



Letter sent to trust by email

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Dear Sara

Re: CQC inspection of Leeds and York Partnership NHS Foundation Trust

Following our feedback meeting with the team from the Care Quality Commission on Thursday 29 August 2019 at the conclusion of the well-led review, I thought it would be helpful to put in writing the feedback given to you and your colleagues at this meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back and provides you with a basis to start considering what action is needed.

An overview of our feedback

We found many areas of positive practice by the trust as follows:

- The trust had responded positively to the previous inspection and worked to make the necessary improvements. For example, we saw progress in how the trust supported the monitoring of patient's physical health. There were also improvements in the completion of mandatory training and clinical supervision.
- The trust had a committed and values driven board, with a wide range of skills and experience. Since the last inspection, there had been greater stability. This had enabled the trust to embed their collective leadership and strengthen their governance processes.
- The board recognised the positive progress of the trust but were also cited on the areas where further improvements were needed. Changes were taking

place to ensure the provision of high-quality care. For example, they were aware of the significant workforce challenges. They were improving recruitment and retention with a range of initiatives including closer links with student nurses and offering more flexible working opportunities. They had also strengthened the governance arrangements with the introduction of a workforce sub-committee of the board.

- A trust strategy was in place and embedded in the work of the trust. The values were understood across the organisation. Since the last inspection the trust had developed five operational plans covering areas such as estates; informatics and clinical services. Progress in completing strategic priorities was being monitored through the sub-committees of the board.
- The trust had made good progress with engaging with staff. The board were open and transparent in their manner and reflected the values of the organisation. A programme of visits enabled regular opportunities to meet staff and patients. Improvements had taken place to the trust intranet and use was made of blogs and social media to provide updates to staff in a simple and accessible format. The arrangements for staff to 'speak up' were working well.
- The staff survey results had improved over the previous three years and they were now in the top 20 performing trusts, although they recognised there was more to do. Areas they wanted to improve included absence relating to stress, well-being and staff experiencing violence and aggression. Measures were being implemented to make improvements, but it was recognised that more time was needed to ensure these were embedded and individual staff had an improved experience.
- The trust had maintained strong financial management, and this was recognised as a collective responsibility for staff throughout the organisation. The trust met its control total in 2018/19 and anticipated the same in the current financial year. The financial performance of the trust was closely monitored and there was clarity about the expenditure pressures such as the costs of out of area placements and staffing costs for inpatient services. The trust worked closely with commissioners to ensure they understood the cost pressures.
- The trust recognised the importance of working collaboratively to meet the needs of the population. The trust was an active participant in the Leeds providers integrated committees in common; the West Yorkshire and Harrogate Integrated Care System; the mental health, learning disability and autism collaborative. The trust was an active participant in a range of partnerships. An example of this was the work they were doing with two other providers reviewing the assessment and treatment inpatient services for people with a learning disability, with the aim of delivering a high-quality service on fewer sites.

- The trust had several innovative clinical services of which it was rightly proud. This included the community eating disorders service, an expanded perinatal inpatient unit and a recently launched veterans mental health service.

However:

- There were a few areas where significant further progress was needed to be a consistently high performing trust. The board was fully aware of these priorities and appropriate work was underway, although still in the early stages of development.
- The first of these was the systematic involvement of patients, carers and the public in the work of the trust. At the time of this inspection there were a few positive examples of co-production, but this was not happening consistently across the organisation. The trust was addressing this appropriately and had established a steering group for patient, carer and public involvement co-chaired by the director of nursing and a patient representative. The priorities for this work were discussed at the annual members day in 2019. Associated work included refreshing the involvement register and reviewing the policy for payment of patients for involvement work. The trust had just agreed funding to recruit four peer support workers. However, the trust had made significant progress in working with the governors.
- Secondly, the trust was just starting to have a clear approach on quality improvement. They had identified a partner who had undertaken diagnostic work in spring 2019. A team of four staff were coming together to oversee the work and deliver training. At the time of the inspection, staff had access to a section on the trust intranet providing information on tools, how to access training and giving details of a few projects that were underway. There were 12 projects across the trust which were taking place.
- Finally, the trust recognised there was more to do to promote the equalities and diversity of staff and patients with protected characteristics. This included the need to improve the results of the workforce race equality standards. The BME staff we met did not feel that they had adequate opportunity to be promoted to senior roles. However, improvements were underway, and the trust had established an equality, diversity and inclusion group chaired by a deputy chief operating officer, although we wondered if this had a high enough profile. There was a work-plan in place to address the WRES. There were three networks for BME staff, staff with disabilities and a Rainbow Alliance for LGBT+ staff and patients. Whilst the Rainbow Alliance had a higher profile the other networks were still at an earlier stage of development.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. A copy will be sent to NHS Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please do get in contact. My contact details are as follows:

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Yours sincerely

Jane Ray.

Jane Ray

Head of Hospitals Inspection