

# OUR YEAR IN REVIEW

1 April 2015 - 31 March 2016



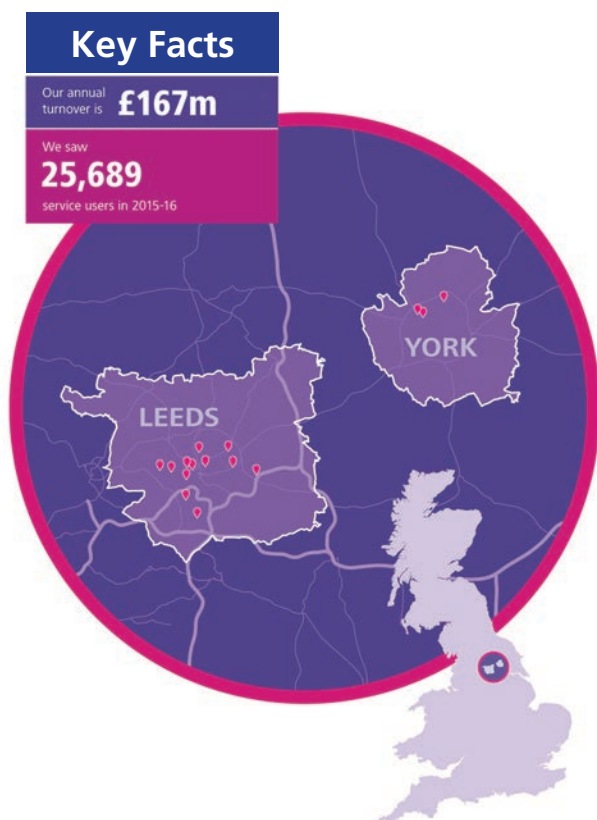
# ABOUT US

Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disability services to people in Leeds.

We also provide an inpatient Child and Adolescent Mental Health Service (CAMHS) and a Low Secure Forensic Service in York, which serve the regional population.

Our specialist services accept referrals from across the UK.

Service users are at the heart of everything we do. We constantly strive to offer the best possible support, working closely with partner organisations to provide effective, accessible and modern healthcare.



## We Have


 **423** Beds

 **2,549** Substantive Staff

 **465** Bank Staff

 **67** Consultant Psychiatrists

 **119** Other Doctors

 **720** Qualified Nursing and Midwifery Staff


 **175** Allied Health Professionals

 **25** Pharmacists

 **21** Psychotherapists

 **76** Psychologists

 **666** Health Support Workers

 **39** Locations where we deliver health services from

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# WELCOME FROM THE CHAIR

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 a foundation trust (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 one removed 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 overstated 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 of 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 central 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



# WELCOME FROM THE INTERIM CHIEF EXECUTIVE

Welcome to this year's Annual Review, in which we provide a summary of our work over the past financial year.

In 2015/16 we made some significant improvements to the quality of our care. We opened a Crisis Assessment Unit (CAU) at The Becklin Centre and upgraded our Section 136 Place of Safety for service users detained under the Mental Health Act.

Our perinatal services, which are often referred to as mother and baby units, developed a regional outreach service to support families in the community, and we've continued our work with local GPs to encourage people with learning disabilities to have an annual health check. You can read more about these and other developments on the pages that follow.

Since our full Care Quality Commission (CQC) inspection in September 2014, we've continued to undertake a range of agreed actions to ensure that our services meet CQC standards. In February 2016, we received news that we would have a further full inspection in July.

Our clinical services could not function without the support of our corporate services. Among the notable achievements, the Trust has developed a new and improved approach to recruitment to tackle the high number of vacancies typical of many mental health trusts in England.

Work has also been ongoing with partners to develop services and plans for the future and after NHS England's Five Year Forward View was published in October 2014, 2015/16 was the first full year of implementation. The Trust's Board has carefully considered how we should engage with partners locally to play our part in the delivery of this plan.

Since the last Annual Review, the Vale of York Clinical Commissioning Group tendered the provision of mental health services in the area. Although our bid scored the 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 our first priority and while we were running services at Bootham Park Hospital, our staff worked incredibly hard to 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 told 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.

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. In 2015/16 our Man Up? campaign aimed to challenge stereotypical beliefs about men and their mental health.

To close, I would like to thank our long-standing Chief Executive, Chris Butler, who left the Trust earlier this year after ten years in post.

I would also like to thank our staff and volunteers who have worked tremendously hard during the year to provide quality, compassionate care. They have risen to the challenges presented to the Trust with a high degree of professionalism and dedication.

**Jill Copeland**  
Interim Chief Executive





# PUTTING OUR SERVICE USERS AT THE HEART OF EVERYTHING WE DO

We put the health, safety and wellbeing of our service users, carers and staff at the heart of everything we do.

Our principal activity is to provide excellent quality mental health and learning disability care for everyone who uses our services.

## Service User Network (SUN)

The 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 may need improvement.

Our Service User Network is a monthly event, with guest speakers at the request of members.

The group works closely with the Trust to help improve services. SUN members can share ideas or concerns which will then be raised at Trust governance meetings. SUN ensures that members' recommendations are valued and acted upon.

## Direct contact with staff

We understand that our service users benefit from having direct contact with the people who provide their care. Therefore, we have been looking at ways to increase the amount of time clinical staff have to spend with service users.

We've been working to ensure that our information systems support the delivery of high quality and safe care, without placing an excessive burden on clinical staff.

In the last year, we've streamlined key clinical assessments to reduce the amount of time clinicians spend completing these, freeing up time for face-to-face contact and care.

## Recovery

We know that recovery is key to developing sustainable services that are service user focussed.

In the last year, we've prioritised a number of key areas that we believe will bring the greatest benefit to service users.

Among these, health coaching is being introduced to help service users achieve and sustain their personal goals and we are implementing the Triangle of Care to strengthen the therapeutic alliance between carers, service users and staff.

## Compliments and complaints

Over the past year, a number of changes have been made to the way in which the Trust manages compliments and complaints.

There is now a formal process in place for recording compliments as a measure of service user experience. We'll soon be able to use this to further develop as a Trust that learns from feedback.

We've also established a Complaints Review Team which meets on a quarterly basis. In 2015/16 the Trust received 199 formal complaints. We want to work with anyone who has a complaint in a fair, open and honest way and see complaints as a valuable source of feedback.

## PALS

The Trust's Patient Advice and Liaison Service (PALS) guides people through the different services offered by the Trust. In 2015/16 the Trust received 1,326 enquiries to our PALS team, which is a 164% increase on 2014/15.

This year, additional staff have joined the PALS office, creating more capacity within the team. As a result, we've been able to provide a personal presence in each of our main hospitals.



# CELEBRATING SUCCESS

We are committed to continually improving the services we provide and to enhancing service user experience.

The following pages highlight some of the Trust's successes over the past financial year.

## Improving crisis services in Leeds

In August 2015, we opened the Crisis Assessment Unit (CAU) at The Becklin Centre. The CAU has six beds and allows adults experiencing an acute and complex mental health crisis to undergo an extended period of assessment (up to 72 hours).

The aim of the CAU is to work with service users to manage the initial crisis. They can have a more comprehensive assessment without the need for full inpatient admission to ensure that the right support can be put in place.

From 1 August 2015, we had 250 admissions to the unit and reduced the number of people being admitted to acute wards by between three and four a week.

## Place of Safety for vulnerable people

Our new Section 136 health-based Place of Safety at The Becklin Centre opened in October 2015 for service users detained by the police under Section 136 of the Mental Health Act. The unit provides four dedicated beds and ensures we can give care and treatment in a clinical environment to service users who, in the past, may have been taken into police custody.

We've also recently opened a dedicated Section 136 suite for young people under the age of 18. This ensures that they also receive care and assessment in an appropriate and safe environment.

## DigitALL digital inclusion project

Occupational Therapists have been creating opportunities for older people to learn or improve their digital skills this year.

We believe that enabling our older service users to spend time online can improve their quality of life and experience of services, while also supporting digital inclusion.

Our digital innovation team, mHabitat, successfully secured national funding to deliver this high profile initiative, helping our service users at The Mount and in the Memory Services to get the most from the digital world.

As part of the project, free public wi-fi has been installed at The Mount. Service users have been given access to digital tablets and are supported by volunteers recruited and trained to use them.

Rec

Getting y  
Make me  
yourself to

Recovery to me is...  
Taking less medication  
day to day

Recovery to me is...

Life

A wonderful life

Recovery to me is...  
Back

Recovery to me is...  
to live  
experiences

DO WHAT YOU WANT  
BE HAPPY

Happiness

Recovery to me is...  
Happiness

Recovery to me is...

BEING ABLE TO LAUGH  
AT LIFE

Recovery to me is...

## Rehabilitation and Recovery

In the past year, we have reviewed a new model of care that we introduced in the Rehabilitation and Recovery Services.

We believe that the partnership model of care has been beneficial for service users. It ensures that they are able to receive a full package of care seamlessly from a number of providers, reducing delays and duplications, and increasing choices.

Over the coming year, we will use what we've learned from this review to examine how best to transfer this model of care to other services, so that these benefits are delivered to as many service users as possible.

## Memory Support Workers (MSW)

After a review of our memory service pathway, we are seeing people for dementia assessments more quickly and are aiming to provide a diagnosis for more people to enable them to access the support they need.

We have introduced Memory Support Workers (MSWs) in partnership with the Alzheimer's Society to provide support and advice for service users, helping them to access community services including activities, carers groups and advocacy.

Part of the aim is to promote wellbeing at home, so fewer people need to be admitted to hospital.

## Making sure inpatients spend the right length of time in hospital

Over the past year, it's become apparent that the length of time that people spend in hospital has been increasing.

While we want to make sure that people who need inpatient treatment receive it, we also want to be sure they're staying in hospital for the right length of time.

To do this, we've introduced Purposeful Inpatient Admission (PIPA) in our inpatient services.

PIPA is a process which helps ward teams and service users to understand what has to happen to lead to discharge. It involves a daily review of care so that the right interventions can be planned at the right time to reduce delays and ensure a person spends no longer than they need to in hospital.

## An improved forensic community service

Our Forensic Community Team supports people with a mental health condition who have come into contact with the criminal justice system.

In 2015/16 the team was reviewed and improvements were made to 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.

Extra support will be available particularly for those entering the criminal justice system or living in hostels.

These people should now receive the right support at an earlier stage, while being helped to stay in the community.

## Bringing together LADS and ADHD services

In 2015/16 we expanded our Neurodevelopmental Disorder Services, bringing together the Leeds Autism Diagnosis Service (LADS) and the Attention Deficit Hyperactivity Disorder (ADHD) Service under a single management structure.

This will maximise the expertise we're able to offer service users, while also allowing the service to provide post-diagnostic support to people with autism, improving service user experience.



### **Helping people with learning disabilities to access annual health checks**

We've continued to work with local GPs to encourage more people with learning disabilities to have an annual health check.

People with learning disabilities face significant health inequalities and this work is a proactive approach to addressing the issue.

Our Community Learning Disability Nurses have worked with 30 GP practices over the past year to improve uptake of the health checks.

Each practice has been offered support to review its processes for identifying people with learning disabilities and offering health checks.

Our nurses have also attended several events for service users and carers to promote the health checks.

### **A perinatal outreach service**

Our Perinatal Service provides specialist support to women experiencing significant mental health difficulties during pregnancy and for the first year after their baby is born.

In 2015, we launched a new regional outreach service to support families in the community. We'll be evaluating its successes in the second half of 2016/17.

### **A quality eating disorder service**

In the last year, the Yorkshire Centre for Eating Disorders has been accredited by the Quality Network for Eating Disorders (QED).

This means service users, their carers and our commissioners can be assured of the quality of the service they're receiving.

Involving service users and carers in the quality network for eating disorders is a priority and people with first-hand experience of eating disorder services are encouraged to get involved in all stages of the accreditation process.

The accreditation lasts until September 2018.

### **Forward Leeds**

In July 2015, a new integrated service launched in Leeds for people needing help and support with alcohol and drug misuse issues.

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.

Its aim is to support sustained recovery and enable individuals to make positive progress in their lives.





# MEMBERSHIP AND ENGAGEMENT

## Becoming a member

As a Foundation Trust, we are able to shape the future of our services to meet the needs of people in our local communities. By becoming a member, you can have a say in the development of your local NHS services. The Trust currently has around 17,700 members.

Anyone over the age of 16 can become a member. Membership is completely free and it can take up as much or as little time as you have to give.

Members receive updates, news and information about the Trust through our quarterly membership magazine, *Imagine*. Members are also eligible to elect representatives to the Trust's Council of Governors, or even stand for election themselves.

For more information, or to become a member, visit the Membership pages of the Trust's website or contact the Membership Office on 0113 855 5900 or [ftmembership.lypft@nhs.net](mailto:ftmembership.lypft@nhs.net).

## Annual Members' Day 2015

At the Annual Members' Day in September 2015, we rounded off our *Man Up?* campaign. We focused on the different partnerships established over the year and screened a film which was specially commissioned to focus on the stories of men who accessed our services. We also held our Annual Members' Meeting where the Board of Directors and Council of Governors gave reports to members and the public on the Trust's work and performance over the previous financial year.

## Membership Campaign

### *Man Up?*

*Man Up?* was our campaign to tackle stigma and discrimination in 2015. It aimed to challenge stereotypical beliefs about men and their mental health and wellbeing. Men's mental health can be a taboo subject. Masculinity, pride, peer pressure and social norms can all create an environment in which men 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. The campaign was supported by West Yorkshire Fire and Rescue Service (pictured).

### *Lose the Label...This is Me!*

The 2016 membership campaign, as chosen by your votes at the Annual Members' Day, is focused on identity, labels and how they can influence perceptions, feelings and our wellbeing.

We can be labelled through our circumstances; for example, roles, gender, culture, sexuality and diagnosis, or adopt a label for ourselves. These labels can be used to define us and have the potential to become something which we are judged against, as well as a potential catalyst for stigma and discrimination. Labels can also be owned and created to form positive identities and allow us to express ourselves through music, art and writing.

Our members are invited to join in the identity conversation, '*This is Me!*', to share their stories and journeys and explore how labels can impact on our sense of self and wellbeing.



# OUR STAFF

Our staff are our most valuable asset and we currently employ more than 2,540 people.

We're committed to ensuring our workforce is well trained, well informed and given every opportunity to contribute to the delivery and development of our services.

## Recruitment

Over the past year, bespoke assessment centres have been used to support the recruitment of key frontline nursing staff. They have been designed using a values-based approach to complement our equality and diversity agenda and ensure high quality recruits. We have built great relationships with our local education providers and have been successful in attracting over 50 newly qualified nurses across all our services.

## Equality and Diversity

We believe in fairness and equality and value diversity in all aspects of our work.

Our recruitment and selection procedures take full account of the requirements of the Equality Act 2010 and the associated public sector equality duties.

We are a disability 'Two Ticks' employer, which demonstrates that we are positive about people with disabilities and support them to successfully gain and retain employment within our Trust.

We have also committed to the Mindful Employer Charter, and through our annual health and wellbeing action plan ensure our Trust develops as a healthy workplace in respect of mental health.

## Lived Experience Network

We have a Lived Experience Network for staff who have experience of mental ill health. The network offers peer support for its members within a supportive environment.

## Volunteers

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.

During the last year, we have developed new areas of volunteering, while continuing to support existing schemes and their volunteers. This includes the development of reminiscence activities within our dementia services and partnership work to further develop befriending opportunities across our mental health services.

As a Trust, we are extremely grateful for all the good work undertaken by our volunteers and value the contributions they make to the lives of the people using our services.

## Apprentices

In April 2015, the Trust welcomed its first Mental Health Apprenticeship cohort. Of the seven apprentices that remained on the programme, six have secured permanent Healthcare Support Worker roles in the Trust.

We used an assessment centre approach and recruited on the basis of candidates' values and behaviours. Two of our apprentices won awards at the Health Education England 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.



## Sickness Absence

We are continuing our efforts to improve staff attendance.

Our physiotherapy service is now well established and we are seeing a month-on-month decrease in musculoskeletal (MSK) related absences. With new and innovative ideas including telemedicine to increase our reach to staff, along with bespoke training and physical health checks, this is a developing and highly valued service for staff.

In 2015/16, we also continued to promote our Employee Assistance Programme. This programme is designed to provide additional support for staff both from a work and personal perspective, with the aim of preventing absence due to stress, anxiety, depression and other mental health conditions.

## Staffside and partnership working

Staffside is the elected body of the representative trade unions in our Trust.

During the past year, Staffside has been involved in partnership with service redesign projects, management restructuring, and communication and engagement with staff.

It has actively encouraged colleagues to complete the Annual Staff Survey, has been involved in the development of our strategy, and has successfully worked in partnership with the Trust to support staff going through significant change at work.

## Annual Staff Survey

Every autumn the Trust participates in the national NHS Annual Staff Survey. In 2015, we completed the survey for the thirteenth time, with 47% of our staff taking part. This is above the national average for mental health and learning disability trusts.

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 remaining static or declining since the previous year.

The results highlight some areas that require attention, namely managers, health and wellbeing, effectiveness of appraisals and training, and service user feedback.

The areas where we did well in comparison to other mental health and learning disability trusts were in relation to staff telling us that their role makes a difference to service users, and staff believing that the organisation provides equal opportunities for career progression or promotion.

## Addressing areas of concern to staff

An analysis of our Staff Survey results, together with Care Quality Commission observations about our overall Staff Survey performance, helped us to develop key areas for action in 2016.

In addition, the Trust is actively seeking feedback from staff via a number of mechanisms. These include face-to-face listening events and online technologies such as Crowdsourcing.

This activity provides regular feedback and will help to ensure we continue to address staff concerns and increase levels of staff satisfaction and engagement.

## Staff Development

We are committed to developing our staff and ensuring that 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 achieve this.

Significantly in 2015/16, we introduced iLearn. This new Learning Management System supports elearning delivery, access to training records and reports and also supports learning administration. iLearn has been positively received by staff and its user-friendly interface can be accessed from any device with an internet connection.

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.

## Participation in clinical research

In 2015/16, the Trust was involved in 73 research studies in mental health and learning disabilities.

This demonstrates both our commitment to improving the quality of care we offer and to making a contribution to wider health improvement.

During this period, 380 staff took part in research studies conducted in the Trust.

In the same time frame, 1109 service users were recruited to participate in research approved by an NHS Research Ethics Committee.



Divers

Speech bubble icons

Achievement

Handwritten text on the whiteboard

Handwritten text on the whiteboard

Leeds and York

Leeds and York

Leeds and York

# QUALITY AND PERFORMANCE

We have robust measures in place to monitor performance and quickly address areas of concern.

Trust performance is measured against a number of sets of targets. A monthly Integrated Quality and Performance Report is produced which captures performance against these standards. This is presented at public Board meetings and the papers are published on our website.

Throughout 2015/16, the Trust met the vast majority of our national and local quality and performance standards. However, we continue to have too many people being placed out of area for inpatient care. This has largely been due to significant pressures on mental health services. In addition, we did not achieve the national CQUIN for physical healthcare. This is a goal for quality and innovation. For both of these areas, comprehensive action plans are now in place.

## Care Quality Commission

Following a full Care Quality Commission (CQC) inspection in September and October 2014, we continued to implement agreed actions during 2015/16 to make sure that our services meet CQC fundamental standards.

We were given five 'compliance actions' across the organisation, which required immediate attention to address essential standards of quality and safety. The CQC also 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 CQC's report. This is now almost concluded. Four actions are considered overdue and relate to the achievement of our target for compulsory training and appraisals, provision of a long-term solution for the location of the Yorkshire Centre for Psychological Medicine, and ensuring all forensic patients at The Newsam Centre are registered with a GP. Work is underway to address these actions.

When the reports from the 2014 CQC inspection were published in January 2015, the Trust received a 'requires improvement' rating.

The CQC later informed us that it would be carrying out a comprehensive inspection in July 2016. This presents us with a great opportunity to improve our rating and showcase all the good work and innovations that have taken place since the inspectors were last here. We expect the final reports to be available in the autumn.

## Quality Report

Our full Quality Report for 2015/16 has been published and is available on our website. In the report, we've been honest and transparent about our successes and also about where our performance has fallen short of expectations. The quality pages on our website are updated regularly with information to provide a fuller picture of the quality of care that we provide.

# FINANCIAL REVIEW

## Financial performance

In 2015/16 the Trust achieved a surplus of £3,073k.

### Income

The Trust's total income was £167,321k, which was mainly income from patient care activities through our Clinical Commissioning Groups (CCGs) and NHS England (£135,204k).

### Expenditure

The Trust's total expenditure was £164,248k. Non-pay expenditure includes the Trust's PFI schemes (£6,616k), premises costs (£5,811k), establishment (£3,693k), drug costs (£2,298k) and purchasing healthcare from non NHS bodies (£6,503k).

### Cost Improvement Plans (CIPs)

The Trust achieved CIPs of £3,682k in 2015-16. CIP schemes include Leeds Mental Health Care Group, Specialist and Learning Disabilities Care Group, Workforce and Development, Fit for Purpose and Cost Effective Buildings and Delivering Cost Effective Corporate Services.

## Capital Programme

The Trust invested £1,885k in its estate and IT capital programme in 2015/16. A significant capital programme of £5,223k has been agreed for 2016/17.

## Financial Sustainability Risk Rating

The Trust achieved a Financial Sustainability Risk Rating (FSRR) of 4 in 2015/16. This is the highest rating achievable.

The FSRR is made up of four key metrics: capital service cover, liquidity, income and expenditure (I&E) margin and variance in I&E margin. Capital service cover is our ability to repay debt, eg. our PFI schemes. Liquidity measures the number of days the Trust could continue to operate in the future based on its current financial position. I&E margin is the surplus/deficit as a percentage of operating income, and variance in I&E margin measures our I&E margin against our plan for the year.



# SUMMARY OF FINANCIAL PERFORMANCE

The tables below provide a summary of our financial position at 31 March 2016.

| <b>Summary of Income and Expenditure</b>       |  | <b>£'000</b>                |
|--|--|-----------------------------|
| Income from patient care activities            |  | 144,694                     |
| Non-clinical income                            |  | 22,627                      |
| Total income                                   |  | <u>167,321</u>              |
| Pay spend                                      |  | (118,224)                   |
| Non-Pay spend                                  |  | (41,946)                    |
| Total  |  | <u>(160,170)</u>            |
| Operating surplus                              |  | 7,151                       |
| PDC dividend, finance costs and interest (net) |  | (4,078)                     |
| <b>Surplus for the year</b>                    |  | <b><u><u>3,073</u></u></b>  |
| Reserves:                                      |  |                             |
| Gain on revaluation of assets                  |  | 1,829                       |
| Total Comprehensive Income                     |  | <u>4,902</u>                |
| <b>Summary of Assets and Liabilities</b>       |  | <b>£'000</b>                |
| <b>Assets</b>                                  |  |                             |
| Property, plant and equipment                  |  | 49,152                      |
| Cash   |  | 45,968                      |
| Other assets                                   |  | 11,543                      |
| Total assets                                   |  | <u>106,663</u>              |
| <b>Liabilities</b>                             |  |                             |
| Payables and other liabilities                 |  | (16,866)                    |
| Borrowings                                     |  | (26,233)                    |
| Provisions                                     |  | (2,857)                     |
| Total liabilities                              |  | <u>(45,956)</u>             |
| <b>Total Assets Employed</b>                   |  | <b><u><u>60,707</u></u></b> |
| Financial Sustainability Risk Rating           |  | 4                           |



Some of our governors

# OUR GOVERNORS

Our governors provide a link between the local community and the Board of Directors. They give the public a voice and enable them to play a part in shaping and influencing the future of the mental health and learning disability services we provide.

The Council of Governors is made up of people who have been elected by our members and who are representative of our constituencies. It also includes people appointed from a range of partner organisations.

Representing the interests of the Trust's members is a core statutory duty for governors. The Board of Directors is required to take into account members' views when developing documents that will shape what services look like and how they will be delivered, such as the Operational Plan.

A further statutory duty of the Council of Governors is to hold the Non-Executive Directors to account for the way our Board of Directors performs.

In April 2015, a number of our governors came to the end of their term of office. This, combined with a number of vacant seats already on the Council, meant it was necessary to hold an election. Three seats were filled by governors elected unopposed and three seats by ballot. No-one was elected to the seat of Service User and Carer, Rest of UK.

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

“ *Being a governor is the most important, challenging and rewarding job I've had. As a service user, I represent the views and concerns of all those who have, or will, use the Trust's services. It is a great privilege for me to meet with other people who experience our services and to work hard to improve services to reflect the needs and priorities of everyone.*

*As a governor, I speak to people who represent all constituencies and really enjoy listening to their ideas and getting to know them. If any problems are presented to me, I always try to help in the best and most appropriate way possible. This could be by signposting people to relevant information or by approaching the Council of Governors or Board of Directors.*

*Three years ago, I stood for election because of my own experiences and a need to create change. Throughout this time the Board of Directors has been excellent at listening and taking suggestions on board to affect positive change. As Lead Governor, I feel confident in saying that the Council of Governors is valued and taken seriously. We have had a real impact as the bridge between the Board and the Trust's members, service users, carers and the wider public.*

*I am very proud of the Council of Governors and the Board of Directors but I am even more proud of all the staff who work tirelessly supporting people like myself. I am also proud of the people who give their voices - in whatever form - to working towards providing excellent services for mental health and learning disabilities. ”*

**Claire Woodham**  
Lead Governor

# OUR BOARD OF DIRECTORS

at 31 March 2016

## Executive Directors



**Jill Copeland**  
*Interim Chief Executive*



**Dawn Hanwell**  
*Chief Financial Officer/Interim  
Deputy Chief Executive*



**Dr Jim Isherwood**  
*Medical Director*



**Anthony Deery**  
*Director of Nursing,  
Professions and Quality*



**Lynn Parkinson**  
*Interim Chief Operating  
Officer*



**Susan Tyler**  
*Director of Workforce  
Development*

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## Non-Executive Directors



**Frank Griffiths**  
*Chairman*



**Dr Gill Taylor**  
*Non-Executive Director*



**Keith Woodhouse**  
*Non-Executive Director*



**Prof Carl Thompson**  
*Non-Executive Director*



**Julie Tankard**  
*Non-Executive Director*



**Margaret Sentamu**  
*Non-Executive Director*



**Steven Wrigley-Howe**  
*Non-Executive Director*

# OUR BOARD OF DIRECTORS

The Board of Directors is responsible for the day-to-day management of the Trust. It agrees the organisation's strategy, monitors performance and has a duty to ensure we provide safe and effective services.

The Board sets out the Trust's vision, values and standards of conduct, while ensuring that its obligations to its members are understood, clearly communicated and met.

To achieve this and to fulfil their duties and responsibilities effectively, the Board must be made up of individuals with the right mix of skills, experience, independence and knowledge.

At the end of 2015/16, our Board was made up of seven Non-Executive Directors, including the Chair of the Trust, and six Executive Directors, including the Chief Executive.

The Board considers that it is balanced, complete and appropriate. 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 that are likely to affect, or could appear to affect, judgement in this respect.

During 2015/16 there have been four changes in the Executive Director Team. 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 from 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 from 1 January 2016. Lynn had previously been the Deputy Chief Operating Officer within the Trust. As Jill Copeland was appointed Interim Chief Executive and 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 as Chief Financial Officer.

Over the past year, there has also been one change to the Non-Executive Director Team. Margaret Sentamu was appointed as Deputy Chair of the Trust with effect from 17 February 2016.

The Board of Directors meets every six weeks, 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 and copies of the agendas, papers and minutes for Board meetings can be found on our website.

## 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  |
| Prof 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 to 16 February 2016)   | 3-year appointment from 17 February 2016 |

\* Frank Griffiths was appointed for a further one year term by the Council of Governors with effect from 1 April 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, Professions and Quality             |
| Susan Tyler      | Director of Workforce Development                        |

\* at 31 March 2016.

# CONTACT US

## Leeds and York Partnership NHS Foundation Trust

Trust Headquarters  
2150 Century Way  
Thorpe Park  
Leeds  
LS15 8ZB  
0113 85 55000  
[www.leedsandyorkpft.nhs.uk](http://www.leedsandyorkpft.nhs.uk)

## Chief Executive

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

Julie Wortley-Froggett  
Executive Assistant  
0113 85 55913  
[julie.wortley-froggett@nhs.net](mailto:julie.wortley-froggett@nhs.net)

## Patient Advice and Liaison Service (PALS)

If you need any help or advice about our services,  
please contact:

0800 0525 790  
[pals.lypft@nhs.net](mailto: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

0113 85 55900  
[ftmembership.lypft@nhs.net](mailto:ftmembership.lypft@nhs.net)  
[www.leedsandyorkpft.nhs.uk/membership](http://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  
0113 85 55989  
[communications.lypft@nhs.net](mailto:communications.lypft@nhs.net)

## Members of the Board of Directors and Council of Governors

Email addresses for members of the Board of Directors  
and Council of Governors can be found on our website,  
[www.leedsandyorkpft.nhs.uk](http://www.leedsandyorkpft.nhs.uk).

Alternatively, you can contact your governor by emailing  
**[governor.lypft@nhs.net](mailto:governor.lypft@nhs.net)** or via the membership office.

More information about the Trust, including our  
full Annual Report, is available on our website  
[www.leedsandyorkpft.nhs.uk](http://www.leedsandyorkpft.nhs.uk)

