

Quality Report and Account

2019 - 2020



integrity | simplicity | caring

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Introduction – who we are

We are Leeds and York Partnership Foundation NHS Trust – we provide specialist mental health and learning disability services to the people of Leeds and York as well as regionally and nationally.

Our vision is to provide outstanding mental health and learning disability services as an employer of choice. This means supporting our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives where we can all achieve our personal and professional goals, and live free from stigma and discrimination.

We offer services to people who need support and treatment for a wide range of mental health conditions, from depression, anxiety and obsessive compulsive disorder, to dementia, bipolar disorder, schizophrenia and personality disorders.

We support people living with issues such as addictions, eating disorders, or physical problems with psychological causes, and those needing the support of our gender identity service.

We are an NHS foundation trust. This means:

- we have some freedoms to decide locally how to meet our requirements
- we are accountable to the people within our communities, who can become members and governors
- we are authorised and monitored by NHS Improvement, who support us and hold us to account

We offer community, supported living and inpatient care to people with a learning disability, who can present to us with challenging behaviour or complex physical health needs. We offer services across the region, and in a variety of locations, including inpatient children's services in York, deaf children's services across northern England, and secure services for Leeds and York.

The majority of our care is provided in, or close to, people's own homes, with the need for people to stay in hospital kept to a minimum.

Here's a summary of our services, you can visit our website for more details about these at <https://www.leedsandyporkpft.nhs.uk/>:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Forensic inpatient/secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for older people
- Specialist Deaf Community-based mental health services for children and young people
- Community mental health services for people with learning disability or autism

- Specialist Core Service - National Centre for Psychological Medicine

The Trust also provides one adult social care service which is the Supported Living Service.

Living our values to improve health and lives

Our values are integrity, simplicity, caring. They are integral to how we go about our business. The way we behave and interact with one another is central to living our values and we have to continue to challenge ourselves to demonstrate these in all that we do.



Our Trust in numbers

our people



2,841

staff



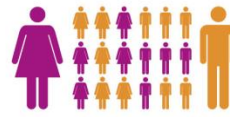
457

bank staff



73

consultant
psychiatrists



630

health support
workers



768

qualified nursing
and midwifery
staff



80

psychologists



166

allied health
professionals



719

admin or non-
clinical staff



140

volunteers
donating

25,480

hours of their
time



137

members of our
Workforce Race
Equality Network
(WREN)



30

members of
our Disability
and Wellbeing
Network (DaWN)



300+

staff attended
diversity and
inclusion
development
days in 2019

our services



53

the number of sites we operate from



3

clinics opened to support people affected by gambling addiction



Good

our overall CQC rating



2%

increase in the number of compliments we received in 2019/20 in comparison to the year before



81%

of staff feel satisfied with the quality of care they deliver



85%

of staff feel their role makes a difference to service users



400

people enrolled to attend courses at our Recovery College in its first two terms

Our Trust online



16,780

the average number of visitors to our website each month



2,757

people liked our Facebook page by the end of March 2020



760

the number of new followers we gained on Twitter between April 2019 and March 2020

SECTION 1 STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

As I write my introduction for this year's Quality Report and Account 2019/2020, I do so at a time like no other. NHS organisations like ours have never before faced a challenge like the current Coronavirus pandemic and I'd like to take this opportunity to pay tribute to the work undertaken by our staff and the values they've shown during this unprecedented time. But first of all, it's important to reflect on some of our progress and achievements from over the past year before our lives, personally and professionally, changed before our eyes.



This document shares with you a range of data, information and stories to assure you about the quality of our services. This report also provides statements of assurance on the quality of services and describes some of the quality improvements and developments we have made during 2019/20. It reviews the Quality Improvement Priorities (QIPs) we made a commitment to in 2019/20; and reports on the positive progress against those to date. We have also set out the quality priorities we have identified for the forthcoming year (2020/21), how these have been developed and how we will measure and report on them going forward.

This year's report has been co-produced using service user and carer feedback and engagement; in consultation with our staff and Clinical Care Services; and using lots of intelligence available to us through our electronic systems, reports and governance meetings. Many of the stories regarding the development and quality improvement of our services have been written by service leads; and those who work hard to ensure we provide the best possible service to our service users and those that care for them.

Making improvements

There's been a range of service developments over the past year, both within the Trust and with our partners. In September, we opened our first Northern Gambling Clinic in Leeds, followed shortly by more in Manchester and Sunderland. This is such a crucial service and I'm pleased we're able to support the growing number of people struggling with gambling addiction across the North.

Much has also been achieved to help people across the city access immediate support for their mental health. For example, the Leeds Recovery College, which opened in September, offers courses to people living and working in Leeds to help them live mentally and physically well. The Leeds Mental Wellbeing Service is a partnership involving our Trust that offers psychological therapies, both face to face and online. It's another way we're supporting local people to overcome common mental health problems.

We received an early Christmas present when planning was approved for the new regional CAMHS unit on our St Mary's Hospital site. The West Yorkshire and Harrogate collaborative have been working closely together to develop a better way of providing care for young people with complex mental health issues across the region, and planning approval marks an important milestone in our efforts. I'm pleased to say that as I write this, work has already begun onsite.

In March, we switched to a new patient record system, CareDirector, an event that was two years in the making. It was a challenging time for staff to move to something so new and different but their resilience and determination shone through and I'm happy to say it was a safe and secure launch. CareDirector has been an important tool in our fight against Coronavirus, and its flexibility means it can be developed to suit our needs now and in the future.

Listening and responding

I'm so pleased we were able to include our bank staff in this year's Staff Survey— this reflects the crucial role they play in our teams. Our Trustwide results have improved or stayed the same in most areas, with significant improvements in how we rate our line managers and staff morale.

We've made extra efforts to listen to our staff this year, in the form of 'culture conversations'. There are some fantastic examples of positive culture across the organisation, and there's also ways we can improve how we work together, which in turn shapes our quality of care and performance. Both online and face to face conversations have taken place to understand how our staff feel about coming to work for us every day, and we're now analysing those conversations to give us a focus for improvement. I'm really invested in this piece of work, and I'm excited to see it come to fruition over the next year.

Listening and having conversations is just as important outside our organisation, with our members, service users, carers and the public – after all, these are the people we serve. I'm pleased that we have recently launched our co-produced Patient and Carer Experience Strategy, which sets out how we will better involve people in the development of our services and improve their experience with us. We also carried out surveys and focus groups to evaluate our redesigned Community Mental Health Services, to ensure our service users and carers remain at the heart of our decision making.

Celebrating our achievements

In November came our annual Trust Awards, a glittering event and one of my favourite nights of the year, where I help to present awards and celebrate with our staff and volunteers. Beyond our internal celebrations, some of our teams and individuals have gone on to be nominated for and even win national awards. There are too many amazing people to mention here, but what I will say is how proud I am of all their achievements and I'm so pleased that they are recognised by their peers externally too. On the night I was also very pleased to see the launch of our Trust choir who provided us with an uplifting start to the event. They continue to come together and provide inspiration to us all.

The Trust as a whole received its own accolade in December, when we received a rating of "Good" by the Care Quality Commission. All of us remember the feeling of waiting for exam results, hoping your efforts have paid off. For me, those feelings returned while we're awaiting our CQC report, and I am delighted that the hard work undertaken by everyone at the Trust has been recognised. The CQC's report says we really are fulfilling our purpose of improving the health and lives of people with mental health problems, learning disabilities and autism. And after all, that's why we all come to work every day.

Unprecedented times

The Coronavirus pandemic has proved to be the biggest healthcare crisis in a generation. As events began to unfold, the future felt daunting for many of us. But in such challenging times I found strength in our staff, and their courage and determination to continuing caring for our service users.

The crisis has affected all of us, personally and professionally. We've had to change how we support our service users, how we work together and how we balance our work and lives.

Throughout all this change and uncertainty, I'm incredibly proud of our staff and I can't thank them enough for what they do. They've lived our values in the most difficult of situations – we have integrity, we keep it simple, we are caring – and they've shown many more too, like determination, bravery, flexibility, resilience, and compassion. They've supported each other through overwhelming circumstances and remained committed to our service users despite having their own families and loves ones to care for. I consider myself lucky to lead an organisation that is full of such heroic individuals.

As we look to the year ahead, I hope for peace and stability for our staff and service users. It's likely that current events will further highlight the importance of mental health services, and as a Trust we're committed to continuing to develop and improve our mental health and learning disability services for the people who need us.

I am happy to state that, to the best of my knowledge, the information included in our Quality Report is accurate. We very much hope you enjoy reading about the progress we have made over the last year; and our plans for 2020/21.

A handwritten signature in dark ink, reading 'Sara Munro' in a cursive style.

Dr Sara Munro
Chief Executive

What is a Quality Account?

Once a year, every NHS Trust is required to produce and publish a Quality Account Report. The report is a look back over the year to show how we have improved the quality of our services, a look forward at what our plans are for the coming year and an explanation of who we are.

This Quality Account is for service users, carers and members of the public. The aim is to make sure that everyone who would like to know about our services can access this information.

What's included?

The core elements of a Quality Account are:

- How we performed last year (2019-20), both through our prioritised activities and through other quality improvement work.
- The information we are required by law to provide – this is reported in a very strict way so that we can be compared to other NHS Trusts.
- What we plan to do next year (2020-21), why we have chosen these priorities, and how we will go about doing that.
- Stakeholder and external assurance statements including statements from Healthwatch, Scrutiny Board and our commissioners.

Understanding the Quality Account Report

We know that this may be the first time you have looked at a Quality Account and we want to make this an interesting and easy to understand experience, as we know not everybody has experience of healthcare services.

To aid this process we have used coloured boxes throughout this document, to provide explanations and examples for key terms you may not be familiar with. We have also included a list of acronyms (abbreviations) at the end of the report.

This is a “What is it?” box

These explain a term or abbreviation

This is a “Quotes from staff, service users, carers’ and others box

These support and illustrate the information in the report

This is a “Comments” box
These include quotes from regulators and other governing bodies

Statement of Directors' responsibilities in respect of the Quality Report and Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health issues guidance on the format and content of Quality Accounts, which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011.

NHS Improvement (NHSI) has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report and Account, directors are required to take steps to satisfy themselves that:

- The content of the report meets the requirements set out in the NHS foundation Trust annual reporting manual 2018/19 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to May 2020
 - Papers relating to quality reported to the board over the period April 2019 to date
 - Feedback from commissioners received in September 2020
 - Feedback from governors received through consultation
 - Feedback from the local Healthwatch received September 2020

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report and Account.

By order of the Board

29th October 2020

.....Date



.....Chair

SECTION 2

Trust Strategies in relation to Quality

Within our Quality Report and Account 2018/19 we introduced a number of new strategies and this year we would like to update you on the progress we have made in respect of these.

We have a set of strategies that define how we want to develop our services and workforce over the next 5 years. In 2016 our staff, service users, members and partners were invited to re-imagine our future and refresh our five year strategy as part of the Your Voice Counts campaign. Our strategy on a page sets this out in a simple way:

Our five year strategy for 2018 to 2023

Our purpose	Our vision	Our ambition
Improving health, improving lives	To provide outstanding mental health and learning disability services as an employer of choice.	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.
Our values		
We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	We keep it simple We make it easy for the communities we serve and the people who work here to achieve their goals.	We are caring We always show empathy and support those in need.
Our strategic objectives and priorities		
1. We deliver great care that is high quality and improves lives.	2. We provide a rewarding and supportive place to work.	3. We use our resources to deliver effective and sustainable services.

Update on our Quality Strategic Plan 2018 - 2021

The Trust wide Quality Strategic Plan was approved by the Board in February 2018 and draws on the White Paper from the Institute for Healthcare Improvement (IHI) called '*A Framework for Safe, Reliable and Effective Care*' January 2017.

There has been a lot of activity over the last 12 months, specifically this update focuses on the partnership work with the Institute for Healthcare Improvement (IHI) and associated activities.

Our approach

Our approach to quality improvement continues to develop as our understanding deepens and the challenges and tensions across the organisation are identified. It needs to help people take ownership of quality, yet bring it together for the entire organisation. It must take the best international evidence, yet build on local experience of our service users, carers and staff. It must acknowledge the many ways we can see and improve quality, yet provide a systematic and integrated whole. It must see quality as what happens in the care of those who use our services, yet acknowledge the contribution of all our staff. It is experienced at the frontline, yet led from every level, including the top.

To help us to further align quality with the needs of the organisation, we embarked on a partnership with the IHI in 2019.

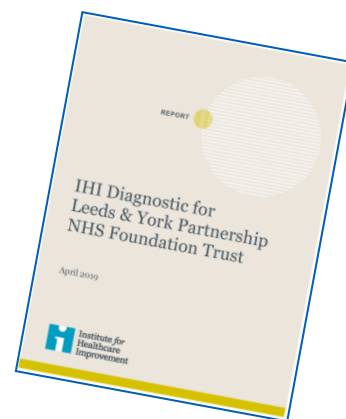
Partnership with the IHI

Working in collaboration with the IHI, we commissioned them to facilitate a diagnostic site visit using the IHI Framework for Safe, Reliable and Effective Care. IHI utilises the framework as a lens to understand the Trust's current system-wide priorities, strategies and initiatives, its quality, safety and clinical excellence capabilities, and leadership's current role.

The overall objective of the diagnostic was to understand the gap between where we are and where we want to be, bringing focus to the strategic direction of the organisation including leadership, joy in work (burnout prevention) for staff, current assets and any existing barriers to improvement and learning.

Following the Site Visit, the IHI produced a written executive summary report of the visit that provided a review of the team's findings and recommendations on how to close the gap between where the Trust is with respect to quality improvement and where it wants to be in both the short and long term. This report has been shared with all staff

The report used the IHI Framework for Safe, Reliable and Effective Care to give structure to the document, with each component having its own section that covered what the Diagnostic Team observed during their visit and some foundational recommendations.



We are now part of a Global Learning Network with partners that include Children's Hospital of Philadelphia, Institute of Healthcare Improvement, Ochsner Medical Centre - Louisiana and St George's Hospital – London. This is to help further understand and develop the framework, in an action focused way

The forthcoming year will see us continue to build on the work already undertaken in response to these recommendations and to start to embed the elements of the framework for Safe, Reliable and Effective Care within the culture of the organisation.



* Adapted by Leeds and York Partnership NHS Foundation Trust, from the Institute for Healthcare Improvement White Paper 'A Framework for Safe, Reliable and Effective Care' January 2017

Update on our Medical Strategy

The Trust has developed a plan for a medical strategy and an event was undertaken to ensure there is a collaborative production of the strategy in line with our model of collective leadership. This work was been halted by the COVID-19 pandemic but will be resumed and reported on in greater detail in the Quality Report 2020/21.

Update on our Nursing Strategy 2018-2021

The nursing workforce has continued to demonstrate a commitment to improving the experience of nursing within our organisation as **an Employer of Choice**, as well as supporting patients to have quality outcomes.



We have actively recruited second year nursing students who have studied with us and following two events where we engaged with a cohort of 74 students, over 86% of students favoured employment with us.

We promised to embed systems to support nursing development throughout the career pathway and have successfully supported non registered staff onto Nursing Associate (NA) training. We have 12 NA's in training and for the first time two of our staff have already successfully completed the course and registered with the Nursing and Midwifery council (NMC). Additionally, one of the successful registrants is now undertaking Registered Nurse training.

In the summer of 2019, Health Education England announced increased support for Learning Disability nurse training. Two staff members are being supported through a two year training route in Learning Disability nursing and there is potential for a further four to engage in a two year Trainee Nursing Associate (TNA) programme, followed by a two year LD nursing course.

To support our nurses mid-career we have introduced career conversations and a transfer process. Both of these processes are designed to support nurses in gaining a range of experiences within the organisation to enable fulfilling and rewarding careers.

For senior clinical roles we are seeing an increase in applications to become non-medical prescribers and we are working to ensure there is a clear strategy in place that supports this important role to deliver better outcomes for our patients. We are proud to welcome our first non-medical Responsible Clinician in the Women's Service and aspire to develop and further embed these new roles across all clinical areas. We will introduce a structure within our Senior Nurse forums to monitor and deliver on this work.

The health and safety of our patients is important to us. We strive to provide care that is positive and safe and as such are working hard towards an improved culture of collaboration in all our services. This promotes reflection and learning in order to reduce the need to use restrictive practice to manage challenging situations.

Our Physical Health Team delivers training across our services to refresh and develop nurses' core physical health monitoring skills. This has been an area of focus as we know our patient population requires support with their physical health too. Examples include: prescribing of nicotine replacement therapy, the management of diabetes and the delivery of brief advice for healthy lifestyle changes.

We are engaging people to offer feedback of their experience of our services as a priority area and are working with teams to develop patient reported experience measures, appropriate for the service users and care setting to enable results to be easily used in service developments.

Update on our Allied Health Professional Strategy

Our Allied Health Professional (AHP) Strategy for 2018-2021 was developed by engaging with our AHPs and connecting with the national AHP strategy '*AHPs into Action*'. Clear priorities emerged from this work and we were successful in achieving our year 1 action plan during 2019 and highlights of this included:

- Successfully starting an Occupational Therapy rotation across health and social services in Leeds.
- Ensuring cover arrangements are established so that nursing teams can know how to access an AHP.
- Promoting a food first approach, with supporting videos being accessible to all staff via the eLearning training platform.
- Safety huddles established in key areas reducing the impact of falls.



Another priority was to ensure that the potential of AHP's is better understood. This was achieved through a number of events both within the organisation and by joining up with partners in the city. There were several events where AHP's came together to share best practice and develop ideas to innovate and minimise duplication. We plan to build upon those achievements and events further in the next 12 months by working across providers in Leeds and West Yorkshire. So far plans include providing a joint Physiotherapy rotation with Leeds Teaching Hospital Trust and being the Lead Provider testing an AHP faculty, this will improve AHP workforce supply.

We will also continue to build upon AHP's skills by developing competency frameworks for staff, support co-production initiatives and provide leadership development.



Pictured from left to right:
Lead Clinician (Learning Disabilities), Lyndsey Charles
Strategic AHP Lead, Marie-Clare Trevett
AHP Lead Specialist and Learning Disabilities Services, Jennifer McIntosh
AHP Lead Leeds Care group and Healthy Living Service Manager, Claire Paul
Not Pictured: Sarah Hickey AHP Lead

Update on our Psychological Professions Strategy

Our Psychological Professions Strategy is now in draft and is in the process of consultation with a variety of stakeholders. Our contribution to the ambition of providing outstanding specialist mental health and learning disability services can only be met if we embrace both our ability to deliver therapies in accordance with NICE guidance and also provide clinical and systems leadership to support a culture of evaluation and learning.

The high level objectives of the Psychological Professions Strategy are:

- All service user and carer contact across the organisation is psychologically informed.
- All psychological practice is safe, caring and compassionate, effective, cost-effective and well led.
- To focus on workforce development to ensure the sustainability of our skilled and knowledgeable staff.
- To identify and pursue strategic growth, research and innovation opportunities.

Some key priorities include:

- Development of the Multi-professional Psychological Care and Interventions Group, and a framework to support the co-ordination of training and governance of psychological therapies.
- Development of a more comprehensive offer of psychologically informed groups.
- Development of an action plan to improve access and reduce 'drop out' rates of Minority ethnic group service users.
- Development of a consistent process for the co-ordination of training of Psychotherapists.
- Development of career pathways across clinical and nonclinical domains at all levels of the organisation, including Clinical Associates in Psychology (CAPs) and Multidisciplinary Approved Clinicians.
- To maintain high levels of engagement with the R&D department.

'Psychological care is everyone's business'

Sharon Prince,
Strategic Lead for Psychology & Psychotherapy
(pictured right)

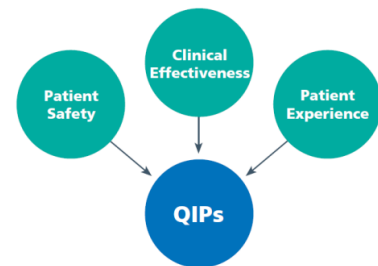


Review of our Quality Improvement Priorities (QIPs) 2019/20

For 2019/20 we committed to a set of QIPs developed in consultation with our services and leadership, which we committed to reviewing as part of our requirements for this report. Progress against these have been monitored over the year and reported on a quarterly basis to the Trust Wide Clinical Governance Group (TWCG) and at 6 monthly stages to our Quality Committee. This section details the progress made against each of the QIPs.

We have made significant improvements over the last 12 months to bring together knowledge and data we have in the Trust to use it to inform better care.

We have been pulling together data across our teams, identifying themes that help us concentrate on the right areas of concern.



We will not be 'retiring' any of the 2019/20 priorities where they are still in progress. We will continue to monitor those priorities through the forums described within this section, to ensure they remain on track against the proposed completion dates.

The following 2019/20 QIPs remain a priority for us and will continue in a new way within the QIPs for 2020/21:

- Suicide Prevention Plan; development of a Trust approach
- Safety Planning across the Care Services
- Positive & Safe Group actions and impact
- Always Events
- Triangle of Care

You can read more about how these have been refreshed within Section 4.

In the rest of this section you will see the QIPs we developed for 2019/20, the progress made against them and a summary on how we achieved the required outcome.

Name of Priority: Process improvement of Complaints and Claims including triangulation of themes

Projected QIP 2019/20	Time frame	Progress achieved
<p>High quality, timely response to concerns and complaints, handled as agreed with the complainant</p> <p>Triangulation of themes and learning from feedback, Complaints, concerns, PALS, SIs and Incidents, Inquests and Claims; and sharing of learning</p>	April 2020	Achieved
<p>A review of the complaints process was completed and quality improvements were made including streamlining the triage of complaints with the PALS team now undertaking this function.</p> <p>Complaints training has been developed and is included as part of the “investigation” training.</p> <p>Data and assurance reports have been combined to include Incidents, PALS, complaints, concerns, compliments, inquests and claims and the team are continuing to improve how data is communicated and analysed.</p> <p>The impact of this priority has ensured that our complainants are provided with various options to resolve their concerns in line with their wishes, receive timely updates in relation to the investigation of their concerns and that an effective relationship is established between the complainant and the complaints team. Improvements made to reporting have provided a more rounded lens of looking at complaints data and triangulating this with incident data.</p>		

Name of Priority: Patient Experience; Patient and Carer Feedback and Involvement

Projected QIP 2019/20	Time frame	Progress achieved
Implement actions arising from the outcome of the review of the Patient Experience Service, as appropriate	April 2020	Achieved
<div> <div> <p>In 2018 we asked Professor Mark Gamsu to review the way we went about Patient Experience. In 2019 we started putting the findings into action.</p> </div> <div> <p>The Patient Experience and Involvement team are making progress in ensuring that we have the systems and structures in place that allow a fully inclusive approach to patient, carer and public engagement and involvement. These improvements were identified as part of our Patient Experience Service review, led by Professor Mark Gamsu, a professor at Leeds Beckett University focussing on outward facing work supporting local health systems strengthen their relationship with the public and the voluntary sector.</p> </div> </div> <p>The team are moving away from the centrally based service which was routinely identified as being responsible and accountable for patient experience and involvement. The inclusive approach promoted by the team is driving the ethos that patient experience and involvement is everybody's business.</p> <p>Led by the Patient Experience and Involvement Strategic Steering Group, which is chaired by our Director of Nursing, Quality and Professions, priority areas of focus have been agreed for each of the strategic subgroups providing leadership and direction for experience, involvement and carers.</p> <p>The priority areas are articulated through a newly developed coproduced Experience and Involvement Strategy which is supported by a fair and transparent Policy for the Payment and Reimbursement of Service Users, Patients, Carers and Members of the Public. In addition, to support people to choose the activities they wish to take part in, work is in progress to deliver a bespoke package of 'involvement ready training' alongside our partners such as the recovery college; to support people to be able to make a meaningful contribution in the way that they choose to be involved.</p> <p>The team has also progressed work to make it easier for people to provide us with feedback. Each service will be supported by the PET coordinators to develop patient reported experience measures using consultation, collaboration or co-production approaches; appropriate for the service users and setting. The results will actively be used in service developments.</p> <p>We are building better relationships with services and our partner providers across the city in recognition that there are already many effective groups running in the community. We have promised to work more closely with these groups to gather feedback and will ensure that we promote flexible working and no longer rely on people coming to us.</p>		

Patient Experience Sub Groups - Overarching Priorities

Structure chart



Involvement

- Develop an Involvement Ready Training package for service users, carers and volunteers
- Map out Involvement Opportunities for service users, carers and volunteers
- Develop a policy for the Payment and Reimbursement of Service users, Carers and Members of the Public

Carers

- Achieve Triangle of Care accreditation by September 2020 (Quality account priority)
- Producing a Carer Reported Experience Measure to be used by all services May 2020
- Increasing overall engagement of Carers

Experience

- Develop guiding principles that allow us to gather meaningful feedback in order to demonstrate improvements
- Develop a "You said, We are doing" style of reporting to share what we are doing as a result of collecting feedback
- Improving communication between services on all aspects of care to reduce repetition and ultimately inform better care.

Co-producing the Patient and Carer Experience and Involvement Strategy with our service users, carers, members of the public and partnership agencies, demonstrated LYPFT's commitment to listening and responding to the people who are cared for and supported by our services, in order to further improve and enhance their experiences. The Patient Experience Team will continue to support services to collect meaningful and up to date feedback which can be used to implement positive changes. We will share the learning from the feedback and publicise the changes we have implemented with your help.

The introduction of the Policy for the Payment and Reimbursement of Service Users, Patients, Carers and Members of the Public demonstrates a fair and equitable approach to reimbursement to those people who are involved in supporting activities aimed at improving the provision of services and service user and carer experience. It will ensure that those who are willing to become involved will understand what level of involvement payment or reimbursement fee they will receive before they decide to become involved; in addition to recognising the importance LYPFT places on those who give up their valuable time to improve the lives of others.

Patient and Carer experience is everyone's business.

Name of Priority: Triangle of Care Stage 2

Projected QIP 2019/20	Time frame	Progress achieved
Achievement of Triangle of Care: Stage 2 Submission	September 2020	Achieved

The 'Triangle of Care' is a working collaboration, or "therapeutic alliance" between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.

All teams/services have submitted the Triangle of Care self-assessment forms (November 2019). These have been quality checked by a team of clinicians and carers.

Following quality checking, updated supportive action plans were returned to the teams in order to assist them in being able to satisfy the 6 standards of the Triangle of Care (Jan 2020): By March 2020 50% of teams had made improvements and changes to their services in order to work to achieve the 6 standards.

The six standards of the Triangle of Care are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

An audit of the self assessment forms was planned to be carried out by a group of carers in March 2020 to ensure that teams "were doing what they said they were doing". Unfortunately this plan did not go ahead in March due to the Covid-19 pandemic and the requirement for a number of staff to be redeployed to priority areas. However the PET team have continued to work with services where possible to maintain the progress already achieved and keep on track to reach 2nd stage accreditation of the Triangle of Care by September 2020.

LYPFT is committed to ensuring that our teams and services are working towards achieving the 6 standards of care in order to recognise and provide support for our carers, who provide valuable support to their loved ones. This work is being overseen by The Patient Experience Team who seek to promote positive attitudes, reduce barriers and ensure that our carer's voices are heard. Our carers have told us that they want to be kept involved and be kept updated with regards to assessments, care planning and transfers of care of their loved ones to other services. Therefore we have identified Carer Champions in all of our services who actively encourage partnership working in their teams, between the service user, carer and health professional.

A specific Learning Disability Carers Champion Group has been set up, which will ensure that the Triangle of Care standards are kept "live" within the learning disability services. In the future we would like to set up other specialised groups to provide distinct support to our carers who care for loved ones with specific needs.

Name of Priority: Improved Community Mental Health Services across Leeds

Projected QIP 2019/20	Time frame	Progress achieved
Community Service Redesign Evaluation plan: people's experiences of our redesigned community services they receive are positive	April 2020	Achieved
<div style="display: flex; align-items: flex-start;"> <div style="background-color: #f4a460; border-radius: 15px; padding: 10px; margin-right: 20px; width: 25%;"> <p style="color: white; text-align: center; margin: 0;">In 2018 we consulted with service users, staff and carers to redesign our community services to better meet the needs of the Leeds community</p> </div> <div> <p>During October 2019 service users using the LYPFT Community Services were contacted & asked to participate by providing feedback. They could take part in a postal survey, online survey or focus group. There were responses from 390 service-users in total. Overall 78% of participants said they were either very/ mostly satisfied with the service. Six themes resulted from the feedback data. An overwhelming theme was that service-users welcomed the shift in working practices and being seen by clinicians at home or in their local area. Areas of improvement following thematic analysis included 'customer service'; timely and easy access to services (CMHT); care planning involving service-users and carers; consistency of staff (CRISS); and mental health interventions. This service user engagement exercise was received positively by the community services and the three services Older Peoples Services (OPS), Working Age Adult (WAA) & Crisis Resolution and Intensive Support Service (CRISS) intend to organise local service specific engagement events with service-users and carers in April 2020.</p> </div> </div>		

The following is an overview of the new services launched on the 25 March 2019:

Community Mental Health Service for Working Age Adults (WAA)

This service is designed to work with adults (usually aged 18-65) in two groups: those that require shorter time-limited services, and those with more complex needs that require longer term care. The service operates Monday to Friday, 9am to 5pm, with support from other services (described below) outside these hours. It offers home-based treatment for the majority of people where this is appropriate but there are also opportunities to receive services in other community locations.

Crisis Resolution and Intensive Support Service (CRISS)

This service operates 24 hours a day, 7 days a week, 365 days a year. It supports adults (usually aged 18-65) experiencing a mental health crisis with intensive home-based treatment as a genuine alternative to hospital admission. It will also support older people in crisis outside of normal working hours.

Community Mental Health Teams for Older People

This is a new dedicated service for people aged over 65. This service is run by three teams operating across Leeds offering home-based care to people who are experiencing mental health difficulties. They also work with people experiencing problems related to dementia if it has

already been diagnosed. Previously this work would have been done by our Memory Service so this is a change to previous arrangements.

Intensive Home Treatment Team (IHTT) for Older People

This new service assesses and cares for older people with more acute and complex problems related to their mental health or dementia. It provides intense support to help avoid hospital admission if that is what the person prefers. This means they will normally offer support where a person lives. The team will also help to support people when they are discharged from hospital.

Memory Assessment Service

The Memory Assessment Service continues to provide assessment, diagnosis and short-term treatment for older people experiencing early dementia. This service will focus on diagnosing memory problems. The majority of people will be seen in a clinic and some in their own home if required. Their aim is to see people within eight weeks from referral and make their diagnosis within 12 weeks of referral. The team will identify a person's needs and work with them and their family on what longer term treatment or support may be required, involving a person's GP and other health care providers.

Care Homes Service

Our new Care Homes Service supports people with mental health problems who live in care homes across Leeds. It will now be split into two teams.

Firstly, there will be a team working with people with longer term mental health needs, including people with dementia. This is to ensure these people receive the same level of service they could expect if they were living at home – where they would be under the care of a Community Mental Health Team for example.

Secondly, there will be an intensive care homes team who will work with people in the shorter term. Their focus will be helping people in care homes avoid hospital admission, and to support faster discharge from hospital back to care homes.

The Younger People with Dementia Team

This team has not changed and will continue to provide assessment, diagnosis and treatment for working age adults with dementia and their families.

Name of Priority: Patient Safety

Projected QIP 2019/20	Time frame	Progress achieved
Serious Incidents: Process improvement and Learning from Trust wide SI investigations	April 2020	Achieved
<p>The membership of the Trust Incident Review Group has been reviewed and the Terms of Reference updated. An action template was developed and agreed with Clinical Governance collaboration and is now in use. A maturity matrix depicting Learning from deaths and working with bereaved families and carers has been developed with strong progress made across the actions.</p> <p>Fact Find training has been rolled out across the Trust, with the Fact Find going live on DATIX in October 2019.</p> <p>A Patient Safety Incident Learning event was held on 24th October. A number of workshops were provided on the day, demonstrating the work streams and learning as a result of patient safety incidents, more details are included within section 2.</p> <p>The Clinical Effectiveness Team are monitoring the Trustwide Serious Incident Action plan which has ensured that an improved reporting of exceptions is now embedded. The Clinical Effectiveness Team produce a monthly report which is reviewed within the Care Group Governance Forums.</p> <p>Changes to fluid balance/MEWS as a result of learning from Serious Incidents is one aspect of improvement for patient safety.</p>		

Name of Priority: Care Group Safety Planning

Projected QIP 2019/20	Time frame	Progress achieved
Safety Planning across the Care Services	April 2020	Achieved
<p>Following completion of the pilot, safety planning went live within our Intensive Support Service (ISS) teams from October 2019 after a period of staff training. Staff have engaged in the use of the tool, embedding it well with evident areas of good practice. A staff focus group was held in January 2020 to gain feedback on the process so far.</p> <p>A bespoke safety plan section that is easily visible and accessible has been created within CareDirector our forthcoming patient record system. New functionality with the system, including digital dictation, will support staff to record care plans more easily and in a timely manner.</p> <p>The next set of services to implement the safety plan will be our Older Peoples Services, our Intensive Home Treatment Team and the female acute wards at the Becklin Centre and Aspire. These teams were all either involved in the pilot or are currently using some form of safety planning. The training package is currently being reviewed to include some of the learning points from use of the tool to date. This includes developing the initial training package for teams and identifying ways of developing best practice in partnership with the ISS teams already using the tool.</p>		

Name of Priority: Suicide Prevention Plan

Projected QIP 2019/20	Time frame	Progress achieved
Suicide Prevention Plan; development of a Trust approach	2022	On track to be achieved
<p>The suicide prevention plan aims <i>'to implement within LYPFT a coordinated approach to suicide prevention that is co-produced with service users, carers, staff and partners from the current fragmented approach to an embedded and sustained culture by 2022'</i>.</p> <p>This plan has been created in support of the organisation's vision to keep people safe so that they can save their own lives'.</p> <p>The plan has been considered alongside the</p> <ul style="list-style-type: none"> – West Yorkshire and Harrogate Integrated Care System Suicide Prevention Strategy (2017-2022), – Leeds Suicide Prevention Action Plan (2018-2021) – Patient Safety Strategy (2019-2022). <p>Partnership working with local and ICS colleagues continues.</p> <p>We're currently exploring how to involve service users and carers in the project with the Patient Experience Team and the Recovery College managers.</p> <p>Safe and Effective Care and Treatment – this is progressing well and all services have agreed to use the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) self-assessment toolkit for safer services.</p> <p>Learning and Development - The clinical risk training baseline assessment has been completed and presented at the Clinical Cabinet. The group are currently putting together an options appraisal.</p>		

Name of Priority: Always Events®

An Always Event is something that improves patient experience that should always happen. E.g. NHS staff introducing themselves to service users

Always Events® are “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system” (NHS England).

Always Events is a quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers so that changes can be identified to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an “Always Experience.”

Projected QIP 2019/20	Time frame (revised)	Progress achieved
Development of Always events with all services. Pilot Always Events within services and roll-out across all services to embed within the organisation and culture.	2021 and ongoing	Not achieved; QIP revised and in progress

Always Events National Programme

This year we joined the NHSI Always Events Programme and in addition to a one day workshop for some of our staff we also benefit from monthly phone calls with our cohort of other Trusts and from having a “buddy” from another Trust who have established Always Events, to help us through the process.

Always Events did not progress as well as anticipated in 2019/20 due to absence and vacancies within the new Patient Experience team. This lead to delays in the project in developing and implementing Always Events in partnership with our services. Interventions to support progress have been undertaken and we now have two new Patient Experience Co-ordinators within the team.

Always Events continue as a QIP for 2020/21 and details of the revised QIP can be found in Section 4. Furthermore a new oversight group has been set up to support progress of the QIP and ensure it remains on track.

Name of Priority: Mental Health Legislation

Projected QIP 2019/20	Time frame	Progress achieved
a) Reduction in document management issues identified by the monthly 10% audit of legislation officers caseloads b) Sample re-audit of assessments of capacity in relation to medication for mental disorder. c) Redesign of the MHA face to face training to ensure it meets the needs of clinical staff; and implement/evaluate	Begin after Jan 2020	Achieved
<p>The Mental Health Legislation Team have successfully reduced document management issues, evidence of this is available through monthly audits.</p> <p>During a recent unannounced CQC Mental Health Act (MHA) Reviewer visit, it was acknowledged that there has been a dramatic reduction in issues with capacity assessments.</p> <p>New MHA training has been developed and agreed. There are two levels – initial and refresher. This training will fulfil the needs of clinical staff; following roll out of the training an evaluation of the effectiveness of the training will be completed.</p>		

Name of Priority: Continuous learning and improvement including Patient experience impact measures

Projected QIP 2019/20	Time frame	Progress achieved
Develop and include 'patient experience and impact' assessment as part of the CQI process when working with services to improve patient care and pathways	April 2020	Achieved
<p>Patient Experience is included in the training offered to staff taking part in quality improvement projects.</p> <p>All continuous improvement projects and activities evidence that consideration has been given towards direct service user/customer involvement.</p>		

Name of Priority: Community Physical Health Monitoring and Improvement Service

Projected QIP 2019/20	Time frame	Progress achieved
<p>Service users in the care of Community Mental Health Teams (CMHT) who require physical health monitoring will receive this and any intervention needed from the city-wide Physical Health Monitoring and Improvement Team (PHMIT).</p> <p>The service will be implemented using a quality improvement approach.</p>	<p>April 2020</p>	<p>Achieved</p>
<div> <div> <p>A citywide service developed to provide physical health monitoring to people on certain medications, and help them to improve their ongoing health and wellbeing by linking with services such as One You Leeds.</p> </div> <div> <p>This service began in 2019 as part of the newly designed community mental health service and is now running across all 3 localities. Over the last year the team has been working with the Community Mental Health services to improve the pathway for referral and increase the number of people receiving monitoring. The team has also been working to make sure that it is available to all those who need it, at a location which is convenient to them; this has included developing a new clinic facility at St Mary's House.</p> </div> </div> <p>In 2019/20, a total of 989 service users have received monitoring by the service (367 of these receiving clozapine monitoring and 622 physical health monitoring for other medications). It is anticipated that the referral rate will increase as pathways between the Community Mental Health Teams and the PHMIT continue to improve.</p> <p>A link is now established between the Healthy Living Service and PHMIT to improve awareness of the availability of community support for lifestyle and healthy behaviour changes.</p>		

Name of Priority: Physical Health Care, Relaunch of Smoke Free status in the Trust including review of the Nicotine Management and Smoke free Procedure

Projected QIP 2019/20	Time frame	Progress achieved
Reducing harm to service users, staff and visitors by review of the Trust's approach to Nicotine management	April 2020	Achieved
<p>Last year we reported our plans to review our Nicotine Management and Smoke free Procedure to ensure this was in line with the latest national recommendations on supporting people to stop smoking. In September 2019 we launched a pilot of our revised policy on the Newsam Centre site. This introduced e-cigarettes as an aid to help people to quit or abstain from smoking whilst an inpatient. The pilot is being evaluated and we hope to use learning from this to improve our stop smoking support across the Trust.</p> <p>The draft Nicotine Management and Smoke Free policy supported the pilot at the Newsam Centre.</p> <p>An increase in Nicotine Replacement Treatment (NRT) is being reviewed as an indicator of successful stop smoking support; work is being done to evaluate how NRT should be used following evaluation of e-cigarettes as an alternative method to support abstinence or harm reduction.</p> <p>Data has been collected for smoking related incidents; however analysis is not yet complete to be able to share this.</p>		

Name of Priority: Positive and Safe Group actions and impact

Projected QIP 2019/20	Time frame	Progress achieved
<p>Develop service user involvement in training. Review and have a renewed approach to training. Roll out the new training programme to include syllabus and lesson plans for Prevention and Management of Violence and Aggression (PMVA) training.</p> <p>Commence application for PMVA training accreditation scheme.</p>	April 2020	Achieved
<div> <div> Positive and Safe - Recognising behaviour that challenges and working in a proactive and collaborative way to prevent and manage these behaviours </div> <div> <p>The PMVA team reviewed the mandatory training syllabus to ensure it reflected the new PMVA training standards, the current Training Needs Analysis and feedback from the compulsory training group. This work was completed and presented to the compulsory training group in January 2020.</p> <p>The De-escalation Task and Finish Group will be engaging with the patient experience team to address the issue of service user and carer involvement. They have also reached out to Advonet to be involved in their Restraint, Seclusion and Segregation (RSS) Project for people who have experienced RSS and their carers. Project feedback sessions were held on the 12 December 2019. This project aims to explore how service user and carers voices and experiences can be included in the work.</p> </div> </div>		

Improving the quality of our services

In addition to the QIPs we have described so far, we have been working hard over the year in many other ways to improve the quality of services. Some of these initiatives were brand new in 2019/20 whilst others are continued improvements that you might have read about previously. We would like to share some examples of the great work that has been and is happening as follows.

Learning from Patient Safety Incidents, a Trustwide Event



In October 2019 our first Trust wide learning event took place at The Bridge Community Church in Leeds and over 100 staff attended. The focus of the day was quality improvement in respect of patient safety.

Dr Claire Kenwood, Medical Director (pictured left), was our key note speaker who set the scene for the day, speaking about how quality improvement methodology can be utilised in practice to improve safety and quality of care.

A number of clinical staff presented workshops, detailed below, to demonstrate changes within their clinical areas which have resulted in quality improvement in practice. The Deputy Director of Public Health Leeds presented the Leeds Suicide Prevent Plan and described our involvement with this.

A second event is planned, with a focus on Suicide Prevention and our strategy for this.



Victoria Eaton, Deputy Director of Public Health Leeds

Workshop - Safewards

Safewards is a containment model that is intended to reduce flash points and consequent incidents on mental health wards and to instil a consistent approach that helps to make wards safer,

This workshop was devised and delivered to look beyond the interventions and gain an understanding of some of the basic theory behind it. The workshop encouraged staff to relate this theory to their own personal experience of working in mental health and to evoke the understanding required to truly implement Safewards.

Safewards could appear to be just 10 simple interventions but these interventions were drawn from a great deal of research and discussion with service users and clinicians. Implementing

Safewards on the wards has been a challenging process as it requires willingness to change and a shift in culture in many areas. A better understanding of the ethos of Safewards gives credibility to the function of the interventions providing motivation to use them and creating a greater overall impact. The ten interventions are as follows:

Clear Mutual Expectations – Clear mutual expectations for service users and staff underpinning an individual's care on the ward, providing clear, mutual guidance on how staff and service users should behave with one another.

Soft Words – An intervention that supports staff in navigating the restrictive elements of inpatient mental health care in the most respectful and honest manner possible.

Talk Down – The nature of mental health wards and mental health problems means that sometimes service users can become agitated, upset or angry. This intervention provides guidance on the best way for staff to approach these situations to help service users through difficult emotions.

Positive Words – A process to support staff in understanding why service users might behave in certain ways, particularly behaviour that challenges. A good understanding of certain behaviours and also regularly handing over positive behaviour helps staff to remain empathetic and compassionate and is a constant reminder that there is a human being at the heart of it all.

Bad News Mitigation – A guide used to identify and plan how best to support service users that receive bad news as these situations can lead to people becoming upset or angry.

Know Each Other – A very simple way in knowing each other and building rapport.

Mutual Help Meeting – A meeting that harnesses the power of community on our wards.

Calm Down Methods – A collection of items available for use that can help service users remain happy and calm on inpatient wards.

Reassurance – This intervention is intended to support service users when they have seen difficult situations on the wards and to help prevent further consequent incidents by others.

Discharge Messages – Messages of hope written by service users on discharge. These are displayed on the wards in a bid to offer hope to others and to hopefully reduce the shock of being admitted to an inpatient ward.

Workshop - Green Light, Learning Disability mortality and the national work

The Learning Disability Mortality Review Programme (LeDeR) was established to drive improvement in the quality of health and social care service delivery for people with learning disabilities (LD) by looking at why people with learning disabilities typically die much earlier than average.

A Trust wide Steering Group has been formed to improve the care for people with a learning disability and/or autism within mental health services. The group's work is based upon the outcome from all teams completing the Green Light Audit, the recommendations from LeDeR and the recently published NHSi Learning Disability Improvement Standards.

The workshop was used to introduce the purpose of the steering group to staff and to gain feedback from them on what challenges they experience in providing high quality care to this service user group.

Staff informed the workshop facilitators that they would like face to face training, improved partnership working and clarity about how to access support from specialist learning disability services.



Photo shows an example of a breakout session

Workshop - Structured Judgement Review (SJR) and Mortality Review

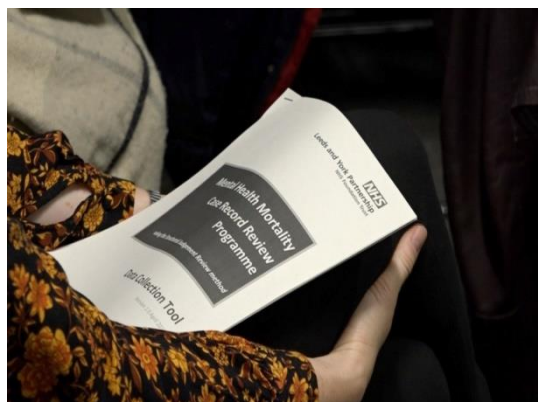
SJR is a validated tool to review mortality and was adapted for use in mental health services. We use the Royal College of Psychiatrists tool.

The Trust has a bi-monthly Learning from Incidents and Mortality Meeting (LIMM), where all deaths of patients in receipt of our services are reviewed.

A number of review types are undertaken in line with our local and national Learning from Healthcare deaths Policy. One such review is the Structured Judgement Review process.

Over 40 SJR's have been completed in the last year and presented at our LIMM as well as being shared with the clinical teams. The SJR process involves reviewing the patient's record and speaking to people. An overall score is applied to the review stating if the care was excellent, good, adequate, poor or very poor based on the findings. This is also broken down into sections so that different parts of a patient's care can also be scored. An example is the standard of the risk assessment.

Our SJR's have highlighted a number of themes such as physical health care as part of clinical observations. This has led to a Trust wide change on how observations are recorded and earlier recognition of deterioration of a patient's physical health. The SJR's have also highlighted good practice, in particular with discharge planning and communication.



More than 30 clinical staff, including medical staff have been trained in how to do an SJR. This year the process will be used to complete thematic reviews on patients who are prescribed, and monitored for, a medication called Clozapine.

The Trust supported the NHS Improvement Team with a video presentation on the effectiveness of the SJR process to inform quality improvement. This was used as part of a patient safety award when the NHSI was nominated for the work on SJR's for mortality review.

Workshop - Risky items in community settings

A risky item identified as being considered by the patient to inflict harm could be a washing line, dressing gown cord, dog lead, bladed instrument and medications.

This workshop was driven by the local knowledge that it is not unusual for practitioners in community based services to make the decision to remove items from a service user that are identified as being considered to inflict self-harm

The removal of a person's personal property raises the issue of when this needs to be returned. Workshop facilitators highlighted that this aspect is not consistently considered by staff. Currently there is no specific Trust guidance on this for community based staff. The workshop was used to generate discussion and consider what they would like to include in a local Practice Guidance Document. This Practice Guidance is now in development informed by the workshop.

Workshop - Staff Burnout

Following a service evaluation looking at violence and aggression in Acute Inpatient Services in 2016, it was felt that an understanding of the current levels of staff burnout (fatigue) and job satisfaction was needed. The evaluation included our inpatient and crisis services within Leeds Care Group. 156 staff responded from a range of disciplines, the majority being nursing staff and support workers.

The workshop encouraged discussion on this topic and afforded the facilitator opportunity to update staff on the action plan developed in response to the findings. Positive actions that have taken place following the learning event include the delivery of staff resilience sessions and reflective practice groups.

Workshop - Safety Huddles

A safety huddle is a daily forum for staff to discuss safety concerns, the key principles of safety huddles are that they are clinically led, multi professional and brief.

Safety Huddles focus on identified harms and safety concerns and how working together as a team can reduce these.

The process for implementing huddles starts with culture surveys. These enable teams to feel engaged and motivated in the process as they have a say and a voice from the outset. An importance is placed on discussing and reflecting on the impact of team culture on patient safety to identify areas that could impact on patient safety; and how this can be improved.

Ward 5 at our Becklin centre introduced safety huddles on 1 April 2019. Following the introduction of safety huddles there has been a 50% reduction of incidents of violence and aggression. The team were keen to focus on harm caused by violence and aggression following a number of serious incidents and learning reviews where not being proactive in treating a patient or working as a team had led to harm. On average the team were experiencing 3 to 5 incidents per week, which has now reduced to 2. The length of days between incidents is also gradually increasing with the longest time between incidents being 15 days.

Ward 1 at the Mount introduced safety huddles to address falls in May 2017. The aim of the huddles was to reduce harm, increase clinical knowledge in fall preventions and address team issues such as the lack of regular staff meaning higher use of bank and the impact this had. Initially there was an increase in falls however the harm from the falls reduced and as the understanding and knowledge of falls prevention improved there has since been a decline in the number of falls.

On review of both wards there has been significant improvement in the culture with teams feeling valued and seeing the positive impact of using safety huddles.



Acute Care Excellence (ACE)

The acute inpatient service has embarked on a journey of improvement in order to ensure the provision of an effective, safe, purposeful and high quality service.

We believe that the service we offer at the moment is good however we have a desire to work purposefully to deliver high quality care, excellent service. We recognise that we can do this through changes in how we organise, manage and deliver care and how we engage our service users, staff and carers to ensure that each of these groups are at the heart of what we do and why we do it.

The ACE programme is being designed as a journey of continuous improvement which will offer the opportunity for engagement with everyone who uses and works within our services and across the whole health system in Leeds.

Initially a small working group met to develop a work plan exploring and testing the scope of the ACE journey. It was recognised that there was no formal model of quality improvement used within the service and a half day workshop for clinicians and managers was facilitated by the Institute of Health Improvement as an introduction to quality improvement. Views were taken from the board of governors, executive and non-executive directors on what they would like to see from the programme for staff, carers and service users and this was shared within the service.

A poster campaign was developed to encourage participation from service users, staff and carers and a survey was sent out to staff. Ward staff facilitated sessions with service users to hear as much as possible about current experiences of care, the environment and services offered.

An away day was attended by over 60 members of staff working within or aligned to the acute service. The aim of the day was to ensure a shared understanding of ACE and develop a vision for the future by working together to share and understand the difference we would like to see within the service, to begin to explore the work needed to influence a good inpatient journey; and identify who should be involved.

We began by looking at some of the areas that we were proud of within the service, particular projects such as the implementation of safe wards, safety huddles, learning meetings and care planning work were included. Teams believed that the culture we hold was a reason for pride.

The away day concluded with an agreement on the larger pieces of work that we want to improve within the service and split this into three areas: Pre-admission, inpatient admission and Transfer of Care. These three areas will form the initial work streams of the acute care excellence programme and progress will be shared in the next Quality Account.



Safe staffing update

Safe staffing means having enough staff with the right skills and knowledge, in the right place, at the right time.

Since the 1st August 2019, alongside recording registered and non-registered nurse staffing levels; there is now a requirement to record the staffing level of Registered Nursing Associates and Allied Health Professionals (AHPs).

High numbers of vacancies across the wards and national vacancies at over 40,000 registered nurses (one in nine posts) tells us that we will not be able to recruit a sufficient number of registered nurses in the near future. Whilst the care we provide is

safe, there is a requirement for additional resources to ensure that we can provide the additional care time that some service users require due to the complexity of their presentation. This will enable more robust deployment of a multi-professional workforce rostered as part of the team delivering patient care.

We know that there are a number of skills sets that can complement care delivery and we have been working hard to ensure that an appropriately skilled workforce is available to deliver safe and effective care on our inpatient wards as part of our Professional strategies.

The use of the Keith Hurst Optimal Staffing Tool is now routine daily practice across all of our inpatient services and from 1 February 2019 to 30 September 2019 ward leads used the tool to record patient acuity. The data we collected from this is the first step in assisting us in our discussions with our commissioners regarding current budgets compared to the required costs based on what using the staffing tool tells us. This can help us reduce unwarranted variation in staffing levels.

In the first instance, the areas of focus and analysis have been prioritised within our acute inpatient and older people's services. Use of the tool has enabled our teams to highlight the investment needed to improve how we care for our service users in these areas. Further analysis will take place in relation to our forensic services and be reported on in June 2020.

Following on from the results of the tool, services are now considering more creative ways to fill staffing gaps to ensure service user need is met; and further assess the bespoke skills required to deliver person centred care and treatment. This will include considering aspirational roles such as Nurse Consultants, Pharmacist Consultants, Medical Associates and General Practitioners.

Our Estate update

We have made a number of changes to the way we run and use our estate linked with the delivery of the priorities we set ourselves as part of the Strategic Estates Plan.

In developing our Strategic Estates Plan back in 2018 it enabled a full assessment of the quality and efficiency of all our estate. We have divested of the buildings that were inefficient and not cost effective to operate or maintain and have embarked on adopting an agile estate. We have already begun to make changes to our community hubs across the city, creating work environments that are more adaptive, flexible and enable our clinical teams to have access to office space when required, hot desking space or meeting rooms. We are also working with our partners across the city in how we will all work to the principle of 'one public estate'.

In adopting this new flexible approach we need to ensure that our workforce are equipped with the right technology. We are increasing the use of laptop computers as opposed to desktops, installing Gov.Roam and implementing the virtual desktop. We are also linked with the introduction of greater meeting room spaces, rolling out an electronic room booking system with mobile App so bookings can be made when on the move.

Key priorities for 2020/21 include completing the ward lifecycle work required across our Private Finance Initiative (PFI) buildings, completing the work to improve the agility of our community estate and expanding the reach of our estate to include the new regional services we now provide.

What is PFI Estate?

Private Finance Initiative (PFI) estate is property that we lease over a long period of time that has been built and is managed by a private company.

Electronic Patient Record (EPR)

An Electronic Patient Record (EPR) is a software application which brings together essential clinical and administrative data into one place.

In the last year we have been preparing to replace our existing Electronic Patient Record (EPR) *Paris* that we have been using for the last 10 years. The Trust is deploying a next generation product, CareDirector which went live on the 30th March.

Why is the new system better?

The new system is designed to be easier to navigate and bring data to the clinician or admin user rather than them having to search for data across numerous parts of the system. Users are able to view a

timeline of a service user's care and navigate to the events on the timeline with a single click. Dashboards display information on a single screen that show information on an individual Service User, a clinician's own workload or a team's activity.



Benefits include:

- Less time spent searching for data and assessing workload priority and more time for face to face contact with service users
- A built in mobile application that can be used on phones or tablets to view information on a service user, manage appointments, record notes and complete assessments
- Helps staff navigate to the appointment, address or telephone the service user within a single click on the app screen
- We can work offline without losing recorded information
- Improved recording using voice and text notes
- Reduced paperwork
- Reduced travel time; the system negates the need to travel to the office between appointments
- Integrated systems: national standards mandate that clinical systems are able to 'talk' to one another and CareDirector can be integrated with a wide variety of other systems, such as:
 - the Leeds Care Record both (data from Acute and Primary Care providers)
 - a dictation system to produce clinical letters
 - our electronic prescribing system

It is an exciting time for the Trust and this is just the start of our journey with CareDirector. There will be many opportunities to use the capabilities of the EPR to improve the way our services work as we learn more about how our staff interact with CareDirector and how we can do this better.

We will be working with the supplier to develop further functionality such as patient portals to give service user increased access and interaction with their record and to link to further systems used by our healthcare partners in the region.

Patient and Carer Stories at our Trust Board meetings

Patient and carer stories are presented at our Trust Board meetings. This ensures that our Board members hear first-hand accounts of people's personal experiences of what it is like being cared for and supported by our organisation. It is important that we ensure that we also share...*"and so what has happened as a result of these experiences"*.

Examples of stories that have been presented to the Trust Board over the past year and what happened as a result of the experiences:

Mark Clayton told his story of being both a patient and a carer to one of his adult children. Mark was a Middle Manager in BP, however found himself homeless at one point. He has spent time in hospital and following this he was able to describe his journey to recovery which detailed aspects of both good and poor care. Mark felt very strongly that he was not supported well when he became a carer for his adult daughter. As a result of his experiences, Mark is actively involved in working closely with the Trust to ensure that patients and carers are supported in an effective and empathetic manner and more importantly that their voices are heard. He is currently Co-chair of the Carers Sub Group and of the Patient Experience and Involvement Strategic Steering Group, an active member of the Patient Experience and Involvement Sub groups and sometimes chairs the Service User Network Meetings in the Chairs' absence. He is also very active in working with our third sector partnership organisations. This enables Mark to have a very powerful voice in helping to improve our services.



In January 2020 Board Members enjoyed listening to Lisa Cormack's story of how her involvement with our Learning Disability Team has led to paid employment with our Trust. Lisa has been a tenant in our Specialised Supported Living Service where she has lived since 2010. Lisa is a very passionate and enthusiastic volunteer and has held numerous volunteering posts, including working at St Gemma's Hospice Charity Shop and being involved with People in Action. She has been actively involved with the Trusts Learning Disability Service, by helping to recruit staff and by being a service user representative at the LD Governance Group. Her experience led her to apply for one of 3 part time posts as an Involvement Coordinator Co-worker, at a Band 5 level. In one of these newly formed posts, Lisa will build on the values of co-production to help place equal value between a persons lived experience of a learning disability and the professional experience other members of the team bring to their roles. Lisa's work will ensure that people who are supported by LD services, have a say and are involved in improving their own services.

Tribute should be paid to Amy Hirst and John Burley from the Learning Disability Involvement Team who were able to ensure that these posts were specifically designed to value the important contribution that people living with a learning disability can make to improve our services. Amy and John worked in partnership with the supported employment provider "People Matters" to help develop the posts. An easy read job advert, application form and job summary document were designed to go alongside the existing Involvement Co-ordinator job description and person specification. Interviews for the post involved designing practical tasks aligned to the job specification so applicants were able to demonstrate their skills and show how they would co work and

I am so proud of myself and I continue to push for more. I have just sent my CV to "Workfit". My next challenge is another paid job at Leeds University.

Lisa Cormack

feedback ideas to a group of service users and staff members. Finally Amy worked closely with the Trust's Recruitment Department to make reasonable adjustments to the employment checks. These included a face to face DBS (Disclosing and Barring Service) appointment and paper based occupational health questionnaire rather than applicants having to fill in online forms.

We will look forward to seeing how Lisa's new role expands over the forthcoming year.

Service User Network (SUN)

Our Service User Network (SUN) gives a voice to service users and their carers who access our Trust services.

Our Service User Network (SUN) Group is held on the first Wednesday of every month and is currently held at the Cardigan Centre in Burley. The SUN is co-chaired by service users and is a very influential group in helping to design and shape our future services. Everybody's voice counts and is listened to with respect.

The group's objectives are:

- To provide a social network that includes peer support.
- To share lived experiences in order to shape the planning, development and evaluation of Trust services.
- To provide a forum where service users can work together to promote recovery focused, inclusive and accessible services.
- To ensure that members who are involved with other partnership organisations share information with the group, with regards to initiatives and opportunities happening across the city.



SUN
SERVICE USER NETWORK

Examples of events and projects where SUN members have recently been involved in co-producing and influencing decision making are:

- Helping to co-produce the new Patient and Carer Experience and Involvement Strategy (2020 – 2023) by providing their views, advising on the process and giving a service user and carer view with regards to the layout of the strategy.
- Giving their feedback and views on the new Policy for the Payment and Reimbursement of Service Users, Patients, Carers and Members of the Public.
- Working with the Crisis Resolution and Intensive Support Service to identify questions to be asked as part of their Patient Recorded Experience Measure in order to collect meaningful feedback about their service
- Reviewing the Complaints Satisfaction Survey form
- Reviewing the way in which the Trust involves Service Users and Carers in the current staff recruitment process and suggesting more effective ways that this could be done

If you would like to attend the Service User Network, please contact the Patient Experience Team via email patientexperience.lypft@nhs.net or by telephone 0113 855 6840 and we would be happy to support you to attend the meeting. Members are provided with refreshments and travel costs can be reimbursed.

Patient Reported Experience Measures (PREMs)

PREMs are questionnaires measuring the patients' perceptions of their experience whilst receiving care.

Several of our teams are already using PREM's effectively in order to gain patient feedback about their services:

- The Personality Disorder Clinical Network
- Perinatal Mother and Baby Unit
- Child and Adolescent Mental Health Service (CAMHS)
- Rehabilitation and Recovery Service

Importantly these services have been able to demonstrate changes they have made since introducing these measures. For example, the Rehabilitation and Recovery Service have co-produced a 12 question easy read survey with their patients/service users. Data from the measure is fed back into the clinical governance structure and is also displayed on a "Your Views" notice board for patients/service users and carers to see. As a direct result of receiving patient feedback, patient experience has been improved by introducing changes to care plans and by improving the layout of the Family Room, where patients/service users can spend time with their families and friends.

Inviting patients/service users to attend Multi-Disciplinary Team (MDT) meetings and enabling them to have access to laptops have been some of the changes implemented by the CAMHS team based at Mill Lodge in York, as a direct result of using a PREM to gain feedback.

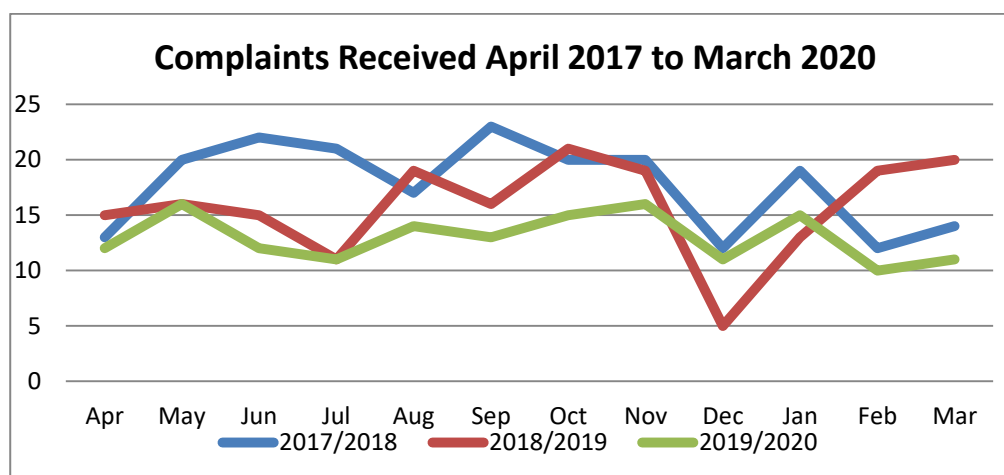
Over the next 12 months the Patient Experience Team will work closely with other teams and services across the Trust to ensure that they all have a PREM which is specifically tailored to meet the needs of their service, to enable positive changes to be made as a direct result of receiving patient feedback.

PALS (Patient Advice and Liaison Service), Concerns and Complaints

We are committed to providing opportunity for any user of the organisation to seek advice, raise concerns or make a complaint about the services it provides. The Complaints and PALS Team provide a gateway to hear concerns and complaints; and ensure they are managed in accordance with regulatory requirements. The team strives to ensure that they deliver an accessible, robust complaints service driven by the rights of patients set out within the NHS Constitution.

We recognise that the formal complaints process is not always the best pathway for patients and families to receive a speedy resolution to a problem. We continue to promote a welcoming and positive culture for everyone making contact with the PALS and Complaints Team. Our PALS team are based at our Becklin Centre and are accessible for all users of our services via our dedicated Freephone number.

During 2019/20, the Team dealt with 1904 PALS enquiries/concerns and 156 complaints. The chart below shows the comparison of complaints received over the last three financial years:



We receive a relatively small number of complaints, however they remain a valuable source of feedback and learning from complaints and the value of sharing this learning across the organisation is one of the most important aspects of our complaints process. Complaints present an opportunity for us to review care, our services; and the way in which we interact and provide information to our service users, from another perspective.

A CLIP (Complaints, Litigation, Incidents & PALS) report is produced on a monthly basis and discussed within the relevant forums. Actions from complaints and their progress are also discussed within relevant service meetings.

The top three themes for **complaints** during 2019/20 were:

- Poor General Care (19) 28%
- Conduct of staff/attitude (6) 9%
- Waiting Times (5) 7%

Themes of **concerns** tend to vary from formal complaints. Concerns are often problems that require immediate action such as meal options and environmental issues.

Key Achievements in 2019/20

- The PALS team receive and triage all concerns and complaints received in the Trust. The PALS team use their skills to resolve issues by the most efficient means ensuring the best outcome is achieved in a timely way, as agreed with the complainant.
- The PALS & Complaints team also process our Care Opinion postings; these concerns are included in reporting and triangulated with PALS activity and formal complaints.

Aims for 2020/21

- To explore other ways to obtain feedback from complainants and to use this effectively to improve the experience of using our services.
- To improve how we capture equality monitoring data across complaints.

Many thanks for all your very efficient help through all this. I've really noticed and appreciated how thorough and quick you've been, and how well you've been able to deliver on your promises. It's really unpleasant to have to go through a complaints process, but I've found contact with you has made it that bit easier, so thank you. Please do take that as an official compliment!

Complainant

Compliments

Our teams and staff often receive compliments. Compliments are received for treatment, care and support, in respect of our environment, atmosphere, and cleanliness. Staff can record all compliments received (either written or verbal) as well as being able to attach any cards/letters to our DATIX system.

During 2019/20, the Trust received 414 compliments, this is a 2% increase compared to 2018/19 (406 recorded compliments). Compliments are a key measure of patient experience and we are keen to develop recording of compliments alongside our other methods of feedback in order to create a fuller picture of where we are doing well and where we might be able to further improve.

Development of our Leadership and workforce

Developing an inclusive culture based on Trust values and behaviours

We are committed to delivering high quality care that supports and meets the needs of people from our diverse communities. In order to do this, we recognise that it is essential that our workforce is as diverse as the communities we support and that we continue to build knowledge, skills and behaviours to address inequalities to deliver truly inclusive services.

In 2019 over 300 staff attended Diversity and Inclusion development days, which support staff to understand why certain communities experience inequality of access to services or treatment to inform their clinical and personal practice.

Ensuring that we understand and learn from the experiences of people from diverse communities is central to our approach. During 2019 we commenced a co-created project with the Synergi Collaborative working with our service users and communities with focus on crisis support to improve mental health access and experience for Black, Asian and Minority Ethnic (BAME) service users.

In March 2020 we established Clinical Engagement, Access and Inclusion Coordinators in our crisis and perinatal teams. They are working with the services and wider communities to understand and address potential barriers to access for people from BAME communities.

We have also further developed our Rainbow Alliance Network through co-creation, which aims to ensure that our services and processes are inclusive for people who are Lesbian Gay Bisexual or Transgender (LGBT+).

We have established our Disability and Wellbeing Network (DaWN) and expanded involvement in our Workforce Race Equality Network (WREN). Through co-development with our staff networks members, areas we are working on include;

- Reviewing our Reasonable Adjustments processes for our Disabled staff.
- Increasing awareness of key support and personal development structures for our BAME staff.
- Sharing of personal stories and journeys to increase cultural understanding and inclusive leadership approaches.

Trust Leadership Forum

In 2019 the Trust leadership forum continued to meet and provide senior leaders with a valued networking and learning space. The forum sessions focused on sharing good practice, the power of personal story telling, developing personal resilience and using a coaching approach to develop collective leadership impact.

Developing Teams

The Affina Team Journey is an online team assessment and development tool for team leaders to use with their teams. It improves performance by giving teams a structured, evidence-based experience they will value and enjoy.

A clear, ten-stage layout enables teams to work through the practical and interactive materials at their own pace, usually in four to six months.

This year there have been 13 team development programmes and 10 Affina Team Journeys completed or progressing, out of a total of 46 requests to the Learning and OD team.

The Learning and Organisational Development team have started to work more closely with the Continuous Improvement team to align approaches, develop a shared and deeper understanding of the challenges faced by teams and to improve the development support to teams. Eleven Affina Team coaches across the Trust have been trained to date. During 2019 these coaches supported teams following the Trust's re-design of its community services.



The Forensic Leadership team recommend the Affina Team Journey and reported that it feels like a different team, a different service. There's an energised buzz around their meetings. They changed the name of the management team to the Leadership Community to reflect a more open,

transparent and positive outlook.

Learning and Organisational Development

We value our staff and want to ensure we give them the support and care that is needed for them to thrive and provide good patient care. As a reflection of this we have newly appointed a Health and Wellbeing Manager who will be a dedicated resource to drive our strategy forward.

Support currently offered to staff includes:

- Employee Assistance Programme - this provides one to one counselling services and legal advice.
- A comprehensive Occupational Health service including self - referrals to a physiotherapist, and will be developing further links with other organisations in terms of mental health support.
- Financial wellbeing support - we offer financial advice and loans through a partner company, and this year we will focus more on encouraging staff to save money.
- Mental Health First Aiders - we have several staff trained and will be looking at ways to best utilise this resource.
- Workplace Wellbeing Advisors offer support and signposting and work across the Trust.

Trust Appraisals

Throughout 2019 we have worked to deliver improvements to the Trust Appraisal processes. A simplified appraisal policy has been introduced and in January 2020 we will be introducing a process to measure the quality of appraisals. The information will be used to inform future improvements and direct support to areas in need.

Mary Seacole Programme

The Mary Seacole programme is a six month leadership development programme which was designed by the NHS Leadership Academy in partnership with global experts, Korn Ferry Hay Group, to develop knowledge and skills in leadership and management.

We continue to successfully deliver a local version of the NHS Leadership Academy's Mary Seacole Programme in partnership with the West Yorkshire Mental Health Collaborative, aimed at those new to leadership or those wishing to further develop their leadership behaviours and impact and in June 2020 we will hold our third annual celebration event.

Testimonial from Lorna Dunsire, one of our Mary Seacole graduates:

I feel that I learnt a lot, about myself as well as the most effective strategies for facilitating positive changes, whilst completing the Mary Seacole programme. During the programme, I was successful in securing a Clinical lead position and now I lead a team of Occupational Therapists within the Inpatient mental health wards. Without the support of the Mary Seacole programme, I don't think I would have the confidence to apply for the job, never mind to identify the skills and opportunities which I could bring to the formal leadership position. I would highly recommend the Mary Seacole programme to anyone who is keen to put the work in to develop their leadership skills.

A number of leadership development programmes (in partnership with other mental health and learning disability Trusts across the West Yorkshire Mental Health Collaborative) have been delivered. These include the Shadow Board programme, a powerful experiential learning programme for aspiring directors.



Effectiveness of enabling MDT (Multidisciplinary Team) engagement to improve patient care

An MDT meeting is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual service users

The Quality, Delivery and Performance (QDaP) process originated in the specialist and learning disability services care group from a desire to improve patient care by collaboratively engaging staff in dialogue around activity, performance and quality employing a facilitative leadership approach and a participative style to collectively examine compliance and quality areas of service delivery.

As a part of a dissertation for the MSc component of the Elizabeth Garrett Anderson programme the researcher began a case study/service evaluation of the QDaP process in order to understand the benefits and limitations of this kind of engagement. The case study explored the engagement of staff in the QDaP process by understanding and analysing the experiences of clinical team members and leaders who participate in a quality and

performance forum with senior leadership in the specialist and learning disability services care group.

The aims of this study were to:

- 1) gain a broader understanding of how leaders can drive engagement of multidisciplinary teams (MDT);
- 2) explore whether clinical teams feel engaged in a quality assurance process and if they feel it positively impacts on care; and
- 3) Identify staff perceptions of the leadership of the quality assurance process.

A qualitative approach using mixed methods was predominantly used with a total population survey of 55 people (with a 90% response rate) and semi structured interviews with eight participants who volunteered as part of the survey process. The findings suggest that participants typically feel that the quality assurance process studied successfully engaged staff in what they saw as a useful and constructive process. The opportunity to engage with senior operational and clinical leadership was seen as the most important factor.

Engaging teams of clinical and operational staff by bringing them together with senior clinical and operational leadership team members and relevant corporate staff to explore matters of quality, service delivery and performance is an effective use of time and resources. It is clear that the leadership of such a pursuit must demonstrate a values-led, collective leadership approach in order to make the engagement meaningful and successful.

Apprenticeships

Apprenticeships support employment routes into the Trust for health care support workers and provide career development pathways for our existing support staff. These include Level 3 qualifications in health and social care and higher level support worker qualifications for nursing associates and associate practitioner roles. Our first nursing degree apprenticeships are commencing in learning disabilities with options for mental health nursing being explored.

More apprenticeships are being approved for delivery; this includes professional qualifications in procurement, pharmacy, information technology, human resources, finance and leadership and management qualifications.

There are evidence based benefits to using apprenticeships to develop the workforce, these include:

- Increased staff morale and retention
- Upskilling existing staff and supporting career development
- Improved productivity and quality of care delivered

Update on our Preceptorship Programme

Promotion of the LYPFT Preceptorship programme to third year AHP University students

The Practice Learning and Developing team (PLDT) have provided information at Careers Fairs to discuss tips for interview skills and job applications. These were a great opportunity to network with our future workforce and advertise our preceptorship programme for potential job applicants. Feedback from the university was extremely positive and students reported that it was great to meet the person behind the shortlisting of applications.

Positive Feedback – January 2020 – York St John University Careers Fair



A Change to the preceptorship programme – Focus on staff well-being to improve mental well-being of the newly qualified nurses and AHP

In September 2019 we developed and introduced a new session called 'Embracing **your** preceptorship journey with self-care and compassion'. This is a rolling theme for each in house training day. The session was developed using evidence from the HEE (Health Education England Mental Well-being Commission Report and Framework (2018).

The long term aim is to ensure that NHS preceptees feel supported and fulfilled in their role and also feel it safe to 'not be ok'. Through raising awareness of self-compassion and encouraging staff to take care of them we can improve staff well-being and create safer quality care.

Feedback following the September session:

'Fantastic session, it's the first time I have been given the time as a clinician to stop and reflect on how I am feeling'.

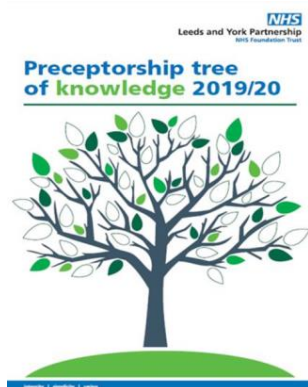
I didn't realise that I was almost running on empty, trying too hard to keep all plates spinning, a vital session on permission to self-care'

'I didn't realise how critical my inner voice was until I reflected on this in the workshop'

Coaching Style Culture 'Hot Seat'

We have introduced the 'Hot Seat' coaching style session for preceptees to reflect on clinical issues which may be affecting their area or practice by using their network of preceptees. This was based on the Mental Health Taskforce's Five year Forward 2016 report to improve self-management and develop life skills through a coaching approach. The 'Hot Seat' method is used to develop a coaching style to aid their personal development and improve relationships with their multi-disciplinary colleagues from the start of their careers.

Introduction of the Preceptorship Tree – November 2019



The tree is to be used at all preceptorship sessions to encourage networking between all the multidisciplinary professionals who take part in the preceptorship programme. Preceptees write on leaves which are blank to share tips for the preceptorship journey to encourage and support people who are new to the programme.

Trust Awards

Each year we host a "Trust Awards" night. Staff nominate other members of staff for 11 different award categories. The night provides the perfect opportunity to take time out to acknowledge all that has been achieved over the past year. This year we received nearly 160 nominations, which is a testament to the fantastic people we have in the Trust.



As guests started to arrive at the venue, they were serenaded by our fantastic staff choir 'Trust Your Voice' who created a buoyant mood for the award announcements.

Dr Sara Munro, Chief Executive, tweeted about the evening: "What an amazing night with colleagues celebrating the amazing work of so many people" along with Professor Sue Proctor, Chair, "Wonderful night celebrating our terrific staff and volunteers. Thanks so much to everyone for making it so memorable #proudtobeNHS"



Non-Clinical Employees of the Year (Joint) - Vanessa Williamson and Tracey Williams, Domestic Assistants, Mill Lodge

Clinical Employee of the Year - Jayne Langdale, Occupational Therapist / Mental Health Practitioner, Deaf CAMHS

Health and Wellbeing Award - Amanda Bailey, Physical Health and Smokefree Lead

Bank Employee of the Year - Henrietta Forichi, Nursing Assistant

Non-Clinical Team of the Year - Recruitment Team

Clinical Team of the Year Award - Veterans' Mental Health Complex Treatment Service

Partnership Award - Jamie Scott, Operational Manager, Personality Disorder Service

Volunteer of the Year - Melanie Hardwick, Rainbow Alliance

Equality and Inclusion Award - Sajimon Madathil, Clinical Lead, Bank Staffing Department

Inspiring Leader Award - Dr Elaine McMullan, Senior Clinical Psychologist, The Becklin Centre

Chair and CEO Award - Danielle Booth, Staff Nurse, The Newsam Centre and Dr Sharon Nightingale, Consultant Psychiatrist and Director of Medical Education

Star Awards

The Star Award scheme recognises staff, teams and volunteers who display positive behaviours in keeping with the Trust's values. They provide the Trust with an opportunity to celebrate the valuable contributions made by its employees and teams.

Any employee, team or volunteer can be nominated for an award. Award winners receive £100 of High Street Gift Vouchers and a framed certificate at a surprise presentation.

"I was gobsmacked as no-one in my office gave the game away! All I do is the job I'm paid to do and treat people how I'd like them to treat me – I don't do anything special! I don't know what I'll spend the vouchers on, but I know I'll buy something special so in 10 years' time I can look back and remember my Star Award."

Ron Kennington, Cashier, Newsam Centre



From left to right:
Linda Rose, Head of Nursing
Emma Oldham-Fox, Professional Practice Lead, award winner
Dawn Hanwell, Director of Finance

National Awards

In 2019/2020 we were recognised externally in a number of national awards. These are shown in the table below:

Awarding Body	Award Status	Name/Category of Award	Team/Individual
Positive Practice in Mental Health Awards	Winners	Eating Disorders' category	CONNECT Eating Disorders Service
Positive Practice in Mental Health Awards 2019	Highly commended	Specialist Community Services for adults with complex mental health needs, including personality disorder' category	Personality Disorders Service
Nursing Times Awards 2019	Shortlisted	Nursing in Mental Health	Veterans' Mental Health Complex Treatment Service
Royal College of Psychiatrists	Shortlisted	Psychiatric Team of the Year 2019: Children and Adolescents' category	Deaf Child and Adolescent Mental Health Service
Learning Disabilities and Autism Awards	Shortlisted	'The Team Award'	'Easy on the I' Service
Yorkshire Evening Post Health Awards	Winner	Mental Health and Wellbeing Award	Paul Butler
Yorkshire Evening Post Health Awards	Shortlisted	Mental Health and Wellbeing Award	Stephanie Smith

Nomination for Stephanie Smith, Shortlisted, Mental Health and Wellbeing Award
 "She listened without judgment. She identified my mental and social care needs often going above and beyond to help me and my family. I owe Steph everything."

Nomination for Paul Butler, Winner, Mental Health and Wellbeing Award
 "I am truly grateful for Paul's care, kindness and genuine concern. He has been unassuming, but impactful in the way he has worked. I will never forget this gift among men."

Continuous Improvement Team Update

The CI Team is based at The Mount site within the Trust. A team of six staff work with clinical and corporate teams to transform good ideas into sustainable workable solutions designed to improve and deliver quality for everyone using our services.

Staff are empowered by senior leaders to generate solutions to issues and encouraged to implement good ideas in practice following a safe, reliable and effective improvement methodology. The CI team supports staff to continuously improve the quality of services they provide by offering a blend of improvement training, mentoring and coaching. This collaborative approach supports our aim of building improvement capability and contributes towards our growing continuous improvement culture.

To help accelerate and grow improvement capability in the Trust the Continuous Improvement Team are developing a number of improvement training courses for staff, scheduled to be released in 2020/21.

During 2019/20 the Continuous Improvement Team received 17 new Improvement Coaching Requests. The size and type of support requests received vary considerably from small scale issues and problems (e.g. poor appointment utilisation) to service wide performance related concerns such as not achieving Key Performance Indicator targets.

A major success of last year's coaching support was the work undertaken with the Leeds Autism Diagnostic Service (LADS). The service requested support to reduce the length of time service users were waiting for an autism diagnosis assessment, standing at an average of 204 days. Following an 18 month improvement project where the service focused on removing non-value added activity from their pathway & improving their operational management processes, diagnosis waiting times reduced to an average of 150 days. This benefit was achieved despite the service experiencing an 11% increase in referrals. Alongside an excellent reduction in waiting times the service also created 252 hour clinical resource efficiency by remodelling their diagnostic pathway. This was a fantastic achievement for the service and an excellent example of how an empowered and supported workforce can significantly improve the quality of service provided.

Freedom to Speak Up Guardian



A Freedom to Speak Up Guardian is a senior independent role, to enable and promote an open and transparent culture

The appointment of a Freedom to Speak up Guardian, in all NHS Trusts and Foundation Trusts, was recommended by Sir Robert Francis following his review into failings at the Mid Staffordshire NHS Foundation Trust.

We have had a Guardian in place since October 2017.

Our Guardian, John Verity, works across our organisation creating spaces for staff to share concerns about patient care and safety. The role is independent and reports directly to the Chief Executive and the Trust Board with the aim of ensuring that staff concerns can be heard within a supportive environment that encourages people to speak out.

John has worked hard this year to promote how he can assist staff and has used a number of methods to raise awareness of his role. These include a regular blog which details the sites John will be visiting and desk top notifications which are seen when staff switch on their computers.

John provides a report to the Trust Board on a bi-annual basis which includes data on the number of new cases received, the number closed, the broad category of the concern, and any feedback. It also contains anonymised case studies / examples and any lessons learnt. During 2019/20, the Freedom to Speak Up Guardian received 46 cases.

Individuals who raise concerns are kept informed of progress and concerns are only closed when the process has been completed. Once the concern has been completed a feedback questionnaire is sent to the individual for completion.

Our vision for 2020 includes strengthening the processes and procedures we have in place and to ensure that we continue to learn not just from the concerns raised within the Trust but also those raised regionally and nationally. The Guardian is linked into both regional and national events and also receives one-to-one peer support from local guardians from other Trusts. These activities provide the Guardian with a strong peer network and they also ensure that the Trust is working to current and best practice.

An audit of the service during this period by the internal audit team provided significant assurance.

Leeds Recovery College

The Recovery College takes an educational approach to improving mental health and offer information based workshops and training courses that focus on living mentally and physically well.

The Leeds Recovery College launched its first prospectus in September 2019, providing over 40 information based workshops and longer training courses that focus on mental health and recovery.

In its first year of development people who have personal experience of mental health and recovery have been recruited, alongside health professionals, education and community organisations to give their time and expertise to co-design and co-deliver the colleges curriculum.

During the first academic term (Sept/Dec 2019), over 30 individual courses were provided to over 250 students. Sessions are based at centres across Leeds including community hubs, Lovell Park, Stocks Hill and Vale Circles with people able to book onto a course without referral or diagnosis.

The recovery college has welcomed carers, family, friends and other health and care staff to equally participate in courses, including; *Wellness Recovery Action Planning, Vision boarding: my focus for the future, Dealing with feelings: talking about recovery, Developing self-compassion, Exploring resilience, Let's talk about self-harm, Let's talk about gender identity and health.*

The college continues to develop course design and content in co-production with the support of its steering group, which is made up of multi-agency partners and facilitator base (now over 40 people, strong) who have directly contributed to curriculum. There 11 trained mental health first aiders and a developed in- house train the trainer course to support new facilitators and students looking to get more involved in course development.

'Thank you for being there, in understanding, recognising my struggles, for taking the time to listen. You never let me forget that I am more than my bad days. I've learnt it is okay to do things in my own time. I'll get where I want to go. I've learnt to do what works for me.'
Leeds Recovery College Student and WRAP graduate, 2019

'Recovery and Mental Health is a lifelong journey, in which you can be an active participant throughout. It has provided a tool kit which can be customised to my life, personality and support network. It has helped me identify several sources of help and support which I did not think were available.'

Leeds Recovery College Student

Paul Fraser's Patient Story



My moto is "If I can do it,
you can do it"

I have been a service user for over 30 years and I have accessed lots of different services within LYPFT. I wanted to share how being involved has made a great difference to my own recovery and wellbeing and the work I have done with the Recovery College.

I am also involved in the following:

- Chairing SUN with others who have accessed services
- Chairing SUNRAY's at Stocks Hill Day Centre
- Co-facilitating the Patient Experience Teams training
- I am a member of LIP (Leeds Involving People) and chair at their meetings called "Together We Can"
- I get involved in interviewing for staff at the Trust
- Time to Change
- Leeds Equality & Diversity group
- Better Lives Leeds
- Research with Leeds and Bradford Universities looking at long term side effects of medication

I have been working with the Leeds Recovery College and I have been involved in setting up and teaching IT courses for service users at Lovell Park HUB, The Vale and Stocks Hill. The course helps people to get basic IT skills. We have had challenges with numbers attending the course dwindling but I am not giving up and Simon Burton and me are working hard to promote the course and get more people doing it. On all the meeting I attend, I have a slot and Simon Burton gives me an update so I can feedback about the Recovery College to different audiences. I have been offered lots of support from Christine Heath, Voluntary Manager to help do the mentoring skills course; they even helped to get me a suit!

Getting involved with all the above keeps me busy, and I enjoy this as it gives me structure to my days which is important. It makes me feel empowered and socially included. I help others by encouraging them to have a voice. I am seen as a positive role model to others. I feel I am giving back to society and this has helped me in my own recovery journey. I've become an official volunteer for the Trust. I just want to say I am passionate about mental health involvement and recovery.

I have been through entire system over the years and have taken every opportunity given to me, I have been to college, set up a social enterprise and am at Swarthmore doing a refresher course. I feel valued and listened to and because of my experiences I am able to buddy others that have had a similar journey to me.

New Northern Gambling Service

The NHS Northern Gambling Service (also known as the Northern Gambling Clinic) provides specialist addiction therapy and recovery to people affected by gambling addiction, as well as those with mental health problems such as depression, anxiety, trauma, and suicidal feelings

In Great Britain between a third and half a million people are estimated to have a gambling problem with another two million at risk of developing one. However, fewer than three per cent of those affected currently receive treatment or support.

This new NHS service, run by Leeds and York Partnership NHS Foundation Trust (LYPFT), is the first NHS gambling service of its kind to launch outside London. Its first base in Leeds has now opened, and further bases are set to open in Manchester by February 2020 with Sunderland launching in January 2020. The service is being funded jointly by NHS England and GambleAware in an agreement worth around £1million a year.

The service also provides intervention to people close to those with gambling addiction, such as family, partners, and carers. It covers the whole of the North of England and is a clinical team made up of psychologists, therapists, psychiatrists, and mental health nurses. There is also access to experts by experience, who have recovered from gambling addiction.

Former gym instructor and Leeds lad Nathan Barnes started gambling when he was 18 years old. Seven years later, he had three bad debt credit cards, a high interest overdraft, a standard overdraft, four payday loans and £4,500 of tuition loans . . . and found himself sleeping on his brother's floor.

He suddenly realised he needed to make a change when someone at work told him they'd been diagnosed with terminal cancer. He said: "I was wasting my life trying to win money from companies designed to take my money from me. After that I vowed never to gamble again and confessed everything to my family and friends. I also vowed to my new partner that I would never gamble again and that has been absolutely crucial in my recovery.

"What I would say to myself if I was dealing with my undiagnosed self would be to conjure up the courage to accept you've got a problem and you need help."

NHS Veterans Service

The NHS Veterans' Mental Health Complex Treatment Service (VMH CTS) is a specialist community mental health service for armed forces veterans.

The service is for those experiencing complex mental illness related to their time in the military, and is here to help veterans regardless of when they left the armed forces. Our service is for former forces personnel in the north of England – from communities from South Yorkshire and Cheshire up to the Scottish Borders– and is run in partnership with the UK's leading charity for veterans' mental health, Combat Stress.

It provides therapies for veterans experiencing psychological trauma (such as post-traumatic stress disorder), alongside a range of other treatments and advice. We appreciate that the culture of the armed forces is unique and that's why this service is provided by a team in tune with military needs. Military experience is central to what we do and the service has been shaped by feedback from veterans and their families.

More armed forces veterans in the north of England, who are facing complex mental health issues, will receive support as our service has had its contract extended for a further two years. This means that the Veterans' Mental Health Complex Treatment Service will be able to see more than 260 extra men and women, who are experiencing challenges as a direct result of their military service, by 31 March 2022.



This news comes as the service marks its first year, and since its launch in April 2018, it's already helped 150 people.

"The Veterans' Mental Health Complex Treatment Service is for former forces personnel diagnosed with complex mental illness. Many will have been affected by trauma, so we offer trauma-focused therapies and other support to veterans, including help with substance misuse, physical health, employment, accommodation, relationships and finances.

It's been a busy year, and when I look back, I feel proud - not only of the team for everything they've achieved in that time but also of those who've come to our service. Asking for help can be really difficult and it's been incredible to see so many of our veterans on their road to recovery. We're now looking to the future to make sure that we continue to provide the high quality service that they deserve."

Vicki Ray, Clinical Team Manager for the service

Leeds and York Partnership NHS Foundation Trust is one of only five NHS Trusts in the country to be providing this service, and we're working with Combat Stress, the UK's leading veterans' mental health charity, to deliver this service in the north of England.

The service started with a base in Leeds, to cover the Yorkshire and Humber region and has recently expanded to include a base at the Beacon of Light in Sunderland, to cover the North East, and at Salford Quays, to cover the North West.

With the service only just entering its second year, there's been plenty of opportunity to shape what's on offer and this has been an exciting time for all involved. For example, in the first year, the Yorkshire and Humber Team developed a group with veterans to focus on wellbeing. It follows feedback from those using the service that they 'missed getting out and about with the lads' – something which was integral to their military lives. An arrangement is now in place with Cannon Hall near Barnsley, where the group are often invited to volunteer in the 70 acres of historic parkland. So far the feedback has been positive and we're looking forward to seeing what comes next.

Garden of Governance

We've coined the phrase "Garden of Governance" to help service users understand what a good service looks like

The Specialist Supported Living Service Governance Group thought about ways of making it easier for service users to understand what governance is. The short answer from our service users was that it was about checking that the service is good. The group acknowledged that when you start to try and do this there are lots of things that need to be checked and that it was also important to understand why all these things need to be checked and what is the best way to check them.

The group agreed that this can be hard to understand and often jargon gets used to talk about things that make it difficult. The group agreed on an idea called "The Garden of Governance". On 17th July 2019, the Specialised Supported Living Service hosted a Have Your Say Day! and used the idea of "The Garden of Governance" to try and help people understand what governance was and why it is important to them.



The idea is easy to get. The people who use the service are the flowers. All of the things that are needed to help flowers grow are the things that must happen in the garden. If they don't happen the garden won't grow as well as it can. The service used a picture to explain how this might to try and make it easy to understand, using all the ideas from the service users.



The staff also asked people who attended the day to help them make their own real garden of governance.

They began with each person making their own flower. The flower was to tell us what they wanted, using themselves as the flower head and writing things about themselves on the petals and leaves.

Outside, staff used some space to put the real garden together. They filled pots with soil to plant real flowers alongside the flowers people had made. They hung up watering cans and hung the water drops people had made over them. They also used chalks to decorate the walls and write up important messages.



An outcome of the day was that a governance group meeting would be held at a Service Café so that people can drop in. Staff and service user agreed to work together to continue to tend the garden, ensuring all the flowers are well tended and get what they need!

Events of Celebration

Celebrating 100 years of learning disability nursing

This year learning disability nursing will have been a recognised specialty for 100 years. Nurses support people with learning disabilities, usually as part of a multi-disciplinary team, working on inpatient wards, in the community and in specialist supported living services. Together the nursing team, with the help of their colleagues, help service users to lead their lives as fully and independently as possible.



A celebration event took place on Thursday 31st October at Bridge Community Church in Leeds, marking the 100 year milestone, it brought together nurses from different learning disability services in Leeds along with service users, carers and health and social care professionals.

The day provided attendees a unique opportunity to learn more about learning disability nursing, how it has advanced, what nurses do now and how the needs of people with learning disabilities are met in different settings. Those attending were invited to think about the past, present and the future at over 20 interactive information stands and also to share the special '100 years' cake!

There was lots to learn about the history of care in the city and how it continues to evolve to meet the needs of service users, for example with measures to stop over-medication (the STOMP project) and the 'Green Light' toolkit which shares best practice to ensure continuous improvement of care standards.

The Transitions Team from Leeds City Council talked about what care is put in place for young people transitioning into an adult settings to ensure people are cared for properly at every stage of life and whatever the complexity of their needs. It was an opportunity to show guests how health care and social work partners in Leeds work together for the benefit of some of the most vulnerable people in our community.

A highlight of the day was the wire '100' sculpture where guests could share a pledge about what they can do to keep moving forward to meet the needs of people with learning disabilities



Here are just a few pledges from the wire sculpture...

"More events like this!"

"More easy read information – we need it!"

"More joined up working."

"It's been a great day! Lots of information shared and it feels like a real celebration of our profession. Thank you to all our fantastic learning disability nurses who have contributed to the 100 years celebration. I am bursting with pride! We are a great service!"

Stacey Atkinson, the Lead Nurse for Learning Disability Services

The following nurses, have provided an insight in to what their job involves and what they enjoy most about being a learning disability nurse.

Christina Edwards, Advanced Nurse Practitioner for Community Learning Disability Services, St Mary's Hospital



Christina qualified as a Nurse for People with Learning Disabilities in 2006. "I have always found my job rewarding, being able to help someone achieve their goals. I am proud to have been involved in inpatient services, watching a service user's journey from admission, through treatment and discharge back to a community setting. I am also proud to have been in the team of nurses who discharged the last 'long term' service users from our inpatient services into community based care."

So, what improvements in care has Christina seen over the years? "I have seen a lot of changes over my 12 year post qualification both in inpatient and community based care. There have been changes in the law, and changes in attitudes towards individuals with learning disabilities. Care provided is now much more focussed on the person and about the individual's goals rather than service goals."

What about the future? "I would like to see more understanding of learning disabilities in the wider population and how nurses for people with learning disabilities support people – as our role is much different to nurses in other areas."

Julie Royle-Evatt, Clinical Team Manager, Health Facilitation Team, St Mary's Hospital

The Health Facilitation Team advises health service providers on how to make reasonable adjustments when meeting the needs of people with learning disabilities in mainstream settings.



Julie explains “For example, a surgeon may be treating someone with a physical problem and may need support to engage with the service user in a different way so that the treatment can be undertaken successfully. Our team would provide advice and training to help support them, ensuring that the service user has a smooth and relatively stress-free pathway through Leeds healthcare services.

“It’s very satisfying to know that we are passing on lifelong skills, supporting the development of professionals and carers.”

“The Team started in 2017 and we have trained over 1000 people in that time – from GPs and hospital staff through to carers in Leeds community services. Since we relaunched our website in August we have received 10,000 hits – it’s really important that carers are able to access resources 24/7.”

The Trust employs 54 registered learning disability nurses working in an array of services – Inpatient, the Community and also the Specialist Supported Living Service.

International Year of the Nurse and Midwife 2020



2020 is Florence Nightingale's bicentennial year, designated by World Health Organisation as the first ever global Year of the Nurse and Midwife. Nurses and midwives make up the largest numbers of the NHS workforce. They are highly skilled, multi-faceted professionals from a host of backgrounds that represent our diverse communities. 2020 is our time to reflect on these skills, the commitment and expert clinical care they bring, and the impact they make on the lives of so many. This year is also an opportunity to say thank you to the professions; to showcase their diverse talents and expertise; and to promote nursing and midwifery as careers with a great deal to offer.

To mark this occasion videos were displayed throughout the day in Leeds' Millennium Square. The national "We are the NHS" video was shown alongside "In the Footsteps of Florence Nightingale" a celebration of the life of Florence and how she changed the face of nursing forever. We also posted these videos on our Staff Facebook group in a watch party where members of staff got together and had a chat with each other as the films were shown. To try and make this available for as many staff to take part as possible we screened the films at 8am, 3pm and 7.30pm before the National lighting of lamps at 8.30pm. The Trust will continue to celebrate and recognize this event throughout the year for our nurses, as appropriate within the limitations of the COVID pandemic.

SECTION 3

STATEMENTS OF ASSURANCE FROM THE BOARD

This section has a pre-determined content and statements that provide assurance about the quality of our services in Leeds and York Partnership NHS Foundation Trust (LYPFT). The information provided is a combined content required by regulation (The National Health Service [Quality Account] Regulations 2010 and as amended); and taken from the NHS Improvement's (NHSI's) requirements for Quality Reports.

This information is provided in common across all Quality Reports/Accounts nationally, allowing for comparison of our services with other organisations. The statements evidence that we are measuring our clinical services, process and performance and that we are involved in work and initiatives that aims to improve quality.

Review of services

During 2019/20 LYPFT provided and/or sub-contracted 29 NHS services.

LYPFT has reviewed all the data available to them on the quality of care in all of these relevant health services.

LYPFT have taken the following actions to further improve data quality during 2019/20:

- Moved to a new clinical records system that will support more real-time monitoring of data quality to make it easier for staff to know when information is missing or required. This will have the added benefit of assuring that any metrics or outcomes measuring the quality of our services and care can be trusted for completeness and accuracy.
- Worked with services to cleanse our legacy EPR system (PARIS) in advance of data migration to CareDirector. This involved the discharging of historical records, the restructuring of teams on the system and updating of system user (staff) records.
- Analysed test data migrations of PARIS data into CareDirector. Results of each test migration were collated and feedback given to advise on changes to improve the quality of the data migration.
- Continued to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.
- Completed a number of local data quality audits as part of a kite-marking process, publicising the findings internally and following up any recommendations to ensure that they were completed. These audits assist with understanding any discrepancies in the data, identifying whether any high standards of performance & quality or dips in performance, are real or as a result of data quality. This then enables the right decisions and actions to be taken to support the highest levels of care for our service users.
- Continued the delivery of automated data quality reports to assist teams in identifying and resolving data quality issues.
- Continued to monitor and publish performance against national and contractual data quality metrics.
- Continued to dedicate time each month to data quality improvement via the Performance, Information and Data Quality Group.

LYPFT will be taking the following actions to improve data quality during 2020/21:

- Close monitoring of data completeness and quality following the launch of our new clinical records system (CareDirector) in March 2020.
- Provide support to staff in using the new clinical records system until the processes become familiar.
- Update our data quality policy to reflect the requirements of the new clinical records system.
- Re-establish and continue to deliver a programme of local data quality audits and kite-marking of data quality based on the new clinical records system.
- Continue to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.
- Update processes following the implementation of CareDirector to continue to monitor and publish performance against national and contractual data quality metrics

We recognise that if we are to move towards more outcome-based reporting to evidence performance and quality, then complete, timely and accurate clinical record keeping in an agreed structured format that meets both clinical and analytical needs will be critical. However this is not an easy task and in order for accurate performance and outcomes data to be analysed, the information needs to be entered in a structured way onto the Trust's clinical systems. Trust standards require input of information to be completed ideally within 24 hours of occurrence but no later than 72 hours after the event. This serves the dual purpose of minimising clinical risk and ensuring high standards of data quality. The Trust has just implemented a new electronic patient record system that is intended to support complete, timely and accurate clinical record keeping. We expect data quality to dip in the short term through quarter 1 of 2020/21 as staff get used to using the new system and any system issues are resolved.

The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by LYPFT for 2019/20

Mental Health Services Data Set - Data Quality Maturity Index

LYPFT submitted records during 2019/20 to NHS Digital via the MHSDS which are included in the latest DQMI published data (March refresh). The percentage of records in the published data:

- that included the patients valid NHS Number was 99.3%
 - that included the patient's valid General Medical Practice Code was 100%
 - that included the person stated gender code was 100%
- Our overall DQMI score as at March 2020 is 89.1%

Clinical Audit

“Clinical audit can be described as a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and, taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.” HQIP (2012), Clinical Audit

All clinical audits that are planned to be undertaken within LYPFT are registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and action plans.

National clinical audits

During 2019/20 six national clinical audits and two national confidential inquiries covered the NHS services that LYPFT provides. During that period LYPFT participated in all national clinical audits and national confidential enquiries that LYPFT was eligible to participate in during 2019/20:

Eligible National Clinical Audits participated in
National audit of Inpatient Falls (NAIF)
POMH-UK: Topic 19a: Prescribing for depression in adult mental health
POMH-UK: Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention
POMH-UK: topic 9d: Antipsychotic prescribing in people with learning disabilities
Eligible National Confidential Enquiries participated in
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
Learning Disabilities Mortality Review (LeDeR)

The national clinical audits and national confidential enquiries that LYPFT participated in, and for which data collection was completed during 2019/20 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Number of cases submitted	Percentage
National audit of Inpatient Falls (NAIF)	Not set of number required - ongoing	NA
POMH-UK: Topic 19a: Prescribing for depression in adult mental health	Not set of number required - 31 cases	100%
POMH-UK: Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention	Not set of number required – 71 cases	100%
POMH-UK: topic 9d: Antipsychotic prescribing in people with learning disabilities	Not set of number required – 19 cases	100%

National Confidential Enquiries	Number of cases submitted	Percentage
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Not set of number required	NA
Learning Disabilities Mortality Review (LeDeR)	Not set of number required	NA

The findings of 3 national clinical audits registered in the previous financial year(s) were reviewed by the provider in 2019/20 and LYPFT intends to take the following actions to improve the quality of healthcare provided:

National Audit	LYPFT action 2019/20
National Clinical Audit of Anxiety and Depression (NCAAD) - Core Audit	<ul style="list-style-type: none"> To continue consideration of psychological factors contributing to people diagnosed with anxiety and depression and discuss accessing psychological therapy with service users for people with anxiety and depression post discharge from ward as part of treatment plan; To reinforce importance of electronic documentation.
NCEPOD Young People's Mental Health (study)	Due to the small number of cases submitted (n=9) it was suggested to the involved services to review, discuss and disseminate the results and national recommendations at their own clinical governance meeting for actions.
POMH-UK: The use of Clozapine	During the project, a Clozapine Group was put together by the Trust in order to develop an action plan to improve clinical practice. The findings of the audit will inform the group of areas of low compliance and help them to prioritise any future actions.

Trust and Local Clinical Audit

This section is divided into two parts: Trustwide (part of the priority programme) and service/team clinical audits (local).

Number of clinical audits	Trustwide	Service / Team
Registered during 2019/20	3	49
Completed during 2019/20	2	44

Trust Clinical Audit

Trustwide clinical audits are part of the priority programme. They fulfil the criteria of high risk or high profile projects identified by Trust management or Trustwide Clinical Governance. The 2 completed Trustwide clinical audits are listed below alongside the actions to improve care:

Title	LYPFT actions
National Mental Health CQUIN - Cardiometabolic screening	In the last 24 months clinicians were involved in the design of the new patient record's system. A Physical Health Dashboard has been included in the system; this will help to highlight any gaps and send a prompt to alert staff when one of the physical health's indicators won't be recorded. The Physical Health Lead will be responsible to review and assess effectiveness of the new system after it will be launched in March 2020.
Compliance with the Modified Early Warning Score (MEWS) within LYPFT Inpatient units	<ul style="list-style-type: none">• The Physical Health Team has offered bespoke; ward based training for staff to support understanding of assessing and recording MEWS.• Ward teams should continue to carry out MEWS self-audits with the support of the Practice Development Nurses and the Physical Health Team.

The following 3 Trust-wide clinical audits are in progress:

- ✓ Mental Capacity Act – Best Interests audit;
- ✓ Antimicrobial prescribing;
- ✓ Documenting decisions, discussions and following up women of child bearing age who are prescribed valproate.

Local Clinical Audit

The reports of 44 local clinical audits were reviewed by the provider in 2019/20 and the Trust intends to take the following actions to improve the quality of healthcare provided (the below table highlights key themes and summarised quality improvement actions):

Audit Themes	Key quality improvement actions
Medication	<ul style="list-style-type: none">• To include a new assessment page on the electronic record system where to record the prescribed medications and the date they were commenced: this will make easier to review medication history, changes and review specific notes from the day they were prescribed.• The impact of medications on pregnancy should be discussed routinely with women of childbearing age.• To create a proforma as a prompt for prescribers. To improve the use of non-pharmacological measures to manage insomnia and anxiety on ward 6 by creating a list as a prompt to the multidisciplinary team (MDT) to use at the time of admission.• Clozapine monitoring template to continue to be used when patient attend for regular clozapine monitoring appointment For liaison with physical health team to discuss possibility of adding date of annual health check, 6 monthly reviews of weight, lipids and blood pressure.

Audit Themes	Key quality improvement actions
	<ul style="list-style-type: none"> • A shared care approach for patient on long term Benzodiazepines prescription should be developed: template to be developed for inclusion in clinic letters to advise prescribing GPs of indication and timescale for review. • To design a template that can be used by medics in their clinics when a new psychotropic is being prescribed. This includes a tick box sheet which includes the medication prescribing standards.
NICE	<ul style="list-style-type: none"> • To trial the standardised measures (CGI and GASS) at Parkside Lodge across Learning Disabilities Services. • Smoking cessation practitioners available on the ward to provide regular updates, guidance and reminders about smoking cessation advice and nicotine replacement therapies (NRT) options available in the trust to all healthcare professionals on the ward. • Discuss the parameters that need collecting data on as per NICE guidelines and to ask from the team if a check list to prompt documentation would be helpful. • To include copy of the NICE guidance in the induction pack for trainee doctors.
Physical Health	<ul style="list-style-type: none"> • Incorporate the physical health proforma into the electronic patient notes, as part of the admission process. • Physical health monitoring equipment needs to be available in all rooms. • To include a physical health heading in the MDT notes, to ensure physical health monitoring is considered for all patients. • Create a physical health proforma, including all the monitoring requirements from Amber Guidelines. To include brief information about physical health measurements, and on-going requirements as per Amber Guidelines, on the GP discharge letter. • Teaching sessions for trainees and ward staff in the trust regarding NRT options from the smoking cessation practitioners. • A Physical Health Dashboard has been included in the system; this will help to highlight any gaps and send a prompt to alert staff when one of the physical health's indicators won't be recorded. • To develop a standardised page on the Electronic Care Record System (PARIS) in order to document the relevant physical health parameters.
Mental Health Legislation	<ul style="list-style-type: none"> • Education regarding completing a capacity assessment and general advice that the Capacity assessment proforma is available on PARIS would generally be recommended to ensure that satisfactory documentation is completed. • Education regarding recording remaining in the suite as necessary and proportionate and valid justification. This will be provided through the guidance and via the higher trainee's committee.
Care planning	<ul style="list-style-type: none"> • To add safety netting to accessibility of blood tests to ensure receipt in time for appointments: member of admin staff to check that results have been received / need to be chased up with GP when prepping clinics. • The Carer Involvement and Support Plan (CISP) tool to be reviewed in weekly MDT meetings. Documentation of reason in patient's medical notes if unable to complete CISP within the recommended time frame. • To design a template that can be used by medics in their clinics when a new psychotropic is being prescribed. This includes a tick box sheet which includes the medication prescribing standards.
Safeguarding	<p>Service to discuss on standards of clinical letters on discussions on risks and subsequent plans as the content and letter construct differs widely across professional groups. This also needs to be in line with good practice guidelines of sharing information without losing the focus on accessibility of information for Deaf children and their families. This will be discussed within established clinical governance structures.</p>

Audit Themes	Key quality improvement actions
Documenting key clinical decisions	<ul style="list-style-type: none"> To discuss with the administration staff to identify the reason why address details or other demographic information might not be pulled through to the letter template. When patient information is not accessible via Leeds Care Record (LCR), for the doctor to flag this up with LCR helpdesk so that it can be rectified. A check list to be designed in order to record what to use when meeting families and this information will then be transferred to PARIS.
Data sharing	<ul style="list-style-type: none"> A proposed standard letter template to be recommended for all letters from the South Community Mental Health Team (CMHT) to GPs which should ensure increased adherence to national guidelines. To improve availability of blood test results by developing a single point of access: unique email address to be developed for results to be sent to by GPs.
Record keeping	<ul style="list-style-type: none"> To work closely with administration staff in order to identify reason(s) why addresses details or other demographic information might not be pulled through to the letter template. When patient information is not accessible via LCR, for the doctor to flag this up with LCR helpdesk so that it can be rectified. Develop record keeping guidelines which are clear and accessible to both probation and NHS staff, including protocol for when there are barriers to adhering to guidelines.
Service user / carer involvement	<ul style="list-style-type: none"> Staff member to encourage patients and their carers to complete the Carer Involvement and Support Plan (CISP) tool on admission. Results to be viewed at the weekly MDT meeting. To ensure feedback to patients is given on their strengths and how to utilise them in their everyday life. Feedbacks to be discussed in MDT and clinical governance.

Service Evaluation

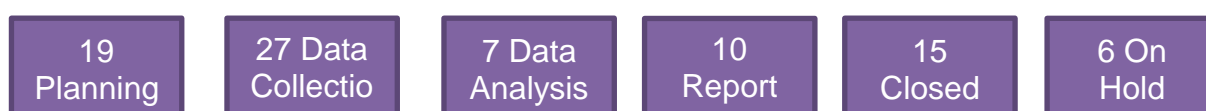
Evaluation is an integral part of quality improvement in healthcare. All service evaluations that are undertaken with the Trust should be registered with the Clinical Effectiveness Team. Service Evaluations help:

- place evidence at the heart of what the Trust does
- guide clinical decision-making
- identify and disseminate good practice
- build knowledge
- assess service quality and outcomes
- demonstrate impact on areas of focus and patient groups

Since April 2019, 70 projects have been registered with the team. All the projects are then supported throughout planning, data collection, data analysis and report write-up to ensure:

- the proposed design and data collection method(s) is appropriate for the project aim
- the project meets Health Research Authority's ethical review standards for the safety and well-being of participants (staff, stakeholders, service users and carers)

Figure 1: Status of All Projects as of February 2020. Total is higher as some projects were registered prior to April 2019



The below table provides an overview of some of the projects the team has been involved in over the past year.

Table 1: Examples of projects with the past year

Project Title	Project Overview	Support Provided to Date
Improving Culture Improving Lives	The Culture Collaborative has been created to make some positive changes and improve staff experience. This work will take place over multiple stages where staff views are collated and analysed to make changes.	Planning, Data Analysis and Report Writing
E-Cigarette Pilot at Newsam		Planning, Data Collection, Data Analysis and Report Writing
Medication Errors within Learning Disability Services	Datix reports indicated a number of medication errors with LD services. The project analysed the reports and conducted a focus group with staff to identify areas for improvement.	Planning, Data Collection, Data Analysis and Report Writing
Evaluation of the Videography Process	The videography team wanted to evaluate their service by collecting feedback from other teams across the Trust to identify how to improve the service.	Planning, Data Analysis and Report Writing
Effectiveness of Smoking Cessation Clinics running concurrently with Clozapine Clinics	Patients on Clozapine need to be closely monitored if their smoking status changes. The project will run a smoking clinic alongside a Clozapine clinic to assess its effectiveness.	Planning, Data Collection, Data Analysis and Report Writing

In addition to supporting Service Evaluations, the team also provides training to staff in:

- Questionnaire Design
- Thematic Analysis (Qualitative Data Analysis)
- Data Interpretation
- Statistical Process Control Charts

Further training is being developed for Quantitative Data Analysis, currently data analysis support is provided on an ad hoc basis, and Grounded Theory, which is another form of Qualitative Analysis. Feedback received from previous training includes:

“Good background and easy to understand as it can be easy to take the subject far too complicated.”

“Focussed and left with skills to move forward”
“It was easy and logical to follow”

“Practical application of the 6 stages.”
“Good split between listening and participation”

Good quality analysis and the ability to use information effectively is an essential element in any learning health care system. Analysis can help shape care for individual patients as well as informing decisions for services or across organisations and health systems.

Clinical Research

research



73

the number of research studies the Trust was involved in during 2019/20



1,488

people took part in research hosted or led by the Trust in 2019/20



£7m+

in research grants from the National Institute for Health Research and other funders

The number of patients receiving NHS services provided or sub contracted by LYPFT in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1488. This figure is formed from a combination of service users, staff, carers and school-aged children and young people.

Involvement of service users and carers

A large proportion of the Trust's 1488 research participants this year were service users or carers. A video of four people's experience of being involved in research has been made in collaboration between the participants, a member of the R&D team and the Yorkshire & Humber Clinical Research Network [Service users' experience of research](#).

The "Help from Experts by Experience for Researchers" (HEER) group, facilitated by the R&D team continued to meet regularly to discuss research ideas, study detail, promotion and dissemination with a wide range of researchers who found their input invaluable.

Patient Research: Experience Survey

The National Institute for Health Research asked all NHS Trusts to collect information from patients about their experience of taking part in NHS research. The national information is at [Research Participant Experience Survey](#). In LYPFT, the feedback from research participants has been overwhelmingly positive.

Of the 33 responses received, 87% recorded having had a positive experience of taking part in the study in which they were involved, only one participant recorded a negative experience and this appears to have been due to personal challenges with their memory such as recalling names and addresses. 6% remained neutral about their experience and 3% did not answer. 53% of participants who fed back recorded that they know where to find information about taking part in further research studies.

The written comments by participants confirmed the positive responses received, which are as follows:

"I would like to be involved more if possible, although retired; I worked as a civil servant for 42 years. I will consider all options you put to me."

"<Anonymous> enjoyed taking part in this research and it made him feel he was making a contribution."

"I am always interested in collaborating in research projects."

"I would like to help you in any way I can- for my own benefit and for research in general."

"The questionnaire part of the survey is very interesting and makes you think about the problem of dementia and its effects on the carer as well."

The responses shared by participants show enthusiasm and satisfaction in contributing to research and more than half of their responses indicated they took part in research to help others.

Commissioning for Quality and Innovation (CQUIN)

CQUIN is a payment framework which enables commissioners to reward excellence by linking a proportion of the healthcare provider's income to achievements

A proportion of LYPFT income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between LYPFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework

Further details of the agreed goals for 2019/20 are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

The operation of CQUIN (both CCG and specialised) for Trusts will be suspended for the period from April to December 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. (Commissioners and Trusts should also take a pragmatic approach to agreement of the final payment amounts for the 2019/20 CQUIN scheme, and this should be on the basis of all currently available data. We will not be seeking the submission of 2019/20 quarter 4 data from providers via the national CQUIN data collection.)

Information above inline with document: Revised arrangements for NHS contracting and payment during the COVID-19 pandemic – NHSI and England

Commissioner	CQUIN	Description	Q3 Position
Leeds CCG	2	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	Expect full achievement
Leeds CCG	3a	Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	Expect full achievement
Leeds CCG	3b	Achieving 90% of identified smokers given brief advice.	Expect full achievement
Leeds CCG	3c	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	Expect partial achievement
Leeds CCG	4	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI).	Expect partial achievement ^{*(4)}
Leeds CCG	5a	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI).	Expect partial achievement ^{*(5)}
Leeds CCG	5b	Achieving 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention* (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period.	Expect full achievement

4* - The requirement this year has been changed from 7 day to 3 day follow-up. The Trust is endeavoring to change the focus from 7 day to 3 day follow ups with this being reiterated in local governance meetings, and guidance on the requirements of follow up has been recirculated to staff; particularly for new staff or those who moved into a role that undertakes 7/3 day follow up for the first time as part of the community services redesign. Published CQUIN figures report a

2019-20 monthly average of 78.3% and for Q4 the monthly average at 83.2% was above the operational standard of 80%. Now part of the NHS Standard Contract we will continue to develop our reporting on this measure to reflect the agreed indicator construct and definition. Despite best efforts being made, it is not always possible to contact service users if they do not want to engage with services.

5* - New elements have been included in the data set this year, but the requirement for data entry is backdated to 2016. The resources required to comply with this significantly outweigh the benefits, so the Trust has taken the decision to focus on improving data quality on new referrals from this year. Local commissioners have supported this approach and a revised target is being discussed which we expect to fully achieve.

CQUIN Planned income and penalty incurred:

Planned Income	2019/20 £000	2018/19 £000	2017/18 £000	2016/17 £000
Leeds CCGs	1,220	2,349	2,281	2,258
NHS England	307	605	600	577
Penalty Incurred				
Leeds CCGs	0	410	120	350
NHS England	0	0	0	0

The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period

We currently have a **target of 95%** for patients on CPA to receive a follow up review within 7 days of discharge. Performance against this target was a little below target in each quarter of the year with quarter 4 the highest at 92.86%.

Target of 95%	Q1	Q2	Q3	Q4
2018/19	93.81%	95.61%	96.06%	95.36%
2019/20	92.71%	91.38%	91.17%	92.86%

The LYPFT considers that this percentage is as described for the following reasons:

The Trust have been monitoring performance and data quality for this metric 3 times per week to ensure that teams are able to fulfil the follow up target.

This metric gets audited annually by our external auditors and often our internal auditors.

The LYPFT intends to take/has taken the following actions to improve the percentage, and so the quality of its services:

- The Trust has updated its frequently asked questions document to ensure staff understand the requirements, particularly in relation to the 72 hour target that has replaced the 7 day target in 2020/21.
- The Trust will continue to monitor performance for follow up within 72 hours rather than 7 days to ensure that people are followed up as quickly as possible post discharge.
- The Trust will continue the high level of scrutiny of performance and recording for this metric to ensure that service users are followed up appropriately

The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.

Crisis Gatekeeping	2019/20				
	Q1	Q2	Q3	Q4	Total
Gatekept Admissions	188	208	226	217	839
Admissions	188	210	230	218	845
Compliance	100.00%	99.05%	98.26%	99.54%	99.29%

The Leeds and York Partnership NHS Foundation Trust considers that this percentage is as described for the following reasons:

The data is produced according to the agreed specification and subject to monthly validation.

The Leeds and York Partnership NHS Foundation Trust intends to take/has taken the following actions to improve the percentage, and so the quality of its services by:

Our newly redesigned community services were launched in March 2019. One of the ambitions of the redesign was to improve the robustness of gatekeeping, routing service users to alternatives to admission where appropriate. The new Crisis and Intensive Support Service (CRISS) has led on face to face gatekeeping and is continuing to develop 24-hour intensive support to people seven days a week, 365 days a year. The service aims to prevent avoidable admissions and readmissions to hospital care. The assessment function of the service is working closely with colleagues across other services in order to gatekeep all acute admissions to hospital and provide intensive support at home.

The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period

	Q1			Q2			Q3			Q4			2019-20		
	Discharges	Readmissions in 28 Days	Readmission Rate	Discharges	Readmissions in 28 Days	Readmission Rate	Discharges	Readmissions in 28 days	Readmission Rate	Discharges	Readmissions in 28 Days	Readmission rate	Discharges	Readmissions in 28 Days	Readmission Rate
0-15	7	0	0.0%	5	0	0.0%	2	0	0.0%	9	0	0.0%	23	0	0.0%
16+	402	14	3.5%	435	21	4.8%	425	19	4.5%	269	16	5.9%	1,531	70	4.6%
Summary	409	14	3.4%	440	21	4.8%	427	19	4.4%	278	16	5.8%	1,554	70	4.5%

The Leeds and York Partnership NHS Foundation Trust considers that this percentage is as described for the following reasons:

The data is produced routinely following the agreed specification. Please note that the data reported for Qtr4 only includes discharges up to the end of February as this will then cover up to the 28 day period to when we changed our EPR system in the Trust at the end of March. Including the March discharges would have skewed the data as we don't yet have the ability to report readmissions 20-21 from our new care records system.

The Leeds and York Partnership NHS Foundation Trust intends to take/has taken the following actions to improve the percentage, and so the quality of its services:

Following the redesign of our community services in 2019-20, the Trust has tracked readmissions as part of the evaluation of the impact of this redesign.

Readmissions are part of this suite of measures and any increase in the percentage are flagged with the teams to review. This is likely to continue during the next year.

The percentage of patients under 16 years old admitted to adult facilities:

There were none during the reporting year.

The Trust's "Patient experience of Community Mental Health Services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period

Community mental health service survey 2019 – our results

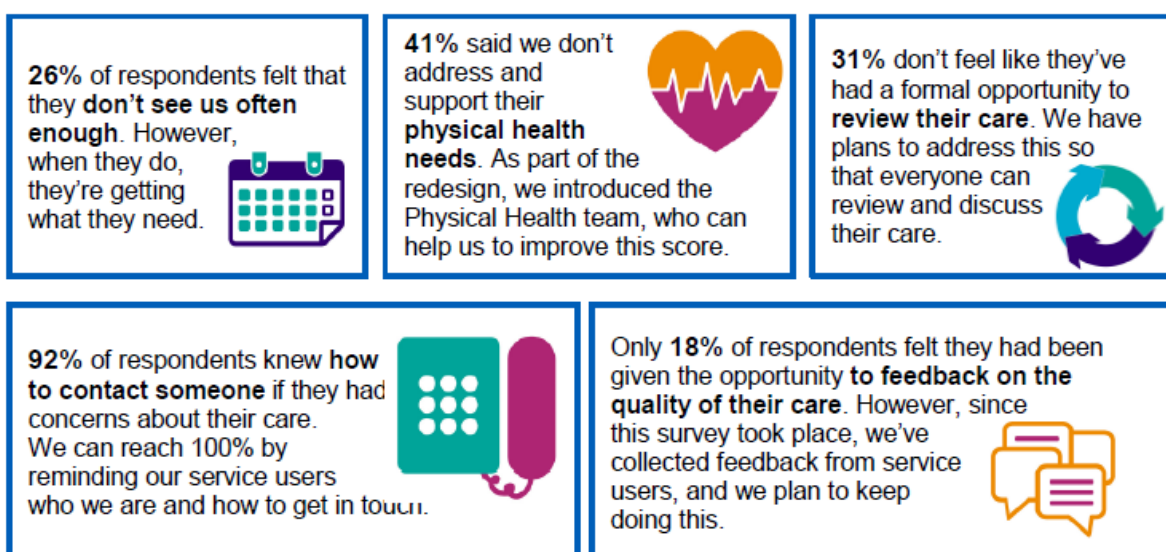
During 2019, 253 service users completed the Care Quality Commission's survey about our community mental health services.

On the whole, we scored on par with other Trusts on the vast majority of questions. However, we saw a slight dip in our overall performance when compared to our results from 2018.

Many service users report that they do not feel they have seen services enough for their needs – this has worsened since last year. Many did not feel as involved as they wanted to be in deciding which therapies to use, and the percentage of service users who know who to contact out of office hours if they have a crisis has decreased since 2018.

On a positive note, our score for how well service users' care is organised has improved and, this year, service users feel more involved in making decisions about their care in review meetings.

Key findings



What we're already doing to improve our community services

In spring 2019, we carried out the community service redesign. There are some core principles that underpin this work:

- We build meaningful relationships with service users to create a partnership
- We invest time in the initial assessment to make sure we understand our service users' needs fully
- We use this understanding and work in partnership with service users to develop a care plan that is authentic and achievable
- We support service users by working as multi-disciplinary teams, including integrated psychological support

We've evaluated the impact of the redesign on transfers of care; you can read our evaluation report on how service users felt about this here. We've also carried out surveys and focus groups with service users to help us continue to improve care and results will be published soon.

More information regarding these developments is available upon request by emailing: e.devine@nhs.net

Friends and Family Test (FFT)

The Friends and Family Test enables NHS Providers to understand whether the patients and service users they support are happy with the care provided and if not, to understand where changes need to be made. We received 121 individual pieces of feedback through FFT and are working towards improving this by re-launching the FFT with improved questions in 2020/2021. Of the overall feedback received in 2019/2020, 83% were extremely satisfied/satisfied with the care provided, 11% extremely unsatisfied/unsatisfied and 6% provided a neutral response. The questions are answered anonymously and are usually asked at the point of discharge from a service. Here are examples of some of the feedback we have received this year from the FFT responses.

In October 2019, positive feedback was received for the Chronic Fatigue Service who are based at the Newsam Centre. Comments included:-

Staff were responsive to my needs. Consultants helped me to move towards better understanding and control of my condition

Resources given have helped me to gain a better insight to my condition

Advice and support was always tailored to my needs

Staff listened to me and offered solutions to my problems

In November and December 2019 service users gave positive feedback with regards to the staff at The Resource Centre, St Mary's Hospital (who included the care coordinator and psychiatrist)

Staff were caring and amenable and all of whom were very understanding

Staff gave me practical advice which helped to give me a balance in my life. This enables me to have a normal a life as is possible.

From the 1st April 2020 changes will be made to the question which must be asked on the Friends and Family Test surveys. The new question will be "Overall, how was your experience of our service" and can be asked at any time during which a person is being provided with care. NHS providers must also ask other questions which enable a patient or service user to leave qualitative information by providing a free text box.

The changes to the FFT questions will be welcomed by services within our Trust as the questions asked of people will hopefully capture more meaningful responses. These responses can be used by services to make effective improvements and there will be accountability over the forthcoming year for teams to demonstrate what changes they have made as a direct result of receiving FFT patient feedback.

Care Quality Committee (CQC) registration, Ratings and Improvement Plans



CQC is part of the Department of Health and Social Care of the United Kingdom. CQC regulates and inspects health and social care services in England

LYPFT is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without condition. The current overall rating LYPFT achieved in December 2019 following inspection in July and August 2019 is GOOD

As a Trust, we are registered with the CQC to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures
- Nursing care & personal care

LYPFT has not participated in any special reviews by the CQC during the reporting period.

The CQC inspect NHS Trusts using the 5 Key Lines of Enquiry (KLOEs), these are: Safe, Effective, Caring, Responsive, and Well led.

During 2019-20 we received notification of a CQC inspection to take place in July and August 2019.

This time the CQC visited these services:

- Forensics inpatient service,
- Older People's inpatient wards,
- New community services for Older People.
- New community services for working age adults
- Rehabilitation and Recovery wards
- Learning Disabilities inpatient ward and respite centres

The CQC also interview the leadership team as part of the "Well-led" category.

The Trust achieved an overall rating of "Good" which demonstrates an improvement in the quality of our services compared to the previous inspection in 2018 when we were rated as 'Requires Improvement'.

- We rated “good” in the well led key question at the Trust level.
- We rated “good” in effective, caring, responsive and well-led.
- The rating for the acute mental health wards for adults of working age and psychiatric intensive care units and the forensic or secure wards is good overall and in all key questions.
- The wards for people with a learning disability or autism is rated as good for caring as patients’ communication needs are now assessed and CQC saw good examples of adaptive communication strategies used to enable patients to participate fully in their treatment and care.
- Systems are effective to ensure that documentation is in place and readily available demonstrating that directors meet the fit and proper person requirement, regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- There is good practice in relation to the application of the Mental Health Act and the Mental Capacity Act. Audits are completed to monitor the compliance with these Acts.
- Governance systems have been established to assess, monitor, and improve the quality and safety of the service, and manage risk, and operate effectively across the Trust and are embedded in locally in most services.
- The CQC observed that staff know and understand the values of the Trust. Staff were able to give descriptions of how the values were used to underpin both individual and team good practice. There is an open and transparent culture where staff knew who the freedom to speak up guardian was and felt able to raise concerns without fear of retribution. Staff felt respected, supported and valued and were supported with opportunities for career progression.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019
Forensic inpatient or secure wards	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019
Child and adolescent mental health wards	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Wards for older people with mental health problems	Requires improvement ↓ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2018	Good ↔ Dec 2019
Wards for people with a learning disability or autism	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Requires improvement ↔ Dec 2019	Requires improvement ↔ Dec 2019
Community-based mental health services for adults of working age	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Mental health crisis services and health-based places of safety	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Specialist community mental health services for children and young people	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Community-based mental health services for older people	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
National Inpatient Centre for Psychological Medicine	Good Apr 2018	Outstanding Apr 2018	Outstanding Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Overall	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019

Outstanding Practice, as reported in our latest CQC report

Acute wards for adults of working age and Psychiatric Intensive Care Units

Delayed discharges – managers had implemented innovative ways to identify and overcome barriers to discharge. Soon after admission, dedicated staff were available to identify with the patient factors which could be a barrier. Where possible, the team could put measures in place to overcome any potential barriers, such as, where changes needed to be made to the patient's home environment before they could be discharged. Managers held daily meetings with the discharge team to discuss capacity and patient flow.

All staff had been trained in identifying early warning signs of increased risk of developing pressure ulcers in their patient group. This was in line with an initiative called 'React to Red Skin' - a pressure ulcer prevention campaign that was committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that people can take to avoid them.

Long stay/ rehabilitation wards for adults of working age

The rehabilitation and recovery team on site at the Asket Centre provided all patients with intensive support and rehabilitation and were integral in providing a successful rehabilitation pathway for the patients. They provided care coordination during their stay and after discharge to ensure they had the right support when transitioning back into the community.

Wards for older people with mental health problems

Staff provided patients with access to education. For example, staff arranged for one patient with an interest in singing to attend vocal coaching lessons and be part of a singing group at a local college.

Staff also provided patients with rubber soled socks to reduce the risks of slips and falls on the wards.

Forensic inpatient or secure wards

At Clifton House a new service 'Forensic Outreach Liaison Service' had been introduced. This service worked with patients planning discharge and acted as the care co-ordinator for the community health teams. This ensured discharge planning and after discharge care was the responsibility of the same person. The CQC felt this was an outstanding example.

During the inspection the CQC met a patient living in the community who had been collected by a nurse from the team to come into Clifton House for treatment. The nurse had stayed with the patient monitoring them for possible side effects and was visiting their old ward to speak with friends before returning them back to their home address. Nurses not only provided medical support but also social support to ensure patients did not relapse.

The team also took referrals about potential patients for Clifton House working with the relevant community health team to prevent the need for admission.

The CQC has not taken enforcement action against LYPFT during 2019/20

For areas where we still require improvement we have created action plans, progress against which will be monitored via our CQC Project Group. These action plans have been approved by the Board of Directors.

Due to COVID-19 priorities we did not hold CQC project meetings with our clinicians and operations managers from April 2020. Clinicians and frontline staff do not have the capacity to address action plans and CQC agreed with Trusts that other emergency activities took priority during these months; we have however reinstated these from July 2020.

Improving quality of care in our Forensic Services

Leeds and York Forensic Services are delighted to have received a 'good' rating in the recent Care Quality Commission (CQC) inspection demonstrating the improvements in quality they have implemented over the past few years.

The development of a new clinical model is a fundamental part of a quality improvement journey that the service has taken.

Trauma informed care creates conditions that reduce harm and promote healing, especially in individuals who have already experienced trauma.

Trauma Informed Care recognises that experiencing trauma in the past can affect the ways a person perceives and responds to their environment in the present.

Aspects of a situation that may seem benign to someone with no history of trauma can trigger overwhelming feelings of distress in a trauma survivor, leading the individual to behave in ways that might be labelled as, for example, 'oppositional', 'non-compliant', 'delinquent' or 'hostile'.

Working within a trauma informed care model helps to understand more about the service users' individual care needs; 'what has happened to them', 'what have been their personal experiences,' and thus helps foster a therapeutic relationship that is focussed on empowerment and a culture of safety.

Evaluation is key to ensuring that the service assesses and responds to the impact of implementation. To this end they are in the second cycle of administering a co-created patient experience questionnaire and undertaking activity to evaluate staff wellbeing. With the support of the Clinical Effectiveness Team the service has submitted a research proposal to the Trust organised "Dragon's Den" with the hope of gaining academic support for this process.

Colleagues in the service have recently had a paper published in The International Institute of Organisational Psychological Medicine (IOPM) Journal describing the work that has been undertaken to create, embed and sustain a trauma informed clinical model.



Dr Kerry Hinsby, Lead Consultant Clinical and Forensic Psychologist, said:

"The aim of writing up the methodology was to share the experience of working in an exciting and innovative way. Since publication, it has already generated quite a lot of interest."

Information Governance

The NHS Digital IG Toolkit was superseded in 2018 by the Data Security & Protection Toolkit, based largely on the National Data Guardian's Data Security Standards. The Trust was ready to make* a self-assessment against the 2nd iteration of the NHS Digital Data Security & Protection Toolkit of 'Standards Met' at 31 March 2020, meeting the required evidential standard for all Mandatory Assertions and maintaining the standard achieved last year despite an increase in the number of Mandatory Assertions. This was supported by an internal audit appraisal of a sample of 29 of the 40 Mandatory Assertions, with an outcome of "Significant Assurance". Requirements were included from across all ten of the National Data Guardian's core data security standards.

Throughout the year the Trust has worked on several key Information Governance work streams, including:

- Continuing the embedding of General Data Protection Regulation (GDPR) and its UK enactment as the Data Protection Act (2018)
- Servicing DPA subject access requests against the statutory 1 calendar month timescale, with compliance at >97% reviewed on a rolling 12-month basis
- Maintaining our 100% record for statutory compliance with our Freedom of Information Act request processing
- Continuing to work to the revised NHS Digital Information Governance breach reporting standards, aligned to GDPR, resulting in no reportable incidents since implementation
- Maintaining the highest levels of clinical coding accuracy for Finished Consultant Episodes, with an external accuracy audit confirming outstanding accuracy standards of 100% in 3 of 4 KPIs (including Primary Diagnosis), and 95% in Secondary Diagnosis.
- Maintaining the highest standards of medical records availability, with no DATIX reports of records not located in the 12 months to date
- Implementing numerous data quality / data completeness work streams, aiming to improve data quality and completeness standards throughout the Trust

**Due to COVID19 working restrictions, NHS Digital announced the postponement of the usual DSP Toolkit completion from March 31st to September 30th 2020. Paralleling this, the Trust Board also postponed receiving the end-of-year DSP Toolkit report, so has yet to authorise the publication of our final position as stated above.*

Payment by Results

LYPFT was not subject to the Payments by Results clinical coding audit during 2019/20 by the audit commission.

Learning from Deaths

The Trust continues to review all patient deaths that have been in receipt of care by LYPFT in the 6 months prior to death. The Learning from Healthcare Deaths Policy is under review and will be completed in May 2020.

The Northern Alliance of mental health Trusts is a well-established group and has agreed a consistent approach to learning from deaths in mental health and learning disability services, including how mortality data will be presented to Boards and key themes of learning.

The alliance is made up of us and:
Sheffield Health & Social Care NHS Foundation Trust, Tees, Esk and Wear Valleys Foundation NHS Trust, North Cumbria Integrated Care NHS Foundation Trust, Northumberland, Tyne and Wear NHS Foundation Trust, Bradford District Care NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust, Humber NHS Foundation Trust, Rotherham Doncaster and South Humber NHS Foundation Trust

The Trust continues to play an active role in the Northern Alliance Mortality Group, which has been useful to share findings and themes across the region.

Two reviews completed by the Trust were escalated to a more comprehensive review after concerns were raised from families about the care provided.

The Trust reports all Learning Disability patient deaths to the Learning Disability Mortality Review Programme. In addition we also participate in the reviews across the city.

Links are also being made with Leeds Teaching Hospital to further progress joint reviews and with an aim to develop a city wide mortality review process. This will ensure learning from mortality is reviewed from a wider perspective that just one individual organisation.

Where a family member or carer raises a concern about any element of care prior to the death of a service user a full comprehensive investigation is completed. We provide healthcare for patients across a wide breadth of partnership services and often we are not classified as the main provider of the deceased person's care. For example we provide psychiatric input for people with cognitive impairment via our memory services and their GP is responsible for the person's ongoing physical healthcare needs.

The total number of deaths (Severity 5) by Quarter are provided in the below table.

Learning From Deaths	Q1	Q2	Q3	Q4
Total number of deaths reported and reviewed 1 April 2019 – 31 March 2020	98	88	76	102

We continue to develop the mortality review process. As a result of the work with the Northern Alliance Mortality Group and revision of our own policy we are clearer about whether a patient death should be reviewed or not, this has resulted in us not reviewing deaths outside the scope of our policy.

LYPFT considers that this number and/or rate are as described for the following reasons:

- The Trust actively encourages incident reporting and has developed a supportive and responsive culture of patient safety
- The Trust takes a collaborative approach to reviewing incidents of severity 4 and 5
- The incidents reported as severity 4 and 5 (386 incidents) are low in comparison with those reported as severity 1 and 2 (10880 incidents).

The Leeds and York Partnership NHS Foundation Trust intends to take/has taken the following actions to improve the percentage, and so the quality of its services by continuing to develop the below approach:

- The Trust policy stipulates that all known deaths are reported via DATIX, the Trusts incident reporting system.
- Incidents are discussed at monthly care group governance forums.
- A summary report (CLIP) is provided monthly to aid discussion and highlight concerns.
- All patient safety incidents reported as severity 4 and 5 are reviewed at the twice monthly Learning from Incidents and Mortality Meeting.
- The Trust has refined the use of the Mazar's mortality review codes to avoid confusion and now uses the following:
 - EN1 Expected Natural Death
 - UN2 Unexpected Death from a natural cause
 - UU Unexpected and unnatural death.
 - NOD Not our death, not provider of care.
- Where a patient death is recorded as unexpected/unexplained a further review is undertaken to identify if any care or service delivery problems have contributed to the patient's death.
- All learning disability patient deaths are subject to a review whether unexpected or otherwise, this process is via the Learning Disabilities Mortality Review. The Trust is a panel member of the NHS Leeds LeDer review meetings and has a reviewer allocated to support this process. Any learning is fed back to the Trust from the panel. Additionally, if there are any concerns following initial review of a Learning Disability patient mortality review, a Structured Judgement Review will be completed alongside the LeDer review to ensure learning is identified in the Trust.

Inquests

Between the 1 April 2019 and 31 March 2020 we were registered by the Coroner to be involved in **49** inquests, all of which have been concluded. From these inquests, LYPFT received one Prevention of Future Death (PFD) report served by the Coroner under the Coroner's (investigations) Regulation 28.

Patient Safety Incidents

The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

The Trust is committed to continually improving the quality and safety of all services. Incident reporting is a fundamental tool of risk management, the aim of which is to collect information about adverse incidents, including near misses, ill health and hazards, which will help to facilitate wider organisational learning.

Staff report patient safety incidents and categorise the degree of harm or potential degree of harm, for example: medication error where a patient has not received the prescribed dose which has the potential to affect their wellbeing is reported as a PSI and categorised accordingly. In addition a patient is provided with an explanation and apology in line with our Duty of Candour policy. The categories are described as follows:

- Severity 1 – No Harm
- Severity 2 – Minor Harm, e.g. required minor treatment
- Severity 3 – Moderate Harm, e.g. required further treatment
- Severity 4 – Major/Severe Harm, e.g. permanent harm/disability, medium psychological harm
- Severity 5 – Death/Catastrophic

The open reporting of incidents (including near misses and ‘errors’) is positively encouraged by the Trust, as an opportunity to learn and to improve safety, systems and services.

The information below shows the number and percentage of patient safety incidents (PSIs) reported within the LYPFT during the reporting period and previous years, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Period	Number of patient safety incidents uploaded to NRLS	Severe (No)	Severe (%)	Death (No)	*Death (%)
19-20 Q1	1146	2	0.17	1	0.08
19-20 Q2	1308	9	0.68	1	0.07
19-20 Q3	1074	0	0.00	4	0.37
19-20 Q4	1589	0	0.00	1	0.06
Totals:	5117	11	0.85	7	0.58

* This percentage is the number of deaths reported as serious incidents in accordance with the framework where either a RC or CF were reported as significant factors in the patients care

Between 1 April 2019 and 31 March 2020 a total of 7901 patient safety incidents were reported on the Trust’s incident reporting system DATIX. Of these incidents 383 (5%) were categorised as severe harm, indicating long term significant harm (severity 4) or death (severity 5). All patient deaths are categorised as a severity 5, which includes those confirmed as natural, expected deaths. This facilitates a review of all reported deaths to ensure that there is a clear view of mortality and to identify any learning.

We review all patient deaths bi-monthly. The death of any person who has died within the last 6 months of care, who has been in receipt of inpatient mental health services, Care Coordination in Community Services or has accessed the Crisis service is subject to a more in-depth review. This can vary from establishing additional information (fact finding) to a full comprehensive investigation.

According to the NHS National Reporting & Learning System (NRLS) (2015) organisations that report more incidents generally have a better, more effective safety culture. Below is our data, including national comparison, as is currently available:

NB: our ‘How to understand and improve your patient safety incident reporting to the National Reporting and Learning System (NRLS)’ benchmark report is for data set: April 2018 to September 2018.

Period	No Harm	Low	Moderate	Severe	Death	Number of patient safety incidents uploaded
19-20 Q1	808	270	57	2	9	1146
19-20 Q2	910	317	51	9	21	1308
19-20 Q3	716	284	52	2	20	1074
19-20 Q4	1062	419	63	4	41	1589
Totals:	3496	1290	223	17	91	5117

The NHS Patient Safety Strategy: Safer Culture, safer systems, safer patients

This strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.

The NHS England and NHS Improvement Patient Safety Strategy was published in July 2019. The strategy has a number of recommendations for implementation over the next 2 years. It aims to develop a Patient Safety System across the NHS which is responsive to patient need.

Headlines from the document include:

- Replacing the National Reporting and Learning System (NRLS) and Strategic Executive Information System (STEIS). The Trust reports all patient safety incidents (within an Agreed framework) to the NRLS and all Serious Incidents in accordance with the Serious Incident Framework to the STEIS. The revised system will create a single method of reporting for staff to use.
- The national Serious Incident Framework is being reviewed as part of the strategy. The Patient Safety Strategy plans to develop a broader scope for serious incident reviews rather than a focus on an individual review thus creating thematic reviews to identify wider learning. This will create a systems wide patient safety culture.
- The strategy includes a Medical Examiner role which will enable us to provide a better service for the bereaved; and an opportunity for them to raise any concerns with a doctor not involved directly with the patient's care.

If you would like to read more about this strategy you can find it here:

<https://improvement.nhs.uk/resources/patient-safety-strategy/>

Falls Group and Pressure Ulcer management

Every 3 months we produce quality reports which provide an overview of pressure ulcers and falls. These provide assurance that all incidents relating to pressure ulcers and falls within LYPFT services are reported, reviewed and investigated; and that we have systems in place to share lessons and improve patient safety.

Our falls are reviewed by severity as follows:

Severity 1 Falls: no injuries sustained

	Q1 (2019/20)	Q2 (2019/20)	Q3 (2019/20)	Q4 (2019/20)
SS/LD Services	36	23	15	42
Leeds Care Services	145	116	92	157

Severity 2 Fall: first aid given, minor interventions

	Q1 (2019/20)	Q2 (2019/20)	Q3 (2019/20)	Q4 (2019/20)
SS/LD Services	08	14	12	13
Leeds Care Services	39	38	20	39

Severity 3 Falls: medical treatment, surgery

	Q1 (2019/20)	Q2 (2019/20)	Q3 (2019/20)	Q4 (2019/20)
SS/LD Services	02	00	01	00
Leeds Care Services	02	01	02	01

Examples of improvements arising from cases of falls include:

- ❖ Falls Safety Huddles continue to be held across inpatient services at The Mount with learning from implementing the Falls Huddles being shared within care group governance meetings and regionally at improvement networks. This photograph illustrates a Falls Huddle being held on one of the dementia inpatient services based at The Mount.
- ❖ Falls audit in relation to the use of the falls multi-factorial risk assessment at The Mount inpatient services
- ❖ Development of a Falls Assessment Tool to raise awareness of risk of falls for service users who are admitted to the acute inpatient mental health service

Pressure Ulcers

The table below details the pressure ulcers reported within our services in 2019/20 and identifies which of those reported were attributable to LYPFT:

	Q1 (2019/20)	Q2 (2019/20)	Q3 (2019/20)	Q4 (2019/20)
Attributable to LYPFT	4	5	2	0
Non-attributable to LYPFT	1	1	1	3

National pressure ulcer reporting guidance from NHS Improvement has recently been incorporated within the LYPFT DATIX reporting system to promote more accurate reporting of pressure ulcers, moisture lesions and device related pressure damage. The reporting categories will also contain whether the pressure ulcer/moisture lesion/device related pressure damage was present on admission to LYPFT clinical services or acquired during care since admission.

Infection Prevention Control Team (IPCT)

We have worked hard in 2019/2020 to improve the standards of care delivered and the environment we all share including ensuring we maintain cleanliness standards, manage outbreaks and implement the flu campaign. The IPCT team progressed with an annual programme of work and the achievements for 2019/20 include:

No reportable cases of Clostridium difficile (C. diff), MRSA or gram negative blood stream infections. The IPCT provides monthly reports ensuring the board are aware of any risk to service users and is appropriately managed.

Key performance data is available and reviewed via a series of reports from the IPCT information system to observe trends. Outbreaks remain consistently low peaking over the winter months with the common causes remaining as influenza and norovirus.

Following the influenza outbreaks in February 2019, a change to the seasonal influenza procedure was implemented including a shortened response time and ensuring prophylactic treatment commenced at the earliest opportunity.

The below table shows the number of recorded outbreaks (any type):

YEAR	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
2019/20	0	3	1	1
2018/19	0	1	1	3
2017/18	0	2	1	4

Environmental audits

Environmental audits are carried out on a yearly basis; the scores provide an indication of compliance and benchmarking across the Trust. Overall achievement scores range between 86% and 98%. This represents acceptable compliance and minimal risk to service users. A walk-round is conducted monthly to ensure standards are maintained. Furthermore, the Trust undertakes patient led assessment of the care environment (PLACE) audits. This is led by estates who provide support and training for governors or patient representatives to carry out the audit from their perspective. The patient representative carries out the scoring of these visits.

The Annual Flu campaign

The NHS England strategic objectives for the flu plan and the associated Clinical Commissioning Group CQUINs' aim is to actively offer the influenza vaccine to 100% of eligible staff with sliding scale set at 60% to 80%.

Planning for the influenza immunisation programme is a year round process to enable our IPCT and trained colleagues to administer the first vaccinations in October.

Behind the scenes the ground work had already been carried out with the objective being to help staff to understand the importance of consenting to having the vaccination creating a safe

environment for service users. Through regular communication we emphasise how we can help others to stay safe this winter, bust myths and encourage staff to achieve a common goal.

The theme of helping others this year extended to the get a jab give a jab scheme in support of the UNICEF child vaccination programme.

The campaign is close to completion and we have smashed last year's uptake of 79.4 % beating the 80% CQUIN at 84.3%. Service users are encouraged to also have a flu vaccination also.

Having doubts about whether the flu vaccine is effective? Get the facts from www.nhsemployers.org/flumatters

#flumatters

flu
fighter NIS Employers



Safeguarding

Safeguarding is a term to denote measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

Over the last year the safeguarding team have implemented a duty system to increase efficiency in response to staff seeking support and advice on safeguarding concerns. The duty system operates over office hours and comprises an allocated safeguarding practitioner working in conjunction with the safeguarding administrator to take and respond to phone and e-mail advice as and when it comes in. Over this year the duty system has given advice to approximately 1200 queries.

Staff are made aware of how to contact the team through a variety of methods including training, Trust intranet, bulletins, policy, posters in clinical areas and Trust wide communications.

The level 3 safeguarding training has been revised in line with the new child and adult intercollegiate documents and a new flexible learning package created. Approximately 1100 staff in the organisation require this level of training. This package has been piloted with staff and outlines the specific learning requirements that each staff member is required to achieve and what specific learning events and resources can be used as evidence. The package is enhanced by the roll out of the regular Trust-wide safeguarding bulletin with updates as to relevant forthcoming learning and teaching events and resources.

Think Family means securing better outcomes for children, young people and families with additional needs by co-ordinating the support they receive from children's, young people's, adults' and family service

An internal audit last year gave significant assurance around safeguarding practice. We continue to champion and promote Think Family and staff are encouraged to gain the child's perspective and listen to the child in the safeguarding context.

Child safeguarding supervision is based on the Morrison 4x4x4 model. This is an evidence based way of providing support, supervision, and reflection to individuals or groups of clinical staff to enhance understanding and better practice.

Other sessions include a thematic adolescent to parent violence session as an action from an Individual Management Review (IMR) related to on-going Serious Case Review (SCR). This is further embedded through the establishment of a network between safeguarding links in the Community Mental Health Team (CMHT)'s and the early help hubs within children's services. Early Help hubs are a combination of different professional workers who wrap around families with children where there is additional need. The establishment of this network further embeds whole family thinking within the Trust and increases timely access to and information sharing with these services for our service-users and their families.

We have undertaken a number of safeguarding investigations which include two thematic analyses around self-neglect and homelessness. Two workshops were provided for the Self Neglect conference hosted by the Safeguarding Adult Board. The learning and recommendations from these investigations and events are actioned through the Trust's governance arrangements.

CareDirector will enable better data collection and progression and recording of safeguarding advice. The figures currently collected are under the four categories of abuse for safeguarding children but can now be widened to capture more specific data such as Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) and modern slavery.

Our psychiatric intensive care and perinatal services now employ a social worker with a safeguarding remit who works closely with the safeguarding team around adult and child safeguarding with a particular focus on service users who are parents.

The new Veterans service has been supported with a number of disclosures of War Crimes resulting in the creation of an internal procedure.

We have established our governance in relation to MAPPA (Multi Agency Public Protection arrangements) and the Deputy Head of Safeguarding holds a lead role in this area. This is a new role in the Trust and is key to developing the Trust MAPPA policy, staff learning and procedures to ensure that our service-users, their families and the public are as safe as possible.

The team are supporting the secondment of one of our clinical staff from the forensic service to the front door safeguarding hub to contribute mental health expertise to the daily Multi Agency Risk Assessment Conference (MARAC) meetings, duty and advice calls and strategy meetings.

Mental Health Legislation: Quality improvement

Mental Health Legislation includes a wide variety of legal topics relating to people with a diagnosis or possible diagnosis of a mental health condition, and to those involved in managing or treating these people

The Mental Health Legislation Team is here to offer advice and support to staff, patients and carers in all matters relating to the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We understand that an admission to hospital can be a very difficult time and our role is to ensure that the Trusts responsibilities under the relevant legislation are met and patients' rights are protected. We ensure that staff receive the appropriate training and support and meet regularly with patients and carers to make sure they understand their rights under the Acts.

Training

We provide face to face training for inpatient and community staff across the Trust which includes the MHA and MCA/DoLS. We have redesigned the training and now provide both initial and refresher training. All relevant staff complete the initial training once followed by the refresher training every two years. The refresher training focuses on assessments of capacity, clinical scenarios, themes from CQC visits and changes to legislation and case law. We continue to offer bespoke training on request for clinical teams and partner organisations.

Liberty Protection Safeguards

We are actively planning for the implementation of Liberty Protection Safeguards (LPS), which will replace the current DoLS system. While we await the guidance and Code of Practice we are working with local NHS providers and Leeds City Council to ensure that we have a system that meets our statutory responsibilities provides protection for service users and is financially responsible.

Mental Health Act Managers (MHAMs)

Mental Health Act Managers (MHAMs) have a delegated responsibility to hear appeals and hold reviews of patients' detentions. They are not employed by the Trust and are independent in their decision making. We are committed to ensuring that those carrying out this role reflect the diverse cultures of our patient groups and will continue to actively recruit to achieve this. We provide regular training for MHAMs to ensure that they are equipped for their role and hold a quarterly managers forum which is well attended

Out of Area Placements

An 'out of area placement' (OAP) occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit which does not form part of the usual local network of services

We recognise that being placed in hospital away from their community provides a poor experience for both service users and their carers. We have a clear aim to ensure that people are treated either as close to their community as possible.

A citywide review of patient flow in Leeds has shown that we have broadly the correct number of beds for our adult and older people's population. We recognise that we sometimes have problems moving people on from hospital care and these delayed transfers of care result in beds not being available to meet the demand for them. We therefore have to send people to out of area beds.

We review all our delays with the wards and with colleagues and partners in the wider mental health pathway. When people are placed out of area a nurse will visit them once per week and work with the ward team and the patient to agree a plan of care. When people have to be placed further from home we maintain contact with the care team by telephone. We will always ensure that people are allocated a care coordinator to work with them towards planning for transfer from inpatient care.

We aim to transfer people back to their community as soon as possible; this decision will always be based on the clinical needs of the patient.

A trajectory for reducing adult acute and PICU (psychiatric intensive care unit) out of area placements to zero by March 2021 in line with the Mental Health Five Year Forward View is in place. This has been agreed between the Trust and Leeds CCG. A range of initiatives to improve the system's ability to prevent unnecessary admission and shorten inpatient stays has been agreed. We have implemented a new community model to improve access to crisis assessment, gatekeeping and intensive home treatment that will enable early step down from inpatient wards and are monitoring the effect of this on inpatient flow. We are looking in partnership with the CCG at the possibility of providing a community unit as an alternative to hospital admission.

Each week the capacity and flow team have a teleconference with colleagues from Bradford and South West Yorkshire to discuss any shared themes across West Yorkshire affecting capacity and flow / bed management. Recently issues relating to the demand for beds for social care placements for people with learning disabilities and mental health needs have been discussed with Trusts seeing an increase in demand. Delays for people needing a move to low secure forensic services have also been highlighted and the affect this has on PICU capacity. The Trust is leading a piece of work on PICU capacity across the ICS area looking at standardising clinical practice and reviewing capacity and demand across all Trusts.

Progress against out of area trajectory: Number of inappropriate bed days in month*

	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<i>Trajectory</i>	1,231	1,029	872	504
<i>Actual bed days</i>	1,901	1,489	1,089	1,356

Staff Satisfaction survey

The table below shows the percentage of staff employed by the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*, as reported on the NHS National Staff Survey**. This includes comparison with the previous three years.

*current definition: "if a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"

**definition has changed since Quality Account guidance was issued

Year	Number of staff employed	% of those staff employed who recommend the trust to family or friends	National Average (Mental Health and LD Trusts)	Highest/Lowest
2019	2616	64%	62%	76% - 38%
2018	2459	64%	61%	81% - 38%
2017	2419	59%	61%	87% - 42%
2016	2412	58%	60%	82% - 44%
2015	2670	57%	58%	84% - 36%

LYPFT considers that this percentage is as described for the following reasons:

March 2019 saw the official launch of an organisational re-design of our community services, affecting approximately 400 staff directly. This changed the way many of our teams within community services work and encouraged flexibility, adaptability and resilience amongst those colleagues.

We see 64% as a positive outcome as:

- From 2015-2018 we saw a year on year increase for this score. The high score achieved in 2018 has been sustained for 2019
- 2018 was the first time our Trust score was higher than the average score for Mental Health and LD Trusts and we have maintained this for 2019

77% of our staff consider that the 'care of patients/service users is my organisation's top priority' which mirrors the 2018 score for this question.

Having a more highly engaged workforce has a positive impact on patient care and we are therefore working on:

- The continuation of our 'Culture Collaborative' work which started in 2019 to understand how staff feel about coming to work, and what needs to change to improve our culture
- Launching an online conversation in June 2020 for staff to discuss our culture throughout the Covid-19 pandemic, how it has felt and what we can learn and take forward as part of recovery
- Looking to pilot a 'happy app' to support organisation-wide improvement led by teams and their direct managers
- Forming an Apprenticeship Steering group tasked with increasing the number of enrolments and increasing number of apprenticeship opportunities available to staff
- Continuing our focus on the health and wellbeing of our staff through a variety of supportive interventions
- Addressing how we can move our development offers online to be accessible in light of the Covid-19 pandemic. We can then continue with our Resilience and 'Effective Manager' programmes

For the last 3 years we were asked to include the most recent LYPFT NHS Staff Survey results for indicators:

‘KF19’ reported in the LYPFT 2018 results as Key Question 13c (Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months)

In 2019 the percentage for this question was 14%, a favourable decrease of 1% from the 2017 score. We are therefore two favourable percentage points below the sector average of 16%.

And;

‘KF27’ reported in the LYPFT 2018 results as Key Question 14 (Percentage of staff believing that the organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?) for the Workforce Race Equality Standard

In 2019 the LYPFT percentage for this question was 85% which mirrors that of 2018. The sector average for this question was also 85%.

SECTION 4

OUR QUALITY IMPROVEMENT PRIORITIES FOR THE FORTHCOMING YEAR

Development of our Quality Improvement Priorities (QIPs) for 2020/21

Development of our QIPs for 2020/21 has been through a consultative process, which has included:

- Triangulation with our organisation's vision and values; and Quality Strategy
- A retrospective review of service user, carer and public feedback to identify themes and areas for improvement
- Consideration of the stakeholder feedback we received regarding our 2018/19 Quality Report and Account
- Engagement and meetings with key staff, service leads and our leadership team
- Sessions at our Care Services' Clinical Governance Councils to gain input and insight from Professional Leads to ensure the QIPs are meaningful and relevant to services
- Intelligence, data and information presented and discussed, regarding our current areas of concern and focus within our leadership and governance meetings
- Approval of the proposed QIPs through our Quality Committee
- Consultation with our Council of Governors (February 2020)

A refreshed set of QIPs has been developed for 2020/21 through a consultative process as in 2019/20. In developing these QIPs we have continued to consider:

*We have ensured that at least two 2020/21 QIPs relate to each of **Patient Safety, Effectiveness and Patient Experience**, as recommended in the Quality Account Toolkit.*

The QIPs for 2020/21 have been aligned to the CQC domains: **Safe, Effective, Caring, Responsive and Well Led**. Whilst each QIP has been assigned to a predominant domain, all QIPs cut across more than one domain and a Well Led approach is required in all areas to succeed in their quality improvement aims.

The Coronavirus pandemic has proved to be the biggest healthcare crisis in a generation and we continue to experience extremely high levels of operational pressure as a result. In order to ensure our clinical staff are able to prioritise the delivery of care we have not progressed all QIPs as planned but will be doing so as work streams commence.

Safe

SAFE - people are protected from avoidable harm and abuse. When mistakes occur, lessons will be learned.

Our 2020/21 QIPs for improving safety are:

Quality priority	Projected quality improvement outcomes 2019/20	Progress monitoring and reporting measures
S1 Patient Safety	Suicide Prevention Plan, development of a Trust approach	<p>We will review the Suicide Prevention Plan and develop an improvement plan on how to support staff affected by suicide.</p> <p>We will report on the NCISH baseline assessment toolkit and produce a report on how to ensure the plan is sustainable.</p> <p>A final report on the implementation of the Trust suicide prevention plan will be completed.</p>
S2 Patient Safety	Safety Planning across the Services	<p>We will deliver training to the following services: IHTT, female acute inpatients and aspire.</p> <p>We will agree the go live date for these teams via the Safety Planning Implementation Group. Top up training and support will be provided to the ISS teams around best practice.</p> <p>We will complete evaluation of roll out and implementation so far, including quality audit of completed safety plans.</p> <p>We will use data gathered to inform the timetable for further service roll out.</p> <p>On-going training and service roll out will be completed as agreed via the Implementation Group.</p> <p>On-going audit and evaluation of services that are newly using the tool. Development of service user training via the Recovery College. Focus groups for service users and carers to get feedback around their experiences of safety planning.</p>

Effective

EFFECTIVE: we will achieve good outcomes with people based on best available evidence. Our 2020/21 QIPs for improving effectiveness are:

Quality priority	Projected quality improvement outcomes 2019/20	Progress monitoring and reporting measures
E1 Mental Health Legislation	Audit of seclusion records	<p>We will have robust processes in place to enable audit of legislative compliance and will establish baseline understanding of areas for improvement and develop action plan.</p> <p>The action plan will be reviewed and we establish next steps. Any identified steps will be progressed appropriately.</p>
E2 Physical Health	<p>Improving the quality of physical healthcare monitoring and the associated interventions:</p> <p>Improve the processes within the physical health monitoring clinics for:</p> <ul style="list-style-type: none"> - antipsychotic side effect monitoring - Lifestyle review and support to access community services 	<p>We will complete a review of side effect monitoring processes practice against best practice guidance.</p> <p>A review of Trust audit results will be completed to understand current practice and variations across the Trust.</p> <p>We will identify opportunities for increasing positive changes and pathways for intervention.</p> <p>Any required changes, in line with the evidence, into the processes of the physical health clinics will be made and we will evaluate for impact on staff and service users.</p>

CARING: we will involve and treat people with compassion, dignity and respect.

Our 2020/21 QIPs for caring are:

Quality priority	Projected quality improvement outcomes 2019/20	Progress monitoring and reporting measures
C1 Always Events	<p>Develop Always events</p> <p>Using patient experience data and co-production chose the most impactful Always Event and pilot in one service.</p> <p>Roll-out Always Events to other areas as appropriate.</p>	<p>We will establish oversight roles & responsibilities – (terms of reference, following Always Event protocol).</p> <p>We will analyse sources of data for themes and trends and suggest up to 12 themes. We plan to host a Patient Experience workshop to choose the 3 most important topics defined by service users from these themes.</p> <p>We will agree with services which areas will be pilot sites for Always Events.</p> <p>We will establish the aim statement and benchmark one area and implement Always Events.</p> <p>We will test the change idea and monitor the progress of Never Events through the Patient Experience Sub-group on a quarterly basis.</p> <p>We will evaluate progress and plan for 2021/22.</p>
C2 Physical Health	<p>Reducing harm via Nicotine management and e-Cigarette use. Priorities for the year 2020/21 are:</p> <ol style="list-style-type: none"> 1. Develop a protocol to ensure nicotine replacement therapy provided by the Trust is delivered in an evidence based and cost effective way; this will support more effective use and identify those where alternative harm reduction methods would be suitable 2. Increase stop smoking support for community patients in the Trust 	<p>Outcome 1</p> <p>We will review evidence for NRT use in the context of the wider stop smoking support offer within the Trust.</p> <p>We will identify the cohort of inpatients receiving NRT who a) have been using for longer than the recommended 12 weeks, b) continue to smoke cigarettes and/or c) use an additional nicotine containing product.</p> <p>We will develop guidance for staff to follow for prescription and review of NRT in form of a protocol.</p> <p>We will review and evaluate use of the protocol to include service user feedback, cost analysis, and staff compliance.</p> <p>Outcome 2</p> <p>We will review the effectiveness of the process for identifying and documenting service users who smoke in the</p>

		<p>community setting.</p> <p>We will identify the training need for community staff to enable widespread delivery of very brief advice and nicotine prescribing across all community teams. We will deliver training and collaborate with OneYouLeeds stop smoking service to increase on-site availability of support for service users.</p> <p>We will evaluate the availability of community stop smoking support to identify areas for priority.</p>
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Responsive

RESPONSIVE: we will respond to people's needs in a timely way.

Our 2020/21 QIPs for responsive are:

Quality priority	Projected quality improvement outcomes 2019/20	Progress monitoring and reporting measures
R1 Patient Experience & Feedback	Triangle of Care	<p>The Patient Experience Team (PET) will lead the assurance audit of each service/team against their self-assessments. This will be supported by clinical and operational colleagues and carers.</p> <p>Services will provide monthly updates to the Triangle of care steering group in order to share good practice and identify any learning needs.</p> <p>The PET team will have central oversight of self-assessments (via a RAG rated tracker). This will be monitored on a monthly basis through the Triangle of Care steering group and Professional leads will provide updates to Clinical Governance Councils.</p> <p>Triangle of care steering group will review stage 2 submission preparedness and assess the progress with standards and report to Carer strategic sub group.</p> <p>We will start the accreditation document. The PET will coordinate and hold oversight of service contributions. Submission to be agreed by Triangle of Care Steering group and signed off by the Carer strategic sub group.</p> <p>A summary report will be presented to the Patient Experience, Involvement and Carer Strategic group</p> <p>We will submit application for accreditation and communicate successful submission internally and externally.</p>
R2 Continuous Improvement	Increased access to quality improvement training that builds capability and capacity at pace, which also complements the current skills and knowledge building that is delivered during the life cycle of an improvement activity that is supported by the Continuous Improvement Team	<p>We will plan for building capability and capacity at pace across the Trust. Developing and piloting different depths and levels of training resources for use across the Trust.</p> <p>We will roll out and commence the delivery of the range of training resources. We will complete an evaluation and create a 2021/2022 QI training plan.</p>

Well Led

WELL LED: we will work in partnership and learn from our mistakes.

Our 2020/21 QIPs for well led are:

Quality priority	Projected quality improvement outcomes 2019/20	Progress monitoring and reporting measures
W1 Continuous Quality Improvement	<p>Positive & Safe Group actions and impact for 2019/20</p> <ul style="list-style-type: none"> - Implementation of Strapline - Involving Service users and carers in reducing conflict and containment 	<p>We will develop a strategy for service user and carer involvement to ensure training is co-produced. We will finalise a new training curriculum and advertise Trust wide.</p> <p>We will begin delivering the new training curriculum and the PMVA team will begin RRN certification process.</p> <p>We will complete a training needs analysis (TNA) for community workforce.</p> <p>We will present TNA to clinical governance groups for consultation.</p>
W2 Safeguarding	Safeguarding supervision	<p>More staff will be trained in 4x4 supervision skills increasing capacity across the organisation. An audit of supervision will be set up with audit team with a supervision timetable for the year to be created.</p> <p>A peer model of supervision will be rolled out. A review of the supervision policy will be completed.</p> <p>Audit completion will be shared with the committee.</p> <p>Recommendations from the audit action plan will be completed and an evaluation of peer supervision model.</p>
W3 Patient Experience & Patient Safety	Autism Awareness Training	<p>We will establish funding stream(s), and recruit staff to project team, consult with stakeholders and measure baseline metrics.</p> <p>We will develop a training package and pilot in services.</p> <p>Following pilot period we will commence the training and evaluate any feedback, making requirements where necessary.</p>
W4 Quality Improvement	Supporting the development of clinical leadership for quality, using evidence based methodologies and a partnership working approach – 2 year plan.	The first year is taking the opportunity of the refreshed clinical leadership within the trust to explore systematised improvement with an evidence base in order to develop clinical leadership and improve an important element of clinical care simultaneously.

		<p>We will complete the service clinical leadership redesign including the identification of a clinical leader for this work.</p> <p>We will define the scope of the work, identify representatives, confirm the focus on clinical outcomes and work with partners to develop the plan.</p> <p>We will pilot the 90 day rapid innovation process to set the foundations for the Break Through Series.</p> <p>We will set milestones for the Break Through Series in collaboration with partners.</p>
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How our quality and quality priorities will be monitored throughout the year:

The QIPs described in sections 2 and 4 of this report will be monitored as identified with each indicator. At service level a progress review of the indicators will take place via the Care Group Clinical Governance Groups. This will enable service leads and services to know and share how they are doing in relation to their quality improvement goals and provide opportunity for them to identify actions early with regards to any delays in progress against the overall QIP.

Progress against the 2020/21 QIPs will also be monitored by our Trustwide Clinical Governance Group on a quarterly basis, also at our Quality Committee bi-annually, before being presented to our Trust Board at the end of the year as part of the Quality Report and Account process.

Reporting and monitoring in this way ensures that senior managers and the Trust Board are aware of how we are performing against our quality improvement priorities. It is also an opportunity for them to scrutinise and seek further assurance on any actions underway to make those improvements, in order to better ensure they are achieved.

Looking further forward into 2020/2021

In addition to the Quality Improvement Priorities detailed within this section, the following highlights other initiatives within the Trust:

Hepatitis C screening in Forensic Services

We plan to begin screening inpatients for Hepatitis C in forensic services early in 2020. Hepatitis C is a blood borne virus which causes liver damage and can cause cancer, but often goes unidentified until the damage is severe. Because of this, many individuals with infection do not get diagnosed and treated.

Many people in our services fall into the high risk groups identified by Public Health England so we are working with the Hepatitis Specialist Nursing Team at Leeds Teaching Hospital to provide testing and treatment to those at highest risk.

New Eating Disorders Model of Care in West Yorkshire

Our Trust and our mental health collaborative partners have been given a huge vote of confidence by NHS England as we've been given commissioning and budget responsibilities for the new eating disorders model of care in West Yorkshire.

This is part of NHS England's programme for 'provider collaborations' to take on specialised commissioning powers in an expansion of its mental health new care models programme. This four year contract will come into effect from 1 April 2020.

Physical Health Monitoring and Improvement Team (PHMIT)

In 2020-2021 the team will be working on the following priorities:

- improving the processes for monitoring the side effects of antipsychotic medication
- improving referrals to services which can help people to achieve healthier lifestyles
- improving the quality of information shared with GPs about physical health measurements and blood test results

Physical Health –

Our priorities for the year ahead are:

- Revise our protocol for nicotine replacement therapy to ensure this supports more effective use and identify people where alternative treatments would be suitable
- Increase stop smoking support for community patients in the Trust

Leeds Mental Wellbeing Service (LMWS)



The Trust is part of an exciting collaborative delivering new primary care mental health services from November 2019, following a contract announcement by Leeds CCG.

The new Leeds Mental Wellbeing Service (LMWS), which will be led by Leeds Community Healthcare NHS Trust (LCH), brings together Improving Access to Psychological Therapies (or IAPT), a citywide primary care liaison service and perinatal mental health. There are 11 partners involved including us, the Leeds GPs and third sector organisations.

The service will grow over the coming years with new roles being based in general practice, making it more accessible. There are exciting opportunities for us to work together with partners, improve patient retention and help target underrepresented groups. There is also a plan to increase digital therapy which will increase capacity in the service and reduce waiting times.

LMWS will be clinically-led by the Leeds GP Confederation, and LCH will be the lead contract holder.

The Leeds Mental Wellbeing Service Partners are:

- Leeds Community Healthcare NHS Trust,
- Leeds and York Partnership NHS Foundation Trust,
- Leeds GP Confederation, •Northpoint Wellbeing,
- Community Links,
- Touchstone,
- Women's Counselling and Therapy Service
- Homestart Leeds,
- Ieso Digital Health,
- SilverCloud Health,
- SignHealth

Staff Wellbeing

In 2020/21, we will review relevant policies and procedures to ensure they are more 'person centric' and supportive, as well as looking at new initiatives to bring in. The five key areas of Health and Wellbeing we will look at will be: Financial, Mental, Physical, Family friendly and Environmental.

We will be re-examining the support we provide to staff following critical incidents as a priority, ensuring we have a structured procedure which ensures all staff receive the same high level of care and support.

Leading for Inclusion

In 2020 we are planning to develop and launch a “leading for inclusion” programme of development for our senior leadership community. This will include developing and testing a Trust behavioural competency framework and a connected senior leadership development programme. The programme has the following high level aims:

- Increase in levels of psychological safety for all staff
- Increased embedding of Trust values and behaviours
- Consistent behavioural accountability from Trust leaders
- Support leaders to effectively manage themselves
- Improvements in the experience at work of all our staff with a particular focus on the experience of diverse groups. Including BAME disabled and LGBT+ staff.
- Improvements in staff wellbeing

Collaborative Leadership Development

In 2020 the Trust is planning to work in partnership to offer the Moving Forward programme, a specifically designed leadership development for our BAME leaders and staff.

Culture Collaborative

Since July 2019 we have been running an engagement campaign with our staff on the culture of our Trust. We want to understand what our current culture feels like for staff, what good culture would look like and to identify ways in which we can work together to improve our culture.

Continuing to improve our culture is essential to the delivery of high quality services for our service users, as clear links and evidence exists that if staff experience is good this positively impacts on service user experience.

As part of this work we have been able to identify six key themes for improvement through 2020, which are:

- Diverse, consistent leadership
- Safe working environments
- Autonomy and empowerment in effecting changes
- Career development
- Feeling valued and rewarded
- Healthy work/life balance

SECTION 5

STATEMENTS FROM OTHERS ON THE QUALITY REPORT AND ACCOUNT



We welcome the number of positive things, through a patient experience lens, to read in this Quality Account - an intent on collecting better feedback, working with existing community groups and incorporating specific measures based on responses by carers. The real test on the effectiveness of patients' influence will possibly be the Quality Account this time next year: it's an impressive level of ambition, and one in which we will hopefully hear more about over the coming year.

At Healthwatch, our priority focus has been mental health and specifically we have looked at people's experience of having a mental health crisis in Leeds. LYPFT are key partners around this and we are looking forward to seeing how their services develop following the recommendations we have made.

With the Covid 19 Pandemic, and the significant affect it is having on people's mental health, timely access to support and services is essential and LYPFT are key in ensuring people's needs are met.

Representatives from the Trust have been involved in citywide work we are leading on around Peoples Voice, Inclusion for All (with a focus on implementing the Accessible Information Standard), Complaints and Digital Inclusion. We look forward to continuing to work in partnership with LYPFT to help improve the experiences of people accessing their services.

On a general point of presentation, this Quality Account seems very structure and governance-heavy. Whilst acknowledging there are a few case studies included it would have been good to have seen a case study or two on how some of the changes described within the Account will be - or maybe already are - evident from the perspective of a patient; a "how does it feel for me?"-angle.

Ms Cathy Woffendin
Executive Director of Nursing, Quality and Professions
Leeds & York Partnership NHS Foundation Trust
Trust Headquarters
Thorpe Park
Leeds
LS15 8ZB

18th September 2020

Dear Cathy

Thank you for providing the opportunity to feedback on the Quality Account for Leeds & York Partnership NHS Foundation Trust 2019-2020.

This report has been shared with key individuals within Leeds Clinical Commissioning Group (CCG) and this response is on behalf of the organisation. We acknowledge the report provided is in draft form and additional information will be added and amendments made before final publication. Please accept our observations of your report on this basis.

The CCG recognises that the challenges the Covid19 Pandemic brought, has impacted on Trust performance towards the end of 2019-2020, and would like to commend and thank all staff for their responsiveness and dedication during this difficult time.

Overall we feel the document is in a well-presented, easy to read format. The coloured boxes interspersed throughout the document help bring the story to life, engaging the reader in the process. The thorough glossary is useful. The Trust's values of integrity, caring and keeping it simple are reflected throughout. We can confirm that the information provided in the account is in line with statutory requirements as laid out in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, and amended by the National Health Service (Quality Accounts) Amendment Regulations 2011.



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Other comments are as follows;

It is great to see the range and depth of quality improvement initiatives being taken forward by the Trust, alongside an emphasis on a continuous improvement ethos which underpins all service developments, and that service users are engaged throughout the whole process. It is also good to see the service user perspective used as a basis for the strategy. The voice of the service user can be heard throughout the document, which is commendable. We welcome the inclusion of some well selected patient stories, which are a good reminder to the reader that the patient should be at the heart of all decision making. In relation to patient feedback we noted there was not any reference made to the nationally collected FFT data, which it is felt may have helped provide a more rounded picture of the overall feedback, However we recognise the challenges in using the current FFT tool which is not tailored to meet the complexities of people with mental health conditions or learning disabilities and acknowledge your efforts to address this with NHS England. The introduction of the new FFT tool this year should support the capture of more meaningful qualitative data in these service user groups going forward and we will be interested to see how this is incorporated in to future accounts.

We have however noted that rather than providing the scores for the Friends and Family Test, you have selected some quotes, showing positive feedback and note that whilst these positive views are good to see, without the overall FFT scores this does not necessarily provide a rounded picture of the overall feedback received in 2019/20.

The partnership with the IHI demonstrates a proactive approach to gap analysis and the intent to build on the work already undertaken in respect of the recommendations from the IHI report, is good to see. There is a welcome emphasis on developing leadership capability, which is clearly reflected in the staff survey results, whereby more staff are reporting the Trust as a good place to work (and which is above the national average) and has increased over the last 4 years. This also responds to the CQC assessment and helped improve the Trust's overall rating from Requires Improvement, to Good.

The QIPs for 2019/20 were ambitious and plentiful (13 QIPs and more additional work streams identified) however the Trust have met the majority of QIPs for 2019/20 and where those have not been fully met, the CCG is encouraged to see that they will be carried on into 2020/21. The new QIPs for 2020/21 include implementation of the new Northern Gambling Service and mechanisms for inclusion of service users in understanding governance, which demonstrates the Trust is responding to current challenges faced by our society and viewing service users as partners in care.

The CCG welcomes the introduction of the Physical Health Team, recognising that your patient population requires support with their physical health, and using this team to further develop nurses physical health monitoring skills through training in addition to supporting patients directly, is a great use of that team.

The development of the Recovery College is a really valuable addition for service users. It is good to see that 250 students have accessed the 30 courses and we look forward to seeing this grow further in the next year.

In relation to new priorities, the CCG supports the QIPs for 2020/21 and looks forward to working with the Trust in response to the challenges it continues to face around maintaining the quality and integrity of services as we move through the phase of 'living with Covid'. In preparation for the 2020/2021 Quality Account we offer our support in the creation of that account.

Once again we thank you for the opportunity to review the latest Quality Account, which throughout demonstrates a culture of respect for the service users. We hope that our feedback is accepted as a fair reflection and look forward to seeing the progress made over the coming year.

Yours sincerely



Jo Harding
Executive Director of Nursing and Quality
NHS Leeds Clinical Commissioning Group



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Leeds and York Partnership NHS Foundation Trust's responses to stakeholder comments

Leeds and York Partnership 
NHS Foundation Trust

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8 October 2020

Dear Stuart

Re: Quality Report and Account 2019/20

Thank you for Healthwatch Leeds' feedback on our draft Quality Report and Account, as invited via the stakeholder consultation. I acknowledge the comments received and welcome the positive feedback regarding some of the document's content, as seen through the patient lens.

I note that you found the general presentation of the report to be structure and governance heavy, and lacking in demonstrating the patient perspective. As you will know, we are required to produce the report in accordance with the national requirements for Trusts. Our report combines those requirements for both the Quality Report (NHSE/I) and the Quality Account which should be set out as prescribed within the associated toolkit.

We pledged last year to increase the inclusion of service user experience in this year's report and having achieved this aim we have received positive feedback in this respect, including that from our colleagues at NHS Leeds Clinical Commissioning Group. Work has already begun to further build on this for the 2020/21 document with the involvement of our Patient Experience Team.

Within the document we have aimed to link all of the included case studies to a piece of service development and/or improvement work. Examples include:

- The Recovery College P59 followed by Paul Fraser's patient story.
- Northern Gambling Service P61 followed by Nathan Barnes patient story.
- Patient & Carer Stories at our Trust Board meetings followed by the stories of Mark Clayton and Lisa Cromack.

We have also incorporated coloured blue boxes throughout the report to include quotes from staff, service users and carers. These support and illustrate the information in the body of the report.

Our Patient Experience and Involvement Strategy web page also provides videos of some of the work we have undertaken as part of co-production with our service users and carers in the last 12 months: <https://www.leedsandYorkpft.nhs.uk/get-involved/get-involved/patient-carer-strategy/>.

The Healthwatch priority work regarding people's experience of having a mental health crisis in Leeds has been positively received within the Trust and our services have developed actions in response to the recommendations made. We will look to include a review of the quality impact assessment of those in this year's Quality Report and Account.

We have very much welcomed being involved in the work of the People's Voices Group and we report on this involvement internally and externally with our commissioners to ensure a continued awareness and focus on inclusion, particularly in this time where many of our services are being provided and accessed via alternative ways. We look forward to contributing to this work further, to help continuously improve the experience of people accessing healthcare across Leeds during this challenging time.

We will of course ensure that your feedback is shared with the all of the staff and service users involved in the co-production of this year's document.

Yours sincerely



Cathy Woffendin
Executive Director of Nursing, Quality and Professions

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8 October 2020

Ms Jo Harding
Executive Director of Nursing and Quality
NHS Leeds Clinical Commissioning Group
Suites 2-4, WIRA House
West Park Ring Road
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LS16 6EB

Dear Jo

Re: Quality Report and Account 2019/20

Many thanks for NHS Leeds Clinical Commissioning Group's feedback on our draft Quality Report and Account, as invited via the stakeholder consultation. I acknowledge the well balanced and helpful comments received.

I appreciate the feedback regarding the format and presentation of the document and your acknowledgement of the Trust's values being reflected throughout it, along with the voice of the service user. It was really pleasing to note that our aim to increase the inclusion of service user experience in this year's report has been recognised. Work has already begun to further build on this for the 2020/21 document with the involvement of our Patient Experience Team.

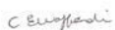
We acknowledge that there is further work to do with regards to The Friends and Family Test (FFT). Unfortunately, as you note, this is more suited to gaining feedback in the acute Trust setting rather than in Mental Health and/or Learning Disability services; and we have raised this with NHS England and Improvement. We are working towards improving the number of FFT responses we receive by re-launching the survey with improved questions in 2020/2021. This will be used alongside a variety of other methods and tools to gain feedback as appropriate to our range of services. We have added reference to this to the report for completeness.

We are proud of our achievements in gaining the CQC rating of 'Good' during the reported year and our service leads are working hard to address those areas where we can still improve through dedicated action plans and regular monitoring of these. Our ongoing work with the Institute for Healthcare Improvement, through our Continuous Improvement Team; and our focussed approaches to leadership development will be significant to facilitate this, taking us forward to achieve our ambition of being an 'Outstanding' organisation in this respect.

Thank you for commending the work of our staff throughout this challenging time. Their dedication to continuing to progress the improvements identified through the Quality Improvement Priorities is notable. I am happy to see the positive comments in this respect and welcome your support of the priorities for the forthcoming year, and in creating the 2020/21 Quality Report and Account.

We will of course ensure that your positive feedback is shared with all of the staff and service users involved in the co-production of this year's document.

Yours sincerely



Cathy Woffendin
Executive Director of Nursing, Quality and Professions

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2019/20 Quality Report and Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, service and professional leads, the Senior Management Team and the Board of Directors.





This document provides an insight into how we are working to realise our values, our strategies and plans for these; and our aim to continually improve, which is at the heart of everything we do. We hope you find the document to demonstrate this and have enjoyed reading about the quality of our services.

Contact Us

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Chief Executive

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Glossary

Adult Intercollegiate document: a guidance document that helps ensure that the health workforce, now and in the future, is equipped with the knowledge and skills they need to work in partnership with patients to safeguard them.

Allied Health Professional (AHP): comprises of distinct occupations including: art therapists, dietitians, music therapists, occupational therapists, physiotherapists, and speech and language therapists.

Anorexia Nervosa: an eating disorder and **psychological** condition marked by extreme self-starvation due to a distorted body image.

Appraisal: a method of reviewing the performance of an employee against nationally agreed standards within the NHS.

Audit: a review or examination and verification of accounts and records (including clinical records)

Board of Directors: the team of executives and non-executives who are responsible for the day to day running of an organisation.

Care Opinion postings: Care Opinion is a website that members of the public can post their comments about our service and we respond accordingly

Care Quality Commission (CQC): the independent Health and Social Care regulator for England.

Clinical cabinet: A group that meets to provide assurance those effective systems of governance are in operation across the organisation

Clinical coding: an electronic coded format that describes the condition and treatment given to a patient.

Clinical supervision: a reflection process that allows clinical staff to develop their skills and solve problems or professional issues. This can take place on an individual basis or in a group.

Clostridium difficile (C diff): an infection caused by bacteria that affects the digestive system. It most commonly affects people who have been treated with antibiotics.

Commissioners: organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

Community Mental Health Team (CMHT): support people living in the community who have complex or serious mental health problems

Continuous Improvement (CI): a management approach that organisations use to reduce waste, increase efficiency, and increase internal (employee) and external (customer/patient) satisfaction. It is an ongoing process that evaluates how an organisation works and ways to improve its processes.

CQUIN (Commissioning for Quality and Innovation): a financial incentive encouraging Trusts to improve the quality of care provided.

Datix: an electronic risk management system (database) used to record incidents, complaints and risks for example.

DOLS (Deprivation of Liberty): DoLS protect people who lack capacity to consent to being deprived of their liberty. This means that because an illness, an injury or a disability has affected the way their mind works they are not able to agree that they will not be allowed to do certain things.

Duty of Candour (DoC): a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to harm.

Elizabeth Garrett Anderson programme: a unique fully accredited healthcare leadership programme, leading to an NHS Leadership Academy Award in Senior Healthcare Leadership and a Masters in Healthcare Leadership.

E-Rostering: an electronic staff management tool used to plan staff requirements and reported on staff hours worked, annual leave, sickness etc.

Friends and Family Test (FFT): a measure of satisfaction usually via a survey or text message, which asks if staff/ patients would recommend the service they received to their friends or family.

IHI: The Institute for Healthcare Improvement takes a unique approach to working with health systems, countries, and other organizations on improving quality, safety, and value in health care

Information governance: the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

Inquest: a judicial inquiry to ascertain the facts relating to an incident.

Keith Hurst Optimal Staffing Tool: a tool to help calculate the required number of staff required on a ward depending on the type of ward, the number of service users and the acuity of the service users

Key Performance Indicator (KPI): help us define and measure progress towards our organisational goals.

LD: Learning Disability: a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

LIMM: Learning from Incidents and Mortality Meeting

Legislation: a law or set of laws suggested by a government and made official by a parliament.

MAPPA: Multi Agency Public Protection arrangements

MARAC: Multi Agency Risk Assessment Conference

Medicines management: processes and guidelines which ensure that medicines are managed and used appropriately and safely

Mental Health Act (1983): the main piece of **legislation** that covers the assessment, treatment and rights of people with a **mental health disorder**. People detained under the Mental Health Act need urgent treatment for a **mental health disorder** and are at risk of harm to themselves or others.

Meticillin resistant Staphylococcus aureus (MRSA): blood stream infection caused by bacteria that is resistant to some treatments.

Methodology: a system of methods used in a particular area of study or activity

NHS England (NHSE): the central organisation that leads the NHS in England and sets the priorities and direction of the NHS

NHS Improvement (NHSI): an NHS organisation that supports us to provide consistently safe, high quality, compassionate care

National Institute for Health and Care Excellence (NICE): an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services

National NHS staff survey: a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS

National Reporting and Learning System (NRLS): a central database of patient safety incident reports

Non-medical prescribers: Since May 2006, some nurses, pharmacists and other healthcare professionals have undertaken further training and are qualified to prescribe medicines that were previously only allowed to be prescribed by doctors. Non-medical prescribing has been introduced to improve patients' access to treatment –making it easier for you to get the medicines you need

Non-medical Responsible Clinician: Traditionally, only psychiatrists could be an Approved Clinician, (sole responsibility for the overall care and treatment of someone detained under the Mental Health Act). In 2007 amendments were made enabling non-medics, such as nurses, social workers, psychologists and occupational therapists, to become Approved Clinicians.

Outcome Measures: a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress related to a specific condition or issue

Patient acuity: a measure of the severity of illness of the patient and the intensity of nursing care that patient requires.

Patient Advice and Liaison Service (PALS): a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible

Patient experience: feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment

Patient satisfaction: a measurement of how satisfied a person felt about their care or treatment

Payment by results: the system applied to some services whereby NHS providers are paid in accordance with the work they complete

Preceptee: a person undergoing preceptorship (see below)

Preceptor: an experienced member of staff who provides role support and learning experiences to the preceptee to assist them acquire new competencies

Preceptorship: a structured period of transition for a newly qualified member of clinical or therapy staff when they begin their employment in the NHS

Pressure ulcer: damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing

Psychological: a mental or emotional rather than a physical cause.

Public Health England: an organisation that works to protect and improve national health and wellbeing, and reduce health inequalities

Quality improvement methodology: a systematic approach using specific methods to improve quality; achieving successful and sustained improvement. Through changing provider behaviour and organisation through using a systematic change method and strategies.

RAG rating: a popular project management method for rating status reports based on traffic lights using red, amber (yellow), and green to signify different scale ratings. We use a RAG rating to indicate if a project is on track or at risk.

Risk Assessment: a process to identify risks and analyse what could happen as a result of them

Root Cause Analysis (RCA): a method of investigating and analysing a problem that has occurred to establish the root cause

Scrutiny Board (Health and Well-being and Adult Social Care): a function of the local authority with responsibility to hold decision makers to account for the services they provide

Serious Incident (SI): when a patient, member of staff (including those working in the community), or a member of public suffers injury or unexpected death, or the risk of death or injury in hospital, or health service premises or other premises where healthcare is provided or where actions of health service staff are likely to cause significant public concern.

Strategy: the overall plan an organisation has to achieve its goals over a period of time

Structured Judgement Review (SJR): used to effectively review the care received by patients who have died. This will in turn allow learning and support the development of quality improvement initiatives when problems in care are identified

Subject Access Requests (SAR): requests made for personal information under the Data Protection Act 1998.

Standard Operating Procedure (SOP): a set of step-by-step instructions compiled by an organisation to help workers carry out routine tasks.

Sustainability and Transformation Plans (STPs): a group of local NHS organisations and councils that have drawn up proposals to improve health and care in the areas they serve. Some are now called Integrated Care Systems (ICS).

integrity
simplicity
caring

Job Ref: 20/0086 Septemeber 2020

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