is very service user-centric in his approach to services and equally passionate about efficient and effective delivery of services, and he actively carries out his role as a Mental Health Act Manager.

Steven Wrigley-Howe, Non-executive Director (Deputy Chair from 7 November 2014 to 16 February 2016) (Chair of the Mental Health Legislation Committee)
Steven was appointed as a non-executive director in February 2013 and reappointed for a second term in office on the 17 February 2016. He is the Chair of the Mental Health Legislation Committee and is a member of the Quality Committee and the Remuneration Committee. He is also entitled to be a member of the Nominations Committee as and when required, providing there is no conflict of interest. As part of his portfolio he takes a special interest in the Trust's strategic development and in service user involvement.

Steven is also a Director of the Dublin-based charity The Rehab Group and of three of its UK subsidiaries. He was previously a Trustee of York Mind and worked with national Mind on a number of service user engagement projects.

He has 30 years' experience within healthcare in various management and executive roles including ten years running a healthcare consultancy with both public sector and independent sector clients.

Jill Copeland, Interim Chief Executive
Jill has been our Interim Chief Executive since 1 January 2016. She has worked for the Trust for over six years, first as Director of Strategy and Partnerships and then as Chief Operating Officer and Deputy Chief Executive. In her substantive position as Chief Operating Officer, Jill is responsible for operational management of all of our clinical services; strategy development and business planning; partnership working; and the programme management office. In her previous role, she was responsible for strategy; commercial developments; partnerships and social inclusion; communications; campaigning; governor and member engagement; equality and diversity; and board and governor development.

Jill has worked in healthcare for over 25 years; and her experience includes policy development and implementation at the Department of Health, and leading national service improvement programmes. Before joining the Trust she was executive director of Strategic Development at NHS Leeds, where she led on strategy; partnerships; commissioning for priority groups, including mental health and learning disability services; organisational development through World Class Commissioning; and estates.

Jill graduated in philosophy and holds a Masters in Business Administration from Manchester Business School. She is committed to continuing her professional development, gaining a Certificate in Coaching and Mentoring in 2010 and, most recently, gaining a place on the NHS Leadership Academy's Aspiring Chief Executive Programme.

Lynn Parkinson, Interim Chief Operating Officer
Lynn was appointed as the Interim Chief Operating Officer on 1 January 2016, having previously held the position of Deputy Chief Operating Officer.

She qualified as a nurse in 1989 and has spent all of her career working in mental health. Lynn has a wealth of experience of the Trust's services having started with the Trust since qualifying as a registered mental health nurse and working in a wide variety of clinical services including acute inpatients, community and a number of years with the Eating Disorder Service, finally being appointed to the substantive position of Deputy Director of Care Services in 2012.

Anthony Deery, Director of Nursing
Anthony joined the Trust on 3 November 2014 as the Interim Director of Nursing and came to the Trust on secondment from Northumberland Tyne and Wear NHS Foundation Trust, however, he has been appointed substantively to the post with effect from 1 April 2015. His clinical background is in mental health and general nursing. He has worked in both the UK and US healthcare systems and has senior experience in policy development, standard setting, commissioning and operational management within the NHS.

Anthony has senior NHS experience having joined the Trust from Northumberland Tyne and Wear NHS Foundation Trust, where he worked as a Group Nurse Director, and prior to this he was Head of Mental Health Strategy at the Healthcare Commission between 2005 and 2009, and Head of Mental Health Operations at CQC between 2009 and 2011.

Dawn Hanwell, Chief Financial Officer and Interim Deputy Chief Executive
Dawn was appointed as Chief Financial Officer from 1 August 2012 and the Interim Deputy Chief Executive from 28 January 2016. She started work in the NHS in 1986 as a financial management trainee in Rotherham where she went on to gain her CIPFA qualification in 1990.

Prior to joining our Trust Dawn was the Director of Finance in Barnsley NHS Foundation Trust. She has worked across the NHS, predominantly in mental health and for a short while in a primary care trust. She has worked in Sheffield, Wakefield, Derby and Leeds including being the Deputy Director of Finance of our predecessor organisation, Leeds Partnerships NHS Foundation Trust, when she was part of the team that led on securing our foundation trust status.

Dr Jim Isherwood, Medical Director
Jim was appointed to the substantive post of Medical Director on 1 September 2012.

He trained at the University of Leeds Medical School and after graduation worked in hospitals in West Yorkshire before undertaking the North Yorkshire rotational training scheme in psychiatry. He then worked in Wessex as Senior Registrar for four years before taking up a consultant post to develop forensic psychiatry services in North Yorkshire in 1996. In 2004 he became the Medical Director of the Selby and York PCT, a position he maintained until services transferred to our Trust in February 2012.

Susan Tyler, Director of Workforce Development
Susan was appointed to the substantive post of Director of Workforce Development on 1 January 2012.

She has worked for a number of trusts across West and South Yorkshire including as Deputy Director of HR at Mid-Yorkshire Hospitals NHS Trust and HR Director at Barnsley NHS Foundation Trust. During her career she has also held a number of senior roles in training and organisational development. Susan has experience across all aspects of healthcare provision including acute, primary care and mental health / learning disabilities. She holds a Masters degree, MCIPD and ILM level 5 in coaching and mentoring and has recently undertaken training in Health Coaching.

3.4 MEETINGS OF THE BOARD OF DIRECTORS

The Board of Directors meets on a six-weekly basis (subject to timeframes prescribed by NHS Improvement in respect of the submission of key documents and returns); however, the Chair of the Trust will call a meeting between these times to deal with any urgent business should the need arise. All meetings are held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) will be taken in a private session.

In 2015/16 the Board of Directors met on 10 occasions. The table below shows directors' attendance at those meetings. Attendance at Board meetings is also reported to the Council of Governors at each of its meetings.

Table 3B – Attendance at Board of Directors' meetings during 2015/16

Name	Number of meetings directors were eligible to attend	30 April 2015	18 May 2015 (Extraordinary)	21 May 2015 (Extraordinary)	18 June 2015	30 July 2015	17 September 2015	28 September 2015 (Extraordinary)	29 October 2015	28 January 2016	31 March 2016
Non-executive directors											
Frank Griffiths (Chair)	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Margaret Sentamu	10	✓	✓	✓	✓	-	✓	✓	-	-	-
Julie Tankard	10	✓	✓	-	✓	-	✓	✓	-	✓	✓
Dr Gill Taylor	10	✓	-	✓	✓	✓	✓	-	✓	✓	✓
Professor Carl Thompson	10	✓	✓	✓	✓	✓	✓	-	-	✓	✓
Keith Woodhouse	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steven Wrigley-Howe	10	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Executive directors											
Chris Butler	8	✓	✓	✓	-	✓	✓	✓	✓		
Jill Copeland	10	✓	✓	✓	✓	-	✓	✓	✓	✓	✓
Lynn Parkinson	2									✓	✓
Anthony Deery	10	✓	✓	-	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jim Isherwood	10	✓	-	✓	✓	✓	✓	✓	✓	✓	✓
Susan Tyler	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

3.5 EVALUATION OF THE BOARD OF DIRECTORS

3.5.1 The Board of Directors and members of the Board

The Board of Directors is committed to continuous improvement and has undertaken a formal evaluation of its performance and effectiveness.

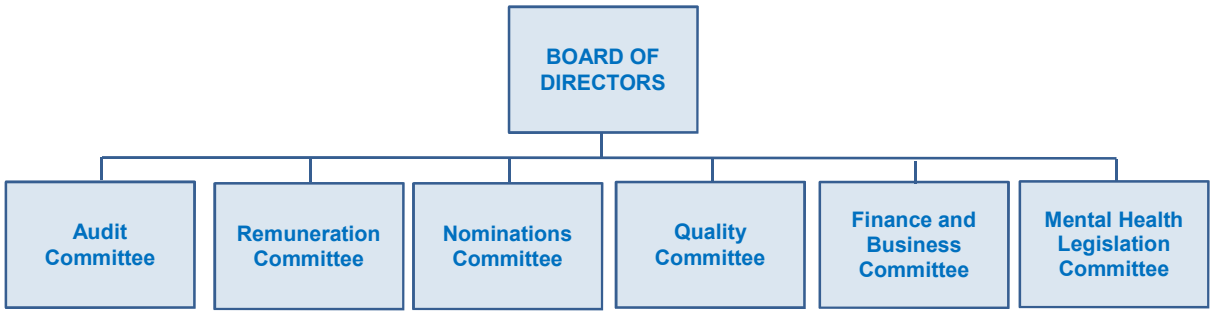
We have in place a 360-degree evaluation process which is used in support of the evaluation of the effectiveness of the Board and its members with outcomes being fed into the appraisals of individual members.

The Chair of the Trust also carries out an appraisal of the executive directors' performance in relation to their Board membership and this informs the discussion with the Chief Executive in relation to their appraisal as an executive director.

Bespoke compulsory training packages have also been identified for all non-executive directors. Furthermore, regular Board of Director workshops on significant and priority areas are set as routine along with regular ward-to-board opportunities.

3.5.2 Board sub-committees

The Board's sub-committee structure is made up of the: Audit Committee, Remuneration Committee, Nominations Committee, Finance and Business Committee, Mental Health Legislation Committee and Quality Committee. Each of these committees receives secretariat support from the Corporate Governance Team.



3.6 THE AUDIT COMMITTEE

The Audit Committee is the primary governance and assurance committee. It is a formal sub-committee of the Board of Directors.

The Audit Committee provides an independent and objective review and seeks high-level assurance on the effectiveness of our governance (corporate and clinical), risk management and internal control systems and assures the Board of Directors in respect of internal controls within these functions. It receives assurance from the Executive Team and other areas of the organisation through reports, both regular and bespoke. It validates the information it receives through the work of Internal Audit, External Audit, and Clinical Audit, again through reports and attendance by key personnel at its meetings to present papers on specific matters. Assurance is also brought to the committee through the knowledge that non-executive directors gain from other areas of their work, not least their own specialist areas of expertise; visiting services; and talking to staff and governors.

The Audit Committee has responsibility for ensuring that, should our auditors (PricewaterhouseCoopers LLP) carry out any non-audit work, their independence is maintained. The Committee will do this by reviewing and approving the scope of the work and the fees charged prior to the work being undertaken.

The substantive membership of the Audit Committee is made up at any one time of three non-executive directors. During 2015/16 the following members served on the Committee as substantive members: Julie Tankard, who was the chair of the committee; Dr Gill Taylor; and Margaret Sentamu. The other non-executive directors are invited to attend on an ad-hoc basis as and when they feel it is appropriate, with the Chair of the Trust being invited to attend the Audit Committee on an annual basis.

In regular attendance at committee meetings are the Interim Chief Executive, the Chief Financial Officer, and the Head of Corporate Governance. There is also representation from PricewaterhouseCoopers LLP, our external auditors, and the West Yorkshire Audit Consortium who provide our internal audit and counter-fraud services.

The table below shows the number of Audit Committee meetings in 2015/16 and attendance by each non-executive director member. It also shows where other non-executive directors have attended the committee on an ad-hoc basis.

Table 3C – Attendance at Audit Committee meetings

Name	23 April 2015	15 May 2015 (Extraordinary)	23 July 2015	19 October 2015	19 January 2016
Substantive non-executive director members					
Julie Tankard (chair of committee)	✓	✓	✓	✓	✓
Dr Gill Taylor	-	✓	✓	✓	✓*
Margaret Sentamu	✓	✓	✓	-	-
Other non-executive directors who attended meetings in 2015/16					
Frank Griffiths (Chair of the Trust)				✓	
Steven Wrigley-Howe				✓	

* Attended part of the meeting by phone

During 2015/16 the Audit Committee fulfilled the role of the primary governance and assurance committee and has carried out its role through the approval of the work plans for both the internal and external auditors and the Counter-fraud Service. It has received and reviewed both regular progress reports and the concluding annual reports for the work of the Internal Audit and Counter-fraud teams. The Audit Committee assesses the effectiveness of external and internal audit by reviewing periodic reports from the auditors and monitoring the pre-agreed key performance indicators.

One key matter of business in 2015/16 was to receive assurance on whether the Trust was compliant with the new Regulation 20: Duty of Candour as set out in the Health and Social Care Act 2008. This came into force on the 27 November 2014 with all NHS Bodies having to meet its requirements. To ensure compliance the Director of Nursing established an internal Task and Finish Group to provide assurance that the statutory duty is embedded throughout the Trust and made a report on progress to the Audit Committee.

One other key matter of business was to review the Trust's strategic delivery cycle. In December 2015 NHS England published 'Delivering the Forward View: NHS Planning Guidance 2016/17 to 2020/21' which stipulates that the Trust needed to produce two separate but connected plans. The first is a one-year organisation-based Operational Plan for 2016/17, with the second being an emerging Sustainability and Transformation Plan. The committee was assured of the process and timeframes associated with this new guidance and the Trust's commitment to strategy.

Another key matter of business was to review the external audit plan for 2015/16 annual accounts. The committee reviewed the analysis of the assessment of significant audit risks, the proposed audit strategy, the audit and reporting timetables.

Through the year the committee has received assurance through the review of the Board Assurance Framework. As part of its statutory duty it has reviewed the annual accounts, the year-end self-certifications and the Quality Report prior to them being adopted by the Board of Directors.

In March 2016 the Committee reviewed its own effectiveness. It did this thorough a series of questionnaires that were circulated to members and staff who regularly attend the committee. It found that there were no significant areas of weakness and no major changes to the way in which it operated.

A separate annual report for the Audit Committee is produced and submitted to the Board of Directors for assurance and is also submitted to the Council of Governors for information. This can be found on our website at www.leedsandyorkpft.nhs.uk .

Further information about the sufficiency of our internal control processes can be found in the Annual Governance Statement in Part A section 2.8 of this Annual Report.

SECTION 4 – THE COUNCIL OF GOVERNORS

4.1 COMPOSITION OF THE COUNCIL OF GOVERNORS

The Council of Governors is what gives the public a voice in helping to shape and influence the future of mental health and learning disability services provided by our Trust. It is made up of people who have been elected by our membership and who are representative of our constituencies. It also includes people appointed from a range of partner organisations. The Council of Governors is chaired by the Chair of the Trust, who ensures a link between the Council and the Board of Directors; the Deputy Chair of the Trust is also the Deputy Chair of the Council of Governors.

NHS Improvement requires each foundation trust to have a Lead Governor. Claire Woodham, who is an elected governor for the constituency of Leeds Service User was elected by the Council as Lead Governor with effect from 18 February 2015 for a period of one year. Claire was then re-elected for a second tem by the Council as Lead Governor with effect from 16 February 2016 for an additional period of one year.

Our Council of Governors has 34 seats in total. There are 27 elected governors and seven appointed governor seats. The table below shows how our Council was made up at the end of March 2015.

Table 4A – Composition of our Council of Governors

	Constituency name	Number of seats
ELECTED	Public: Leeds	6
	Public: York and North Yorkshire	3
	Public: Rest of England and Wales	1
	Service User: Leeds	4
	Service User: York and North Yorkshire	2
	Carer: Leeds	3
	Carer: York and North Yorkshire	1
	Service user and Carer: Rest of the UK	1
	Clinical Staff: Leeds and York & North Yorkshire	4
	Non-clinical Staff: Leeds and York & North Yorkshire	2
APPOINTED	Equitix Ltd	1
	Volition	1
	Tenfold	1
	York Council for Voluntary Services	1
	Leeds City Council	1
	City of York Council	1
	North Yorkshire County Council	1
	TOTAL	**34**

Governors are either elected or appointed to the Council of Governors for a period of up to three years, with elections being carried out in accordance with the election rules in Annex 5 of our Constitution. Further details about the elections we have held during 2015/16 can be found below in section 4.2.1.

Tables 4B and 4C list those governors that have served on the Council of Governors during 2015/16.

Table 4B – Elected governors

Name	Constituency	Maximum term of office elected for	Date appointed from	Date term of office ends / ended	Number of terms served
Jackie Ainsley-Stringer *	Public: Leeds	3 years	17.08.13	07.09.15	1st
Andy Bottomley	Carer: Leeds	3 years	16.04.14	15.04.17	3rd
Richard Brown *	Public: York and North Yorkshire	3 years	16.04.14	11.02.16	1st
Annie Dransfield *	Carer: Leeds	3 years	16.04.14	05.11.15	3rd
Lindsay Dransfield *	Public: Leeds	3 years	16.04.14	24.08.15	1st
Ruth Grant ***	Staff Non-clinical: Leeds and York & North Yorkshire	3 years	29.04.15	28.04.18	1st
Steve Howarth	Public: Leeds	3 years	17.08.13	16.08.16	1st
Andrew Johnson	Staff Clinical: Leeds and York & North Yorkshire	3 years	16.04.14	15.04.17	1st
Philip Jones	Public: Leeds	3 years	17.08.13	16.08.16	1st
Dominik Klinikowski ***	Staff Non-clinical: Leeds and York & North Yorkshire	3 years	29.04.15	28.04.18	1st
Andrew Marran *	Public: Leeds	3 years	17.08.13	15.07.15	3rd
Gary Matfin ****	Staff Clinical: Leeds and York & North Yorkshire	3 years	17.08.13	30.09.15	1st
James Morgan *	Public: York and North Yorkshire	3 years	16.04.14	09.02.16	1st
Pamela Morris **	Staff Non-clinical: Leeds and York & North Yorkshire	3 years	12.04.12	11.04.15	3rd
Becky Oxley *	Service User: Leeds	3 years	27.11.14	21.01.16	1st
Laura Phipp *	Service User: York and North Yorkshire	3 years	27.11.14	06.09.15	1st
Alan Procter	Carer: Leeds	3 years	17.08.13	16.08.16	1st
Julia Raven ***	Carer: York and North Yorkshire	3 years	12.04.12	11.04.15	1st
	Re-appointed	3 years	29.04.15	28.04.18	2nd
Libby Rowlands	Service User: York and North Yorkshire	3 years	27.11.14	27.11.17	1st
Jo Sharpe ***	Public: York and North Yorkshire	3 years	29.04.15	28.04.18	1st
Ann Shuter ***	Service User: Leeds	3 years	12.04.12	11.04.15	1st
	Re-appointed	3 years	29.04.15	28.04.18	2nd
Heather Simpson ****	Staff Clinical: Leeds & York and North Yorkshire	3 years	17.08.13	30.09.15	2nd
David Smith *	Public: Leeds	3 years	29.04.15	15.11.15	1st
Niccola Swan	Public: Rest of England and Wales	3 years	17.08.13	16.08.16	1st
Maria Trainer	Service User: Leeds	3 years	17.08.13	16.08.16	3rd
Mark Willis **	Staff Clinical: Leeds and York and North Yorkshire	3 years	12.04.12	11.04.15	1st
Claire Woodham	Service User: Leeds	3 years	17.08.13	16.08.16	1st

* Indicates those governors who stepped down early during 2015/16, before the end of their term of office
** Indicates those governors who came to the end of their term of office during 2015/16 and either did not stand or were not eligible to stand for re-election or were not re-elected
*** Indicates those governors who were newly elected or re-elected part-way through 2015/16
**** Indicates those governors who stepped down during 2015/16, before the end of their term of office due to them being transferred to Tees Esk and Wear Valley NHS Foundation Trust (TEWV) on the 1 October 2015.

Table 4C – Appointed governors

Name	Constituency	Maximum term of office elected for	Date appointed from	Date term of office ends / ended	Number of Terms served
Colin Clark	Equitix Ltd	3 years	14.02.14	13.02.17	3rd
John Dossey *	Tenfold	3 years	05.09.12	01.04.15	1st
Councillor Helen Douglas	City of York Council	2 years 7 months	29.10.12	31.05.15	1st
Ant Hanlon	Volition	3 years	27.02.14	26.02.17	1st
Councillor Josie Jarosz **	Leeds City Council	1 year	06.08.15	05.08.16	1st
Carol-Ann Reed**	Tenfold	3 years	01.04.15	31.03.18	1st

* Indicates those governors who stepped down early during 2015/16, before the end of their term of office
** Indicates those governors who were newly appointed or re-appointed during 2015/16

4.2 CHANGES TO THE COUNCIL OF GOVERNORS

During 2015/16 there were a number of changes to the individuals holding the position of governor on our Council of Governors. The Board of Directors would like to thank all those who either stepped down early from office or came to the end of the term of office and note the tremendous contribution they made to the work of the Council. These are: Jackie Ainsley-Stringer, Richard Brown, Annie Dransfield, Lindsay Dransfield, Andrew Marran, Gary Matfin, James Morgan, Becky Oxley, Laura Phipp, Heather Simpson, David Smith and John Dossey.

4.2.1 Elected governors

Elections are carried out in accordance with the election rules as set out in Annex 5 of the Trust's Constitution (elected governors are in the constituencies set out in Table 4A). To be eligible to stand for election you must be a member of our Trust. Where a vacancy then occurs in a constituency and the Trust agrees to hold an election, members in that constituency are invited to nominate themselves, and where there are more people standing for election than there are seats available it will be necessary to hold a ballot which is held on a first-past-the-post system of voting. In 2015/16 we concluded the round of elections that had commenced in the last quarter of 2014/15. This finished on 29 April 2015. No other elections were held in 2015/16.

4.2.1.1 Elections that concluded on 29 April 2015

In April 2015 a number of our governors came to the end of their term of office, this linked with a number of vacant seats already on the Council, caused either by governors stepping down early or because the seats had been vacant for some time meant it was necessary to hold an election to fill the following seats:

Table 4D – Seats included in the April 2015 election

Constituency	Name of constituency	Number of seats included in the election
Public	Leeds	1
	York and North Yorkshire	1
Carer	York and North Yorkshire	1
Service User	Leeds	1
Service User and Carer	Rest of UK	1
Staff Clinical	Leeds and York and North Yorkshire	1
Staff Non-Clinical	Leeds and York and North Yorkshire	2

This round of elections was concluded on 29 April 2015 and we were successful in filling seats as follows:

Table 4E – Elected unopposed

Name	Constituency elected to:
Jo Sharpe	Public: York and North Yorkshire
Ann Shuter	Service User: Leeds
Julia Raven	Carer: York and North Yorkshire

Table 4F – Elected by ballot

Name	Constituency elected to:
David Smith	Public: Leeds
Ruth Grant	Staff: Non Clinical Leeds and York and North Yorkshire
Dominik Klinikowski	Staff: Non Clinical Leeds and York and North Yorkshire

No-one was elected to the seat of Service User and Carer, Rest of UK. For those seats in which a ballot was held the percentage turnout figures were: Public Leeds (5.5%); Staff Non-Clinical Leeds and York and North Yorkshire (32.4%).

4.2.2 Appointed governors

Appointed governors are nominated by those organisations we have identified as our partner organisations. Our partner organisations are set out in table 4A.

During 2015/16 there were three changes to our appointed governors. One appointed governor stepped down before the end of their term of office; John Dossey stepped down on 1 April 2015. Councillor Josie Jarosz was appointed by Leeds City Council on the 6 August 2015 for a period of one year and Carol-Ann Reed was appointed by Tenfold on the 1 April 2015 for a period of three years.

The Board of Directors would like to thank all the appointed governors it has worked with through the year for all their hard work; supporting the development of the services we provide, and welcome those newly appointed to our Council.

4.3 MEETINGS OF THE COUNCIL OF GOVERNORS

During 2015/16 the Council of Governors met formally six times; five formal Council meetings and one Annual Members' Meeting. All formal Council meetings are held in public, although items which are of a confidential nature (as defined by pre-determined criteria and in accordance with the Constitution) will be taken in a private session. The Annual Members' Meeting is a public meeting.

Notice of public Council of Governors' meetings along with the agenda and papers are published on our website www.leedsandyorkpft.nhs.uk .

The table below details the number of formal meetings attended by each governor during 2015/16. This is shown out of a maximum of five meetings unless a governor has either resigned from, or joined the Council of Governors part-way through the financial year, in which case the number of meetings they were eligible to attend has been amended to reflect this (those meeting dates which have been blanked out and marked with 'N/A' in the table indicate that a governor was not eligible to attend to the meeting). The table also records those governors who were eligible to, and attended the Annual Members' Meeting in September 2015.

Table 4G – Number of meetings attended by each governor

			FORMAL COUNCIL MEETINGS ATTENDED					
Name	**Appointed (A) or elected (E)**	**Number of formal meetings eligible to attend (including the Annual Members Meeting)**	**21 May 2015**	**15 July 2015**	**9 September 2015**	**18 November 2015**	**16 February 2016**	**22 September 2015 (the Annual Members' Meeting)**
Jacqueline Ainsley-Stringer *	E	2	✓	-	N/A	N/A	N/A	N/A
Andrew Bottomley	E	6	✓	-	✓	✓	-	✓
Richard Brown *	E	4	✓	✓	✓	N/A	N/A	-
Colin Clark	A	6	✓	✓	✓	✓	✓	✓
John Dossey *	A	0	N/A	N/A	N/A	N/A	N/A	N/A
Councillor Helen Douglas	A	6	✓	-	✓	-	✓	✓
Annie Dransfield *	E	2	-	-	N/A	N/A	N/A	N/A
Lindsay Dransfield *	E	4	-	-	-	N/A	N/A	-
Ruth Grant	E	6	✓	✓	✓	✓	-	✓
Ant Hanlon	A	6	-	✓	✓	-	-	✓
Steve Howarth	E	6	-	✓	✓	✓	✓	✓
Councillor Josie Jarosz ***	A	4	N/A	N/A	✓	✓	-	-
Andrew Johnson	E	6	✓	-	✓	✓	✓	-
Philip Jones	E	6	✓	✓	✓	✓	✓	✓
Dominik Klinikowski ***	E	6	✓	✓	✓	✓	✓	-
Andrew Marran *	E	2	✓	✓	N/A	N/A	N/A	N/A
Gary Matfin ****	E	4	-	✓	✓	N/A	N/A	✓
Pamela Morris **	E	0	N/A	N/A	N/A	N/A	N/A	N/A
James Morgan *	E	5	-	✓	✓	-	N/A	✓
Becky Oxley *	E	5	✓	✓	✓	-	N/A	✓
Laura Phipp *	E	3	-	-	N/A	N/A	N/A	-
Alan Procter	E	6	✓	✓	-	✓	✓	-
Julia Raven ***	E	6	✓	✓	✓	-	✓	✓

Name	Appointed (A) or elected (E)	Number of formal meetings eligible to attend (including the Annual Members Meeting)	FORMAL COUNCIL MEETINGS ATTENDED					
			21 May 2015	15 July 2015	9 September 2015	18 November 2015	16 February 2016	22 September 2015 (the Annual Members' Meeting)
Carol-Ann Reed ***	E	6	✓	✓	-	✓	✓	✓
Libby Rowlands	E	6	-	-	-	-	-	-
Jo Sharpe	E	6	✓	✓	✓	✓	✓	✓
Ann Shuter	E	6	-	✓	✓	✓	-	✓
Heather Simpson ****	E	4	✓	✓	✓	N/A	N/A	✓
David Smith *	E	4	-	✓	✓	N/A	N/A	-
Niccola Swan	E	6	✓	✓	✓	✓	-	✓
Maria Trainer	E	6	✓	✓	-	✓	-	✓
Mark Willis **	E	0	N/A	N/A	N/A	N/A	N/A	N/A
Claire Woodham	E	6	✓	✓	✓	✓	✓	-

* Indicates those governors who stepped down during 2015/16, before the end of their term of office and as such may not have been eligible to attend all meetings (any meetings not eligible to attend are shaded out)

** Indicates those governors who came to the end of their term of office during 2015/16 and were not re-elected or did not stand for re-election or were not re-appointed and as such may not have been eligible to attend all meetings (any meeting not eligible to attend are shaded out)

*** Indicates those governors who were newly elected or appointed during 2015/16 and as such may not have been eligible to attend all meetings (any meetings not eligible to attend are shaded out)

**** Indicates those governors who stepped down during 2015/16, before the end of their term of office due to them being transferred to Tees Esk and Wear Valley NHS Foundation Trust (TEWV) on the 1 October 2015

4.4 DUTIES OF THE COUNCIL OF GOVERNORS

The overarching role of the Council of Governors is to make our Trust publically accountable for the services it provides. It does this by representing the interests of members as a whole and those of the public; informing our forward plans; and holding the non-executive directors (NEDs) to account, individually and collectively, for the performance of the Board. Governors are not directors and the duty of holding the NEDs to account does not mean governors are responsible for the decisions taken by the Board of Directors. Members of the Board of Directors (both executive and non-executive directors collectively) share corporate responsibility and liability for those decisions.

Further information about the work of the Board of Directors can be found in Part A section 3 of this Annual Report.

In addition there are a number of other key statutory tasks the Council of Governors must also carry out. These include:

- Appointing (and removing) the Chair of the Trust and non-executive directors
- Approving the appointment of the Chief Executive
- Appointing (and removing) the external auditor
- Receiving the Annual Report and Accounts, and the auditor's report on these
- Approving amendments to the constitution
- Taking decisions on significant transactions and also on any changes to non-NHS income.

If during the course of the Board of Directors and the Council of Governors carrying out their respective duties it becomes apparent that there is a dispute between the Council and the Board there is a formal dispute resolution process which is set out in the constitution at Annex 7 paragraph 10.

To help governors carry out their role, the Board of Directors also has a number of statutory duties placed on it including: sending a copy of the agenda to governors before each meeting and copies of minutes of meetings as soon as practicable after the meeting; and ensuring that governors have the skills and knowledge they require to undertake their role.

4.5 WORKING TOGETHER

The work of the Board of Directors and of the Council of Governors is closely aligned, with minutes of the meetings of each being presented to the other. The Chair of the Trust, supported by the Head of Corporate Governance, provides a formal link between the two bodies and it is his responsibility to ensure an appropriate flow of information.

The executive directors are invited by the Council to attend meetings, which they do on a regular basis. One other way in which the Board of Directors and the governors work closely together is by means of the Strategy Committee (see section 4.6 below for more information). The Chair of the Strategy Committee is the Chair of the Trust, and three executive directors are in attendance. The committee meets on a regular basis to coincide with NHS Improvement's strategic planning cycle. The committee empowers governors to undertake the following duties:

- Overseeing the development of the business priorities within the Trust's Operational Plan
- Ensuring the Operational Plan is an accurate reflection of the current shared vision and strategy of the Trust
- Act as ambassadors for the Trust's strategy and Operational Plan
- Representing their constituency in the process to refresh the Trust strategy
- Contributing to the development of forward plans of the Trust in a strategic, and financial manner.

The Council of Governors has a primary relationship with the non-executive directors (NEDs) who are encouraged wherever possible to attend Council meetings to get to know the governors better and to hear first-hand their views and those of members. To help to develop the relationship between the governors and the NEDs two main mechanisms have been developed. Firstly, there are informal sessions before Council meetings where governors meet in small groups with NEDs to allow them the opportunity to talk about any issues they or members have. Secondly, one NED will present a report to

the Council on how they, individually and collectively, have held the executive directors to account for the performance of the Board.

To allow governors to better understand the work of our Trust and to allow a further opportunity to observe NEDs holding the executive directors to account for performance, governors are invited to observe at three Board sub-committees: the Quality Committee; the Finance and Business Committee; and the Mental Health Legislation Committee. Whilst governors do not have the right of membership at these Committees the Chair of the Committee may invite observations from governors if and when appropriate.

The following table shows those Council meetings that were attended by members of the Board of Directors.

Table 4H – Attendance by Board members at Council of Governors' meetings

Name	21 May 2015	15 July 2015	9 September 2015	18 November 2015	16 February 2016
Non-executive Directors					
Frank Griffiths	✓	✓	✓	✓	✓
Margaret Sentamu	✓*	✓	✓*	✓	✓
Julie Tankard	-	✓	-	✓	-
Dr Gill Taylor	✓	-	✓	-	-
Professor Carl Thompson	-	-	-	-	-
Keith Woodhouse	✓	-	✓	✓*	✓
Steven Wrigley-Howe	-	✓*	-	-	✓*
Executive directors					
Chris Butler	✓	✓	✓	✓	
Jill Copeland	✓	-	✓	✓	-
Lynn Parkinson		✓**			✓
Anthony Deery	-	✓	✓	✓	✓
Dawn Hanwell	-	-	-	✓	✓
Dr Jim Isherwood	✓	-	-	✓	-
Susan Tyler	-	-	-	✓	-

* Indicates the NED who gave the presentation on the Board's performance

** Indicates attendance as the Deputy Chief Operating Officer in the absence of the Chief Operating Officer

4.6 SUB-COMMITTEES OF THE COUNCIL OF GOVERNORS

The Council of Governors may not delegate any of its responsibilities; however, it can choose to carry out its duties either through individual governors or through groups and committees. In the light of this the Council of Governors has formed two formal sub-committees to focus on specific areas of work. These Committees are the Appointments and Remuneration Committee (a committee required in statute) and the Strategy Committee. Both of these committees report formally to the Council of Governors.

- **The Appointments and Remuneration Committee** – this committee reviews and makes recommendations to the Council of Governors regarding the appointments process for vacant posts within the non-executive director team, and also sets the level of remuneration for NEDs. Further information about the work of this committee in 2015/16 can be found in the Remuneration Report in Part A section 2.4 of this Annual Report.

- **The Strategy Committee** – this committee oversees the development of the business priorities; supports and oversees the delivery of the strategy and Operational Plan; and supports the process to refresh our strategy.

4.7 THE REGISTER OF GOVERNORS' INTERESTS

Under the provisions of the Constitution and as described in the provider license, we are required to have a register of interests to formally record declarations of interests and a 'fit and proper' persons test of members of the Council of Governors. In particular, the register will include details of all directorships and other relevant material interests which have been declared, and to ensure that they are of sound character and background to hold a position in public office.

On appointment, members of the Council of Governors must declare any interests, which might place, or be seen to place them in a potential conflict of interest between their personal or private interest and those arising from their membership of the Council of Governors. Members of the Council of Governors are also required to declare any conflict of interest that arises in the course of conducting Trust business, at each meeting. Each year governors will complete a new declaration of interest form to ensure the most up-to-date position is declared. These annual declarations are also reported to the Council of Governors.

The Register of Interests is maintained by the Head of Corporate Governance and is available for inspection by members of the public on request. The Head of Corporate Governance can be contacted by telephone on 0113 8555930 or by email at chill29@nhs.net.

SECTION 5 – MEMBERSHIP

5.1 OUR CONSTITUENCIES AND ELIGIBILITY TO JOIN

We have three membership constituencies: public; service user and carer; and staff.

Firstly, there are three public constituencies: Leeds; York and North Yorkshire; and Rest of England and Wales. Each of these constituencies is made up of a number of local government electoral areas which is in accordance with the NHS Act 2006. If a person wants to join a public constituency the relevant one will be determined by the address at which they live.

The Service User and Carer Constituency is divided into five constituencies for the geographical areas of: Leeds; York and North Yorkshire; and the rest of the United Kingdom. Again these constituencies follow the local government electoral boundaries. A breakdown of this is shown in table 5A. Anyone who has used our services in the last 10 years or cares for someone who has used our services within the last 10 years can join the Service User and Carer Constituency. An individual's home address will determine which constituency they join.

The Staff Constituency is divided into two categories: Staff: Clinical and Staff: Non-clinical. Any individual who is employed by us under a contract of employment will automatically become a member unless they opt out. In addition to those individuals directly employed by us, people who exercise a function for us may also choose to be a member of the Staff Constituency. Whether a person joins the clinical or the non-clinical class will be determined by national occupation codes.

More details on our membership constituencies can be obtained from our Membership Office (contact details are at the back of this Annual Report).

The table below shows the membership constituencies and classes.

Table 5A – Membership constituencies

Public constituency	Service User and Carer constituency	Staff constituency
Public: Leeds Public: York and North Yorkshire Public: Rest of England and Wales	Service User: Leeds Service User: York and North Yorkshire Carer: Leeds Carer: York and North Yorkshire Service User and Carer: Rest of the UK	Clinical Staff: Leeds and York & North Yorkshire Non-clinical Staff: Leeds and York & North Yorkshire

5.2 NUMBER OF MEMBERS

Table 5B – Total membership by constituency

Public constituency	Number of members
Public: Leeds	9272
Public: York and North Yorkshire	1719
Public: Rest of England and Wales	1958
Total public members (including 39 members outside England and Wales)	**13038**

Service User and Carer constituency	Number of members
Service user: Leeds	614
Service user: York and North Yorkshire	102
Carer: Leeds	355
Carer: York and North Yorkshire	51
Service User and Carer: Rest of the UK	114
Total service user and carer members	**1236**

Staff constituency	Number of members
Clinical staff: Leeds and York & North Yorkshire	2707
Non-clinical staff: Leeds and York & North Yorkshire	719
Total staff members	**3426**

Membership has grown steadily to the current figure of 17,700 as at 31 March 2016. These tables illustrate the breakdown, by constituency, of the total number of members.

5.3 DEVELOPING A REPRESENTATIVE MEMBERSHIP

The profile of the current membership in terms of ethnicity, gender and age continues to be broadly in line with that of the respective constituencies, with no significant deficits. During the past 12 months, we have undertaken activities with gender, ethnicity and age-specific groups to ensure that the membership continues to be representative. We have continued to collect demographic information around disability and sexual orientation to inform specific work. We have found the organisation is well represented within these two communities, as a result of collecting the data. We have also continued to target a number of student events this year to increase our younger membership.

The Involvement, Engagement and Membership Team is keen to encourage the involvement of the Council of Governors in the recruitment and engagement of members in line with NHS Improvement's latest good practice guide. We have built on our positive programme of involving and engaging our members and offering individual support and a comprehensive training package for our governors. We believe that this will help strengthen our recruitment of governors and also support our current governors in their role in line with the Health and Social Care Act 2012, NHS Improvement's Govern Well guidance, and the NHS Constitution We believe that this helps us to support our governors, who in turn promote membership and involvement to the general public, service users, carers, staff and stakeholders.

Our annual membership campaign as usual plays a dual role of showcasing good practice across the organisation and helping to combat the stigma experienced by people with learning disabilities and mental health problems. Our aim is to constantly attract a committed and involved membership who will act as ambassadors for our Trust.

5.4 MEMBERSHIP RECRUITMENT AND ENGAGEMENT

We will continue to recruit members through our well-established channels; however, there are a number of new strands of work that we need to develop, particularly to increase our membership amongst groups who are traditionally harder to engage with. These are:

- The circulation of membership forms to partner organisations, linked to the *This is Me* membership campaign, targeting more difficult to reach community groups
- Work with third sector organisations to promote anti-stigma and positive identity work
- The continued development of a Love Arts programme encouraging present members to share the membership magazine *Imagine* with their families and friends and thereby introduce new members
- The showcasing of our specialists services as part of the "I am Me!" campaign to promote wider understanding.

5.5 THE MEMBERSHIP OFFICE

The Membership Office is the initial point of contact for members to speak to someone within our Trust or with our governors. The office can be contacted by telephone on (0113) 8555900 or by email at ftmembership.lypft@nhs.net.

SECTION 6 – OUR AUDITORS

6.1 EXTERNAL AUDIT SERVICES

PricewaterhouseCoopers LLP (PwC) provide our external audit service. All members of the PwC audit team are independent of the Board of Directors and of staff members. Each year the Audit Team provides a statement in support of the requirements for their objectivity and independence to the Audit Committee. The auditors provide audit services in accordance with the Code of Audit Practice. This covers the opinion on the annual accounts, financial aspects of corporate governance, the use of resources, the Annual Report and the Quality Report. The cost of independent audits during 2015/16 is detailed in the table below:

Table 6A – Cost of statutory audits

The Annual Accounts	£49,756
The Quality Report	£8,980

During 2015/16 PwC carried out screening checks for members of the Board of Directors under the Fit and Proper Person checks as required by the Care Quality Commission. This has been deemed to be non-audit work by the Audit Committee.

6.2 INTERNAL AUDIT SERVICES

Our internal audit services are provided by the West Yorkshire Audit Consortium (WYAC) in conjunction with their collaborative partner North Yorkshire Audit Services (NYAS). WYAC and NYAS have signed a Memorandum of Understanding. This sets out the arrangements for the two organisations to work seamlessly together. Both organisations are specialist providers of internal audit services to the NHS.

The Internal Audit Team is led by Helen Kemp-Taylor who is the Interim Head of Audit at WYAC. She is supported by Sharron Blackburn (CPFA) as Client Manager. Sharron is the Deputy Head of Internal Audit at NYAS. The remaining team of auditors and specialists is drawn from across both organisations' audit teams. WYAC also has a strategic partnership with Deloitte, which facilitates access to further specialist resources, industry-leading tools and techniques.

The scope of the work of internal audit is to review and evaluate the risk management, control and governance arrangements that we have in place, focusing in particular on how these arrangements help it to achieve our objectives. The audit opinion may be used by the Accounting Officer to support the Annual Governance Statement. This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee. Internal Audit is only one source of assurance; it works closely with other assurance providers, such as external audit and Local Counter-fraud Services, to ensure that duplication is minimised and a suitable breadth of assurance obtained.

PART B
THE QUALITY REPORT
2015/16

CONTENTS

SECTION 1 – STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Leeds and York Partnership NHS Foundation Trust ('the Trust') exists to provide treatment, care and support to people that helps them improve their health and lives. To achieve this, we focus on three strategic goals. These goals describe the outcomes that the people who use our services have told us are most important to them; and they address three important aspects of quality – safety, effectiveness and service user experience.

People achieve their agreed goals for improving health and improving lives
People experience safe care
People have a positive experience of their care and support.

We provide mental health and learning disability services to thousands of people, mostly those who live locally, but also to some people who live further afield. People use our services at a point in their lives when they are feeling unwell and are often vulnerable. They rely on our staff to provide care and treatment that is safe and effective. They want us to work with them in the spirit of hope for their improved wellbeing and recovery. They expect us to treat them well so that their experience, and that of their carers and families, is positive.

We cannot achieve our goals by working alone. We pride ourselves on the close partnerships we have built with other care providers, particularly those in the third sector. This allows us collectively to offer people greater choice, including support to meet other needs such as housing and employment. We also work with partners to tackle the stigma and discrimination often faced by people with mental health problems and learning disabilities.

We deliver our goals though the expertise and the professionalism of our people. Our frontline clinical staff are committed to providing high quality care that improves people's physical and psychological wellbeing; and they are helped by many other staff in the Trust who carry out important supporting roles. We also know that how we go about our work makes a big difference to the experience of service users and carers, so we work to the values set out in the NHS Constitution:

Respect and dignity	**Improving lives**
Commitment to quality of care	**Compassion**
Working together	**Everyone counts**

In this 2015/16 Quality Report we describe the quality improvements we have made over the last year and how these have contributed towards achievement of safe, effective care and a positive experience for service users and their carers. We have been honest and transparent about our successes and also about where our performance has fallen short of expectations. Whilst we are justly proud of our staff and their achievements, we know there is always more we can do to provide care of the highest quality that supports people to improve their health and lives. This Quality Report therefore also sets out our ambitions for improving quality further in 2016/17.

I am happy to state that, to the best of my knowledge, the information included in our Quality Report is accurate.

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

SECTION 2 – PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE

2.1 PRIORITIES FOR IMPROVEMENT

Our Trust strategy for 2013 to 2018 identifies our overarching priorities as:

Table 2.1A

Priority 1 (clinical effectiveness)	People achieve their agreed goals for improving health and improving lives
Priority 2 (patient safety)	People experience safe care
Priority 3 (patient experience)	People have a positive experience of their care and support

The Trust's Strategic Plan and Operational Plan detail the full set of priorities. However, the Quality Report is used to set out some examples of the progress achieved and future initiatives.

Our Quality Report is fully aligned with our five-year Strategy and our Operational Plan, which describe what we want to achieve by 2018 and how we plan to get there.

Our strategic intent set out in our Trust Strategy (2013-2018), five-year Strategic Plan (2014-2019) and two-year Operational Plan (2014-2016) was fully aligned with national policy at the time of writing. Since that time a number of significant developments have affected this intent, these include the publication and emerging implications of the Five Year Forward View, and the transfer to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) of general mental health and learning disability services commissioned by the Vale of York Clinical Commissioning Group (CCG). The loss of this contract, whilst not materially affecting our financial position, has led to a substantial review and reflection on the long-term future for the Trust and how we work differently with partners local to Leeds, and across a wider geographic area.

Broadly, we provide two kinds of care: local mental health, learning disability and addictions services for the people of Leeds; and specialist services across the region and even further afield, with large bases in Leeds and York, and smaller ones in Manchester and Newcastle. We remain fully committed to maintaining and developing services at both these levels.

The NHS financial settlement for 2016/17 gives us a year to put in place the building blocks for our longer term strategy. We launched a refresh of our Trust Strategy in April 2016 and have invited service users, carers, staff and colleagues from partner organisations to have their say on our future direction. This strategy will set out how we are responding to the Five Year Forward View and what part we will play in the development and implementation of the local Sustainability and Transformation Plan.

In January 2016 the Board considered our priorities for 2016/17 which would not only continue to improve the outcomes we deliver for service users, but also begin to provide a foundation in which we developed our new Trust strategy. These are built on feedback from service users, carers, staff and stakeholders, and also on the implications and opportunities presented by the Five Year Forward View and more recently through the Mental Health Taskforce's Five Year Forward View for Mental Health. Our priorities are focused on three key deliverables the Board has agreed for 2016/17. These are:

1 Support and engage staff to improve people's health and lives

Our Trust exists to provide treatment, care and support to people that helps them improve their health and lives. All of our staff are committed to improving the quality of care we provide, while improving the outcomes we deliver for service users. To do this well, our clinical and professional staff need time to develop trusting relationships with service users and carers. This means quickly recruiting more staff, particularly nurses, to fill vacancies, and in helping all of our

staff do their jobs efficiently. We want to make sure the Trust is a good place to work with opportunities for career progression; that we have listened to staff and will be significantly improving our clinical information system; and that we will be implementing further time-saving technological solutions. We know that providing staff with good information and time will help improve outcomes for service users and carers.

With so much change afoot in the NHS, it is really important that we communicate well with staff throughout the Trust and get their views on the Trust's future, our priorities and other areas for improvement. The Executive Team have agreed plans to improve how we engage with staff, including some face-to-face listening events with the Interim Chief Executive (CE) and executive directors over the next few months. We will be using Crowdsourcing technology to get large numbers of people involved in shaping our priorities and strategy, regular CE blogs and a monthly Trust Brief to be cascaded through teams with a 'feedback loop' to try and get two way communications flowing through the organisation. We hope all staff will take the opportunity to engage with us to share their views and help shape the future of the care we deliver for service users.

2 Meet Care Quality Commission (CQC) fundamental standards and improve quality through learning

The CQC inspection of our services just over a year ago showed that we have lots of good practice across the Trust, but there are some areas where our performance does not meet essential quality standards. Since then, we have made big improvements on mental health legislation, record keeping and compulsory training. We are also focusing attention on delivering much-needed improvements to the physical environment, by improving our processes now so that estates and facilities issues get dealt with quickly and efficiently, for the benefit of service users and staff. Last year we began to rollout out better performance reporting information to teams to help them manage performance against the essential quality standards. These reports will be improved in the first half of 2016/17 so that more information is available on a regular basis.

We have been notified that we will receive a full comprehensive CQC inspection week commencing the 11 July 2016. This full inspection presents us with an opportunity to demonstrate the high quality of our services to the people we serve. We hope this will give our staff the recognition and the ratings they deserve and enable the Trust to illustrate our journey from 'requires improvement' to 'good', and in some areas 'outstanding', which we should all be aspiring to.

3 Work with partners to develop a clear plan for the Trust's future direction

The NHS financial settlement for 2016/17 gives us a year to put in place the building blocks for our longer term strategy. We will be launching an approach to the refresh of our Trust Strategy in March 2016 so that we can make sure staff, service users, carers and partners have the opportunity to have their say on our future direction. This strategy will set out how we are responding to the Five Year Forward View and what part we will play in the design and development of the local Sustainability and Transformation Plan. It is not always possible to set out a clear plan for the future as not everything is within our control. We do know that we are a strong organisation, providing good quality care, underpinned by a stable financial position. Broadly, we provide two kinds of care: local mental health, learning disability and addictions services for the people of Leeds; and specialist services across the region and even further afield, with large bases in Leeds and York, and smaller ones in Manchester and Newcastle. We remain fully committed to maintaining and developing services at both these levels.

For our local services, we are working closely with the Leeds Clinical Commissioning Groups, GP providers, Leeds Community Healthcare, Leeds City Council and third sector partners to develop plans to test out new models of care that bring together primary and community-based services into "multi-specialty community providers". This is an exciting development that gives us the opportunity to deliver real parity of esteem for people with mental health problems by providing a range of services for people wrapped around primary care. The plans are in the very early phase of development, but could become the standard model of care, building on the integrated neighbourhood teams that already provide integrated health and social care for older people.

For our regional specialist services, we have begun conversations with neighbouring providers to see if we can support improved quality and sustainability through exploring closer partnership approaches such as managed networks of services. There are likely to be tenders for inpatient services for children and young people (Tier 4 CAMHS) and forensic mental health services in 2016/17 so we are focusing on these regional specialist services in the first instance.

All of our measures and initiatives continue to be tracked through our governance framework with regular Operational Plan and Strategy Measures reports being provided to the Board of Directors and the Strategy Committee (sub-committee of the Council of Governors).

2.1.1 Priority 1 (Clinical effectiveness): People achieve their agreed goals for improving health and improving lives

Commitment and progress against 2015/16 initiatives:

a) *Working with partners across Leeds, we will develop and implement an integrated pathway for dementia care. This will provide rapid access for individuals with first diagnosis of dementia, and post-diagnostic support and maintenance of people with complex needs to support them to remain in their own home environment for as long as possible. This is likely to include sub-contracting of Memory Support Workers to the voluntary sector (Alzheimer's Society).*

Progress

We proudly launched a new Memory Support and Liaison Service that we developed in partnership with the Alzheimer's Society in 2015. The community-based service model mirrors the configuration of the 13 neighbourhood teams which are being seen as the footprint in which new models of care will develop. The city-wide commissioner-led Transformation strategy, the emerging focus of the new models of care, and our own review of services for older people are all focused on better meeting the rising activity levels and demographics relating to older people's services. We will continue to seek closer partnerships and liaisons with acute and community providers throughout 2016 to improve the quality and sustainability of service provision.

b) *We will build on the work underway in 2014/15 to improve recovery planning with care plans. This includes developing and implementing mechanisms for measuring the qualitative aspects of care planning and service users' own experiences of this across all our services.*

This is building on initiatives such as advance statements, Lived Experience Network, mHealth digital developments, and will include the development of Health Coaches within the workforce.

From April 2015, we intend to merge together this work with our outcomes and integrated care pathway priorities. The work will be managed under three strands: planning care and wellbeing; increasing choice; and embedding recovery principles into practice. Helping service users to understand what their mental health issues are, how they can self-manage and then quickly access support when needed is at the core of our plans. Individualised care pathways based on care clusters will set out how service users can self-manage their care and live their lives as independently as possible.

Progress

We have worked collaboratively with service users, carers, colleagues and partner agencies to review the care plan that we use across community services. People told us about what was important for them in a care plan from their own perspective. For service users and carers the care plan needed to be straightforward without jargon, it needed to be personal and relevant, and most of all there needed to be a copy for them. For colleagues, the care plan needed to have less tick boxes, have less mandatory fields, be easier to use and see on the electronic record and print out as an appropriate care plan. For partner agencies, the priority was that they were recognised in the care plan and provided with a copy. The revised care plan was launched in June 2015 and named 'My Wellbeing and Recovery Plan'.

The Care Programme Approach (CPA) audit was undertaken in 2015. As well as auditing practice against standards within the Trust-wide CPA Policy (including arrangements for standard care plan)

the audit focuses upon the quality of the care plan in respect of evidence of service user involvement – individualised, evidence of choice being offered, self-management, accessible language. Noticeable improvements were evident in: joint working between mental health and learning disability services; physical health checks and their findings; discharge planning; and crisis and contingency plans. Areas of concern based upon falling adherence are: housing and evidence of sharing the care plan. Each care group has agreed actions they will take to achieve improvements. The audit will be followed up in 2016/17.

The national service users survey captures the service user experience of community mental health care annually. The Patient Experience Team also provide a report annually, collating the data we receive from a range of sources across the city.

In the past 12 months we have focused on bringing together the overall aims associated with each of the following three priorities which are intrinsically linked, as identified in our 2014-2016 Operational Plan:

- Implementing validated outcome measures
- Implementing a recovery and patient-centred care programme
- Developing and implementing Care pathways (CP's).

The Recovery Programme projects were re-scoped in January 2015 and a Programme Lead role was implemented to re-define the projects, utilising a methodology and provide assurance through governance via the Project Management Office.

The projects were re-defined under two key programme headings and utilised the Lean Six Sigma Principles for delivery:

- Embedding Recovery Principles into Practice and
- Increasing Choice through Partnership Working.

Following review of the past 12 months, the proposal for the next 12 months is to concentrate on implementing the following three projects within the Leeds Care Group:

- Triangle of Care
- Health Coaching
- Care Planning and Crisis Planning.

The next stage of the Programme is to:

- Re-define the current projects where required in line with key changes
- Re-define the structure of the programme
    - Explore possible enablers to support: the success of the projects; behavioural changes required; and embedding a culture that is recovery focussed and sustainable
- Define and scope the key priorities within this and how it will be measured.

Provide the right level of resource and support for success by focussing on 3-4 areas

The Planning Care, Pathways and Recovery Group was formed and had its inaugural meeting in December 2015. This meeting merges the three areas of priority, ensuring they are not viewed as separate in practice but rather complementing each other.

c) *Within York and North Yorkshire, we will continue our work with commissioners to provide clear pathways for service users with needs relating to cognitive impairment and dementia. Our plans include investment in Memory Services and Care Homes Teams with a resultant decrease in the use of inpatient beds.*

Progress

We remained committed to improving the lives of people with cognitive impairment and dementia in York and North Yorkshire and submitted a plan to the Vale of York CCG that set out proposals to

improve the care pathways in a new service model. Following the award of the contract for Vale of York services to Tees, Esk and Wear Valley NHS Foundation Trust in May 2015 our plans were not supported by the CCG.

Initiatives to be implemented in 2016/17:

a. We will continue the development of recovery-focused services, including: improvements to care planning; psychological thinking / interventions; improvements in Choice; launch the staffing behavioural framework. We will also create more partnerships to increase access to support for financial advice and benefits

b. We will implement the new urgent / emergency / crisis care model in line with commissioner plans and Mental Health Urgent Care Vanguard

c. We will work with partners to agree the best community-based services provider model to deliver new models of care.

2.1.2 Priority 2 (patient safety) People experience safe care

Commitment and Progress against 2015/16 initiatives:

a) Our Care Quality Commission inspection in 2014 highlighted concerns around the way we handle complaints. During 2015/16 we will:

- *Implement a revised complaints procedures and easily accessible document explaining how someone can make a complaint*
- *We will provide signposting for feedback, including reviews of written materials (leaflets, posters), the Trust website and raising staff awareness about how service users can provide feedback. It also encompasses referrals to the PALS service (for advice and concerns) and our compliments processes*
- *We will provide a named contact for each complaint, enabling a more personal experience*
- *Implement an assessment process for all complaints, so that more senior and experienced staff members can be allocated to investigate more serious complaints*
- *We will implement a locally managed process for lower severity complaints, to allow local staff to respond to the complainant personally. All complaints will still be recorded and reported; and the corporate team will continue to oversee local complaints management.*

Progress

- We have implemented a revised complaints procedure and updated our website with information about how to make a complaint. Our improved system and process have resulted in a significant improvement in complaint response times and a reduction in reactivated complaints
- 'Tell us what you think' leaflets and posters are now readily accessible in all service areas
- We are providing training for staff who investigate complaints. This evaluates well and staff report that they feel more confident in responding to complaints
- We will provide additional 'customer care' training in 2016/17 aiming to ensure that our support staff are properly equipped to respond to people who wish to provide feedback or make a complaint
- We have increased capacity within our PALS service (for advice and concerns) and developed a new process for recording compliments
- We provide a named contact for each complaint, enabling a more personal experience
- All complaints are now severity rated, so that more senior and experienced staff members can be allocated to investigate more serious complaints and so that lower severity complaints can be quickly dealt with by local staff
- We have established a quarterly complaints review panel made up of people with lived experience of mental health services. The purpose of these meetings is to quality assess a random selection of final response letters (anonymised). Panel members will review the

complaint and our final response and then comment on their view of the impact of the response (have we demonstrated compassion, warmth, responsiveness, openness to learning). This is a significant new development, aiming to improve the quality of complaints responses

- Learning from complaints is now disseminated through the Complaints, Litigation, Incident and PALs (CLIP) report via the Care Services' Clinical Governance Councils. Significant learning can also be disseminated through the Ward Managers' Forum and the Consultants' Committee.

b) *Develop approaches to balance robust management of sickness absence with measures to keep our workforce healthy. This is encompassed under three key targets:*

- *Reduce musculoskeletal absence to 9.8% of all absence*
- *Reduce stress-related absence to 15% of all absence*
- *Reduce sickness level to 4.2%.*

Progress

The current rate of musculoskeletal absence as at March 2016 is 19.2%. Whilst we are not achieving our target we are seeing a sustained reduction in the rate through the proactive management of musculoskeletal absence by the focussed work and interventions of our in-house staff physiotherapist. This includes the recent implementation of a new and innovative pilot of using telemedicine to support triage and signposting for staff for low level incidences thereby increasing access to physiotherapy support and advice more quickly.

Our current rate of stress-related absence is 30.8% as at March 2016. We have been taking a multi-faceted approach to supporting staff with stress related absence using the stress pathway tool developed through our Occupational Health Department, providing support to managers and teams with high levels of absence through use of HSE stress questionnaires, team coaching and resilience training. We are planning to engage more with staff to identify with them what support they need. The HR team continues to support managers to identify hot-spots and support individual cases.

Our current sickness level is 5.2% as at March 2016 to support the reduction in absence we implemented in November 2014 a new absence reporting system called First Care this provides a single point of access for sickness reporting and provides greater support for managers in understanding absence rates, having quicker referral rates to Occupational Health, a more effective return to work processes and more consistent reporting. We are now at a stage where managers are familiar with the system, and with HR support we are developing local attendance management action plans to address high levels of absence and 'hot-spot' areas. We are also currently reviewing our health and wellbeing action plan.

c) *Ensure our workforce (including our bank workforce) is competent to deliver safe care as a priority for 2015/16. This new scheme will include the following key deliverables:*

- *Review the use of seclusion and restraint within the workforce*
- *In order to deliver the 'No Force First' agenda we will develop competencies within the workforce through prevention and management of violence and aggression training.*

Progress

Review the use of seclusion - A review of this procedure from a mental health legislation perspective has taken place, but a review of seclusion from a practice perspective is yet to be undertaken. A senior manager has been identified to do this. Seclusion data as a restrictive intervention will be reported to the Mental Health Legislation Operational Steering Group (MHLOSG) from May 2016 for formal Trust oversight.

Review the use of restraint – This has been completed. Our staff are asked to complete a Datix incident form each time restraint occurs. We have the data and MHLOSG will start to have formal oversight of restrictive interventions from May 2016 as an outcome. The policy is currently under

review via a number of Challenging Behaviour workshops in progress across the Trust. Training our staff in using the least restrictive intervention is standard practice as part of the PMVA curriculum and the training focusses on early recognition, prevention and de-escalation as key components of practice.

We will publish a report in summer 2016 to capture all that has happened with restrictive interventions.

'No Force First' agenda. The Trust has a Reducing Restrictive Interventions working group, an associated action plan and is a member of the national Restraint Reduction Network (RRN). We are working towards cultural change and have agreed to embed 'Safewards' as our agreed model of conflict and containment for our inpatient services. The Prevention and Management of Violence and Aggression (PMVA) team has been educating staff on the use of prone restraint and for this to only be used as an emergency controlled decent to the floor if there is no safe alternative. Safewards language and culture is part of current training. We are also members of the Positive and Safe Champions Network (PSCN) as we aim to align ourselves to national work streams to improve our standards and learn from other organisations to develop practice.

d) *Introduce the new Care Certificate for Healthcare Support Workers (HCSW) to ensure minimum standards of education and training.*

Progress

Since the Introduction of the new Care Certificate in April 2015, the Trust is ensuring that all newly recruited HCSWs where new to care complete the Care Certificate in their first few months in post. Experienced HCSWs, Assistant Practitioners (APs) and other appropriately nominated staff have completed Care Certificate Assessor Training to enable them to undertake observations in practise which support the completion of the national Care Certificate workbook. This ensures that all our support staff have received training in their role and are providing high quality care and support.

e) *Develop a cohort of trained Health Coaches to cascade model of health coaching to clinicians in order to support the Recovery Programme.*

Progress

A Pilot to embed health coaching as an enabler to support the Trust recovery programme has been delivered in four pilot services during November 2015 to February 2016. One hundred staff from the pilot services attended the two-day health coaching training. At the same time, three in-house trainers have become accredited health coach trainers and a resource to be deployed for further roll-out. Pilot evaluation is currently on-going and will be reported to the Care Services Management Group in May 2016 when a full discussion will take place on the future roll-out of health coaching in the Trust.

A city wide health coaching innovation lead has been funded in partnership with the NHS Leadership Academy (Yorkshire and Humber), and health-care provider organisations and Leeds City Council. The post has been filled and will be hosted by the Trust. This post will support the development of health coaching across the city of Leeds and in provider organisations.

In 2015/16 we also completed the following actions to support our commitment to Patient Safety:

- We carried out a full environmental risk assessment across all sites to eradicate ligature points. This was a recommendation following the CQC visit of 2014

- We invited the National Confidential Inquiry into Suicides and Homicides (NCISH) organisation into the Trust to review our serious incident reporting and investigation processes . We are implementing the recommendations that they made

- We established a "Learning to Improve" Group to review all incidents, complaints and claims, to identify any themes and trends and to take appropriate action.

Initiatives to be implemented in 2016/17:

a. We will continue to support staff to demonstrate compliance with CQC fundamental standards and test compliance through a process of Quality Reviews with the stated aim of achieving a "good" rating at the CQC inspection in July

b. We will review all clinical risk assessment policies and tools and implement agreed changes

c. We will implement recommendations from the internal audit report to improve learning from incidents, complaints, etc.

2.1.3 Priority 3 (patient experience)
People have a positive experience of their care and support

Commitments and progress against 2015/16 Initiatives:

a) During 2015/16, we will design and implement a new single point of access that acts as the only route into any of our services and other mental health services. This includes:

- *Recruiting a skilled workforce that can effectively triage. During 2015/16 we will design and implement a new single point of access that acts as the only route into any of our services and other mental health services. This includes:*
  - *All service users and ensures they are allocated to the appropriate service for their needs*
  - *Voluntary sector and Adult Social Care providers to ensure that service users receive a genuine choice of all mental health services available in the local health economy*
  - *Offer service users choice of provider and evidence-based treatment that is supported by the use of technology*

Progress

The Trust has been working with partners from primary care, adult social care, commissioners and third sector to develop the Leeds Mental Health Framework. This framework is developing a model for local organisations to work together to provide a diverse range of services to meet the needs of our service users. These services will offer service users choice in terms of both which interventions they receive and who provides them. This work will take some more time to complete to ensure that the services put in place are fair, sustainable and meet the diverse needs of service users. Outline agreement has been reached and over the next year we will be working to ensure that the best approaches from all organisations are brought together to maximise positive outcomes for service users. We will be working together to standardise how outcomes for service users are measured and how and when across the service user's journey this takes place.

Demand for Trust services has been steadily increasing over the past two years. In 2014 the Trust received 2200 referrals per month through the single point of access whilst in March 2016 this had increased to nearly 2900 referrals. We understand that unless we are able to work together with partners to meet this increasing demand there will be a significant challenge for the Trust to meet the need to reduce waiting times. Over the last year the Trust has gained funding to employ peer support workers and qualified staff to work in primary care to help support local GPs to better meet the needs of service users without needing to refer to specialist mental health care. We will be reviewing the impact of this development and reviewing whether a roll-out of this approach will better meet service users' needs.

We recognise that there are many aspects of mental health care which are better delivered by our partners. The third sector in particular is often more responsive and able to be flexible to meet the needs of service users. In the last year the Trust has been working with the Alzheimer's Society and many others to develop memory support worker roles. The memory support workers work with primary healthcare teams and specialist memory services to ensure that service users with a diagnosis of, or who are showing signs and symptom of dementia receive practical support, advice

and information. Our aim is that the memory support workers will help people to remain well in their own homes and reduce the need for the involvement of long-term specialist mental health services and hospital admission for both physical and mental health care.

b) *Working closely with Leeds commissioners, third sector and Adult Social Care partners, we will review our Community Mental Health Teams to develop more effective pathways into social care and voluntary sector support. This is likely to see a greater focus on recovery and choice of treatment for service users, with clear pathways into a 'scaffolding' of support provided on a locality basis by the third sector. As part of this work, we are developing plans to integrate Adult Social Care mental health services more closely with our services.*

Progress

Over the last year this work has not progressed as fast as all the partner organisations involved would have wished. We have needed to take a longer term view of this work and accept that that by pausing the implementation of parts of the work we will finish with a better and more sustainable solution in the long-run. We believe this was the right thing to do to best meet the long-term needs of service users.

In the last few months we have been able to progress aspects of the work related to how we will provide a more integrated approach to intensive community services (as an alternative to hospital admissions), community mental health teams and adult social care day centres. All partners are now keen to move this work forward to ensure a more joined-up approach to how care is structured in order to deliver benefits to service users through better pathways and use of resources. A number of options for how this will be achieved will be worked on with the best of these being piloted within the city.

The review of the adult social care Emergency Duty Teams has now concluded. These teams provide an emergency social work service outside normal working hours and are there to help with personal family or accommodation problems which reach a crisis at these times. The teams also provide most of the Approved Mental Health Professionals in Leeds who decide if use of the Mental Health Act is appropriate following consultation with medical staff, service users and their relatives and carers. The review has made a number of recommendations for implementation. We have recently introduced a new operational group to support the review and progress the section 75 agreement which allows the pooling of resources and the ability to delegate some NHS and local authority health related functions to other partners to improve the way these are provided.

c) *Within York and North Yorkshire, we are currently reviewing our primary care services, aiming to improving the way that primary care mental health services are organised and co-ordinated with the rest of our services, so that people can access services quickly and easily. We are developing proposals to deliver an integrated primary and secondary service single point of access. This work will be undertaken jointly with third sector providers to develop a comprehensive model of partnership working that will promote service user choice and recovery.*

Progress

These proposals were developed, finalised and formed a key element of our proposed new service model which was included in our tender submission. This work ceased when the contract moved to Tees, Esk and Wear Valleys NHS Foundation Trust.

d) *In relation to the Mental Health Act, we will be reviewing current equality impacts on diverse groups and agreeing and implementing improvement measures for 2015/16.*

Progress

In 2015/16 we discovered a serious concern in our administration of the Mental Health Act (MHA), and identified a number of detentions or Community Treatment Orders (CTOs) as fundamentally defective. This resulted in our discharging the affected service users from their detention / CTO; informing each patient affected; and supporting them to access advocacy or legal advice. Most importantly we have reassessed each service user and taken appropriate steps to ensure their continued care and treatment. Clearly these issues present significant risks and we have reported a serious incident to our commissioners. We have also notified both NHS Improvement and the

Care Quality Commission. A full action plan is now in place to address the issues identified and the underlying causes.

This has been our main area of focus in recent months and has superseded any other improvement actions. In 2016/17 work to implement the action plan and to provide assurance that we are fully compliant with all requirements of the Mental Health Act and Code of Practice will continue to be our priority.

Initiatives to be implemented in 2016/17:

a. We have agreed with our commissioners a programme to roll out the 'Triangle of Care' which is an approach to working with service users and their carers to ensure that carers and relatives feel engaged in the care and support of their loved ones. This programme is nationally recognised and the Trust will work closely with the central team

b. We will complete a review of mental health legislation systems and processes and implement identified improvements

c. We will maintain delivery of targets, in particular access to memory services; physical health screening; acute out of area placements

d. Ensure sustained delivery of the CQC action plan, in particular: appraisal targets; compulsory training targets; mental health act legislation standards; record keeping standards; complaints handling; and environmental / estates standard

e. We will complete a review of learning disability services and implement changes agreed with commissioners including: community services; assessment and treatment; respite and local response to Transforming Care.

2.1.4 Additional quality information

2.1.4.1 Duty of Candour

On 27 November 2014 the new Regulation 20: Duty of Candour of the Health and Social Care Act 2008 came into force. The aim of the regulation is to ensure that health service bodies are open and transparent when certain notifiable incidents occur. These incidents are defined as those which result in moderate harm, severe harm, death and prolonged psychological harm.

To ensure compliance with the regulation a Task and Finish Group was convened, chaired by the Head of Clinical Governance, to develop a full Duty of Candour action plan. The plan has now been fully implemented and we are able to evidence that we meet the requirements of this important statutory duty.

Key actions taken have included:

- The development of a duty of candour procedure, which provides detailed information and clear guidance for staff in relation to the Duty of Candour
- Improvements to our risk management system (Datix) to support duty of candour processes, including automatic alerts to managers when a notifiable incident occurs
- Review of all procedural documents to ensure duty of candour is reflected as appropriate
- Ensuring staff are aware of duty of candour requirements via a number of routes, including: awareness raising at Trust induction; a communications campaign; development of a training package; development of a poster for clinical teams, summarising duty of candour actions; and inclusion in complaints training. The Risk Management Team and the Complaints Team will also continue to be sources of support and advice for staff
- Review of Human Resources and Organisational Development processes and procedures, including appraisal; recruitment; and staff development; to embed values-based working and support an open and honest culture.

Continued compliance with the Duty of Candour will be monitored by an annual review of all Datix incidents at severity score 3 or above, for evidence of appropriate Duty of Candour notification.

2.1.4.2 Sign up to Safety

Sign up to Safety is a national patient safety campaign with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. Our Board of Directors has signed up to the campaign and to the five Sign up to Safety pledges:

1. Putting safety first. Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans

2. Continually learn. Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are

3. Being honest. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

4. Collaborating. Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use

5. Being supportive. Help people understand why things go wrong and how to put them right. Give staff the time and support.

Work to deliver these pledges is owned by clinical services, delivered through integrated Quality Improvement Plans, with reporting through the Care Services Strategic Management Group.

2.1.4.3 Independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015

On 13 April 2016 the Trust Incident Review Group reviewed the Mazar's report - *Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015. There was* a further meeting with the Director of Nursing and the Medical Director took place on the 26 April 2016 to agree the process for implementing the recommendations in the report and allocate the leads for the actions.

The agreed actions (in bold) are listed below with the questions that were generated by the findings of the report.

1. Is there a wide picture of mortality across Trust areas that uses a variety of information? (Health Needs Assessment). What information is needed to provide a broader perspective? What are the gaps with what we have and how should we fill it?

   An additional set of questions will be added to the DATIX form in relation to deaths, this information will be reviewed at the weekly Mortality Review Group:

   - **When was the Trust's last contact with service user?**
   - **List details of the current care plan:**
     - **Was the care plan adhered to?**
     - **When was the care plan last reviewed?**
     - **Was the care plan appropriate to meet the needs of the service user?**
   - **Current diagnosis**
   - **Is there anything we could have done better?**
   - **Would it have made a difference?**
   - **Do you have any other concerns?**
   - **Who is the service user's registered GP/Practice?**
   - **Has there been contact with the family?**

2. Are Trusts able to use the information to ensure that they have assurance that appropriate identification, reporting and investigation is happening? (Mortality Review Groups). How do you know you are investigating the right death incidents?

   TIRG was assured of the process regarding serious incidents however, the implementation of the weekly Mortality Group was agreed to ensure that <u>all</u> deaths are

reviewed and appropriate action is taken. This new step will be incorporated into the current review and reporting process and will provide an extra "safety net".

3. Is there Board oversight and what should this look like? (Board and executive leadership). How do Boards discharge their responsibility?

   Information from the weekly Mortality Review Group will be reported to TIRG and included within the Board of Directors and Council of Governors' reports. TIRG agreed that the addition of this "triage" step will provide more assurance for the Board and enhance the Trust's commitment to learning from incidents.

4. Are investigations of the right quality and focus? (Quality of investigation and review processes). Effective processes with content driven by curiosity?

   TIRG agreed that the Trust had implemented the actions suggested following the NCISH review of its management of Serious Incidents and had also had received no complaints from HM Coroners regarding the quality of our investigations.

   The new process (as question 3) was also suggested as appropriate for inclusion within the scope of internal audit.

5. Family involvement (Duty of Candour). How do you involve families?

   TIRG was assured that the current process is effective for serious incidents and the additional section Duty of Candour which has been added to the fact find template will ensure that we clearly document the actions taken in this regard.

6. How do we demonstrate learning from all this information and effort? (making changes and improving services)?

   TIRG discussed this topic and agreed that we can evidence when an action is completed but there is less assurance that the changes or interventions have been effective.
   It was noted that the new Learning to Improve Group, which amalgamates the actions and learning (following serious incidents, complaints, Mental Health Act reports and safeguarding incidents) is now identifying themes for the Care Groups / Trust to develop remedial actions and quality improvements.

   The group discussed how learning is fed back to staff and it was suggested that a summary of the important lessons following serious incidents be a standing item at the quarterly Ward Managers' meeting.

   All agreed it was important to use existing processes and not add to them.

2.1.4.4 National Staff Survey

Every autumn the Trust participates in the national NHS Annual Staff Survey. The results are published nationally and can be obtained from the national NHS staff survey web site.

The outcome of the 2015 survey presents a mixed picture for the Trust with some significant improvements particularly in job-related responses but with many scores being either static or declining since last year. The results highlight some key areas that require attention, particularly, managers, health and wellbeing, effectiveness of appraisals and training and patient feedback.

Based on comparisons with other mental health trusts, the Trust compares most favourably in the following areas:

Table 2.1B

Key Finding	Trust score/percentage for 2015	National Average
I feel that my role makes a difference to patients/service users	89%	89%
Percentage of staff /colleagues reporting most recent experience of violence	89%	84%
Percentage of staff /colleagues reporting most recent experience of harassment, bullying or abuse	54%	49%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	84%	86%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	21%	22%
Percentage of staff experiencing physical violence from staff in the last 12 months	3%	3%

Unfortunately the Trust has compared least favourably with other mental health / learning disability trusts in the following areas:

Table 2.1B

Key Finding	Trust score/percentage for 2015	National Average
Staff motivation at work Score between 1-5 – high score = good	3.76	3.88
Percentage of staff experiencing physical violence from patients, relatives or public in the last 12 months	26%	21%
Recognition and value of staff by managers and the organisation	3.35	3.52
Staff witnessing potentially harmful errors, near misses or incidents in the last month	30%	26%
Satisfaction with level of responsibility and involvement Score between 1-5 – high score – good	3.74	3.84

Regarding the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (National Staff Survey KF26) the Trust score was 21% (the lower the score the better) which was below the 2015 national average for mental health trusts, which was 22%.

Regarding the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (National Staff Survey KF21) the Trust score was 87% (the higher the score the better). The national average for mental health trusts was 84%.

Your Voice Counts – Moving Forward Together Programme was developed following the 2014 staff survey.

The aim of the programme was to launch an organisational development model with its primary purpose being to increase staff engagement across the Trust by listening to staff, putting them at the centre of

the change, focusing on action, developing sustainable solutions with staff and building capacity and belief in the organisation. The programme aimed to:

- Develop staff engagement
- Develop ideas for new ways of working and act on these,
- Achieve sustainable change for the benefit of patients and staff.
- Conversations will take place in 'Ideas Implementation Groups' (IIGs) to focus on a key change issue or service improvement project.

Four IIGs were established concerning violence against staff; race equality, appraisals and communication. These groups will feed back on their work to the Leadership Forum on 26 May 2016 and there will be a discussion on next steps with the programme. *Your Voice Counts* has now re-invented itself as the Crowdsourcing platform which is being used as the engagement vehicle to support the current strategy refresh. The plan is that this will be used on an on-going basis in the Trust to support and develop higher levels of staff engagement.

In addition, during March and April 2016 the Interim Chief Executive and other directors held a number of staff listening events across key Trust locations. These events provided staff with an opportunity to hear about and discuss key priorities and also raise any other issues with members of the Board. The listening events enabled greater understanding of staff issues and survey results. Following this, the Trust will take appropriate action to impact on the key areas of concern.

2.1.4.5 Safer staffing

The trust continues to monitor and act on staffing requirements during a challenging time for recruitment. The Board reviews the monthly exception reports and the actions taken and the Trust also continues to meet reporting submissions which are published on our website.

The Trust is working with the University of Leeds to develop a bespoke tool to assess staffing requirements based on clinical need to be able to staff as required rather than relying solely on pure numbers.

Alongside this the trust is running large recruitment drives where prospective staff can meet key individuals from the Trust and submit applications on the day.

2.2 STATEMENT OF ASSURANCE FROM THE BOARD OF DIRECTORS

The following sections (2.2.1 to 2.2.9) provide assurance on the services provided by the Trust.

2.2.1 Health services

During 2015/16 the Trust provided and/or sub-contracted five relevant health services. These are:

- Learning Disabilities
- Adult Mental Illness
- Forensic Psychiatry
- Old Age Psychiatry
- Child and Adolescent Psychiatry.

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

The income generated by the relevant health services reviewed in 2015/16 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2015/16.

2.2.2 Participation in clinical audits and national confidential enquiries

During 2015/16 four national clinical audits and two national confidential enquiries covered relevant health services that the Trust provides. During that period the Trust participated in four national clinical

audits and two national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 2.2A - National audit participation

Audit or enquiry	Participation (yes/no)	Number of cases required	Number of cases submitted
Prescribing Observatory for Mental Health-UK (POMH-UK) Topic 13b Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents and adults	Yes	No set number required	57
POMH-UK Topic 14b Prescribing for substance misuse: alcohol detoxification	Yes	No set number required	12
POMH-UK Topic 15a Prescribing for bipolar	Yes	No set number required	48
National Mental Health CQUIN Indicator 4a	Yes	100	100%
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	Yes	No set number required	100% of cases identified
National Confidential Enquiry into Patient Outcome and Death - Young Peoples Mental Health study	Yes	No set number required	Data collection in progress

The reports of four national clinical audits were reviewed by the provider in 2015/16 and Leeds and York Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 2.2B).

Table 2.2B - National audit findings review

Audit or enquiry	Status	Quality improvement actions
POMH-UK Topic 9c Antipsychotic prescribing in people with a learning disability	Review in progress	• Action plan in process of agreement
POMH-UK Topic 13b Prescribing for ADHD in children, adolescents and adults	Implementing action plan	• To improve documentation of assessment of cardiovascular risk measures before starting medication for ADHD – CV and ECG (reduce cardiovascular risks) • To improve annual review using a standard scale • To improve documentation of measures of height, weight, blood pressure and heart rate within the last year (every 6 months).

Audit or enquiry	Status	Quality improvement actions
POMH-UK Topic 14a Prescribing for substance misuse: alcohol detoxification	Implementing action plan	• To raise awareness of undertaking more specific tests for those service users with alcohol misuse problems • To improve prescription of parenteral thiamine for those patients at risk of Wernickie • Pilot of new chart at Leeds inpatient areas
National Mental Health CQUIN Indicator 4a	Implementing action plan	• To improve the rate of recording ICD10 codes for primary mental health diagnoses • To improve the rates of measuring and recording cardio-metabolic parameters • To improves the rates of offering interventions for those at risk.

The reports of 39 local clinical audits were reviewed by the provider in 2015/16 and Leeds and York Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 2.2C below).

Table 2.2C - Local audit findings review

Title	Quality improvement actions
Completion of CORE within psychotherapy clinics at Southfield House	• To ensure the clinical outcome and routine evaluation (CORE) forms are distributed and collected as per the guidelines and the data is recorded on the electronic health record (PARIS).
Antidepressant monitoring for hyponatraemia	• To improve and reinforce the importance of documenting information in clinical letters, especially (1) Recording when antidepressants are started and by whom, and (2) Requesting and documenting monitoring for hyponatraemia especially for high risk groups in accordance to Maudsley Guidelines • To improve three-monthly monitoring for hyponatraemia and documentation of when antidepressants are started by GPs.
Nutritional screening of the patients admitted to Parkside Lodge and Woodland Square	• Appoint Clinical Support Workers as Nutritional Link Workers • Improve knowledge on when to complete the nutritional screening tool • Improve knowledge on how and when to refer to the Dietitian • Set realistic time frames for repeat nutritional screening.
Clozapine monitoring in Moresdale lane	• To continue physical health monitoring by the Clozapine Clinic and encourage consistent data recording • To recommend a standardised monitoring process across the three localities.
Audit of the management of really sick patients with anorexia nervosa (MARSIPAN) assessment guidelines	• Implement the use of the risk assessment pro-forma on the inpatient unit • Ensure that the nursing staff are aware of the presence of the risk assessment pro-forma • Incorporate a table summarizing how to assess risk using the traffic light system.
Venous thromboembolism (VTE) Audit	• Review the VTE assessment tool as not all risk factors recommended by NICE are considered • Reconsider whether patients should be screened in or out at the beginning of the VTE tool, before VTE risk is assessed • Review who completes the assessment tool • Consider whether all inpatients require VTE assessment as risk is not limited to older adults.

Title	Quality improvement actions
Care planning for First Tier tribunals and Mental Health Act (MHA) Manager hearings	• To raise awareness of the requirements for Adult Social Care to provide relevant information to MHA Tribunals or Hearings.
Advice on Driving in Dementia in Memory Clinics	• To improve the documentation rates to 100%.
Leeds Autism Diagnostic Service Care Pathway	• Ensure that the process and purpose of autism assessment has been explained to the service user • Consider risk in every case carry out a comprehensive risk assessment in higher risk cases • Have a written care plan for every service user • Improve accessibility of written records.
Child and Adolescent Mental Health Service (CAMHS) Communication profile	• The team managers across the northern arm to discuss and agree consistent processes and practices for the communication profile (CP) • CP records on PARIS to have additional sections to record who was present at the CP child observation, reasons why a CP did not take place and recommendations with an automatic alert sent to case holders • Create a flowchart for the CP process, including recording procedures • Teams to reflect upon and discuss clinical practice in their team meetings.
Documentation of Driving Status	• To improve clinician's knowledge of the DVLA guidance.
Audit of Adult Safeguarding documentation	• To increase awareness amongst clinical and administrative staff of the requirements for accurate and contemporaneous record keeping when dealing with Safeguarding cases • To agree standards for the level of detail expected for documentation of Adult Safeguarding referrals and protection plans and disseminate to staff • To increase documentation on PARIS electronic system • To increase awareness of relevant Safeguarding information onto PARIS system.
Audit of documentation in the eating disorders clinic, Lime Trees, CAMHS (CG9)	• Recommend that a front sheet be devised that includes all relevant standards • Outcome measure to be completed at start, six months and at discharge • Adhere to NICE guidance - always offer family, individual and dietetic advice • Ensure that the frequency and investigations relating to physical health are appropriate and timely.
Risk assessment in general practitioner (GP) letters at the south/southeast (SSE) community mental health team (CMHT)	• To improve awareness of the importance of including a risk assessment plan in the GP letter • To improve documentation of risks in the GP letters and relapse indicators.
Risk assessment in GP letters at CMHT SSE	• To improve awareness of the importance of including a risk assessment plan in the GP letter • To improve documentation of risks in the GP letters and relapse indicators.

Title	Quality improvement actions
Audit of referral screening pathway at the Chronic Fatigue /Myalgic Encephalopathy (CF/ME) service	• To improve the process for accepted referrals: referral processing should be completed in the morning to allow administrative staff to send partial booking letter / funding request on the same day • To improve timeframe of required information, especially when blood test results are missing. Telephone enquiry should be made to clarify whether missing information is available in surgery. The information should be requested by fax within two working days • To reduce the time taken to reach the funding request stage, letters to the GP for accepted referrals (where needed) should be processed in parallel with funding request • To improve quality of information on PARIS.
Physical Health Assessment – Nutritional Screening	• To carry out further exploration with local clinical teams as to why referrals are not made consistently • All service users who score three or more on the nutritional screening tool are referred to the healthy living service.
Documentation of Lithium and Correspondence to GP	• To improve practice with regard to the documentation of Lithium in case notes and in all clinical correspondence to GPs • To clarify and standardise practice across the Trust with regard to the documentation of Lithium • Improve the understanding of current practice across community services.
Monitoring of patients on high dose anti-psychotic	• To improve staff awareness of the Trust guidelines • To improve documentation and monitoring system for service users receiving high dose antipsychotics • To improve communication between LYPFT and primary care.
Monitoring physical health consequences of Clozapine	• To improve physical health monitoring for those on high risk medication such as clozapine and high dose antipsychotics.
Care Programme Approach (CPA) Quality Standards	• To improve (1) the number of service users receiving a copy of their care plan and (2) documentation of service users being given a copy of the care plan • The care plan should consider the service user's housing; outlining their current provision and any needs identified.
NICE Guidelines - Borderline Personality Disorder	• Support the development of autonomy and choice of service users in considering the different treatment options and life choices available to them • To improve care planning in identifying short term goals and the specific steps that might be taken to achieve them • To improve care planning in identifying long term goals related to employment and occupation.
Section 136 documentation	• To improve overall documentation by all members of the multidisciplinary team (especially in recording ethnicity, rights and time) • To minimise the potential for items not being completed or missed in the Section 136 detention forms.
An audit of the process and quality of Health Clinical Risk (HCR)-20 V3 assessment use within the forensic service	• All lead reviewers have completed the relevant training • To review the HCRv3 UDF to ensure it addresses issues highlighted in this audit before it is launched • To take actions to ensure HCRs are completed in a timely way • To increase service user and carer involvement in HCRs • To improve overall quality of HCR completion.

Title	Quality improvement actions
Ward Review Template	• To improve the training of staff regarding compliance with the weekly ward review template and to raise awareness about the importance of record keeping • To delegate responsibility to the different teams and to clarify who is expected to complete the relevant sections in the template • Improve the template to include fewer, but relevant, concise headings to improve documentation • Disseminate the findings to other inpatient wards using the ward review template for weekly reviews.
Audit of the Assessment and Management of Challenging Behaviour in Adults on the Autistic Spectrum (NICE CG142)	• Document when a functional assessment and psychosocial interventions have been carried out in the management of patients • Determine the patients with autism and challenging behaviour who are prescribed anticonvulsants for their behaviours and consider stopping/switching the anticonvulsant • Regularly monitor patients prescribed medication for challenging behaviour (minimum of every four months if stable.
Clinician Reported Outcome Measure (CROM) and Patient Reported Outcome Measure (PROM) in Liaison Psychiatry Out-Patients (OP)	• To increase awareness of the importance of completing CROMs and PROMS among staff • To improve returns of completed forms and documentation on PARIS • To increase the number of forms completed at the Becklin Centre.
Audit of Record of pregnancy and family planning discussions with female patients seen by Aspire, Leeds	• To improve awareness about NICE guideline 192 and documentation among staff • To improve rate of asking questions that address the antenatal and postnatal health issues • To improve adherence to NICE CG192 in assessing and reviewing a female patient of child bearing age • To improve information given to patients attending the clinic.
CROM and PROM in Cognitive Behavioural Therapy (CBT)	• To maintain consistency in discharge codes for those who have completed treatment • To keep the standard process to administer discharge CROMs within the service for those who completed the assessment CROM on admission • To standardise the use of the same CROM at assessment and discharge
CROMs and PROMS in the Yorkshire Centre for Psychological Medicine (YCPM)	• To improve the rate of PROMs completion on admission and discharge • All patients to complete the Chalder Fatigue scale, even if fatigue is not part of the presenting problem • Continue to do baseline TOMs within two weeks of admission and repeat on discharge.
The documentation of medication in psychiatry case notes	• To improve practice with regard to the documentation of medication in handwritten case notes • To clarify and standardise practice across the Trust with regard to the documentation of medication • To improve understanding of current practice across community services within the Leeds Mental Health Care Group
Use of PROM and CROM in the Psychosexual Medicine Service	• To improve the number of PROMs completed on discharge or transfer • To standardise administration of discharge PROMs for patients who are discharged by telephone consultation or do not attend the agreed last appointment • To improve documentation in the paper notes of the reason why a PROM is not completed.

Title	Quality improvement actions
Advice on Driving and Dementia in Memory Clinic ENE	• Ensure driving status is clearly documented in all memory assessments • Ensure those who are driving are given written advice regarding this as well as verbal information.
Drug card	• To improve adherence to selecting P – previously prescribed A – altered prescription and N – new prescription options for prescribed medications and completing the type of allergy • Provide staff training on taking photographs for the drug card.
Completion of Medicines Reconciliation on Admission	• To improve awareness of the process and documentation on NOTES / PARIS.
Chronic Pain Pathway	• To improve feedback from those patients who finish the pathway • To improve engagement with the service users • To improve the pain physiology education provided to the service users • To improve documentation of the CPAQ assessment • To increase the number of MDT discussions for those service users who exceed 10 sessions • To ensure that service users are offered a leaflet, and this is documented.
Communication of choice within NE CMHT	• Improve practice by encouraging clinicians to offer choice to patients with regard to their future care, and documenting choices offered.
Management of pregnancy and women's health in psychiatric settings (CMHT SSE)	• To improve practice with regard to consideration of contraception and family planning in women of childbearing potential with mental illness • To standardise practice across the Trust • To understand current practice of South CMHT medical staff and develop further recommendations based on this information.
Audit of Clozapine Plasma Level Monitoring	• Improve recording of the reason for the clozapine plasma level • Improve time of sampling for clozapine plasma levels i.e. must be within 10 to 14 hours after last dose of clozapine • Improve action or documentation of action by the pharmacist when an out-of-range clozapine level is reported.
Depot audit	• To improve appropriate documentation of depots in the system and regular monitoring of depot charts • To improve communication between GP surgeries and the Trust and minimise errors.

2.2.3 Participation in clinical research

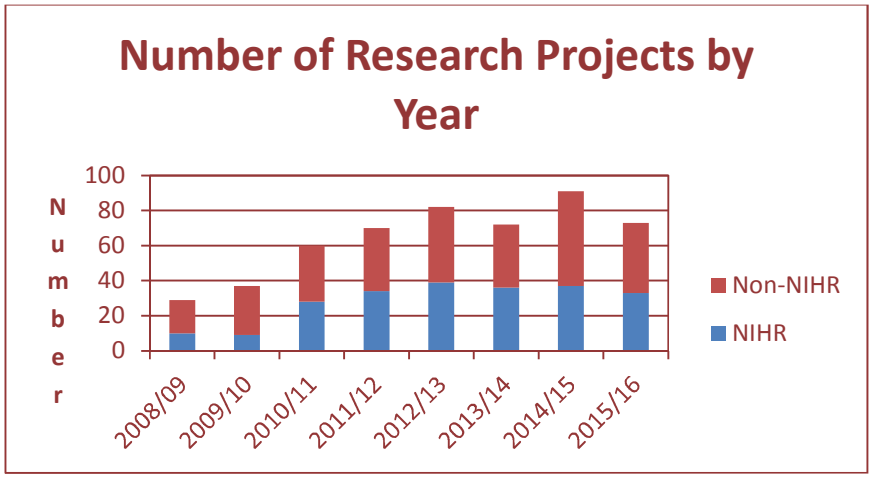
The number of service users receiving relevant health services provided or sub-contracted by the Trust in 2015/16, that were recruited during that period to participate in research approved by a NHS Research Ethics Committee (REC) was 1036. In addition, 380 staff took part in research studies conducted in the Trust during this period.

Recruitment was made up of:

- 853 service users, carers and staff recruited to National Institute for Health Research (NIHR) Portfolio studies
- 48 service users recruited to non-NIHR studies i.e. local and student
- 135 service users and 202 staff recruited to Collaboration for Leadership in Applied Health Research and Care (CLAHRC) funded studies.

The Trust was involved in 73 research studies in mental health and learning disabilities in 2015/16. This demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Table 2.2D



The following NIHR Research for Patient Benefit-funded study is an example of the Trust's commitment to relevant, high quality research:

A pilot trial of computerised Cognitive Behavioural Therapy (cCBT) for depression in adolescents

- The team tested a more cost-effective mechanism of delivering high volume cCBT as part of the care pathway
- 145 adolescents were recruited from schools in York and Selby
- The pilot yielded high quality information suggesting the use of cCBT to be both feasible and acceptable for treating adolescents with low mood / depression
- This study benefited both patients and the NHS by testing the clinical and cost-effectiveness of a more readily accessible, less stigmatising form of treatment than existing NHS options. The cCBT program (Stressbusters) demonstrated its perceived usefulness and acceptability (particularly for those with less severe symptoms of low mood/depression and/or anger issues)
- Economic analysis has shown that cCBT is cheap to implement. It has also demonstrated its safety if regular monitoring is conducted with good contingencies in the event of users needing higher levels of support
- Schools are actively requesting it and Child and Adult Mental Health Services (CAMHS) are positive about its place in the care pathway, specifically as it removes the need for face-to-face contact where unnecessary or unwanted and avoids pathologising adolescents.

2.2.4 Commissioning for Quality and Innovation (CQUIN)

A proportion of the Trust's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following 12-month period are available electronically at:

https://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf

For Leeds and York Partnership NHS Foundation Trust, the monetary total for the planned amount of income in 2015/16 conditional upon achieving quality improvement and innovation goals was £2,191k (Leeds Services), £475k (York and North Yorkshire Services) and £485k (Specialist Commissioning Group). The planned monetary total for the associated payment in 2015/16 was £3,151k. During 2015/16 under-performance against CQUIN targets generated a consequential £0.3m reduction in contract income.

The CQUINs in which the trust failed to meet the required target were:

- Physical Mental Health and Communication with GPs
- Cardio Metabolic assessments for patients with schizophrenia.

Full details of our CQUINs for each of our commissioners can be obtained on request.

2.2.5 Care Quality Commission

The Trust is required to register with the Care Quality Commission. Its current registration status is fully registered with no conditions applied.

The Care Quality Commission has not taken enforcement action against the Trust during 2015/16.

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

The Trust was inspected between 29 September and 5 October 2014 as part of the Care Quality Commission's comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

As referred to above, the Trust has been given an overall rating of 'requires improvement' (see summary table below):

Table 2.2E – CQC rating

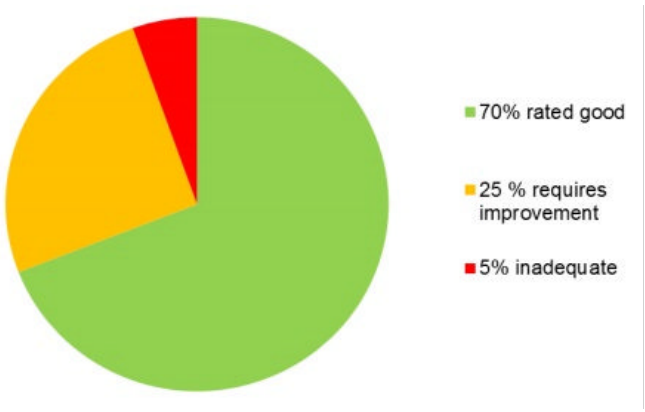
Five key questions	Overall rating for the Trust
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well led?	Requires improvement
Overall	**Requires improvement**

The inspectors found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York, the "meaningful and extensive" activities for service users at The Newsam Centre in Leeds and the Crisis Assessment Service at The Becklin Centre in Leeds. Although not part of the overall rating due to its specialist nature, they reported that our Eating Disorder Service was outstanding.

There were a smaller number of areas where the inspectors found some issues with services including the quality of the environment where care was being delivered, the level of staffing available at all times to meet the needs of service users and the level of training that staff had received.

Table 2.2F

Proportionality of ratings across services



We were given five 'compliance actions' by the Care Quality Commission across the organisation which meant these were areas that required immediate attention to address essential standards of quality and safety. These included:

- Safety and suitability of premises
- Systems for identifying, handling and responding to complaints
- Ensuring staff receive appropriate training, supervision and appraisals
- Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet service users' needs
- Eliminating mixed sex accommodation.

The Care Quality Commission set the Trust 19 'must-do' actions and 23 'should-do' actions across its clinical services. The Trust agreed an action plan that addressed the key concerns highlighted in the report.

The 2014 CQC full inspection action plan was shared with Scrutiny Board and our commissioners and is now almost concluded. Four actions are classified as overdue and relate to the achievement of our target for compulsory training and supervision. This is being further supported by a new action plan and monitoring process to support services to better meet the training targets.

Four items are classed as partially complete due to two actions still requiring resolution and these include:

- Provision of a long term solution for the location of the Yorkshire Centre for Psychological Medicine that is currently based at Leeds general Infirmary. This is being addressed through the Trust's clinical strategy review which will also identify the accommodation requirements of the entire Trust.

- All Forensic patients at the Newsam centre to be registered with a GP to ensure their physical healthcare needs are being met. This issue is being progressed and the Trust is seeking Leeds CCG support to identify GP support for these patients.

The Trust was not subject to any regulatory enforcement action by CQC during 2015/16. Following the award of the Vale of York commissioned services to Tees, Esk and Wear Valleys NHS Foundation Trust in May 2015, the Trust was required to apply to CQC in order to vary its registration for these services. The CQC notified the Trust in September 2015 that it had accepted the Trust's variation application and as of midnight on the 30 September 2015 the Trust was no longer responsible for the Vale of York commissioned services.

The CQC has informed the Trust that it shall be carrying out a comprehensive inspection of Trust services in July 2016.

The CQC assess services against five key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs, and
- Are they well-led?

They rate trusts and individual services as either outstanding, good, requires improvement or inadequate. The Trust was last fully inspected in October 2014 and we received a "requires improvement" rating when the reports were published in January 2015.

This full inspection presents us with a great opportunity to improve our ratings, both as a Trust and for the individual service areas, and to showcase all the good work and innovations that have taken place since the inspectors were last here.

2.2.6 Information on the quality of data

The Trust submitted 2,365 records during 2015/16 (April to December 2015) to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data is set out below:

- The percentage that included the patient's valid NHS Number was
  - 99.7% for admitted patient care
  - 100% for outpatient care and
  - 99.2% for all service users as submitted in the Mental Health Learning Disability Dataset.
- The percentage that included the patient's valid General Medical Practice Registration Code was
  - 99.5% for admitted patient care
  - 99.4% for outpatient care and
  - 98.2% for all patients as submitted in the Mental Health Learning Disability Dataset.

2.2.7 Information governance

The Trust's Information Governance Assessment Report overall score for 2015/16 was 75.8% and graded 'satisfactory' (green).

Notable in this year's return is continued Level 3 compliance with requirement 514, but with improved accuracy in clinical coding, achieving 100% accuracy in coding primary diagnosis.

2.2.8 Clinical coding error rate

An external audit was carried out in December 2015 on a sample of 50 FCEs (finished consultant episodes), for which we are assessed against four criteria (Primary and Secondary diagnosis; Primary and Secondary procedures), for which we scored 100% on both the procedure indicators, 100% on Primary diagnosis, and a high 96.7 % on Secondary diagnosis. This is gives the top rating of Level 3 for the Information Governance Toolkit.

2.2.9 Data quality

The Trust has taken the following actions to further improve data quality during 2015/16:

- Continued awareness raising including visits to Team across several sites across the Trust
- Ethnicity Data Collection Project launched including Trust-wide communications, Desktop wallpaper, and information leaflet for staff and visits
- Audits carried out in outpatient areas of processes and patient administration
- Review of MH Activity and associated codes to meet the requirements of the new MHSDS.

- Continuation of Project for the 'Redesign of Data Quality tools for identifying and correcting errors'
- Involvement from a data quality perspective in the implementation of PARIS and disengagement to York services to TEWV
- Updated the Trust Procedure Document 'Input and Collection of Service User Data into PARIS' (OP-0018) and its dissemination
- Updated and implemented the new Trust procedure for 'Recording Deceased Service Users on the PARIS System (OP-0013) including the use of the PDS Death file, full batch-tracing and COGNOS reports
- Ensured data quality assurance processes are effectively used in the Trust including compliance with IGT requirements
- Improved escalation of data quality issues to senior managers where necessary to ensure good practice is being operated in the Trust
- Implemented daily batch tracing for new referrals to check for missing NHS numbers and mismatches in GP Practices and also fortnightly full batch tracing.

The Trust will be taking the following actions to improve data quality during 2016/17:

- Continued awareness raising in both Leeds and York including forming a data quality network
- Questionnaire to all teams to test efficiency of current data collection processes
- Ethnicity data collection improvement project to be extended and the results monitored
- Programme of visits to teams to improve their data quality including improved data quality reporting of their performance including audits of processes
- Continuation of Project for the 'Redesign of Data Quality tools for identifying, monitoring and correcting errors'
- Improving Data Quality assurance of all Trust data-sets and in particular the new MHSDS
- Strengthening clinical representation on the Data Quality Improvement Group
- Running workshops with service users and managers on specific data quality issues to ensure improvement
- Continue escalation of data quality issues to senior managers where necessary to ensure good practice is being operated in the Trust.

2.3 ADDITIONAL MANDATORY QUALITY INDICATOR SETS

For 2015/16 all Trusts are required to report against a core set of indicators, for at least the last two reporting periods.

Table 2.3A - Additional quality indicators with our performance against each one

<table>
<tr><th>Measure</th><th>Performance</th></tr>
<tr><td>The percentage of service users on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.</td><td>
<table>
<tr><th></th><th>LYPFT 2014/15 performance</th><th>LYPFT 2015/16 performance</th><th>2015/16 national average</th><th>2015/16 highest Trust performance</th><th>2015/16 lowest Trust performance</th></tr>
<tr><td>Qtr 1</td><td>96.0%</td><td>95.6%</td><td>97.0%</td><td>100%</td><td>88.9%</td></tr>
<tr><td>Qtr 2</td><td>96.2%</td><td>95.8%</td><td>96.8%</td><td>100%</td><td>83.4%</td></tr>
<tr><td>Qtr 3</td><td>95.9%</td><td>95.6%</td><td>96.9%</td><td>100%</td><td>50%</td></tr>
<tr><td>Qtr 4</td><td>96.5%</td><td>98%</td><td>97.2%</td><td>100%</td><td>80%</td></tr>
</table>
Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:
Performance is monitored three times a week to minimise the risk of any breaches and actions are put in place where necessary.
Leeds and York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.
</td></tr>
<tr><td>The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

Ⓐ This indicator has been independently verified by the external auditors and the denominator populations for the indicator are complete and include all the relevant patients from the Trust.

The completeness and accuracy of the data used in the indicator calculation is dependent on the completeness and accuracy of the data capture at source. To the best of my knowledge and belief the information used to calculate indicators is complete.</td><td>
<table>
<tr><th></th><th>LYPFT 2014/15 performance</th><th>LYPFT 2015/16 performance</th><th>2015/16 national average</th><th>2015/16 highest Trust performance</th><th>2015/16 lowest Trust performance</th></tr>
<tr><td>Qtr 1</td><td>100%</td><td>99.4%</td><td>96.3%</td><td>100%</td><td>18.3%</td></tr>
<tr><td>Qtr 2</td><td>99.1%</td><td>100%</td><td>97.0%</td><td>100%</td><td>48.5%</td></tr>
<tr><td>Qtr 3</td><td>99.1%</td><td>100%</td><td>97.4%</td><td>100%</td><td>61.9%</td></tr>
<tr><td>Qtr 4</td><td>99.6%</td><td>100%</td><td>98.2%</td><td>100%</td><td>84.3%</td></tr>
</table>
Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:
Performance is continually monitored to minimise the risk of any breaches and actions are put in place where necessary.
Leeds and York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.
</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Performance</th></tr>
<tr><td>The percentage of service users aged:

(i) 0 to 15
(ii) 16 or over.

re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.</td><td>
Service Users 0 to 15:
We have not received any readmissions for this age group during 2015/16.

Service Users 16 or over:
These figures are based on Trust services with a 710 speciality code which includes adult mental health service users (excluding service users allocated to Forensic Services in line with national codes). Performance below is taken from internal information systems as data from the Health and Social Care Information Centre is not available.
<table>
<tr><th></th><th>LYPFT 2014/15 performance</th><th>LYPFT 2015/16 performance</th><th>2015/16 national average</th><th>2015/16 Highest Trust Performance</th><th>2015/16 lowest Trust performance</th></tr>
<tr><td>Apr</td><td>5.7%</td><td>15.0%</td><td colspan="3" rowspan="12">NOT AVAILABLE</td></tr>
<tr><td>May</td><td>7.7%</td><td>10.2%</td></tr>
<tr><td>Jun</td><td>3.8%</td><td>9.3%</td></tr>
<tr><td>Jul</td><td>6.6%</td><td>12.3%</td></tr>
<tr><td>Aug</td><td>5.4%</td><td>6.3%</td></tr>
<tr><td>Sep</td><td>4.9%</td><td>12.6%</td></tr>
<tr><td>Oct</td><td>9.9%</td><td>14.6%</td></tr>
<tr><td>Nov</td><td>2.7%</td><td>7.1%</td></tr>
<tr><td>Dec</td><td>4.7%</td><td>6.8%</td></tr>
<tr><td>Jan</td><td>9.6%</td><td>8.4%</td></tr>
<tr><td>Feb</td><td>4.5%</td><td>10.2%</td></tr>
<tr><td>Mar</td><td>12.4%</td><td>13.8%</td></tr>
</table>
Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

• Each re-admission is flagged with the appropriate clinical teams and consultants to fully understand the cause of the re-admission and implement any necessary actions as required.

Leeds and York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.
</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Performance</th></tr>
<tr><td>The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.</td><td>The results from the 2015 National NHS Community Mental Health Service User Survey in response to a patient's experience of contact with a health or social care worker is as follows (results are based on a "yes definitely" response):-
<table>
<tr><th></th><th>2015</th><th>2014</th><th>2013</th><th>National average</th></tr>
<tr><td>Did this person listen carefully to you?</td><td>68%</td><td>77%</td><td>79%</td><td>70%</td></tr>
<tr><td>Were you given enough time to discuss your condition and treatment?</td><td>61%</td><td>65%</td><td>69%</td><td>63%</td></tr>
</table>
241 completed surveys were returned to the Trust, which gives a response rate of 29%.

Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

• Survey obtained directly from Quality Health.

Leeds and York Partnership NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services:

• Feedback from completed surveys are analysed and triangulated with our other feedback methods.</td></tr>
</table>

Measure	Performance
The number and, where available, rate of patient safety incidents that occurred within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	**April 2015 to March 2016** Performance below is taken from our internal information systems and is what is reported to NRLS. Data from the Health and Social Care Information Centre is not available. Severe Harm (Severity 3 and 4) 2.4% Death (Severity 5) 0.4% Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons: • Serious incidents are investigated using root cause analysis methodology, with reports presented to our incident review group • Standardisation of risk management serious incident documentation with guidance notes to aid completion • Risk Management produces a newsletter monthly where any identified learning/issues from the Trust Incident Review Group can be highlighted. Leeds and York Partnership NHS Foundation Trust has taken the following actions to improve these numbers/percentages, and so the quality of its services, by continually monitoring as described above. To ensure we consistently meet the Duty of Candour: • The Trust ensures families / carers are made fully aware of the serious investigation process and given the opportunity to raise any questions regarding the investigation • The Trust has a procedure in place so that employees can raise concerns that they believe are in the public interest and have not been dealt with through the Trust's other internal processes • The open reporting of incidents (including near misses and 'errors') is positively encouraged by the Trust, as an opportunity to learn and to improve safety, systems and services • If a service user, their carer or others inform Trust staff that something untoward has happened, it is taken seriously and treated with compassion and understanding by all Trust staff from the outset • Service users and / or their carers can reasonably expect to be fully informed of the issues surrounding any adverse incident, and its consequences. This will usually be offered as a face-to-face meeting and will be undertaken with sympathy, respect and consideration.

PART 3 – REVIEW OF QUALITY PERFORMANCE 2015/16

3.1 IMPROVING THE QUALITY OF LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST'S SERVICE IN 2015/16

Below is a selection of the work that some of the Trust's services have undertaken over the past year to improve the quality of the services they provide.

3.1.1 Trust employee wins national award

Trust employee recognised for "outstanding contribution to the deaf community".

Professor Barry Wright, Consultant Psychiatrist, Deaf CAMHs Service, has been given a "Highly Commended" award for his "outstanding contribution to the deaf community"; at the 175th Birthday Honours Awards for the Royal Association of Deaf people (RAD).

The Award is in recognition of his longstanding work in setting up the National Deaf CAMHS (Child and Adolescent Mental Health Service) and driving research into improving the assessment of, and care available to, deaf children.

Deaf children are more likely to experience emotional and psychological problems than hearing children and early in his career Professor Wright noticed that only a small number of deaf children had access to mental health services in North Yorkshire.

In 2004 Professor Wright established a pilot service in York which provided access to the first mental health service for deaf children outside of London. The success of the pilot in York and another one in Dudley led to Professor Wright leading a national bid to the Government and NHS England to establish a ten-centre service throughout England which then became known as National Deaf CAHMS. These specialist mental health services for children are now available in York, Dudley, London, Taunton, Manchester, Newcastle, Cambridge, Oxford, Maidstone and Nottingham with a further in-patient service available in London.

Professor Wright is currently working on the development of better assessment tools to identify autism in deaf children.

3.1.2 Leeds leads the way in sharing electronic mental health patient records

The Trust has become the first mental health Trust in England to make key aspects of its patients' records available electronically to other health and social care organisations.

The Trust, which provides mental health and learning disability services across Leeds and beyond, is part of the Leeds Care Record.

The Leeds Care Record has been rolling out across the city for over a year and provides health and social care staff directly involved in a person's care access to the most up-to-date information about their treatment. It does this by sharing appropriate information from medical and care records between health and social care services across the city.

There are over 300 clinical computer systems in Leeds. They all hold information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams. Each record may hold slightly different information. The Leeds Care Record is bringing together certain important information from all of these systems so that medical and care information held about a patient or service user can be centralised in one place.

Leeds Care Record has now started to share information held by the Trust about people's mental health. This follows extensive engagement with service users across the city which has been led by local network Leeds Involving People who asked the views of service users about sharing their records.

Overall, the participants were happy for aspects of their mental health information to be shared as it would make for smoother, more joined-up care and help to improve the decisions made by care professionals.

3.1.3 HSJ Patient Leader award winner

Wendy Mitchell, one of our Trust's service users and an active participant in research, has been awarded the HSJ Patient Leader Award.

Wendy was diagnosed with Alzheimer's disease last year and working alongside the National Institute for Health Research (NIHR) has since dedicated her time to encouraging others with the condition to actively participate in research.

The judges of the HSJ Patient Leader Awards, which named 50 outstanding patient leaders contributing to large scale change and shaping the future of healthcare, were impressed by Wendy's experience, saying she is "doing very good work" through the development of a network of patient and carer champions and the way in which she shares her story at a number of conferences and events across the country.

Dementia is a debilitating disease that currently affects around 850,000 people in the UK and through research studies and trials, the NIHR and their partners are always on the lookout for people to play their part in beating dementia. To find out how you can be involved, locally and nationally, please see http://www.joindementiaresearch.nihr.ac.uk/

3.1.4 Trust celebrates Outstanding Contribution to Learning Disability Services award

John Burley and Dean Milner-Bell won the Outstanding Contribution to Learning Disability Services Award at the bi-annual Tenfold Awards ceremony held in Leeds.

The Tenfold Awards recognise and celebrate the amazing work that is done in Leeds to support and improve the lives of people with learning disabilities and marks the start of Learning Disabilities Week (15-19 June 2015).

John Burley, Service User Involvement Lead and Dean Milner-Bell, Accessible Information Designer both work as part of the Learning Disabilities involvement team and also run the Easy-on-the-i and the Your Health Matters day service. The Award, which was presented by the MP Hilary Benn, was in recognition of the outstanding work they have done to support service users in Leeds and in particular for initiatives to ensure service users have an active part in decisions about their care and have access to information that is easy to understand.

3.1.5 Trust celebrates award-winning NHS research collaboration

A three-way partnership between the National Institute for Health Research (NIHR), Ashridge Business School and a network of NHS Trusts including Leeds and York Partnership NHS Foundation Trust has won a gold medal award in the EFMD Excellence in Practice Awards (EiP).

The ground-breaking collaboration which facilitates 'faster and easier' clinical research in the NHS in England was awarded the medal in the Organisational Development category by EFMD, a global management development network. The initiative has led to a revolution in performance between the 64 Trusts which were involved in the project and produced impressive levels of impact individually, organisationally and across the whole of the NHS system.

As part of the initiative our Trust produced an Improvement Intention to show its commitment to research and raise its profile within the organisation. This improvement plan has been developed into a working strategy to improve R&D capacity within the Trust and in its workforce by recruiting clinical staff who will be involved in both clinical practice and research activities. It is anticipated that increased involvement in research within the Trust will improve health outcomes for service users as well as improved healthcare processes and lead to increased collaborative working between academics, NHS staff and service users.

3.1.6 Trust is named Public Service Recycler of the Year

The Trust has won the Public Service Recycler of the Year Award in the National Recycling Awards which celebrates the achievements of the best companies in the waste and resources sector.

The award was in recognition of how the Trust has turned around its recycling and waste collection system and brought in savings equivalent to three or four nurses' salaries every year.

Back in 2010, the Trust did very little recycling, but through investment and a strong focus on communication and engagement with staff at all levels, recycling has become an established routine for all staff that operate from Trust managed buildings. Implementation of the new domestic waste scheme resulted in a 36% improvement in costs in the first year and a further 22% improvement in the second year.

The judges commended the Trust for how the new scheme has delivered "sustained success delivered at low cost through simple measures and systems" and for the drive and active engagement of its waste and environmental manager Jason Mitchell.

3.1.7 Trust helps service users to grow their own

Staff and Service Users on Ward 5 at the Newsam Centre in Leeds have created a "blooming marvellous" allotment area.

Ward 5 is a locked recovery and rehabilitation ward which focusses on working in collaboration with service users and their family and friends. The ward inspires hope and recovery through the use of holistic interventions that meet individual needs including, psychological, medical, nursing and occupational therapy initiatives. The overall aim is to foster independence and support service users to realise their goals and improve the quality of their life.

The garden is a popular space for staff and service users to take their breaks and it was felt that the area could be revitalised and used in a productive way. After securing the agreement of their ward manager, staff and service users set to work by ripping out the old hedgerow and preparing the soil. Lots of seeds, plants and cuttings were donated.

3.1.8 HR award

We won a Chartered Institute for Personnel and Development (CIPD) People Management Award. The People Management award was won by the Human Resources and Learning Development Team for the brilliant work they have done to reduce sickness levels at the Trust and how they work with others within the organisation.

3.2 PALS AND COMPLAINTS

As a Trust, we want to work with anyone who has a complaint in a fair, open and honest way. If there are any issues found, we share any lessons learnt across the whole Trust.

Examples of feedback from individuals who use the Trust's services include:

"Been to the service before. Returning because of how useful the sessions were with my OT at the clinic. It's the only place in Leeds I truly feel understood and listened to. Even when I rang up out the blue with concerns they spent time with me on the phone and calmed my anxiety. I've had nothing but good experience with them.

Might not be for everyone but worked/works for me!"

"Went for assessment at Millfield House in Yeadon as I had entered a period of crisis. I answered all question honestly and truthfully, only to be told that because I drink too much that there was nothing that they could do for me. Was told that basically my depression is my fault because I drink and that I should quit the booze, eat healthy food and take some exercise and I would be fine! !

Been depressed for years. Been 100% totally ignored by Leeds Mental Health for 18 months, and then a thoroughly demoralizing experience when finally seen.

Moving away from a series of set questions would be an improvement"

Trust Response – Thank you for taking the time to post your comments. However, I am sorry to hear that you have felt the need to raise concerns.

It is with regret to hear that a member of staff spoke to you in the manner you have described. This is simply not the behaviour we expect from our staff and does not fit with our organisational values. We would always expect our staff to act in a polite and respectful manner at all times.

I will share your concerns with staff in order to raise awareness. The Trust welcomes feedback as it is an important mechanism to continually improve our services.

If you would like to discuss your concerns further then please do so via our PALS service who can be contacted on 0800 0525790 or email pals.lypft@nhs.net

3.2.1 Patient Advice and Liaison Service (PALS)

In 2015/16, the Trust received 1,326 enquiries to our PALS team. This is a 164% increase from 2014/15. We respond to each call on an individual basis; and record the reason for the contact and the outcome.

Consistently the main reasons for contacting PALS, against the national reporting categories, are general concerns with 'All Aspects of Clinical Care' followed by 'Admission, Discharge and Transfer Arrangements'.

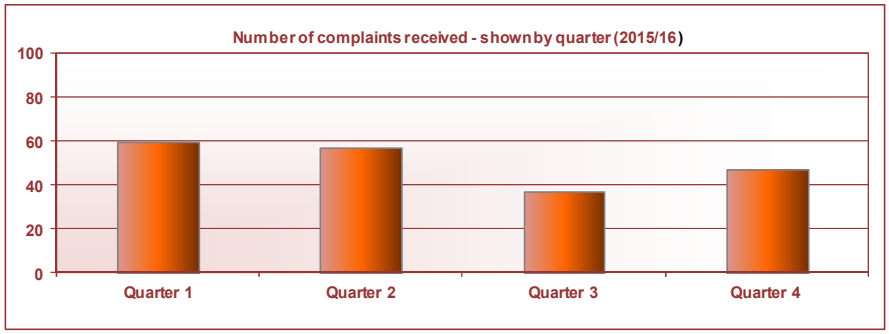
For a large majority of PALS contacts, the outcome is the provision of advice or information. A number are referred on to Trust services, other organisations' PALS services, external agencies or our complaints team.

During 2015/16, capacity within the PALS team has increased and we now have two part-time PALS Officers. This increased capacity has meant that have been able to provide a personal presence in each of our main hospitals. The PALS team also includes student social workers and volunteers, working alongside directly employed staff members, to offer a richer and more visible advice and liaison service across the Trust.

3.2.2 Complaints

In 2015/16, the Trust received 199 formal complaints.

Table 3.2A



We welcome complaints as a valuable source of feedback which can be used to inform service improvements, enabling us to provide high quality services for our patients and carers.

In 2015/16 we have made significant changes both to our complaints management staffing structure and to our complaints management systems and processes. These have been designed to improve complaints response times; improve complainant satisfaction; and to support care services in investigating and responding to complaints. The changes will also allow for lessons learned to be shared across all services, improving good practice. We now report on open complaints to each care group every week, tracking the progress of complaint responses to ensure that we provide a timely response which is open and honest, apologising where we have made mistakes; and learning lessons for the future.

We have reviewed the way in which we capture themes from complaints, moving away from six broad themes to a larger number of more specific themes. Issues with clinical care and treatment continue to be the highest rated theme. It is disappointing that staff attitude is also a consistently high factor in complaints received; this is a key area for improvement in the coming year.

During 2015/16 we have successfully rolled out complaints management training to Band 6 staff and above. The complaints management training course is designed for staff who receive complaints as part of their day-to-day work. Frontline staff play a vital role in the early resolution of complaints. This course aims to help staff feel more confident in the handling of complaints, and provide participants with a better understanding of the complaints process, as well as an appreciation of how complaints are used as a positive influence in improving services.

Uptake of the training has been consistently high and as a result, we have had to put on extra training dates. Feedback following the training has been very positive with comments received such as:

Really useful training. Interactive and allowed for peer reflection. Liked the use of actual examples. Trainers knowledgeable and personable. Really enjoyed it.

Very helpful information. Training given in easily understanding terms ie being able to put into clinical practice. Trainers warm and friendly and made it an enjoyable experience.

I thoroughly enjoyed the training; it was relaxed yet informative and has given me a better understanding of the process. I would recommend for everyone to go on the course. Thank you.

Really enjoyed the opportunity to refresh knowledge and look at any changes in the process that would impact a response to complaints. Useful to listen to others experiences and to the link with complaints team.

We have established a Complaints Review Team which meets on a quarterly basis. This group is made up of people with lived experience who will quality assess a random selection of complaints and responses. The learning will be used to influence the quality of the final response and enable both the complaints team and the investigator to keep the person who makes the complaint central in the process.

3.3 SERVICE USER NETWORKS

Service User Network (SUN) gives a voice to our service users and their carers. SUN encourages people to express their views; share their experiences; and explore what works well in our Trust and what areas may need improvement. Being part of the network means people feel they are being valued and get actively involved with their own care and treatment. Members of staff with lived experience are also welcome to attend.

The SUN members include people who currently access or have accessed our services within the past 12 months. We also promote SUN to local community groups as well as third sector organisations such as Touchstone, Leeds Mind, and Community Links. We encourage people with a diverse range of knowledge and life experiences to attend to ensure their voices are heard.

Our Service User Network (SUN) is a monthly event for service users and carers to discuss and share ideas, with guest speakers, at the request of members. The group works closely with the Trust in order to help improve the services it provides. We are consulted on trust policies and procedures. There is a very welcoming and friendly atmosphere.

Bev Thornton (Recovery and Social Inclusion worker) chairs the SUN, and has lived experience of accessing the Trust's services. We encourage people to tell their own stories. This is a positive experience for everyone and helps to unite the group. Members have the chance to be involved in key areas of the Trust such as: taking part in interview panels and test ward rounds prior to inspections.

SUN members can bring their ideas or concerns about any Trust services and they will be raised at Trust governance meetings for comment and action. SUN ensures that the member's recommendations are valued and acted upon, and also gives regular feedback to SUN members. This ensures that issues are quickly and directly addressed. SUN can help service users play a more active role in their own recovery and wellbeing.

People are also invited to participate in community involvement events each month.
SUN helps empower and inspire people, giving them hope and insight, which helps with their continued personal recovery and wellbeing.

3.4 STAKEHOLDER FEEDBACK

In February 2015 Healthwatch conducted an Enter and View visit to the Becklin Centre. Although they found high levels of satisfaction amongst patients, they fed back to us that service users felt there were not enough activities available, staff were often too busy to give time to patients, there were issues around security because service users did not always have a key to their room and there were comments about the quality of food.

Following this visit we put an action plan in place to address the issues. Healthwatch revisited the service in February 2016 and reported that the Trust had acted on all the previous findings, although some service users reported not being familiar with their care plans.

The trust welcomes feedback from other agencies and will always respond to any issues raised.

3.5 PLACE ASSESSMENT RESULTS

Patient-Led Assessments of the Care Environment (PLACE) have replaced the former Patient Environment Action Team (PEAT) inspections. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care.

Good environments matter. Every NHS patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. PLACE assessments provide motivation for improvement by providing a clear message, directly from service users, about how the environment or services might be enhanced.

The Health and Social Care Information Centre (HSCIC) have altered the inspection process this year, with additional criteria questions and less scope to provide ambiguous answers. As a result of these changes, the 2015 national and regional average scores have varied to those of 2014.

PLACE inspections were undertaken at all inpatient units within the Trust during February and June 2015 and the published results are below alongside our 2014 results.

3.5.1 National results 2015

The national average scores in 2015 were:

Cleanliness	97.57%
Food and hydration	88.49%
Privacy, dignity and wellbeing	86.03%
Condition, appearance and maintenance (environment)	90.11%
Dementia (new area for 2015)	74.51%

The Trust scores are shown below. These include some services in York which transferred to TEWV on 1 October 2015:

Green = above national average 2015
Red = below national average 2015

Table 3.5A – PLACE scores

Site	% cleanliness		% food and hydration		% privacy, dignity and wellbeing		% condition, appearance and maintenance	
	2014	2015	2014	2015	2014	2015	2014	2015
Worsley Court	98.21%	99.46%	92.94%	87.58%	74.26%	72.92%	93.44%	84.04%
Parkside Lodge	96.30%	98.02%	89.41%	85.88%	94.55%	84.35%	94.44%	93.33%
Bootham Park Hospital	99.63%	96.95%	93.23%	82.48%	94.07%	91.67%	92.54%	85.85%
Peppermill Court	99.62%	99.00%	90.81%	77.26%	87.35%	84.03%	94.17%	94.93%
The Mount	98.51%	100%	94.72%	87.65%	94.80%	94.47%	93.96%	99.72%
1-5 Woodland Square	98.51%	99.22%	94.89%	91.95%	73.33%	87.17%	89.17%	92.42%
Newsam Centre	97.04%	99.10%	94.38%	87.55%	95.23%	95.23%	96.54%	95.92%
Asket House	97.01%	96.69%	74.13%	N/A	91.05%	94.85%	100%	93.38%
Liaison Psychiatry Inpatient Unit	99.57%	99.33%	92.16%	96.17%	84.23%	86.81%	92.65%	87.80%
Becklin Centre	93.44%	91.56%	93.30%	85.82%	95.99%	93.40%	96.55%	91.72%
Millside CUE (CLOSED)	98.44%	N/A	94.50%	N/A	91.91%	N/A	99.37%	N/A
Meadowfields CUE	98.64%	99.49%	94.71%	88.88%	80.17%	87.50%	89.68%	89.04%
Acomb Garth	98.42%	96.62%	94.07%	90.51%	73.56%	83.96%	84.17%	85.00%
Clifton House	99.47%	95.94%	91.33%	73.78%	94.25%	88.62%	87.06%	91.67%
Lime Trees (Moved from Mill Lodge)	99.07%	N/A	93.67%	N/A	77.87%	N/A	85.48%	N/A
Towngate House (CLOSED)	98.99%	N/A	93.66%	N/A	87.38%	N/A	97.44%	N/A
Mill Lodge Community Unit (NEW)	N/A	99.31%	N/A	88.34%	N/A	78.13%	N/A	80.99%
Asket Croft (NEW)	N/A	97.10%	N/A	84.50%	N/A	91.07%	N/A	94.25%

Table 3.5B

Site	% Organisation Food 2014	% Organisation Food 2015	% Ward Food 2014	% Ward Food 2015
Worsley Court	89.44%	84.74%	97.37%	90.26%
Parkside Lodge	86.27%	74.30%	91.81%	94.75%
Bootham Park Hospital	87.07%	83.71%	100%	81.47%
Peppermill Court	87.29%	84.74%	94.87%	71.04%
The Mount	86.27%	79.50%	100%	92.33%
1-5 Woodland Square	88.02%	78.68%	99.50%	98.62%
Newsam Centre	86.27%	75.32%	97.06%	91.03%
Asket House	82.32%	N/A	68.46%	N/A
Liaison Psychiatry Inpatient Unit	87.58%	94.51%	97.44%	96.88%
Becklin Centre	84.07%	79.24%	100%	89.81%
Millside CUE	85.83%	85.35%	100%	92.22%
Meadowfields CUE	88.02%	84.74%	100%	94.72%
Acomb Garth	88.68%	84.33%	100%	64.37%
Clifton House	88.17%	84.74%	96.43%	91.44%
Lime Trees moved fromMill Lodge	89.82%	78.68%	98.65%	87.86%
Towngate House	84.07%	N/A	100%	N/A

Each site has a specific action plan, which has now been issued to service delivery managers and site managers.

3.6 SERIOUS INCIDENTS

During 2015/16 there were 50 serious incidents requiring investigation were reported by the Trust, the types of incidents are seen in Figure 1. This year saw an increase in the numbers of reported serious incidents: 44 were reported in 2014/15; 27 were reported in 2013/14; and 28 were reported in 2012/13. The most frequently reported serious incidents requiring a full comprehensive investigation are suspected suicide, unexpected death and incident of self-harm.

There have been no Department of Health defined ‘never events’ within the Trust during 2015/16. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Figure 1 – Type of serious incidents reported

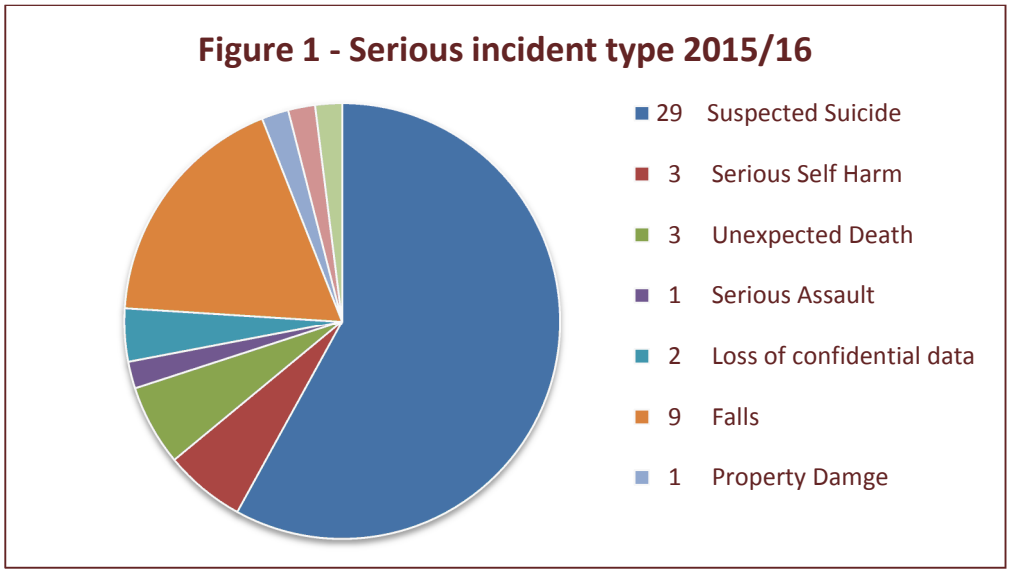
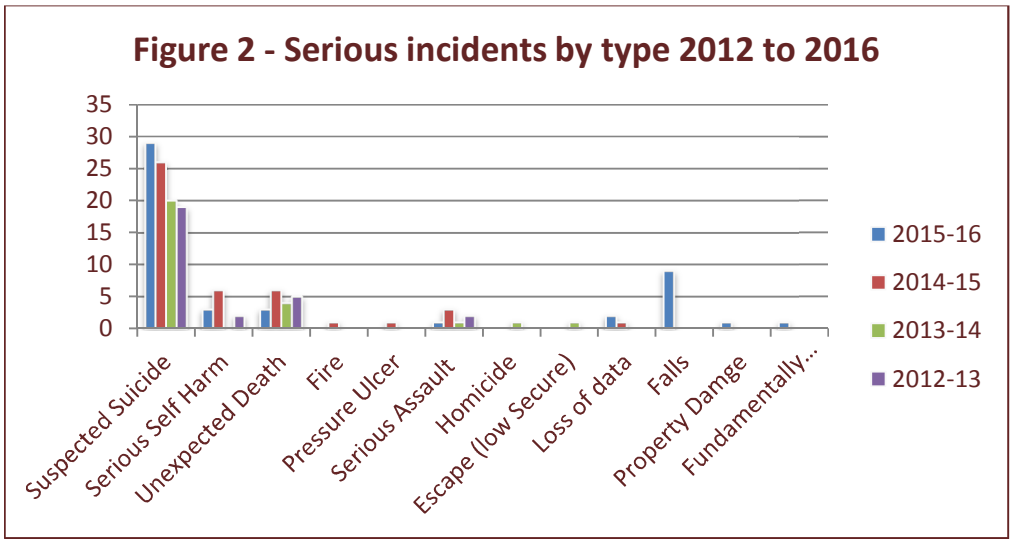


Figure 2 – Four-year comparison of reported serious incidents



3.6.1 Learning lessons

The task of the Trust Incident Review Group is to ensure that serious incidents are robustly reviewed and that learning is captured and shared throughout the organisation to inform and develop future practice that is both safe and effective. Members of the Trust Incident Review Group, as leaders in the organisation, are expected to demonstrate the following behaviours, which are recognised as being likely to reduce risk and make healthcare safer:

- The concept of a fair blame culture
- Constantly and consistently assert the primacy of safely meeting service users' and carers' needs
- Expect and insist upon transparency, welcoming warnings of problems
- Recognise that the most valuable information is about risks and things that have gone wrong
- Hear the service user voice, at every level, even when that voice is a whisper
- Seek out and listen to colleagues and staff
- Expect and achieve co-operation without exception
- Give help to learn, master and apply modern improvement methods
- Use data accurately, even where uncomfortable, to support healthcare and continual improvement

- Lead by example through commitment, encouragement, compassion and a learning approach
- Maintain a clear, mature and open dialogue about risk
- Infuse pride and joy in work
- Help develop the leadership pipeline by providing support and work experiences to enable others to improve their own leadership capacity
- Recognise that some problems require technical action but that others are complex and may require many innovative solutions involving all who have a stake in the problem.

3.6.2 Top themes

Learning from experience is critical to the delivery of safe and effective services in the NHS. Though it should be noted that lessons learnt following root cause analysis (RCA) reviews are rarely found to have a direct causal link to the incident, it is essential that we take all opportunities to improve the care we provide to service users and their families. Therefore to avoid repeating mistakes we need to recognise and learn from them, to ensure that the lessons are communicated and shared, and that plans for improving safety are formulated and acted upon. The findings and learning from any adverse event within the Trust may have relevance and valuable learning for the local team and also other teams and services. In 2015 the Trust commissioned a review by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). NCISH reviewed 12 serious incident reports and advised the following themes that, whilst are based on LYPFT cases, also draw on NCISH's wider experience and evidence from their work:

- Staff turnover
- Communication
- Training and supervision
- Environment – Ligature points
- Observation
- Risk assessment and management
- Engagement with families.

3.6.3 HM Coroner inquests

During 2015/16 there were 45 Coroner inquests required. Below is a summary:

- Inquest to be listed **31**
- Inquests held **14**

  Conclusions for inquests held:
  - Drug related 2
  - Suicide 9
  - Open 3

No reports to prevent future deaths were issued by the Coroner for the Trust.

3.7 MEASURES FOR SUCCESS

For each of our three priorities we have set ourselves some measures of success we want to achieve by 2017/18. These measures were developed through wide consultation with staff, service users and carers, our Council of Governors and third party organisations. All our measures cover the breadth of the services we provide and are tracked through our governance framework to make sure we are on course to achieve them.

With the refresh of our Trust Strategy in 2012, our three priorities will remain in place within our Quality Report until 2017/18 as agreed by our Executive Team. This would be to demonstrate consistency with our measures and to continue to allow progress to be demonstrated.

As part of NHSI's requirement, the Trust must obtain assurance through substantive sample testing over one local indicator included within this Quality Report, as selected by the Council of Governors. The indicator chosen was *people report that the services they receive definitely help them to achieve their goals* (Source - Strategy Measure/ National Community Service User Survey)

Leeds and York Partnership NHS Foundation Trust measures are set out under each priority as follows:

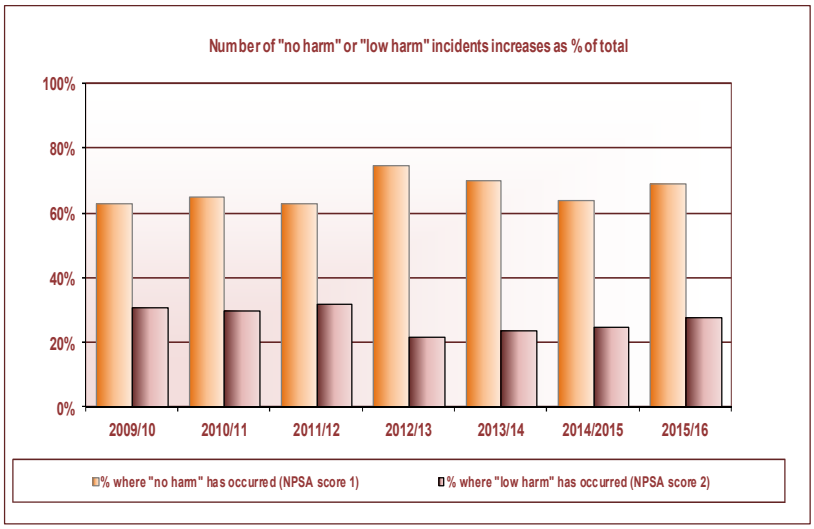
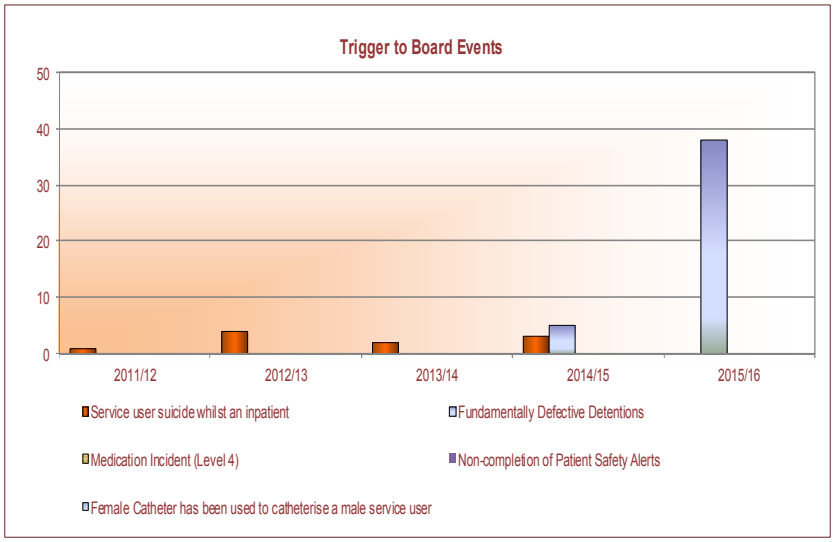
3.7.1 Priority 1 (clinical effectiveness): People achieve their agreed goals for improving health and improving lives

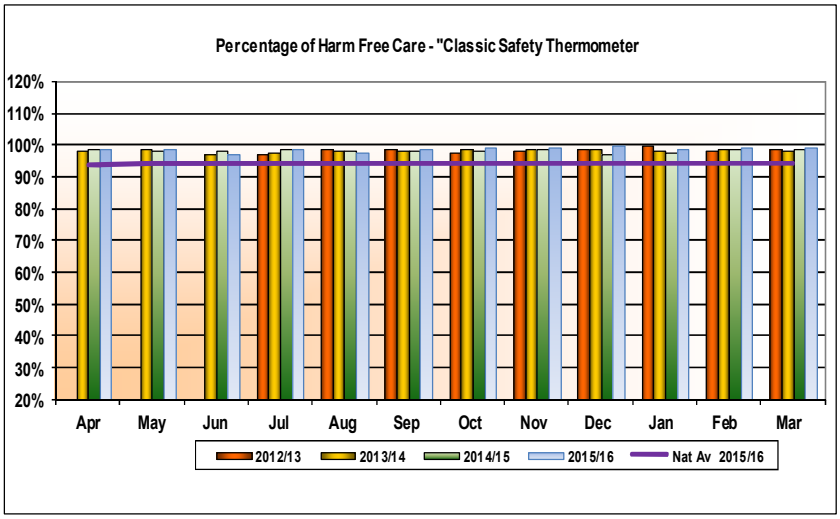
Table 3C - Performance of Trust against selected measures

Measure	Performance
People report that the services they receive definitely help them to achieve their goals (Source - The source is from the Patient Related Experience Measure which is asked as part of the FFT, and is distributed at random to people who are discharged from our services.)	The score is the combined figure of the 'Yes definitely' and 'Yes to some extent' percentages. This gives an average of 94.5%. If we include the 'not sure' responses this gives a figure of 88%. The figures in terms of returns have not been as high as we would have hoped.
Clinical outcomes have been improved for people who use our services (CROMS). (Source: Strategy Measure)	During 2014/15 the achievement for the percentage of Clinician Reported Outcome Measures (CROMs) completed was 61% In 2015/16 this has risen to 67% against a target of 90%. The CROM baseline was established against completion of Health of the Nation Outcome Scale (HoNOS) as this was the most widely used CROM in the Trust, however further work led by the Clinical Director is exploring CROMs options specific to service user need.
Clinical outcomes have been improved for people who use our services (PROMS). (Source – Strategy Measure)	The PROMs offered baseline was established at 7% and a PROMs Implementation Strategy led by the Clinical Outcomes Lead is ongoing (this is % of PROMs offered and % of PROMs felt not clinically appropriate to offer). There are two PROMs that are currently being used within the Trust, these are the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) and the Clinical Outcomes in Routine Evaluation 10 (CORE-10). As of March 2016 this completion rate had risen to 10.9%. This work will continue through 2016/17 in order to improve completion/offer of outcome measures and to identify where clinical outcomes have improved.

3.7.2 Priority 2 (patient safety): People experience safe care

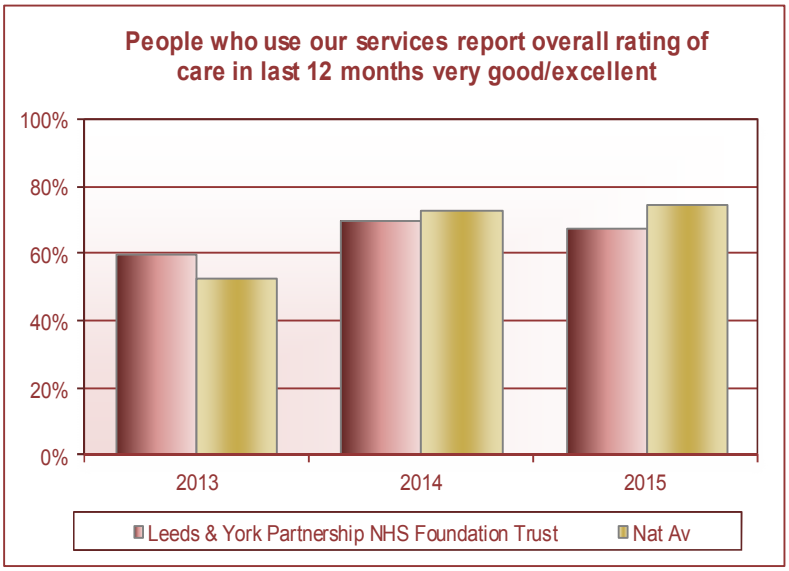
Table 3D - Performance of Trust against selected measures

Measure	Performance
People who use our services report that they experienced safe care (Source: Strategy measure/National Mental Health Inpatient Service User Survey)	This question is no longer asked as part of the National Service User Survey, and so is asked within the Friends and Family Test. However, numbers contributing are small. The Trust is looking at conducting the PREM differently to increase up take.
Number of 'no harm' or 'low harm' incidents increases as % of total: • % where 'no harm' has occurred (National Patient Safety Agency score 1). • % where 'low harm' has occurred (National Patient Safety Agency score 2). (Source: Strategy measure)	 (All service user incidents – inpatient and community) We have a high level of reporting and a low degree of harm when incidents occur. An organisation with a high rate of reporting indicates a mature safety culture. This maturity enhances openness and provides a better reflection of current practice that allows for more robust action planning.
Number of trigger to Board events (Source: Strategy measure)	 The Trust maintains a high level of reporting where no harm has

Measure	Performance
	occurred. This demonstrates a mature, proactive and open patient safety culture. (Medical incidents Level 4 relates to those incidents where medication has been prescribed, dispensed and administered and harm has been caused) Following a Trust-wide audit of all inpatient detentions under the Mental Health Act (1983) a number of issues were found. Legal advice was sought from the Trust solicitors and in total, there were 36 cases where the detentions were felt to be fundamentally defective and the legal advice was to discharge these patients from their current detention. Individual incident reports have been completed for each service user.
NHS Safety Thermometer: Improve the collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and venous thromboembolism (VTE). (Source: CQUIN)	 The data highlights the number of service users recorded as having 'no harm'.

3.7.3 Priority 3 (patient experience): People have a positive experience of their care and support

Table 3E - Performance of Trust against selected measures

Measure	Performance
People who use our services report overall rating of care in the last 12 months as very good / excellent. (Source: Strategy measure from the Mental Health Community Service User Survey)	 241 service users responded to the 2015 National Community Service User Survey.
People who use our services report definitely treated with respect and dignity by staff providing care. (Source: Strategy measure from the Mental Health Community Service User Survey)	This question is no longer asked as part of the National Service User Survey, and so is asked within the Friends and Family Test. Numbers contributing are therefore small. We are looking at conducting the PREM differently to increase up take.
Carers report that they are recognised, identified and valued for their caring role and treated with dignity and respect. (Source: Strategy measure)	This work is to be completed through a programme introducing the 'Triangle of Care' during 2016/17. This has been agreed with commissioners and will substantially improve how teams work with carers and relatives.

3.8 NHS IMPROVEMENT (NHSI) TARGETS

The table below shows our performance against NHSI targets. Progress against each of NHSI targets is presented within our monthly Integrated Quality and Performance Report to the Executive Team and quarterly to the Board of Directors and Council of Governors.

Table 3F – Performance against NHSI targets

<table>
<tr><th>NHSI target</th><th>2015/16</th><th>Threshold</th></tr>
<tr><td>Seven 7 day follow up achieved: We must achieve 95% follow up of all discharges under adult mental illness specialities on Care Programme Approach (CPA) (by phone or face- to-face contact) within seven days of discharge from psychiatric inpatient care.</td><td>We have maintained a position of compliance throughout 2015/16:
<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>95.6%</td><td>95.8%</td><td>95.6%</td><td>96.9%</td></tr></table></td><td>95%</td></tr>
<tr><td>Care Programme Approach (CPA) service users having formal review within 12 months: we must ensure that at least 95% of adult mental health service users on Care Programme Approach (CPA) have had a formal review of their care within the last 12 months.</td><td>We have maintained a position of compliance throughout 2015/16:
<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>95.4%</td><td>95%</td><td>97.6%</td><td>97.2%</td></tr></table></td><td>95%</td></tr>
<tr><td>Minimising delayed transfers of care: we must achieve no more than 7.5% of delays across the year. The indicator is expressed as the number of delayed transfers of care per average occupied bed days:
The indicator (both numerator and denominator) only includes adults aged 18 and over
The numerator is the number of service users (non-acute and acute, aged 18 and over) whose transfer of care was delayed averaged across the quarter. The average of the three-monthly sitrep figures is used as the numerator
The denominator is the average number of occupied beds (in the quarter, open overnight)
A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed
A patient is ready for transfer when:
A clinical decision has been made that the patient is ready for transfer; AND
A Multi-Disciplinary Team decision has been made that the patient is ready for transfer; AND
A decision has been made that the patient is safe to transfer.
Ⓐ This indicator has been independently verified by the external</td><td>We have maintained a position of compliance throughout 2015/16:
<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>1.6%</td><td>0.9%</td><td>0.6%</td><td>0.2%</td></tr></table></td><td>No more than 7.5%</td></tr>
</table>

<table>
<tr><th>NHSI target</th><th>2015/16</th><th>Threshold</th></tr>
<tr><td>auditors and the denominator populations for the indicator are complete and include all the relevant patients from the Trust.

The completeness and accuracy of the data used in the indicator calculation at source. To the best of my knowledge and belief the information used to calculate indicators is complete.</td><td></td><td></td></tr>
<tr><td>Access to Crisis Resolution: we must achieve 95% of adult hospital admissions to have been gate-kept by a Crisis Resolution Team The indicator is expressed as a proportion of inpatient admissions gate-kept by the Crisis Resolution Home Treatment teams in the year ended 31 March 2016:
The indicator should be expressed as a percentage of all admissions to psychiatric inpatient wards
Service users recalled on Community Treatment Order should be excluded from the indicator
Service users transferred from another NHS hospital for psychiatric treatment should be excluded from the indicator
Internal transfers of service users between wards in the Trust for psychiatry treatment should be excluded from the indicator
Service users on leave under Section 17 of the Mental Health Act should be excluded from the indicator
Planned admission for psychiatric care from specialist units such as eating disorder unit are excluded
An admission should be reported as gate-kept by a Crisis Resolution Team where they have assessed* the service user before admission and if the Crisis Resolution Team was involved** in the decision-making process which resulted in an admission.
* An assessment should be recorded if there is direct contact between a member of the team and the referred patient, irrespective of the setting, and an assessment made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient.
** Involvement is defined by the Trust as</td><td>We have maintained a position of compliance throughout 2015/16.

<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>99.4%</td><td>100%</td><td>100%</td><td>100%</td></tr></table></td><td>95%</td></tr>
</table>

<table>
<tr><th>NHSI target</th><th>2015/16</th><th>Threshold</th></tr>
<tr><td>the outcomes of the assessment, performed either at the hospital or via telephone.

• Where the admission is from out of the Trust area and where the patient was seen by the local crisis team (out of area) and only admitted to this Trust because they had no available beds in the local areas, the admission should only be recorded as gate-kept if the Crisis Resolution Team assure themselves that gate-keeping was carried out.

The completeness and accuracy of the data used in the indicator calculation at source. To the best of my knowledge and belief the information used to calculate indicators is complete.</td><td></td><td></td></tr>
<tr><td>Data Completeness: Identifiers: we must ensure that 97% of our mental health service users have valid recordings of NHS number, date of birth, postcode, current gender, registered General Practitioner organisational code and commissioner organisational code.</td><td>We have maintained a position of compliance throughout 2015/16:

<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>99.5%</td><td>99.4%</td><td>99.8%</td><td>99.7%</td></tr></table></td><td>97%</td></tr>
<tr><td>Data Completeness: Outcomes: we must ensure that 50% of adult mental health service users on Care Programme Approach (CPA) have had at least one Health of the Nation Outcome Scale (HoNOS) assessment in the past 12 months along with valid recordings of employment and accommodation.</td><td>We have maintained a position of compliance throughout 2015/16:

<table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr><tr><td>67.5%</td><td>62.2%</td><td>68.7%</td><td>65.2%</td></tr></table></td><td>50%</td></tr>
<tr><td>Access to healthcare for people with a learning disability: we must self-certify on a quarterly basis whether we are meeting six criteria based on recommendations set out in Healthcare for All (2008) from 1-4 (with 4 being the highest score)</td><td>For the six recommendations, five have been assessed as a level 4 (the highest rating) and 1 at a level 3</td><td>Not applicable as set out in the compliance framework 2012/13</td></tr>
<tr><td>Meeting commitment to serve new psychosis cases by Early Intervention Teams. This target is only applicable to people over the age of 35 (140 in 15/16) as Early Intervention is provided by Aspire within Leeds to people up to the age of 35.</td><td><table><tr><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th><th>15/16</th></tr><tr><td>61.3 %</td><td>48.8 %</td><td>47.4 %</td><td>85.7 %</td><td>58.6%</td></tr></table></td><td>50%</td></tr>
</table>

ANNEX A – THIRD PARTY STATEMENTS

Response to Leeds and York Partnership NHS Foundation Trust Quality Report 2015/16

Healthwatch York welcomed the opportunity to review the Trust's Quality Report 2015/16.

We welcome the quality improvements the Trust has made over the past year and the priorities for 2016/17 which will continue to improve the outcomes for people who use the services.

In particular we have received very positive feedback about the development of the York Service User Network and the opportunities it provided for local people who use mental health services to be involved.

Leeds North Clinical Commissioning Group

Dear Anthony,

Re: Leeds and York Partnership Foundation Trust Quality Report 2015/16

Thank you for offering the Leeds CCGs the opportunity to comment on your quality report. Our feedback for inclusion in the published report is as follows:

"Thank you for offering the Leeds CCGs the opportunity to comment on your report. This response is provided on behalf of the three CCGs in Leeds. We are disappointed that the timescale to consider and respond to this was significantly less than required.

The 3 CCG's recognise the challenges the Trust has had over the past year, including the transfer of general mental health and learning disability services commissioned by Vale of York CCG to Tees, Esk and Weir Valleys NHS Trust. We are pleased that the Trust has appointed a substantive Director of Nursing. However, the Trust has failed to meet some key performance targets and the mental health commissioning team has experienced difficulties in receiving assurance of key quality indicators in a timely manner. We hope that the Trust will address these issues quickly in 2016 in order that we, the commissioners, and the people for whom we commission care are appropriately assured of the quality of services provided by the Trust.

In support of Priority 1 - People achieving their agreed goals for improving health and improving lives, we acknowledge the progress made in improving the care for people with a diagnosis of dementia, and of the launch of the Memory Support and Liaison Service.

We recognise the challenges in implementation of IT platform and this has not enabled the Trust to fully realise Integrated Care Pathway work. However, we are disappointed the Trust has not recognised the delay in progressing clustering work as intended despite the Clinical Director for Leeds North CCG meeting with the clinicians last year; without systematic, effective clustering and improved data patients' needs will not be fully understood and won't inform care plan and future interventions.

With regard to Priority 2 – People experiencing safe care: we are pleased to note the implementation of a revised complaints procedure and process which has resulted in improvement in complaint response times and a reduction in reactivated complaints. We are particularly pleased to note the establishment of a complaints review panel which includes people who have lived experience of mental health services.

We remain concerned at the Trust's sickness level and in particular the level of stress-related absence which is nearly twice that of the intended target. However, we commend the Trust on the reduction in musculoskeletal absences through the involvement and interventions of a staff physiotherapist. We hope the Trust will continue to build on this initiative in support of the national CQUIN (Commissioning for Quality and Innovation) to improve the physical and mental wellbeing of staff.

We note work has taken place to review the use of seclusion and restraint, and look forward to the publication of the associated report and the reporting of seclusion data to the mental health legislation operational steering group.

We also look forward to the implementation of recommendations from your internal audit report to improve learning from incidents and complaints. Through our work as commissioners with the Trust in reviewing the actions undertaken following serious incidents we believe that the Trust has work to do in ensuring that learning from incidents and complaints is disseminated and acted upon appropriately.

In support of priority 3 – people having a positive experience of their care and support, we are pleased to note the collaboration with the Alzheimer's Society in the development of memory support worker roles.

We are very concerned to receive the reports of the issues relating to administration of the Mental Health Act and Community Treatment Orders, and will be monitoring the Trust's response and action plan closely.

Whilst we support the Trust's intention to maintain delivery of targets in access to memory services and physical health screening, we believe the Trust should have acknowledged the failure to meet key performance indicators relating to access to memory services and overspending against the out of area placements budget, and included a commitment to address these issues.

We are also concerned about the timeliness of reviews of serious incidents; the CCG is responsible for seeking assurance that all serious incidents are appropriately investigated and that appropriate action plans and learning is implemented in a timely manner. The backlog of serious incident reports has presented a significant challenge to the Trust in meeting these requirements. We are pleased the Trust has acknowledged there is less assurance that changes or interventions made as a result have been effective. We look forward to improvement in this area over the next twelve months and will monitor progress via regular updates at our quality meetings.

We note the attention to some of the results of the National Staff Survey but believe the Trust should also have included other key results such as the low number of staff who would recommend the Trust as a place to work. We do not believe the Trust has provided sufficient information or assurance in this section of the report on clear actions required to address the issues highlighted.

Following the CQC inspection in 2014 the Trust received a rating of 'requires improvement' and implemented a number of actions to address those areas that inspectors highlighted accordingly. The Trust has received notification from the CQC of its intention to undertake a repeat inspection in July 2015 and we hope the inspectors find improvements have been made.

We look forward to working positively and cooperatively with the Trust in 2016 to improve the care and lives of users of the Trust's services."

I hope that you find this feedback useful. If you wish to discuss anything within this response letter please do not hesitate to contact me.

NHS
Vale of York
Clinical Commissioning Group

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Jill Copeland
Interim Chief Executive
Leeds and York Partnership NHS
Foundation Trust
2150 Century Way
Thorpe Park
Leeds
West Yorkshire
LS15 8ZB

Friday 6th May 2016

Dear Jill

Quality Account Statement 2015/16 for Leeds and York Partnership NHS Trust:

The Partnership Commissioning Unit (PCU) is pleased to be able to comment on the 2015/16 Quality Account, on behalf of NHS Vale of York Clinical Commissioning Group up to 30 September 2015.

Leeds and York Partnership NHS Foundation Trust (LYPFT) and the PCU worked in partnership to improve the quality of services for the population of the Vale of York. Through the contract management process LYPFT provided a level of assurance to the PCU as Commissioners, by sharing a range of data and quality metrics which moved to improve the quality of patient care and services. We witnessed a year on year improvement in clinical services over the duration of the contract with NHS Vale of York CCG. For example, dementia services demonstrated a degree of significant resilience when reconfiguring the older age service.

The PCU commends this Quality Account for its accuracy and progress in aspects of the CQC action plan.

Michelle Carrington
Chief Nurse
NHS Vale of York Clinical Commissioning Group

Victoria Pilkington
Head of Partnership Commissioning Unit

The best health and wellbeing for everyone.

NHS Vale of York Clinical Commissioning Group
Chair: Keith Ramsay **Chief Clinical Officer:** Dr Mark Hayes

Feedback on the 2015-2016 Quality Account
Leeds York Partnership NHS Foundation Trust
Introduction

Healthwatch Leeds hosted a joint session with the Leeds Scrutiny Board (Adult Social Services, Public Health, NHS) to consider final drafts for NHS Quality Accounts for all the organisations providing NHS services in Leeds required to provide Quality Accounts. Each organisation was invited to present their account with a focus on accessibility, evidence of links between patient feedback or engagement and priorities, the measures of planned improvement and progress and benchmarking. Healthwatch and Scrutiny Board attendees were also invited to identify areas of good practice. Most organisations are planning a more accessible summary version; we welcome this practise.

Joint comments for inclusion in the Quality Account

We understand that the content of the Quality Account reflects the national requirements and welcome the plans to publish an accessible summary. We found references to service user involvement throughout, but would welcome some additional information about the scope of engagement. A number of different types are mentioned, some appears to be on-going which we recognise as good practise. It would help if the targets and measures, many set nationally, would state what improvement is aimed for and how it will be reported.

While the Trust will publish separate details of its accounts and financial performance, it would seem reasonable that the Trust should comment in general terms on the impact of the financial challenges facing the NHS and specifically in terms of the impact on its priority areas.

Furthermore, given that around 20% of Leeds' population includes Black and Minority Ethnic (BME) communities, it is hoped that more can be done to understand and tailor services to meet the needs of all communities.

While it was recognised that the Trust does not provide all of the children and young people's service in Leeds, a reference to the Trust's contribution to what is locally known to be a complex system would be welcome. In 2015, the Scrutiny Board also made a specific recommendation about children's transition to adult services, which is very relevant to this area.

We commend the improvements to the complaints process including the service user panel and the joint work on dementia with the Alzheimer's Society as good practise.

ANNEX B – 2015/16 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance
- The content of the quality report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2015 to March 2016 (the period), no draft Minutes of the Board of Directors Meetings post March 2016 were available;
    - Papers relating to Quality reported to the Board over the period April 2015 to March 2016;
    - Feedback from the Commissioners: NHS Vale of York Clinical Commissioning Group 2015/16 and Leeds North Clinical Commissioning Group dated 6 May 2016 and 13 May 2016;
    - Feedback from Healthwatch York dated 9 May 2016;
    - Feedback from Leeds Healthwatch and Overview and Scrutiny Committee dated 18 May 2016;
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015 to March 2016;
    - The *latest* national patient survey 2015; Mental Health Community Survey 2015;
    - The *latest* national and local staff survey 2015;
    - Care Quality Commission Intelligent Monitoring Reports dated June 2015 and February 2016;
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated 18 May 2016;
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;

- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) published at: www.monitor.gov.uk/annualreportingmanual as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

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

Signed by order of the Board

Frank Griffiths
Chair of the Trust

Date: 23 May 2016

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

ANNEX C – INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS OF LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST ON THE ANNUAL QUALITY REPORT

We have been engaged by the Council of Governors of Leeds and York Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Leeds and York Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
Minimising delayed transfer of care	Criteria can be found on page 176 of the Quality Report
Admissions to inpatient services had access to crisis resolution home treatment teams	Criteria can be found on page 178 of the Quality Report

Respective responsibilities of the Directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The directors are also responsible for the conformity of their criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2015/16" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specific indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 Detailed guidance for external assurance on quality reports 2015/16".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports 2015/16"; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2015 and up to the date of signing this limited assurance report (the period). This does not include draft papers for the Board meeting held in April 2016;

- Papers relating to quality report reported to the Board over the period April 2015 to the date of signing this limited assurance report;
- Feedback from the Commissioners NHS Vale of York Clinical Commissioning Group dated 06/05/16 and Leeds North Clinical Commissioning Group dated 13/5/2016;
- Feedback from Healthwatch York dated 09/05/16;
- Feedback from Healthwatch Leeds and Overview and Scrutiny Committee dated 18/05/2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2016;
- The latest national and local patient survey date 2015;
- The latest national and local staff survey 2015;
- Care Quality Commission Intelligent Monitoring Reports dated June 2015 and February 2016; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 18/05/2016.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics (which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour). We apply International Standards on Quality Control (UK & Ireland) and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, had been prepared solely for the Council of Governors of Leeds and York Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting of Leeds and York Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and of Leeds and York Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagement 3000 (Revised) "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standard Board ("ISAE 3000 (Revised)"). Our limited assurance procedures included:

- Reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2015/16";
- Reviewing the Quality Report for consistency against the documents specified above;
- Obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- Based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- Making enquiries of relevant management, personnel and, where relevant, third parties;
- Considering significant judgments made by the NHS Foundation Trust in preparation of the specified indicators;

- Performing limited testing on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for the determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the "Detailed requirements for quality reports 2015/16" and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Leeds and York Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for year ended 31 March 2016;

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2015/16";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed guidance for external assurance on quality reports 2015/16".

PricewaterhouseCoopers LLP
Benson House, 33 Wellington Street, Leeds, LS1 4JP
25 May 2016

The maintenance and integrity of the Leeds and York Partnership NHS Foundation Trust's website is responsibility of the directors; the work carried out by the assurance providers does not involve consideration of the matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

PART C
ANNUAL ACCOUNTS
2015/16

SECTION 1.1 – STATEMENT OF THE DIRECTORS' RESPONSIBILITIES

The directors are required under the NHS Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing these accounts the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgments and estimates that are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosures and explained in the accounts.

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

The directors confirm that to the best of their knowledge and belief they consider the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

Dawn Hanwell
Chief Financial Officer

Date: 23 May 2016

SECTION 1.2 – INDEPENDENT AUDITORS' REPORT TO THE COUNCIL OF GOVERNORS OF LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Report on the financial statements

Our opinion

In our opinion, Leeds and York Partnership NHS Foundation Trust's financial statements (the "financial statements"):

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2016 and of its income and expenditure and cash flows for the year then ended; and
- Have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

What we have audited

The financial statements comprise:

- The Statement of Financial Position as at 31 March 2016
- The Statement of Comprehensive Income for the year then ended
- The Statement of Cash Flows for the year then ended
- The Statement of Changes in Taxpayer's Equity for the year then ended, and
- The notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

Certain required disclosures have been presented elsewhere in the Annual Report (the "Annual Report"), rather than in the notes to the financial statements. These are cross-referenced from the financial statements and are identified as audited.

The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2015/16 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

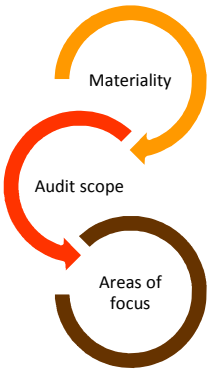
Our audit approach

Context

The Trust provides specialist mental health and learning disability services to the population of Leeds and York, and the surrounding areas. Services are delivered from a wide range of sites across West and North Yorkshire.

Its primary commissioners are: NHS Leeds North Clinical Commissioning Group; NHS Leeds West Clinical Commissioning Group; and, NHS Leeds South and East Clinical Commissioning Group. Of these three, the lead for mental health commissioning is Leeds North CCG. Specialist services are also commissioned directly by NHS England

Our 2016 audit was planned and executed having regard to the fact that the Trust had, in September 2015, lost the £30m contract from NHS Vale of York Clinical Commissioning Group to deliver mental health and learning disability services in York and North Yorkshire. In light of this, our approach to the audit in terms of scoping and areas of focus was altered to include the impact of any dis-aggregation of services and resulting accounting treatment. As the contract was lost half way through the year the accounts were impacted by six months of contract services and the exclusion of all contract related balances from the Statement of Financial Position at year end.



- Overall materiality: £3.3m which represents 2% of total revenue
- We performed an audit of the complete financial information of the Trust for the year ended 31 March 2015, subject to the level of materiality outlined above
- Our audit was performed at Trust HQ, at Thorpe Park in Leeds, where the finance function is based
- Risks of fraud in revenue and expenditure recognition and management override of control
- Financial standing
- Estates and capital accounting and
- Dis-aggregation of York contract services.

The scope of our audit and our areas of focus

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code") and, International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as "areas of focus" in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.

Area of focus	How our audit addressed the area of focus
Risk of fraud in revenue and expenditure recognition and management override of control There is a risk that due to the gradually reducing surplus of the Trust and sector pressures from NHS Improvement to achieve a pre-determined financial position, management has adopted accounting policies or treated income and expenditure transactions in such a way as to improve the underlying position this year and/or next year. We focussed our work on the elements of income and expenditure that are the most susceptible to manipulation being: • Non-standard journal transactions including the accrued/deferred income and accrued/prepaid expenses • Items of expenditure whose value is estimates, including the provision for bad debts with particular focus on the	We evaluated and tested the accounting policy for income recognition and found it to be consistent with the requirements of the NHS Foundation Trust Annual Reporting Manual. For transactions close to the year-end we tested, on a sample basis that the transactions and associated income had been posted to the correct financial year by tracing them to invoices and other documentary evidence. Our testing did not identify any balances that had been recorded to the incorrect period. We obtained and tested all Clinical Commissioning Group (CCG) contract reconciliations including testing all material reconciling items. We tested a sample of income by agreeing it to invoices and subsequent cash received (for NHS and Non-NHS income) to check whether it had been correctly recorded. From our testing we were able to determine that

Area of focus	How our audit addressed the area of focus
recoverability of debtor balances • Inter-NHS balances which are in dispute and • Unrecorded liabilities.	revenue was appropriately and accurately recognised. *Journals* We tested a sample of manual journal transactions that had been recognised in both income and expenditure focusing in particular on those recognised near the end of the year or included in accrued/deferred income or prepaid/accrued expenses, by tracing the journal entry to the supporting documentation (for example, invoices and cash receipt and payments). Our testing confirmed that they were supported by appropriate documentation and that the related income and expenditure was recognised in the correct accounting period. *Intra-NHS balances* We obtained the Trust's intra NHS confirmations for debtor, creditor, income and expenditure balances and checked that management had investigated disputed amounts over the investigation threshold set by Monitor. We discussed with management the results of their investigation and the resolution which we agreed to correspondence with the counterparty. We then considered the impact, if any, these variances would have on the value of income and expenditure recognized in FY16 and determined that there was no material impact. *Management estimates* We evaluated and tested management's accounting estimates focusing on: • Accruals; • Provisions; • Deferred income; • Provision for receivables; and • Property, plant and equipment valuation (see specific area of focus below). We evaluated and challenged the key accounting estimates on which management's estimates were based and the basis of their calculation by; • Comparing the assumptions used by management in the calculation of their estimate with independent assumptions (from publically available sources) and investigated any differences; and • Agreed the accuracy of data used to calculate the estimate against the Trusts original data. We evaluated and challenged the low provision for impairment of receivables and the basis of

Area of focus	How our audit addressed the area of focus
	its calculation by identifying 'receivables past their due date but not impaired', selecting a sample and agreeing to cash receipt (where possible) or evidence to support their recoverability. From the testing we did not identify any receivables balances in dispute. Where provisions balances had been 'reversed unused' we checked that the factors which originally justified the provision no longer applied and concluded that they did not. *Unrecorded liabilities* We performed testing to make sure there were no unrecorded liabilities by: • Agreeing large payments made and invoices received after the year end to supporting documentation and checking that where they related to FY16 expenditure an accrual was recognized appropriately; • Comparing the list of accrued expenses recognized at 31 March 2016 with that recognized in the prior year to identify differences in accruals year on year which we then investigated. From the testing performed we did not identify any unrecorded liabilities as at the year-end date.
Financial Standing As part of our audit work, we are required to consider the ongoing financial position of the Trust and the appropriateness of the going concern principle. The Trust has historically reported comfortable surpluses in the past three financial years and has a strong balance sheet with a FY16 cash balance of £46m. However surpluses are declining and the forecast position for FY17 is £1m surplus. In 2015, the Vale of York CCG put the contract for York based services out to tender; LYPFT was unsuccessful in their re-tendering and the contract was discontinued with them effective from 1st October 2015. This is an area of focus due to: • The current economic position of the Foundation Trust sector, which continues to deteriorate and remains a challenging operating environment; and • The ongoing fall in income of approximately £30m which impacts the size of the Trust, despite its regularly strong financial performance.	In considering the financial performance of the Trust we have: • Understood the Trust's budget, cash forecasts and levels of reserves and assessed the ongoing ability of the Trust to meet its liabilities as they fall due; and • We tested management's forecasting accuracy by comparing the current year actual results to those included in the prior year annual plan. We found that the revised annual plan for FY16 produced in September 2015 following the loss of the York contract was slightly prudent at £2.5m surplus. The actual surplus was £0.5m ahead of plan due to non-recurrent income. • We checked the anticipated financial sustainability risk rating (FSRR) over the next 12 months which is forecast to stay at 3. • We removed all one-off non recurrent transactions impacting the statement of comprehensive income to arrive at a 'true' operating position and compared this to the actual FY16 surplus – the operating position was a surplus.

Area of focus	How our audit addressed the area of focus
Estates and Capital Accounting The Trust is required to regularly revalue its assets in line with Monitor's Annual Reporting Manual. Professional valuations are carried out by the District Valuers of the Revenue and Customs Government Department. These valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. A valuation was last undertaken as at 31 March 2015 and in the current year the assets were reviewed for impairment using the Modern Equivalent Asset method as appropriate. We focussed on this area due to the material nature of this balance and the impact on the financial statements if it were to be materially misstated. The specific areas of risk are: • Accuracy of detailed information on assets provided to the valuation expert, in particular the floor plans on which the valuation is based; • The methodology, assumptions and underlying data used by the District Valuer; and • The accounting transactions resulting from this valuation with £1.7m charged to the Statement of Comprehensive Income.	• We obtained directly from the District Valuer the output of the desktop valuation undertaken including details of the request for the work to be performed for the Trust. • We used our valuation expertise to confirm that the valuations methodology and the assumptions used by the Trust's valuation experts were consistent with our expectations based on our experience of similar valuations. • We tested a sample of the material assets by verifying that the input data used by the valuer as the basis of the valuation was consistent with the underlying estates and property asset information held within the Trust's Estates Department. • We inspected the repairs and maintenance expense codes to confirm that there had been no significant alterations to the existing value and use of assets. • We checked that the valuation information has been correctly input into the Fixed Asset Register and consequently that the accounting treatment has been recorded appropriately in the Trust's financial statements. Our procedures did not identify any significant issues to report. *Private Finance Initiative* The impact of the changes to the Trust's estate valuation has been the exit of the Revival properties scheme in May 2015. We have examined the disclosure made by management within the notes to the financial statements of the lease exit and considered them as reasonable. We have tested the disclosure of future payments for these PFI assets within the notes to the financial statements and considered them to be reasonable.
Dis-aggregation of York Contract The loss of the £30m Vale of York contract in September 2015 requires additional disclosure in the financial statements as well as consideration of the most appropriate accounting treatment of six months of transactions. The balance sheet also included provisions and accruals related to the	• We held discussions with management to ascertain the correct presentational treatment for the loss of the contract and verified this against the FT Annual Reporting Manual; • We reviewed the disclosure on 'transfer by absorption' and 'operating segments' and agreed the balances to supporting invoices and other supporting

Area of focus	How our audit addressed the area of focus
York contract which have to be reversed. We focussed on this area because the disaggregation of contractual services part way through the year presented a potentially complex accounting, disclosure and presentational impact on the accounts. And the reversal of balance sheet accruals and provisions relating to York have the effect of increasing the surplus through credits to the Statement of Comprehensive Income.	documentation; • We tested a sample of income and expense transactions which related to the services delivered under the contract and agreed these to invoices and cash transfers to verify that they were recorded in the correct period; and • For accruals and provisions relating to the contract we verified that these had been correctly released and removed from the balance sheet. We identified that the narrative disclosure in the notes to the financial statements could be improved by describing the long term impact on the Statement of Comprehensive Income of the loss of the contract – the narrative was amended to reflect this.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the trust, the accounting processes and controls, and the environment in which the trust operates.
In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.

Materiality
The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.
Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Overall materiality	£3,3m (2015: £3.6m).
How we determined it	2% of revenue (2015: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £180,000 (2015: £180,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other reporting in accordance with the Code

Opinions on other matters prescribed by the Code

In our opinion:

- The information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial

statements;

- The part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- The part of the Staff Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Other matters on which we are required to report by exception

We are required to report to you if, in our opinion:	
• Information in the Annual Report is: Materially inconsistent with the information in the audited financial statements; or Apparently materially incorrect based on, or materially inconsistent with, our knowledge of the group and parent company acquired in the course of performing our audit; or Otherwise misleading.	We have no exceptions to report.
• The statement given by the directors on page 125, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Trust's performance, business model and strategy is materially inconsistent with our knowledge of the trust acquired in the course of performing our audit.	We have no exceptions to report.
• The section of the Annual Report on page 100, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.	We have no exceptions to report.
• The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 or is misleading or inconsistent with information of which we are aware from our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.	We have no exceptions to report.
We are also required to report to you if:	
• We have referred a matter to Monitor under paragraph 6 of Schedule 10 to the NHS Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or	We have no exceptions to report.
• We have issued a report in the public interest under paragraph 3 of Schedule 10 to the NHS Act 2006.	We have no exceptions to report.

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code we are required to report to you if we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016; We have nothing to report as a result of this requirement.

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Code, and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Leeds and York Partnership NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

What an audit of financial statements involves

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- Whether the accounting policies are appropriate to the trust's circumstances and have been consistently applied and adequately disclosed;
- The reasonableness of significant accounting estimates made by the directors; and
- The overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both. In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Responsibilities for securing economy, efficiency and effectiveness in the use of resources

Our responsibilities and those of the Trustees

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We are required under paragraph 1(d) of Schedule 10 to the NHS Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 of the National Health Services Act 2006 and the Code.

Ian Looker (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
26 May 2016

(a) The maintenance and integrity of the Leeds and York Partnership NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
(b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

SECTION 1.3 – ANNUAL ACCOUNTS

FOREWORD TO THE ACCOUNTS

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Leeds and York Partnership NHS Foundation Trust ('Trust') is required to "keep accounts in such form as NHS Improvement (The Independent Regulator for NHS Foundation Trusts) may with the approval of Treasury direct" (Paragraph 24 (1) Schedule 7 of the National Health Service Act 2006 ('the 2006 Act')). The Trust is required to "prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Treasury direct" (Paragraph 25 (1) Schedule 7 to the 2006 Act). In preparing their annual accounts, the Trust must comply with any directions given by NHS Improvement, with the approval of the Treasury, as to the methods and principles according to which the accounts are to be prepared and the information to be given in the accounts (Paragraph 25 (2) Schedule 7 to the 2006 Act). In determining the form and content of the annual accounts NHS Improvement must aim to ensure that the accounts present a true and fair view (Paragraph 25 (3) Schedule 7 to the 2006 Act).

Jill Copeland
Interim Chief Executive

Date: 23 May 2016

STATEMENT OF COMPREHENSIVE INCOME	note	**Year ended 31 March 2016** £000	Year ended 31 March 2015 £000
Operating income	2, 3 & 4	167,321	179,500
Operating expenses	2 & 5	(160,170)	(169,571)
OPERATING SURPLUS		**7,151**	9,929
FINANCE COSTS			
Finance income	10	200	183
Finance expense - financial liabilities	12	(3,995)	(4,297)
Finance expense - unwinding of discount on provisions	25	(23)	(32)
PDC dividend payable		(260)	(156)
NET FINANCE COSTS		**(4,078)**	(4,302)
Surplus from operations		3,073	5,627
Surplus/(deficit) of discontinued operations and the gain/(loss) on disposal of discontinued operations			
SURPLUS FOR THE YEAR		**3,073**	5,627
Other comprehensive income			
Items that will not be reclassified to income or expenditure:			
Revaluation gains and (impairment losses) on intangible assets		109	(2)
Revaluation gains and (impairment losses) on property, plant and equipment		1,720	792
Other comprehensive income for the year		**1,829**	790
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**4,902**	6,417

The notes on pages 210 to 238 form part of this account.

STATEMENT OF FINANCIAL POSITION AS AT 31 March 2016	note	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Non-current assets			
Intangible assets	13	392	296
Property, plant and equipment	14	49,152	50,666
Trade and other receivables	17	3,616	3,311
Total non-current assets		53,160	54,273
Current assets			
Inventories	16	36	83
Trade and other receivables	17	7,499	6,449
Cash and cash equivalents	18	45,968	46,891
Total current assets		53,503	53,423
Current liabilities			
Trade and other payables	20	(15,606)	(17,077)
Borrowings	21	(1,479)	(2,235)
Provisions	25	(1,026)	(1,657)
Other liabilities	22	(1,260)	(2,836)
Total current liabilities		(19,371)	(23,805)
Total assets less current liabilities		**87,292**	83,891
Non-current liabilities			
Borrowings	21	(24,754)	(26,233)
Provisions	25	(1,831)	(1,853)
Total non-current liabilities		**(26,585)**	(28,086)
Total assets employed		**60,707**	55,805
Financed by (taxpayers' equity)			
Public dividend capital		19,569	19,569
Revaluation reserve		9,242	7,699
Other reserves		(651)	(651)
Income and expenditure reserve		32,547	29,188
Total taxpayers' equity		**60,707**	55,805

The notes on pages 210 to 238 form part of this account.

The accounts on pages 205 to 238 were approved by the Board on 23 May 2016 and signed on its behalf by:

Signed:  (Interim Chief Executive)

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure Reserve £000	Total Taxpayers Equity £000
Taxpayers' equity at 1 April 2015	19,569	7,699	(651)	29,188	55,805
Surplus for the year				3,073	3,073
Revaluation gains and impairment losses on intangible assets		109			109
Revaluation gains and impairment losses property, plant and equipment		1,720			1,720
Public dividend capital received					
Transfers to the income and expenditure account in respect of assets disposed of		(33)		33	
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve		(253)		253	
Movement in year subtotal		**1,543**		**3,359**	**4,902**
Taxpayers' equity at 31 March 2016	19,569	9,242	(651)	32,547	60,707

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income and Expenditure £000	Total Taxpayers Equity £000
Taxpayers' equity at 1 April 2014	19,119	7,389	(651)	23,081	48,938
Surplus for the year				5,627	5,627
Revaluation gains and impairment losses on intangible assets		(2)			(2)
Revaluation gains and impairment losses property, plant and equipment		792			792
Public dividend capital received	450				450
Transfers to the income and expenditure account in respect of assets disposed of		(242)		242	
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve		(238)		238	
Movement in year subtotal	**450**	**310**		**6,107**	**6,867**
Taxpayers' equity at 31 March 2015	19,569	7,699	(651)	29,188	55,805

Description of Reserves:

a) Public dividend capital represents in substance, the Secretary of State for Health's 'equity' investment in the Trust. When the Trust's predecessor NHS Trust was established, the amount of PDC provided to it equated to the initial net assets of the Trust. The PDC balance is usually a constant amount but can change occasionally where the Trust receives additional PDC (usually to fund capital investment) or is asked to repay an element to the Secretary of State. In 2014/15 the Trust received £450k additional PDC for capital investment through the Department of Health's technology fund.

b) The revaluation reserve is used to record revaluation gains/losses and impairment reversals on property, plant and equipment that are recognised in other comprehensive income. An annual transfer is made from the reserve to retained earnings of amounts representing the excess of current cost depreciation over historic cost depreciation for each item of PPE. When an asset is sold or otherwise disposed of, any remaining revaluation reserve balance for the asset is transferred to Retained Earnings. The balance in the reserve is wholly in respect of property, plant and equipment.

c) Other reserves relates to the write off of an asset which was included in the original NHS Trust's asset base at inception.

d) The Trust's surplus or deficit for the year is recognised in the Income and Expenditure Reserve, together with any other gain or loss for the financial year that is not recognised in any other reserve.

The notes on pages 210 to 238 form part of this account.

STATEMENT OF CASH FLOWS	note	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Cash flows from operating activities			
Operating surplus from continuing operations		7,151	9,929
Operating surplus		**7,151**	**9,929**
Non-cash income and expense:			
Depreciation and amortisation	5	3,973	3,835
Impairments and reversals	14	(101)	998
(Increase)/decrease in trade and other receivables	17	(993)	2,065
(Increase)/decrease in inventories	16	47	(11)
Increase/(decrease) in trade and other payables	20	(266)	1,823
Increase/(decrease) in other liabilities	22	(1,576)	990
Increase/(decrease) in provisions	25	(676)	(2,038)
Other movements in operating cash flows		34	(168)
NET CASH GENERATED FROM OPERATIONS		**7,593**	**17,423**
Cash flows from investing activities			
Interest received	10	199	184
Purchase of intangible assets	13	(149)	(51)
Purchase of property, plant and equipment	14	(2,963)	(3,281)
Sales of property, plant and equipment		851	1,522
Net cash used in investing activities		**(2,062)**	**(1,626)**
Adjustment for net assets de-recognised on merger			
Cash flows from financing activities			
Public dividend capital received			450
Capital element of finance lease rental payments	21	(882)	(1,113)
Capital element of private finance initiative obligations	21	(1,356)	(1,252)
Interest element of finance lease	12	(34)	(266)
Interest element of private finance initiative obligations	12	(3,977)	(4,017)
PDC dividend paid		(205)	(238)
Net cash used in financing activities		**(6,454)**	**(6,436)**
Increase/(decrease) in cash and cash equivalents		(923)	9,361
Cash and Cash equivalents at 1 April		46,891	37,530
Cash and Cash equivalents at 31 March		**45,968**	**46,891**

Reconciliation of Statement of Financial Position to working balances adjustment in Cash Flow	2015/16 £000s	2014/15 £000s
(Increase)/decrease in receivables as per SOFP	(1,355)	2,051
Adjustments for receivables movements not related to I&E:		
- Increase/(decrease) in capital receivables	376	
- Financing transactions	(14)	14
- Absorption transfers		
(Increase)/decrease in receivables adjusted for non-I&E items	(993)	2,065
Increase/(decrease) in payables per SOFP	(1,471)	2,958
Adjustments for payables movements not related to I&E:		
- (Increase)/decrease in capital payables	1,227	(1,169)
- Financing transactions	(22)	34
Increase/(decrease) in payables adjusted for non-I&E items	(266)	1,823
Increase/(decrease) in Other Liabilities per SOFP	(1,576)	990
Adjustments for Other Liabilities movements not related to I&E:		
Increase/(decrease) in Other Liabilities adjusted for non-I&E items	(1,576)	990
Increase/(decrease) in provisions per SOFP	(653)	(2,006)
Adjustments for provisions movements:		
- Unwinding of discount on provisions	(23)	(32)
Increase/(decrease) in provisions for non I&E items	(676)	(2,038)
Opening capital payables	(1,546)	(377)
Closing capital payables	(319)	(1,546)
Change in capital payables in-year	**1,227**	**(1,169)**

The notes on pages 210 to 238 form part of this account.

Notes to the accounts

The principal activity of the Trust is to provide excellent quality mental health and learning disability care that supports people to achieve the very best that they can for their health and wellbeing. The Trust's registered address is 2150 Century Way, Thorpe Park, Leeds LS15 8ZB.

1 Accounting policies

Monitor has directed that the accounts of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM), which shall be agreed with HM Treasury. Consequently, the following accounts have been prepared in accordance with the 2015/16 NHS Foundation Trust ARM issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS), in accordance with EU endorsed IFRS and IFRIC, and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently, other than where new policies have been adopted, in dealing with items considered material in relation to the accounts.

In accordance with IAS1, the accounts are prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

Where management are aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the NHS foundation trust, these have been disclosed.

1.1 Accounting convention

The accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and intangible assets. For specialised operational property the modern equivalent asset valuation method has been used.

1.2 Segmental reporting

Operating segments are reported in a manner consistent with the internal reporting provided to the chief operating decision maker. The chief operating decision maker, who is responsible for allocating resources and assessing performance of the operating segments, has been identified as the Board of Directors.

1.3 Income recognition

Income is accounted for by applying the accruals convention. The main source of income for Leeds and York Partnership NHS Foundation Trust is from commissioners in respect of healthcare services provided under local agreements (NHS Contracts). Where income is received for a specific activity, which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.4 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the accounts to the extent that employees are permitted to carry-forward leave into the following year.

1.5 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions Agency website at www.nhsbsa.nhs.uk/pensions.

The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would allow NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Employers pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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

1.5 Pension costs (continued)

a) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published full actuarial valuation undertaken for the NHS pension scheme was completed for the year ending 31 March 2012. A full actuarial valuation of the scheme is due to be undertaken as at 31 March 2016.

The scheme regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and with consideration of the advice of the scheme actuary and appropriate employee and employer representatives as deemed appropriate.

Employers and employee contribution rates may be varied from time to time, as above, to reflect changes in the scheme's liabilities. In 2015/16 employee contributions are tiered depending on salary and range from 5% to 14.5%. Employer contributions for 2015/16 were 14.3% (14% in 2014/15).

b) Accounting valuation
An accounting valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes.

The valuation of the scheme liability as at 31 March 2016, is based on valuation data as at 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS19, relevant FReM interpretations and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website and copies can also be obtained from the Stationery Office. These accounts will also include information on principle actuarial assumptions used and a reconciliation of the present value of the pension obligation between the beginning and the end of the year for the plan as a whole. This information is not included in these accounts due to the timing of production.

c) Scheme provisions
In 2015/16 the NHS pension scheme provided defined benefits, which are summarised below. The list is an illustrative guide only, and is not intended to detail all the benefits provided by the scheme or the specific conditions that must be met before these benefits can be obtained:

Annual Pensions

The annual pension under the 1995 section of the scheme is based on 1/80th of the best of the last three years pensionable pay for each year of service and for the 2008 section it is based on 1/60th of reckonable pay per year of membership. Further changes to the scheme came into effect from 1 April 2015, which mean that the scheme is now based on average salary rather than final salary, with an accrual rate of 1/54th.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This is known as pension commutation.

Members who are practitioners as defined by the scheme regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

Pensions Indexation
Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and were based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011/12 the Consumer Price Index (CPI) has been used instead of the Retail Prices Index (RPI).

Ill-health retirement
Early payment of a pension, with enhancement in certain circumstances, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity.

Death benefits
A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

1.5 Pension costs (continued)

Additional voluntary contributions (AVCs)
Members can purchase additional service in the NHS pension scheme and contribute to money purchase AVC's run by the scheme's approved providers or by other free standing additional voluntary contribution (FSAVC) providers.

Transfer between funds
Scheme members have the option to transfer their pension between the NHS pension scheme and another scheme when they move into or out of NHS employment.

Preserved benefits
Where a scheme member ceases NHS employment with more than two years service, they can preserve their accrued NHS pension for payment when they reach retirement age.

1.5.1 Alternative pension scheme

From 1 August 2013 (deferred to 1 October 2013), Leeds and York Partnership NHS Foundation Trust offers an alternative pension scheme to all employees who are not eligible to be members of the NHS pension scheme at the Trust. This includes employees who are members of the NHS pension scheme through another role outside of the Trust and those that are not eligible to join the NHS pension scheme.

Every three years all eligible employees are auto-enroled in either the NHS or alternative pension scheme. The auto-enrolment exercise was carried out in October 2013 and following this process, all employees who meet the criteria for the alternative pension scheme are enroled each month on a continuous basis, unless they specifically opt out.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are both currently 1% (a combined minimum of 2%). From October 2017 the combined contribution rate will increase to 5% (with a minimum 2% being contributed by the Trust) and from October 2018 the combined contribution rate will be 8% (with a minimum 3% being contributed by the Trust).

1.6 Expenditure on goods and services

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

1.6.1 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Leeds and York Partnership NHS Foundation Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;

and if any of the following apply:

- the item has cost of at least £5,000;
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

The finance costs of bringing property, plant and equipment into use are not capitalised.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Any lease which does not meet the requirements of IAS 17 are assumed to be operating leases.

1.6.2 Measurement

Valuation

All property, plant and equipment are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the Trust's purposes are stated in the Statement of Financial Position at their revalued amounts being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. In accordance with IFRS and NHS policy, a full revaluation is performed at least every five years, with an interim revaluation in the third year after the full revaluation. An impairment review is undertaken in all other years. The Trust believes that this is sufficiently regular to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost based on providing a modern equivalent
- Non-operational land and buildings – fair value based on alternative use.

Professional valuations are carried out by the District Valuers of the Revenue and Customs Government Department. These valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation manual. A valuation was last undertaken as at 31 March 2016 and in the current year the assets were reviewed for impairment using the Modern Equivalent Asset (MEA) method as appropriate.

Plant and equipment assets were last indexed using the latest available Consumer Price Indices (CPI), being for February 2016, as issued by the Office for National Statistics.

1.6.3 Subsequent expenditure

Expenditure after items of property, plant and equipment have been put into operation, such as repairs and maintenance, is normally charged to the Statement of Comprehensive Income in the period in which it is incurred. In situations where it can be clearly demonstrated that the expenditure has resulted in an increase in the future economic benefits or service potential expected to be obtained from the use of an item of property, plant and equipment, and where the cost can be measured reliably, the expenditure is capitalised as an additional cost of that asset or as a replacement. The carrying amount of the part replaced is de-recognised.

1.6.4 Depreciation

Items of property, plant and equipment are depreciated, using the straight line method, over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Freehold land is considered to have an indefinite life and is not depreciated.

Property, plant and equipment, which has been reclassified as ‘held for sale’ ceases to be depreciated upon reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

The useful economic lives of property, plant and equipment are estimated by Leeds and York Partnership NHS Foundation Trust as follows:

Plant and machinery	
• Short life engineering plant and equipment	5 years
• Medium life engineering plant and equipment	10 years
• Long life engineering plant and equipment	15 years
• Short life medical and other equipment	5 years
• Medium life medical equipment	10 years
• Long life medical equipment	15 years
Transport	
• Vehicles	7 years
Furniture and fittings	
• Furniture	10 years
Information technology	
• Office and IT equipment	5 years
• Mainframe type IT installations	8 years

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the Trust’s professional independent valuers. The assessed lives of the individual building elements vary from a minimum of 5 years to a maximum of 188 years. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset.

1.6.4 Depreciation (continued)

The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from it. This period is specific to the foundation trust and may be shorter than the physical life of the asset itself.

Assets held under finance leases (including leased land) are depreciated over the shorter of their estimated useful economic lives or the lease period. Where the Trust will, or is reasonably certain to, acquire ownership of the asset at the end of the lease, the asset is depreciated over its useful economic life.

Property, plant and equipment that has been reclassified as 'held for sale' ceases to be depreciated following reclassification.

Assets in the course of construction are not depreciated until the asset is brought into use.

Estimated useful lives and residual values are reviewed each year end, with the effects of any changes recognised on a prospective basis.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

At the end of each reporting period, a transfer is made from the revaluation reserve to the income and expenditure reserve, in respect of the difference between the depreciation expense on the revalued asset and the depreciation expense based on the assets historic cost carrying value.

1.6.5 Revaluation and Impairment

Increases in asset values arising from revaluations are taken to the revaluation reserve except where, and to the extent they, reverse an impairment for the same asset previously recognised in operating expenses. In this case they are recognised in operating income.

Impairments, that arise from a loss of economic benefit or service potential, are charged to operating expenses in the period that they occur. At the period end, a transfer is made from the revaluation reserve to the income and expenditure reserve for the amount of the impairment (or the remaining balance in the revaluation reserve relating to the asset if this is a lower amount).

Decreases in asset values and all other impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter, are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

At each reporting period end, the Trust checks whether there is any indication that any of its property, plant or equipment has suffered an impairment loss. If there is an indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

1.6.6 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms, which are usual and customary for such sales;
- the sale must be highly probable, ie management are committed to a plan to sell the asset; an active programme has begun to find a buyer and complete the sale; the asset is being actively marketed at a reasonable price; the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Fair value is open market value including alternative uses. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount.

Assets are de-recognised when all material sale contract conditions have been met. The non-current assets held for sale are identified in note 19.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset in the revaluation reserve is transferred to the income and expenditure reserve.

Property, plant and equipment, which is to be scrapped or demolished, does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.7 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial position' by the Trust. The underlying assets are recognised as property, plant and equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received (including lifecycle costs);
b) Payment for the PFI asset, comprising finance costs and the repayment of the liability; and
c) Operating lease for the land

a) Services received

The fair value of service received in the year is recorded under the relevant expenditure heading within operating expenses.

Leeds and York Partnership NHS Foundation Trust has adopted the approach that we incur the lifecycle costs evenly over the contract period as part of the unitary payment. This is due to the nature of the costs involved.

b) PFI assets and finance costs

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at cost to the PFI Provider but then revalued to "fair value" by the District Valuer in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to "finance costs" within the Statement of Comprehensive Income. Contingent rent due to inflationary increases in the unitary payment is also included in the finance cost.

The minimum lease payments of the finance lease component are split between the repayment of the liability and a finance cost so as to produce a constant rate of finance over the life of the lease. The finance cost for each year is then calculated by applying this finance rate to the opening lease liability for the financial year. The finance cost is recognised in 'finance costs' in the Statement of Comprehensive Income.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as part of the PFI Operating Expenses in the Statement of Comprehensive Income.

c) Operating lease for the land

The land, which the PFI building is built on, is classified as an operating lease in accordance with IAS 17.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trusts Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed, eg cash payments and surplus property, by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

Leeds and York Partnership NHS Foundation Trust did make an initial "bullet" payment of cash upfront of £5.4m. This was off set against the initial liability (based on the fair value cost of the building less the £5.4m).

1.8 Intangible Assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. The Trust holds software licences as Intangible assets. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of services to the public.

Purchased computer software licences are capitalised as intangible non-current assets where expenditure of at least £5,000 is incurred. They are amortised over the shorter of the term of the licence and their useful economic lives, currently between 3 and 10 years depending on the software licence.

1.8.2 Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an internally generated intangible asset for sale or use;
• the Trust intends to complete the asset and sell or use it;
• the Trust has the ability to sell or use the asset;
• how the intangible asset will generate probable future economic or service delivery benefits, eg the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
• the Trust can measure reliably the expenses attributable to the asset during development.

1.8.3 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequent intangible assets are measured at fair value. Revaluation gains, losses and impairments are treated in the same manner as for property, plant and equipment, see notes 1.6.2 and 1.6.5.

1.8.4 Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Amortisation is recognised in the Statement of Comprehensive Income.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value, using the first in - first out cost formula. Inventories are identified in note 16. The Trust's inventories do not include drugs, but comprise stationery, oil and other work stores.

1.10 Cash and cash equivalents

Cash and cash equivalents comprise cash in hand, balances with banks and investments. Cash and bank balances are recorded at the current values of these balances in the Trust's cash book. These balances exclude monies held in the Leeds and York Partnership NHS Foundation Trust's bank account belonging to patients (see "third party assets" below). Interest earned on bank accounts is recorded as "interest receivable" in the period to which it relates. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.11 Provisions

Leeds and York Partnership NHS Foundation Trust provides for present legal or constructive obligations that are of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate in real terms. The discount rate for early retirement and injury benefit provisions (both use the HM Treasury's pension discount rate) is 1.37% (1.3% in 2014/15) in real terms. The discount rate for other provisions from 2015/16 varies depending on the timing of the liability from -1.55% (up to 5 years), -1% (5 - 10 years) and -0.8% over 10 years (in 2014/15 the discount rates were -1.5%, -1.05% and 2.2% respectively).

1.11 Provisions (continued)

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party; the receivable is recorded as an asset, if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

Clinical negligence costs

From 1 April 2000, the NHS Litigation Authority (NHSLA) took over full financial responsibility for all Existing Liabilities Scheme (ELS) cases unsettled at that date and from 1 April 2002 all Clinical Negligence Scheme for Trusts (CNST) cases. Provisions for these are included in the accounts of the NHSLA. Although the NHSLA is administratively responsible for all cases from 1 April 2000, the legal liability remains with the Trust.

The NHSLA operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Leeds and York Partnership NHS Foundation Trust does not include any amounts in its accounts relating to these cases. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 25.

Non-clinical risk pooling

Leeds and York Partnership NHS Foundation Trust participates in the Property Expenses Scheme (PES) and the Liabilities to Third Parties Scheme (LTPS). Both are risk pooling schemes under which the Trust pays an annual contribution to the NHSLA and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises; these are the only amounts included in the accounts of the Leeds and York Partnership NHS Foundation Trust.

1.12 Contingencies

Contingent assets, ie assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control, are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are provided for where a transfer of economic benefits is possible. Otherwise, they are not recognised, but are disclosed in note 26 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control, or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Value added tax (VAT)

Most of the activities of Leeds and York Partnership NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.14 Corporation tax

Leeds and York Partnership NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for HM Treasury to disapply the exemption in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities, which are not related to, or ancillary to, the provision of healthcare. Until the exemption is disapplied, the foundation trust has no corporation tax liability.

1.15 Foreign exchange

The functional and presentational currency of the Trust is sterling.

Transactions that are denominated in a foreign currency are converted into sterling at the exchange rate ruling on the date of each transaction. Gains and losses that result are taken to the Statement of Comprehensive Income.

1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since Leeds and York Partnership NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts, note 29, in accordance with the requirements of the HM Treasury FReM.

1.17 Leases

Finance leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by Leeds and York Partnership NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is also recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted by the interest rate implicit in the lease. The implicit rate is that which discounts the minimum lease payments and any unguaranteed residual interest to the fair value of the asset at the inception of the lease.

The asset and liability are recognised as property, plant and equipment at the inception of the lease and de-recognised when the liability is discharged, cancelled or expires.

The annual rental is split between the repayment of the liability and a finance cost so as to produce a constant rate of finance over the life of the lease. The finance cost for each financial year is calculated by applying this finance rate to the opening lease liability for the financial year. The finance cost is recognised in the Statement of Comprehensive Income.

Contingent rentals are recognised as an expense in the period in which they are incurred. The liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land, in the PFI, is treated as an operating lease.

1.18 Public dividend capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the original NHS Trust.

HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by Leeds and York Partnership NHS Foundation Trust, is paid over as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and the average daily balance of cash held with the Government Banking Service, the National Loans Fund and PDC receivable/payable. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets.

In accordance with the requirements laid down by the Secretary of State (as the issuer of PDC) the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the accounts. The dividend is not revised should any adjustment to net assets occur as a result of the audit of the accounts.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the Health Service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the Statement of Comprehensive Income on an accruals basis, including losses, which would have been made good through insurance cover had NHS foundation trust's not been bearing their own risks (with any insurance premiums being included as normal revenue expenditure). Note 31 is compiled directly from the losses and special payments register which is prepared, as per the FT ARM, on an accruals basis (with the exception of provisions for future losses).

1.20 Financial Instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase and sale of non-financial items (such as goods or services), which are entered into in accordance with Leeds and York Partnership NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs ie, when receipt or delivery of the goods or services is made.

Financial assets and financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policies for leases.

All other financial assets and financial liabilities are recognised when Leeds and York Partnership NHS Foundation Trust becomes a party to the contractual provisions of the instrument.

Derecognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or Leeds and York Partnership NHS Foundation Trust has transferred substantially all of the risks and rewards of ownership.

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

Classification and Measurement

Financial assets are categorised as 'loans and receivables' and financial liabilities are classified as ‘other financial liabilities’.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments, which are not quoted in an active market, and are included in current assets.

Leeds and York Partnership NHS Foundation Trust's loans and receivables comprise: current investments, cash at bank and in hand, NHS receivables and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly, the estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly, the estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, Leeds and York Partnership NHS Foundation Trust assesses whether any financial assets, other than those held at ‘fair value through income and expenditure’ are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of the revised future cash flows discounted at the asset’s original effective interest rate. The loss is recognised in the income and expenditure account and the carrying amount of the asset is reduced through the use of a bad debt provision.

1.21 Accounting standards that have been issued but have not yet been adopted

a) IASB standard and IFRIC interpretations

Under paragraph 30 of IAS 8, entities need to disclose any new IFRSs that are issued but not yet effective and that are likely to impact the entity.

The following accounting standards have been issued but have not yet been adopted. The Trust cannot adopt new standards unless they have been adopted in the FT ARM issued by Monitor. The FT ARM generally does not adopt an international standard until it has been endorsed by the European Union for use by listed companies. In some cases, the standards may be interpreted in the FT ARM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation and the likely impact on the assumption that no interpretations are applied in the FT ARM.

Annual improvements to IFRS: 2012-2015 cycle

This was published in September 2014 but has not yet been adopted by the EU. It is expected to be effective from the 2017/18 financial year.

Amendment to IAS 1, 'Presentation of financial statements' on the disclosure initiative

These amendments are as part of the IASB initiative to improve presentation and disclosure in financial reports. effective for annual periods beginning on or after 1 January 2016, subject to EU endorsement. Amendment is effective for accounting periods beginning on or after 1 January 2016.

IFRS 9, 'Financial instruments' – classification and measurement

This standard replaces IAS 39, 'Financial instruments: recognition and measurement'. IFRS 9 requires financial assets to be classified into two measurement categories: those measured at fair value and those measured at amortised cost.

The basis of classification depends on the entity's business model and the contractual cash flow characteristics of the financial asset. For liabilities, the standard retains most of the requirements of IAS 39. Effective date of 2017/18, but not yet endorsed by the EU

IFRS 10 (amendment) and IAS 28 (amendment), sale or contribution of assets & investment entities applying the consolidation exception

These amendments were published in September 2014 and December 2014 respectively. They have not yet been adopted by the EU and are expected to be effective from 2016/17.

IFRS 11 (amendment), acquisition of an interest in a joint operation

This amendment to IFRS 11 was published in May 2014 but has not yet been adopted by the EU. It is expected to be effective from the 2016/17 financial year.

IFRS 15, revenue from contracts with customers

This amendment to IFRS 15 was published in May 2014 but has not yet been adopted by the EU. It is expected to be effective from the 2017/18 financial year.

Amendment to IAS 16, 'Property, plant and equipment' and IAS 38,'Intangible assets', on depreciation and amortisation

In this amendment the IASB has clarified that the use of revenue based methods to calculate the depreciation of an asset is not appropriate because revenue generated by an activity that includes the use of an asset generally reflects factors other than the consumption of the economic benefits embodied in the asset. The IASB has also clarified that revenue is generally presumed to be an inappropriate basis for measuring the consumption of the economic benefits embodied in an intangible asset. Amendment is effective for accounting periods beginning on or after 1 January 2016.

Amendments to IAS 27, 'Separate financial statements' on the equity method

These amendments allow entities to use the equity method to account for investments in subsidiaries, joint ventures and associates in their separate financial statements. Standard is expected to be effective for annual periods beginning on or after 1 January 2016.

b) Government Financial Reporting Manual (FReM) changes

In preparing the FT ARM, Monitor must take account of the requirements of the Government FReM issued by HM Treasury. In some cases, where there is a compelling reason, HM Treasury may grant permission for Monitor not to adopt a change to the FReM in the FT ARM.

c) Other changes

From 2013/14 the exemption applicable to NHS FTs from consolidating NHS charitable funds that they control has been removed from the FT ARM. The effect on Leeds and York Partnership NHS Foundation Trust is the need to consider whether charitable fund income, expenditure, assets, liabilities and reserves should be consolidated within the Trusts main accounts. Income and expenditure between the Trust and the charitable fund would be eliminated on consolidation. Further details are included in note 1.25 - Charitable Funds.

1.22 Accounting standards issued that have been adopted early by Leeds and York Partnership NHS Foundation Trust

No new accounting standards or revisions to existing standards have been adopted early in 2015/16.

1.23 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. These estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.24 Private patient income cap

Previously, NHS Foundation Trusts were required to disclose private patient income where this exceeded the amount specified in the FT ARM. This disclosure is no longer required.

1.25 Charitable funds

Under IAS 27 (revised) Leeds and York Partnership NHS Foundation Trust is required to consolidate any Charitable Funds that meet the definition of a subsidiary contained in the standard. HM Treasury has previously granted dispensation to NHS FT organisations in this respect, however this dispensation ended in 2013/14. Leeds and York Partnership NHS Foundation Trust has therefore considered the need to consolidate Charitable Funds within the main Trust accounts and concluded, although the Trust continues to meet the criteria within the accounting standard, the value of the Charitable Fund is not material and will not therefore be consolidated within the Trusts main accounts.

IAS 27 (revised) also requires specific disclosures to be included in the accounts. The dispensation previously granted did not include the requirement for appropriate disclosure and consequently note 33 - Charitable funds, continues to be included in the Trusts accounts in compliance with these disclosure requirements.

1.26 Transfer of services

Where the Trust transfers a function to, or receives a function from another entity within the Whole of Government Accounts boundary this represents a "machinery of government change" regardless of the mechanism used to effect the combination, eg, statutory merger or purchase of the business.

The Trust will normally account for a machinery of government change as a transfer by absorption. This includes all transfers of functions involving other bodies within the Department of Health's Resource Accounting Boundary and transfers of functions involving local government bodies.

On 1 October 2015, Leeds and York Partnership NHS Foundation Trust transferred services commissioned by the Vale of York CCG to Tees, Esk and Wear Valleys NHS Foundation Trust. This transfer represents a machinery of government change transaction and is therefore accounted for as a transfer by absorption. Full details are included in note 34 - Transfer by absorption.

Notes to the accounts

2 Operating segments

Leeds and York Partnership NHS Foundation Trust (LYPFT) provided mental health and learning disability services across the cities of Leeds and York and parts of North Yorkshire, to over 1.8 million people. From 1 October 2015, mental health and learning disability services in York and North Yorkshire (commissioned by the Vale of York CCG) transferred to another NHS body, however, specialist services in the area (commissioned by NHS England) continue to be provided by LYPFT.

The majority of Trust income (by value) is on a block basis. The Trust contracted with Leeds Clinical Commissioning Groups (CCGs) for 55% of its income (51% in 2014/15) and York CCGs for 9% (16% in 2014/15) of its income. The Trust also had contracts with NHS England, Health Education England and Local Authorities for the provision of clinical services and education training services.

Three operating segments are reported below. The operating segments include Leeds Services and North Yorkshire & York (NYY) Services. There is also an additional hosted services segment which includes the Commercial Procurement Collaborative (CPC), Research & Development, and the Northern School of Child & Adolescent Psychotherapy.

The reportable segments are those used by the Trust's Board and management (the 'Chief Operating Decision Maker' as defined in IFRS 8 Operating Segments) to run the business and are based on the directorate level split of the mental healthcare services offered. Segment information is presented on the same basis as that used for internal reporting purposes. The surplus or deficit for each segment is used to inform the Board of Directors on performance and to assist in negotiations with commissioners on the cost and resources needed to maintain services at a level consistent with the need of the population.

Further detail of each directorate can be found in the Annual Report of the Trust.

	Leeds		**North Yorkshire & York**		**Hosted Services**		**Total**	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Income by segment								
Income from activities	**118,223**	119,643	**26,471**	40,088	**-**	-	**144,694**	159,731
Other operating income	**13,845**	10,604	**2,043**	1,861	**6,739**	7,304	**22,627**	19,769
TOTAL INCOME	**132,068**	130,247	**28,514**	41,949	**6,739**	7,304	**167,321**	179,500
TOTAL EXPENDITURE	**(123,101)**	(118,067)	**(31,047)**	(43,966)	**(6,022)**	(7,539)	**(160,170)**	(169,571)
Operating surplus	**8,967**	12,180	**(2,533)**	(2,016)	**717**	(235)	**7,151**	9,929
Non Operating Income and Expenditure Total	**(4,100)**	(4,282)	**15**	(21)	**7**	1	**(4,078)**	(4,302)
Surplus/(Deficit) from continuing operations	**4,867**	7,898	**(2,518)**	(2,037)	**724**	(234)	**3,073**	5,627

a) Income includes £151m (£163m in 2014/15) from NHS organisations (primarily £95m from Leeds CCGs, £16m from York CCGs and £25m from NHS England).

b) Expenditure includes employee expenses £118,224k (£128,335k in 2014/15), premises £5,811k (£6,848k in 2014/15), depreciation and amortisation £3,973k (£3,835k in 2014/15) and establishment £3,693k (£3,944k in 2014/15).

3 Revenue from patient care activities

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
NHS Trusts		99
Clinical Commissioning Groups and NHS England	**135,204**	147,220
Foundation Trusts	**354**	337
Local Authorities	**1,341**	3,695
NHS other		
Non-NHS:		
Income for social care clients	**7,778**	7,680
Other	**17**	700
Total revenue from patient care activities	**144,694**	159,731

Leeds and York Partnership NHS Foundation Trust participates in a pooled budget arrangement with Leeds CCGs and Leeds City Council as a provider of services.

As a provider of healthcare services, Leeds and York Partnership NHS Foundation Trust does not make contributions to the pool, but receives funding from the pool to provide some of its services for people with learning disabilities.

All income from patient care activities is classed as commissioner requested services (CRS).

4 Other operating revenue

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Research and development	**593**	900
Education and training	**4,268**	4,224
Non-patient care services to other bodies	**1,293**	2,306
Other income:		
Inter NHS Foundation Trust	**3,031**	2,060
Inter NHS Trust	**1,244**	1,470
Inter RAB	**5,025**	4,181
Inter Other WGA bodies	**295**	145
Other (outside WGA)	**5,356**	3,466
Gain on disposal of assets held for sale		175
Gain on disposal of other property, plant and equipment	**1**	
Reversal of impairments of property, plant and equipment	**750**	348
Income in respect of staff costs where accounted on gross basis	**771**	494
Total Other Operating Revenue	**22,627**	19,769

5 Operating expenses

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Services from Foundation Trusts	**534**	711
Services from other NHS Trusts	**813**	850
Services from CCGs and NHS England		70
Purchase of healthcare from non NHS bodies	**6,503**	3,121
Purchase of Social Care (s75 arrangements)	**617**	482
Employee expenses - Executive Directors	**893**	877
Employee expenses - Non Executive Directors' costs	**191**	201
Employee expenses - Staff	**117,331**	127,458
Drugs costs	**2,298**	2,282
Inventories consumed (excluding drugs)	**47**	12
Supplies and services - clinical (excluding drugs)	**1,182**	1,810
Supplies and services - general	**7,961**	7,767
Establishment	**3,276**	3,689
Research and development	**741**	1,034
Transport (business travel only)	**1,201**	1,451
Transport	**693**	692
Premises - business rates payable to local authorities	**815**	1,183
Premises - other	**5,413**	5,665
Increase/(decrease) in provision for impairment of receivables	**(80)**	(2)
Change in provisions discount rate(s)	**(8)**	70
Rentals under operating leases - minimum lease payments	**1,881**	2,850
Depreciation on property, plant and equipment	**3,856**	3,721
Amortisation of intangible assets	**117**	114
Impairments of property, plant and equipment	**646**	1,333
Impairments of intangible assets	**3**	13
Audit fees - statutory audit	**60**	60
Other audit remuneration	**15**	12
Clinical negligence	**185**	191
Loss on disposal of intangible fixed assets		2
Loss on disposal of other property, plant and equipment	**35**	5
Legal fees	**417**	255
Consultancy services	**259**	356
Internal audit costs - not included in employee expenses	**98**	70
Patient's travel	**17**	27
Redundancy	**495**	10
Early retirement	**9**	14
Insurance	**221**	202
Losses, ex-gratia and special payments	**45**	41
Other	**1,390**	872
Total operating expenses	**160,170**	169,571

Services commissioned by the Vale of York Clinical Commissioning Group transferred from the Trust on 30 September 2015 and the part year effect of this transfer is reflected in the 2015/16 figures above. The most significant operating expense impact was in relation to employee expenses (staff), which decreased by £12,222k. This was partially offset by incremental drift and the 2015/16 pay award resulting in the £10,127k overall decrease reported (see also note 34).

£6,503k of expenditure categorised as purchase of healthcare from non NHS bodies relates to payments to private sector healthcare providers, (£3,121k in 2014/15).

Supplies and services (general) and rentals under operating leases includes £6,616k (£6,238k and £378k respectively) in relation to PFI costs (£6,451k in 2014/15). The charges to supplies and service (general) are the monthly service charge payments to the operator of the PFI scheme to which Leeds and York Partnership NHS Foundation Trust is party (see note 24).

Details of the Directors' remuneration can be found in Section 2.4 of the annual report.

5.1 Auditors remuneration

The Board of Governors appointed PricewaterhouseCoopers LLP (PwC) as external auditors of the Foundation Trust for the three year period commencing 1 June 2014, with an option to extend for up to two further years. The statutory audit fee was £50k (£50k in 2014/15) excluding value added tax. This was the fee for an audit in accordance with the Audit Code issued by Monitor as updated in December 2014. Other audit remuneration was for audit related assurance services relating to the Quality Report £9k (£9k in 2014/15) and non audit services relating to screening checks carried out for board members and new appointments.

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Financial Audit (£47k) & Enhanced Audit Reporting (£3k)	**50**	50
Other audit remuneration - audit related assurance services (Quality report)	**9**	9
Other audit remuneration - non-audit services	**3**	
Total	**62**	59

The external auditors liability is limited to £1m, excluding death or personal injury caused by that persons negligence, that persons fraud or anything else that cannot by law be limited.

6 Operating leases

6.1 As lessee

17% (by value) of the leasing arrangements are made up of rental of the land under the PFI Schemes/finance leases. The contract end dates for 'Equitix' and 'Revival' properties are July 2028 and May 2015 respectively. Other leases are for buildings, vehicles and other equipment.

The Revival property is for the land at a community unit, Millside, for inpatient and day care for adults with severe mental illness together with a base for a community mental health team. The scheme started in September 1998 and concluded on 31 May 2015.

The Equitix contract is for the seven mental health units, Becklin Centre, Newsam Centre, The Mount, Asket Croft, Asket House, Parkside Lodge and Little Woodhouse Hall, providing a comprehensive range of mental health services. The first unit opened in December 2001 and the last unit opened in February 2003. The contract end date is July 2028.

Other building leases include a 5 year lease on Trust headquarters at Thorpe Park (the break clause in the previous 15 year lease was activated and a new 5 year lease agreed from June 2014) and other non specialised properties used for clinical purposes. Vehicle leases are for cars supplied to qualifying staff under a vehicle lease scheme. Other equipment leases are mainly for photocopy equipment in the various Trust properties.

Payments recognised as an expense	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Minimum lease payments	**1,881**	2,850
Sub-lease payments		
	1,881	2,850

Total future minimum lease payments	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Payable:		
Not later than one year	**1,256**	1,535
Between one and five years	**1,964**	2,054
After 5 years	**2,774**	3,099
Total	**5,994**	6,688

Notes to the accounts

7 Employee costs and numbers

7.1 Employee costs

	Year Ended 31 March 2016			Year Ended 31 March 2015		
	Total	**Permanently Employed**	**Other**	Total	Permanently Employed	Other
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**93,295**	**85,102**	**8,193**	103,887	95,565	8,322
Social security costs	**6,738**	**6,738**		7,487	7,487	
Employer contributions to NHS pension scheme	**11,754**	**11,754**		12,573	12,573	
Agency staff	**7,000**		**7,000**	5,050		5,050
Employee benefits expense	**118,787**	**103,594**	**15,193**	128,997	115,625	13,372

There were no employee benefits paid in the year ended 2015/16 (£nil in 2014/15)

In addition to the above:		
Charged to capital		
Recharged income	**(563)**	(662)
Total employee costs	**118,224**	128,335

Full details of the Directors' remuneration can be found in section 2.4 of the Annual Report, of which a summarised version is given below.

The disclosures required under the Hutton report can also be found in section 2.4 of the Annual Report.

	Year ended 31 March 2016	Year ended 31 March 2015
Directors' remuneration	**£000**	£000
Aggregate emoluments to Executive Directors	**755**	743
Remuneration of Non-Executive Directors	**191**	201
Pension cost	**102**	100
	1,048	1,044

Remuneration of Non-Executives include MH Act Managers £70k (£79k in 2014/15).

7.2 Monthly average number of people employed (wte)

	Year Ended 31 March 2016			Year Ended 31 March 2015		
	Total	**Permanently Employed**	**Other**	Total	Permanently Employed	Other
	Number	**Number**	**Number**	Number	Number	Number
Medical and dental	**184**	**176**	**8**	205	200	5
Administration and estates	**619**	**619**		668	654	14
Healthcare assistants and other support staff	**677**	**677**		764	764	
Nursing, midwifery and health visiting staff	**793**	**793**		936	936	
Scientific, therapeutic and technical staff	**340**	**318**	**22**	377	354	23
Social care staff	**2**	**2**		4	4	
Other - includes agency and bank	**356**		**356**	318		318
Total	**2,970**	**2,584**	**386**	3,271	2,911	360

8 Retirements due to ill-health

During 2015/16 there were 6 (8 in 2014/15) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liability of this ill-health retirement will be £292k (£465k in 2014/15). The cost of this ill-health retirement will be borne by the NHS Business Services Authority - Pensions Division.

9 Better Payment Practice Code

	Year Ended 31 March 2016		Year Ended 31 March 2015	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**25,669**	**51,179**	22,617	43,665
Total Non-NHS trade invoices paid within target	**21,920**	**47,739**	19,682	39,154
Percentage of Non-NHS trade invoices paid within target	**85%**	**93%**	87%	90%
Total NHS trade invoices paid in the year	**1,444**	**9,688**	1,324	10,923
Total NHS trade invoices paid within target	**1,347**	**9,041**	1,016	8,550
Percentage of NHS trade invoices paid within target	**93%**	**93%**	77%	78%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

10 Finance Income

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Bank accounts	200	183
Total	**200**	183

This figure includes accrued interest of £2k (2014/15 £1k).

11 Other gains and losses

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Loss on disposal of intangible assets		(2)
Gain on disposal of property, plant and equipment	1	175
Loss on disposal of property, plant and equipment	(35)	(5)
Total	**(34)**	168

12 Finance costs

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Interest on obligations under finance leases	22	277
Interest on obligations under PFI contracts:		
- main finance cost	2,170	2,275
- contingent finance cost	1,803	1,745
Other interest expense		
Total	**3,995**	4,297

13 Intangible assets

2015/16:	Computer software - purchased £000	2014/15:	Computer software - purchased £000
Gross valuation at 1 April 2015	394	Gross valuation at 1 April 2014	364
Additions purchased	63	Additions purchased	137
Disposals other than by sale	(2)	Disposals other than by sale	(7)
Impairments		Impairments	(7)
Reclassifications	44	Reclassifications	(35)
Revaluation/indexation	102	Revaluation/indexation	(58)
Gross valuation at 31 March 2016	**601**	**Gross valuation at 31 March 2015**	394
Accumulated amortisation at 1 April 2015	98	Accumulated amortisation at 1 April 2014	39
Disposals other than by sale	(2)	Disposals other than by sale	(5)
Revaluation	(7)	Revaluation	(63)
Impairments	3	Impairments	13
Charged during the year	117	Charged during the year	114
Accumulated amortisation at 31 March 2016	**209**	**Accumulated amortisation at 31 March 2015**	**98**
Net book value		**Net book value**	
Purchased	392	Purchased	296
Total at 31 March 2016	**392**	**Total at 31 March 2015**	296

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5k is incurred. They are amortised over the shorter of the term of the licence and their useful economic lives, currently between 3 and 10 years depending on the software licence. The remaining economic life is assessed each year.

Quotations were sought in 2015/16 for the software licences and this led to an impairment charge to operating expenses of £3k (impairment charge of £13k in 2014/15).

14 Property, plant and equipment

2015/16:	Land	Buildings excluding dwellings	Assets under construct and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2015	2,970	43,522	1,154	874	433	7,067	946	56,966
Transfers by absorption						(535)		(535)
Additions purchased			1,362	9		452	(1)	1,822
Additions donated								
Reclassifications		1,422	(1,593)			127		(44)
Reclassified as held for sale								
Disposals		(891)			(55)	(1,993)	(139)	(3,078)
Revaluation/indexation (losses)/gains	(35)	(975)		11	(5)		(3)	(1,007)
Impairments		(7)	(3)					(10)
Reversal of Impairments								
At 31 March 2016	**2,935**	**43,071**	**920**	**894**	**373**	**5,118**	**803**	**54,114**
Accumulated depreciation at 1 April 2015		259		689	318	4,366	668	6,300
Transfers by absorption						(159)		(159)
Disposals		(44)			(46)	(1,983)	(121)	(2,194)
Reclassified as held for sale								
Revaluation/indexation (losses)/gains		(2,737)		9	(4)		(2)	(2,734)
Impairments		643						643
Reversal of Impairments		(750)						(750)
Charged during the year		2,846		57	26	884	43	3,856
Accumulated depreciation at 31 March 2016		**217**		**755**	**294**	**3,108**	**588**	**4,962**
Net book value								
Total at 31 March 2016	**2,935**	**42,854**	**920**	**139**	**79**	**2,010**	**215**	**49,152**
Asset financing								
Owned	2,935	23,851	920	139	79	2,010	215	**30,149**
PFI		18,984						**18,984**
Donated		19						**19**
Total at 31 March 2016	**2,935**	**42,854**	**920**	**139**	**79**	**2,010**	**215**	**49,152**

The latest revaluation of land and buildings was carried out by the Valuation Office with an effective date of 31 March 2016.

Specialist land and buildings in operational use are valued at Depreciated Replacement Cost (DRC), using a Modern Equivalent Asset basis (MEA). The MEA basis includes consideration of modern building techniques, occupancy rates and service delivery output.

Non specialist land and buildings in operational use are valued at open market value, assuming existing use.

The Foundations Trust's property, plant and equipment are held for service delivery, rather than for cash generating purposes. Consequently, in accordance with the FT ARM, the "value in use" is assumed to be at least equal to the cost of replacing the service potential provided by the asset unless there has been a reduction in service potential. When measuring impairments, the recoverable amount for operational properties is considered to be the value in use rather than the "fair value less costs to sell".

The disclosure of protected assets is no longer required from 2013/14. There are no restrictions imposed on the use of donated assets.

See note 34 for details of transfer by absorption.

14.1 Property, plant and equipment - prior year

2014/15:	Land	Buildings excluding dwellings	Assets under construct and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2014	3,200	45,764		913	368	6,153	909	57,307
Additions purchased			2,892	8	67	1,240	157	4,364
Additions donated								
Reclassifications		1,791	(1,756)					35
Reclassified as held for sale	(230)	(341)						(571)
Disposals		(791)		(58)		(326)	(113)	(1,288)
Revaluation/indexation (losses)/gains		(2,870)		11	(2)		(7)	(2,868)
Impairments		(31)						(31)
Reversal of Impairments			18					18
At 31 March 2015	**2,970**	**43,522**	**1,154**	**874**	**433**	**7,067**	**946**	**56,966**
Accumulated depreciation at 1 April 2014		249		660	291	3,832	742	5,774
Disposals		(14)		(55)		(326)	(112)	(507)
Reclassified as held for sale								
Revaluation/indexation (losses)/gains		(3,694)		9	(1)		(5)	(3,691)
Impairments		1,333						1,333
Reversal of Impairments		(330)						(330)
Charged during the year		2,715		75	28	860	43	3,721
Accumulated depreciation at 31 March 2015		**259**		**689**	**318**	**4,366**	**668**	**6,300**
Net book value								
Total at 31 March 2015	**2,970**	**43,263**	**1,154**	**185**	**115**	**2,701**	**278**	**50,666**
Asset financing								
Owned	2,970	23,373	1,154	185	115	2,701	278	**30,776**
Finance lease		449						**449**
PFI		19,421						**19,421**
Donated		20						**20**
Total at 31 March 2015	**2,970**	**43,263**	**1,154**	**185**	**115**	**2,701**	**278**	**50,666**

14.2 Classification of impairments for Parliamentary budgeting purposes

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Abandonment of assets in course of construction	**3**	
Changes in Market Place	**646**	1,346
Reversals of impairments	**(750)**	(348)
At 31 March	**(101)**	998

15 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these accounts:

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Property, plant and equipment	**147**	690
Intangibles		11
Total	**147**	701

16 Inventories

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Energy, consumables and work in progress	**36**	83
Total	**36**	83
Of which held at net realisable value:	**36**	83

16.1 Inventories recognised in expenses

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Inventories recognised as an expense in the year	**47**	12
Total	**47**	12

17 Trade and other receivables

	Current		Non-current	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
NHS receivables - revenue	**2,824**	1,701		
NHS receivables - capital	**376**			
Other receivables with related parties		319		
Accrued Income	**509**	1,341		
Provision for the impairment of receivables	**(85)**	(165)		
Prepayments	**1,019**	1,089	**3,616**	3,311
PDC Receivable		15		
VAT	**337**	390		
Other receivables	**2,519**	1,759		
Total	**7,499**	6,449	**3,616**	3,311

The majority of trade is with Clinical Commissioning Groups (CCGs), as commissioners for NHS patient care services. As CCGs are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

Credit scoring is not applied to Other Receivables

17.1 Receivables past their due date but not impaired

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
By up to three months	**1,962**	1,445
By three to six months	**466**	43
Over six months	**395**	30
Total	**2,823**	1,518

The Trust does not consider the above debtors, past their due date, to be impaired, based on previous trends and experience.

17.2 Provision for impairment of receivables

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Balance at 1 April	**165**	172
Amount written off during the year		(5)
Increase/(decrease) in receivables impaired	**(80)**	(2)
Balance at 31 March	**85**	165

The provision for impairment of receivables for the year ended 31 March 2016 has decreased after taking all factors into consideration regarding the potential for recovery.

18 Cash and cash equivalents

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Balance at 1 April	**46,891**	37,530
Net change in year	**(923)**	9,361
Balance at 31 March	**45,968**	46,891
Made up of		
Cash with Government Banking Service	**728**	1,788
Commercial banks and cash in hand	**240**	103
Other current investment	**45,000**	45,000
Cash and cash equivalents as in statement of financial position	**45,968**	46,891
Cash and cash equivalents as in statement of cash flows	**45,968**	46,891

The other current investment is a fixed term investment for seven days at 0.41% with the National Loans Fund.

19 Non-current assets held for sale

At 31 March 2016 there are no assets held for sale.

	Property, Plant and Equipment £000
Balance brought forward 1 April 2014	571
Less assets sold in the year	(571)
Balance carried forward 31 March 2015	

20 Trade and other payables

	Current	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
NHS payables	**2,962**	3,048
Amounts due to other related parties	**1,409**	1,742
Non NHS trade payables - capital	**319**	1,546
Accruals	**6,403**	6,735
Other	**4,513**	4,006
Total	**15,606**	17,077

21 Borrowings

	Current		Non-current	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
PFI liabilities	**1,479**	1,365	**24,754**	**26,233**
Finance Lease Liabilities		870		
Total	**1,479**	2,235	**24,754**	26,233

22 Other liabilities

	Current	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Deferred Income	**1,260**	2,836
Total	**1,260**	2,836

23 Finance lease obligations

Amounts payable under finance leases:	Minimum lease payments		Present value of minimum lease payments	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Within one year		893		884
Between one and five years				
After five years				
Less future finance charges		(23)		
Total minimum lease payments		870		884
Included in:				
Current borrowings		870		884
Non-current borrowings				
		870		884

The finance lease arrangement is for the provision of a community unit for inpatient and day care for adults with severe mental illness together with a base for a community mental health team. The estimated capital value is £2,458k. The scheme started in September 1998 and was contracted to end in September 2019. A break clause was invoked, which ended the agreement at the end of May 2015.

As a result, the present value of minimum lease payments is £nil (£884k 2014/15), calculated from the minimum lease payments figures of £nil (£870k 2014/15) with the future finance charges at £nil (£23k 2014/15) added back.

24 Private Finance Initiative (PFI) contracts

PFI schemes on-Statement of Financial Position

The PFI contract is for the provision of seven mental health units, providing a comprehensive range of mental health services. The estimated capital value of the PFI scheme is £43,778k. The first unit opened in December 2001 and the last unit opened in February 2003. The contract end date is July 2028. The Trust has the right to purchase the units at market value at the end of the contract.

More detail is provided in the PFI accounting policy in note 1.7

Minimum amounts payable under the contract:

Asset financing component	Gross Payments		Present value of payments	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Not later than one year	**5,338**	5,280	**5,138**	5,083
Later than one year, not later than five years	**21,351**	21,120	**17,280**	17,093
Later than five years	**33,805**	38,720	**19,088**	21,164
Sub total	**60,494**	65,120	**41,506**	43,340
Less: finance cost attributable to future periods	**(34,261)**	(37,522)	**(15,273)**	(15,742)
Total	**26,233**	27,598	**26,233**	27,598

Services component	Gross Payments	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Not later than one year	**6,283**	6,215
Later than one year, not later than five years	**25,130**	24,858
Later than five years	**39,789**	45,573
Total	**71,202**	76,646

The future services amounts due as at 31 March 2016 reflect an adjustment for the RPI indexation of the unitary payment applied during 2015/16.

The amount charged to operating expenses during the year in respect of services was £6,238k (2014/15 £6,080k).

24.1 Analysis of amounts payable to service concession operator

	Gross Payments	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Unitary payment	**12,801**	12,532
Consisting of:		
- Interest charge	**2,170**	2,275
- Repayment of finance lease liability	**1,365**	1,260
- Service element	**6,238**	6,080
- Capital lifecycle maintenance		
- Revenue lifecycle maintenance	**542**	457
- Contingent rent	**1,803**	1,745
- Other amounts	**683**	715
Total	**12,801**	12,532

Other amounts include charges relating to a rent free period at the end of the contract £305k (£344k 2014/15) and operating lease payments for the land element of the properties £378k (£371k 2014/15).

25 Provisions

	Current		Non-current	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
Pensions relating to other staff	**140**	141	**1,516**	1,603
Legal claims	**117**	86		
Redundancy	**266**	320		
Other	**503**	1,110	**315**	250
Total	**1,026**	1,657	**1,831**	1,853

	Pensions relating to other staff £000	**Legal claims £000**	**Redundancy £000**	**Other £000**	**Total £000**
At 1 April 2014	1,763	131	1,734	1,888	5,516
Arising during the year	65	72		300	437
Change in discount rate	70				70
Used during the year	(141)	(39)	(569)	(672)	(1,421)
Reversed unused	(45)	(78)	(845)	(156)	(1,124)
Unwinding of discount	32				32
At 31 March 2015	1,744	86	320	1,360	3,510
At 1 April 2015	1,744	86	320	1,360	3,510
Arising during the year	68	95	369	527	1,059
Change in discount rate	(8)				(8)
Used during the year	(141)	(28)	(423)	(412)	(1,004)
Reversed unused	(30)	(36)		(657)	(723)
Unwinding of discount	23				23
At 31 March 2016	**1,656**	**117**	**266**	**818**	**2,857**
Expected timing of cash flows:					
Between 1 April 2016 and 31 March 2017	140	117	266	503	1,026
Between 1 April 2017 and 31 March 2021	560			315	875
Thereafter	956				956
TOTAL	**1,656**	**117**	**266**	**818**	**2,857**

The pensions provision is in respect of employees who have taken early retirement through injury or prior to 1995. These provisions are calculated using current year payments and GAD tables as issued by the Office for National Statistics. The GAD tables provide an estimate of remaining lives, which the provision is based on.

Payments made against the pensions provisions are quarterly to the NHS Business Services Authority Pensions Division. Due to the nature of the other provisions, there is no certainty regarding the timing of payments.

The legal claims provision is in respect of excess payments to NHS Litigation Authority for employers' and public liability claims. NHS Litigation Authority provides estimates of the likely outcome of the case and damages / costs to be paid. The provision is calculated based on these estimates. There is also £12k relating to employment tribunals (£0k 2014/15).

£615k is included in the provisions of the NHS Litigation Authority at 31 March 2016 in respect of the clinical negligence liabilities of the Trust (31 March 2015 £198k).

Other provisions comprise the commitment placed on the Trust in ensuring it meets its obligations in respect of dilapidation costs (£458k, £535k 2014/15) and in respect of staff legal claims (£360k, £169k 2014/15).

The unwinding of discount on the provisions appears as a finance cost on the face of the Statement of Comprehensive Income.

Leeds and York Partnership NHS Foundation Trust has no expected reimbursements for any class of provision made.

26 Contingent liabilities

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Other	**112**	91
Total	**112**	91

Contingent liabilities represent excess payments not provided for on legal cases being dealt with by NHSLA, on the Trust's behalf, (primarily in respect of employer's liability - £112k in 2015/16 and £91k in 2014/15). Due to the nature of the amounts and timing of the cash flows it would be impractical to estimate the value and timings of the amounts and cash flows.

27 Financial Instruments

Leeds and York Partnership NHS Foundation Trust's financial assets are classified either as "loans and receivables" financial assets. All the Trust's financial liabilities are classified as "other liabilities".

Leeds and York Partnership NHS Foundation Trust undertakes active financial risk management to manage its exposure to risk, particularly credit risk and treasury risk. Similar to general risk management, financial risk management requires identifying its sources, measuring it and implementing plans to address them.

27.1 Financial assets - carrying amount

	Loans and receivables £000
Receivables	4,955
Cash at bank and in hand	46,891
Total at 31 March 2015	**51,846**
Receivables	**6,143**
Cash at bank and in hand	**45,968**
Total at 31 March 2016	**52,111**

Ageing of over due receivables included in Financial Assets

Receivables overdue by:	
1-30 days	**1,583**
31-60 days	**139**
61-90 days	**240**
91-180 days	**466**
Greater than 180 days	**395**
	2,823

27.2 Financial liabilities - carrying amount

	£000
Embedded derivatives	
Payables	14,784
PFI and finance lease obligations	28,468
Provisions under contract	3,510
Total at 31 March 2015	46,762
Embedded derivatives	
Payables	**13,657**
PFI and finance lease obligations	**26,233**
Provisions under contract	**2,857**
Total at 31 March 2016	**42,747**

27.3 Fair values of loans and receivables and other financial liabilities

The fair value of current loans and receivables are considered to be equal to their carrying amounts. There are no non-current loans and receivables.

The fair values of current financial liabilities are considered to be equal to their carrying amounts.

27.4 Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the year in creating or changing the risks a body faces in undertaking its activities. Leeds and York Partnership NHS Foundation Trust's activities are incurred primarily under annual service agreements with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. Consequently the Trust's financial risks are relatively small in comparison with commercial entities. The Trust does not use financial instruments to alter or hedge its risk and therefore their importance to the Trust's finances are similarly relatively low.

Credit risk

This is the risk that other parties may not pay amounts that are due from them to Leeds and York Partnership NHS Foundation Trust. The majority of the Trust's income comes from contracts with other public sector bodies, however, and therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2016 are in receivables from customers, as disclosed in the Trade and other receivables note.

Leeds and York Partnership NHS Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. The Trust mitigates the risks surrounding treasury management by investing in low risk banks/government backed investors. Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk

Leeds and York Partnership NHS Foundation Trust's net operating costs are incurred primarily under annual service agreements with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. Leeds and York Partnership NHS Foundation Trust also largely finances its capital expenditure from funds generated through operating surpluses. Consequently, the Trust is not considered to be exposed to significant liquidity risks (the inability of paying financial liabilities).

Leeds and York Partnership NHS Foundation Trust's main long term liability is its PFI obligation, with the contract ending in 2028. Further information on the commitments under this contract are provided in note 24.

Market risk

Market risk comprises three elements: foreign currency risk, interest rate risk and price risk.

Foreign currency risk

This is the risk that Leeds and York Partnership NHS Foundation Trust's income and expenditure could be affected materially by foreign exchange gains and losses on foreign currency transactions. However the Trust has no foreign currency income and negligible foreign currency expenditure. Consequently, exposure to currency risk is not significant.

Interest rate risk

This is the risk that Leeds and York Partnership NHS Foundation Trust's income and expenditure could be materially affected by changes in interest rates on financial liabilities, eg borrowing and financial assets. However a high percentage of the Trust's financial assets and a high percentage of its financial liabilities carry nil or fixed rates of interest. Leeds and York Partnership NHS Foundation Trust is not, therefore, exposed to significant interest-rate risk.

Price risk

As explained in note 24, Leeds and York Partnership NHS Foundation Trusts' annual unitary payment under its PFI scheme is subject to annual indexation in line with the RPIX. The Trust is therefore exposed to pricing risk in this regard. The annual adjustments are reflected in finance costs (contingent rent), operating expenses and property, plant and equipment additions respectively.

For 2015/16 the percentage increase in the unitary payment was 1.09%, equalling a monetary increase of £25k (2.64%, £208k in 2014/15).

The table below shows a sensitivity analysis of the impact on cash payments and on the surplus/deficit for the year if the uplift had been between 3.7% and 5.5%.

2015/16 Uplift in unitary payment	Actual uplift at 1.09% £000	Uplift at 3.7% £000	Uplift at 5.5% £000
Recognised in finance costs	(47)	90	185
Recognised in operating expenses	72	244	362
Recognised in surplus/deficit	25	334	547
	25	334	547
Net impact of sensitivities on surplus/(deficit)		**(309)**	**(522)**

2014/15 Uplift in unitary payment	Actual uplift at 2.64% £000	Uplift at 3.7% £000	Uplift at 5.5% £000
Recognised in finance costs	39	93	186
Recognised in operating expenses	169	238	353
Recognised in surplus/deficit	208	331	539
	208	331	539
Net impact of sensitivities on surplus/(deficit)		**(123)**	**(331)**

28 Related party transactions - senior employees

During the year Leeds and York Partnership NHS Foundation Trust had the following material tranactions with entities which are considered related parties to senior employees (in posts of influence) of the Trust.

	Payments to Related Parties	Receipts from Related Parties	Amounts owed to Related Parties	Amounts due from Related Parties
	£000	**£000**	**£000**	**£000**
MIND (2015/16)	**36**	**28**	**5**	
Royal College of Psychiatrists (2015/16)	**48**		**11**	
Middleton St George Hospital (2015/16)				
MIND (2014/15)	28	3		
Royal College of Psychiatrists (2014/15)	63	1		
Middleton St George Hospital (2014/15)	17			

The senior employee who previously declared an interest with Middleton St George Hospital has now left this organisation.

28.1 Related party transactions - members of the Board of Directors

During the year Leeds and York Partnership NHS Foundation Trust had the following material transactions with entities, which are considered related parties to members of the Board of Directors of the Trust:

	Payments to Related Parties	Receipts from Related Parties	Amounts owed to Related Parties	Amounts due from Related Parties
	£000	**£000**	**£000**	**£000**
University of York (2015/16)				
University of Leeds (2015/16)	**263**	**99**		
British Telecom (2015/16)	**8**		**10**	
University of York (2014/15)	72	1	8	
University of Leeds (2014/15)	370	178	1	57
British Telecom (2014/15)	135			

The Board member who previously declared an interest with York University no longer holds this interest.

In 2015/16, the Trust had £3k of related party transactions with its charitable fund (2014/15 £5k).

28.2 Related party transactions - commitments (year ended 31/3/2017)

	Income **£000**
Leeds Clincal Commissioning Groups	92,597
NHS England	24,828
	117,425

These commitments are material transactions relating to NHS bodies.

The Trust has no expenditure commitments with related parties for the year ending 31 March 2017.

28.3 Related party transactions - UK Government ultimate parent

During the year Leeds and York Partnership NHS Foundation Trust had a significant number of material transactions with entities for which the UK Government is the ultimate parent, and so has control of. The entities with material transactions (income/expenditure over £500k and receivables/payables over £100k) are listed below:

	Income		Expenditure	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
NHS England	**24,540**	23,615	**7**	120
NHS Scarborough and Ryedale CCG	**560**	1,289		
NHS Vale of York CCG	**15,338**	27,617		
NHS Leeds North CCG	**23,460**	22,792	**14**	59
NHS Leeds South and East CCG	**34,943**	34,574		
NHS Leeds West CCG	**36,485**	36,175		
Leeds Teaching Hospitals NHS Trust	**229**	122	**3,477**	3,405
Leeds Community Healthcare	**2,183**	2,245	**80**	71
South West Yorkshire Partnerships NHS Foundation Trust	**651**	800	**358**	544
York Teaching Hospitals NHS Foundation Trust	**261**	532	**477**	548
Tees, Esk & Wear Valleys NHS Foundation Trust	**1,005**	53	**387**	361
Health Education England	**6,708**	6,844	**1**	
NHS Property Services	**176**		**2,234**	2,965
Department of Health	**260**	585		
HM Revenue and Customs (Employers NI only)			**6,738**	7,487
NHS Pensions Agency (Employers contribution)			**11,819**	12,902
Leeds City Council	**1,455**	3,466	**700**	1,690
Total	**148,254**	160,709	**26,292**	30,152

	Receivables		Payables	
	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000	**Year ended 31 March 2016 £000**	Year ended 31 March 2015 £000
NHS England	**363**	743	**360**	60
NHS Scarborough and Ryedale CCG	**309**	143		
NHS Leeds North CCG	**624**		**18**	
Leeds Teaching Hospitals NHS Trust	**131**	29	**590**	488
Leeds Community Healthcare	**144**	287	**12**	
South West Yorkshire Partnerships NHS Foundation Trust	**43**	113	**90**	341
York Hospitals NHS Foundation Trust	**49**	79	**192**	428
Tees, Esk & Wear Valleys NHS Foundation Trust	**823**	1	**114**	41
Health Education England	**146**	273	**52**	12
NHS Property Services			**1,002**	1,202
Department of Health	**57**	132		
HM Revenue and Customs	**337**	390	**1,949**	2,293
NHS Pensions Agency (Employee and Employers contribution)			**1,409**	1,742
Leeds City Council	**141**	287	**170**	137
Total	**3,167**	2,477	**5,958**	6,744

29 Intra-Government and other balances

	Current receivables £000	**Non-current receivables £000**	**Current payables £000**	**Non-current payables £000**
Balances with other Central Government bodies	337		3,358	
Balances with Local Authorities	141		170	
Balances with NHS bodies	3,486		2,962	
Intra Government balances	**3,964**		**6,490**	
Balances with bodies external to Government	3,535	3,616	9,116	
At 31 March 2016	**7,499**	**3,616**	**15,606**	
Balances with other Central Government bodies	390		4,035	
Balances with Local Authorities	328		181	
Balances with NHS bodies	2,535		3,048	
Intra Government balances	**3,253**		**7,264**	
Balances with bodies external to Government	3,196	3,311	9,813	
At 31 March 2015	**6,449**	**3,311**	**17,077**	

30 Third party assets

The Trust held £239k cash and cash equivalents at 31 March 2016 (£386k 2014/15), which relates to monies held on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

31 Losses and special payments

There were 4 cases of losses totalling less than £0.1k (5 in 2014/15 totalling £4k) and 24 special payments totalling £45k (29 in 2014/15 totalling £37k) during the year. These amounts are reported on an accruals basis, excluding provisions for future losses.

	Number	Value £000
Losses		
Cash - other	4 (4)	0 (1)
Bad debts - other	0 (1)	0 (3)
Total	**4 (5)**	**0 (4)**
Special payments		
Ex-gratia - loss of personal effects	14 (17)	4 (6)
Ex-gratia - personal injury with advice	8 (8)	41 (16)
Ex-gratia - other	2 (0)	0 (0)
Special severance payments	0 (4)	0 (15)
Total	**24 (29)**	**45 (37)**

Figures in brackets relate to 2014/15.

32 Events after the reporting period

There were no events after the reporting period that had an impact on the Trust's 2015/16 accounts (2014/15: none).

33 Charitable Fund

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Income	**4**	8
Expenditure	**(41)**	(19)
Other fund movements	**(45)**	
Net movement in funds	**(82)**	(11)
Current assets	**124**	228
Current liabilities	**(9)**	(35)
Total Charitable Funds	**115**	193

Other fund movements relate the fund balances linked to the transfer of services commissioned by Vale of York CCG. The 2015/16 Charitable Fund accounts have not yet been subject to independent review.

34 Transfer by absorption

On 1 October 2015, Leeds and York Partnership NHS Foundation Trust transferred services commissioned by the Vale of York CCG to Tees, Esk and Wear Valleys NHS Foundation Trust. This transfer represents a machinery of government change transaction and is accounted for as a transfer by absorption.

The net assets transferred was £nil. This is because IT equipment transferred is offset by an equal and opposite liability (cash consideration payable to the Trust).

	Value £000
Assets	
IT equipment at cost	535
Accumulated depreciation	(159)
Net book value	**376**
Liabilities	
Payables - Leeds and York Partnership NHS Foundation Trust	376
Total	**376**

The impact of the transfer of services is a net benefit of £691k (£16,275k income offset by £16,966k expenditure). This includes the unwinding of a provision relating to the services transferred (£436k).

CONTACT INFORMATION

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Interim Chief Executive
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Patient Advice and Liaison Services (PALS)
If you need any help or advice about our services, please contact:
Tel: 0800 0525 790 (Freephone)
Email: pals.lypft@nhs.net

Membership
If you are interested in becoming a member of Leeds and York Partnership NHS Foundation Trust please contact:
The Membership Office
Tel: 0113 85 55900
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Web: www.leedsandyorkpft.nhs.uk/membership

Communications
If you have a media enquiry, require further information about our Trust or would like more copies of this report please contact:
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