

Annual Review 2014

(1 April 2013 – 31 March 2014)



About the Trust

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds, York and parts of North Yorkshire (Selby, Tadcaster and Easingwold).

We offer some of our services across the whole of the Yorkshire and Humber region and even nationwide.

Service users are at the heart of our organisation. We constantly strive to provide the best possible support, working closely with related organisations to provide effective, accessible and modern healthcare.

Our workforce employs around 3,000 highly trained staff working at more than 70 sites and in the community. Many of our services are provided in partnership with local voluntary sector organisations, family doctors (GPs) and statutory organisations, such as other NHS healthcare providers and local authorities.



Trust Headquarters, Leeds



Susan Tyler and Star Scheme awardee, Rachael Ward

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Chairman's welcome

Chairing the Board of a Foundation Trust is a stimulating challenge and a daunting responsibility. I am fortunate that our Trust has a strong Board of Directors, combining long NHS-derived experience with clear independence from a diverse team of non-executive directors (NEDs). However, as in all foundation trusts, the process of Board development is a journey and that is how I prefer to describe the work of the last twelve months.

There have been a number of changes to our Board of Directors which are set out in pages 42 and 43 of this review. From my perspective, the complex task of appointing and in two cases re-appointing NEDs was managed well by the Board Secretary, Cath Hill, not least in regard to the full engagement with our Council of Governors. The outcome was that, both to challenge and support the Executive Team, we now have a blend of private, public and third sector experience at a senior level, commensurate with membership of a foundation trust board of directors.

The last year has also been notable for our adaptation of governance structures in response to the Francis and Winterbourne reports; and to the requirements of the Health and Social Care Act 2012. These are described fully in our Annual Governance Statement which is in our Annual Report, but in essence what we have aimed to do is to engage more effectively with our Council of Governors whilst retaining the core responsibilities of the Board of Directors. There is undoubtedly the potential for real tension between the two and a sense that the 'law of unintended consequences' has still to work its



Carers event



Frank Griffiths, Chair

full impact. I remain cautious that the integrity of our unitary Board is not compromised by the Council of Governors assuming too transactional an approach to their duties. Equally the Council must retain its independence and be capable of obtaining the assurances which governors need that their Board is working effectively; and the non-executive directors whom they have appointed are constructively challenging the executives.

Each individual governor is encouraged to identify themselves with an aspect or theme of our work. One way of achieving this is to have governor observers at our Quality Committee, Mental Health Act Committee and Finance and Business Committee and notably our Serious Incident Reporting Group. Our Board meetings were open to the public long before that became a statutory requirement, and we have now gone a stage further by using social media to raise awareness and levels of interest. Our Twitter name is '@leedsandyorkpft' from which source it will be evident that there is a growing interest in our work as a Board. I remain mindful of the need to meet in public unless there is a compelling reason for an item of business to be discussed in private. Where there is a probability that the identity of a service user or carer, or a staff member would be revealed then that warrants a private discussion, as is also the case with matters of commercial confidentiality. The agenda for all private meetings is made known to Council members as a matter of routine practice.

In conclusion I want to place on record my appreciation of the high quality and hard endeavour of our staff. I am proud of this Trust and the vital work we undertake often in support of some of the most socially excluded and vulnerable people in our community. We shall move forward into the next year as a strong and successful Foundation Trust, confident in our ability to influence change but also vigilant of the risks we all face in an increasingly challenged NHS.

Frank Griffiths
Chair

Chief Executive's welcome

Welcome to the 2013/14 Annual Review for the Leeds and York Partnership NHS Foundation Trust and an opportunity to offer some personal reflections on a number of key areas for the Trust.

Firstly, how we have done during 2013/14. From a financial perspective, we have had a strong year and this has protected the core of our work and enabled us to invest where we have needed to. We have also consistently met our national performance targets, but this is only part of a larger story.

Our Trust is a complex organisation with thousands of staff working from multiple locations. The past year, as every year, has seen successes, some challenges and even some failures, all of which is part of helping people who use our services to live full and active lives as members of their community.

We continue to provide services in an ever-changing landscape; some of these changes reflect the on-going evolution of the NHS external to our Trust, also our local authority partners. Other changes have been internal which have been driven by a continuing need to position ourselves so we can provide safe, effective, and high quality services both now and in the future.

Other challenges are where we need to do better. For example, in December 2013, the Care Quality Commission visited our services. They found many examples of good practice, with most of our services being judged as 'compliant', but they also told us of areas where we need to improve. With my colleagues, I sincerely welcome fresh perspectives into the work that we do and the new insights that these bring. On the up-side, there have been much needed and long-awaited developments, for example, the opening of the Section 136 'Place of Safety' in York. Secondly, what does the future hold and what is on the horizon? Looking forward, the biggest challenge facing health



Bootham Park Hospital, York



Chris Butler, Chief Executive

and social care is the money available to do our work. We finished this year with a financial surplus. This is good news but most of it relates to one-off items. Our underpinning surplus is much closer to what we expected to have at the end of the year. We are working hard to bridge the gap in NHS funding over the next five years whilst taking a very conservative view of the future.

We also need to work hard at keeping the confidence of our local commissioners in Leeds and York and the commissioners for our specialist services (NHS England), in our ability to provide services which meet the needs of service users and carers, whilst offering value for money. With our commissioners and partners we also need to ensure that we pay attention to the changing needs of populations and adapt what we do accordingly.

With regard to changes in our York service, Bootham Park Hospital, which opened in 1777, surely must be the oldest 'mental hospital' in England. Its inadequacies as an environment for the provision of inpatient services have been well known for a long time. Though work has been done to improve the wards over the past year and previously, it can never fully meet modern standards.

In April 2014 the Board of Directors agreed to re-provide the services at Bootham Park Hospital. Initially this will be interim in nature, though there is a common agreement that what is really needed is a brand new bespoke inpatient facility. Also at the April 2014 meeting the Board agreed to move the Child and Adolescent Service inpatient unit in York from their 19th century building into more modern accommodation. Service users deserve nothing less than the best up-to-date facilities we can provide.

In Leeds, as part of continually working to improve what we do and to meet the future financial challenges, we have started re-orientating our existing inpatient service more explicitly towards recovery. This work has been carried out in conjunction with our service users, their carers and our partners. This could mean a different range of services being available, as well as the use of digital technologies to enable service users and carers to connect with us in new ways. Getting this right will mean more people supported in the community and having available a greater range of options for help and support. This work will continue to be developed throughout 2014/15.

Chris Butler
Chief Executive

Our Strategy: *Improving health, improving lives*

Our Trust Strategy: Improving health, improving lives describes what we want to achieve from 2013 to 2018 and how we plan to get there. The strategy is designed around what is important to the people who use our services: Effective care that improves outcomes and supports people to achieve their goals; safe care; and a positive experience.

Our strategy is in line with the national direction of travel; the priorities of our commissioners; and the challenges and opportunities we see ahead over the next one to five years.

Our ambition and values

We describe our ambition as:

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
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Our values are the values of the NHS Constitution:

Values	Respect & dignity Commitment to quality of care Working together	Improving lives Compassion Everyone counts
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Our strategic goals

Our three strategic goals reflect the quality outcomes we are here to achieve for service users and carers over the next five years. These are set out in more detail below:

Goal 1	People achieve their agreed goals for improving health and improving lives
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People who use our services, their families and their carers expect us to provide excellent care, treatment and support. They want us to work with them in the spirit of hope for their improved wellbeing and recovery; to help them maintain good mental and physical health; and to support them to achieve the best quality of life that they can. We can only support people to improve their health and lives by making sure that every contact and intervention helps them move towards achievable goals for their health and wellbeing. We will work with people to help them set out the goals that are important to them; and make sure that our services and those of partner organisations work together to support people to achieve their goals.

Goal 2

People experience safe care

People who use our services often do so at a point in their lives when they are feeling vulnerable. They rely on our highly trained staff to provide care and treatment that is not only effective, but also safe. Safety can cover many areas, such as helping people to manage their conditions at home so they can avoid admission to hospital; giving people information to help them understand the side-effects of drug treatments; and supporting people's leave of absence from hospital to encourage recovery. We believe that safety is everyone's business and critical to providing excellent care, but it has to be balanced against the need for people to take some risks to develop the confidence and skills they need to move towards recovery and wellbeing.

Goal 3

People have a positive experience of their care and support

People who use our services expect us to treat them well, so that their experience, and that of their carers and families, is positive. There are many things that can make a real difference to someone's experience of their care and support, such as the friendliness and compassion shown by our staff; being treated with respect and dignity; the quality of food in our hospitals; and how involved people feel in agreeing their care plans. All of these things, and more, can contribute to people's chances of reablement, recovery and improve quality of life.

Strategic objective 1	Quality and Outcomes	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing
Strategic objective 2	Partnerships	We work with partners and local communities to improve health and lives
Strategic objective 3	Workforce	We value and develop our workforce and those supporting us
Strategic objective 4	Efficiency and Sustainability	We provide efficient and sustainable services
Strategic objective 5	Governance and Compliance	We govern our Trust effectively and meet our regulatory requirements

Our strategy includes clear measures so that we can show that we have achieved our goals and objectives.

For further information about our Trust Strategy see: www.leedsandYorkpft.nhs.uk/about_us/purpose

Patient experience

This year we are changing the way in which we respond to complaints, compliments, Patient Advice and Liaison (PALS) and service user views.

We have been looking at the ways in which we listen to service users' views and how we use the feedback that we receive. Very soon we will be introducing the NHS Friends and Family Test along with our own questionnaire to help people who use our services tell us what they really think about us. We have been looking at the ways in which we use all forms of communication to feed back on the comments we receive and about what has changed as a result of people who use our services taking the time to tell us about their experiences.

We hope that we will continue to receive constructive feedback, comments and suggestions so that we can continue to do things better. When we get things wrong we need to say sorry and we also want to show how we are putting things right. We also really appreciate people telling us when they have had a good experience of using our services, so we know where our best practice is.

Complaints

We investigate a significant number of complaints each year; in 2013 this exceeded 150. Each complaint is as individual as the person making it and as well as seeking to reach an acceptable outcome for every complaint we receive, we must do our best to learn from our mistakes so that they do not reoccur. For that reason we monitor complaints carefully, making sure that we spot any themes or trends that could indicate greater cause for concern. We recognise the value of all feedback and welcome the opportunity it provides for continuous service improvement.



Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) has been in place since 2002 and offers confidential advice, support and information on health-related matters. The service provides a point of contact for people who use our services and their families.

How can PALS help?

PALS provides help in many ways. For example, it can:

- help with health-related questions
- help resolve concerns or problems when using our services or other NHS services
- help people who use our services to get more involved in their own healthcare

PALS provide information about:

- the Trust
- the NHS complaints procedure, including how to get independent help to make a complaint
- support groups outside the NHS

PALS also helps to improve the Trust by listening to concerns and suggestions.

How to contact PALS

Telephone: 0800 0525 790 (calls are free) or call in to the PALS office in the foyer of the Becklin Centre.

How to make a complaint?

If a complaint or issue can't be resolved by PALS then the Trust's complaints procedure can help find a resolution. Complaints should be directed to the person providing the service first, such as the doctor, the ward manager, therapist or the CPN, often things can be sorted out face to face. If this does not prove satisfactory, a formal complaint can be made to the Chief Executive, through the complaints manager by telephoning 0113 305 5973.

Finally, if a complaint is not resolved by the Trust it can be passed to ICAS on 0300 456 8349.

Please help us to continue to improve and take time to ***"Tell us what you think..."***

Our Governors

In 2013/14 the Council of Governors continued to have a significant degree of involvement with, and access to the Board of Directors and to the organisation's performance information with an opportunity to hold the non-executive directors (NEDs) to account for that performance.

The Health and Social Care Act 2012 put in place a number of additional duties for governors and the Council, so, to ensure that governors have the skills to carry out their duties, the Trust has been developing a bespoke training programme. Whilst the majority of this work has been carried out during 2013/14, it is anticipated that this will be fully implemented during 2014/15.

One of the Council's duties is to appoint the NEDs and in 2013/14 the Council appointed two new non-executive directors: Prof Carl Thompson and Margaret Sentamu; and re-appointed two non-executive directors for a second period of office: Dr Gill Taylor and Keith Woodhouse. Governors were fully involved in the appointment process and made up the majority of the interview panels. This is how local people can have a direct influence on who is appointed to the Board of Directors.

The Appointments and Remuneration Committee (a sub-committee of the Council of Governors, made up of a majority of governors) received a detailed report on the performance of each NED and was assured on the strength of the NED team and of individual NEDs. This was then reported in summary to a public Council meeting for assurance that those appointed by the Council are carrying out their duties effectively and that any development needs are being addressed.

Holding the non-executive directors to account for the performance of the board is a statutory duty of the



Jenny Roper, Lead Governor



Annual Members Day 2013

Council of Governors. To allow the Council to carry out this function a non-executive director attends each formal Council meeting to give a report on all key aspects of performance, how they have been assured about the quality of performance and how they have challenged any areas of poor performance or concern.

Representing the interests of members is also a core statutory duty for governors. The Board of Directors is required to take account of members' views when developing documents such as the Trust's two-year Operational Plan and five year Strategic Plan. They are the documents that will shape what services look like over time and how they are to be delivered. They are central to the work of the Trust and it is an important duty of governors to make sure they feed in the views of members. One way in which feedback was received was through the Council's Strategy Committee.

In August 2013 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 we had to hold an election. The election resulted in 13 governors being elected to the Council (11 elected for the first time and two re-elected). We were really pleased with the interest that was shown in the election and the percentage turnout figures for each of those constituencies where a ballot was held were: Public Leeds (5%); Public Rest of England and Wales (2.9%); Service User Leeds (11.1%); and Staff Clinical Leeds and York and North Yorkshire (7.1%).

One other important duty that the Council performed during 2013/14 was the approval and appointment of the Trust's auditors, PricewaterhouseCoopers LLP (PwC). At its meeting on the 5 February 2014 the Council of Governors re-appointed PwC for a further period of three years with effect from 1 June 2014. The full competitive tender process was led by the Audit Committee and their recommendation was ratified by the Council.

The Council of Governors remains central to the work of the Trust in ensuring there is public accountability. We are grateful to the hard work of those elected and appointed to our Council and for the valuable contribution they make to the development of services.

Further and more detailed information about the Council can be found in the Annual Report and Accounts 2013/14 and copies of all agenda papers for Council meetings can be found on our website.

Membership and engagement

Becoming a member

As a Foundation Trust we have freedom from central government, which allows us to shape the future of our services to meet the needs of people in the local communities with mental health or learning disability needs. The views of our members enable us to focus on our aims; to improve health and improve lives. We have built a strong membership base over the years and we now have over 17,700 members.

Anyone over the age of 16 can become a member of our NHS Foundation Trust. Membership is completely free and, once signed up, members can choose how involved they want to be.

Members receive regular information about the Trust, in our popular magazine *Imagine*. It includes information about future plans and service innovations and gives members the opportunity to voice their views. Members are also eligible to vote for a local member to stand as a governor on our Council of Governors elections, or even think about becoming a governor themselves.

For more information, or to become a member, go to www.leedsandyorkpft.nhs.uk/membership or call the Membership Office on 0113 3055900.



Food for Thought campaign

Each year we focus on a membership campaign that helps us to raise awareness of mental health and learning disabilities and work to reduce stigma. The membership and engagement team take their campaign to communities across Leeds, York and North Yorkshire. In January, we launched the Food for Thought campaign, aiming to share the benefits of food and gardening, to look at how our diet can influence how we feel, to share favourite recipes, to learn about how gardening can improve our sense of wellbeing, and to highlight Trust services that have a clear remit around improving the health and lives of people who use our services.

We encouraged healthy eating and by examining how growing and preparing food can impact positively on mental health, recovery and generally feeling more positive, we asked people to share their experiences with others. We also used the campaign to actively showcase work that was being done in our Learning Disabilities Services, and how growing and preparing food can be a positive element in supporting people in recovery and rehabilitation services. We have found a number of exciting partners who have been promoting community gardens, grow and eat projects, and learning to cook what we grow.



Our staff

We know that our staff are our most important asset and one of our key priorities is to ensure that we value and develop our workforce. We currently employ 3,266 permanent/fixed term staff, 567 bank staff and 162 volunteers.

We have been very active in delivering a number of interventions over the last year, with the express intention of supporting staff. Here are some of the ways that we have delivered this support:

Human Resources

Sickness absence

We have reduced the level of sickness absence in the organisation and we are continuing to implement a number of procedures, initiatives and actions aimed at both improving attendance and the health and wellbeing for our staff as well as specific initiatives to support staff who experience work-related stress.

Employee Assistance Programme

We have introduced a new Employee Assistance Programme, which is a free and confidential service delivered by Workplace Options. The service is available to all staff and their family and friends, 24 hours a day, 7 days a week, 365 days a year. The service is designed to help with a range of work, family and personal issues and can be accessed by phone, email and online.

First Care

We are introducing, as a pilot, an innovative approach to managing attendance and wellbeing by working



in partnership with a company called FirstCare. They use a single absence reporting system which follows our current Employee Wellbeing and Managing Attendance Procedure. Implementation across the Trust is planned for November 2014.

Muscular skeletal service

Our in-house physiotherapist is proactive in supporting the work to reduce muscular skeletal sickness (MSK) absence by conducting on-site clinics, contacting all employees who report MSK absence issues within 48 hours to provide advice and appointments where appropriate, and providing training in the management of MSK issues.

Collaborative Working

Staffside continues to work in partnership with the Trust. We have implemented new roles and gone through a significant amount of change across the Trust to increase professional and clinical leadership. Staffside has continuing involvement in strategy development and workforce issues and recently implemented 'Bright Ideas', an engagement opportunity for staff to give opinions and ideas about improvement and voice their views on their workplace.

Recognition

The Trust has introduced the STAR scheme, a reward scheme to enable recognition of employees that display the qualities expected of them, linked to the Trust's values and who are seen as being 'bearers of excellence' in carrying out their role. Nominations are open to all staff at any grade and winners are announced monthly.



Star Awardee, Sandra Stead

Our staff

Equality and diversity

We demonstrate our commitment to equality and diversity in many ways, not least through the delivery of a programme of diversity development sessions to address identified skills development areas. A total of 12 sessions attended by 135 members of staff have been delivered over the last year. These sessions aim to provide staff with the skills and knowledge to work effectively with service users, carers and staff from the diverse communities we serve including people who are: Deaf and hard of hearing, refugees and asylum seekers, trans-gender, blind or partially sighted and people where English is not their first language.

Values based recruitment

We have participated in the national NHS Employers values-based recruitment programme to embed our organisational values within our recruitment practices. We are building on current values based recruitment best practice within our learning disabilities supported living service, to develop a model for our organisation through engagement with people using our services, carers and our staff.

Lived experience

We value the expertise of staff who have their own personal experience of mental ill-health. Through our Lived Experience Network, we aim to empower staff to use their expertise and knowledge to enhance the experiences of people who use our services and to assist those who deliver services. In November 2013, the network developed and delivered a national conference. More than 130 people attended and it enabled us to develop and implement a plan to enable staff with lived experience to influence practice and quality of care.



Testimonials from network members:

"the network is a place I can use my experience of mental health in a safe environment" Nurse

"I feel like I can make a difference" Occupational Therapist

Volunteers

We have increased the number and variety of placement opportunities within clinical services including wards within Bootham Park at York and with Leeds Addictions Unit. Work has been undertaken to enhance the training and development opportunities available to our volunteers including mental health and learning disability awareness and dementia care training.

Organisational Development

Your Voice Counts – Moving Forward Together

Programme; the Trust's Executive Team have given their support to this programme which presents an opportunity for Trust staff to get involved in delivering change and quality outcomes on key important issues. The programme is to be piloted and will commence in September 2014. Nominated Agents for Change will work with Trust executive director sponsors in one of two ideas implementation groups. The group will focus on delivering change against two key priority areas for action arising from the 2013 Staff Survey feedback.



**YOUR
VOICE
COUNTS!**
MOVING FORWARD
TOGETHER PROGRAMME

Our staff

Learning and people development

Staff development

We have responded to a number of emerging needs from the organisation. This work included supporting the development of our staff to support the York and North Yorkshire community redesign, supporting and developing staff through the care services re-structure, developing team effectiveness through team away days in various localities and supporting the development of our governors.

Coaching

The Trust is committed to the use of coaching and coaching skills as a means of enabling staff to realise their potential and to their contribution to the achievement of Trust goals. We have trained and maintained a resource of over 30 ILM level 5 accredited coaches with another nine undergoing development. Coaching is available to staff at all levels within the Trust regardless of grade or profession.

Leadership development

This year saw another positive investment in the Trust in relation to developing management and leadership capability across many areas of the organisation. Around 100 colleagues participated in development programmes ranging from first-line management to middle and senior management levels.



Compulsory training

During 2013/14 the Trust made significant progress in relation to compulsory training, in a concerted effort to ensure we are training the right people, to the correct level, to keep our service users and staff as safe as we can. We finished the year with 78% of all compulsory training in the Trust being up to date, the best position we have ever been in. This was a result of reviewing the curriculum, making the training more accessible across the York and Leeds areas and sharing better information with staff about their training.



Vocational training

Through the Vocational Skills Hub, we have supported all staff working at Agenda For Change bands 1-4 in the Trust to access training and education. The Hub offers diplomas and apprenticeships in a range of subjects, including health and social care, business administration, customer service, cleaning and support services. Specifically tailored to the individual's role, these qualifications improve levels of skill and knowledge, increase confidence and opportunities for promotion. The Hub is able to fund further career relevant qualifications such as access courses, foundation degrees, teaching certificates and specialist skills development, ensuring all staff have the opportunity to develop in their career if they wish.

LYPFT
vocational
skills hub

Four individuals who came through the apprenticeship scheme now have permanent Health Care Support Worker posts, they are a well-trained, motivated and enthusiastic addition to the workforce and have enabled younger service users to be supported by people of a similar age to themselves.

Our staff

Feedback from our apprentices

"During my apprenticeship, I have had the joy of supporting three very different individuals who I have learnt from the most, by far. The qualities that they have brought out in me will provide a good foundation to build on to become the best support worker I can be." Michael

"This has given me an amazing opportunity to gain a qualification and learn new skills. I have learnt to work in different ways to support individuals with learning disabilities. Being part of the NHS and working as part of the team is a refreshing way to start off work and build a career" Rahena

LYPFT's first apprentices spring 2013 - Left to right – Michael, Sonam, Hannah, PerryJo, Rahena and Jane (Leeds City College)

Andrew Sims Centre

Trust staff continue to attend learning events provided by the Andrew Sims Centre. 474 attendances were from the Trust in 2013-14. The Andrew Sims Centre, a unique service to LYPFT, within the NHS, offers a responsive and commercially competitive programme of learning events, provided in the Leeds and York areas, enabling staff to access clinical experts from across the country covering a wide range of mental health and learning disability topics.



Apprentices, Spring 2013

e-learning

Our e-learning team provides advice and technical support in the production of e-learning modules, meeting regional (HEYH) development priorities. These modules are then available to our Trust for no additional cost. Our team also produces bespoke e-learning modules to meet the Trust's compulsory and priority training needs, as well as amending regionally produced e-learning modules to fit Trust requirements.

During 2013/14, the team developed or updated six bespoke e-learning modules for the Trust, and tailored three regional packages for Trust use. These e-learning modules were on: Appraisal Process, Anaphylactic Reactions, Green Light, Postural Care, Trust induction, and Medical Devices. 746 Trust staff completed one of these six modules during 2013/14.



Financial Overview

Financial performance

In 2013/14 the Trust achieved a surplus of £8,953k.

Income

The Trust's total income was £179,946k, which was mainly received through contracts with our Clinical Commissioning Groups (CCG's) and NHS England (£147,414k).

In 2013/14, the Trust received an additional £3,717k of funding for identified projects from our Clinical Commissioning Groups (CCGs). This contributed significantly to the overall surplus achieved, however, this funding has been ring fenced for those specific projects in the future.

Expenditure:

The Trust's total expenditure was £170,993k. Non-pay expenditure includes the Trust's PFI schemes (£6,322k), premises costs (£6,629k), establishment (£3,467k), drug costs (£2,664k) and purchasing healthcare from non NHS bodies (£2,729k).

Cost Improvement Plans (CIPs) and Revenue Generation:

The Trust achieved CIPs of £5,269k in 2013/14. CIP schemes include service transformation, effective estate management, cost effective corporate services and reducing management costs. In addition, £1,317k was achieved through revenue generation schemes.

Capital Programme:

The Trust invested £1,887k in its estate and IT capital programme in 2013/14. A significant capital programme of £5,178k has been agreed for 2014/15.

Continuity of Service Risk Ratings:

The Trust achieved a Continuity of Service Risk Rating (CoSRR) of 4 in 2013/14. This is the highest rating achievable.

The CoSRR is made up of two key parts: the ability to repay debt, eg PFI schemes; and liquidity, which measures the number of days the Trust could continue to operate based on its current financial position.

Summary of financial performance

Summary of Income and Expenditure:	£'000
Income from Patient Care activities	160,195
Non-clinical income	19,751
Total income	179,946
Pay spend	(124,402)
Non-Pay spend	(42,189)
Total	(166,591)
Operating surplus	13,355
PDC dividend, finance costs and interest (net)	(4,402)
Surplus for the year	8,953
Reserves:	
Gain on revaluation of assets	1,075
Assets received from former PCT	267
Total Comprehensive Income	10,295
Summary of Assets and Liabilities:	£'000
Assets	
Property, plant and equipment	51,533
Cash	37,530
Other assets	12,208
Total assets	101,271
Liabilities	
Payables and other liabilities	(15,965)
Borrowings	(30,851)
Provisions	(5,516)
Total liabilities	(52,332)
Total assets employed	48,938
Continuity of Service Risk Rating	4

Performance

The Board is committed to improving quality across the organisation, putting the quality of care service users and carers experience at the heart of everything we do. We have a rigorous system of internal performance management and assurance, performance is reported quarterly at Board meetings, the papers for which appear on our website.

Throughout 2013/14, the Trust maintained a strong position of compliance against its regulatory, contractual and local requirements. We achieved quality improvement and innovation goals (known as CQUINs) agreed as key priorities with our commissioners and we continue to work closely with our commissioners in setting our 2014/15 quality improvement and innovation goals. We believe we work well with our commissioners to ensure that the agreed CQUINs will make a real difference to the service user experience.

The quality of our services is closely monitored by clinicians, the addition of Clinical Directors and the Quality Committee in 2013/14 has improved our focus on the experience of service users and the effectiveness and safety of our services.



Board of Directors meeting



Assertive outreach team's allotment project

During 2013/14 the Care Quality Commission conducted 10 unannounced inspections and most services received positive feedback about the quality of care. The inspections also highlighted areas for improvements in record keeping at Bootham Park Hospital and how we articulate risks across the organisation. Improvements were made immediately and these issues dealt with.

The inspection also identified the need to improve inpatient accommodation at two sites in York, Lime Trees inpatient unit for children and adolescents and three wards at Bootham Park Hospital. We are working intensively with our commissioners and with NHS Property Services Ltd who own the buildings to ensure these services are provided from safe and suitable buildings.



Bootham Park, York



Lime Trees, York

Our recent achievements

We published our Trust Strategy; Improving health, improving lives in 2013 and during 2013/14 we made many improvements to our clinical services. A selection of some of these achievements is provided below.

Leeds Mental Health Care Group

We have developed integrated care pathways for people with a range of needs and we are in the process of delivering these ready for use by our clinical teams in the coming year. The care pathways begin with the completion of a holistic assessment which clearly describes the individual service user's full range of needs. This will then link to the service user's care plan to ensure that care is coordinated and focused on meeting the goals of the service user in order to achieve recovery.

In the second half of the year, we made good progress to achieving our goal of having no Leeds service users receiving care outside of the city where they could have expected to receive this locally. Since September 2013 we have reduced the use of out of area treatments by 82%.

In 2013 we joined the national mental health benchmarking scheme. This showed that compared to other trusts in the country, we admit relatively few people to hospital, which we believe is the right thing to do. It also showed that when people are admitted to hospital they tend to remain there for a longer time. We have worked hard to understand the causes of this and to ensure that our services join up more closely to



Asket House



help people move on from their hospital stay more quickly.

Making sure that people receive a fast assessment of their needs

and that they receive the right level of ongoing care and support is essential to ensuring they achieve a speedy recovery. With help from the Leeds clinical commissioning groups and the wider health and social care economy we have invested in reducing waits for people to receive assessments for dementia.

Following the move of all dementia services to The

Mount last year, we have undertaken considerable environmental redesign in the dementia wards aimed at reducing the risk of falls for service users. Flooring and decoration have a key role to play in dementia-friendly design. Not only do they contribute to physical safety and the maintenance of hygiene, but they can be designed in such a way as to aid orientation and way-finding, thereby reducing a key cause of stress and anxiety for dementia patients.

York and North Yorkshire Care Group

We have streamlined the number of community mental health teams in York and North Yorkshire from six small teams into two larger teams. The teams include older people and adult community staff, the Community Recovery Team, the Homelessness Service, the Community Alcohol Team, the Memory Service and Psychological Therapies. The Care Homes Team and Assertive Outreach Team will remain city-wide but will be based in



Our recent achievements

one of the new community hubs. These larger teams will ensure that we have access to a full range of expertise, knowledge and skills within the team, and that they are in a good position to manage any variation in referrals and demand.

Much work has been undertaken over the last year to ensure our clinical information system can be rolled out to the services in York, beginning in May 2014. Having a single information system will improve the effectiveness of support services and ensure that clinical teams are given high quality and timely information.

We have introduced a new Care Homes Team in York to support people in avoiding admission to hospital and to allow them to remain in their care or nursing home. This model of care has worked well in Leeds, allowing services to reduce their reliance on inpatient care whilst continuing to provide effective care to meet people's needs.

To further reduce the number of people treated out of area, we have appointed a bed manager who has responsibility for managing and reducing out of area treatments and has been working closely with adult social care partners to ensure the right discharge plans are in place.



Following negotiation with the clinical commissioning group, we have opened a dedicated Section 136 suite for people who are detained by the police and who need further assessment of their mental health needs.

We have reduced waiting times for people needing access to the Improving Access through Psychological Therapies (IAPT) services. We have also reviewed this service, which was provided across the whole of North Yorkshire, and suggested some changes to commissioners that will see us continue to provide the service in the Vale of York, whilst the remainder of the North Yorkshire service is provided by local secondary mental health service providers.

Specialist Services and Learning Disability Care Group

Following the review of the Chronic Fatigue Service, the skill-mix of the team has been reviewed to better meet the needs of service users. The appointment of a clinical lead will provide a strong clinical focus to the team and additional nursing resource.

We were successful in the partnership bid for the provision of carers' support with Carers Leeds. We believe that this partnership will strengthen our ability to support carers and we will be responsible for providing a considerable proportion of the team that will do this.



Our recent achievements

The Gender Identity Service has had its contract increased for the forthcoming year by 30 additional assessments. The service welcomes the increase in commissioning by NHS England and will continue to discuss with them how the increasing demand can be best met.

We have increased the numbers of beds available within the perinatal service (Mother and Baby Unit) from five to six to meet an increase in demand for inpatient care. The service continues to work with service users through its community service which helps to support mothers avoid hospital admission.

The Yorkshire Centre for Eating Disorders (YCED) has increased the number of service users receiving care from trusts outside of Yorkshire. A community team will support the work of the unit with service users in their own communities and support the recovery focused work of the YCED, helping to reduce the reliance on care through hospital based outpatient clinics.

The Acute Liaison Psychiatry Service (ALPS) has been providing services within the Accident and Emergency (A&E) Department and other services within the Leeds Teaching Hospitals Trust (LTHT) for over a year. They provide specialist and timely assessment of service users who attend A&E but also work with staff at LTHT to increase their knowledge of, and skills in working with, people with mental health difficulties.



The Mother and Baby Unit at The Mount



The Newsam Centre, Leeds

The work to open the new women's low secure unit in York progressed as expected, with the unit opening in May 2014. This new service will help us to ensure that women requiring this level of care in York are able to receive this locally and maintain the important links with their families and their own communities.



Our Learning Disability Services launched the 'Easy on the i' website as part of Learning Disability Week. The website brings together resources to help organisations work better with people with learning disabilities by providing information in an accessible format.

The Learning Disability service won two major awards for their work in developing apprenticeships and achieved three highly commended recommendations.



Following its successful pilot The Leeds Autism Diagnosis Service (LADS) has secured funding to deliver the service on a permanent basis. People in Leeds will be able to receive specialist diagnosis of their needs locally when historically this would have meant referral to services in Sheffield.

The Your Health Matters initiative, which provides accessible information on how to get healthy and stay healthy, was shortlisted in the accessibility awards category of the National Learning Disability Awards.

Focus on the future

Programmes of work that will transform clinical services

We have launched three transformational programmes that begin to put in place the building blocks of major changes that will help us deliver our five year strategy.

The Recovery and Person-centred Care Programme is being delivered in collaboration with service users and carers. It focuses on supporting service users to build self-confidence; gain the tools they need for self-reliance; and build a 'scaffolding' of support beyond statutory services. The programme will improve care planning, increasing choice of treatment for service users, promoting self-management through use of digital tools, developing staff skills and roles (such as peer support workers) and creating opportunities for service users to receive more support from voluntary sector partners. This programme will be supported by the Provider Partnerships Programme.

The Provider Partnerships Programme is being delivered in collaboration with voluntary sector partners. It is an ambitious programme of work that aims rapidly to grow the voluntary sector capacity needed to deliver a new model of care in support of the Recovery and Person-centred Care Programme. The main areas of focus will be where we believe the voluntary sector can have the most impact on improving outcomes for service users.

The Integration Programme is being developed in collaboration with health and social care partners (including primary care). Plans focus on the development of models of care where services are wrapped around the needs of people with long term conditions, including dementia. We will seek to deliver 'parity of esteem' (equal importance) for people with mental health problems by working with other services to make



TSB voluntary services day

sure that people's physical health needs are met. The programme will focus on prevention, self-management and rehabilitation; and a 'risk-stratification' approach will be used to focus health and social care interventions for patients who are most at risk of repeat admission to hospital.

Cross-cutting improvement plans

We also have a number of improvement plans that will provide benefits across all of our services.

We will be implementing validated outcome measures for all of our services. This scheme continues the work begun in 2013/14 to develop and implement clinician reported outcomes measures, patient reported outcomes measures and patient reported experience measures. This will ensure that we have a range of effective measures in place to monitor health and wellbeing outcomes for service users and information to inform commissioning.

Feedback from younger adults suggests that more could be done to ensure that our services meet the needs of people from this age group. We aim to review our information and care pathways during 2014/15 to ensure that our services are accessible to younger people; and to identify specialist workers within community teams who will be responsible for developing young people-friendly services.

We want to build on our reputation for high quality research and increase our research funding over the next two years and expand the range of our research projects. We will also work closely with the Academic Health Science Network to ensure that research into mental health is a high priority.



Focus on the future

We will continue our award-winning work to combat the stigma and discrimination experienced by people with mental health and learning disabilities.

We will ensure that we provide ways for all services users to contribute to service improvement, including expanding our Service User Network (SUN) and extending our use of social media to support engagement.

Improving services in our Leeds Mental Health Care Group

We are developing a range of schemes to develop and expand services in our Leeds mental health services. All service improvement schemes will be influenced by our transformational programmes which are developing new approaches to recovery and person-centred care, provider partnerships with the voluntary sector and integration of health and social care.

Increasing dementia/memory services: We are currently working with partners across Leeds on the city-wide dementia programme. Extra non-recurrent funding (across 15 months) has been agreed for dementia liaison staff, who are employed by the Trust but co-located within the health and social care neighbourhood teams (as part of the Integration Programme). We are also improving the environment at The Mount in Leeds during 2014/15.

Improving the acute pathway: During 2014/15 we will develop a Crisis Assessment Unit allowing an extended assessment for service users whose needs are not initially clear. We will also pilot a service to provide more rapid access to urgent mental health assessment by reducing the need for people to attend the emergency department. This extended service will include access to “harm reduction” workers for people experiencing drug and or alcohol problems.



Implementing improvements to our rehabilitation and recovery

pathways: In 2014/15 we will implement more community-based services to promote better outcomes for people with severe and enduring mental health problems who use our Rehabilitation and Recovery services. This project will be a trail-blazer for a new way of working with the voluntary sector being developed by our Provider Partnerships Programme.

Improving services in our York and North Yorkshire Mental

Health Care Group: The NHS Vale of York Clinical Commissioning Group will re-tender mental health services in 2015. Meanwhile, we are continuing to improve primary, community and inpatient services in line with our transformational programmes.

Improving inpatient services at Bootham

Hospital: We are working with the CCG and NHS Property Services to improve the safety and experience of service users who access our inpatient services at Bootham Park Hospital. Plan include moving services for older people from Ward 6 to Cherry Tree House in York; and refurbishing Ward 6 and Ward 1 at Bootham to provide better environments with more space for the male and female wards there.

Improving primary care mental health and Improving Access to Psychological Therapies (IAPT) services:

The CCG has agreed to increase funding for IAPT and we aim to double the number of people able to access the service by the end of December 2014. We are reviewing how IAPT services work alongside primary care mental health services and community mental health services and will implement plans to improve access for service users during 2014/15.



Leeds Addiction Unit



York Deaf Child and Family Service

Focus on the future

Redesigning community and hospital services: We will implement a programme of work across our services in York and North Yorkshire over the next two years. This includes: continuing to manage inpatient resources effectively and reducing the number of service users requiring out of area placements; and working with partners to develop integrated services for older people in the Vale of York and reduce delayed transfers of care.

Developing an acute hospital liaison psychiatry service in York: In partnership with York Teaching Hospital NHS Foundation Trust, we are developing a new Acute Liaison Psychiatry Service (ALPS) to provide service users with mental health needs with the right level of support and treatment in the York Hospital emergency department. This service is being funded jointly by our Trust and York Hospitals during 2014/15, with a contribution from the York Better Care Fund. From 2015/16 the service will be funded by the Vale of York CCG.

Improving services in our Specialist and Learning Disability Care Group: Within this diverse care group we will implement a range of schemes, some of which provide opportunities to bring in new income through bidding for new or expanded services.

Improving inpatient services for children and young people: We have agreed plans to move our inpatient child and adolescent mental health services (CAMHS) from Lime Trees to Mill Lodge in York. This will provide modern, safe facilities and allow us to provide care for many for children and young people who currently have to access inpatient care outside the York area.

Improving services for people with learning disabilities: In partnership with the Vale of York CCG we are working to reduce the number of learning disability service users placed out of area and to enable our inpatient services to accept people with a learning disability and complex needs, including autism, dementia and challenging behaviour. In Leeds we will develop our Parkside Lodge unit so that we can accommodate all people who need learning disability inpatient services in a safe, high quality building that meets privacy and dignity standards.

Improving pathways for people using our low secure forensic services: We are working with specialist commissioners to agree how to make best use of capacity in our Leeds forensic services.

Maximising opportunities from re-tendering of offender health and personality disorder services across the region: Significant re-tenders of offender health and inpatient personality disorder services are expected in 2014/15 and 2015/16. These tenders will provide us with opportunities to grow our income in these areas.

Expansion of regional personality disorder services: From 1 April 2014 there is further significant service development around the Regional Personality Disorder Service. This includes the development of the current community support into the remaining Probation Trust local delivery units across the region and the implementation of the intensive risk management stage of the personality disorder offender project.

Expanding the Yorkshire Centre for Psychological Medicine (YCPM): We will review the options for re-providing the YCPM into new premises, therefore allowing us to grow this service by providing more beds. This is a service which has a growing national reputation for providing excellent inpatient care and treatment for people with severe and complex medically unexplained symptoms.

Developing partnership bid to retain current contract for Leeds Addictions Unit: We are working with partners to bid for the full tender of addictions services by Leeds City Council.



YCPM Art group



Yorkshire Centre for Psychological Medicine (YCPM)

Research and development

Building a reputation for high quality research has involved continued development of academic relationships to support successful research bids.

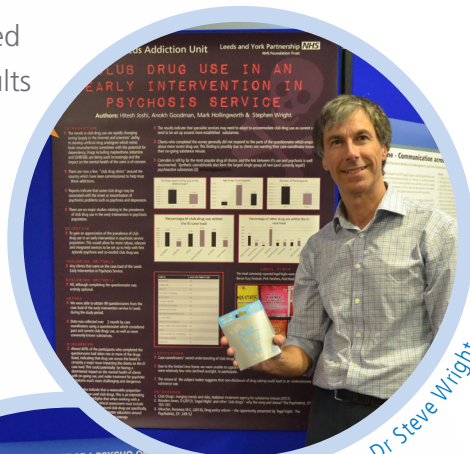
One of the successful bids that started in 2013/14, was a research study looking at Diagnostic Instruments for Autism in Deaf Children. A project that completed in 2013/14 was a translation of the Strengths and Difficulties questionnaire into British Sign Language, which will allow us to accurately detect mental health problems in deaf children. The questionnaire is the most commonly used tool in Child and Adolescent Mental Health Services. It will be used by deaf parents and deaf teachers.

Another project funded from national research grants, that completed in 2013/14, looked at the use of computerised Cognitive Behavioural Therapy in schools. This research led to improvements in awareness of low mood and distress in schools and also the availability of therapies for difficult to reach young people.

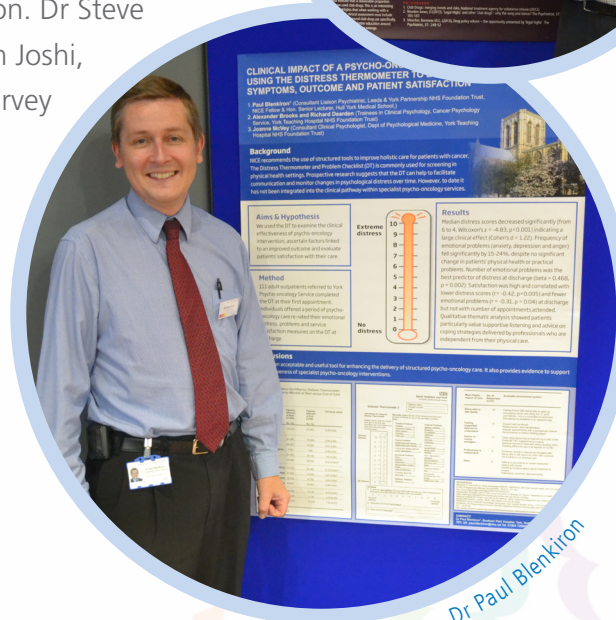


The Annual Research Forum was held in Leeds in October 2013. It covered subjects from the effectiveness of a new problem-solving therapy for adults who self-harm to Mental Health Service Users' Experience of the Care Programme Approach (CPA), via how to sustain a research focus in a busy clinical team in which nobody has any spare time or money.

Dr Paul Blenkiron won the first prize for his poster on research into the use of a distress thermometer and problem checklist to examine the clinical effectiveness of a psycho-oncology intervention. Dr Steve Wright accepted the second prize on behalf of Hitesh Joshi, Anokh Goodman and Mark Hollingworth for their survey into club drugs in the early intervention service. This year's annual research forum will take place on 11 November 2014.



Dr Steve Wright



Dr Paul Blenkiron

Board of Directors

The Board of Directors has a strategic focus which sees it developing, monitoring and delivering the Trust's strategy of strategic plans. Members of the Board have a collective responsibility for all aspects of the performance of the Trust including financial, performance, clinical and service quality including patient safety, management and governance. As a Foundation Trust, the Board of Directors works in partnership with the Council of Governors to ensure the organisation is delivering the community's healthcare needs.

Our Board is made up of seven non-executive directors (NEDs) - including the Chair of the Trust - and six executive directors.

During 2013/14 there have been a number of changes to the NED team: Frank Griffiths commenced his second term of appointment on 1 April 2013 for a period of three years; Allan Valks came to the end of his second term of appointment on 31 May 2013 and was not eligible for re-appointment; Professor Carl Thompson was appointed by the Council of Governors for his first term commencing 3 July 2013 for a period of three years; Aqila Choudhry came to the end of her first term of appointment and decided to step down on 31 October 2013; Keith Woodhouse was appointed for a second term of



Frank Griffiths, Chair



Chris Butler, Chief Executive

appointment for three years with effect from 7 November 2013; Gill Taylor was re-appointed by the Council of Governors for a second term of office of three years commencing 6 February 2014; and Margaret Sentamu was appointed for her first term of office on 6 February 2014 for a period of three years.

We would like to thank Aqila Choudhry and Allan Valks for the very valuable contribution they have made to the work of our Trust during their time as non-executive directors; welcome back Keith Woodhouse and Gill Taylor for a second term of appointment, and also welcome Carl Thompson and Margaret Sentamu who join the Board of Directors for the first time in 2013/14.

With regard to the executive team here, there has been only one change during 2013/14. On 1 April 2013 Beverley Murphy took up the post of Chief Nurse / Director of Quality Assurance, having been successfully appointed to the post through a competitive interview process, which concluded in the last quarter of 2012/13.

More detailed information about our Board can be found in the Annual Report and Accounts 2013/14 and also on our website.



Non-Executive Directors

Frank Griffiths, Chair

Margaret Sentamu, Non-executive director,

Julie Tankard, Non-executive director,

Dr Gillian Taylor, Senior independent director,

Professor Carl Thompson, Non-executive director,

Keith Woodhouse, Non-executive director,

Steven Wrigley-Howe, Non-executive director



Frank Griffiths



Margaret Sentamu



Julie Tankard



Dr Gillian Taylor



Professor Carl Thompson



Keith Woodhouse



Steven Wrigley-Howe

Executive Directors



Chris Butler, Chief executive
Jill Copeland, Chief operating officer and deputy chief executive,
Dawn Hanwell, Chief finance officer,
Dr Jim Isherwood, Medical director,
Beverley Murphy, Chief nurse and director of quality assurance,
Susan Tyler, Director of workforce development



Quality report

Our Quality Report offers an account of how we have performed against our quality standards as well as the standards set by our commissioners and regulators.

Throughout 2013/14 we have worked hard to keep a focus on the quality of services. The quality report details some of our achievements in 2013/14 including our sharing stories initiative and the changes in our recovery and rehabilitation pathway. We are proud of our staff and the improvements they have made and we are committed to improving further during 2014/15.

Our Quality Report is fully aligned with our strategy, which describes what we want to achieve over the next five years (to 2018) and how we plan to get there.

All of our measures and initiatives will continue to be monitored to ensure we achieve them and progress against our priorities set out in our 2013/14. Our Quality Report will be reported to our Trust Board of Directors, our Strategy Implementation Board and the Strategy Committee (sub-committee of the Council of Governors).

You can find our latest quality report on our website here:
http://www.leedsandYorkpft.nhs.uk/about_us/performance



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Chief Executive

If you have a comment for the Chief Executive, please contact:

Chris Butler
Chief Executive
Tel: 0113 30 55913
Email: Julie.wortley-froggett@nhs.net

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 30 55900
Email: ftmembership.lypft@nhs.net
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:

The Communications Team
Tel: 0113 30 55989
Email: communications.lypft@nhs.net

Members of the Board of Directors and Council of Governors

Can be contacted by email at the addresses shown on our website

Web: www.leedsandyorkpft.nhs.uk alternatively please contact
The Communications Team
Tel: 0113 30 55989
Email: communications.lypft@nhs.net

