



Leeds and York Partnership  
NHS Foundation Trust

# Quality Report and Account

2020 - 2021



# Quality Report and Account

2020 - 2021

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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 [our services](#):

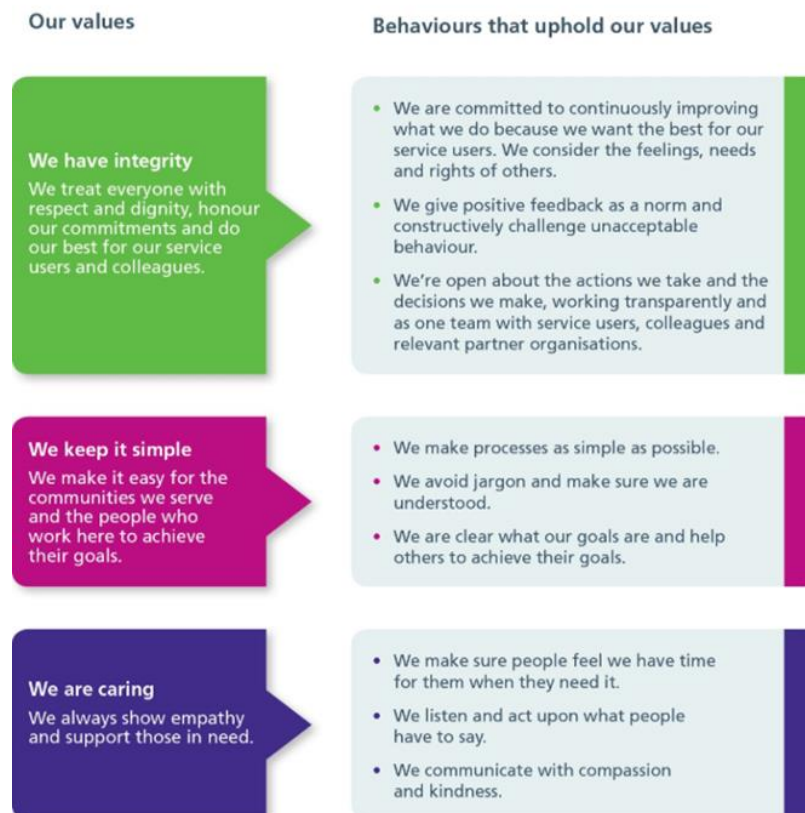
- Acute wards for adults of working age and psychiatric intensive care units
- Adult Attention Deficit Hyperactivity Disorder (ADHD) Service
- Autism Diagnostic Service (LADS)
- Blue Light (emergency services mental health support)
- Care Homes Team
- CFS / ME Service (Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis)
- 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
- CONNECT: West Yorkshire Adults Eating Disorder Service
- Gender Identity Service
- Northern Gambling Service
- Perinatal Service
- Veterans Service

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.

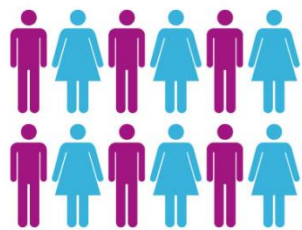




Our Trust, People, Services and Social in numbers

our Trust in numbers

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781k

people we  
provide services  
to

---



39

services we  
provide

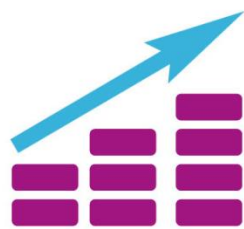
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Good

our overall CQC  
rating

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£202.9m

annual turnover  
for 2020/21

---



66

sites we operate  
from

---

our people



2,929

staff



563

bank staff



180

medical staff,  
including  
consultants,  
doctors and  
registrars



794

other clinical  
staff, including  
health care  
support workers



805

registered nursing  
and midwifery  
staff



217

other professional,  
scientific and  
technical staff,  
including  
psychologists,  
psychotherapists  
and pharmacists



188

allied health  
professionals,  
including  
occupational  
therapists and  
dietitians



745

admin and non-  
clinical staff



101

volunteers



178

members of our  
Workforce Race  
Equality Network  
(WREN)



33

members of  
our Disability  
and Wellbeing  
Network (DaWN)



100

staff already  
committed to  
attend trans  
and non-binary  
awareness training  
in 2021



## our services and service users

---



**£20m**

investment in Red Kite View, our new 22 bed unit for children and young people

---



**150+**

armed forces veterans in crisis and their families supported by Op COURAGE Veteran's Mental Health High Intensity Service in its first 6 months

---



**412**

compliments received by the Trust in 2020/21

---



**78%**

of staff feel satisfied with the quality of care they deliver

---



**88%**

of staff feel their role makes a difference to service users

---



**150**

people have taken part in our Service User Network (SUN) activities via Zoom during the pandemic

---



**159**

service users and carers have helped us with activities including service development and research projects

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**16**

service users and carers supported our recruitment panels

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## our Trust online

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**24k+**

the average  
number of  
visitors to our  
website each  
month

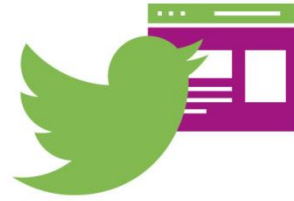
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**499**

Facebook posts

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**814**

Twitter posts

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**3,335**

page fans  
on Facebook

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**8,412**

Twitter followers

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## SECTION 1

### Statement of quality from the Chief Executive

The NHS has faced an exceptional challenge in its response to the Coronavirus pandemic. Our amazing colleagues have worked heroically throughout - adapting quickly to demands, developing new ways of working and they have done it all with a high degree of flexibility and resilience.

The Trust's Quality Report and Account 2020/2021 gives us an opportunity to share some of the important work we've done over the year and celebrate our achievements. I am immensely proud to say that we have continued to deliver on our core ambition to support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives.



#### **Great care that is high quality and improves lives**

In our inpatient wards, the crisis assessment unit and supported living settings, we have worked incredibly hard to keep people safe - implementing national measures and testing and cohorting people to help minimise the spread of infection. At the Becklin Centre, one of our main inpatient sites, we rapidly set up a separate annexe to provide a more therapeutic environment for people with acute mental health needs who had Coronavirus. In line with government guidance we introduced restrictions on leave and visiting, but supported service users to keep in touch with loved ones with digital technology. On occasions we paused admissions to manage outbreaks swiftly and effectively while working with partner organisations to maintain capacity for people needing care.

Our community mental health and learning disability services along with our specialist and regional services have continued to support people in their recovery remotely by providing video consultations, live social media sessions and virtual support groups and our Leeds Recovery College courses have also successfully moved online. We have been mindful of the health inequalities that have been emphasised by this pandemic. Some service users do not have access to technology or have been at heightened risk of poor health, so we've continued to offer face-to-face contact where it's been most needed.

I have felt so heartened by the sustained compassion of staff for service users, during the highs and lows of 2020/21. The creativity and imagination of colleagues across all of our services with initiatives such as the Ward Olympics, Letters to Loved Ones and 'wobble' rooms has helped morale, inspiring us all and will have made a huge difference to people getting through some very tough times.

We have continued to develop and expand our specialist services, helping more people receive the treatment they require. In November, the new Veterans' Mental Health High Intensity Service was launched to provide care and treatment for veterans experiencing a mental health crisis. The Northern Gambling Service expanded in 2020, launching clinics in Manchester and Sunderland, and marked its one year anniversary in September with the news that it has supported over 400 clients.

In September 2020 we announced that the Young People's Mental Health Inpatient Service at Little Woodhouse Hall in Leeds would be managed by our Trust from 1 April 2021. This is part of our shared ambition to ensure we deliver the right care, at the right time, and in the right place for young people who require highly specialist mental health support. Young people will benefit from our new £20million purpose-built unit, known as Red Kite View, which will open in December providing a spacious, safe and modern facility for young people with significant mental health needs.

Engagement with our service users, carers and the public on their experience of our services is at the heart of all we do, enabling us to improve the care we provide. In April 2020 we launched 'Together' a new three year Experience and Involvement Strategy. Our newly established Patient Experience Team will play an important role alongside our service users and carers – making sure we take a joined up approach and putting co-production at the centre of our work.

### **A rewarding and supportive place to work**

A key priority for us is supporting the health and wellbeing of our staff. People who work in health and care are often slow to put up their hand for help for themselves and so we have launched individual wellbeing assessments to understand the issues facing our staff and how best we can support them to feel safe and well at work. Taking our lead from the NHS People Plan, we are continuing to foster a culture of compassion, inclusion and belonging.

Our new staff Facebook group 'LYPFT Together', our popular staff engagement platform 'Your Voice Counts' and the annual NHS Staff Survey along with regular forums have given staff a variety of opportunities to talk and provide feedback about their experiences and also to be directly engaged in improving our workplaces. I am delighted that in the middle of a difficult year so many of our staff have taken the time to make their voice count and share their views.

I'd also like to give a special mention about the excellent work to confront racism and improve diversity and equality within the Trust led by our Workforce Race Equality Network which has done much to improve the culture of our organisation in becoming more inclusive.

### **Using our resources to deliver effective and sustainable services**

NHS mental health trusts like ours have had to plan for an increase in the prevalence of mental ill health as a consequence of Coronavirus. Responding to increased demand and acuity, often with pressures on staffing levels, we have had to move some teams into different locations, pause some services and redeploy some staff to support our acute and crisis care settings.

Key members of our management team have been heavily involved with working groups both within the Trust and across the local health and care system. We have consulted with experts from our clinical, operational and corporate services, enabling us to develop innovative ways of working and cut through some of the usual red tape. This kind of agile joined-up working has really helped us get through this crisis effectively and efficiently together.

The work of our often unsung support services has played a huge part in ensuring the continuity of our frontline clinical services – colleagues in infection prevention, IT support, communications, HR, logistics, procurement, estates and finance have kept us all going safely and efficiently whether working remotely or on site.

Despite the pandemic, the construction of the new Young People's Mental Health Inpatient unit has progressed to schedule and is on track for an 'excellent' BREEAM (Building Research Establishment Environmental Assessment Method) rating in sustainability. In November we made another application to Leeds City Council to modify the layout of the new unit. These modifications will allow for enhanced infection prevention controls and social distancing within the building and is based on our learning from the impact of Covid-19 ensuring that the building is fit for purpose now and in the future.

We took the decision to continue with the launch of our new electronic patient record system, Care Director, although making the system live in the midst of a global pandemic was challenging. I remain immensely grateful to every one of our staff for how they have adapted and responded. We're taking every opportunity we can to learn and work together to further develop this system.

### **LYPFT Together**

I look back on the last 12 months as a time of hugely inspiring collective effort. From the start of the pandemic we have all faced a huge amount of anxiety, change and uncertainty - responding to ever-changing guidance. We have worked hard to translate this into simple actionable measures and processes.

The roll out of vaccine trials and the vaccination programme has taken place at pace across our region with many colleagues, and indeed former colleagues, stepping up to play a part in this essential work – taking part in local Novavax trials, vaccinating inpatients, working in our own vaccination hub through to working on a community vaccination bus and even going into people's own homes.

As has been seen with the massive outpouring of affection for key workers and the NHS in particular, there is an immense sense of gratitude due to everyone who has come forward to help keep our communities safe in the drive to get back to some normality. I am incredibly proud of our staff, managers, team leaders and volunteers and I can't thank them enough for what they do. So much has been achieved by teams working together and this, for me, really embodies the Trust values – we have integrity, we keep it simple, we are caring.

Our teams have supported each other magnificently as we've tackled some difficult times especially with the loss of colleagues and service users to Covid. They have remained committed to doing excellent work while dealing with their own personal challenges. This really has been no mean feat.

As I write this the pandemic is still with us, and the physical, emotional and economic impact of the virus, will shape how we provide services in the future. Every day seems to bring more challenges, new problems to solve and barriers to overcome. Yet, again and again we see amazing efforts, a real desire to do the best we can for colleagues, services users, their families and partners. There are many challenges ahead, of course, but there is also a lot of hope that we will soon move towards a better, healthier and brighter future, together.



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 (2020-21), 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 (2021-22), why we have chosen these priorities, and how we will go about it.

### 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:

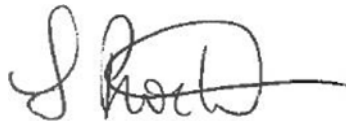
- The content of the report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2020 to May 2021
  - papers relating to quality reported to the board over the period April 2020 to date
  - feedback from the local Healthwatch received June 2021

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

24<sup>th</sup> June 2021

.....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 year. 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		
<b>We have integrity</b> We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	<b>We keep it simple</b> We make it easy for the communities we serve and the people who work here to achieve their goals.	<b>We are caring</b> 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

We believe that high quality care – compassionate, person centred, safe reliable and effective - is experienced at the point of contact between the clinician and those using our services.

The work that we do is complex and depends on the knowledge of many coupled with the right ways of bringing that know how together for the best result each time; no one person, no one leader or group of staff has all that is needed. This only works by including diverse views and opinions to answer messy and difficult questions.

The wider work of the organisation is to create the conditions where this care can flourish; every role within the organisation makes a valued contribution to this and the focus is always on those we serve.

The Quality Strategic Plan is central to the delivery of our ambitions for great care, job satisfaction for our staff and meeting the financial challenges facing the NHS. It provides us with a framework for delivering the right care, in the right way, each and every time. Our approach to quality must bring together some challenges and tensions.

We work to help people take ownership of quality, yet bring it together for the entire organisation. We continue to take the best international evidence, yet build on local experience of our service users, carers and staff to drive change.

### The 5 Dimensions of the Quality Strategic Plan

**Ensure that the conditions are right at the frontline** following the evidence base on leadership, learning and culture. We know that culture is developed by every conversation we have and that some are better than others; we strive to be the best we can be in the crucial areas of clarity; psychological safety; teamwork and relationships; agreeing and disagreeing well. The culture is key for learning alongside a learning system that encompasses how we work together to learn. Over the past year we continue to learn from evidence and work to make our services reliable, we have been further embedding the use of data in order to help us improve and we continue to both learn from when things go right and when things go wrong.

We have continued to develop our understanding of the Safe Reliable Effective Care framework, aligning it more for our organisations need and to 'localise' the language and terms used within it. The has been used as an insight into the leadership, culture and learning within a few work place settings and we continue to explore how it can support the equity agenda.

**Know where quality high spots and hot spots are** in order to celebrate, direct support and learn from, across all areas of our diverse and distributed organisation. Activity has continued throughout the year on our quality dashboards which will be key for how our services know how they are doing in relation to quality.

**Provide help in a joined up way where it is needed** using shared and integrated methods. There have been several activities over the past year where support department like Clinical

Audit, Organisational Development, Continuous Improvement and informatics have collaborated jointly to help our services explore and develop solutions

**Have systems to help us manage Trust wide priorities** using our quality methodologies have played an important part over the past year to help services understand the impact the pandemic has had, and work continues to quality methodologies to redefine what the future of our services could be.

**Work across boundaries and the system, in the service of quality for those who use our services** in the knowledge that the elements for effective systems working are consistent with the condition for frontline care to flourish.

### **What next...**

Whilst the last 12 months have been a challenge, the forthcoming year will see us learn from this experience, continue to build on the work already undertaken and commission new work to address new challenges to ensure we are able to understand the level of quality we give, have the skills to know how to develop it and ensure evaluation is core to our understanding of progress.



## 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 halted by the COVID-19 pandemic and restarted in December 2020. We have now created a first written draft of the medical strategy and will report on it in greater detail with the 2021/22 Quality Report & Account.

### Our clinical leadership and plans for the future

Since Dr Chris Hosker came into the post of Medical Director in the summer of 2020, he's been working with colleagues to set out a plan for the future as we respond to the pandemic, reset our services, and work towards a consistent provision of high quality services.

The table below sets out the overarching vision and the key priorities beneath that will help us to achieve it.

VISION				
We will provide outstanding secondary care mental health services that:				
<ul style="list-style-type: none"> <li>allow our services users to feel they are safe whilst being offered the latest high quality evidence-based care, and</li> <li>is delivered by motivated, engaged and compassionate staff – who also feel support and able to grow in the work places and systems that we provide.</li> </ul>				
KEY PRIORITIES				
World class clinical leadership and teams who deliver outstanding high quality services	"Best in show" - Be a beacon for other NHS trusts	Excellent, joined up research and development	Encourage and harness collaborative clinical working and solutions at integrated care system level	Lead our Trust through Covid related challenges.

Dr Chris Hosker (pictured below) advised that beyond the immediate challenges of the Covid crisis, his number one priority is centred on clinical leadership:



"To deliver world class clinical leadership through revised clinical leadership roles and structures that ensure individual services are led and owned by clinical leads and heads of operations working in dyads (or teams of two). They will be supported by experts in clinical governance and professional leadership, working together effectively within equitable arrangements and as close to the front line as possible."

We introduced two new Clinical Director posts to the Trust, and Dr Hosker was delighted to announce that Lyndsey Charles and Dr H Eli Joubert took up these roles, joining our current Clinical Directors, Tom Mullen and Dr Sophie Roberts, to create a team of four.

These new roles are also an outcome of the longstanding project that we've been undertaking to strengthen our clinical and professional leadership and clinical governance structures. So, we have a vision, a set of priorities, and the leadership within the medical directorate in place to really start working towards it. One of the first things Dr Hosker has asked the Clinical Directors to do is to work with others on the next stage of the Clinical Leadership review and to ultimately get us to the point where those that use our services will feel the benefits that having a properly resourced compassionate and inclusive clinical leadership model can deliver. Working as a team of four will allow each of our Clinical Directors to remain clinically active and oversee service lines, whilst also providing focused leadership in specific priority areas such as medical management, measuring outcomes, patient safety, suicide prevention and more.

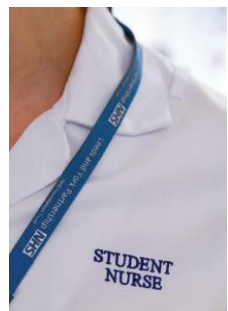
## Update on our Nursing Strategy 2018-2021



Our nursing workforce has continued to demonstrate a commitment to providing the highest quality of care to our patients during what has undoubtedly been a very challenging year. The following provides a summary of the highlights from Nursing. Pictured right is Cathy Woffendin, Executive Director of Nursing, Quality and Professions and Director of Infection Prevention.

Following the pandemic and a period of pause for the Preceptorship programme in 2020, the Practice Learning and Development team re introduced and adapted the face to face taught preceptorship sessions and “hot seat” coaching to suit online delivery.

The Practice Learning and Development Team have also engaged with third year student Nurses at Universities; Huddersfield, York, Leeds Beckett and Leeds University. Nurse roles have been advertised and the promotion of LYPFT Preceptorship Programme has taken place. Feedback has been positive and a large number of the third years have opted to work for LYPFT in 2021.



February 2021 saw the most trainee nursing associates start on programme to date. These cohorts also included 3 external applicants who had applied for the opportunity. It is the first time LYPFT has recruited externally for trainee nursing associates.

Recruitment for a September 2021 cohort of trainee nursing associates and registered nurse top-ups has now commenced. Until a service led recruitment process can be designed and agreed - the practice learning & development team will lead on the recruitment for these cohorts. Registered Nurse top ups will be offered for both mental health and learning disability.

A centralised budget which financially supports the backfill for these apprenticeships is currently being set up. This will inform future workforce plans in clarifying how many TNA & RN top-up places can be supported on each programme each year.

In 2020/21 a further 8 staff completed their nursing associate training and became registered nursing associates across perinatal, CAMHS, older people's inpatient, adult acute inpatient and forensic inpatient services. A further 4 trainees are due to complete in 2021/22 across mental health and LD services.

We continue to provide entry level health and social care apprenticeship opportunities for those starting their careers in the NHS. With participants recruited for their values and behaviours this

programme has a 70% success rate and enables learners to apply for permanent Band 3 Health Care Support Worker posts on successful completion. We are finding that these staff are remaining in the organisation, one of our first apprentices from 2010 is now completing their third apprenticeship, qualifying as a Registered Learning Disability Nurse and we also have past apprentices now on the TNA course, demonstrating the career progression routes available for our non-registered workforce.



In December and January we recruited 6 registered nurses, some of which were external to the Trust, to our Rotational Programme in the Older people Service and the Acute and Urgent Care and Community Services. This is a 2 year programme consisting of 3 x 8 month blocks with a focus on leadership for Band 5 nurses who have completed their preceptorship. Early feedback from the nurses is really positive and following an evaluation of the programme next year we are hoping to increase the number of programmes across a wider range of services.

To optimise our learning from the redeployment work which has taken place as a result of Covid-19, we have established a group of staff to work flexibly across services, being fully trained to conduct a range of duties as required within each service line and offering flexibility and agility to move across services at short notice as decided by unavailability and service demand (FTC for 6 months). We currently have 20 x HSWs recruited to the team, and a business case will be taking place to review this workforce model with a proposal for this to become a permanent team.

A new role for an Assistant Healthcare Support Worker (ASW) has been created; this is an entry level position for volunteers / individuals who are new to healthcare etc. to join the NHS. The role however doesn't form our current staffing model, and therefore to date has been used for volunteers only. Workforce planning is currently taking place and services have been asked to consider the introduction of this role (Band 2) in to their base establishment, forming a career pathway through to HSW and beyond, and also creating employment access opportunities with a focus on our Equality, Diversity & Inclusion agenda.

The Department for Work and Pensions launched a brand new Kickstart Scheme which provides funding to employers to create new 6-month fully funded job placements for young people aged 18-24 years who are currently on Universal Credit and at risk of long-term unemployment. The Trust has supported the decision to recruit 30 Assistant Healthcare Support Workers (ASW) via this scheme, on a full time basis.

At the end of the 6 months, all candidates will have a guaranteed interview for a Band 2 Apprenticeship HSW role where they will undertake a L2 Health & Social Care Apprenticeship (includes Care Certificate). The Trust has successfully secured their bid for the Kickstart funding. The advertising and recruitment process is currently underway and we aim to see our cohort join no later than June.

The Trust has supported a bid to NHS England/Improvement to recruit 10 International Nurses, we are currently working with the other 4 x Trusts who formed the collaborative bid (SWYFT, TEWV, BDCT & Humber) to establish the infrastructure / procure an agency to support and recruit to the posts, with an aim to induct them in Q4 of 2021/22. Two new roles will be recruited to support this initiative, 1 x B7 Clinical Educator and 1 x B6 Project Coordinator.

We have participated in the NHS England/improvement Health Support Worker (HSW) programme to accelerate our HSW recruitment with the aim to get to zero vacancies, or as close as possible by March 2021. As part of this programme we have partnered with Indeed to promote and host a webinar, sharing and promoting our Apprentice HSW and HSW vacancies. We have seen a reduction of our HSW vacancies by over 50% from our Provider Workforce Return in Month 7.

Within the Learning Disability Services, we have been successful in attaining 4 Fellowship of Nursing training positions for members of nursing staff from both in the inpatient office and the community setting.

This unique programme is to enable early career learning disability nurses to begin their leadership journey. By creating opportunities and space for reflection, discovery and learning, the programme equips participants with the skills and confidence to develop into the facilitative leaders of the future. The inclusion of mentorship and coaching support at a local, regional and national level as well as personal development planning will enable participants to realise their leadership aspirations and will develop leadership capacity within organisations.

It is envisaged to create a rolling programme of applicants to take part, in order to ensure growing Learning Disability Nurse Leaders for the future.

We are currently working with services to develop their workforce strategy and a number of teams are identifying a need to consider senior nursing roles such as non- medical prescribers and advanced nurse practitioners, to enhance clinical leadership and provide opportunities to develop and retain experienced and skilled nurses. Two more of our nurses have just commenced on the Multi-Professional Approved Clinician Training working in our Eating Disorder Service and Older People's Dementia Inpatient Service with other services keen to consider how they can incorporate this role into teams.

The Nurse Forum has been paused during the pandemic however we have recently met with a number of senior nurses across the organisation to review the format, with a view to relaunch this as services are beginning to reset.

## 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*'. 2020 was a challenging year and we were not able to achieve year 2 of our action plan in the way we hoped and we needed to adapt how we did this. This led to some real successes. Highlights of this include:

- Establishing an AHP faculty across the West Yorkshire and Harrogate ICS to support diversity and workforce supply.
- Developing an Occupational Therapy peer group to share good practice in mental health during Covid restrictions.
- Introduction of a professional lead for Dietitians to with a focus on improving food standards.
- Dysphagia training delivered directly to teams.



During 2020 AHP's have drawn on their diverse skills and worked differently throughout the COVID-19 crisis. One of the highlights of this was the 'Ward Olympics', a joint service user and staff week long competition to help overcome the challenges of lock down.

We also weren't able to celebrate AHP day in the way we would like. So instead we brought our AHP's together over zoom and offered mindfulness and yoga sessions as a thank you for all they have done to support our service users and each other.

The national AHP strategy review consultation is underway and we plan to continue to work on delivering our strategy whilst reviewing this to ensure that we continue to meet local and national priorities for the AHP professions.



## Update on our Psychological Professions Strategy

The publication of our Psychological Professions Strategy has been delayed as a consequence of the pandemic. However within this context, we have still tried to contribute to the ambition of providing outstanding specialist mental health and learning disability services, by being as responsive as possible; working flexibly within teams during the redeployment of staff and continuing to provide psychological therapies remotely, with some services offering online group programmes.

The high level objectives of the Psychological Professions Strategy remain the same:

- 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 outcomes include:

- Provision of psychological clinical leadership to the West Yorkshire & Harrogate Staff Mental Health and Wellbeing Hub (Dr. Kerry Hinsby); the Humber Coast & Vale Provider Collaborative (Dr. David Harvey), the Learning Disability Services (Dr. Ruth Berry) and Clinical Director (Dr. Eli Joubert) roles within the Trust.
- The Strategic Lead providing joint leadership with Public Health to 'Synergi Leeds', a systems wide project focusing on mental health inequalities for ethnic minority groups.
- The Strategic Lead chairing the recently formed West Yorkshire & Harrogate Psychological Professions Steering Group, a workforce development group focused on building capacity, education and training.
- Recruitment of two Clinical Associates in Psychology (CAPs), apprentices working into the Leeds Care group and studying at Sheffield University.
- Collaborative leadership to introduce a process for Multidisciplinary Approved Clinicians (MPACs) within the Trust.
- Continued provision of trauma training which quickly moved to on line provision during the pandemic.
- Facilitation of an action learning set (Dr. Ramsden) for all Principal Psychological practitioners within the organisation; the aim of which is to focus on developing and growing our own future leaders and Consultants

***'Psychological care is everyone's business'***

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



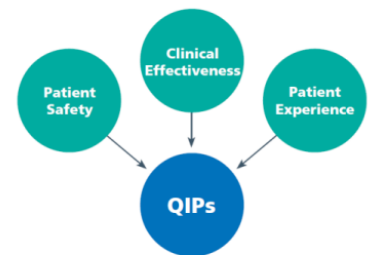
## Review of our Quality Improvement Priorities (QIPs) 2020/21

For 2020/21 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. During the first wave of the pandemic we hibernated some of our QIPs as staff were redeployed to other areas and capacity for quality improvement work was reduced. This has obviously had an impact on original milestones and some QIPs have refreshed these.

Progress against QIPs has continued to be 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 2020/21 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 2020/21 QIPs remain a priority for us and will continue in a new way within the QIPs for 2021/22:

- Safety Planning across the Care Groups
- Physical Health
- Always Events
- Autism Awareness Training

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 2020/21, the progress made against them and a summary on how we achieved the required outcome.

## Safe

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

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>S1</b> <b>Patient Safety</b>	Suicide Prevention Plan, development of a Trust approach	<b>Achieved</b>
<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"> <li>– West Yorkshire and Harrogate Integrated Care System Suicide Prevention Strategy (2017-2022),</li> <li>– Leeds Suicide Prevention Action Plan (2018-2021)</li> <li>– Patient Safety Strategy (2019-2022).</li> </ul> <p>During 2020/2021 we reviewed the Suicide Prevention Plan and developed an improvement plan on how to support staff affected by suicide.</p> <p>We reported on the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) baseline assessment toolkit.</p> <p>We produced a report on how to ensure the plan is sustainable.</p> <p>We produced a final report on the implementation of the Trust suicide prevention plan.</p>		

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>S2</b> <b>Patient Safety</b>	Safety Planning across the Services	<b>Part Achieved</b>
<p>We aimed to:</p> <ul style="list-style-type: none"> <li>• Deliver training to our Intensive Home Treatment Team (IHTT), female acute inpatients and aspire, with top up training and support around best practice with Intensive Support Services (ISS) teams.</li> <li>• Evaluate the roll out including a quality audit of completed safety plans. We aimed to use data gathered to inform the timetable for further service roll out.</li> <li>• Continue training and service roll out as agreed via our Safety Planning Implementation Group.</li> </ul> <p>We revised our safety planning training based upon audit findings, feedback and learning from SI reports.</p> <p>We delivered revised training for IHTT in our Older Peoples Service with good feedback regarding both training and implementation.</p> <p>We will continue to provide training throughout the next reporting period and is largely dependent upon the work of the practice development team who have only returned to practice (May 2021) following redeployment for most team members due to Covid.</p>		

## Effective

**EFFECTIVE:** we will achieve good outcomes with people based on best available evidence.

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>E1</b> <b>Mental Health Legislation</b>	Audit of seclusion records	<b>Achieved</b>
<p>We aimed to complete the following for this reporting period:</p> <ul style="list-style-type: none"> <li>• have robust processes in place to enable audit of legislative compliance.</li> <li>• to establish baseline understanding of areas for improvement and develop action plan.</li> <li>• review action plans and establish next steps.</li> </ul> <p>We achieved all of these aims.</p> <p>The seclusion oversight and monitoring group is now set up and meeting on a monthly basis, with representation from across the trust. The new seclusion procedure has been ratified and is available on staffnet; part of this is that all seclusion record are sent to MH Legislation when a period of seclusion is finished.</p> <p>At this point procedural and qualitative scrutiny is undertaken. Any issues are fed back to clinical teams directly and a summary taken to the seclusion meeting. Clinical teams are also invited to the seclusion group to give context to certain episodes of seclusion. This includes extended periods (over 48 hours), and when an episode of seclusion has taken place in an area that does not have a seclusion room, or where a person has been transferred to an area for the sole purpose of being secluded.</p>		

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>E2</b> <b>Physical Health</b>	<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"> <li>– antipsychotic side effect monitoring</li> <li>– Lifestyle review and support to access community services</li> </ul>	<b>Q1 – 3 Achieved</b>
<p>We have completed a review of side effect monitoring processes practice against best practice guidance.</p> <p>We review Trust audit results to understand current practice and variations across the Trust. There is no standardisation in place (as per national guidance).</p> <p>We identified opportunities for increasing positive changes and pathways for intervention. The Trust procedure including when to record, frequency and rationale for side effect monitoring is in 1<sup>st</sup> draft and has been circulated for comment prior to approval.</p>		



## Caring

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

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>C1</b> <b>Always Events</b>	<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>	Hibernated due to pandemic
<p>Always Events was discussed at the Trust wide Clinical Governance meeting in July 2020 as part of a wider piece of work in reviewing all work that was paused and prioritising how we could stand these back up again. As Always Events requires full engagement from the services it was agreed that the services didn't have the capacity at this time given their other priorities. This work was hibernated with the agreement that it would be progressed as a QIP in 2021/22.</p>		

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>C2</b> <b>Physical Health</b>	<p>Reducing harm via Nicotine management and e-Cigarette use. Priorities for the year 2020/21 are:</p> <ol style="list-style-type: none"> <li>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</li> <li>2. Increase stop smoking support for community patients in the Trust</li> </ol>	<p><b>Priority 1 - Achieved</b></p> <p><b>Priority 2 – Part Achieved</b></p>
<p><b>Priority 1</b></p> <p>We reviewed evidence for NRT use in the context of the wider stop smoking support offer within the Trust.</p> <p>NRT still has an important role to play to maintain a smoke free site. Trust formally streamlined what is used to support.</p> <p>We identified cohort of inpatients receiving NRT who a) have been using for longer than the</p>		

recommended 12 weeks, b) continue to smoke cigarettes and/or c) use an additional nicotine containing product.

The Smoke free Lead and staff from wards have discussed options with all service users, such as weaning off/reducing NRT where appropriate.

NRT prescription guidance is now in the updated smoke free and nicotine management policy. New protocol introduced which prescribes the 3 months NRT then weans off and ceases.

We reviewed and evaluated use of protocol to include service user feedback, cost analysis, and staff compliance.

There is evidence of staff compliance and use of new protocols. Refresher sessions for the NRT prescribers were delivered in November and December 2021 and feedback gathered.

## **Priority 2**

Due to COVID and the redeployment of the Smoke free Lead to infection prevention and physical health duties we hibernated the review on the effectiveness of the process for identifying and documenting service users who smoke in the community setting.

We reviewed the training need and proposal to train more LYPFT staff in the community to increase ability to support SUs who do not wish to access OneYouLeeds.

Several training sessions were held in 2020 with community teams and OneYouLeeds. E-cigarettes were available for home visits. There has been limited capacity for progressing this through the year due to COVID related priorities.

## Responsive

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

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>R1</b> <b>Patient</b> <b>Experience &amp;</b> <b>Feedback</b>	Triangle of Care	<b>Achieved and to continue in 2021/22</b>
<p>A quality audit check against self-assessments was carried out by Patient Experience Team (PET), staff, clinicians and carers across all 52 services - completed in March 2020.</p> <p>The Triangle of Care/Carers sub group was put into hibernation from March to July 2020. The group was stepped back up in August 2020 and will continue to run on a monthly basis to share good practice and identify learning needs.</p> <p>The PET maintained strategic oversight of the RAG rated tracker with regards to TOC self-assessments. The progress was monitored on a monthly basis by the PET. Progress was also reported back to the Triangle of Care/Carers sub group from August 2020 onwards. Professional leads provided updates to Clinical Governance Councils from August 2020.</p> <p>Monthly updates were sent out internally to Carer Champions by the PET in order to share information and good practice with teams. Communication Team promoted Carers Week in June and continue to promote the "Covid-19 – Resource bulletin for carers" externally.</p> <p>For the duration of Q2 the Triangle of Care steering group was stood down due to the redeployment of staff and was stood back up in August 2020 at the request of frontline clinicians to assist them with their support offer to Carers. This group continues to meet with Carer Champions on a monthly basis to share good practice and overcome barriers. The Submission for 2 star accreditation of the Triangle of Care will be revisited in Spring 2021</p>		

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>R2</b> <b>Continuous</b> <b>Improvement</b>	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 (CI) Team	<b>Achieved</b>
<p>We aimed to</p> <ul style="list-style-type: none"> <li>Plan for building capability and capacity at pace across the Trust.</li> </ul>		

- Develop and pilot different depths and levels of training resources for use across the Trust.
- Roll out and commence the delivery of the range of training resources.
- Evaluation and creation of 2021/2022 QI training plan.

We have achieved these aims.

The CI Team have developed a learning pathway to support their aim of building improvement knowledge and capability within the organisation.

The three levels of training opportunities are:

- Introduction to Improvement,
- Leading Improvement and
- Sponsoring Improvement.

This tiered approach has been positioned to mirror key roles in an improvement project. The first 'introduction to improvement' took place in September 2020.

Introduction to CI training sessions have taken place using the adapted online sessions – services have benefitted in kind from the working changes to explore more training.

Feedback from the sessions had been rated very Good/ excellent and candidates have said objectives/aims have been fully met.

There has been an understandable hibernation of the Leading Improvement and Sponsoring Improvement training as the Trust instigated redeployment and Business Continuity. Another positive has been the increase in improvement projects and involvements which have given the CI team opportunities to coach and train the teams whom we have been working with, on the tools and models for improvement e.g. MDT, caseload management, admissions and Attention Deficit Hyperactivity Disorder (ADHD).

The last part of the year was not intended to be hibernation and adaptations were made to promote the message and the learning. The CI team have used every situation to both introduce a CI tool and educate those we are working with, or sow seeds for future improvement opportunity.

The aim of 'increasing access to continuous improvement training' will continue into the 2021/22 reporting cycle, there will be the natural need to refine and rejuvenate as business priorities fluctuate.

## Well Led

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

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>W1 Continuous Quality Improvement</b>	Positive & Safe Group actions and impact for 2019/20  - Implementation of Strapline  - Involving Service users and carers in reducing conflict and containment	Hibernated due to COVID – continuing into 2021/22
<p>The PMVA team have had to significantly scale back their training programme, in order to comply with the emergency measures which were introduced [in response to coronavirus]. This has resulted in a significant backlog of staff requiring update training. A new training programme is in development, the launch of which has had to be pushed back.</p> <p>The PMVA team commenced the certification process in January 2021.</p>		

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>W2 Safeguarding</b>	Safeguarding supervision	<b>Part achieved</b>
<p>We aimed to</p> <ul style="list-style-type: none"> <li>• Have more staff to trained in 4x4 supervision skills (increasing capacity across the organisation).</li> <li>• Roll out the peer model of supervision</li> <li>• Complete an audit and share with our safeguarding committee.</li> </ul> <p>We achieved some of these aims.</p> <p>We cleansed our supervision data to improve accuracy for KPI reporting, mandatory child areas and community areas.</p> <p>We set up yearly safeguarding supervision timetable across clinical areas – safeguarding links in clinical areas circulate sessions and disseminate updates / research.</p> <p>Supervisor training 4x4x4 model was hibernated due Cornonavirus and is due to restart in May 2021. We will offer training sessions to safeguarding links and roll out a peer model of safeguarding supervision over the next year.</p>		

The Safeguarding audit we aimed to achieve was replaced on further discussion with service evaluation. The preliminary proposal is now complete. We will evaluate mandatory child areas followed by acute adult areas.

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>W3</b> <b>Patient</b> <b>Experience &amp;</b> <b>Patient Safety</b>	Autism Awareness Training	Not achieved due to funding. Funding decision took place in April 2021. Continuing into 2021/22.

We have achieved the following:

- A selection of level 1 autism awareness e-learning packages have been reviewed.
- One e-learning package (developed by Health Education England) has been approved for roll-out in LYPFT (and indeed across West Yorkshire and Harrogate).
- This package is free of charge, relevant to our staff needs and can be easily incorporated into the trust I-learn system.
- A service development proposal has been produced outlining how Leeds Autism Diagnostic Service (LADS) could deliver level 2 face-to-face training across the trust. This would include a new Enhanced Consultancy service to support other clinical services managing complex / high risk autistic patients.
- The service development proposal has been received favourably by commissioners but throughout this reporting period we awaited confirmation that it has been funded. There has been uncertainty around the funding for this project because of Coronavirus.

As the reporting period closed we did not have a funding decision. We have received good news in April 2021 that the commissioners have agreed to additional funding in order to expand our training and consultancy offer. This QIP will continue with new milestones for the next reporting period.

Quality priority	Projected QIP 2020/21	Progress Achieved
<b>W4</b> <b>Quality</b> <b>Improvement</b>	Supporting the development of clinical leadership for quality, using evidence based methodologies and a partnership working approach – 2 year plan.	2 year plan – on track

This priority is a two year priority.

The first year was to take 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.

- We completed the service clinical leadership redesign including the identification of a



clinical leader for this work.

- We defined the scope of this work, identification of representatives, confirming the focus on clinical outcomes and working with partners to develop the plan
- We completed the service clinical leadership redesign including the identification of a clinical leader for this work. This work transferred to the new Medical Director and Clinical Directors when they were in place in quarter 3.

***“Building our clinical leadership together”*** paper has been written which summarises;

- Outcome of a literature review of the evidence base of what good clinical leadership is and the impact that this has on performance and the delivery of high quality care delivery
- Summary outcomes of facilitated focus groups / workshops
- Findings from online survey on leaders views of clinical leadership within the Trust
- This paper has been presented and discussed at relevant Trust meetings and with Clinical Leads and Head of Operations.
- A benchmarking data gathering scoping exercise has been completed in regards to the baseline measurement of clinical leadership within the Trust
- Using the evidence and information gained from this work, key principles for Clinical Leadership within services have been developed. Clinical Leads and Heads of Operations are using these principles to form proposals for clinical leadership resource required within their services.

## Improving the quality of our services

This next section of the report is an opportunity for us to share some of the important work we've done over the year and celebrate our achievements. We have continued to deliver on our core ambition to support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives.

## Our Response to the pandemic

On the 31st January 2020 the NHS declared a level 4 incident regarding coronavirus. This level of response is reserved for the most disruptive event and is for incidents where a national level coordination is needed to manage the incident.

The Trust established its own incident coordination arrangements in February 2020 after initial executive led meetings. These were based on the standard 3 tier arrangements based on Strategic (also known as Gold), Tactical (Silver) and Operational (Bronze). In addition wider incident management arrangements were set up at city and Integrated Care System level.

The Trust set its aim as: *To provide a response to pandemic Covid-19 that minimises the impact on the health and welfare the Trust's patient's, staff and the wider community.*

The processes adopted were based on a full risk assessment of how we believed the pandemic would affect service provision and where the Trust needed to set up additional measures to counter risks.

These interventions were based on addressing our most significant risks:

- Outbreaks in ward areas – we set up cohorting areas in the Mount, Becklin and Newsam to manage positive cases in inpatients.
- Reduced staff numbers due to infection, shielding and caring responsibilities.
- Swab testing for our patients.

Latterly, the response moved into the vaccination arena and additional incident arrangements including a new tactical vaccination group that was established to manage all aspects of the vaccination roll out:

- vaccine procurement and delivery/ storage
- the vaccination hub at the Mount including the Trust's patient and staff vaccination programme
- working across our areas with other organisations.

Staff across the Trust adapted to the demands of dealing with the crisis in practical, kind and inspiring ways. There are some fantastic examples of creative, imaginative activities including the 'Ward Olympics', Letters to loved ones, wobble rooms and rainbow badges, some of which follow in more detail throughout this section.

## Letters to Loved Ones

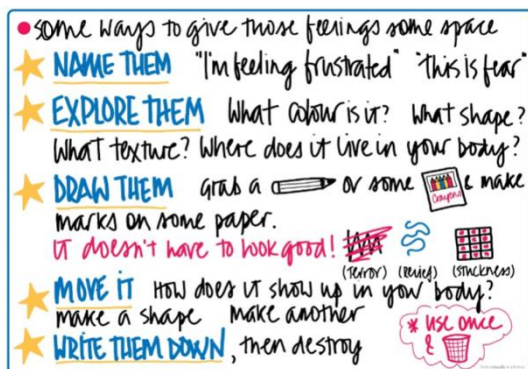


We appreciated what a difficult time it was for our patients, their families and loved ones. Not being able to talk to one another due to social distancing and the need to suspend visiting was very distressing for everyone. To help people stay in touch, and in addition to the use of video calls, we set up an email address that families and friends could use to send messages to their loved ones whilst they were in our care.

To send a letter, users of the service had to simply email [letterstolovedones.lypft@nhs.net](mailto:letterstolovedones.lypft@nhs.net) with their message, the full name of the message recipient and the ward if known. The message was then printed out, popped in an envelope and delivered by the next working day.

For those without an email account or access to email, our PALS team took messages over the phone, with the message delivered in the same way as email messages.

## Wobble Rooms



A number of Wards and Services across the Trust created 'Wobble' Rooms', a space dedicated to frontline staff where they could go to share worries, shout out loud, cry, sit quietly (or even laugh out loud) with access to peer support and/or signposting to a real person for listening or support with problem solving.

## Our Trust makes an Olympian effort to raise spirits

The 2020 Olympics started at Leeds and York Partnership NHS Foundation Trust, long before those due to take place 5000 miles away in Tokyo.

The torch was figuratively lit on Monday 27 April 2020 and over the next four weeks our wards engaged in a little friendly competition as they represented a chosen country and took part in a daily challenge.

Involving both our staff and service users, the Ward Olympics brought a sense of community spirit to our wards and Supported Living Services, and helped combat the feelings of increased social isolation that our service users faced.



Vicky Search, an Occupational Therapist from our Low Secure Forensic inpatient ward at the Newsam Centre, created the Games to offer some enjoyable distraction from the COVID-19 pandemic and lockdown, which has meant that friends and family are unable to visit our inpatient sites.

“In what would have been an Olympic year, we developed the games as a way of supporting our service users to take part in meaningful activity, and encourage a sense of togetherness between wards in these challenging times.

Having our services come together to compete against one another also gives us the opportunity to connect virtually with each other, which is crucial in combating the increased social isolation our service users are facing due to ‘lockdown’ restrictions. We hope this will bring a sense of fun and community spirit for both our service users and our staff teams.”

Vicky Search, an Occupational Therapist

Devising the daily challenges, while continuing to follow social distancing and infection control guidelines required creativity. So instead of gymnastics, the modern pentathlon or dressage, the Wards have been battling it out with keepy-uppies, Origami and a “Jigsaw Sprint”.

Much like the traditional Olympic Games, a medal table was regularly updated and available on the Trust website. Following the conclusion of our Ward Olympics, a virtual Closing Ceremony took place on Monday 25 May to announce the winning ward, and share our staff and service user highlights from taking part.

## New mental health ward keeping vulnerable patients safe from Coronavirus



“The Annexe” which opened at the Becklin Centre on Tuesday 12 May 2020 was part of the Trust’s response to tackling the pandemic.

The 10 bedded ward is used to care for people with acute mental health problems who have tested positive for Coronavirus upon admission to the mental health unit. It is staffed by a team of mental health nurses, doctors, allied health professionals and support workers.

The Annexe is part of a larger ward, used to care for people suffering with acute mental health problems. By creating a separate unit within the ward for Coronavirus patients, and continuing to follow best practice around infection control, the

Trust hoped to reduce the risk of transmission and keep people safe during their stay. Patients in The Annexe continued receiving the care and treatment they needed for their mental health and this was not delayed as a result of their Coronavirus diagnosis.

As well as private bedrooms, The Annexe has a living and dining area and communal space in corridors, to enable patients to move around and socialise, which is beneficial for their mental wellbeing. The unit also has an enhanced observation area where patients can receive closer nursing care if their physical health deteriorates whilst they are suffering from the effects of the virus.

There's also a staff area next to The Annexe. This includes a staff room, changing area and Personal Protective Equipment (PPE) donning space, to ensure best practice is followed in relation to infection prevention control.

**"I'm so proud of the hard work and determination shown by all our staff to make this unit possible. The nature of acute nursing means our staff are well practised at responding to challenges in a dynamic and proactive way and this unit proves that. The safety of our service users is our priority, and I thank everyone involved for embracing the changes we've made."**

**Alexandra Foster, Ward Manager**

## **New mental health ward for older people opens in Leeds**

The new Assessment and Enhanced Care Unit (AECU) opened at The Mount on Tuesday 5 May 2020 in support of the Trust's response to tackling the Covid-19 pandemic.



The 12 bedded unit provides assessments for those who need to be tested for Covid-19, ahead of a potential admission to one of The Mount's older people's inpatient wards. It is staffed by a team of mental health nurses, doctors, allied health professionals and support workers.

The Mount, based near the city centre, serves primarily as the base for our Older People's Inpatient Mental Health Service, providing support for people with acute mental health needs including dementia, with assessment, treatment and rehabilitation provided 24 hours a day, seven days a week.



The Trust moved its Mother and Baby Unit to a new temporary location in April to make way for the new AECU.

**“The opening of the new AECU has been made possible so rapidly through collaboration between the clinical teams, our estates colleagues and our contractor Interserve who have pulled out all the stops to make this happen so quickly.**

**Despite the difficult circumstances, everyone put in lots of additional hours to make sure all the equipment necessary was available. Staff in a wide variety of different roles all made incredible contributions.”**

**Eve Townsley, Head of Operations, Older Peoples Service**

The aim of this AECU is to ensure that patients with unconfirmed cases of Covid-19 are not at risk of being admitted to a ward where there are known Covid-19 positive patients, or do not expose patients to the risk of infection on a ward where there are no known Covid-19 cases.

After testing, the team will then be able to make informed decisions about where it's best for these patients to go, and whether they need to be nursed in isolation.

## Infection Prevention Control Team (IPCT)

It has been a very different year in the world of infection prevention and control; adapting quickly to new ways of working and dealing with new demands presented by the pandemic. Throughout, the team has been supported by colleagues from the wider nursing team which has helped us to respond to the COVID-19 pandemic.

*“I would like to extend a special thankyou to the Infection Prevention Control Team who continue to provide a service 7 days a week to ensure that our service users and staff are kept safe and have the expert advice and support required. The team have worked at pace responding to changes in national guidance and always with a smile and complete professionalism. As the Director of Infection and Prevention for the organisation I am immensely proud of all of them and feel privileged to work alongside such dedicated passionate individuals”*

**Cathy Woffendin, Executive Director of Nursing Quality and Professions  
Director of Infection Prevention**

Our seasonal flu campaign was delivered in a very short time frame – ending in November in order to prepare for the COVID vaccination programme; despite this, with help from our peer to peer vaccinators 78.3% of our patient facing staff received their flu jab. Plans are underway to ensure we are prepared for the coming flu season.





The pandemic has brought with it challenges for the team and those using Trust services. Staff have adapted well to wearing unfamiliar levels of PPE and following the many new pieces of guidance issued, which often needed adaptation for our settings. Whilst these changes have presented staff with very difficult scenarios, audits show that great improvements continue to be made in new practices.

The greatest change for staff and inpatients has been to incorporate COVID-19 testing into the patient's admission and throughout their stay. A dedicated swabbing team has ensured that this process runs smoothly and keeps our patients safe by allowing us to identify any new cases of COVID-19 early and act quickly to prevent spread of the virus.

The team has been supporting our colleagues in the Trust with an on-call service covering 8am-9pm, 7 days a week since March 2020. This ensures that we are able to receive referrals for testing and obtain results at the earliest opportunity, helping to reduce the time our patients spend in isolation, which can be of further detriment to mental health.

A major development has been the introduction of the COVID-19 vaccination programme, which follows.

## COVID19 Vaccination Programme

The 08<sup>th</sup> December 2020 was a landmark moment in the pandemic as the first NHS patient, 90-year-old Margaret Keenan, received the COVID-19 vaccination.

It was also a major milestone for Leeds, as Leeds Teaching Hospitals was one of the first 50 'hospital hub' sites chosen to take delivery of the Pfizer vaccine and NHS staff from across the city started providing vaccinations to the priority groups identified by the Joint Committee



for Vaccinations and Immunisations (JCVI).

Frontline health and social care staff from across the city were among the first to receive the vaccine, along with care home staff and patients aged 80 and above who are already attending hospital as an outpatient or being discharged after a hospital stay.

One of the first members of LYPFT staff to receive the vaccine was Perinatal Community Nursery Nurse, Theresa Jackson, who started working as part of our Covid Vaccination Team.

The work involved in bringing this moment together was a tremendous achievement and another example of partners across the city working together to ensure we are ready to deliver the biggest immunisation programme in the history of the NHS.

We continued to expand the groups of health and care staff being offered the vaccine as further supplies became available and other hubs across the city were able to receive deliveries.

On the 06<sup>th</sup> January 2020, we were delighted to share the news that we received formal approval to open our own Covid vaccination hub at LYPFT. This was following a significant amount of hard work over the previous 10 days involving a lot of people to whom we are incredibly grateful. This hub works alongside the existing provision in the city which we are also supplying staff to.

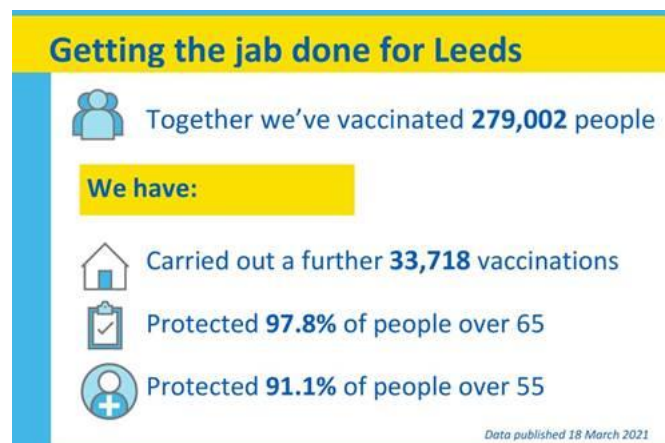
Our hub was established at The Mount in Leeds and a booking process for staff was implemented. Initially we prioritised staff who, because of the job they do and the way they are currently working, have regular contact with service users, patients, the public and other staff or need to come into Trust premises in order to their job. This was then expanded further with all staff able to book in for a vaccine.

**As of 22<sup>nd</sup> March 2021:**

- 87.5% of staff have received their first dose – that's 3,160 people
- 10% of staff have received a second dose – that's 351 people
- 923 service users have been vaccinated

Our teams started to visit wards in order to provide our inpatient service users the vaccination.

In Leeds, the update for March 2021 is summarised in this infographic:



In order to ensure that our staff were kept up to date with sometimes an ever-changing picture, a dedicated Staffnet page was implemented which provides staff with the latest information on: Infection Control, Working on site or from home, Testing for staff, PPE and health and wellbeing.

### Covid-19 vaccine team get locals on board the bus in Beeston

Staff from our Trust started vaccinating people on a special bus on Tuesday 23 March 2021 in an attempt to protect people in low uptake areas across Leeds.

The vaccination bus programme is a partnership between the NHS, Leeds City Council and local voluntary and community organisations.

The first stop was Maud Avenue in Beeston where locals were invited to pop down to receive the jab via a text message from their GP practice, or by Council volunteers knocking on their doors. The bus then moved on to other low uptake areas across the city over the following weeks.



Healthcare professionals are working alongside local community organisations and volunteers to encourage people to have their vaccine. It is also an opportunity for people to discuss any concerns they may have on the vaccine.

Pictured outside the vaccine bus from left to right are:

Councillor Salma Arif, Executive Member for Health and Wellbeing at Leeds City Council

Dr Kashif Sarwar, GP and Clinical Director for Beeston Primary Care Network

Councillor Mohammed Iqbal representing the Hunslet and Riverside Ward

Jack Rutter, Senior Mental Health Nurse and Vaccination Team Leader at Leeds and York Partnership NHS Foundation Trust

## New mental health team helping rough sleepers on streets of Leeds

The newly launched Specialist Therapeutic Outreach Team is part of Forward Leeds, the city's alcohol and drug service.



Forward Leeds provides support for adults, young people and families needing help with alcohol and drug use in Leeds.

Forward Leeds supports adults and young people to make healthy choices about alcohol and drugs. They reduce risk-taking behaviours through dedicated prevention, early intervention and tailored programmes. The ultimate goal is to support people to achieve and sustain recovery.

In 2019/20 the service worked with almost 6,000 clients.

The team works alongside the already established Safer Leeds Street Support Team and other support services in the city to ensure collaborative and streamlined working, with the full intention of bringing about positive change for this vulnerable client group.

Trauma-informed care is about creating the conditions to improve people's treatment. A person's past experience of trauma can affect the way they react to experiences in the present. Everyday situations can be very distressing, leading them to behave in ways that could appear aggressive or overly defensive.

"Our workers are there for the most vulnerable people in our city – those who have both mental and physical health problems as well as alcohol and drug misuse problems. Many of those living on the streets in Leeds have suffered multiple traumas in the past. People may be familiar with post-traumatic stress disorder (PTSD) but trauma can also lead to depression, self-harm, alcohol and drug misuse, psychosis, relationship difficulties, dissociation, suicidal thoughts and an increased risk of poor physical health. Those affected have difficulty engaging or staying engaged with the services that are able to meet their needs. The workers are trained to understand these issues and now work with individuals to improve their lives and help them to recover from substance misuse issues with Forward Leeds."

Anne Hobbs, Operational Manager at Forward Leeds

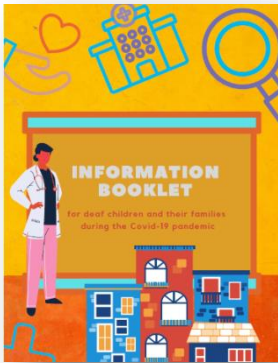


## NHS charity funds provide a lifeline for Deaf Child and Adolescent Mental Health Services (CAMHS) service users and their families during the pandemic

The Deaf CAMHS service successfully bid for a grant to buy laptops and iPads to help deaf children to stay in touch

A grant, worth more than £6,000 has been awarded to our Deaf CAMHS service, to help make sure children and their families don't lose access to vital support during the pandemic and beyond.

The money paid for laptops and iPads to loan to those who don't otherwise have them, helping them to continue to receive therapeutic input from our service, and also continue to receive support with their education while face-to-face interaction remains limited.



For people who communicate using British Sign Language (BSL), facial expressions are key. This means that face masks hinder communication, which has created an additional barrier to in person face-to-face contact happening safely. Conversations and consultations have therefore moved online, with the new funding being critical in enabling this to happen.

Our National Deaf Child and Adolescent Mental Health Service (NDCAMHS) also [created an information booklet](#) which provides information for deaf children and their families during the Covid-19 pandemic.

## Videography Team

The Trusts videography team made up of Tricia Thorpe, Anti-Stigma & Videography Lead and Mat Dale, Anti-Stigma and Videography Coordinator (photo right) are based at The Mount. Before the pandemic, the team spent a lot of time face to face at various sites supporting staff and service users to share their stories on video.

The events of 2020 changed life dramatically for the team, with both members having to work from home and the Anti-Stigma & Videography Lead shielding due to health reasons.

The team had to rethink the way they were going to work as face to face filming was now impossible, the only alternative was by Zoom or people filming on their mobile phones and then the team editing the footage. This posed its own challenges, as the team had to establish people's access to and ability to use the technology, guide them through the process and consider how to try and achieve the best results possible.



The videography team quickly established a working pattern and successfully produced videos around PPE, vaccination programme, safeguarding issues, Black, Asian and minority ethnic (BAME), Inclusion Week, Ward Olympics and the staff choir to name a few. They have been invaluable in promoting and celebrating the work going on throughout the Trust.

During lockdown the Videography Coordinator has filmed staff in open spaces, with the Anti-Stigma & Videography Lead interviewing and directing people via video link. The videography team continue to film, looking at new ways to achieve goals and deadlines in a creative way.

## Workforce Race Equality Network (WREN)

The Workforce Race Equality Network is made up of staff across all grades and professions in the Trust, working together to foster connections, create positive relationships with each other regardless of ethnic backgrounds and challenge the status quo around cultural needs and inclusion.

The Wren network was stepped up to weekly meetings during the months of April – July then fortnightly from August - December to support members, create reflective safe spaces, share experiences, offer peer support, and connect with one other. During this year membership grew to 150 members, an increase of 88% of new members.

A WhatsApp chat group was set up to offer support to members in addition to our network meetings and to signpost information for easy access. Relevant articles, self-help apps and local / community support information were also shared with all members.

Network members across all grades and professional backgrounds contributed to the formulation of the Staff Wellbeing Assessment to ensure the right questions were included to address their needs; this was rolled out to all staff in our Trust. Members also attended drop-in training sessions and created a short video to support managers' engagement with their BAME staff.

In March we became members of the regional BAME network of networks at West Yorkshire and Harrogate Health and Care Partnership chaired by Fatima Khan-Shan. The partnership supports and shares the vision of improving lives by bridging the gaps of inequalities experienced by people who identify with black, asian and minority ethnicities. Being part of a regional and local partnership we are able to share good practices, contribute to campaigns and be more impactful as a region. The partnership designed a BAME Fellowship Programme to support diversity in leadership at very senior levels of which one of our members Caroline Dada will be embarking on in the New Year.

A national BAME network of networks was set up by NHS England and Improvement to encourage NHS organisations to support each other during the pandemic. A toolkit was designed to support NHS organisations to set up and grow their networks. Best practices were shared about LYPFT WREN that was added to the content of the toolkit.

The COVID-19 pandemic and Black Lives Matter have highlighted the inequalities not only within our communities but it has given a focus on the inequalities experienced by our BAME staff. This year our Freedom to Speak Up Guardian, John Verity, a member of WREN network, worked closely with staff to ensure they had a safe and confidential space to share their concerns. Freedom to Speak Up Ambassadors, representative of our workforce, including WREN member



Robin Ellis, were a welcome addition to John's team. The Freedom to Speak Up team and WREN will continue to work together to support staff to have the courage to speak up against disparities and unfairness.

## #WRENStories

Over the past year, network members shared their personal experiences. A total of 18 blogs were published reaching an audience of between 1100 - 3600 people on Twitter alone. They were also shared with the Trust's audiences on Facebook, LinkedIn and via healthcare partners' websites and social media pages.

### WREN Stories: Reflections of a Muslim nurse working in Ramadan

**Hafsa Sattar, a Staff Nurse and member of our WREN network talks about the month of Ramadan and how her faith influences her duties as a nurse.**

There is a notion in Islam which states that actions are based on your intentions and rewarded as such. As the Prophet Muhammed (peace be upon him) stated:

*"the reward of deeds depends on his intentions, and a person will get the reward according to his intention" (Umar bin Al-Katthab).*



This has an influence on how I work, as not only do I help those I work with to the best of my ability, but I do so knowing that I am strengthening my faith.

A key part and one of the five pillars of my faith is participating in the month of Ramadan. In addition to abstaining from eating and drinking between sunrise and sunset, Ramadan is a time of self improvement and reflection while refraining from anger and being compassionate and charitable.

There are people who fast daily, not by choice but because they have no other option. This month serves as a firm reminder of this, allowing us to gain understanding and empathy for the less fortunate. It's common for Muslims to come together to break fast (iftaar) and host meals for others, creating a real sense of togetherness and community spirit.

Fasting at work brings its own challenges. Throw a global pandemic into the mix and things get that little bit trickier.

My family are shielding at the moment, so to protect them while I work I have moved out from the family home. This means, as everyone across the UK is experiencing, social gatherings and visiting others isn't possible, and our iftaar meals are no longer a social affair. This has its impacts both culturally and emotionally.

Despite this huge change in my regular Ramadan routine, I have felt that community spirit within the work place. After explaining Ramadan and what it involves, my colleagues have been so accommodating with swapping shifts, adjusting break times and even bringing in various food and items to help. It's definitely made a huge difference to the Ramadan experience I thought I

would be having amidst the pandemic, and as Ramadan comes to an end I can say it has been a positive one given the circumstances.

At times like this I'm reminded of my childhood, a big part of it revolved around being a carer for a close family member with longstanding mental health problems. This is now something I am happy to openly discuss, yet when younger I didn't often disclose it to even my closest of friends.

A common experience for those from an ethnic minority background growing up in westernised society is feeling out of place or not quite fitting in. A real loss of cultural identity was something I know I felt growing up as a British Pakistani Muslim, but sadly even more so when considering my relatives' condition. I don't remember being taught about mental health problems, either through mainstream education or in any cultural / religious settings. When considering physical health, an illness was diagnosed and an appropriate treatment was available. For mental health problems, things weren't as clear and I remember how people weren't encouraged to openly discuss this.

Looking back it's hard to say whether this was a true reflection of my experience or memories of heightened emotions, but I am happy to say that as a Mental Health Nurse, I can see things are changing.

There is more support and services available for both patients and carers. I also feel mental health is becoming more recognised within the Pakistani and Muslim community. A local Islamic education centre has now introduced regular mental health workshops available to everyone and facilitated by professionals, something I would never have imagined happening growing up. Mental health doesn't appear to be as much of a taboo subject anymore, and though it seems we still have a long way to go, things appear to be heading in the right direction.

## National Inclusion Week

From September 28th – 4th October 2020, we celebrated National Inclusion Week. We challenged our staff and the people who interact with our services to think about inclusion and what it meant to them. The WREN and Rainbow Alliance (LGBTQ) chairs joined our Anti-Stigma Lead to have an '[Inclusion conversation](#)' addressing frequently asked questions around inclusion. An inspiring film was produced of colleagues across different sites sharing and displayed statements of [what inclusion meant to them](#).

**National  
Inclusion Week**  
**2020** 28th September -  
4th October



The WREN network Chair was invited to participate in a round table debate by colleagues from Bradford District council about: 'What makes a successful staff network, best practice, ideas on getting started, and how networks can work with each other. Wendy was able to share ideas about the successes and challenges when setting up the WREN with Bradford colleagues.

We are committed to making our Trust an inclusive family – one where we can all work together to make real and lasting change happen. Our workforce is diverse, as are the communities we serve.

We've been introducing a number of new initiatives to do more to foster a culture of compassion, inclusion and belonging where we support each other. We are also encouraging all our staff to learn more about diversity, inclusivity and understanding prejudices that can shape our lives, as well as exploring the health inequalities of our diverse communities. The new initiatives are:

- From September 2020 recruitment panels for senior leadership roles include BAME representatives and these colleagues are part of the decision making process to appoint our future leaders.
- We have made a number of appointments into the new Freedom to Speak-Up Ambassador role. This will give our people access to a diverse range of colleagues who can provide support when discussing concerns confidentially.
- In autumn 2020 we launched a two-year Reciprocal Mentoring Programme between BAME colleagues and our Board. This programme includes a comprehensive development and support package for our people taking part.

## Black History Month

Black History Month was celebrated in October 2020. This month was full of activities that showcased the diversity within our African heritages: [West Indian carnival](#), [a video on the importance of Allyship](#), a [Question Time style debate](#) with a diverse panel including the Chair of our Trust Board, local community organisations and NHS colleagues, a [personal family history](#) shared by one of our volunteers, [Flag Day Celebrations](#) by network members, and a [performance](#) from Daliso Chabonda a comedian.

### A blog for Black History Month by Sharon Prince, Consultant Clinical Psychologist and Head of Psychology and Psychotherapy Services

The first day of my second year placement in clinical psychology was eventful. I turned up excited about what lay ahead but anxious as I had never worked in this setting before. I had met my placement supervisor, white and female, the week before, and now I was due to meet her at a group home to attend a team meeting. I arrived at the home and was shown to the meeting room. My supervisor arrived a few minutes later and sat at the other end of the room as it was a little busy and cramped. As the chair of the meeting, she said hello to everyone and then turned to me and asked, 'are you the new health care assistant'....?

Fast forward many years later, I am now a Consultant Clinical



Psychologist contributing to a meeting with senior figures working within mental health services. At the end of the session, I enter into a conversation with the white female chair, and she asks me by way of introduction whether I am the secretary of one of the invitees who sent their apologies.

I make no value judgement about being a health care assistant or secretary, my reflection is, why is it not assumed that I am the doctor, lawyer, psychologist, clinical director (insert any other profession here) within those contexts? Why is it that as a black woman it is often assumed that I am the person with the least amount of power in a room, usually filled with white people? These micro aggressions, as that is what I believe them to be, are a regular occurrence for people of colour. These are the everyday verbal, nonverbal and environmental slights, snubs or insults, whether intentional or unintentional, that communicates hostile, derogatory or negative attitudes towards stigmatized or culturally marginalised groups. We know that these behaviours along with systemic/institutional racism have a significant impact on wellbeing and life expectancy. We already know that this stuff kills us, and is one of the many issues which drive the Black Lives Matters movement.

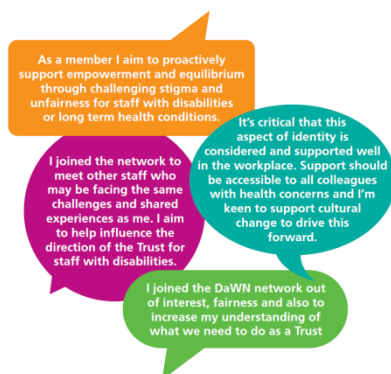
Our children and members of our community need to know that they can inhabit any space they choose, but too often because of structures and processes over which we have very little control, they are prevented from achieving their potential. In my mind, this is one of the many reasons why we celebrate Black History Month; to celebrate the contributions and achievements of black people and to make visible what is often unseen, denied or denigrated. My message for everyone and especially people of colour reading this blog, is not to internalise those messages about being 'less', and to use your personal and relational resources to survive and thrive.

My name is Sharon Prince. I am a Consultant Clinical Psychologist and Head of Psychology and Psychotherapy Services at Leeds and York Partnership NHS Foundation Trust.

## Staff Disability and Wellbeing Network (DaWN)

DaWN is the Trust's Staff Disability and Wellbeing Network which actively advocates for equality, inclusion and anti-discriminatory practice for staff who are disabled or have a long term health condition.

What our members say...



DaWN is a confidential space for members for peer support, initiate positive change, share concerns and as a network, the focus is always on collectively developing solutions and actions, to improve organisational learning, processes and culture.

The network is open to **any** member of staff who has an interest in developing the disability equality agenda and on developing good practice amongst Trust services and teams.



## Launch of our Patient and Carer Experience Strategy



Engagement with our service users, carers and the public on their experience of our services is at the heart of all we do, and this enables us to improve the quality of care we provide.

In March 2020 we launched a new three year Experience and Involvement Strategy in response to feedback from service users, carers, volunteers and staff across the Trust, whilst taking on board recommendations from a recent external review. We produced an animated film about the co-production journey.

On our dedicated [Patient and Carer Experience Strategy web page](#) we have provided more information and four 'Involving People' videos from our service users, volunteers and staff sharing what being involved means to them.

Our newly established Patient Experience Team have played an important role – making sure we take a joined up approach putting co-production at the centre of our work, and working closely with external partners.

"We're looking forward to working with you all to make positive changes together and seeing the results of these in practice."

Cathy Woffendin, Director of Nursing, Professions and Quality

### Together we will:

- **Ensure patients, service users and carers are involved in all aspects of their care**
- **Develop ways to collect, understand and act on patient, service user and carer feedback**
- **Develop support services and signpost carers, family and friends of our patients to relevant agencies.**

*Being involved I am making a difference by helping others. I have learnt a lot by talking to others.*

**Ann,**  
Learning disability governor



To achieve these aims we have three distinct sub groups who will be working on our priority areas. They are Involvement, Patient Experience and Carers.

## Our priorities

### Involvement Priority:

Together we need to increase the number of people who become involved in how our services are provided, including people from diverse backgrounds to meet the needs of people living in our communities.

#### Together we will achieve this by:

- Developing a training and support package for those people who wish to become involved.
- Reviewing and developing a fair and transparent process for reimbursement to those giving up their valuable time to become involved.
- Developing involvement networks and opportunities across all services inclusive of staff, patients, service users and carers.

### Experience Priority:

You don't want to keep repeating your story. Together we need to develop systems which gather and monitor feedback to improve patient experience.

#### Together we will achieve this by:

- Developing guiding principles that allow us to gather meaningful feedback relevant to the particular service, and that demonstrates improvements.
- Developing "You Said, We are Doing" style reporting to share what we are doing as a result of collecting your feedback.
- Improving communication between services on all aspects of your care to reduce repetition and ultimately provide better care.

### Carers Priority:

Carers want to feel valued as a partner in care. Together we need to develop dedicated carer support across the organisation and with city wide partners.

#### Together we will achieve this by:

- Continuing to implement the Triangle of Care standards across the organisation.
- Establish a carer support network, including relatives, friends and supporters across all services.
- Developing a system to measure carer experience.

### Service user feedback

Being involved has made a great difference to my own recovery and well being

This has helped me in my own recovery journey... I am very passionate about mental health involvement and recovery.

Getting to know more about the service I used, has helped me understand my condition more and helped me manage better.

I have been supported in my recovery by a Psychiatrist, Community Mental Health Nurse and therapist. All have been excellent.

This year has been an unprecedented year due to the Covid-19 pandemic and has required new ways of working in order to maintain contact with service users and carers. During this reporting period the overarching Patient Experience and Involvement Strategic Steering group was temporarily stood down. Despite this, great progress continued to be made to ensure that work continued towards achieving the priorities set out in the strategy, focusing on Involvement, Experience and Carers.

## Involvement

Our new strategy set out a clear commitment that we would involve our service users and carers in helping to further develop our services. In order to do this, the Patient Experience Team have been able to develop and introduce the following:



## **An Involvement Database**

This identifies service users and carers who want to be informed about both internal and external involvement opportunities from partnership organisations, so that they can be involved and have their ideas and feedback heard.

## **Implementation of the Policy for the Reimbursement and Payment**

This policy ensures that those service users and carer's who wish to be paid, receive an involvement payment for being involved in some of the higher level opportunities which have entailed a level of decision making, being involved on a recruitment panel or helping to co facilitate a group. The Patient Experience Team hold a central involvement budget. This demonstrates the Trust values the time which people give, in order to help improve services. The monitoring of the Involvement budget has ensured that all involvement throughout the organisation is monitored and recorded for quality purposes, can account for costs of involvement and can provide evidence of outcomes as a result of people being involved.

## **Involving Service Users and Carers on Recruitment Panels**

16 Service users and carers have been involved in supporting recruitment panels to recruit to posts in the Northern Region Gambling Service, the Personality Disorder Services, the Chronic Fatigue services and including roles such as the Clinical Director and Head of Clinical Governance for Nursing and Professions.

## **Development of a Supportive Training and Awareness Involvement module**

This module called "Lived Experience and Getting Involved" has been developed in collaboration with the Recovery College, to support service users and carers with lived experience to have the confidence to get involved and use their experiences to implement positive changes. Moving forwards it will be co facilitated by service users and carers.

## **Service User Network (SUN)**

The SUN meeting is now co facilitated by 2 service users and members have continued to meet on a monthly basis via zoom during the pandemic. Members plan their own agenda at the SUN meetings and have a say in the future planning of their own meetings. Although a few members have stopped attending the meeting whilst it has been facilitated via digital methods, many more new members have joined, including more staff members and members from other partnership organisations. This has opened up new opportunities for service users and carers to have their voices heard and truly influence decision makers.

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

## **SUN newsletter**

A SUN newsletter in the form of an electronic bulletin was introduced and 20 editions have been created since the beginning of the pandemic. The newsletter includes useful information and resources and includes such items as blogs from SUN members to promote how they have been involved with our Trust. A SUN newsletter group has also been set up and similarly to the SUN meeting, members decide upon what they want to see in their newsletter. This demonstrates a

marked change as service users and carers now have a real voice in having a say in what happens.

### **Spotlight on Services**

This was started to enable SUN members to learn more about LYPFT services. To date members have had presentations from Leeds Mental Wellbeing Service, Working Age Adult (WAA) CMHT, the Crisis Resolution and Intensive Support Service (including the Peer support service) and from Mhabitat who are leading on work within LYPFT around using digital platforms to provide support and interventions to service users. SUN members choose which services they would like to hear from.

### **Future Aims of SUN**

Aims for the forthcoming year are to promote the SUN more widely, to encourage more service users and carers to attend and to have their voices heard by senior decision makers. A future aspiration is to form a young people's forum where children and young people can have their voices heard.

## **Experience**

### **Patient and Carer Stories at our Trust Board meetings**

During the pandemic, service users and carers have continued to tell stories of their lived experiences to the Trust board members, via zoom. This has enabled board members to experience the power of story-telling first hand. Listening to people is a powerful mechanism in helping to acknowledge the things we need to improve on, but also enables us to celebrate with our staff, the things we are doing well. This year service users supported by the Gender Identity service, the Regional Veterans Service, the Connect Eating Disorder service, and a carer have presented their stories to the Board.

### **Introducing a new Trust Wide feedback measure – Have your Say**

It's really important that our service users and carers have the opportunity to give their feedback at any point in their care. Service users, carers and staff members have worked together to co produce and plan a Trust Wide feedback measure. The first question is the new mandatory Friends and Family Test (FFT) question which, as an NHS provider, the Trust is required to report back to NHS England. The question asks "Overall, how was your experience of our service" and service users are asked to rate their support from very good to very poor. Additional questions ask what was good about a service user's care and asks them to identify any areas which can be improved on.

Service users and carers can give their feedback in the following ways:

- By completing a postcard with a pre paid return address or posting it in a "Have Your Say" post box which will be displayed in ward or reception areas
- By completing an online survey
- By using a QR code on a mobile phone
- By telephoning or emailing feedback

From March 2021 the feedback measure was piloted with 4 teams (Psychiatric Inpatient Care Unit (PICU), Ward 3 Becklin, our Rehab and Recovery Services and Learning Disability Services). There is a plan in place to roll out the feedback measure to the rest of our teams and services by August 2021.

Each postcard has a unique number attached to it, which identifies which team the service user was supported by. Similarly, the online survey asks service users to identify which team they were supported by via a drop down menu. This means that teams will receive data which is meaningful to them. To ensure the feedback loop is closed, team managers will be encouraged to report back on feedback received in a “You Said, We did” style of reporting, to celebrate where things are going well and to demonstrate what has been done as a result of receiving feedback.

**Have Your Say**

**NHS**  
Leeds and York Partnership  
NHS Foundation Trust

We welcome your views to help us improve our services. Your responses are anonymous and will not affect your care. For each question please tick clearly inside the box. Thinking about the service we provide.

**Q1. Overall, how was your experience of our service?**

Very good ☐ 1    Good ☐ 2    Ok ☐ 3    Bad ☐ 4    Very bad ☐ 5    Don't know ☐ 6

**Q2. What has been good about the care you received? Can you give us an example?**

**Q3. Please tell us about anything that we could have done better? This could include**  
• your personal or cultural needs    • your safety    • asking about medicines. If your concerns are urgent please speak to a member of staff.

☐ Please tick this box if you DO NOT wish your comments to be made public.

Please return this card to the FREEPOST address overleaf or hand to a member of staff  
You can complete this questionnaire online at [www.myonlinesurvey.co.uk/PFFT/RGD](http://www.myonlinesurvey.co.uk/PFFT/RGD) or by scanning the QR Code.  
Phone 0800 0525790 or email your feedback to [haveyoursay.lypft@nhs.net](mailto:haveyoursay.lypft@nhs.net)

6466103297    PFKIR02V2

## Carer Support

The Trust continues to adopt the Triangle of Care framework to ensure that we identify, listen and support our carers. We continue to liaise with our partnership organisations that provide specialised support to our carers.

## Carer Awareness Training

An online carer awareness module has been developed which gives staff who have direct contact with carers, the opportunity to familiarise themselves with the Triangle of Care standards and how to find resources to support carers.

### Triangle of Care Meeting

During the pandemic, clinical staff asked that the Triangle of Care meeting continued to run. They identified it as a key meeting which could provide them with up to date resources and information to help support their carer's. It also provided a safe space in which barriers to providing support to carers could be discussed and overcome.

There is still significant work to be done to continue to involve service users and carers in all aspects of their care. Over the past 12 months there has been significant progress in establishing robust structures and there are commendable changes in staff's cultural attitude and huge progress has been made in listening to our service users and carers lived experience in order to improve services for the future.

## Learning Disability Week 2020

Learning Disability Week 2020 took place online from the 15<sup>th</sup> to 21<sup>st</sup> June. The theme was the importance of friendships during lockdown. [#LDWeek2020](#)

We have all been living in lockdown due to the coronavirus pandemic. This has meant that many people with a learning disability were left feeling isolated, as were unable to see their friends and families.

We know that people with a learning disability already experience high levels of loneliness and social isolation and that this was only made worse by the lockdown.



During Learning Disability Week we shared posts from Mencap about the theme, the importance of friendships during lockdown to help with tackling isolation, as well as exploring the different ways of maintaining friendships during this unusual time.

We received some amazing contributions from our service users and staff.

### **Lisa Cromack, an Involvement Coordinator, talks about her recovery from coronavirus**



Hi my name is Lisa and I want to share my story of coronavirus. When lockdown started I felt worried about not going to all my jobs because I like to be busy but I was ok, I kept myself busy in my house with my house mates and my staff. We did lots of crafts, BBQs, karaoke, and baking and shared the love with other supported living houses.

1 day I just woke up feeling achy and had a sore throat and chest, I told my staff and they looked after me, they checked my temperature and I was hot. I had to have Paracetamol quite a lot. I had to have a swab in my nose and the test came back positive, I had coronavirus.

I felt poorly and had to isolate in my room, it was hard and lonely but staff always looked after me and made me feel better and cheered me up. When I was poorly I did lots of sleeping and resting and I drank lots of water and juice. I had to have my meals in my bedroom, my staff brought these up to me and checked on me lots. When I started to feel up to it I watched movies, listened to music, looked at family photos and did my diary every day. I spoke to my family on the phone lots.

I was very worried about myself because I am usually always busy and happy but I felt a bit scared. My staff always look after me and told me everything was going to be ok.

When I was able to come out of isolation and I felt much better, it felt like "FREEDOM". It was nice to see my house mates and spend time with others. I had to try and chill out and rest still as I kept feeling tired. It felt weird that my staff were still wearing masks and aprons but I understand



that it's important. We had a tenants meeting about coronavirus and staff keep us happy and up to date.

Things are very different now, staff are doing my shopping for me, I tell them what I want and need, I don't need to worry about any of that. I can order any clothes or things I need on the laptop. I still get 1-1 with my staff but we social distance, I like to do my book with my staff and talk about my feelings.



Coronavirus has been a very hard time for me but I am coping. I am looking forward to getting back to my normal life but I know this might take a long time. We need to listen to the government and stay safe.

### Oliver Sutton, Turning up the music while on lockdown

**WHILE ON LOCKDOWN**

By Oliver Sutton

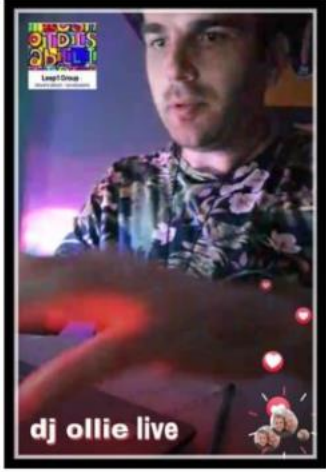
During the lockdown I have been Dj'ing online over zoom for the Specialised Supported Living Service and for Leep1 who I work with. I really enjoy doing it and have fun dancing whilst streaming my favourite songs.

**DJ OLLIE**  
LEEP1 GROUP FACEBOOK • THUR 8-9PM

I use to DJ at the Pryzm nightclub for my Leep1 colleagues and we always had a good time. Because of Covid 19 Pandemic we're not able to continue this HOWEVER I can still DJ over Facebook so we can still spend time together and I can play my songs for my friends over the internet. This gives us a chance to chill out, listen to good songs and helps us stay connected!

I'm grateful that I can do this and that I can keep DJ'ing despite the circumstances. I can't wait until we can meet at Pryzm again, I hope everyone is staying safe!!





## **Luke Hazelgrave who lives at Parkwood View in Specialised Supporting Living Service wrote a lockdown poem**

Luke originally recorded himself reading the poem which he then shared in the Supported Living Facebook Group to try and keep spirits up.

*I've written a poem about lockdown; a strange time for my generation.*

*It helps me express myself in this current situation.*

*I understand that lockdown is to keep me safe and sound,*

*But it makes me sad that I can't have my family around.*

*The virus still scares me but I think I've been quite brave.*

*I like clapping for the NHS when having a shower, and having a good old wave.*

*I miss their smiling faces now that staff are wearing masks,*

*I've been kept busy by helping with household tasks.*

*I'm really missing sports but most of all rugby,*

*I'm really missing cuddles*

*Now that people can't hug me.*

*I can't wait to leave the house, further than the front door.*

*I can't wait to go out to dance on the dance floor.*

*I really miss my family and I really miss my friends.*

*I can't wait until this lockdown finally ends.*

*The lockdown is something I'll remember forever.*

*We've all been so strong, let's get through this together!*



## Acute Care Excellence (ACE)

### What is ACE?

The Acute Excellence programme is our journey together towards the provision of excellent (safe, effective, patient-centred, timely, efficient, equitable) care on our acute inpatient wards.

At the end of March 2020, the decision was taken to hibernate the Acute Care Excellence (ACE) programme due to the impact of the COVID-19 pandemic. The programme was subsequently re-established in August and steps were taken to plan how the ACE programme would adapt to the demands facing the trust in response to COVID-19. A plan was developed that built on the existing programme, utilised sustainable and collaborative improvement methods, applied staff thoughts and insights, and applied available knowledge regarding the development of the conditions to support quality care.

Below are two examples of the work that is taking place and has continued to progress throughout the pandemic:

### **Purposeful Admission**

The ACE improvement team, supported by Effectiveness and Improvement Advisor John Berry, have worked to refine their aim and have identified that a lack of clarity about the purpose of admission is leading to delays at discharge. This refinement has involved a variety of process maps and other investigative tools, and has included a wide range of stakeholders.

This work identified that the first 72 hours of admission are critical and that the future improvement work in this area should target all aspects of this process, including reviewing what constitutes and contributes to an effective and purposeful admission. This work is now progressing to further refine the specific change ideas that will enable the desired improvement. A review is currently underway to help the improvement team to better understand the behaviours and processes that support effective and purposeful admission, which would in turn support a more effective discharge.

### **Gatekeeping**

The ACE improvement team, supported by Improvement Manager Kuldeep Nijjar, are working to introduce an effective and robust gatekeeping process. Feedback on the admission process from ward staff indicated inconsistencies in the referral information provided, with a limited outline as to the purpose of the admission.

Process and procedure maps have been developed with key stakeholders: CRISS managers, CMHT, Aspire, AOT s136 pathway, Acute Inpatients, Capacity and Flow team and Adult Social Care.

The Improvement team have provided support with root cause analysis, developing the process maps, stakeholder charts and developing the standard operating procedures to ensure this new way of working is streamlined and understood by all. In addition the Care Director (EPR) interface is being reviewed to mirror the process.

## Safe staffing update

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

Over the last 12 months we have faced significant challenges to ensure we maintain safe staffing across our inpatient wards during the pandemic but we have managed this successfully via the redeployment of staff and commitment of our nursing and multi-professional workforce.

As the pandemic progresses, there are currently no Covid positive patients on the inpatient wards and the majority of redeployed staff have returned to their substantive posts. The assurance measures remain in place to monitor and mitigate nurse and health support worker staffing shortfalls across the Trust on a daily basis for the 24-hour period ahead. A recovery plan for stabilising services is now being progressed and work will focus within services to look at flow and service mapping. This is being done with help from the clinical effectiveness and continuous improvement teams to identify what the services and teams need. The aim is to get the wards back to operating closer to their core establishments and this work will include looking for any linkages with incidents, observations and lack of activity for service users.

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 and Workforce strategies.

After a pause during the pandemic the use of the Keith Hurst Optimal Staffing Tool is routine daily practice to record patient acuity across all of our inpatient services.

## Our Estate update

It has been a very different year for our estate, we have continued to deliver on some of the priorities we set ourselves as part of the Strategic Estates Plan during 2020/21. This included continuing our approach to adopting an agile estate across our community hubs around 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, rest facilities or meeting rooms.

### 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.

One area of importance has been ensuring our buildings are Covid Secure. This has been a continuous process in ensuring our buildings have effective infection, prevention and control measures in place to help keep both our service users and staff safe. At the beginning of the pandemic we made some necessary changes to our inpatient wards to ensure we had designated areas for nursing service users with Covid-19 and also appropriate changing and rest facilities for our staff.

We now need to build on what we have delivered and learnt during the pandemic and understand what that means for our estate. As the government's roadmap continues, lifting or amending social distancing rules and new guidance will emerge. We will need to respond and alter our guidance to take account of how living with Covid-19 will impact on the way our services are delivered. The pandemic has altered our working patterns and the use of digital has changed the way we both interact with each other and our service users. Ensuring we have estate that is adaptive and flexible has never been more important and is a key priority we will continue to address during 2021/22.

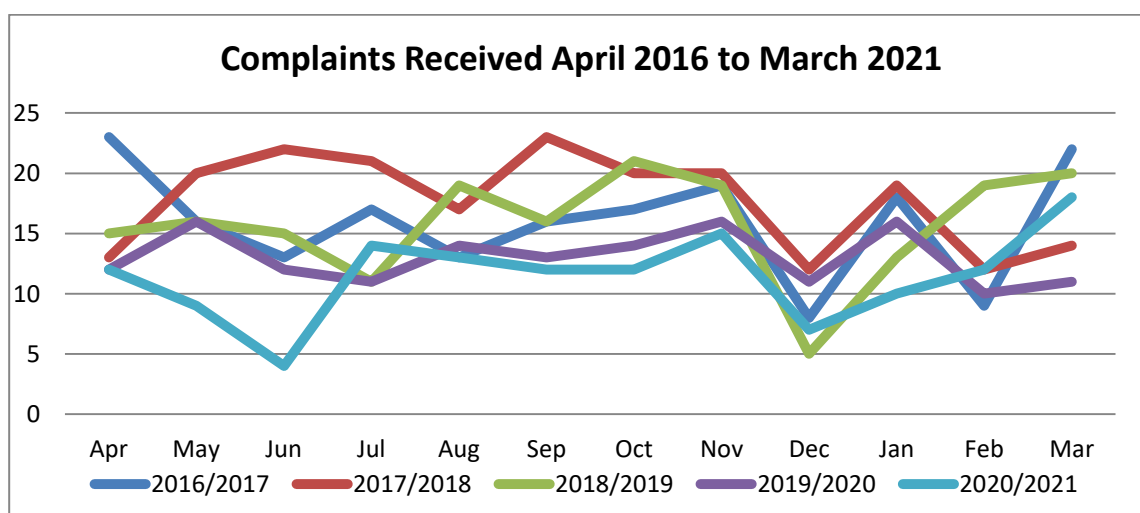
During 2021/22 our key priorities will also be to address some of the ward lifecycle work urgently required across our Private Finance Initiative (PFI) buildings. We are also beginning our journey to understand our future inpatient requirements to ensure we continue to deliver great care that is of high quality from estate that is therapeutic, welcoming and has sufficient capacity to accommodate future demand growth.

## 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 2020/21, the Team dealt with 1650 PALS enquiries/concerns and 138 complaints. The chart below shows the comparison of complaints received over the last five 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 2020/21 were:

- General Care 39%
- Conduct of staff/attitude 30%
- Admission, discharge and transfer 10%

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

## Learning from complaints

The following are an example of the recommendation from the complaint response and the action taken:

Recommendation from the complaint	Action taken
Review availability of appointments for veterans; particularly for those who may have difficulty accessing appointments in terms of location and where family members need to accompany veterans to their appointments	The service is continuing with predominantly remote appointments; however face to face are increasing. Appointments are being offered from our 3 main hub sites and the service is piloting evening appointments in response to need and the initial feedback regarding these is positive.
Ward staff be given further training and support into the circumstances which justify a referral to Safeguarding.	Training in safeguarding has been provided to the staff. Safeguarding is discussed with supervision sessions.

### Key Achievements in 2020/21

- The PALS and Complaints Team have worked creatively to ensure that team have been as accessible as possible during the pandemic response, i.e. face to face resolution meetings have been replaced by zoom.
- Implemented a joint meeting with the Patient Experience Team to ensure cross team learning progressed.

### Aims for 2021/22

- To explore other ways to obtain feedback from complainants and to use this effectively to improve the experience of using our services.

## 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 2020/21, the Trust received 412 compliments, this is a 0.50% decrease compared to 2019/20 (414 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.

*"ISS is an absolutely invaluable service. The support I have received during my recent referral has been of an exceptionally high standard despite being in lockdown."*  
Intensive Support Service



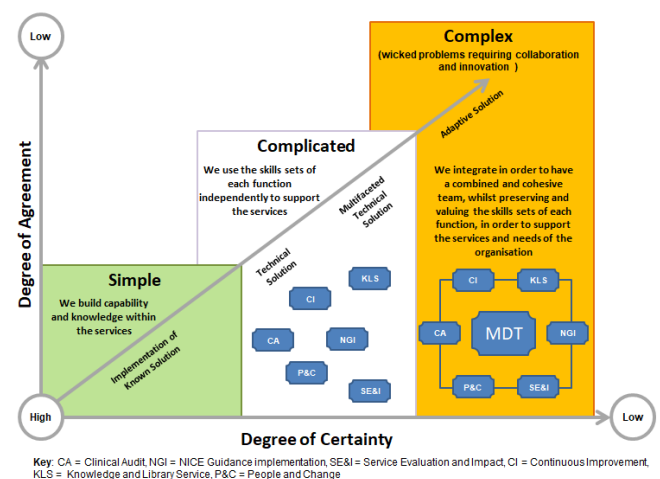
## Improvement and Knowledge Service

The Improvement and Knowledge Service is an integration of Clinical Audit, NICE Guidance implementation, Service Evaluation and Impact, Continuous Improvement, Knowledge and Library Service, People and Change. ***Our vision is to build a culture that uses knowledge and continuous improvement to provide outstanding mental health and learning disability services.*** Our objectives are:

- To support implementation of nationally / locally agreed guidance and standards and measure clinical performance against 'best practice'.
- Taking research and evidence and applying in practice. Making information accessible, understandable and useful for knowledge users through working collaboratively.
- Seeks to improve every process within the right culture in the organisation by focusing on enhancing the activities that generate the most value for those we serve while removing as many waste activities as possible.
- To create an environment that supports quality improvement. Working with organisational issues in the workplace, such as culture, learning and change, in order to improve quality, safety and satisfaction within our organisation.
- To support leadership for quality. Quality improvement depends on engaging, supporting and equipping our colleagues with the tools and skills they need to deliver high quality care. This requires a shift in managerial and leadership thinking such as removing organisational barriers, promoting ownership, trusting professionals' knowledge and judgment of what service users need and allow them to make decisions with appropriate accountability.

We face challenging situations in health care every day and they require different responses based on complexity from a technical solution for simple problems to adaptive solution for complex problems.

– Figure 1



Examples of our work include assessing the impact of Covid on the organisation (more detail on this is below), reducing waiting list in ADHD, developing a process for monitoring serious incidents action plans, national clinical audits, wellbeing assessment evaluation.

## Covid 19 Evaluation Projects

The Patient Experience Team took part in a wider Covid-19 evaluation project led by Dr Saideh Saeidi (Head of Clinical Effectiveness) in which they specifically gathered the views of Service

Users, Carers and the wider community of their experiences during the pandemic.  
Recommendations from this report were:-

1. Further work required to capture the views of people from a BAME background (Project currently underway)  
Further work required to capture the views of service users on an inpatient ward (This project has now been completed by 2 final year OT MSc students supported by the Patient Experience Team lead)
2. Changes to services must be communicated effectively
3. Service users must be offered a choice in how their support is provided
4. Raise awareness. Staff to open up conversations about using digital devices. To be inquisitive about service users skills, motivation, preference and access to digital means.
5. Identify, communicate with and listen to carers. Recognise they may have their own support needs.

This report was sent to heads of services and has been discussed at Trust wide Clinical Governance Groups ensuring that the views of service users and carers have been heard and recommendations implemented as a direct result of receiving feedback.

## Development of our Leadership and workforce

### Staff Engagement

Engaging with staff and their representatives, to ensure they have the opportunity to share their views and receive regular information on decisions that may affect their interests is aligned with our Trust's value of Integrity. The ways in which we have engaged with staff in previous years have adapted through 2020/21 to align to the new ways of working, brought on by the Covid-19 pandemic. By altering our approach we have ensured meaningful engagement work can still take place. Our aim continues to be that we are open about actions taken and decisions made, to work as transparently as possible.

### Communications

The focus of our communications with our staff in 2020/21 was dominated by the Coronavirus pandemic response. Alongside this, communications support to major projects continued, including launching the new electronic patient record system Care Director, leading the communications and engagement work stream for the young people's inpatient unit and delivering the annual flu campaign.

Throughout 2020/21, the Trust published over 160 all staff briefings, providing our staff with timely information and updates on all aspects of the Coronavirus response. We developed a dedicated section of the Trust website for staff to be able to access important guidance and resources. We also used the Trust website to develop our staff Health and Wellbeing Hub which became a cornerstone of our strategy to support staff across the Trust with resources and opportunities to maintain their mental and physical health. With staff working remotely and with restrictions on meeting in person, we set up regular video conference webinars with the chief executive via the video conferencing app Zoom. These gave staff the opportunity to dial in and listen to a summary of the latest developments and how the Trust was responding to them, as well as sharing her reasons to be proud.

### Leading Together

Our cultural development journey at LYPFT has focussed on collective and compassionate leadership and we acknowledge that much progress has been made over the last 2/3 years, with Staff Survey responses showing improvements in the way senior managers communicate with staff, involving them in decisions and taking their feedback into account. The Coronavirus Response, Your Voice Counts conversation acknowledged increased autonomy, empowered decision making and flexible working were really appreciated in the early stages of the pandemic and that we should continue to adopt these as a preferred way of working and not return to old, less innovative practices as we work through and beyond the pandemic.

We have made much progress, but recognise we need to build on this and go further and deeper to develop inclusive and compassionate leaders; the experiences of our staff across ethnic communities throughout the pandemic highlighted the need for inclusive, open and transparent workplaces where everyone feels valued and supported and aligned to the NHS People Plan 2020/2021 which sets out the clear and urgent requirement for all NHS organisations to take action to create a culture where everyone feels they belong.

During the early stages of the pandemic we made strides to support this shift in the knowledge and behaviours of our leadership community, examples include the following:

- 1:1 'just in time' coaching offer to all leaders at the outset of the pandemic
- Leading Beyond the Crisis (3 x key note speaker/interactive sessions) opened up to all staff
- Leaders Pack support materials and Leader's Space virtual sessions
- Bespoke support for leaders (Affina Team Effectiveness Journey/1:1 support)
- Launch of the Culturally Intelligent and Inclusive Leaders Pilot Programme (3 cohorts completed and 2 have been re-scheduled for May/June 2021 due to the impact of the pandemic)

We continue to build upon this work with new initiatives alongside restarting some of our paused offers to develop a truly inclusive and compassionate leadership community that are aligned to the People Plan's four key priorities. The details of some of this work follows, under the associated priority:

### **Key Priority: Focus on compassionate and inclusive leadership**

1. Culturally Intelligent and Inclusive Leaders Pilot Programme - completion of initial 5 cohorts, evaluation and recommendations for future rollout/embedding (August 2021). The programme is core towards supporting our move towards a the NHS people plan ambition; **"NHS needs more people, working differently, in a compassionate and inclusive culture"**; it aims to achieve the following:
  - 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
2. Reciprocal Mentoring Programme – commencement of a 12 month modular programme in November 2020 with twenty two participants (11 mentoring pairs), comprised of members of the Trust's Board of Directors and colleagues within a variety of roles from diverse ethnic backgrounds. The programme is designed to provide mutual growth and development for mentoring partners through both one to one and shared facilitated learning and coaching. Through shared learning the programme also aims to facilitate personal and professional growth, compassionate and inclusive leadership and to challenge systemic and cultural barriers.
3. Moving Forward Programme – we have joined up with Mental Health Collaborative partners at Bradford and SWYFT in 2021 and recruited 5 participants to this leadership and talent development programme aimed at staff from ethnic communities looking to take the next step in their career development in the next 12-18 months. The programme which consists of 5 modules and runs from June 2021 to Jan 2022 sets out to support participants to do the following:

- Deepen your understanding of key leadership & management principles & practices
- Develop your self-awareness & personal resilience in readiness for management
- Develop your influence to better manage yourself & your career
- Develop your influence as a healthcare leader within the management teams within our services
- Identify opportunities to further develop yourself for future leadership & management roles

**Key Priority: Focus on compassionate leadership and supporting our Leader's wellbeing**

4. Launch of Leadership Support Circles local pilot with our Mental Health Collaborative partner Bradford - an initiative focussed on providing safe spaces for Leaders to share experiences, be listened to and work through complex challenges. Leadership Support Circles are hour long sessions built around compassionate and inclusive leadership behaviours and are predominantly about supporting the psychological wellbeing of our leaders. A pilot is currently underway running from April – June 2021. Initial uptake and feedback from managers has been really positive with 69 attendees over the first 4 sessions:

*"The facilitation was warm and encouraging, the content was relevant and the participants were engaged and non-judgemental. I particularly enjoyed the use of breakout rooms to facilitate easier discussion."*

*"It offered the space for reflection and whilst I did not share how I currently felt, it was useful to internalise those feelings, acknowledge them and plan a way forward."*

*"It is easy sometimes to only see the challenges within your own team/department and it is helpful to hear these perspectives from other disciplines/service lines. It felt like a supportive forum and reinforces the message that we are all in this together and shared learning can be really helpful when it comes to leadership."*

Examples of feedback from attendees of the Leadership Support Circles

**Key Priority: Focus on developing wider leadership and management skills**

5. Continued investment in developing our coaching faculty with the restart of two ILM5 Coaching programmes; working with the wider coaching network to support supervision and a CPD event in June 2021.
6. The Mary Seacole Programme –2 cohorts which were paused at the outset of the pandemic have now been reconvened and with their final workshops now completed virtually are approaching the final stages of their programme. Our first

ever virtual Celebration Event (cohorts 11-16) successfully ran March 21 with 27 participants in attendance. We are looking to restart the programme in full as of September 2021, with 4 cohorts planned to kick off November, January and March respectively. The first 2 will run virtually after which we will reassess to understand the current legislation and appetite to move to face to face workshops.

7. Leader's Space sessions. On the back of the launch of the Leader's Pack at the outset of the pandemic, we piloted and launched a series of virtual sessions aimed at bringing leaders together to provide leaders with tools to use with their teams, explore and dig deeper into some of the themes set out in the Pack. We have run sessions on Building Team Resilience, Tricky Conversations, Effective Appraisals; Career & Development Conversations. These sessions replaced the Effective Manager Programme sessions which focus on face to face delivery and have been paused during the pandemic. Although feedback has been positive, we are pausing these from June to rethink our future offer and consider how we best reach our leaders and managers.

### **Key Priority: Focus on Team development**

8. New 3 tier Team Development approach – as part of the recovery work and in anticipation of an increased demand for supporting teams as they navigate beyond the turbulence of the pandemic, we have been working on a revised approach which encourages leaders to take ownership for their effective team development; supporting and developing them to adopt best practice tools and behaviours; this work builds on the Affina team leader coaching model/effectiveness journey which was developed out of Michael West's work on compassionate leadership and Amy Edmundson's work on psychological safety. Working closely with the Continuous Improvement team we will look to incorporate the Safe Reliable and Effective Care framework into this approach. We are currently nearing the final stages of curating a Team Development Hub – a set of resources and guidance which will support us to embed this new approach.

### **Next Steps**

As we look to the future, we know that we are still at the beginning of our journey towards a truly inclusive and compassionate leadership and there is much work to be undertaken to ensure this becomes part of LYPFT DNA. Late 2020, we carried out some reflections on our leadership ambition and recognised:

**Whilst we currently offer some really useful and highly valued interventions, what we are missing is the common thread and cohesive approach that helps hang all this together, to make it simple for leaders and developing leaders to understand what is required of them, how to identify their leadership strengths and gaps and find the appropriate route(s) to develop collective leadership skills and behaviours**

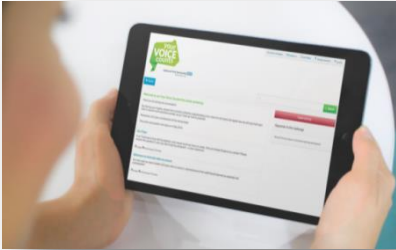
It is this common thread and alignment to inclusive and compassionate leadership that we will utilise to 'knit' a cohesive approach. From developing tools to measure and develop our leaders, to seizing informal opportunities to learn as part of the everyday and linking our leadership development pathways to our wider work on talent and learning needs analysis, career and wellbeing conversations. We are developing one approach to leadership development, where



clinical and operational leadership development, and recognising individual professional needs, is 100% aligned to this same cultural vision.

Work to bring this together has been recognised as instrumental to move us forward on our culture journey and as at May 2021 is in its infancy; it is currently being scoped with a number of key stakeholders across the Trust coming together to set the wheels in motion.

## Your Voice Counts



Last September, we started having conversations about our culture. Lots of staff took part in online and face-to-face discussions to share how they felt about coming to work, and what needs to change to improve our culture. We held a second round of conversations on six key improvement themes in 2020, and with this work in mind we were keen we take stock of how staff have felt throughout our Covid-19 response.

The past year has been a challenge like no other. The pandemic has affected all of us personally and professionally and we're still nowhere near feeling back to 'normal'. What we can say is that the healthcare system has passed the peak of the pandemic, which was a good opportunity to pause, reflect and share our experiences of working for the Trust during this time. How we have dealt with unprecedented change and uncertainty is a big part of who we are as a Trust, and helps us to better understand our culture.

The Trust launched a 'Your Voice Counts' platform – so staff could share what worked well for them, what's been important and made them feel valued, what's been challenging for them, if they've felt supported and what more can be done to support wellbeing in the future.

All staff were invited to a zoom presentation to share the results of the online conversation and senior leaders from across the Trust shared the improvements that were being made in their areas to improve staff experience. The presentation detailed the Trust's immediate and longer term priorities based on what staff had shared.

## Update on our Preceptorship Programme

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

The Practice Learning and Development team (PLDT) have provided information regarding Allied Health Professionals roles (AHP) and also the Preceptorship Programme at various events over the past six months. This has included the North East and Yorkshire Health Education England AHP/HCS Careers Symposium, along with individual sessions at Universities.

AHPs within LYPFT have also been encouraged to promote their roles and those of their colleagues at various events such as with schools and career advisor networks as part of the work completed by the West Yorkshire and Harrogate AHP Faculty.

Feedback from a session for the Occupational Therapy Masters students at Leeds Beckett University:



### Promotion of the LYPFT Preceptorship Programme to third year Nurse University students

The Practice Learning and Development Team have also engaged with third year student Nurses at University of Huddersfield, University of York, Leeds Beckett University and University of Leeds. Nurse roles have been advertised and the promotion of LYPFT Preceptorship Programme has taken place. Feedback has been positive and a large number of the third year students have opted to work for LYPFT in 2021.

### We welcomed our new 'aspirant' nurses

We were delighted to announce that we have been able to employ 44 third-year mental health and learning disability nursing students in our Trust from eight universities. These new members of staff have volunteered to join our Trust and are deployed in a completely new 'aspirant' nurse

role, which is a hybrid between a third-year student and an associate practitioner. In addition to volunteering to take on this responsibility to help support us in caring for our service users during the pandemic these aspirant nurses worked hard to successfully complete their training to be a nurse.

## A Response to COVID-19

Following the pandemic and a period of pausing the Preceptorship programme in 2020, the Practice Learning and Development team re-introduced and adapted the taught preceptorship sessions and “hot seat” coaching to suit online delivery. The purpose was that the preceptees within LYPFT could still access this support and guidance from a quickly accessible virtual format which complied with Health and Safety advice during Covid-19.

Alongside this the content of the material was regularly reviewed to provide the most current focus during a pandemic. For example;

### Healthy Eating in a Pandemic Session Content included:

- How the pandemic has affected eating habits.
- The importance of a healthy diet during the pandemic.
- Our service users – how mental health affects nutrition.
- Diabetes – To understand dietary approaches to support the management of type 1 and type 2 diabetes.
- To understand the impact of anti-psychotic medication on the development of type 2 diabetes.
- Understanding the increased risks associated with Corona virus.

In addition to moving the programme online to the Zoom platform, we have further developed the wellbeing content of the programme, including facilitating a Leadership Support Circle courtesy of NHS England (Health and Wellbeing Programme People Directorate NHS England and Improvement) entitled Self Care for leaders during the Covid-19 pandemic. This focussed on Leading through a Crisis and looking after yourself. This gave the preceptee the opportunity to think about “what is going on for me now” “what is challenging” and “what is going well”. Since the introduction of this session LYPFT are now piloting Leadership Support Circles across the organisation for all leaders to access.

The LYPFT Preceptorship Leads continue to promote the message of taking care of our own wellbeing and the importance of self-care. It is proposed that through raising awareness of self-compassion and encouraging staff to take care of themselves we believe that we can improve staff well-being and create safer quality care.

### **Feedback from the preceptorship programme received over the past few months;**

“I found the hot seat coaching really beneficial”.

“The Zoom Preceptorship sessions are useful”.

“The session on Professional Conduct really clicked with

“The preceptorship workshop and coaching is good”.

**Ongoing Preceptorship Support**

The Preceptorship Leads continue to liaise/network with leaders across the organisation regarding the benefits of the LYPFT programme. At the same time preceptees are aware that they can contact the Preceptorship Leads for one to one support. The message continues to be rolled out that we value and care about staff and we want them to be happy in their first professional role with the organisation.

Work continues and we are due to review the Preceptorship Programme again in summer 2021.

## Recognising Success



We wanted to say Thank You to our staff for going above and beyond to make a positive impact on the Trust, our service users, communities and colleagues. So, we created ways to make sure all our people get the recognition they deserve by introducing ..... Team of the Month.

We asked staff to nominate to Team of the Month and they could win the nominated team up to £200 to spend as they like. Socially distanced lunch, baked goods, and superhero capes – whatever they choose. They also receive a plaque in their honour.

The March 2021 Team of the Month was the Acute Liaison Psychiatry Service (ALPS), the Nomination for ALPS reads:

"ALPS have worked throughout the pandemic, continuing to have face to face contact with services users in high risk areas of the A&E departments, when many other services reduced their face to face patient contact.

They have continued to provide a high quality service, have adapted to wearing PPE and had little complaint during this really difficult time. The team had to move base due to the pandemic and have made this work in order to continue to offer timely patient assessments.

ALPS have had no positive cases of Covid in the team, which shows how committed to managing this virus the team have been.

At short notice, the team have occasionally been redeployed elsewhere and although this hasn't been ideal, they've accepted this and supported their inpatient colleagues. The team have mostly covered their own shortfalls in shifts, often picking up overtime. They've shown great resilience, flexibility and passion for their role."

The judges commented:

"This team have had to be really adaptable they have continued to provide good service"... "Highly adaptive, good IC adherence and support provided to other teams."

## National Awards

### CONNECT: West Yorkshire Adult Eating Disorders Service announced as an NHS Parliamentary Awards Regional Winner

The NHS Parliamentary Awards celebrate and recognise the staff, volunteers and carers who go above and beyond the call of duty to put patients first and develop exciting new innovations which help provide a better service.

Earlier this year, MPs from across the country were asked to find and nominate the individuals or teams they thought had made the biggest improvements to health services in their constituencies, across ten categories

From over 700 nominations, MPs have handpicked 70 regional nominees to be considered for their skill, dedication and the incredible work they've been doing in their constituencies.

One of these regional nominees is Leeds and York Partnership NHS Foundation Trust's [CONNECT: West Yorkshire Adult Eating Disorders Service](#), which has been shortlisted for The Excellence in Mental Health Care Award.

This award recognises the individuals or teams that have worked across organisational boundaries to develop new and effective services to help people living with mental health problems in their community.

The CONNECT service, which provides early intervention, outpatient, inpatient and intensive home-based treatment for people aged 18 and over with eating disorders from across West Yorkshire, was nominated by its service user for its innovative support during the Coronavirus pandemic.

In order to meet national guidelines and restrictions the service had to make some significant changes to how care and support was delivered. This included innovations in the use of social media channels and other methods to keep in touch with service users.

The service offered #ConnectConversations three times daily via Instagram to provide additional support and resources for those suffering with eating disorders. They also converted all of their usual therapy to "teletherapy" within a week of lockdown commencing and moved their open access support group "The Hub" online and promoted this via Instagram. The Instagram Live series has now passed 45,000 views.

"The nomination of CONNECT for an NHS Parliamentary Award in The Excellence in Mental Health Care Award is an honour and comes at a time of considerable difficulty for all healthcare providers. We have used the last few months to drive innovation within the service and to continue to enhance service delivery, despite the challenges presented to the service. We are most grateful to our service users for their recognition of the dedication of the team and thank them for initiating the nomination."

Dr Monique Schelhase, Acting Consultant Psychiatrist and Clinical Lead, CONNECT



The CONNECT service, along with other teams and individuals in the regional shortlist, will now compete with each other for a national award, which will be presented at a special ceremony in the Palace of Westminster in July next year.

You can find out more information on the awards, including the full list of regional winners [on the Parliamentary Awards website](#).

### **Saif wins national pandemic essay prize - Perinatal consultant impresses judge with 'humility and humanity'**



Our perinatal consultant psychiatrist Dr Saif Bangash appeared on a star-studded webinar panel with TV personality and actor Stephen Fry and former Labour party spokesperson and mental health champion Alistair Campbell to receive a top national prize in a contest organised by the Royal College of Psychiatrists.

Saif was one of four winners with his 1,500-word essay on 'How the Covid-19 pandemic has taught me to be a better psychiatrist'.

Stephen Fry and Alistair Campbell, both Honorary Fellows of the Royal College, have both spoken and written extensively about their own mental health. They judged the entries alongside Dr Navina Evans, consultant psychiatrist and Chief Executive of Health Education England, who awarded Dr Bangash's prize.

Dr Evans said: "I was struck by Saif's humility and humanity, and the personal account of vulnerability by someone who had just been appointed a consultant."

She said the essay recalled her own experiences as a new young consultant and added: "It is a really wonderful connection with how the pandemic shaped the consultant's life – filled with humility and hope."

Saif, who is donating his £250 prize to the service, joined the Trust in 2012 and became a consultant in October 2020.

"It's been a very hard year for so many people – we share that with our patients. But equally there have been a lot of positives along with the negatives. The essay came at a good time when I could take stock. Maybe putting things down helped me put them in perspective and it was certainly therapeutic."

Dr Saif Bangash

## Dr Wendy Burn CBE – a huge inspiration to us all



Dr Wendy Burn, a consultant old age psychiatrist in LYPFT, was made a CBE in the 2021 New Year's Honours list for her services to mental health.

Dr Burn, immediate past president of the Royal College of Psychiatrists, said: "To get the CBE really was a huge honour and a great surprise. It's not just for me; it's for the mental health field and for all those who work in it."

She added: "I joined the organisation that later became the Trust in 1990 and throughout all that time it has been immensely supportive. I'm extremely grateful – I couldn't have done my work first as Dean and then as President of the Royal College of Psychiatrists without the Trust's support."

Wendy's parents were both doctors. Her mother trained when there were very few women doctors and was the first in her family to go to university. From the age of two she says, probably inspired by her parents, Wendy wanted to become a doctor herself.

She has two main professional interests: dementia in older people, and the education and training of psychiatrists.

"I really like working with older people. To hear the story of someone's life is always a privilege and brings history alive. The elderly are a resilient group and put up with the losses that old age brings in a way that impresses me. During the pandemic the isolation has been terrible for many of them."

Wendy has always had a close involvement with postgraduate medical training, and established the Yorkshire School of Psychiatry, becoming its head in 2007.

In 2016 she undertook a modernisation of psychiatric training when she was appointed Co-chair of the Gatsby Foundation and Wellcome Trust Neuroscience Project. This updated the neuroscience (scientific study of the nervous system) in the curriculum for trainee psychiatrists to meet the needs of modern-day mental health research and treatment.

"We looked at the rapid advances in neuroscience and saw that what we were teaching and examining in psychiatric studies was really old-fashioned. We needed to make it relevant for the psychiatrists of the future, but also for those currently practising. So we set about pulling neuroscience and psychiatry more closely together.

"This is now in effect and we are assessing how it is working."

Elected President of the Royal College of Psychiatrists in 2017, the focus of her three-year presidency was campaigning for more funding for Mental Health Services, improving recruitment and retention in the psychiatric workforce, and promoting diversity. During her time in office the Long Term Plan for the NHS in England was produced. She is proud to report that following campaigning by the College, the plan contained a promise to grow investment in mental health services faster than the NHS budget overall for each of the next five years.

Wendy currently works for the Trust in the community based at St Mary's House, Leeds; advises Health Education England as a National Mental Health Clinical Advisor; and Chairs the Clinical group of Equally Well, a coalition that focuses on improving the physical health of patients with severe mental illness.

Christian Hosker, the Trust's Medical Director, said: "Amidst everything that has gone on over the last year it was really thrilling to learn at the start of this New Year that Wendy had been recognised in the honours list. Wendy has been a huge source of support and inspiration for me and many others, going all the way back to our days as psychiatric trainees.

"It is an incredible achievement for anyone to rise all the way up to being the President of the Royal College of Psychiatrists, and it is fantastic that Wendy's positive influence and tireless efforts during her tenure there have been recognised through a CBE.

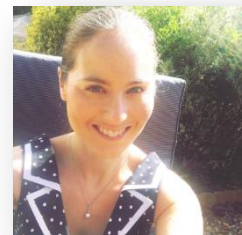
"Wendy remains a huge inspiration to us all and it is a privilege for us all to work alongside her!"

### Yorkshire School of Psychiatry Core Trainee of the Year

Katie Blissard Barnes was voted HEE Yorkshire and Humber School of Psychiatry Core Trainee of the Year 2020.

Sharon Nightingale, Consultant in Old Age Psychiatry said: "It is so well deserved and Katie truly is such a fantastic role model and ambassador for training in psychiatry in LYPFT. I will raise a celebratory glass to you later and hope we can celebrate in person once this second wave abates."

Katie, who works for ALPS and Medical Psychotherapy, said: "I'm delighted to have won the Core Trainee of the Year and I'm very grateful to my colleagues who considered me for the nomination!"



### Older People's Service wins Poster Prize



The Older People's Service overwhelmingly won the Poster Prize at the Health Education England Yorkshire School of Psychiatry annual conference amongst stiff competition.

[The poster](#) describes the implementation of SBARD as a structured communication tool within Community Older People's Mental Health Services.

All trainees in psychiatry in Yorkshire and Humber can present their poster at the annual conference and it is judged by HEE senior leads.

## National Centre for Diversity - Fairness, Respect, Equality, Diversity, Inclusion and Engagement (FREDIE) Awards - Wendy Tangen nominated as Most Inspiring Individual of the Year

Wendy Tangen has been nominated for the Most Inspiring Individual of the Year Award at the 2021 FREDIE Awards run by the National Centre for Diversity.

Wendy, who is the Trust's Clinical Services Inclusion Lead and Chair of our Workforce Race Equality Network (WREN), has received her nomination for going above and beyond for the causes of fairness, respect, equality, diversity, inclusion or engagement in the workplace.



Winners of the awards will be announced at an online ceremony on Thursday 20 May 2021.

## Fabrizio Girolomini – awarded NICE Scholarship

NICE Scholarships are one-year opportunities to find out about the inner workings of NICE.

The person awarded with a scholar:

- acts as a NICE ambassador for 1 year
- undertakes a supported improvement project within a local organisation
- supports and maintains the connection between NICE and health and social care experts
- engages with senior staff at NICE and in the health and social care sector
- helps NICE to improve and promote the quality of health and social care
- develops new ways of working in health and social care.



Fabrizio is a senior clinical audit facilitator for the Trust. He started working for the NHS in May 2007 and through his career has covered roles in governance and quality improvement. He is currently acting as manager of the clinical effectiveness team where they use clinical audit and service evaluation as quality improvement tools. In the last 3 years he has become the NICE coordinator for the Trust.

As a NICE scholar, Fabrizio is undertaking a project establishing whether NICE guidance on self-harm is well implemented and embedded into practice. He will assess the level of compliance and evaluate barriers to implementation of the guidance.

## 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 a review of concerns raised and trends to include any lessons learnt. During 2020, the Freedom to Speak Up Guardian received 67 cases.

In August 2020 we appointed five Freedom to Speak up Ambassadors who will contribute to creating a culture of speaking up where all staff feel safe and confident to raise concerns. They will work alongside John, promoting, listening, supporting and providing an impartial view to staff when speaking up.



"I applied for the role as I wanted to do my bit in helping increase the confidence of others to speak up and spread the word as widely as possible."

Katie Yarr, FTSU Ambassador

The team have been busy developing a new Staffnet page with each ambassador's direct contact details, their bios and a lessons learned section which will give some information about what has been done to improve work environments or practices as a result of staff raising concerns. For example several staff said it would be helpful to have a link from the FTSU page to HR policies for matters relating to grievances or bullying and harassment concerns, so a link has been developed.



The vision for 2021 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.

## 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 response to the pandemic, the Recovery College launched the 2020/21 prospectus adapting their courses to enable people to take part in them, at home.

At the Recovery College they believe that good mental health is important to everyone and that we can all play a part in improving our own mental health and contributing to that of others.

The College offers free educational courses that focus on keeping students mentally and physically well. These courses have been co-designed and co-facilitated by people who have experienced their own mental health challenges, working alongside health professionals and education providers to share their knowledge and advice. The aim of these courses is to help students learn more about mental health, work out what keeps themselves and others well, and find ways to enjoy life more.





## 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

The [NHS Northern Gambling Service](#), one of only two dedicated NHS resources for those harmed by gambling, and the only one outside London, marked its first year of operation on the 18<sup>th</sup> September 2020.

In a tumultuous year in which Covid-19 lockdown restrictions led to a significant increase in online gambling with new data showing that nearly 5 million British people have experienced harm linked to gambling, the Northern Gambling Service has provided free, confidential and effective treatment for over 400 people harmed by gambling and those struggling with gambling addiction across the North.

From our initial clinic in Leeds, and two subsequent clinics in Manchester and Sunderland established in 2020, the service has reached over 400 clients, with 50 completing treatment so far.

The service has 18 clinicians and support staff across its three clinics, and includes psychologists, therapists, psychiatrists, and mental health nurses. The clinics also have experts by experience – people who have recovered from gambling addiction.

Clients using the service have described the treatment and clinicians delivering the therapies as 'life-changing' and 'giving back control'. In the most recent Friends and Family survey, 93% of respondents said they would be extremely likely to recommend the service, 7% likely and no respondents said they would not recommend the NHS Northern Gambling Service.

"What we, our team and our clients have achieved in 12 months is truly amazing. From a starting position of no formalised NHS treatment for the millions of people harmed by gambling in the North, we have delivered a truly Northern service with our three clinics reaching those who desperately want a life changing intervention. Lockdown has been hard, both for those with existing gambling problems and those with hidden problems which have surfaced throughout these difficult times. We know from evidence from our clients and wider research that lockdown created a surge of activity in online casinos and gambling sites, leading to increased gambling and the subsequent money, stress and family issues that go along with gambling. Lockdown was hard for us as well – quite rightly many NHS resources, including our fantastic team of clinicians and support staff, were redirected to support the Covid-19 effort. This meant we had to limit the number of referrals and client intake but as we enter our second year we are working at full capacity and are ready to welcome hundreds of new clients to the Northern Gambling Service."

Matthew Gaskell, Consultant Psychologist, Clinical Lead for the NHS Northern Gambling Service

“In the last ten years my gambling had taken control of me rather than me controlling it, I was closing myself away, losing my confidence and my self-esteem. I was spiralling into a state of depression – and to make matters worse, I started drinking more as well. It was becoming a marriage made in hell, the gambling and drinking fuelling each other. I had sought help in the past but I was in denial of the state and severity of my problems and so nothing worked for me. At my darkest hour, I saw that the Northern Gambling Service was opening a clinic in Salford and I took one last roll of dice and got in touch. The team was amazingly welcoming, putting me at ease and almost immediately we were going into depth about my troubles. And I was opening up for the first time, not only to someone else but to myself. Since that first meeting in March, my life has been transformed. I am 28 weeks abstinent, my confidence has returned, my family are thrilled and I am discovering new things in life – I am in control. Without the team at the Northern Gambling Service I hate to think where I would be right now.”

Patient

**SUPPORTING YOUR RECOVERY**

## New Veterans' Mental Health High Intensity Service in the North of England

The NHS Veterans' Mental Health High Intensity Service (HIS) provide liaison, advice and support for health and care services close to veterans' own homes.

**Former armed forces personnel will soon be able to access a new service to support them during a mental health crisis.**

Leeds and York Partnership NHS Foundation Trust (LYPFT) has been appointed as lead provider for a new service to improve the health and lives of former military personnel across the North of England.

The Veterans service is commissioned by NHS England. LYPFT will lead a collaboration of partners including NHS trusts and third sector veterans' organisations to deliver the service across the North of England, which we anticipate will begin fully in November 2020.

Our main delivery partners are:

- [Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust](#),
- [Combat Stress](#)
- [Walking with the Wounded](#).

LYPFT already provides the successful North of England [NHS Veterans' Mental Health Complex Treatment Service](#) (VMH CTS) – a specialist community mental health service for armed forces veterans – which launched over two years ago.

The new High Intensity Service (HIS) will provide liaison, advice and support for health and care services close to veterans' own homes should they be experiencing a mental health crisis and, following that, provide support for veterans to gain stability in their lives including some support for families.

We will work in collaboration with armed forces charities to enable a veteran-centric approach to:

- Crisis mental health care
- Inpatient treatment, and
- On-going care across locally-based organisations that are best placed to support veterans near to where they live.



"We're proud to have been appointed as lead provider for this exciting new service that will improve the health and lives of former military personnel and their families.

We already have a strong track record working with veterans across the North of England and our expert team is looking forward to getting this new service up and running alongside our partners. The service will mainly offer expertise and support to health services local to the veteran, at a time when they are potentially in their most desperate need of help, and ultimately, save lives."

Dr Sara Munro, Chief Executive LYPFT

## West Yorkshire Child and Adolescent Mental Health Service (CAMHS) Inpatient Unit

**The leadership of a brand new mental health inpatient unit for children and young people will be taken forward by Leeds and York Partnership NHS Foundation Trust (LYPFT) in 2021.**

The new £20m 22-bed West Yorkshire Child and Adolescent Mental Health Service (CAMHS) Inpatient Unit (artist impression pictured) is currently under construction at the St Mary's Hospital site in Armley, Leeds, and is due to open in late 2021.



The venture is a partnership between Leeds Community Healthcare NHS Trust (LCH) and LYPFT, with LCH currently providing the regional inpatient CAMHS unit and the local community CAMHS in Leeds.

Following Board-level discussions, it has been agreed that responsibility for providing inpatient care at the facility will transfer to LYPFT from 1 April 2021. LCH will continue to run the current West Yorkshire unit based at Little Woodhouse Hall in Leeds until April 2021, when its dedicated clinical team will be welcomed into LYPFT as part of a straight forward transfer arrangement.

“This decision rests on a regional commitment to improve mental health care for children and young people, at every level of need, in Leeds and beyond. LCH will continue to provide expertise to the new unit as the city’s lead for general children’s services, and in our role as the provider of community based CAMHS services. Highly specialist mental health support, including psychiatric intensive care, is best served by Leeds’ specialist mental health provider trust. Our focus continues to be our current service users and staff and we are committed to supporting them through the transition.”

Thea Stein, Chief Executive, Leeds Community Healthcare NHS Trust

This 22-bed state of the art unit will provide much-needed space and modern facilities for children and young people with mental health needs from across the whole of West Yorkshire when it opens in late autumn 2021.

It’s a huge and important step forward in the region’s mental health services and will mean that children and young people can get the care they need close to home. At the moment, many of them have to be placed where beds are available and this can be many miles from home and their loved ones which can hinder some young people’s progress and recovery.

The new Unit, which has been designed with input from young people, has a multi-purpose activity room, educational facilities, a room for family visits and an enclosed garden for the young people and the staff who will be caring for them. There will also be a health-based place of safety for young people in crisis who need urgent help (Section 136).

At the end of December 2020, and following consultation with residents at York's Mill Lodge, Leeds' Little Woodhouse Hall, and Youth Board members, the name of the CAMHS unit will be – **Red Kite View.**

The Kite is a bird that is well-established in West Yorkshire, and it can also be something fun that you fly in the sky. The name lends itself well to further naming of the two wards at the unit, as well as a theme for the internal artwork, so Board members felt this name would appeal to young people across different ages.

"This is a great example of partnership working at its best. Our shared ambition is to ensure we deliver the right care, at the right time, and in the right place for children who require highly specialist mental health support. With LYPFT being the expert provider of inpatient and specialist mental health care, our Boards felt this was the right thing to do to achieve our ambition. I look forward to welcoming in our new colleagues and taking this service forward."

Dr Sara Munro, Chief Executive of Leeds and York Partnership NHS Foundation Trust



## Events of Celebration

### Nurses Day

International Nurses Day is celebrated on the 12<sup>th</sup> May every year, and this year marks the 200<sup>th</sup> anniversary of the birth of nursing pioneer Florence Nightingale.



We were able to acknowledge the heroic efforts during the Coronavirus pandemic of hundreds of our nurses and health support workers, including our students and bank staff. They have been working shoulder to shoulder with our allied health professionals, doctors, pharmacists and support staff to provide safe, reliable and effective care with strength, grit, determination and great leadership to meet the extraordinary demands of the pandemic.

So, on International Nurses Day 2021, we said thank you and continue to look forward with positivity about mental health, learning disabilities and autism mental health nursing.

We produced a Big Shout Out video using submitted photos, testimonies and videos of our nurses and health support workers. We also encouraged those staff on twitter to watch out for the national campaigns from Team Chief Nursing Officer [@teamCNO](#) and following the hashtag #IND2021.

*"I would like to say an enormous thank you to all of our staff in the organisation who have worked tirelessly to ensure patient safety and care has not been compromised throughout the pandemic.*

*I would also like to highlight the great partnership working that has taken place amongst many teams over the last year, in particular our infection prevention and procurement teams. Working closely with our nursing teams and AHP colleagues, they have collaborated to provide seven-day services with a tireless ability to implement and consider new priorities and policies at short notice, while maintaining stock of PPE and keeping the safety of service users and staff at the heart of their roles.*

*I have been amazed at how everyone has worked above and beyond, which at times seemed humanly impossible, showing tremendous passion, commitment and resilience. I would like to say a special thank you to all individuals who have been involved in our vaccination programme across all different disciplines and areas, your tremendous efforts have resulted in us achieving high compliance levels for the first and second vaccinations protecting staff and our most vulnerable service users which will hopefully continue to assist in the release of further restrictions and allow us to enjoy the time with family and friends we previously may have taken for granted.*

*This has been an unprecedented year for everyone but like Florence's lamp you have all shined bright which makes me immensely proud to be the Director of nursing in this organisation."*

*Cathy Woffendin, Executive Director of Nursing Quality & Professions and  
Director of Infection Prevention*



"Our nurses and health support workers have been working shoulder to shoulder with our allied health professionals, doctors, pharmacists and support staff to provide safe, reliable and effective care to our patients and service users.

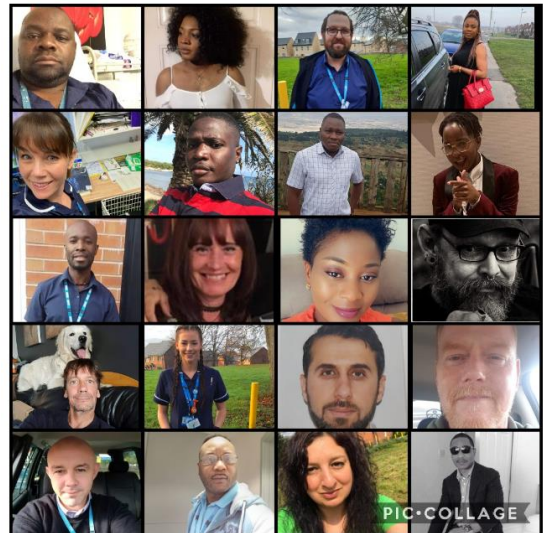
They have done this with strength, grit, determination and great leadership to meet the extraordinary demands of the pandemic and it is only right that we take a moment to acknowledge these efforts and say thank you."

Nichola Sanderson, Deputy Director of Nursing

We asked our colleagues across the Trust to tell us about a nurse who has inspired them or to share an example of good nursing practice they've seen or learnt from. Here is just a selection of what has been shared:

"I am honoured and proud to work alongside such a caring, compassionate and friendly team. It has been a difficult year but we have made it through as a team and it has made us stronger than ever. Here is a collage of some of the amazing staff on Ward 2 A&T"

Emma Brookshaw, Clinical Team Manager Ward 2



"I'd like to highlight the Forensic Management Team at the Newsam Centre - Claire Layton, Kirstin Gillatt, Andrea Arundel, Emma Brookshaw and Andy Boggon.

"The past year has proved to be an unprecedented demand on all the NHS Services across the country, and I have been especially grateful for such consistently excellent help, support and advice from all my colleagues - but these five individuals in particular deserve recognition for their outstanding contribution to keeping those around them motivated, productive, and above all else - happy in their jobs throughout an extraordinarily demanding time. The service would not be where it currently stands without their commitment and dedication. With grateful thanks and best wishes."

Patrick Goulden, Charge Nurse, Ward 3 Newsam Centre

## 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 2020/21 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 2020/21:*

- Following the move to a new clinical records system in March 2020 we have worked to identify, correct and improve data quality issues resulting from services beginning to use the new system. Benchmarking quantities of data recorded on the new system compared to the previous system has been complicated by the impact of service changes in response to Covid-19.
- Transitioned from a system implementation programme team to a substantive team with identified roles and responsibilities to change and improve clinical system configuration and usage.
- Fixed identified data issues resulting from the migration between systems.
- Updated our data quality policy to reflect the requirements of the new clinical records system.
- Developed operational dashboards focused on improving awareness to missing, poor quality or incorrect data recordings.
- Investigated opportunities for logical system rules to protect the integrity of the data recorded, such as automated updating and creation of records following particular events such as admission to particular wards and discharges.
- Continued to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.

- 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.

***LYPFT will be taking the following actions to improve data quality during 2021/22:***

- Close monitoring of data completeness and quality.
- Continue to support staff in using the new clinical records system.
- Deliver a programme of local data quality audits and kite-marking of data quality.
- Continue to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.
- Improve the documentation of processes used to monitor and publish performance against national and contractual data quality metrics to provide broader organisational understanding.
- Work with the new CAMHS tier 4 service in Leeds in their use of Care Director.

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 implemented a new electronic patient record system that is intended to support complete, timely and accurate clinical record keeping.

**The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by LYPFT for 2020/21**

**Mental Health Services Data Set - Data Quality Maturity Index**

*LYPFT submitted records during 2020/21 to NHS Digital via the MHSDS which are included in the latest DQMI published data (January 2021 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%

## 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

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

Due to the COVID-19 most of the national audits planned for 2020/21 were postponed. Therefore, during 2020/21 four national clinical audits and two national confidential inquiries covered the NHS services that LYPFT provides. The below table shows list of national clinical audits and national confidential enquiries that LYPFT was eligible to participate in during 2020/21:

Eligible National Clinical Audits participated in
National audit of Inpatient Falls (NAIF)
National Clinical Audit of Psychosis 2020/21 - Early Intervention
POMH-UK: Topic 20a: Prescribing valproate
POMH-UK: Topic 18b: Use of Clozapine
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 Trust participated at the eligible projects apart from the POMH-UK Topic 18b: Use of Clozapine. Unfortunately, due to the COVID-19 and pressure on services, all quality

improvement activities around Clozapine were put on hold and the findings of the project will have shown no improvement since the last cycle of the project undertaken in 2019/20.

The national clinical audits and national confidential enquiries that LYPFT participated in, and for which data collection was completed during 2020/21 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)	No set of number required - ongoing	NA
National Clinical Audit of Psychosis 2020/21 - Early Intervention	Number required – 100 cases	100%
POMH-UK: Topic 20a: Prescribing valproate	No set of number required - 25 cases	NA

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	No set of number required	NA
Learning Disabilities Mortality Review (LeDeR)	No set of number required	NA

The findings of one national clinical audit registered in the previous financial year(s) were reviewed by the provider in 2020/21 and LYPFT intends to take the following actions to improve the quality of healthcare provided:

National Audit	LYPFT action 2020/21
National Clinical Audit of Anxiety and Depression (NCAAD) - Spotlight on Psychological Therapies	<p>Each service involved in the project decided to improve the following areas:</p> <ul style="list-style-type: none"> <li>Liaison Psychiatry a) collection of demographic data regarding employment, accommodation and disability; b) rates of outcome measurement – especially post baseline; c) training received by staff to deliver therapies.</li> <li>Working Adult Age and Older People Service: a) access and</li> </ul>

	waiting time; b) psychological therapy in line with NICE guidance (type and number of session); c) routinely use of validated measures.
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### **Trust and Local Clinical Audit**

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

<b>Number of clinical audits</b>	<b>Trustwide</b>	<b>Service / Team</b>
Registered during 2020/21	1	36
Completed during 2020/21	4	19

### **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 4 completed Trustwide clinical audits are listed below alongside the actions to improve care:

<b>Title</b>	<b>LYPFT actions</b>
Documenting decisions, discussions and following up women of child bearing age who are prescribed valproate	The trust has recently been reorganised with new consultants recruited to the Acute Inpatient Female wards. The plan going forwards is for the audit lead to work jointly with the inpatient lead, inpatient consultants and pharmacy department in reaching a consensus in ensuring our current practice is in line with recently updated the Medicines and Healthcare Products Regulatory Agency (MHRA) guidance. A meeting will be subsequently arranged to see how this can be met in practical terms.
Care plan and 4 Cs	<p>To date some teams have started improvement work around care planning at service level with positive results. The Leeds Mental Health Care Group has also completed a pilot of using the safety plan to support positive risk assessment and management with a planned roll out across the Acute Care Pathway and Community Services.</p> <p>The impact of this work can be further enhanced by individual teams analysing their own results and producing local action plans that are agreed and monitored through their service governance groups. This will ensure that work is targeted towards their specific areas for improvement rather than Trust wide actions that may not be relevant to their services.</p>



Joint audit of the procedural document for Transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS)	<p>To improve clarity in the young person's record what information the young person has been given on the transition process and AMHS.</p> <p>All staff in CAMHS and AMHS are aware of the transitions guidelines, particularly when young people are referred to CAMHS over the age of 17 years and 9 months; a discussion should be had with AMHS in these cases to decide on the most appropriate service.</p> <p>A clear process of where and how to store the CAMHS discharge letter on AMHS electronic patient record.</p>
Data sharing CG136	Individual results were provided to each team that agreed and monitored local action plans. This will ensure that work is targeted towards their specific areas for improvement rather than Trust wide actions that may not be relevant to their services. Also results were shared with the Patient Experience Team for information.

The following 2 Trust-wide clinical audits are in progress:

- ✓ Mental Capacity Act – Best Interests audit;
- ✓ Antimicrobial prescribing;

### **Local Clinical Audit**

The reports of 19 local clinical audits were reviewed by the provider in 2020/21 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):

<b>Audit Themes</b>	<b>Key quality improvement actions</b>
Medication	<ul style="list-style-type: none"> <li>• To consider including information about what is required for the on call logs as part of core trainees induction;</li> <li>• Provide education and training (to both pharmacy technicians and wider MDT) to raise awareness of what anticholinergic burden is and the implications of anticholinergic burden for patients. Specifically, training for pharmacy technicians, training on how to calculate and record ACB scores;</li> <li>• Guidance is given to GPs in discharge letter if benzodiazepines continue to be prescribed;</li> <li>• Clarify the system of setting automatic recalls on the electronic patient record when initiating buprenorphine.</li> </ul>
NICE	<ul style="list-style-type: none"> <li>• Produce a fact sheet to be distributed across the trust and within primary care and community mental health providers within the Leeds area. This will include</li> </ul>

Audit Themes	Key quality improvement actions
	<p>common drugs contributing to ACB and the risks associated with ACB;</p> <ul style="list-style-type: none"> <li>• A pro forma or poster in on call rooms/doctors room to remind the key recommendations of the guidance;</li> <li>• To raise awareness within the Community Services of using the NICE guideline gold-standard when recording substance use (through presentation and teaching sessions).</li> </ul>
Physical Health	<ul style="list-style-type: none"> <li>• Staff member to take the National Early Warning Scoring System (NEWS) form with them when taking physical observations, before taking them;</li> <li>• To establish a task and finish group in order to update the service physical health pathway;</li> <li>• Produce a visual aid memoir of the tests and examinations required on admission;</li> <li>• An assessment of dental health is to be included as a routine part of our physical health assessments. This has been communicated with the team and the process for documenting this has been explained;</li> <li>• Development of physical health practitioner roles and wellbeing clinics.</li> </ul>
Care planning	<ul style="list-style-type: none"> <li>• Review and amend the current Minimum Standards and Care Planning Guidance in line with the new online patient's record system;</li> <li>• To create a visual flowchart of steps required for formulation process from admission to discharge;</li> <li>• To add the service RAG Framework document during induction of new doctors and other staff.</li> </ul>
Documenting key clinical decisions	<ul style="list-style-type: none"> <li>• To design and distribute information cards for reference and reminders;</li> <li>• Where NEWS cannot be performed within six hours of admission, or medical review is needed, reasons should be documented on the online patient's system;</li> <li>• To design a case note pro forma to standardise recording of formulation meetings;</li> <li>• User-friendly proforma to be designed and introduced to encourage daily review of medication charts (Medication review proforma);</li> <li>• Prompt on MDT chart and office patient whiteboard to update NEWS chart with change in frequency.</li> </ul>
Data sharing	<ul style="list-style-type: none"> <li>• Clinicians to ensure that identified risks and the associated management plans are shared with Acute staff and other relevant parties (i.e. GP) in way that is accessible and readily understood.</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>• Introduce a new alert on our medication and patient's record systems that shows ACB score. Train pharmacists to clearly document on patient's record when medication reviews have taken place to evaluate a patient's ACB score;</li> <li>• Entries should include short, but clearly identified statements which identify any relevant risk and the management plan that is required to best manage that risk;</li> </ul>

Audit Themes	Key quality improvement actions
	<ul style="list-style-type: none"> <li>• Provide face to face education to trainees about the documentation requirements when taking on a Cognitive behavioural therapy (CBT) case.</li> </ul>

## 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 Improvement and Knowledge Service. 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 2020, 46 projects have been registered with the team; this includes a Trust-wide programme of evaluations assessing the impact of COVID on staff, services, service users and carers. All the projects are 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 April 2021. Total is higher as some projects were registered prior to April 2020. Additionally a number of projects were put on hold due to the impact of COVID**



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**

<b>Project Title</b>	<b>Project Overview</b>	<b>Support Provided to Date</b>
COVID-19 Questionnaire for Service users within National Deaf CAMHS	Understanding the impact of COVID across the home, school and social of service users nationally within deaf CAMHS	Planning and Questionnaire Design
Psychiatric trainee experience of psychodynamic psychotherapy training during the COVID-19 pandemic	To establish the psychiatry trainees' experience of psychodynamic psychotherapy training during the COVID-19 pandemic in Leeds.	Planning, Questionnaire Design, training in semi-structured interviews and thematic analysis
Medication Errors within Specialised Supported Living Services	Datix reports indicated a number of medication errors within Specialised Supported Living 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

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

- Questionnaire Design
- Semi-Structured Interviews
- Qualitative Data Analysis (Thematic Analysis)
- Quantitative Data Analysis and Interpretation
- Statistical Process Control Charts
- Report Writing

Feedback received from previous training includes:

- The trainer was very approachable and happy to answer any questions
- I came away feeling much more confident about qualitative research
- Opportunity to apply knowledge learned through group tasks
- It was easy and logical to follow
- Practical examples really helped too
- Use of real and relevant examples
- Focussed and left with skills to move forward

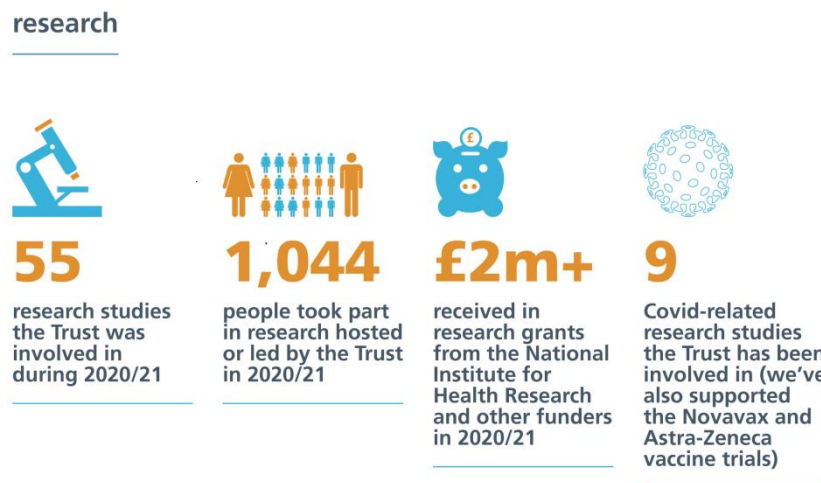
- Good split between listening and participation

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

The number of patients receiving NHS services provided or sub contracted by LYPFT in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was **1044**. This figure is formed from a combination of service users, carers and staff.

The R&D team supported the Oxford/Astra Zeneca and Novavax vaccine trials and recruited to nine Covid-related research projects during 20/21.



## Involvement of service users and carers

The “Help from Experts by Experience for Researchers” (HEER) group, facilitated by the R&D team moved its monthly meetings to Zoom and continues to meet virtually to discuss research ideas, study detail, promotion and dissemination with a wide range of researchers who found their input invaluable.

## 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

LYPFT's income in 2020/21 was **not** conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the revised arrangements for NHS contracting and payment during the COVID-19 pandemic.

The operation of CQUIN (both CCG and specialised) for Trusts was suspended for the period from April to March 2021; providers needed therefore not to take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data.

### The percentage of patients who were followed up within 72 hours following discharge from inpatient care during the reporting period

We currently have a **standard of 80%** for patients to receive a follow up review within 72 hours of discharge from inpatient services. Performance improved incrementally during the year with quarter 4 the highest at 87%.

80% Standard	Q1	Q2	Q3	Q4
2020/21	76.7%	80.1%	81.5%	87.0%

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

- The Trust routinely monitors performance and data quality for this metric 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 supporting documentation to ensure staff understand the requirements
- The Trust will continue to monitor performance for follow up within 72 hours 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 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			2020-21		
	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	2	0	0.0%	2	0	0.0%	3	0	0.0%	4	0	0.0%	11	0	0.0%
16+	354	17	4.8%	404	8	2.0%	413	9	2.2%	397	14	3.5%	1568	48	3.1%
<b>Summary</b>	<b>356</b>	<b>17</b>	<b>4.8%</b>	<b>406</b>	<b>8</b>	<b>2.0%</b>	<b>416</b>	<b>9</b>	<b>2.2%</b>	<b>401</b>	<b>14</b>	<b>3.5%</b>	<b>1579</b>	<b>48</b>	<b>3.0%</b>

*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.

*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**

Each year our Trust takes part in a mandatory survey led by the Care Quality Commission (CQC) to ask our service users their views about the support and care they receive from our Community Mental Health Teams. On Tuesday 24 November 2020, the CQC published our results.

We are pleased to report that the majority of our results were placed in the intermediate 60% of all the 55 trusts and mental health providers surveyed and several of our results were in the top 20% range. It was also encouraging to see that the majority of our scores showed improvement from last year.

[You can read the full report here.](#)

330 service users took part in the 2020 survey (compared with 253 in 2019). The survey was completed between February and June 2020. It's important to acknowledge that the Covid-19 pandemic started during this period, which may have impacted on some of the results.

### **Areas to celebrate!**

We scored in the **top 20%** compared to other trusts in the following areas:

- Service users said that they had seen staff often enough and were given the time to discuss their needs, their treatment and share how their lives were affected by their mental ill health
- People felt they got the help they needed when they contacted us
- They could ask about their medication and what it was for
- They were supported to find work or other activities to join in with
- They felt they were treated with dignity and respect

### **Areas to improve!**

There are some aspects of care that service users said we are not doing so well, in comparison to other mental health trusts.

We scored in the **bottom 20%** of trusts nationally in the following areas:

- Having a specific annual meeting to review care with service users themselves
- Checking how service users are doing with their medication
- Involving service users in deciding what therapies they would like to use
- Supporting people with their physical health
- Involving family or friends as much as the service user would like

### **And so what – How have we used the results of the survey?**

We formed a working party to see how we could use these results in order to celebrate our successes with our staff and also to think about how we could use the feedback to improve our community services. We engaged with our staff to gain their commitment to making changes. We also sent out a survey and formed a group involving service users and carers from our Working Age Adults Mental Health Community Service to help us to “re-set” their service by listening to their views and ideas.

Unfortunately due to the clinical pressures on teams with regards to the Covid-19 pandemic, the above work had to be stepped down temporarily.

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



**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.

- 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 and have continued through the pandemic.
- 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.

LYPFT have continued meeting regularly with CQC during the reporting period and providing information to the CQC on complaints, incidents, clinical governance, change to services and learning.

For areas rated as require improvement we have created action plans, 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. Instead of trust wide monthly meetings the Nursing Directorate supported the individual services in regular discussions to progress action plans where possible.

Clinicians and frontline staff had limited capacity to address action plans and CQC agreed with Trusts that other emergency activities took priority during this whole reporting period.

**The CQC has not taken enforcement action against LYPFT during 2020/21.**

## 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
<b>Overall</b>	Requires improvement ↔ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019

## Information Governance (IG)

The Trust completes an annual self-assessment against the NHS Digital Data Security & Protection Toolkit, based largely on the National Data Guardian's Data Security Standards. Now in its 3rd annual iteration, this is the successor to the former IG Toolkit.

Due to the impact of COVID-19, the usual 31<sup>st</sup> March reporting deadline was revised by NHS Digital in recognition of the pressures created by the pandemic. As a result reporting for 2019-2020 was moved from March to 30<sup>th</sup> September. The Trust reported a position of 'Standards Met' at 30<sup>th</sup> September 2020, meeting the required evidential standard for all Mandatory Assertions and maintaining the standard achieved in the previous reporting 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.

At the time of writing the Trust is at the latter stages of finalising our DSP Toolkit evidence base for 2020-2021 towards publication on 30<sup>th</sup> June – once again reflecting a COVID-affected revised timeline as advised by NHS Digital. Work is underway to verify our evidence base against the new national DSP Toolkit audit framework.

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

- Working at pace to deliver the Information Governance sign-off of new & innovative methods of staff / service user contact, to facilitate remote consultations & agile working during the COVID-19 pandemic through the use of secure video conferencing platforms
- Servicing DPA subject access requests against the statutory 1 calendar month timescale, with compliance at >94% reviewed on a rolling 12-month basis despite the impacts of COVID-affected working.
- 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 / DPA-2018, resulting in no reportable incidents since implementation.
- Delivering the highest levels of clinical coding accuracy for Finished Consultant Episodes, with an external audit confirming outstanding accuracy standards of 100% for Primary Diagnosis and >90% in Secondary Diagnosis, despite the roll-out of a new electronic patient record system in this reporting year.
- 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.



## Payment by Results

LYPFT was not subject to the Payments by Results clinical coding audit during 2020/21 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, in accordance with the Learning from Deaths Policy.

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.

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 General Practitioners (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
<b>Total number of deaths reported and reviewed 1 April 2020 – 31 March 2021</b>	<b>103</b>	<b>60</b>	<b>62</b>	<b>70</b>

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 (312 incidents) are low in comparison with those reported as severity 1 and 2 (10030 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 (LeDeR). 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 2020 and 31 March 2020 we were registered by the Coroner to be involved in **22** inquests, all of which have been concluded. From these inquests, LYPFT received **NIL** 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 (%)
20-21 Q1	678	2	0.29	5	0.73
20-21 Q2	2739	5	0.18	3	0.10
20-21 Q3	1299	0	0.00	8	0.61
20-21 Q4	1246	1	0.08	2	0.16
<b>Totals:</b>	<b>5962</b>	<b>8</b>	<b>0.55</b>	<b>18</b>	<b>1.6</b>

\* This is the number of deaths reported as serious incidents in accordance with the framework

Between 1 April 2020 and 31 March 2021 a total of 7441 patient safety incidents were reported on the Trust's incident reporting system DATIX. Of these incidents 308 (4%) 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
20-21 Q1	407	213	34	2	22	678
20-21 Q2	1755	820	113	5	46	2739
20-21 Q3	878	359	46	0	16	1299
20-21 Q4	802	373	53	1	17	1246
<b>Totals:</b>	3842	1765	246	8	101	5962

## 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 6 months we produce quality reports which provide an overview of pressure ulcers and falls. These provide an outline of incident data relating to pressure ulcers and falls within LYPFT services and any shared lessons and improve patient safety.

### Falls

Our falls are reviewed by severity as follows:

	Harm level 1 <i>(no harm sustained)</i>	Harm level 2 <i>(minimal harm, increased observations, minor interventions)</i>	Harm level 3 <i>(Short term harm medical treatment needed)</i>	Harm level 4 <i>(Longer term harm where surgery needed (such as a fracture))</i>	Harm level 5 <i>(Death has occurred due to incident)</i>	Trust wide total
<b>Quarter 1</b>	137	44	5	0	0	186 total number of falls
<b>Quarter 2</b>	196	53	3	0	1	253 total number of falls
<b>Quarter 3</b>	144	48	3	1	0	196 total number of falls
<b>Quarter 4</b>	118	43	0	0	0	161 total number of falls
<b>Trust wide Total</b>	595 (75%)	188 (24%)	11 (1.3%)	1 (0.1%)	1 (0.1%)	796 total falls Q1-Q4 2020/21

During 2020-2021 the Trust, including Specialist Supported Living, recorded a total of 796 falls.

The 2020-21 data sets include falls where the fall was witnessed, unwitnessed or where the service user placed themselves onto the floor. During 2020-21, 75% of all falls resulted in no harm, and 24% of falls resulted in minimal harm, increased observations and minor interventions.

During this period, a death did occur following a fall, this incident has been investigated with a comprehensive review and involved the service users family.

Good practice was identified during the review as follows:

- The falls risk assessment was reassessed and evaluated throughout the inpatient period

- Early referral for Physiotherapy and Occupational Therapy as part of a falls prevention plan
- Recognition of the service users need to be independent and balancing this with known risk of falls.
- Effective safety huddles, highlighting the service users falls risk
- MDT decision making regarding medication changes
- Regular telephone contact with service user's wife.

Areas of learning identified by the review is as follows:

- There was a missed opportunity to consider investigation into the service users neck flexion during the inpatient episode

### **Additional Examples of improvements arising from cases of falls include:**

- ❖ Clinical staff and leads use of dashboard to monitor falls within their clinical areas
- ❖ 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.
- ❖ Falls audit in relation to the use of the falls multi-factorial risk assessment at The Mount inpatient services
- ❖ Continued participation in the National Participation in National Audit of inpatient falls (NAIF)
- ❖ Involvement with regional and national forums.
- ❖ Due to the COVID-19 Pandemic and resulting pressure of staffing levels, the Falls & Pressure Ulcer Improvement was stepped down, however, during this time clinical staff continued to review incidents, and share local and national learning. From quarter 1 2021-22, with a reduction in current COVID-19 cases, and return of shielding staff, the full Falls & Pressure Ulcers Improvement Forum has been a relaunch and continues this important improvement work.

### **Pressure Ulcers**

During 2020-2021 8 pressure ulcers occurred during their inpatient stay.

Of these 8 incidents, 5 was categorised a grade 1 (Non-blanchable erythema of intact skin: persistent redness in lightly pigmented skin) and 3 incidents were graded as a category 2 where partial thickness skin loss involving epidermis, dermis or both, could show have shown as an abrasion or clear blister.

As part of the monitoring and learning process, these incidents have been reviewed and fed back through to the teams. Review and discussion of reported skin damage illustrates that clinicians are noting potential and actual damage, and each incident report of pressure ulcers examines the use of a validated pressure ulcer risk assessment tool, identification of risk factors (such as continence needs, mobility needs, and nutritional needs), involvement of specialist tissue viability nurses, particularly where pressure ulcers are 'ungraded' and the use of appropriate pressure relieving equipment such as seating and mattresses.



## 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 continued to implement the duty system to increase efficiency in response to staff seeking support and advice on safeguarding concerns. The duty system was extended to include out of hours and weekends during the first COVID lockdown and has now returned to operate over office hours. Similar to the previous year, the duty system has given advice to approximately 1200 concerns.

Staff are made aware of how to contact the team through a variety of methods including training, safeguarding supervision, 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 the new flexible learning package was introduced towards the end of 2020 after a successful pilot and consultation. Initial Level 3 face to face training was quickly moved online during lockdown. Approximately 1100 staff in the organisation require this level of training. Uptake and compliance has significantly improved and Children's Level 3 training is now at 81%, and with the newly required Adult Level 3 training on track at 77%. Training 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. Prevent training compliance remains high at 94%.

In response to the increasing amounts of concern and advice in relationship to Domestic Violence and Abuse (DVA), the level 2 DVA online training was made compulsory in 2020 and continues to be an integral part of all safeguarding training and supervision.

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

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. This also includes identification of young carers, and the LYPFT safeguarding team are working with the LYPFT patient experience team and Family Action - a young carers support service. Family Action is currently providing virtual training for the Trust. The safeguarding team and patient experience will continue to work together to raise awareness of young carers.

The safeguarding team continue to facilitate Child safeguarding supervision based on the Morrison 4x4x4 model, giving clinicians and teams support and a reflective space to enhance understanding and improve safeguarding practice. Again this has been moved onto virtual online formats throughout the last year, both for planned and ad hoc supervision sessions.

This safeguarding team has continued to further embed the 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 remain actively involved with safeguarding investigations, including domestic homicide reviews, child and adult safeguarding reviews. The learning and recommendations from these investigations and events are actioned through the Trust's governance arrangements. The Trust safeguarding team also has made significant contributions to new and revision of existing regional safeguarding policies and procedures in the past year.

A new Safeguarding dashboard has been created on Care Director this year and enables all safeguarding information to be accessed and viewed quickly by clinicians. The new Datix Advice form used by the safeguarding team since April 2020 is enabling better data collection and progression and recording of safeguarding advice.

We have established our governance in relation to MAPPA (Multi Agency Public Protection arrangements) and the Deputy Head of Safeguarding holding a lead role in this area. The Trust is now an active member of both North Yorkshire and West Yorkshire MAPPA governance groups and the Trust MAPPA policy was ratified last year, and staff learning and support remains a priority over the forthcoming year to ensure that our service-users, their families and the public are as safe as possible.

## Mental Health Legislation

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 training for inpatient and community staff across the Trust which includes the MHA and MCA/DoLS. We have redesigned the training and 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.

### 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 can provide a poorer experience for both service users and their carers. We have a clear aim to ensure that people are treated 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.

In these circumstances people may be placed in a bed within the independent sector which is outside of Leeds, these beds are only used when absolutely required and no alternative option has been identified.

The Trust has been working with our independent sector providers to ensure that service users who are placed out of area receive a good quality of care and return to their community as soon as they are ready for discharge. Quarterly monitoring meetings are held jointly between the independent sector provider and the Trust. These meetings are led by the Operations Manager for Capacity & Flow, and supported by the Specialist Practitioner / Nurse Case Manager who oversees all acute and PICU placements, and the clinical procurement team. To date these meetings have worked well to establish relationships and an effective way of working together, and are supported when required by meetings between the Head of Operations for the acute service line and the independent sector provider relationship managers.

The specialist practitioner / nurse case manager has visited every provider that the Trust has used and meets regularly with clinical teams and service users as part of her day to day work. Prior to the Covid-19 pandemic the majority of this was done by visiting the hospitals (which provides an additional direct opportunity to observe the environment, care delivery and speak informally to people); currently much of this is done virtually, with visiting only when indicated.

In addition the specialist practitioner monitors all CQC reports for the independent sector providers. Where any concerns arise – including concerns relating to safeguarding – we have established an effective Leeds system approach to this, incorporating our safeguarding team alongside clinical and operational colleagues, and both the CCG and the local authority.

To date, we have been discussing issues relating to service delivery, individual patient issues and pathway issues in the regular joint meetings, which of course has also included discussions about quality. However, as part of the development of the relationship with the independent sector providers and in order to strengthen and systematise the monitoring of quality provided by the placements, we have been developing a dashboard which is now being introduced to the Quarterly provider meetings.

The dashboard will review and discuss the following issues relating to clinical activity over the last quarter:

Complaints / Concerns	To monitor frequency, issues arising / trends and outcomes of the complaints
Positive feedback recorded	To monitor any unsolicited positive feedback & trends
Delayed discharges / transfers	To monitor pathway issues and identify any gaps / trends resulting in delayed discharge
Mental Health Act issues	To record & monitor any issues relating to the use of the Mental Health Act and resultant actions required (link to LYPFT MHA Operational Group)
Significant Incidents	To review any significant incidents relating to LYPFT service users and any resultant actions
CQC visits / reporting	To ensure all CQC visit issues and resultant actions are shared and monitored jointly
Service User Experience – feedback mechanism	To share and consider feedback obtained by the provider through any formal service user experience collection process
Carer feedback / experience	To share and consider feedback obtained from carers relating to the placement
Clinical outcome data	To share and consider clinical outcome data available from provider and consider effectiveness of the pathway

Where information is not currently / routinely available, we will work with the provider to agree a mechanism to begin to provide this information during the next quarter.

In addition to the above, the complex rehabilitation pathway has developed and implemented a process of regular Quality Review for independent sector / out of area providers, whereby the Specialist Practitioner / Nurse Case Manager undertakes, with colleagues, an on-site quality review on a minimum basis of once per year, using an agreed quality tool. This looks in detail at areas of care delivery (such as environment, engagement, care planning, activities & interventions) and involves speaking with service users and staff. Our plan is to replicate this process for the acute & PICU services within the next few months, subject to changes in visiting restrictions.

Within the service the teams are working on achieving excellence throughout the inpatient wards and are part of The Acute Care Excellence programme. This work is a programme of continuous improvement across all areas covering admission, the inpatient stay and the transfer of care. We aim to reduce our length of stay and delayed transfers in order to support our aspiration of eliminating out of area placements.

## 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
2020	2802	67%	70%	84% - 47%
2019	2616	64%	66%	81% - 38%
2018	2459	64%	65%	81% - 38%
2017	2419	59%	63%	86% - 42%

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

The COVID-19 pandemic placed unprecedented challenges across our services and colleagues. In order to ensure the safety of patients and staff all services across the Trust had to adapt to provide clinical care and manage clinical risk in novel ways. This required huge flexibility, adaptability and resilience from our colleagues.

We see 67% as a positive outcome as:

- A 4% increase from our 2019 score in the midst of an incredibly challenging year for our staff shows fantastic progress
- We have continued to see a year on year increase for this score from 2015 onwards

80% of our staff consider that the 'care of patients/service users is my organisation's top priority' which is a 2% increase on the 2019 score for this question.

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

- Continuing our focus on health and wellbeing with an increased variety of supportive interventions and the recent appointment of a dedicated Head of Wellbeing



- Utilising the Staff Survey results alongside the results of other internal surveys on our future ways of working to inform appropriate post-Covid recovery plans
- Looking to implement a 'Staff App' to support organisation-wide engagement
- The continuation of our Effective Manager programme to support leaders across the Trust
- Working with our Staff Networks (Workforce Race Equality Network, Disability and Wellbeing Network and Rainbow Alliance) to ensure LYPFT is an inclusive and supportive place to work and receive care
- Further developing our award and recognition programme to ensure staff feel their hard work is recognised and appreciated

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

**'KF19' reported in the LYPFT 2020 results as Key Question 13c (Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months)**

In 2020 the percentage for this question was 14%, a favourable decrease of 1% from the 2019 score. We are therefore also one favourable percentage point below the sector average of 15%.

And;

**'KF27' reported in the LYPFT 2020 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 2020 the LYPFT percentage for this question was 87% which is a 2% increase on the 2019 score. The sector average for this question was also 86%.

## SECTION 4

### Our quality improvement priorities for the forthcoming year

#### Development of our Quality Improvement Priorities (QIPs) for 2021/22

Development of our QIPs for 2021/22 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 2019/20 Quality Report and Account
- Engagement and meetings with key staff, service leads and our leadership team
- 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 (March 2021)

*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 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.

#### 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 2021/22 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.

## Safe

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

Our 2021/22 QIPs for improving safety are:

Quality priority	Projected quality improvement outcomes 2021/22	Progress monitoring and reporting measures
<b>S1</b> <b>Patient Safety</b>	Safety Planning across the Services	<p>We have agreed this is priority work for the Practice Development Team. Members of the team have now returned to their substantive roles following redeployment.</p> <p>We will agree a schedule of work and priority areas/teams, along with continuous improvement plan involving further training and audit.</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
<b>E1</b> <b>Physical Health</b>	<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"> <li>– antipsychotic side effect monitoring</li> <li>– lifestyle review and support to access community services.</li> </ul>	<p><b>Community Weight Management Project</b></p> <p>We will develop community weight management project protocol (PHE funding) targeting SMI population prescribed antipsychotic medication.</p> <p>We will map community provision and integrate into pathway development. Progress recruitment, delivery and evaluation.</p> <p><b>Improving oversight and reporting for cardio metabolic assessment</b></p> <p>We will develop a Care Director dashboard to report PHMIT activity data</p> <p>We will review and agree Care Director recording requirements to ensure accuracy of reporting.</p> <p>We will ensure dashboard data is fed back to PMHIT and included in operational reporting.</p> <p>We will support ongoing development and use of dashboards for service</p>

		<p>improvement.</p> <p><b>Clozapine pathway development</b> We will continue the improvement project supported by Clinical Improvement Team to improve consistency and quality of monitoring and interventions provided to service users prescribed Clozapine, including side effect management.</p> <p>Data collection will include service user experience and measures based on national best practice.</p>
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## Caring

**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
<b>C1</b> <b><i>Always Events</i></b>	Develop Always events	<p>We will establish oversight roles &amp; 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. 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 area will pilot Always Event (at Clinical Governance).</p> <p>We will establish the aim statement. Benchmark one area and implement Always Event.</p> <p>We will test the change idea (PDSA).</p> <p>Always Events progress will be monitored through the Patient Experience Sub-group on a quarterly basis.</p> <p>We will evaluate progress and plan for 2022/23.</p>
<b>C2</b> <b><i>Physical Health</i></b>	Reducing harm via Nicotine management and e-Cigarette use	<p>We will review the effectiveness of the smoke free champions and deliver carbon monoxide testing for all smokers.</p> <p>We will maintain regular forums and review our processes.</p>

## 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
<b>R1</b> <b>Patient Experience &amp; Feedback</b>	Triangle of Care	<p>We will restart the Carer Sub group. The triangle of care steering group will review stage 2 - submission paperwork and assess readiness to progress.</p> <p>We will continue monthly updates to be navigated internally and externally with the support of the communications team.</p> <p>We will start the accreditation document. The Patient Experience Team will coordinate and hold oversight of service contributions.</p> <p>Submission will be agreed by the 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 the application for accreditation</p> <p>We will communicate successful submission internally and externally.</p> <p>Representatives will meet with accreditation panel to champion submission document.</p> <p>We will manage outcome, lessons learnt and sharing of good practice.</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
<b>W1 Patient Experience &amp; Patient Safety</b>	Autism Awareness Training	<p>We will commence staff recruitment.</p> <p>We will set up service user involvement and develop new training materials.</p> <p>We will launch autism e-learning package on ilearn and staff autism survey.</p> <p>We will develop the enhanced consultancy model and begin face to face autism training program.</p> <p>We will launch enhanced consultancy service.</p>
<b>W2 Quality Improvement</b>	Supporting the development of clinical leadership for quality.	<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> <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> <p>Working with Clinical Effectiveness Team colleagues and using the evidence base described in the "Building our clinical leadership together" paper in relation to the qualities of good clinical leadership, work will be completed with frontline staff and teams to illicit the views / voice of the recipients of clinical leadership and use the feedback gained to develop clinical leadership within the Trust.</p> <p>The aim is to use the outcomes / finding from this work to support some key work streams in developing clinical leadership with in the Trust for example; using information to advertise, interview and recruit clinical leaders with the attributes needed to drive the culture for effective clinical leadership, use information within clinical leads appraisals, develop / identify training needs etc.</p>

## SECTION 5

### Statements from others on the Quality Report and Account and LYPFT response



Thank you for this opportunity to comment on your Quality Account. Last year we said that we were impressed with the level of ambition set out around using peoples experience to improve your services. We are pleased to see that the patient and public voice activity looks both comprehensive and wide ranging, with the launch of the 'Patient and Carer Experience Strategy' and the commitments to 'you said, we are doing' reporting being particularly welcome. Care does need to be taken however, that the active Service Users' Network isn't allowed to continue indefinitely without the direction of the overall Patient Experience and Involvement Strategic Steering Group, especially as this group had been temporarily stood down.

Whilst the Quality Account refers to the inevitable impact Covid has had on your services, there doesn't appear to be any reference to the effect this has had on waiting times to access services and what the Trust is doing to catch up.

We know from our own Healthwatch mental health crisis report that many people, including young adults, were waiting excessive amounts of time to access 'talking therapies' etc, this situation could only presumably have got worse with the pandemic, if so what is being done to improve access/speed of referral?

Another thing to note, perhaps for this coming year, is that nationally there have been delays with people suspected of having dementia being seen by memory clinics, is this the case in Leeds and what strategies are being undertaken to address this eg weekend clinics etc?

Over the last year we have had a heavy focus on mental health in our work so it has been pleasing to be able to have representatives from the Trust join us in work we are leading on 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.



**Leeds and York Partnership**  
NHS Foundation Trust

Trust Headquarters  
2150 Thorpe Park  
Leeds  
LS15 8ZB

Date: 30<sup>th</sup> June 2021

Mr Stuart Morrison  
Healthwatch Leeds  
Community Interest Company (CIC) 9542077  
Ground Floor  
The Old Fire Station  
Gipton Approach  
Gipton  
Leeds LS9 6NL

Dear Stuart

**Re: Quality Report and Account 2020/21**

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 the patient and public voice activity which you commented looked both comprehensive and wide ranging, with the launch of the 'Patient and Carer Experience Strategy' and the commitments to 'you said, we are doing' reporting.

I note that you advised care needed to be taken to ensure the active Service Users Network isn't allowed to continue indefinitely without the direction of the overall Patient Experience and Involvement Strategic Steering Group, especially as this group had been temporarily stood down.

Although the physical meetings of the overarching Patient Experience and Involvement Strategic Sub Group (PEISSG) were stood down after December 2020, due to the pandemic and associated clinical pressures, there has never been a waiver in the commitment to working towards achieving the priority aims identified in the Patient and Carer Experience and Involvement Strategy. The Patient Experience Team (PET) have continued to lead on the actions already identified by the Experience, Carer and Involvement sub groups, which report back to the PEISSG. The PET have provided regular updates to the members of the PEISSG from December 2020 onwards, including Healthwatch, to provide a transparent and clear overview as to how work has continued or indeed in some cases had to be put on hold with regards to achieving priorities set out in the strategy. Please find the update reports attached for your information dated Feb 2021, Apr 2021 and Jun 2021.

I would also like to take this opportunity to clarify the purpose of the Service User Network (SUN). The Service User Network is an autonomous group which is co facilitated by service users and carers to use their lived experience to influence decision makers to introduce positive change and to share helpful resources and information. The agenda items of each meeting are decided

upon by the members of the group. Members identify which guest speakers they want to hear from and whether they want to be involved in specific work within the Trust or with our partnership organisations. They also act as a reference group with all things regarding patient and carer experience and of course support some of the work identified in the 3 sub groups; however they do not solely meet to carry out priority areas, set out in the strategy and the PEISSG does not set their agenda.

I have attached a link to an animation played to the members who attended the December meeting of the PEISSG to aid your further understanding of the group:

<https://www.youtube.com/watch?v=mae0nwmYyWA>

Within your response you also acknowledged that whilst the Quality Account referred to the inevitable impact Covid has had on our services, that there didn't appear to be any reference to the effect this has had on waiting times to access services and what we have been doing to catch up. You further commented that you know from your own Healthwatch mental health crisis report that many people, including young adults, were waiting excessive amounts of time to access 'talking therapies' etc.

The Covid pandemic has clearly resulted in increased waiting lists for a number of our services, or has extended waiting lists that were already in existence. We have adopted a standard approach to support our services to both quantify and then plan to address waiting lists. We recognise that each service may require different actions to do this and there is a finite limit to additional staffing capacity that is available to support with this. Each service has therefore developed a reset plan, which outlines the actions being taken to address waiting times (and other issues that may have arisen as a result of the pandemic). Examples of actions being taken across the services include:

- the introduction of new roles (including from within voluntary and community sector partnerships),
- changes to service pathways & processes to increase capacity and throughput,
- focussed interventions around health inequalities and supporting access from minority groups,
- development of new group interventions and remote / virtual interventions,
- where possible temporary increase in staffing within services to create increased & focussed capacity.

You also referred that nationally there have been delays with people suspected of having dementia being seen by memory clinics, and asked if this is the case in Leeds and what strategies are being undertaken to address this.

In relation to Memory Assessment services, the pandemic certainly had an impact on service delivery and waiting times for diagnosis. As a result, this was prioritised and a detailed 'catch up' plan was developed and implemented by the service. This included introducing a revised assessment pathway including significantly more home visits as opposed to clinic based

appointments, guidance to support neuropsychological testing remotely, and prioritising / increasing capacity to help address the waiting lists and diagnostic backlog. This plan continues to be implemented currently (and overseen within our Trust Governance processes) and we are also working jointly with Commissioners and 3rd Sector Partners to identify additional temporary capacity to support this. This includes a temporary increase in our staffing resource and a digital inclusion offer to support service users who are not able to access remote technology.

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 for all, 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 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  
Director of Infection Prevention & Control

Encs

## Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2020/21 Quality Report and Account. This includes, but is not limited to many of our staff, service and professional leads, the Senior Management Team and the Board of Directors.

Tribute should be paid to the continued loyal commitment from our service users and carers who continue to give up their time to be involved, in order to have their voices heard to implement positive change.

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.

The last year has been particularly challenging with a time for reflection, at times of sadness for those of us who have lost loved ones and those we care about. We would like to dedicate this report to our staff members and service users who have sadly died from Covid-19.



Picture above:

A memorial bench, which has been engraved with a special phrase - "Have a good shift", which Mr Khuli Nkala, Mental Health Nurse, would often say to colleagues.







## Contact Us

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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.

**BREEAM** (Building Research Establishment Environmental Assessment Method) - is the world's leading sustainability assessment method for masterplanning projects, infrastructure and buildings. It recognises and reflects the value in higher performing assets across the built environment lifecycle, from new construction to in-use and refurbishment.

**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

**MAZARS:** is a global audit, accounting and consulting group. Mazars can provide a range of audit and advisory services to NHS organisations. Following the notable death of Connor Sparrowhawk in 2013, Mazars was commissioned by NHS England in 2014 to review the deaths of people with a learning disability or mental health issue in contact with Southern Health NHS Foundation Trust.

**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 and pharmacists have been allowed 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.

**One You Leeds:** is a free local healthy living service designed to support Leeds residents to start and maintain a healthy lifestyle.

**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 task.

**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**