

## **Chief Executive Report – January 2017**

The following paper is intended to provide the scrutiny committee with an update on key matters for Leeds and York Partnership NHS trust. The Trust is a specialist provider of mental health and learning disability services to people across Leeds, York and for some of our specialist service regionally and nationally.

### **CQC inspection**

The trust has a comprehensive CQC inspection in July 2016 and received the findings late 2016. Overall the Trust has been rated as requires improvement however there were a number of notable areas of improvement from the previous inspection. 78% of our services were rated as good or outstanding.

The chair of scrutiny joined us at the Quality Summit on the 8<sup>th</sup> December following which we submitted our action plan to the CQC.

The Director of Quality and Nursing is the executive lead for CQC on our Trust board and has provided a separate paper to today's scrutiny committee on our actions and progress.

We are committed to addressing the recommendations in a timely manner such that we progress to a good rating within the next 12 months.

### **Trust strategy**

Our trust board is in the process of finalising our Trust strategy for the next 5 years. We will present it to our council of governors in February and then formally approve it at our public board in March 2017. The new trust strategy has been built on a significant amount of engagement work with our staff, stakeholders and governors. From this we developed a new set of values and behaviours which are important for setting the right culture in our organisation to deliver outstanding patient care and staff experience.

### **Finance update**

We are currently on track to meet our financial control total for this year as set by NHSI – which is to deliver a £3.1 million surplus. Meeting our control total is important as it means we get around £1 million released back to us from NHS England. It also means we retain a healthy risk rating from our regulator, NHS Improvement and puts us in a stronger position when we bid for additional transformation monies in the coming months.

For 2017/18, we've accepted a control total of a £3.7 million surplus, which again includes £1 million contribution from NHS England. This is a challenging requirement which we have

only agreed to on the basis that we think we can deliver some non- recurrent savings, above the 2% cost improvements we have to make each year.

Our underlying position is break-even – basically every pound of income we get we plan to spend - so we have rejected the surplus control total for 2018/19. Any surpluses we generate create cash for us to improve services, but this is cash we can only spend once so it will mainly be set aside for our infrastructure i.e. estate and information assets.

### **Staffing pressures and temporary ward closure at Clifton House, York.**

Like many NHS and social care organisations recruitment is an ongoing challenge. We faced a particular issue in our forensic services in York late 2016 which led to the board supporting the decision to temporarily close one ward in the short term. Our priority was to maintain safe staffing and safe patient care which we have done. Recruitment is now underway to support the reopening of the ward as soon as possible.

### **Leeds Mental Health Flow – rapid improvement process**

Colleagues in the Leeds Care Group have been leading a piece of work to improve patient experience, reduce out of area treatments and save £1.5 million for the local health system.

The [Leeds Mental Health Flow](#) aims to deliver radical, system-wide, sustainable change to improve quality of care for patients, improve patient experience and improve the system that supports this.

They held a four day “rapid improvement event” in September 2016 with around 40 clinicians, health workers and managers from across the Leeds health and social care system. The following work streams were established following this first event:

1. Community Mental Health Team criteria
2. Safety Culture
3. Purposeful interventions
4. Variation of Length of Stay

A full report on the outcomes of the first event can be [found on our website](#).

At the 60 day review event in November, [latest data](#) on adult admissions, occupied bed days, lengths of stay and out of area treatments was looking really positive. Although it is still too early to draw any definitive conclusions, it looks like out of area placements and bed occupancy levels have improved since we started in September. We are now using one less bed per day which is great news.

### **Contracts for 2017-2019**

We are set to sign the two year contract with NHSE and Leeds commissioners within the next week or so. Leeds commissioners have committed to non-recurrent investment for liaison and memory support workers. NHSE have invested in an additional 2 perinatal

mental health beds which are now open and therefore enable us to provide a greater service to new mums.

We submitted our two year operational plan on 23<sup>rd</sup> December as required by NHSI. We are still awaiting and expecting feedback on our final submission in the coming weeks

### **Transformation bids**

The trust and partners are submitting a bid to NHSE for additional monies to expand our mental health liaison service which is provided within LTHT. It is an invaluable service that brings benefits for patients who present in the acute trust. If successful this would see up to £500,000 additional investment this next financial year. However it is only one year of funding so we are planning with our commissioners how this can be continued in subsequent years to maintain such a valuable service.

### **West Yorkshire and Harrogate STP**

The Trust is a member of the STP and the implications of this are twofold.

We are part of an alliance with Bradford district Care Trust and SWYFT as the three lead providers of mental health and learning disability services in West Yorkshire. We came together to do joint work as part of the acute and urgent care vanguard which has resulted in significant service developments regarding crisis services, street triage, crisis cafes and putting mental health nurses in police control rooms. We are now looking to build on this to see where we can have greater impact on the quality and consistency of care provision across west Yorkshire. Areas we are looking at include CAMHS provision, access to specialist rehab to reduce the number of people that have to go out of area and where we can share supporting functions such as IT/training etc.

More locally we have been working with LCH and primary and social care on the neighbourhood teams projects to develop more integrated services that are tailored to the needs of local populations. This work will continue from the current pilots e.g. in Armley to share the learning across the wider Leeds footprint. We are also working with our commissioners and LCH to look at how we can provide a more integrated pathway of access to mental health support that encompasses primary care, IAPT and community mental health teams.

In our Learning disability services we have just completed a review of our community LD offer and are now looking at how we can improve this to meet the changing needs of our services users and communities. We are also members of the transforming care programme board which is responsible for ensuring there is a plan in place to enable people who have been in specialist placements out of area to come back to Leeds. We need a clear strategic plan for this that supports the current service users in placements but that also serves to reduce the need for people with a learning disability to go into specialist placements which can be disconnected from families and local communities.

## **Board level recruitment**

We welcome our [new Medical Director, Dr Claire Kenwood](#), to the Trust on the 1st March. Dr Kenwood joins us from Cumbria Partnership NHS Foundation Trust, where she is currently Associate Medical Director for Quality and a Consultant psychiatrist in the field of rehabilitation. She is also a Non-Executive Director for Advancing Quality Alliance (AQuA), with particular interests in mental health recovery, service and quality improvement.

We have now advertised for a substantive Chief Operating Officer and on the 20<sup>th</sup> January the Trust Governors will be interviewing candidates for our new Trust Chair.

Frank Griffiths is retiring from his post on the 31<sup>st</sup> March after 7 years of outstanding contribution and leadership for our organisation.

## **Reasons to be Proud**

Congratulations to Caroline Foster, specialist dietitian in our Rehab and Recovery Service, who was highly commended at this year's [Yorkshire Evening Post 'Best of Health'](#) Awards in December. Caroline was nominated by a service user in the Mental Health Worker of the Year category, which celebrates those who go the extra mile to help people facing the most difficult times of their lives.

In December we started offering a new [out-of-hours Liaison Psychiatry Service](#) for patients at Leeds General Infirmary and St James's University Hospital. The out-of-hours Specialist Practitioner Service offers mental health advice and assessment, and provides a single point of contact for Leeds Teaching Hospitals Trust. Great work getting this off the ground!

Our specialist service for [deaf children and young people](#) was given the highest possible rating of outstanding by the Care Quality Commission in their reports published in November 2016. Inspectors were impressed by the range of therapies and treatments delivered by the service and praised team members for tailoring their work to meet the specific communication needs of families. They described staff as "passionate and enthusiastic" and noted that the feedback from young people and carers who used the service, and from partners who work with the team, was "universally positive".

**Dr Sara Munro**  
**Chief Executive**  
**January 2017**