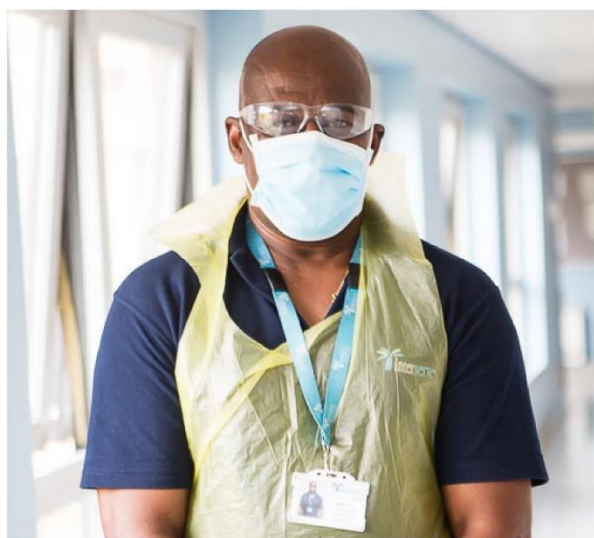


Quality Report and Account

2021 - 2022



Quality Report and Account

2021/2022

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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 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](#):

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**

- Acute wards for adults of working age and psychiatric intensive care units
- Adult Attention Deficit Hyperactivity Disorder (ADHD) Service
- Autism Diagnostic Service (LADS)
- Alcohol and Drug services: Forward Leeds
- Blue Light (emergency services mental health support)
- Care Homes Team
- CFS / ME Service (Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis)
- Child and adolescent mental health wards
- Children and Young Peoples Mental Health Service (CYPMHS)

- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Forensic inpatient services
- 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
- Rehabilitation and Recovery Inpatient Services
- Liaison Psychiatry
- Perinatal Service
- Veterans Service
- CREST
- EMERGE Leeds: Complex Emotional Needs Service
- Healthy Living Service
- Memory Assessment Service
- Younger People with Dementia Services

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 values

We have integrity

We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.

Behaviours that uphold our values

- We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others.
- We give positive feedback as a norm and constructively challenge unacceptable behaviour.
- We're open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.

We keep it simple

We make it easy for the communities we serve and the people who work here to achieve their goals.

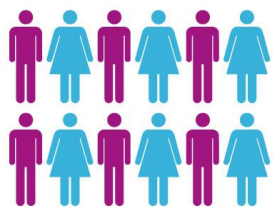
- We make processes as simple as possible.
- We avoid jargon and make sure we are understood.
- We are clear what our goals are and help others to achieve their goals.

We are caring

We always show empathy and support those in need.

- We make sure people feel we have time for them when they need it.
- We listen and act upon what people have to say.
- We communicate with compassion and kindness.

our Trust in numbers



798k+

people we
provide services
to



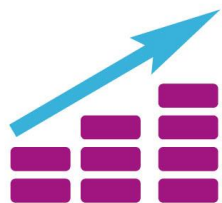
39

services we
provide



Good

our overall CQC
rating



£225.7m

annual turnover
for 2021/22



62

sites we operate
from

our people



3,575

staff



556

bank staff



195

medical staff,
including
consultants,
doctors and
registrars



828

other clinical
staff, including
health care
support workers



796

registered nursing
and midwifery
staff



223

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



196

allied health
professionals,
including
occupational
therapists and
dietitians



781

admin and non-
clinical staff



93

volunteers



185

members of our
Workforce Race
Equality Network
(WREN)



226%

increase in
membership of
our Disability
and Wellbeing
Network (DaWN)



23

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

our services and service users



88%

of staff feel
their role makes
a difference to
service users



78%

of staff feel
satisfied with the
quality of care
they deliver



21

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



18

service users and
carers supported
our recruitment
panels



397

compliments
received by the
Trust in 2021/22



36

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

our Trust online



21k

the average
number of
visitors to our
website each
month



350

Facebook posts



572

Twitter posts



3,591

page fans
on Facebook



9,092

Twitter followers

SECTION 1

Statement of quality from the Chief Executive

In a year once again dominated by the Covid-19 pandemic, our colleagues have continued to work tirelessly to provide high quality care and services to the people we serve. Many sacrifices have been made and as I have recommenced face to face service visits I have been truly humbled by the first-hand accounts of colleagues and of service users. I have been equally inspired and in awe of the progress that has continued in developing our services and implementing our plans for the future that will benefit our service users. The passion, commitment and dedication of all at LYPFT is clear to see.



The Trust's Quality Report and Account 2021/2022 gives us an opportunity to share some of the important work we have done throughout the year and to celebrate our achievements. I hope this reflects some of the outstanding work our services have continued to deliver during these challenging times.

We have seen teams continue to work creatively as the Covid-19 pandemic has continued. We worked alongside partner organisations to support the on-going vaccination campaign, with the introduction of the booster vaccine in September. The vaccine programme across Leeds had fantastic uptake and what everyone has achieved is incredible. People who have a serious mental illness or a learning disability are especially vulnerable and I am proud of the work we have led to achieve high rates of vaccine uptake for these groups.

We continue to be committed to supporting the well-being of our community and workforce. We have pledged our support to the Equally Well UK Charter alongside 60 other organisations to tackle physical health inequalities faced by those living with a mental health condition.

At the centre of everything we do is our workforce and I know how challenging it continues to be for everyone across the health and care sector. The pandemic has amplified staffing challenges and for many services demand is far greater than we are able to meet in the way that we would want to. This is going to take time, but our leadership teams have been working hard in the latter part of the year to develop longer term plans for how we better meet the needs of those we serve in the coming years.

When the pressure has been greatest, we have unfortunately had to redeploy staff to other areas of work to ensure we keep everyone safe. This is never easy and I am immensely grateful to everyone who has been affected by this, for being flexible and keeping our service users safe and cared for.

Acknowledging these challenges, it is therefore only right that we continue to place an ever-increasing focus on ensuring our people have access to the help and support they need, when they need it.

In March 2022 we launched our People Plan. This ambitious and exciting plan sets out our vision and commitments over the coming years. It builds on work that we have already been doing and is closely aligned to the NHS People Plan. It sets out what we will do to continue to engage,

retain and recruit colleagues. We want LYPFT to be a great place to work for everyone, where colleagues know and feel valued for the difference they make in the lives of others.

'Well-being Wednesday' has continued to provide a regular focus during the pandemic and we have significantly expanded our well-being support to staff. This includes dedicated courses from our recovery college and on-site support and facilities for our staff who often find it hard to take time away from the workplace. Our staff networks have seen great engagement over the last year, with the Disability and Well-being Network seeing a 226% increase in membership. All of our staff networks have seen great achievements and have supported the well-being of their members.

A major part of how we work now and going forwards will be collaborating with our partners across health and social care, local authorities, the third sector and many others. In Leeds, we are an active member of the place-based partnership, which will go live in July 2022. The PBP, which replaces the clinical commissioning group (CCG) will see us working across organisational boundaries more than ever before for the benefit of the people we serve. A lot of focus is currently around the capacity and demand challenges being faced by all partners and how, as a partnership, we can work together to provide services in new, innovative and sustainable ways. On a regional level, we have seen the opening of West Yorkshire's new Children and Young People's Mental Health Inpatient Unit, known as Red Kite View, on our St Mary's Hospital site. This fantastic new £20m 22-bed facility is a significant improvement and replaces the previous eight-bed unit at Little Woodhouse Hall. This has been years in the making and could not have happened without our dedicated teams and partners who have led this project to completion. Some of our most vulnerable young people now have access to expert therapy, treatment and facilities in a purpose-built environment close to home.

In other areas of the Trust, we've had several teams and colleagues recognised locally and as part of national schemes – this has been truly fantastic to see and is a testament to everyone in the organisation. It is impossible to highlight every one of these, but one of particular note was that in July we received our Veteran Aware accreditation in recognition of our commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. In the coming year we will be doing much more to support our veterans, both as service users and as employees.

I am sure you will all agree that the last year has been filled with many challenges and difficult times, but equally many opportunities and achievements we should be rightly proud of. As we learn to live with Covid in the long-term, I know we will continue to work together, learn together and adapt together to whatever challenges we may face.

With my deepest thanks and appreciation to every one of my colleagues at LYPFT and to all our partners – including our service users and carers who everyday go above and beyond.

Sara Munro

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 (2021-22), 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 (2022-23), 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 2021/2022 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 2021 – March 2022.
 - Papers relating to quality reported to the board over the period April 2021 to date
 - Feedback from governors received through consultation
 - Feedback from the local Healthwatch received 26th May 2022.

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

16th June 2022 **Date** *Sue Proctor*....**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 five year strategy for 2018 to 2023

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

Our strategy on a page sets this out in a simple way:

Update on our Quality Strategic Plan 2018 - 2022

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.

The work that we do is complex and multi-faceted, to achieve the best results we can, we acknowledge that no one person, no one leader or group of staff has all that is needed. We have to include diverse views and opinions to answer messy and difficult questions.

Our approach to quality must bring together some challenges and tensions and 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 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 5 Dimensions of the Quality Strategic Plan are:

- **Ensure that the conditions are right at the frontline** following the evidence based on leadership, learning and culture. We know that culture is developed in 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 – learn from evidence and make our services reliable; work to understand data and how this helps us improve; learn from when things go right and when things go wrong. We need transparency for this learning to be effective.
- **Know where quality high spots and hot spots are** in order to celebrate and to support, learn from and with all areas of a diverse and distributed organisation.
- **Provide help in a joined-up way where it is needed** using shared and integrated methods.
- **Have systems to help us manage Trust wide priorities** using our quality methodologies
- **Work across 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 is Quality?

Quality means different things to different people, and these different perspectives may at times conflict. Within healthcare, there is no universally accepted definition of 'quality'. However, the following definition from the Institute of Medicine (IOM) was adopted by the Trust in 2019.

[Quality is] the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quality in the context of healthcare is about making healthcare safe, timely, effective, efficient, equitable and patient centred (STEEEP).

 Safe Avoiding harm or injury to service users.	 Efficient Avoiding waste of equipment, supplies ideas and energy.
 Timely Reducing waits and harmful delays for staff and patients.	 Equitable Does not vary because of location or characteristics.
 Effective Based on scientific knowledge for all who could benefit.	 Person Centred Respectful of individual needs and preferences.

Supporting Quality

We have continued to support the organisation's five-year strategy *Living Our Values to Improve Health and Lives*, by ensuring the Quality Strategic Plan continues to underpin the trust's other strategic plans. There have also been structural steps taken over the last period to support quality, these includes:

- Development of posts to support a triumvirate way of working for the Chief Operating Officer, Director of Nursing and Medical Director with infrastructure around clinical leadership, clinical governance and updated operational service lines. This has included working towards a flatter hierarchy – reduced ward to board distance – and the foundations for a collective way of working suitable for our varied services, in contexts of a high degree of external complexity and systems change.
- Pockets of work to embed the Trust's agreed definition of quality 'STEEEP'.
- Safe Reliable Effective Care framework has been developed into a maturity matrix and small test areas have used it directly within their workplace setting.

What next...

Over the next period we will 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 and have the skills to know how to develop it further.

We intend to have a collection of 'lived experience' examples for all element of the plan to help better engage staff and bring it to life, ranging from how services have used the Safe Reliable Effective Care framework to examples of working across boundaries.

There will be a continued focus of collective leadership, working collectively with other supporting departments for its continued development and application. Including, working with services to Identify where extra improvement support is needed, working with them to develop a plan which helps in the short term and mitigates a lasting dependency.

Update on our Medical Strategy

This year, and for the first time in LYPFT's history, we have been able to introduce a medical strategy. This will guide the work within the medical directorate and the wider Trust for the next three-years. The production of the strategy was led by the medical elements of the senior medical directorate leadership team and involved a series of engagement and consultation events. The Medical Directorate is happy to be able to report that the strategy has been formally agreed and work has now commenced to implement its underpinning three-year plan.

To provide the standards of care in the way that that we aspire to, it is essential that we create the conditions necessary for our professional groups to flourish and develop within highly effective teams. The aim of this strategy is to outline the steps and measures that will need to be taken to enable the medical profession in LYPFT to be central to that ambition.



Dr Chris Hosker. Medical Director

The table below sets out the strategy's three priority areas and the vision for the medical workforce that they support:

Medical Strategy 3 Year Vision		
Our medical workforce will be trained, recruited, developed and supported in order to provide sustainable, high quality multi-professional care for those we serve.		
Priority areas		
1	2	3
Medical Professional Standards (revalidation, appraisal and concerns)	Medical Education (under-graduate and post-graduate training, continuing professional development)	Medical Workforce (recruitment, line management, job planning, clinical leadership)

Our aim is to train, recruit and develop the very best doctors within a secure framework focused on wellbeing and regulatory support. In doing so we intend to ensure that we have sufficient medical capacity and expertise for the work to be done and that our doctors are able to work effectively alongside other professional groups to provide safe, reliable, effective, individualised care focused on the current and future needs of service users.



Dr Nick Venters

Opportunities

The Royal College of Psychiatrist and the European Psychiatric Association have described the role of the psychiatrist in detail. They highlight the ability of doctors trained in psychiatry to enhance multi-professional teams due to their expertise in dealing with complex mental illness across bio-psycho-social domains and via their training in research and leadership.

Arriving at the optimum numbers of medical doctors, delivering and leading on the clinical care of mental health and learning disability patients

from within our multi-professional teams, has the ability to both deliver safe, effective and reliable care that is patient centred, while also narrowing the broader health inequality gaps that blight the lives of so many of those that we seek to help. The Covid pandemic, as well as the parity of esteem initiative that predated it, have quite rightly made this a priority area for action and we can only meet this challenge by ensuring that we have the correct level of medical expertise to offer treatments and advocate for the needs of those we serve.



We are proud in LYPFT that our medical workforce is diverse, however more work needs to be done to ensure that the diversity is represented throughout all the layers of seniority that medical careers can offer and within our remuneration reward systems. This strategy seeks to ensure that diversity in the profession is celebrated and that our services are able to benefit fully from the increased levels of innovation and belonging that harnessing differences can bring.

Challenges

For many years psychiatry has been an under recruited specialty. The numbers entering the specialty have not been enough to replace those that retire. A combination of early retirement options for those on the 2003 contract and the tax implications of not taking that option have meant that a number of senior psychiatrists have retired at an age when they might otherwise have remained part of the workforce for a decade or more. Retaining the expertise that sits with our most experienced doctors is something that we want to address in this strategy.

For doctors to be able to fully contribute to the ambitions that we have for our organisation, we need to be able to train and recruit them and then offer working conditions and a culture which encourages them to stay. We also need to be realistic and develop ways of using an increasingly stretched medical workforce, in a way that is innovative and able to add the most value for our service users. Creating innovative approaches to recruit doctors into the organisation and into psychiatry in general, is again something that this strategy will focus upon. Equally creating positive, inclusive and flexible working condition will also be addressed, as will novel approaches to freeing up medical workforce time so that our doctors can focus on the areas of multi-professional working that they are best placed to provide.



Dr Sharon Nightingale

We also know that some of our most senior doctors, despite sometimes holding prominent national roles, are also those that report feeling the most organisationally marginalised. This is not a situation which is peculiar to LYPFT, being widely found throughout the NHS, but is something that we are actively seeking to remedy through our strategy as part of our aspiration of being an employer of choice and an organisation that encourages clinical leadership.



Dr Priyanka Bichala

Implementation of the strategy



Dr Wendy Neil

A comprehensive, funded workplan has been agreed through which the strategy will be delivered.

In order to support that, three significant new posts, specified within the strategy, have already been appointed to. Dr Kouser Shaik has been appointed into the newly developed Equity Action Plan (EAP) lead for medical workforce role. She will focus on creating and implementing an Equity Action Plan to address specific indicators, such as differential attainment in training, pay gap, international medical graduate induction, being short listed/awarded consultant posts and progression in medical leadership and management. Additionally, Dr Peter Niblock has been appointed to the newly developed specialty

doctor appraisal lead role, ensuring that there is a grade specific lens being applied to both consultant and speciality doctor appraisal processes. Finally, as part of the strategy's intention to ensure that changes required around the new speciality doctor contract are catered for, a specialty doctor advocate post has also been created (Dr Eve Randall).

Actions relating to medical education, appraisal, recruitment, retention, line management support, leadership and dealing with concerns will now be progressively introduced over the remaining years of the strategy.

Update on our Nursing Strategy 2018-2022



Cathy Woffendin
Executive Director of
Nursing Quality and
Professions
Director of Infection

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 left is Cathy Woffendin, Executive Director of Nursing, Quality and Professions and Director of Infection Prevention.

The Preceptorship programme for newly registered nurses was temporarily paused in 2021 due to the covid pandemic; however, The Practice Learning and Development (PLD) Team were able to adapt face to face sessions and “hot seat” coaching to suit online delivery. Training and development for Preceptees has embraced MS teams as a learning platform enabling a channel that allows the new registrants to stay connected to each other between Preceptorship Days.

In May 2021 the PLD Team created and delivered its first “Virtual Placement” to support capacity for learning across the Trust. It aimed to enhance the confidence of learners in problem solving, MDT working, clinical reasoning, decision making and documentation. The placement reflects current clinical services offered to service users and carers, but uses case studies in a virtual simulated platform, via Microsoft Teams. To further enhance the delivery model, the team were supported by actors playing the role of service users to demonstrate 20-minute video clips of assessments. Further virtual placements are planned for March and October 2022.

The PLD Team have also engaged with third year student nurses at the following Universities - Huddersfield, York, Leeds Beckett and the University of Leeds. Nurse vacancies have been advertised and the promotion of the LYPFT Preceptorship Programme has been shared. Feedback has been positive, and many of the third-year students have opted to work for LYPFT in 2022.


By March 2022, LYPFT will have 20 Registered Nursing Associates working in various settings. Of the 20 in training, six are currently topping up their qualification to become Registered Mental Health Nurses and one is topping up to become a Registered Learning Disability Nurse. The Nursing Associate workforce continues to grow, with further recruitment planned for 2022/23.




A centralised budget which financially supports the backfill for nursing apprenticeships is now in place. This will inform future workforce plans in clarifying how many Trainee Nursing Associates (TNA) & Registered Nurse (RN) top-up places can be supported on each programme, each year.


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 have good retention rates for this group of staff and one of our first apprentices from 2010 is now completing their third apprenticeship, qualifying as a Registered Learning Disability Nurse. We also have past apprentices now on the

TNA course, demonstrating the career progression routes available for our non-registered workforce.



Apprenticeships
National Apprenticeship Week
8 to 14 February 2021


Health Education England



"I would recommend apprenticeships, the blended learning allows you to learn the theory and put this into practice. You are fully funded therefore, no student debt and you get paid."

Michael Murdoch, Learning Disability Nurse Apprentice, Leeds and York Partnership NHS Foundation Trust

The 2-year nurse rotational programme in the Older Peoples Service and the Acute and Urgent Care and Community Services continues, and an additional nurse has joined the acute pathway. Whilst four of the Registered Nurses recruited to the programme did not complete all three of the rotation blocks, they did step off into substantive Band 5 or 6 roles in one of the rotation areas they were placed in prior to the programme completion. Whilst we understand that some of this group didn't experience the full benefits of the programme, it has been able to support the overall

retention of Registered Nurses in the organisation and attracted external candidates who may not have ordinarily applied for a more traditional post in one clinical area. The programme is now ready to go back out to advert and will include placements in the Eating Disorder Service in addition to the Acute programme pathway.

Our internal staff bank (nursing, administration & Allied Health Professionals) has played an important role in providing safe and effective care to our patients across all service lines. We have just over 550 colleagues working substantively for the bank; in addition to substantive staff working additional hours on the bank. Bank staffing meets peaks in demand as well as providing cover for staff sickness, holidays, and vacancies. The last couple of years have seen unprecedented bank demand, owing to a national shortage in nursing and healthcare staff, exacerbated by the covid pandemic. Despite the challenges, our bank staff have supported frontline services, accounting for up to 33% of the workforce.



The Bank Staffing Department has supported our bank colleagues, ensuring their wellbeing and support needs are met. This continued throughout the pandemic when Bank Forums moved to a virtual space, often led by our CEO, and supported by leaders from Nursing and People & Organisational Development. The Bank Staffing Department strives to create a culture of equality and inclusion for bank colleagues and nearly 100 of this group have been supported to move to substantive positions.

The bank staffing team were the finalists at the prestigious Nursing Times Workforce Awards 2021 in the Diversity and Inclusion category. Although they did not win the category, the accolade and national recognition was priceless.

We have continued to focus attention on the attraction, recruitment, progression and retention of our support worker workforce, creating employment access opportunities with a focus on our Widening Participation and Equality, Diversity & Inclusion agenda.

The Assistant Healthcare Support Worker (ASW) is a new role. It is an entry level position for volunteers / individuals who are new to healthcare to join the NHS. The role however only currently exists in our current staffing model for CAMHS (7 WTE) and outside of this service has only been

used for volunteers (both corporate staff and external). Workforce planning is currently taking place and services have been asked to consider the introduction of this role (Band 2) into their base establishment, forming a career pathway through to HSW and beyond.



We have engaged with the communities we serve promoting careers in mental health and learning disabilities. Initiatives include the launch of the Government's Kickstart programme where we have facilitated ten six-month placements to young, long term unemployed people, with at least one person already gaining a permanent post in our Learning Disabilities Supported Living Service. Work with our Veterans Service to develop employability sessions to support veterans in applying for support worker posts and systems projects to increase engagement with careers in

learning disabilities across the region. Our innovative approach to the recruitment of support staff to our new CAMHS service Red Kite View, which included a targeted campaign for residents of the local area was developed as a case study by Health Education England (HEE) to share nationally as best practice. The work with colleagues across the city to promote careers in health and social care using I Care Ambassadors helps to provide city wide clarity on entry requirements and progressions routes.

We have also 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. As part of this programme, we have recruited a Practice Learning and Development Lead for HSW's to enhance the recruitment, induction, and ongoing pastoral / retention support for this workforce. We have partnered with Indeed recruitment agency to promote and host a series of webinars, sharing and promoting our Apprentice HSW and HSW vacancies. We have seen a reduction of our HSW vacancies and continue to drive this initiative in 2022.



In 2021, with our regional colleagues, LYPFT supported a bid to NHS England / Improvement to recruit five international nurses. We have successfully recruited two Registered Mental Health Nurses so far and secured further funding for an additional five international nurses in 2022. We are working with SWYFT, RDASH, TEWV, BDCT & Humber as a collaborative to establish the infrastructure and share best practice to recruit to these additional posts, with an aim to induct them in the second quarter of 2022/2023.

The recruitment of Learning Disability Nurses has been a challenge. The closure of the learning disability programme at the University of York has left only one local university (Huddersfield) which offers a learning disability nursing programme and of course, all local providers including LYPFT, Bradford and Wakefield would like to recruit their students into their learning disability workforce. Our connections with the course at Huddersfield are strong. Within our learning disability workforce, we have identified 3 I Care Ambassadors whose role it is to promote learning disability nursing and to highlight the opportunities there are within our Trust to work with people with learning disabilities. These ambassadors regularly link with the university and promote our services to the student population and within other settings.



The service has embraced the TNA apprenticeship programme and is keen to support the progression of existing staff members where possible encouraging them to consider becoming Nurse Associates and in turn, Registered Nurses. At present there are four staff members on the TNA programme and one staff member who is an apprentice on the pre-registration programme.

LYPFT learning disability lead nurses have liaised closely with the West Yorkshire, workforce project lead to develop resources to promote Learning Disability Nursing in schools and colleges. As a result of this, it is hoped that future recruitment of Learning Disability Nurses may not be as challenging as it presently is.

Despite the pandemic the present learning disability workforce continues to strive towards providing excellent care when meeting the needs of their client group. A group of nurses from inpatient (3 Woodland Square) and community services, visited London this year as they were shortlisted for a Nursing Times award. It was a fabulous night of celebration, and even though

they did not win, the accolade and recognition was priceless.

Covid has presented many challenges, not least that people with learning disabilities are 6 times more likely to die from covid than other people. To address this, staff, including learning disability nurses from Community Learning Disability Teams (CLDTs), Specialised Supported Living (SSLS nurse managers), inpatients and the Health Facilitation Team (HFT) have worked tirelessly to promote covid vaccines to try and ensure that our service users are protected from covid. The HFT also have produced many pieces of accessible information about covid which can be found on their website (Get checked out - Learning Disability Service (learningdisabilityservice-leeds.nhs.uk)).

The wider workforce strategy plan has helped several teams to identify senior nursing roles such as non-medical prescribers, Advanced Nurse Practitioners, enhanced clinical leadership roles and the provision of opportunities to develop and retain experienced and skilled nurses.

Two nurses have just commenced on the Multi-Professional Approved Clinician Training working in the Eating Disorder Service and Older People's Dementia Inpatient Service. In 2021 we have also just recruited four Trainee Advanced Clinical Practitioners in to our Acute, CMHT and Forensic services.

The Nurse Forum has been paused during the pandemic however we will meet again with senior nurses across the organisation to review the format, with a view to relaunch as the services begin to reset. This will include a role for the Professional Nurse Advocate (PNA) program with our first PNA's graduating in 2022. The PNA training provides those on the programme with the skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond and will have a clear active role in membership of the forums.

It is also important to ensure new starters are supported through the crucial first two years into post. We are reviewing our Induction and support processes to ensure they receive the training they need for their new roles and have access to coaching, mentoring and ongoing development and opportunities.

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*'. 2021 continued to be a challenging year however, AHP's continued to show continued commitment to supporting service users during the covid pandemic. They continuously adapted the way they worked, consistently focussed on improving quality and through this dedication achieved the majority of much of the strategic aims. Key priorities in the strategy were achieved, including: -

- The AHP faculty continuing to grow and develop to support the future workforce, with increasing career opportunities.
- Active AHP research and increased evidence base for AHP interventions in LYPFT.
- Improved leadership and governance arrangements for AHP's.



Marie-Clare Trevett
Deputy Director for Allied Health Professions, Social Workers and clinical workforce development



This year to celebrate all that our AHP's had achieved we brought them together for AHP day in several events at a regional, place and organisational level, including virtual workshops and a park run 'takeover'.

The national AHP strategy review 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.

Social work Developments

For the first time the organisation has a professional lead for social work, to support the development and governance of our growing number of social workers. Soyeb Aswat commenced in post in January 2022 and the focus for his first year will be establishing a clear supervision and continuing professional development offer to social workers employed in the trust, as well as overseeing a robust Assessed and Supported Year in Employment programme (ASYE) for newly qualified social workers.

Update on our Psychological Professions Strategy

The Psychological Professions Strategy was completed last year and presented at both the Workforce and Quality Committee in early autumn. The plan was to have a 'soft launch' of the strategy, but this was delayed as we entered another phase of the pandemic and business continuity. We are scheduled to launch the strategy very soon. Despite the delay, however, the work goes on with the psychological professions still contributing to the ambition of providing outstanding specialist mental health and learning disability services, by being as responsive as possible; working flexibly within teams, continuing to provide psychological therapies both face to face and remotely.

The high level objectives of the [Psychological Professions Strategy](#) are that:

- 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:

- Review of the professional leadership structure which has led to an increase in capacity-responding to the demand for psychological input within the Trust, city, and region.
- Dr. Matthew Gaskell, Consultant Psychologist, Clinical Lead Northern Gambling Service noted for his national leadership on service provision and commitment to improving access.
- New strategic and clinical leadership roles within the Community Transformation Programme, including recruitment of a Consultant Clinical Psychologist and a Senior Clinical Psychologist within the Primary Care Networks.
- Early adopters of new roles; Psychological Apprentices (Clinical Associates in Psychology) and Mental Health and Wellbeing Practitioners, working with individuals with Severe Mental Health Problems.
- Additional clinical leadership positions within the Trust being filled by Psychological Professionals: Dr. Jana Fusekova (R&R/AOT/ Ward 5); Dr. Ruth Sutherland (Red Kite View); Dr. Ashley-Christopher Fallon (Community Rehabilitation Enhanced Support Team, CREST); Debbie Thrush (Community and Wellbeing Services); Dr. Ruth Berry (Learning disability Services); Dr. Laura Charlton (Gender Identity Services).
- New Senior Psychological post within the Leeds Autism Diagnostic Service.



Sharon Prince
Deputy Director,
Psychological Professions

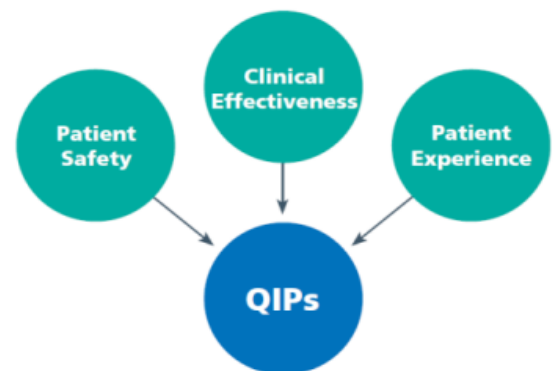
- The secondment of a Consultant Clinical Psychologist, Dr.Gail Harrison, as the Workforce Development Lead, Psychological Professions for the West Yorkshire ICS. A dedicated post to support capacity building, education and training, enabling a more focussed response to supporting the implementation of the Long Term Plan and the expansion of the psychological professions in line with the WY strategy.
- Appointment of a Psychological Professions' Practice Education Lead, Caroline Frascina, focusing on increasing placement opportunities; enabling a broader and more diverse cohort of psychological professionals. In response to the many requests for volunteering opportunities from psychology students, Caroline and colleagues have designed an [information leaflet](#) to support our response and calls for advice.
- As an organisation we have collaborated with mental health trusts across the North East & Yorkshire to develop our cohort of Multi-Professional Approved Clinicians (Non- Medical Responsible Clinicians). We currently have two members of nursing staff in training working into our Older Adults and Eating Disorder Services.
- Sharon Prince, Deputy Director Psychological Professions holds a dual role as Chair of the North East & Yorkshire Psychological Professions Network. This national network supported by NHS England/ Improvement and Health Education England is focused on extending and embedding psychological knowledge and practice across health and care.

Review of our Quality Improvement Priorities (QIPs) 2021/2022

For 2021/22 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 had refreshed these but have also been impacted by the effects from the different variants of Covid-19.

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 six - monthly stages to our Quality Committee. This section details the progress made against each of the QIPs.



We will not be 'retiring' any of the 2021/22 priorities where they are still in progress, unless there is a consensus through our consultation process (see section 4, for further details). 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 2021/22 QIPs remain a priority for us and will continue within the QIPs for 2022/23:

- Safety planning
- Physical health monitoring
- Autism awareness training
- Triangle of care
- Clinical leadership

You can read more about how these and our consultation process for 2022/21 within Section 4.

In the rest of this section you will see the QIPs we developed for 2020/21, what we set-out to accomplish for each QIP, as well as the progress and impact made to date.

Safe

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

Our priority: Safety planning across the services

The plan to provide training was initially impacted by redeployment of practice development staff, which led to delays due to the Covid pandemic. However, this has now been picked up by Patient Safety Managers and the work is now progressing.

What we set out to do

For this priority, our aims and outcomes we wanted to achieve were as follows;

- Deliver training to the 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.
- Evaluate the roll out including a quality audit of completed safety plans. Aim to use data gathered to inform the timetable for further service roll out.
- Continue training and service roll out as agreed via the Safety Planning Implementation Group.
- Review the Clinical Risk Management policy and use that as the foundation for the move to safety planning.



Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

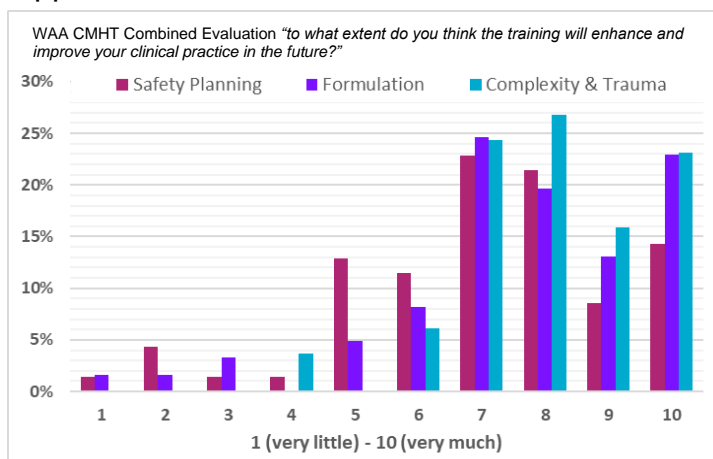
- Revised the safety planning training based upon audit findings, feedback and learning from SI reports. The safety planning training is now a compulsory module as part of the trusts compulsory clinical risk and safety planning training package which includes:
 - E-learning: Clinical Risk Assessment in Mental Health Services
 - Module 1: Clinical Risk: Assessment and Formulation
 - Module 2: Safety Planning

"...I hope to use this [safety planning] throughout working with someone as opposed to just at the end of treatment or following a crisis..."

The safety planning module is under constant review to keep the content relevant and is being explored with the patient and carer experience team to see how its co-produced elements can be further built upon, with support from service users and carers.

The revised training was delivered for IHTT in the Older Peoples Service and Working Age Adult Community Mental Health Team (WAA CMHT) with good feedback regarding both training and implementation.

There were **127** staff trained in complexity and trauma, formulation and then safety planning from Working



Age Adult CMHT. The vast majority of attendees that responded felt that the training would enhance and improve their practice.

Participants were asked to rate “to what extent do you think the training will enhance and improve your clinical practice in the future 1-10?” (1 very little – 10 very much)

- 67% of responders scored 7 or higher for safety planning
- 81% for formulation
- 90% for complexity & trauma
- Risk Assessment task and finish group has commenced, which reviews the existing risk protocol and risk assessment/management tools used in the trust. To date work has included reviewing risk assessment tools available and developing a guide for staff to support them in completing FACE Risk assessments. This guide is now used within the clinical risk and safety planning training and shared with staff as a resource after. The future of the group is to consider revising the risk assessing processes we use in the Trust to be in line with national guidance.

Effective

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

Our priority: Improving the quality of physical healthcare monitoring and the associated interventions.

This priority looked at Improving the quality of physical healthcare monitoring and associated interventions. In particular, it aimed to improve the processes within the physical health monitoring clinics for antipsychotic side effect monitoring and lifestyle review and support to access community services.

What we set out to do

Our aims and outcomes we wanted to pursue to help us achieve this priority were as follows;

- Community weight management project
 - HLS and PHMIT to develop community weight management project protocol (PHE funding) targeting SMI population prescribed antipsychotic medication. Map community provision and integrate into pathway development.
 - Recruitment, delivery, and evaluation to commence
 - Delivery, evaluation, and forward planning based on outcomes
- Improving oversight and reporting of cardiometabolic data
 - Develop CareDirector dashboard to report PHMIT activity data
 - Review and agree CareDirector recording requirements to ensure accuracy of reporting. Ensure dashboard data is fed back to PMHIT and included in operational reporting.
 - Support ongoing development and use of dashboards for service improvement

- Clozapine pathway development
 - Continue improvement project supported by CI team to improve consistency and quality of monitoring and interventions provided to service users prescribed Clozapine, including side effect management. Data collection includes service user experience and measures based on national best practice. Specific actions dependent on iterative process of improvement

Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

- Community weight management project
 - Protocol developed and agreed in partnership with One You Leeds.
 - Recruitment complete.
 - Delivery commenced and evaluation underway.
- Improving oversight and reporting of cardiometabolic data
 - Dashboard for monitoring of cardiometabolic recording has been developed. Development work around reporting accuracy is underway.
- Clozapine pathway development
 - Review of side effect monitoring processes practice against best practice guidance has been completed.
 - Trust audit results were reviewed to understand current practice and variations across the Trust. There was no standardisation in place (as per national guidance).
 - Opportunities identified for increasing positive changes and pathways for intervention. The Trust procedure including when to record, frequency and rationale for side effect monitoring was drafted.
 - Project has had a positive impact on practice and service user feedback.

Caring

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

Our priority: Reducing harm via nicotine management and e-cigarette use.

Due to COVID and the redeployment of the Smoke free Lead to infection prevention and physical health duties the review on the effectiveness of the process for identifying and documenting service users who smoke in the community setting was hibernated during 2020-21. Opportunities to progress the work around training community staff was significantly impacted by Covid19 during 2020-21 due to capacity issues.

What we set out to do

This priority was split into the following two sub-priorities;

- Priority 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.
- Priority 2
 - Increase stop smoking support for community patients in the Trust.

Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

- Priority 1
 - Evidence reviewed for NRT use in the context of the wider stop smoking support offer within the Trust.
 - NRT still has an important role to play to maintain a smoke free site. Trust formally streamlined what is used to support.
 - Cohort of inpatients identified receiving NRT who a) have been using for longer than the recommended 12 weeks, b) continue to smoke cigarettes and/or c) use an additional nicotine containing product.
 - 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 now in the updated smoke free and nicotine management policy. New protocol introduced which prescribes the 3 months NRT then weans off and ceases.
 - Use of protocol reviewed and evaluated 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
 - Training needs reviewed 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.

Our priority: Always events

Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. The main aim of this priority was to roll-out the Always Event methodology and approach across the Trust, by beginning with a pilot of the most

impactful 'always event', using patient experience data. However, due to the impact of the COVID-19 pandemic, most of this work was hibernated.

During 2020/21, a piece of scoping work has undertaken to consider whether the Trust continue to progress with the Always Events program. The scoping work included an evaluation of the national picture with this regard and a meeting with NHS England was held. A review of our current internal QI methodology, approach, and links with our Patient Experience Teams' efforts in involving services users and carers in service improvements was explored.

It was found that elements and principles of Always Events are being used at the Trust, which also link to our IHI methodology and future plans and our Patient experience and Involvement strategy. Within the Trust, there are a range of projects underway using similar methodology laid out in the Always Events toolkit. This includes working with service users and carers in identifying what is important to them, areas for improvement and using PDSA cycles to support this.

It was therefore proposed that to avoid unnecessary duplication this priority is not progressed as a separate priority in line with NHSE requirements. This decision was discussed at Trust-wide Clinical Governance on 7th October 2021 and Quality Committee on 9th November 2021 to allow discussion and no challenge was received at this time.

Responsive

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

Our priority: Triangle of care

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.

What we set out to do

Our aims and outcomes we wanted to pursue to help us achieve this priority were as follows;

- Re-start Carer Subgroup. Triangle of Care (TOC) steering group to review stage 2 submission paperwork and assess readiness to progress.
- Continue monthly updates to be navigated internally and externally with the support of the communications team.
- Start accreditation document. Patient Experience Team to coordinate and hold oversight of service contributions. Submission to be agreed by Triangle of Care Steering group and signed off by the Carer strategic subgroup.
- Summary report to be presented to Patient Experience, Involvement and Carer Strategic group
- Submit application for accreditation
- Communicate successful submission internally and externally
- Representatives to meet with accreditation panel to champion submission document
- Manage outcome, lessons learnt and sharing of good practice

Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

- 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.
- The PET maintained strategic oversight of the RAG (Red, Amber Green) 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.
- 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 2020 and continue to promote the "Covid-19 – Resource bulletin for carers" externally.
- The TOC 2-star accreditation paperwork has been completed and was agreed on by the TOC subgroup members on 15/09/2021. Submission paperwork submitted to the Carers Trust on 30/09/2021.
- A second part of the accreditation process has been identified by the Carers Trust, which entails carers and staff members to meet with members of the Carers Trust. This meeting was due to take place in Quarter 3 of 2021-2022.

For further information about this QIP, please refer to page 82.

Well Led

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

Our priority: Autism Awareness Training

What we set out to do

Our aims and outcomes we wanted to pursue to help us achieve this priority were as follows;

- Staff recruitment
- Set up service user involvement
- Develop new training materials
- Launch autism e-learning package on i-Learn
- Staff autism survey

Staff autism survey results

18% (27) stated they would be interested in becoming an autism champion for their team/service.

only 8% (13) said they knew where to record reasonable adjustments on the EPR

A majority of staff reported not having had any training in Autism (58%)....

...but most were interested in accessing such training: 81%

- Develop enhanced consultancy model
- Begin face to face autism training program
- Launch enhanced consultancy service
- Consolidation and evaluation: Main outputs are number of LYPFT staff trained in autism; and numbers of patients coming through enhanced consultancy service. Secondary outputs include training feedback satisfaction results, staff confidence in managing autism; use of reasonable adjustments as recorded on care director.

Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

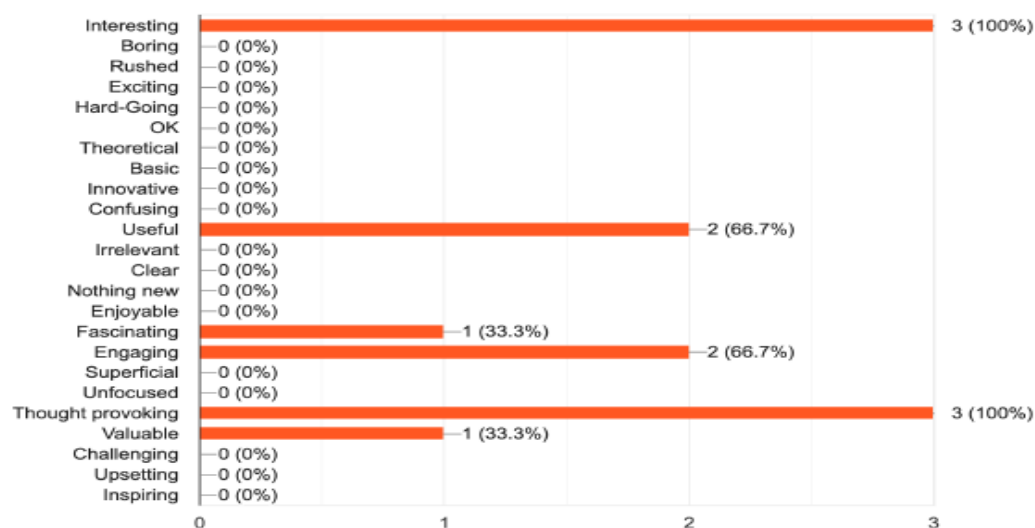
- A selection of level 1 autism awareness e-learning packages have been reviewed.
- One e-learning package (developed by Health Education England) has been approved for roll-out in LYPFT (and indeed across West Yorkshire and Harrogate). This went live in the second quarter of 2021-22 and is now available for all staff on i-Learn (priority training).
- 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.
- Face-to-face training delivered to just over **20 professionals**, including GPs
 - Co-facilitated training with autistic member of staff.
 - Good evaluations and feedback on training delivered.
- The service development proposal has been received favourably by commissioners but throughout this reporting period we awaited confirmation that it has been funded.
- A Clinical Psychologist has been recruited to support the work.

“...The case studies and discussions in groups prompted really good conversations about inclusive practices and processes in teams. This is really positive and a great opportunity for colleagues to get together and help shift the culture of our organisation..”

The graph below shows some of the feedback received from the autism awareness training:

Feedback on Understanding and working with patients with Autism for Post-CCT Trailblazer fellows 10th September 2021

Please choose FOUR words from the list below that sum up your overall opinion of this event:
3 responses



Our

priority: Supporting the development of clinical leadership for quality

What we set out to do

Our aims and outcomes we wanted to pursue to help us achieve this priority were as follows, which was based on a two-year priority, but due to the impact of Covid there have been some delays;

- Year 1 (2020-21): 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.
- Year 2 (2021-22): 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.
- The aim is to use the outcomes / finding from this work to support some key work streams in developing clinical leadership within 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.

Progress and impact

Since the inception of this priority, we have made the following progress and impact to date;

Year 1:

- Completed the service clinical leadership redesign including the identification of a clinical leader for this work.
- Defined the scope of this work, identification of representatives, confirming the focus on clinical outcomes and working with partners to develop the plan.
- 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 2020-21.
- “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 regard 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.

Year 2:

- In May 2021 amendments were requested to the staff survey. These changes have been subsequently made.

All current Clinical Leads have had individual meetings with HR and CD to progress this work which will align their roles to the new Clinical Lead Job Description and increased resource. With the completion of this work, the actions identified with the proposal can be recommenced. A meeting was planned for the 5th of October with CET Lead and two support staff to develop an implementation plan.

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 – 2021/22

As the Covid 19 pandemic is still causing disruptions across the world, the response to the pandemic has continued and our Infection Prevention and Control team is working tirelessly with clinical teams across the Trust to manage infections and outbreaks. It is likely that we will see these restrictions and on-going infection prevention arrangements such as cohorting, wearing PPE and using our facilities in a safe way that limits the spread and risks of the Covid-19 virus, continue for some time.

For the second year in this pandemic, our staff have never stopped giving, planning, and working out how we can adapt further to meet the needs of people we serve in Leeds and York. Through various phases of lockdowns, and more relaxed restrictions in wider society, our standards have remained high. Across the Trust, colleagues have been keen to learn, keen to adapt and build greater resilience and determination to meet the needs of local communities, and to plan for the inevitable increase in the prevalence of the mental health consequences of Covid. This willingness to learn, to improve our services and to meet the needs of the most vulnerable in our communities is an enduring feature of everyone in this Trust. It will sustain us in the future.

In May 2021, the trust set out a reset and recovery plan with three strong pillars:

1. Service user access, experience and tackling health inequalities
2. Staff physical and mental wellbeing
3. Operating in a safe and sustainable environment for the longer term

The Trust set its aim as: ***To understand and meet the needs of those who need our support. By working collaboratively with others across Leeds, York and the North of England, we want to harness this opportunity to genuinely transform how we work, learn from our experiences and hold on to any high value innovations and adapt them for the future.***

We want to make sure that our workforce are well, feel valued, developed and supported, and that the people who need our services can easily access support in a way that supports their recovery and improve health outcomes.

In December 2021, due to the Omicron outbreak the NHS in England moved once again to the highest level of incident response, level four. 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.

Redeployment of Staff during the pandemic

Following the out-break of the Omicron Variant in December 2021, staff across the trust have adapted to the demands of dealing with Covid and we have also been trying to reset, recover and

improve our services. During the last year, to ensure we have safe staffing levels across the trust, a number of staff have been deployed formally or redeployed daily into other services, teams and roles. They have all supported our services to put our Service Users first and keep services running safely.

Gill Galea, Operational Manager for the Specialised Supported Living Service (SSLS) said:

“I would like to say a massive thank you to the people who have been redeployed to SSLS. The last few weeks have been very challenging due to the number of staff absent due to Covid. Our existing staff have been amazing in covering additional shifts and continuing to go the extra mile. Day by day staffing levels have been becoming harder to maintain. Hearing that we were getting some redeployed staff was a welcome boost to the team morale.

“The people who have been redeployed to the service have been brilliant in how they have responded to being redeployed in such a positive and supportive way, that they have made an immediate difference to not only our staffing levels but also to the lives of people we support. For which I cannot thank them enough.”

COVID19 2021/22 Vaccination Programme

Vaccination remains our best line of defence against Covid-19 with prevention always better than the cure. The trust has several vaccine hubs set up across the trust as well as our roving vaccination team who made weekly visits to our inpatient sites for service user first dose vaccinations.

The aim and ambition of our vaccine programme has morphed over time in line with national requirements. “Leaving no-one behind” is at the heart of the Leeds programme but we at LYPFT, alongside colleagues in public health and many others, have taken it further - putting vulnerable and marginalised people at the front of our planning and response.

We’ve also worked in partnership with primary care to support those on the LD and mental health registers to get vaccinated and contributed to the citywide flexible offer including our roving bus team.

The vaccine programme across Leeds has achieved fantastic uptake across the city. We know though that we need to be flexible and supportive to enable as many people as possible to understand the benefits of the Covid vaccine and to make it easy for people to access vaccination in a way that works for them. This is where our work, alongside others from Leeds health and care system, has focussed. It is hard work for those involved but what they have achieved is remarkable and invaluable.

In September, the covid booster campaign began to keep staff well and boost immunity for protection over winter. The Covid booster campaign was ran alongside the seasonal flu vaccine campaign

Leeds vaccine bus clocks nearly 3,500 jabs following eight-month road trip



The Leeds covid-19 vaccine minibus came to the end of the road following a successful journey vaccinating thousands of people in low uptake areas across Leeds.

During its eight-month programme, the bus vaccinated 3,446 people in areas of low vaccine uptake. 747 jabs were delivered at 'pop up' locations where people wanted the vaccination but said they had struggled to access it at other locations, such as their GP practice or at the main vaccination centre at Elland Road.

The highest uptake on the bus was amongst 40–50-year-olds and 30–40-year-olds – two age groups where general uptake across the city is generally lower. The proportion of uptake amongst people from ethnic minority communities was also considerably higher than at the larger vaccination centres across Leeds.

Well-being Wednesday



Wellbeing Wednesday

We are safe and healthy and we look after each other



Our Health and Wellbeing working group have overseen the introduction of a range of new initiatives to help LYPFT foster a culture of compassion, inclusion and belonging – one in which wellbeing is everybody's business and where we support each other.

In 2021, a new e-newsletter was launched which aims to help colleagues find the right health and wellbeing support for them. The newsletter goes out to all staff once a month with the following included:

- Key tools and resources on ways you can look after yourselves and others
- Well-being tips
- Wellbeing stories from across the trust
- Access help and support at a time that is right for you
- Information about online health and wellbeing hub, and 24-hour support line.

Staff Wellbeing stories

Safeguarding Team

Wellbeing sessions and Check-Ins

Maxine Laverick, Specialist Safeguarding Practitioner, tells us about the team wellbeing sessions that she has been facilitating:

“As my last role before Safeguarding was as an Occupational Therapist, I recognised the benefits of mindfulness and of applying the Model of Human Occupation during group work.

“Given the team has been working from home, I decided to facilitate a group on a fortnightly basis. Colleagues have been enabled to think about their unique occupational experiences and how these influence their wellbeing. I also use check-in tools from my coaching training and mindfulness exercises.

“
The team have really valued opportunities to address symptoms of stress and vicarious trauma associated with dealing with complex and emotional cases when working in an isolated way.

”

“Different themes have been explored and identified including maintaining balance across the occupational domains, *with an emphasis on self-care when managing work/life stressors.*”

Lindsay Britton-Robertson, former Head of Safeguarding, added: “During the pandemic the Safeguarding Team has worked to try and overcome some of the added stressors associated with permanent home working and the lack of opportunity to come together safely.

“Some of this has included regular informal contact to enable general catch ups and ensure not all meetings are business focussed. We have also set up daily check-ins to support each other. Overall, the team have expressed they have felt supported and sickness levels have not been high.”

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. It is a reflective safe space where members can share experiences, offer peer support, and connect with one other. During this year, membership continues to grow with 182 members, an increase of over 20% from last year. Our WhatsApp chat group continues 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 and mutual appreciation were also shared by all members.

Wellbeing remains a focus with the network meeting virtually each month as layers of stress and not feeling a sense of belonging can leave members isolated, which negatively impacts on their health and wellbeing. The global pandemic continues to have an impact on our members, local community and the wider LYPFT community.

NHS network chairs across Leeds city, came together to showcase their organisation's best practices to improve and support a culture of inclusion. Leeds Teaching Hospital NHS Trust (LTH) and Leeds Community Health NHS Trust (LCH) together facilitated a virtual workshop on Allyship and LYPFT held a webinar on Reciprocal Mentoring. Together we will continue to work together across the city to support each other and share our learning to create diversity and support positive culture changes.

In August 2021, an anti-racism movement was launched with LYPFT being a part of this movement, along with all partner organisations across West Yorkshire and Harrogate, including over 100 minority ethnic colleagues from across the Partnership. 'Root out Racism' badges were offered out to all staff for them to show solidarity to the movement.

In March 2021, five WREN members enrolled in the Moving Forward Programme, which is in collaboration with West Yorkshire mental health partners SWYFT and BDC along with Wakefield Connecting Care partner organisations and consist of 3-part modular. It is aimed for Bands 5 and 6 who are from Black, Asian minority ethnic and other under-represented communities who are not currently in a management role within the Trust but aspire to such roles within the next 18-months. It provides an insight into the leadership & management principles and practices that is needed along with the attributes to further develop in managing your career.



WREN Chair Wendy Tange

The Trust has partnered with the Royal College of Nursing (RCN) to implement a programme which will include ongoing development and wellbeing support to enable Cultural Inclusion Ambassadors to develop in their role and to support with their future career development. The Cultural Inclusion Ambassadors programme aims to help ensure fairness in the way ethnic minority colleagues are treated within the recruitment process or when potential disciplinary or grievance processes are being considered. As a team member of recruitment panels or employee relations processes, Cultural Inclusion Ambassadors will provide independent advice and guidance. They will support and advise in respect of equality, diversity and cultural bias issues, particularly where unfair bias (conscious or unconscious), less favourable treatment or discrimination, are identified. The employee relations training sessions commenced in November and the recruitment training sessions will take place in January 2022. Nine WREN members have enrolled on this programme.

The groups #WRENStories continued this year with 12 blogs, 3 poems and video/blog being written under the theme of '*Identity*'. Members spoke with openness and honesty sharing their views on: vaccination, racism, microaggression, women's day, faith/religion, myths, and their reflections. The blogs were shared on social media (twitter, Facebook) and on your trust staff net, reaching a very wide audience across the region. Sharing personal experiences allowed for curiosity, provoked conversations with each other and prompted internal reflections to those writing and reading them. We are extremely grateful to all members who contributed to this year's #WRENStories and for our readers for their positive feedback.

Reciprocal Mentoring Programme

An insight into our reciprocal mentoring programme and the role it can play in improving workforce race equality.

Making meaningful improvements to workforce race equality is something our organisation takes very seriously, and while there are things we are doing to help break down barriers, we know there is more work to be done.

The Trust has been running a reciprocal mentoring programme as part of our work to develop cultural intelligence. It pairs members of our Executive Team and Non-Executive Directors with staff from diverse ethnic and racial backgrounds, with the aim of achieving diversity, representation, equality of opportunity and cultural change.

Cathy Woffendin, Executive Director of Nursing, Quality and Professions, Director of Infection Prevention and Control, at the Trust, and Wendy Tangen, Clinical Service Inclusion Lead and the Chair of our Workforce Race Equality Network, are paired up as part of the programme.

Wendy Tangen: “So far, it’s been a really insightful experience and it’s confirmed my belief that you can go beyond your immediate circle to get support. It quickly became apparent that Cathy and I have a lot of common ground, common goals, and our values are similar.

Cathy Woffendin: “The conversations I’ve had with Wendy have at times left me feeling shocked. Before this, I was quite naïve in my lack of understanding around discrimination and different cultural issues within our organisation. “We are, and need to continue, to challenge behaviours that aren’t in line with our Trust values, and we must really listen to the people who have expertise around different cultures.

Root Out Racism



Standing together against racism

LYPFT joined nearly 500 other organisations and community allies across West Yorkshire and Harrogate in August, to take a stand against racism, as we supported the launch of the area’s anti-racism movement.

Led by the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) and the West Yorkshire Violence Reduction Unit (VRU), it has been co-created by over 100 ethnic minority

colleagues to proactively challenge racism across all aspects of society.

The 'Root out Racism' campaign is part of an ongoing commitment to tackle structural and institutionalised racism, as well as addressing health and social inequalities across the area, and it's a campaign we are proud to support.

The movement, which was a recommendation from the WY&H HCP review in October 2020 into the impact of Covid-19 on health inequalities, shines a light on the experiences of ethnic minority staff and allies from across the region and illustrates their views of racism.

“

I am supporting the West Yorkshire and Harrogate Partnership anti-racism movement because anti-racism is everyone's responsibility.

You can be a member of an ethnic minority or an active ally of ethnic minorities, but it is simply not enough to 'not be racist'.

Being anti-racist means challenging and refusing to ignore or justify racism.



AMY HARKER
People Engagement Practitioner



Trust celebrates South Asian History Month – 18 July – 17 August

South Asian Heritage Month runs from 18 July to 17 August every year and aims to raise the profile of British South Asian heritage and this year's themes were identity, wellbeing, sport, literature and history.

Our Workforce Race Equality Network (WREN) hosted two events to mark the month.

Dr Anjula Gupta, Consultant Clinical Psychologist in the Assertive Outreach and R&R Service, hosted a webinar to talk about Trauma and South Asian Communities with the aim of the session to initiate conversations about trauma-informed approaches in services and what this means for South Asian Communities. It will look at some of the unique experiences and perspectives of this community and the impact of these on wellbeing.

Then the network welcomed Vidya Venkatesh, a Business Director, Parish Councillor, Entrepreneur and former MasterChef contestant, to talk about the history of Indian spices.



Introduction of Cultural Inclusion Ambassadors

A new team of Cultural Inclusion Ambassadors have been appointed to help the Trust make positive changes in recruitment and disciplinary procedures, particularly for diverse ethnic staff.

As a Trust, we are committed to fostering a culture of inclusion and belonging, eliminating discrimination and inequality, and ensuring that all of our people have a voice.

We know that a disproportionate number of our diverse ethnic colleagues enter the formal disciplinary process, and that conscious or unconscious biases can shape outcomes of recruitment processes. Although we are seeing improvements in these areas, there is still more work to be done.

This includes critically reviewing our people policies and procedures to ensure that all colleagues have a fair and person-centred experience. To help guide us in this we've recruited nine **Cultural Inclusion Ambassadors** who will support, advise and constructively challenge to bring about real cultural change.

What is a Cultural Inclusion Ambassador?

The role of our Cultural Inclusion Ambassadors will evolve and develop over time, but their initial focus will be on employee relations and recruitment processes.

Each Ambassador will have undergone specialist training provided by the Royal College of Nursing, will have a HR 'buddy', and will devote a set amount of time to the role each month.

Five of our current Ambassadors will focus on employee relations cases in connection with our disciplinary procedure, ensuring that fewer of our colleagues face formal investigation unnecessarily.

The remaining four will play a vital role in recruitment, sitting on recruitment panels and tackling the disparity between white and black and minority ethnic candidates when it comes to recruitment and promotion.

They will be vital in helping to bring about a shift in culture, tackling systemic issues and ensuring a fair experience for all.

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.

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.

What our members say...

As a member I aim to proactively support empowerment and equilibrium through challenging stigma and unfairness for staff with disabilities or long term health conditions.

I joined the network to meet other staff who may be facing the same challenges and shared experiences as me. I aim to help influence the direction of the Trust for staff with disabilities.

It's critical that this aspect of identity is considered and supported well in the workplace. Support should be accessible to all colleagues with health concerns and I'm keen to support cultural change to drive this forward.

I joined the DaWN network out of interest, fairness and also to increase my understanding of what we need to do as a Trust

UK Disability History Month

Disability History Month took place between 18 November and 18 December in 2021 and celebrated the lives and achievements of people living with a disability.

LYPFT supported Disability History Month as part of our commitment to developing fair, open and inclusive workplaces in the Trust, where all our colleagues have a voice and feel they belong and to continue embedding the Workforce Disability Equality Standard (WDES).

UK Disability History Month (UKDHM) is an annual event that is designed to focus on the history of disabled people's fight for equality and human rights.

The joint themes for this year's campaign are Disability and Hidden Impairment and Disability, Sex and Relationships.

Many people with a disability have an invisible or hidden impairment. Common among this large group of people are those with psychosocial impairments such as ADHD, autism, learning difficulties or neurological issues like multiple sclerosis. Metabolic impairments such as lupus or diabetes and mental health difficulties such as anxiety or depression are also examples of hidden disabilities. During the COVID-19 pandemic, isolation, disconnect, disrupted routines both at home and in the workplace and diminished services have greatly impacted the lives and mental wellbeing of people with disabilities.



Here at LYPFT, approximately 6% of our overall workforce have shared they have a disability. However, this figure may well be much higher given nearly 8% of colleagues in the Trust have chosen not to declare disability status.

What did we do at LYPFT to mark UK Disability History Month?

UK Disability History Month is incredibly important for us to begin regularly recognising and highlighting the many issues still faced by people with disabilities and long-term conditions both in our workforce and in society. Our staff network DaWN is encouraging all staff to increase awareness on barriers and challenges experienced by people and to learn what they can do to better support our colleagues and service users here at the Trust. DaWN is an open and inclusive staff network welcoming colleagues and allies who are passionate about supporting wellbeing and inclusive practices in the Trust for our people with health conditions and disabilities.

The month was pivotal in raising awareness of invisible disabilities and health conditions on behalf of our colleagues in the Trust and providing an empowering platform for people to be visible and heard. A wealth of resources and support available were shared and in kickstarting a series of workshop and professional development sessions, we focussed on improving knowledge and understanding of health conditions Trustwide, increasing compassionate and inclusive leadership and team working and empowering individuals and their managers to hold sensitive and sometimes difficult conversations bravely and compassionately around health conditions and support requirements in the workplace.

A number of our courageous DaWN network members shared their difficult but inspiring experiences on living with and navigating the world with health conditions and sharing what daily life feels like for them and pertinently, sharing their wisdom and experiences on what an inclusive workplace looks like.

Trust backs campaign to tackle physical health inequalities among people living with mental illness

Pledging our support to the Equally Well UK Charter

Our Trust has joined forces with more than 60 other organisations across the UK in a commitment to tackle the physical health inequalities faced by those living with a mental health condition. As a provider of specialist mental health and learning disability services, we know that people living with mental illness and learning disability are at a higher risk of developing physical health problems.

We've teamed up with other health and care providers, commissioners, professional bodies, service user and carer organisations, and charities, to commit to making positive change by adding our name to the Equally Well UK Charter.

As part of our commitment to reducing health inequalities for people with mental health and/or a learning disability, we have a number of specialist services and roles within the Trust, including our Healthy Living Service, Physical Health Monitoring and Improvement Team and Health Facilitation Team. Their aims are to empower service users with a learning disability by providing health literature in a format they can understand and engage with to support carers to be more informed advocates for the people they care for, and to provide training, resources and consultation to health professionals who don't have a background in learning disability care.

Who are Equally well UK?

Equally Well UK is an initiative which seeks to promote and support collaborative action to improve physical health among people with a mental illness, and we're extremely proud to pledge our support.

Teams praised for keeping students learning

Medical education continues during pandemic

There was praise this year for our commitment to continuing medical education throughout the Covid-19 pandemic. Throughout the most challenging year in the history of the NHS, student placements continued to take place across the Trust. Feedback from students remains outstanding with an overall placement rating of 93% compared with 80% in 2019/20.

Dr Sharon Nightingale, Consultant Psychiatrist and Director of Medical Education at the Trust, said:

"As a Trust we have always recognised the importance of medical education and training. During the early stages of the pandemic, we knew it was even more important to keep our future workforce learning whilst enabling them to play an important role in our response, and our teams worked incredibly hard to make this happen."

Every year we welcome hundreds of students in a variety of roles ranging from medical and nursing to allied health professions.

Red Kite View opens its doors

Our new children and young people's service opened in January 2022 after a monumental five-year project which has seen the construction of a new £20m unit, and the development of a 100-strong new team.

This week heralds an era of better care closer to home for children and young people with mental health problems across West Yorkshire. The new centre will offer a wider range of services delivered by a larger specialist team operating out of a purpose-built modern facility. It will be able to accommodate more young people from across West Yorkshire - reducing the need for them to stay out of area.



Red Kite View is based on the Trust's St Mary's Hospital site and has been designed in partnership with clinicians and young people, who've contributed their ideas, hopes and aspirations for care at the new unit. They also helped to decide on the name Red Kite View with nature strongly associated with mental wellbeing and rehabilitation.

Dr Sara Munro, Chief Executive of LYPFT, said:

"I'd like to warmly welcome this new team to our family. Our shared ambition is 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.

"Our expertise of running a range of inpatient mental health care for adults and older people will mean that the health and lives of these youngsters is in good hands."

There are so many reasons to join Red Kite View

Staff nurse Alan Hussey joins Red Kite View and the service from Dublin. He says there are many reasons why he has made such a major move.

"When I look at it, there are quite a few factors why moving to a new post in a new country attracted me. Probably foremost is working with young people.

It appealed to me to be working in the NHS after two years in the private sector, and particularly working with adolescents who need an empathetic conversation.

My university placement was with a CAMHS unit in Dublin and I immediately found I had an affinity with a small ward where I could get to know patients in depth, and to take part in family therapy which is so important to those patients.

I gained my degree in Mental Health Nursing at Trinity College, Dublin, in 2018 and then qualified at St Patrick's University Hospital. I then spent two years at working in the private sector but came to feel I needed a different nursing environment and a different clinical setting.

Throughout I have been interested in psychoanalysis, and when I discovered that Leeds University offers a doctorate in the subject, coinciding with the opening of this very lovely new Red Kite View building, I easily persuaded myself that I should apply to work here.

I also liked the idea of the city of Leeds. It's rather like Dublin in atmosphere and culture and layout, it's not too big or small, and there's lots of green space. People too are of a similar disposition – they have a similar warmth and friendliness.

I like the idea of being in at the beginning of the Red Kite View project so that I can be part of moulding ideas and a team from the beginning and being with colleagues from the beginning. I know that the new service here is very much about working as an in-patient unit collaboratively with the other care services in the community who provide care for service users.

I have already been working in this way in my previous role and I am excited that I will be able to contribute to ongoing care here in the same enlightened way. I'm really looking forward to the future at Red Kite View and being part of a team that empowers our young people to realise and maintain their potential."

Be Proud! Pride Month 2021

Pride Month was in June and is the month when we celebrate our LGBT+ communities around the world. This is the second year where we have had to do this differently as a lot of events have been either cancelled or postponed for another year.

Whilst we are celebrating progression, diversity, pride and love - we also teach and learn about LGBT+ history and raise awareness of the discrimination and hate which stills exists today and which damages the lives of our LGBT+ communities around the world.



"There are many reports which reveal the inequalities faced by LGBT+ people every day and the extent to which people are subjected to day-to-day discrimination and hate crimes. So, whilst we should embrace Pride and all it stands for in the progression towards equal rights for LGBT+ people... we must also draw our attention to what inequality and discrimination still exists whether that be in the workplace, in the streets, in a bar, in a toilet, when getting an education, when looking to book a holiday or rent a house, when accessing healthcare or a support service. We must keep doing all we can to achieve equality for our LGBT+ communities."

Throughout Pride Month, Public Health England Yorkshire and Humber Centre hosted series of free webinars which brought together public health professionals, researchers and voluntary sector employees working in LGBT+ health, that were offered out to LYPFT staff to join.

These webinars explored why LGBT+ people report disproportionately poorer health outcomes than the wider population and worse experiences of healthcare across the life course. They will also provide an opportunity to showcase best practice and look at how we can foster new ways of working to address and improve LGBT+ health inequalities across the following public health topic

'Pin Your Pronouns'

The Trust's LGBT+ Network, the Rainbow Alliance, has been running a 'Pin Your Pronouns' campaign since March to normalise the sharing of pronouns in LYPFT.

Kate Ward, Chair of Rainbow Alliance, gave us an update on how the campaign is going: "I have had 56 requests for pronouns badges so far which is great and I have noticed more and more colleagues adding their pronouns to email sign-offs, bios and Zoom/Team details which is a really positive step in helping us to create an inclusive culture together. Normalising the use of pronouns for all will give our Trans and non-binary staff, service users, carers - anybody, the opportunity to express themselves, feel respected and be a part of our Trust without being mis-gendered or having their identities hidden or assumed."



Infant Mental Health Awareness Week

Infant Mental Health Awareness Week (IMHAW) takes place every June to raise awareness of the importance of babies' social and emotional development. The aim of this year's IMHAW is to encourage everyone working in children and young people's mental health to talk about infant, children and young people's mental health, and to consider how babies' mental health needs can be met.

Our Perinatal service are committed to supporting parents to be the best parents they can be during a period of poor mental health, and thinking about the emotional well-being of babies is central to our everyday work.

Over Infant Mental Health Awareness Week the Mother and Baby unit celebrated the babies we care for, and there was a day of baby-focused activities and celebrations on Tuesday 8th June.

“So What Next?”

Young people at a York-based mental health unit have created a poem about how it feels to be admitted as an inpatient during the pandemic for Children’s Mental Health Week 2022.

The poem, entitled “So What Next?”, bravely describes the first-hand emotions and feelings of being a young inpatient at the Mill Lodge mental health unit.

A poem by the young people of Mill Lodge, York:

So What Next?

*I’m going to hospital
I’m worried and scared
People say it will help
But I don’t feel prepared*

*Because of Covid
I go to the isolation room
It’s gloomy and lonely
I hope I’m out soon*

*I have my negative
So lots of new places
It feels overwhelming
So many new faces*

*So a new routine
To structure my day
Up really early
With lots of games to play*

*So what next?
What will the plan be?
It feels really uncertain
It’s so hard to see*

*As time passes
I hope and pray
That with kindness and support
I can make my own way*

Learning Disabilities Week 2021

LYPFT celebrated Learning Disability week between 14th -20th June which is a week to raise awareness of learning disability across the UK.

For many people with a learning disability and their families, getting creative has been a way stay connected and positive through the challenges of last year.

For Leeds Learning Disability Week 2021 we celebrated that art and creativity on our social media pages! Use the hashtag #LDArtWeek and shared your creations, with a lot of our LD Service Users contributing.

The Head of Operations for Learning Disability Services, Peter Johnstone said:



“Learning Disability Week is such an important time where we can all raise awareness and celebrate all the good things about learning disability.

“Clearly there is still stigma and discrimination that we always hope to address and challenge on weeks like this, but it is so important that we do this positively by sharing stories and promoting the fantastic contributions that people make.

“This year’s theme is Art and Creativity which has been so important over the past year as a way of people expressing themselves, staying connected and having fun.

“As a provider of NHS services to people with learning disabilities in Leeds we are proud to support #LDWeek2021 and look forward to all the creativity that is going to be shared.”

There were also a number of other blogs and activities that ran throughout the week:



Keep Calm and Carry On: DIY party nights and lots of glitter! A fab picture story showing the creativity from residents in one of our supported living houses at their themed lockdown gatherings

Getting arty in respite care: a selection of photos from crafts with service users in LD respite care at Woodland Square

Emily and Fran’s word clouds: a poster created by two Psychology Interns who have been doing placements with the Community Learning Disability Team

LD Week 2021: Jacob’s story

Our newest member of the LYPFT chaplaincy team blogs for LD Week Reverend Sam Cowling-Green, Chaplain, The Becklin Centre.

“A few years ago, before I joined the trust, I spent a year living in Florida in a community for adults with learning disabilities. While I was there, I met Jacob. Jacob is in his sixties and, if you put a microphone near him, he sings Country Roads in a deep southern American drawl.

Jacob has lived much of his adult life in an institution – a place of sterile corridors and limited time outside. Sadly, while he was there, he experienced years of physical, mental, and emotional abuse.

I met Jacob a decade later in his new community. He had started making crosses out of fragments of broken glass. Jacob is blind so friends would guide his hand over the glass so he could find the right shapes and colours and piece them together. Over a few years of being loved by the people around him and loving them in return, the hurting pieces of Jacob’s life quietly and slowly found healing. As they did, he invited everyone around him to find their own place and their own healing in his community.

When I think about what chaplaincy is, I think of Jacob, his friends, and the crosses he still makes with them. One of them hangs in my office. At its best, chaplaincy offers people a path towards wholeness. A place where all the pieces of our lives can fit and make sense. Jacob reminds me of the gift of friends with and without learning disabilities who help us make something beautiful out of the fragments of our lives.”

Community Mental Health Service survey 2021 – Our results

The Care Quality Commission has recently published the results of a survey about our community mental health services.

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

Key findings

Things to celebrate – Our top scores

- 94.7% of people said that they knew who to contact if they had a concern about their care and 82.2% of these people felt that this person organises their care well
- 85.1% of people felt they were treated with respect and dignity by our services
- 79.8% of people felt that Talking Therapies were explained to them in a way they could understand
- 78.7% of people felt that they were involved in making decision about themselves

Areas to improve – Our lowest scores

- 23.7% of people said that they had been asked to give their views about the quality of their care in the last 12 months
- 39% of people had been given information from mental health services about where to find help with financial advice and benefits
- 46.1% of people had been given support with finding or keeping in work (voluntary or paid)
- 46.2% of people had been provided with support for their physical health needs

Actions to help improve on our lowest scores

- We will ensure that service users and carers can tell us what they think about our services at any time, by introducing a new feedback measure called Have Your Say
- We will provide our staff members with information sheets so that they are able to signpost service users to receive effective financial help and advice

323 service users completed the survey. The majority of scores received for our Trust sit in the intermediate 60% of the 50 Trusts surveyed. We had 6 scores in the top 20% range and 3 scores in the bottom 20% range. The survey was carried out between September and November 2020, when we had to deliver our services in a very different way due to the pandemic. It is likely that this had some impact on the survey results

In relation to the results received for supporting people to access or keep in work and providing support for physical health issues, this support was compromised for the whole population during the period of the survey due to the pandemic.

We are currently refreshing our Community Services Strategic plans and the information from this survey will be used to help us think about how we improve our services for the future.

LYPFT becomes 'Veteran aware'

The Trust has been named a 'Veteran Aware Trust' in recognition of its commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. The accreditation, announced during Armed Forces Week 2021, comes from the Veterans Covenant Healthcare Alliance (VC HA).

Her Majesty's Lord Lieutenant of West Yorkshire, Ed Anderson, presented Leeds and York Partnership NHS Foundation Trust (LYPFT) with its Veteran Aware accreditation in recognition of its commitment to improving NHS care for veterans, reservists, members of the armed forces and their families and it acknowledges the Trust's commitment to a number of key pledges, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant.
- Training relevant staff on veteran specific culture or needs.
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims.
- Supporting the armed forces as an employer



LYPFT is now one of 75 members of the VCHA and is part of a growing number of NHS Trusts gaining this accolade.

Dr Sara Munro, Chief Executive, said: “It is hugely rewarding to receive national recognition of the hard work that LYPFT and its staff are doing to better serve the needs of the armed forces and veterans, and their families, within our community.

What does 'Veteran Aware' mean?

With 18,000 people leaving the forces every year, simply asking the question "have you served in the armed forces?" and recording it can make a difference in the way the Trust delivers our services to Veterans.

Making sure our practices, processes, procedures and pathways best serve the needs of the armed forces and veterans will demonstrate our commitment to practical support of the armed forces covenant.

Recognising Success

Top accolades for Trust's trainee psychiatrists



Dr Zoe Goff

Zoe Goff and Christiana Elisha-Aboh have been voted the Health Education England Yorkshire and Humber School of Psychiatry Core Trainee of the Year and Higher Trainee of the Year respectively.

Zoe, an ST4 in Old Age Psychiatry, who is currently working with the Trust's Older People's Community Mental Health Team at St Mary's House, said: “I was grateful to be nominated and then voted HEE Yorkshire and Humber School of Psychiatry Core Trainee of the Year. It's fantastic to have additional work and achievements that go alongside clinical work acknowledged.

“Leeds and York Partnership NHS Foundation Trust has been a great place to work and complete my core training. This is particularly due to the excellent support from senior colleagues, opportunities to get involved in teaching (as LYPFT is a teaching trust) and the helpful improvement and knowledge service that assist in designing and implementing quality improvement projects.”

Christiana, an ST6 in our Liaison Psychiatry and CFS/ME services said: “I feel fortunate and honoured to have been nominated and voted the Yorkshire and Humber School of Psychiatry Higher Trainee of the Year, 2021. My gratitude cannot be adequately expressed.

“I would always cherish and most appreciate the sacrifices and support the Trust, my supervisors, colleagues, and family have so generously given me. Indeed, like Sir Isaac Newton said; *“I had only seen further, by standing upon the shoulders of giants”*.

“Leeds and York Partnership NHS Foundation Trust is an excellent Trust for training and one that takes unique steps to support a diverse group of trainees in various ways. To you all, I say – thank you!”



Dr Christiana Elisha-Aboh



Sharon Prince
Deputy Director,
Psychological
Professions

Deputy Director for Psychological Professions appointed as the regional Chair of the Psychological Professions Network (PPN)

Alongside her role as Deputy Director for Psychological Professions within LYPFT, we are delighted to announce that Sharon Prince has been appointed as the regional Chair of the Psychological Professions Network (PPN) across the Northeast and Yorkshire. The PPN is funded by Health Education England.

Under her leadership Sharon is building a community of practice with diverse representation from the 12 psychological professions alongside managers, commissioners, professional practice educators, and experts by experience. This provides a collective voice for these groups to enable, influence and implement the following key functions:

1. Championing the existing and potential roles of psychological professions across the whole of health care in the region to support consistent delivery of the NHS Long-Term Plan and in covid planning.
2. Supporting provision of clinical excellence and innovation of psychological practice across the North East and Yorkshire.
3. Actively engaging with, informing, and supporting workforce development/training/education commissioning and expansion at regional, STP / ICS and local levels throughout the region.

Teams of the Month



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 have had amazing nominations over the past year and the winners are:

- April 2021 - CRISS Clinical Team Managers
- May 2021 - Ward 2 colleagues at The Mount!
- June 2021 - Admin Teams, ENE and SSE Older Peoples' Services
- July 2021- Pod B CMHT Willow House, St Marys Hospital
- August 2021 - Rehab & Recovery Team
- September 2021 - HR Team
- November 2021 - Ward 4, Becklin
- December 2021 - Veteran's High Intensity Service (the North) and Ward 3 The Mount, Older People's Service
- January 2022 – York Forensic Service, Bluebell Ward at Clifton House and the Inpatient Leadership Team at The Mount

- February 2022 – Ward 4 Becklin Centre
- March 2022 – Learning Disabilities Intensive Support Team (IST)

Well done to all the winners this year!

National awards

Several LYPFT teams and two service user groups were shortlisted in a variety of prestigious national awards, this year.

Here are the list of teams and groups and their shortlisted awards



The LYPFT Bank Staffing Team
Finalists: 'Best Diversity and Inclusion
Practice Award' at the Nursing Times
Workforce Summit Awards

Bank Clinical Lead, Saj Madathil, commented that "We're really proud of this recognition and the contribution made by all our bank colleagues, we'll be keeping our fingers crossed for the awards night on 17th November when the winners will be announced."

Diverse Mums' Group - LYPFT Perinatal Mental
Health Service

Finalists: 'Health and Wellbeing Award' and
'Breaking down Barriers' Award at The National
Service User awards.



Comments from a service user in the group: "There is a positive circle in this group and I feel a strong emotional connection with everyone. We share the same story, there's no judgement, no one will say you're making it up and I've started to feel hope again through this group. Being in this group I feel empowered – I feel strong when we are together."

Expert Advisory Group, Leeds OASIS

Finalists: 'Excellence in Co-production Award' at The National Service User awards.

Here's what one service user had to say: "I joined the Advisory Group because it's important to have a voice as we are the core reason the service is needed. As a user of crisis services, I know what works and what needs to change based on my experience so that the best service and care can be offered to others."

Respite Service at 3 Woodland Square along with Community Learning Disability Team
Finalists: 'Learning Disabilities Nursing Award' at the Nursing Times Award

Lyndsey Charles, LYPFT's Clinical Director for Learning Disability and Older Peoples Services, said:

"It was an outstanding example of clinical practice and co-ordinated, collaborative system care. Working together, our teams from LYPFT, LTHT and LCH overcame challenges and barriers in order to deliver excellence in care delivery, which was creative, innovative, and compassionate and truly placed the service user at the heart of the actions of all."



Leeds Shielding Support Programme shortlisted for HSJ Award

Since the start of the pandemic over 70,000 people in Leeds have been identified as Clinically Extremely Vulnerable to Covid-19. To protect their health, they were advised to not leave their homes when transmission rates were at their highest. This meant staying away from shops and pharmacies, limiting face-to-face contact with loved ones, and not going into their workplaces. For the past 18 months, partners across Leeds have been working together to provide help and support to all clinically extremely vulnerable people: providing a much-needed lifeline to help them stay safe. Support has included delivering food and essentials, prescriptions, transport to essential medical appointments and social emotional support.

This has been a true Team Leeds effort, with colleagues from across the NHS, Council, Healthwatch Leeds, the community and third sector, and hundreds of local volunteers playing their part.

EMERGE Leeds

Complex Emotional Needs Service launches - a new name for the Personality Disorder managed Clinical Network

EMERGE Leeds is the new name for the service previously known as the Leeds Personality Disorder Managed Clinical Network (or 'PD Network' for short).

This city-wide, multi-agency and multi-disciplinary service wanted to rebrand to acknowledge that diagnosis, labels and the language of mental health has a real impact on the lives of many and a diagnosis of 'personality disorder' is not necessary to access this service.

EMERGE Leeds aim to work effectively with people who have complex emotional needs and interpersonal difficulties and help them at different stages of their recovery.

The rebrand and relaunch of EMERGE Leeds has been led by Consultant Clinical Psychologist Dr Ranil Tan, working with a huge range of staff, stakeholders and service users who've all made valuable contributions.

Here's a list of what EMERGE Leeds offers:

- Care coordination

A Young Adults Pathway for those aged 18-25 in Leeds with complex emotional needs or a presentation consistent with a diagnosis of personality disorder. Intervention involves access to a keyworker, youth work, housing and resettlement, occupational therapy and a range of creative/psychological therapies.

- Case Consultation

A service for any staff who work with individuals with complex emotional and interpersonal needs or those with a diagnosis of personality disorder. Case consultation can be offered to any professional working in Leeds who would like support thinking about how to assist the people they work with.

- Group work programmes

The Journey Programme is to help individuals over the age of 18 develop a better understanding of what they do in their daily lives and how their life experiences might affect this. It's a chance to participate in activities led by our occupational therapists and psychologists and learn about themselves and others in a new way.

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.

Since the re-establishment of the Acute Care Excellence (ACE) programme in August 2020, 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 examples of the work that are taking place and has continued, albeit with delays, to progress throughout the pandemic:

Formulation at Admission

The ACE improvement team 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 has identified that the whole process of formulation which starts with the first 72 hours of admission are critical and that the future improvement work in this area should target all aspects of this formulation process. The work is scheduled to start again with reviewing what constitutes and contributes to an effective and purposeful admission. This work is now

progressing through a combined (gatekeeping, admission and treatment) workstream and is being led by the Trust Head of Nursing. A review had been underway to help the improvement team to better understand the behaviours and processes that support effective and purposeful admission through to formulation and then on to a more effective discharge, but this has been delayed due to business continuity.

Gatekeeping

The ACE improvement team have introduced an effective and robust gatekeeping process for Inpatient referrals which may be better supported in other services as an alternative to admission. 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. The process has been agreed, formalised and underpinned with a Standard Operating Procedure. The team are currently working with Informatics in producing performance reports on gatekeeping numbers, with a view to registering it as a KPI.

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.

The Improvement and Knowledge Service supports, coaches, trains and facilitates activities and projects to make changes that matter to our service users, carers, staff, partners and the wider community. The literature that defines the characteristic of high performing teams describes their willingness to measure their performance and use the information to make continuous improvements. When done well, it can help solve problems, inform decision making and build knowledge. We aim to create a culture that is committed to learning and continuous organisational development. The main activities of the functions are:

Library and Knowledge Service (LKS)

LKS delivers high quality knowledge and information services to support all staff with the following strategic objectives:

- *We support the delivery of care that is high quality and improves lives*
- *We provide a rewarding and supportive place to work*
- *We use our resources to deliver effective and sustainable services*

People and Change

The People and Change function was established in April 2021 to support the Improvement and Knowledge team in their delivery of the Quality Strategic Plan and has one member of staff working leading the function and carrying out its work. The purpose of the function was to take a people centred and culture focused perspective on improvement and change activity across the trust. The function uses consulting and coaching to support teams to approach improvement and change by helping create the conditions for improvement and by supporting teams to think differently about

complex, multifaceted problems. The function encourages change across three dimensions: Process, Structural and Relational. The People and Change function's work sits in two categories:

Consultancy and Coaching

The function has many informal conversations with staff members across the trust to help them tackle complex and multifaceted problems. The function uses principles of relational coordination, humble consultancy and other evidenced based techniques to support teams to develop adaptive solutions in what is becoming an increasingly technical, diverse, incongruent, and pressured working environment. Sometimes these evolve into project work, however often a project and programme of change is not required.

Project work

Our projects differ from more traditional improvement approaches by trying to support the people within the process using holistic person-centred improvement. For example, areas for improvement could focus on Psychological Safety, Leadership, Negotiation, Continuous Learning, or Relationships.

Our project work is end-to-end improvement activity with teams who wish to take a deeper look into the root cause of some of their challenges. In most cases, the project work is completed in partnership with other areas of the Improvement and Knowledge service, and other support functions within the organisation such as People and Organisational Development Department, and external partners in order that we can provide the right leadership and interventions.

The above categories support the delivery of two key contributors to the trust's quality strategic plan:

- The development, utilisation and socialisation of the Safe Reliable Effective Care Framework.
- The development, utilisation and socialisation of Relational Coordination.

Both of these contribute to meeting the following strategic objective: Use the evidence to build the conditions for quality care to flourish through our organisation.

Service Evaluation

Evaluation is an integral component of quality improvement in health care. NHS Improvement has defined a five-step improvement approach (preparation, launch, diagnosis, implementation and evaluation) to provide a systematic framework from the beginning to the end of an improvement project. For example, the process of Plan, Do, Study and Act model includes planning, execution, evaluation, and feedback phases for continuous improvement. Anyone planning a service improvement activity should be considering how to evaluate its impact. There are many reasons why we should evaluate our service such as putting evidence at the heart of what we do, to guide our decision-making, maximise on the impact of our work, to assess service quality and outcomes. Evaluation provides practical information to help decide whether a development or service should be continued or not.

Evaluation is different to audit. An audit is an investigation into whether a service or activity is in line with agreed standards and to assess if and where improvements can be made. The differences between research, service evaluation and audit are explained in a leaflet published by the Research and Development (R&D) department. A well-used distinction is:

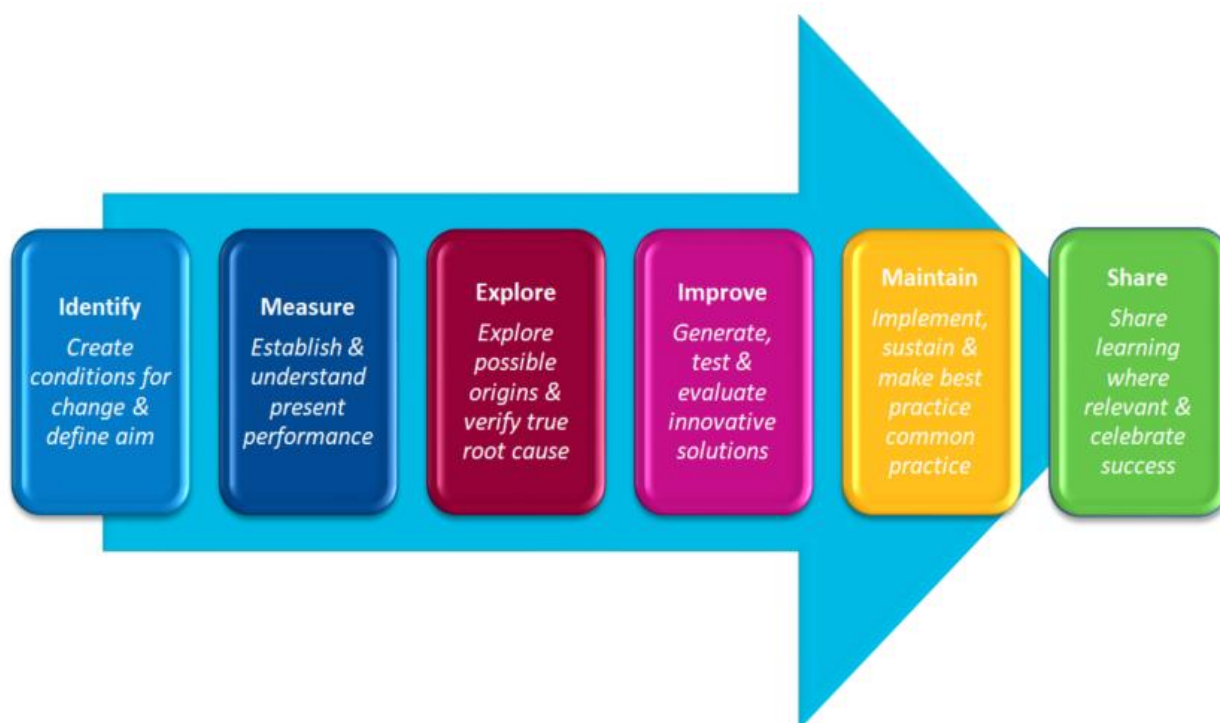
- Research - is designed and conducted to generate new knowledge and should follow the systems for approval of NHS Research.

- Audit- is designed to answer the question "Does this service reach a predetermined standard?"
- Evaluation- is designed to answer the question "what standard does this service achieve?"

Continuous Improvement

To have a Continuous Improvement function gives us the ability and opportunity to realise that making changes will lead to better service user outcomes, better system performance, and better professional development. The function often supported through audit and evaluation allows us to improve through ideas, implementation and innovation. We promote a culture whereby we can explore with our teams how to make things better than the standard.

Continuous Improvement is an important step to achieving 'something better' and we do this through a systematic, structured approach designed to flex to meet the needs of the service. This is shown here:



Improvement activities can vary in size and complexity, and we have found, during the recent pandemic working, there has been opportunity for services to reflect on their processes, identify waste and consider new ideas or thinking. As with any changes, it is important to measure success and share the good practice.

National Institute for Health and Clinical Excellence (NICE)

National Institute for Health and Care Excellence (NICE) is a national organisation, responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE guidance does not, however, replace clinicians' knowledge and skills. A decision about a particular patient will be made with the clinician and patient jointly, and/or with their parent or carer when appropriate.

The Trust uses guidance published by the NICE to ensure that nationally agreed best practice is considered in the delivery of the clinical services provided by the organisation. The implementation

of NICE guidance underpins achieving the Trust's goals through providing excellent quality, evidence-based, reliable safe care that promotes recovery and inclusion.

Clinical Audit

“Clinical audit is a way to find out if healthcare is being provided in line with standards and let care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare are provided.” NHS England (2019)

Clinical audit is seen by the Trust as one of the key quality improvement tools that supports reliability by reviewing quality and effectiveness of clinical services. Clinical audit provides the structure to review and monitor the implementation of evidence-based care and best practice and create a culture that is committed to learning and continuous organisational development.

The Trust is committed to delivering high quality clinical audit to support and monitor key identified clinical governance issues, whilst at the same time supporting local projects to inform specific clinical issues.

Participation in both national and local clinical audit is a statutory and contractual requirement for healthcare providers. The NHS standard contract forms the agreement between commissioners and providers of NHS-funded services, who must:

- Participate in national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) relevant to the services.
- Make national clinical audit data available to support publication of consultant-level activity and outcome statistics.
- Implement and/or respond to all relevant recommendations of any appropriate clinical audit.
- Implement an on-going, proportionate programme of clinical audit of their services in accordance with good practice.

Provide the findings of any audits carried out, on request to the co-ordinating commissioners, in particular locally agreed requirements.

National Apprenticeship Week 2022

From the 7th - 13th February the trust celebrated National Apprenticeship Week and shone a light on some of our current apprentices as well as giving more information about apprenticeship programmes.

We currently have around 100 apprentices working across our Trust in a wide variety of roles in both care delivery and support functions. All our apprentices play a key role in the running of our services and help ensure our service users get the high-quality care and support they need.

Sian Lease-Hook is undertaking her apprenticeship as a support worker in our Specialised Supported Living Service.

Jo Third, Apprenticeship and Widening Participation Manager at LYPFT, said: “Apprenticeships are a fantastic way to start a new career. They provide some really valuable opportunities for hands on learning and experience while earning a salary. Apprenticeships are often just the starting point of a long and successful career in the NHS. We have seen apprentices progress into senior management positions and we’ve also seen some find their perfect role and stay doing what they really enjoy. There really is something for everyone.”

Read what some of our current apprentices have to say:

Donna Moody, aged 48, is currently undertaking a Level 3 Health and Social Care Apprenticeship. She started her apprenticeship following on from looking after her mother who had dementia. She said: “I feel like I have a lot of love and care to give.” Once her Level 3 apprenticeship is completed, Donna is hoping to progress into a Nursing Associate role and then possibly to qualify as a nurse. Donna continued: “This is something I never thought I would want to do until I got the opportunity with my first apprenticeship.”



Tom Weir is currently undertaking a Level 3 apprenticeship in Senior Healthcare Support. Although starting in February 2020 just before the first Covid-19 lockdown, Tom has been involved in helping his team adapt to the ever-changing guidance while also receiving positive feedback on his training to date.

He said: “My apprenticeship will make me officially qualified for this job and will enable me to look ahead in terms of next steps and career progression opportunities.”



Lauren Franklin is doing a Level 4 Project Management Apprenticeship after it was recommended to her by a senior leader in her team. Lauren said: “This apprenticeship is an opportunity to back my project management/support experience and knowledge with a formal qualification and theory.

“Although only two months into my apprenticeship, I am really proud of the team management skills I am learning and trying to implement from my position in understanding people’s motives, working styles and communication styles. I am hoping to keep utilising this knowledge and work on my own communication style. This area of knowledge is something I didn’t expect to learn on this course!

“I’ve got two pieces of advice for anyone considering an apprenticeship.

1. Make sure you research the company/university/college hosting your apprenticeship and make sure they fit your learning style and will match with your current working style.
2. Ensure the qualification will benefit your current role but will also benefit your career in the long run.”

Faye Robertson is currently in her second year as a Nursing Associate. She undertook this apprenticeship to help bridge the gap to enable her to become a nurse.

She said: “This apprenticeship has enabled me to earn a wage while studying for my future career to become a qualified nurse. If you are thinking of doing an apprenticeship make sure it is the right time for you and you have to be dedicated to the studying.”

All charged up and ready to go

Six new 100% electric vans have joined the 29-strong Leeds and York Partnership NHS Foundation Trust vehicle fleet.

The new vans replace six petrol and diesel vehicles previously in use and feature a slogan “We’re Cutting Carbon” and will be used by the Trust’s estates teams. They have a range of up to 200 miles on one charge, produce no emissions, and are cleaner and quieter for the environment, pedestrians, cyclists and their drivers, helping us connect 123 Trust locations with minimal impact on local air quality.

Chris Hayes, the Trust’s Waste and Sustainability Manager added: “This significant investment by the Trust demonstrates our commitment to reducing our carbon footprint and places us in a strong position to contribute to the ambitious national NHS Net Zero Carbon targets for cleaner transport. The first of these targets is to transition 90% of the NHS fleet to ultra-low and zero-emission vehicles by 2028.”

The replacement of these six vehicles now means 20% of the Trust’s fleet emits zero emissions and it is hoped this will reduce the Trust’s direct transport emissions by 26 tonnes of CO₂ each year.

Autism national champion

A consultant psychiatrist from Leeds and York Partnership NHS Foundation Trust will play a key role in improving mental health services for people with autism across the country.

Dr Conor Davidson, who is Clinical Lead for the Leeds Autism Diagnostic Service, has been appointed the Royal College of Psychiatrists’ new Autism National Champion, and will take up the role alongside his day job.

As the lead psychiatrist for autism in the UK, he will be responsible for speaking up and advocating for autistic patients, both within the College and the wider profession of psychiatry. Dr Davidson will undertake the role on a voluntary basis for an initial period of two years, while continuing his work with the Leeds Autism Diagnostic Service (LADS).



Dr Conor Davidson
Clinical Lead for Leeds Autism Diagnostic Service

“My mission taking on the role is to ensure that every psychiatrist in the country sees autism as their business.” Dr Davidson says. “I’d like to see every psychiatrist engaging in autism training and development activities, and for there to be more autism content in the psychiatric training curriculum. There’s still progress to be made in terms of the availability and accessibility of services for those with autism so there is plenty of work to do.”

Arts project aims to help Eating Disorders



CONNECT works with artists to inspire creativity and communication

Famous artists from around the world feature in innovative online art classes being launched in West Yorkshire to help those with eating disorders who have suffered from the isolation of the pandemic.

The Leeds and York Partnership NHS Foundation Trust supports people affected by eating disorders through its CONNECT service. Now the Trust's occupational therapist Paul Dodgson has been awarded £11,500 to fund two artists to help

CONNECT users express their experience of Covid recovery through creative activities including video, animation and social media pages.

'Connecting Thoughts – Exploring Your Journeys through Art', aims to take inspiration from major artists and their work in a six-month programme.

Angela Study

LYPFT involved in ANGELA study: Improving diagnosis and support for younger people with dementia

The Angela Project was a three-year research study carried out by the universities of Bradford, Northampton, Surrey and UCL, funded by the Alzheimer's Society, and in partnership with Dementia UK and Young Dementia UK. It was the largest study of young onset dementia ever carried out in the UK and was designed to look at how post-diagnostic support for people living with young onset dementia and the accuracy of diagnosis, can be improved.

The study was dedicated to Angela who was diagnosed with dementia at 51 years of age. She had symptoms for three years before getting a confirmed diagnosis. Many other people experience diagnostic delays like Angela. During the study, 500 sets of case notes were audited, 22 of which were recruited in LYPFT, the team talked to commissioners and service providers to understand more about what helped and hindered them in providing young onset dementia services. The survey also looked at good practice and what needs services that provided good services met, as well as the barriers and facilitators to good practice in post-diagnostic support for younger people.

The Angela Project team has collated some of their key findings and recommendations to create a publication, Good Practice in Young Onset Dementia - Improving diagnosis and support for younger people with dementia.

Gambling in the UK

An analysis of data from individuals seeking treatment at the UK NHS Northern Gambling Service

A study is currently being conducted which aims to analyse fully anonymised routinely collected data from individuals seeking treatment at the NHS Northern Gambling Service.

The research aims to explore who has presented for treatment at the NHS Northern Gambling Service over its 2+ year history. Existing data collected at routine assessment will be analysed to better understand harms associated with disordered gambling, what factors may be associated with treatment completion, and the trajectories of disorder development.

ICS organisations will go live in July 2022

From July 2022, every area of the country is now operating as an Integrated Care System (ICS), achieving a major milestone in the NHS Long Term Plan.

One of the lessons learned from the COVID-19 pandemic is that people need support joined up across local councils, the NHS and voluntary and community organisations.

The Department of Health and Social Care (DHSC) and NHS England have been developing proposals for integrated care over several years, looking at both the operational and legislative opportunities to deliver enhanced integration across the health and care system.

A total of 42 ICSs, which bring together hospital, community and mental health trusts, GPs and other primary care services with local authorities, other care providers and the voluntary, community and social enterprise sector (VCSE) now cover the whole of England, to provide better joined up health and care for patients.

Currently, most of our services sit in the West Yorkshire Integrated Care System (ICS). This is a mature, well-established and constructive partnership.

In West Yorkshire the plan is to see Clinical Commissioning group's (CCG's) reborn as Place-Based Partnerships (PBPs) made up of local NHS organisations, local authorities, public health, primary care, and the third sector.

For the Leeds PBP we are not making any big changes because we have:

- A well-functioning Health and Wellbeing Board which sets out the ambition for health and care.
- A Partnership Executive Group chaired by the CEO of the Council and attended by all key partners.
- A workforce strategy and infrastructure for system resilience and population health management.

Where we do need to make changes is around how we allocate resource and funding for the population of Leeds, and how we report this to the ICS board. Proposals are currently in development.

What does it mean for us at LYPFT?

Provider organisations like us are being empowered to take control of the commissioning and provision of services, working constructively (and not in competition with) partners.

In 2020 LYPFT was named as lead provider for adult eating disorder services, known as CONNECT. Launched in 2018, this award-winning service has already made incredible progress by:

- Reducing out of area placements and length of inpatient stays
- developing a comprehensive and consistent community model and pathway across West Yorkshire, including in places where there was no community service previously, and
- reinvested financial efficiencies in the further development of the service, based on experience of local need.

And in October we were named as the lead provider for Children and Young People's Inpatient Mental Health Services (also known as Tier 4 CAMHS) across West Yorkshire, working with our partners at Bradford District Care NHS Trust, Leeds Community Healthcare NHS Trust and South West Yorkshire Partnership NHS Foundation Trust.

Our Strategic Objectives – 2021 and beyond

Strategic objectives	Specific areas of focus
1. Our Workforce	Develop a clear workforce strategy – including our commitment to be an inclusive organisation. Recruiting new people and retaining them. Morale and wellbeing (including organisational culture and equality, diversity and inclusion). Key performance indicators – how we'll know our strategy is working.
2. Clinical Services – the reset and recovery of our future operating model for our clinical services	Capacity and flow of service users through the health and care system. Embedding our approach to tackling health inequalities regarding access, experience and outcomes for service users and carers. Better use of digital technology in care delivery. Improving quality and outcomes.

3. Estates and facilities – and our longer-term strategy for use of estates	Our strategy for replacing/upgrading our PFI estate. Improving the configuration of sites where we provide clinical services. Improving our non-clinical sites. Opening and running Red Kite View – our new children and young people’s mental health inpatient unit.
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We’ve identified our top three areas that we should focus on for the next three years. The table above is a very high-level summary but hopefully enough to give you the headlines.

We see key enablers like quality, diversity & inclusion, digital and good financial governance cutting across these three strategic objectives.

CREST

The first service to open from the Complex Rehabilitation Project will go live in April. The new CREST (Community Rehabilitation Enhanced Support Team), named by service users, will engage with teams across Kirklees, Calderdale and Leeds and with people currently in complex rehabilitation placements. The team’s first priorities are to begin developing and supporting discharge plans for people in complex rehabilitation hospital and to make links with colleagues and across the West Yorkshire.

Dr Sara Munro, CEO Lead for WY&H HCP Mental Health, Learning Disabilities and Autism; and CEO for Leeds and York Partnership NHS Foundation Trust said:

“This is an important piece of work that has contributed tremendous value to our thinking as we develop better services for people with complex mental health needs. Peer support workers have been able to capture and reflect back the powerful and emotional feedback from service users and carers which we are acting upon. We will continue to work alongside our service users and carers to ensure that their thoughts and ideas about interventions that improve quality of life, create hope and optimism are embedded within new service proposals. We are working to ensure that specific areas of concern raised about cultural needs and support are followed up and we will continue to promote the value of co-production to our work.”

People Pulse Survey

As a Trust our most valuable asset is our workforce. Without the dedicated and compassionate work they do each and every day our patients, service users and the public we serve would not have access to the high quality care and support we provide.



It is incredibly important that we regularly take time to listen and gather views and experiences of working at the Trust. Without this valuable information we can't get a full picture of what really matters, the areas that are doing well and where we can continue to improve and make the Trust a really great place to work.

The quarterly People Pulse survey replaced the previous Staff Friends and Family Test in 2021. In July, 362 staff contributed to the survey

Leeds Recovery College

Finding ways to live better

In October 2021, Leeds Recovery College turned 3 years old and as with all services in LYFPT, the last couple of years have brought many challenges, but lots of opportunity too.

This year, the team expanded to welcome three more posts, as Recovery College Co-ordinator's and are slowly developing and welcoming new students and staff. They also have regular training events through the year to support co-production and confidence in course facilitation and delivery

Our principles are:

- Education and training courses to help increase awareness and understanding of mental health and wellbeing, promoting personal recovery approaches and helping to reduce stigma
- 'Lived and learnt' experience being valued on equal terms with courses being co-designed and co-delivered
- Inclusive and equally accessible to adults living in Leeds – there's no referral or criteria (open to service users, staff, carers & general public)

Complementing our values of:

- Hope
- Personal Responsibility
- Education
- Self-advocacy
- Support

What is a recovery college?

Run like any other adult learning centre or college, Leeds Recovery College offers a range of free courses and workshops which focus on mental health and wellbeing. Courses are co-designed and co-led by trained facilitators who have had or are living with mental health and life challenges alongside health professionals and education providers who support us. By collaborating in this way, we believe that this 'lived' and 'learnt' experience brings a combination of perspectives into our training and creates a safe, warm and welcoming environment to learn in.

Julie shares her experience of Leeds Recovery College.

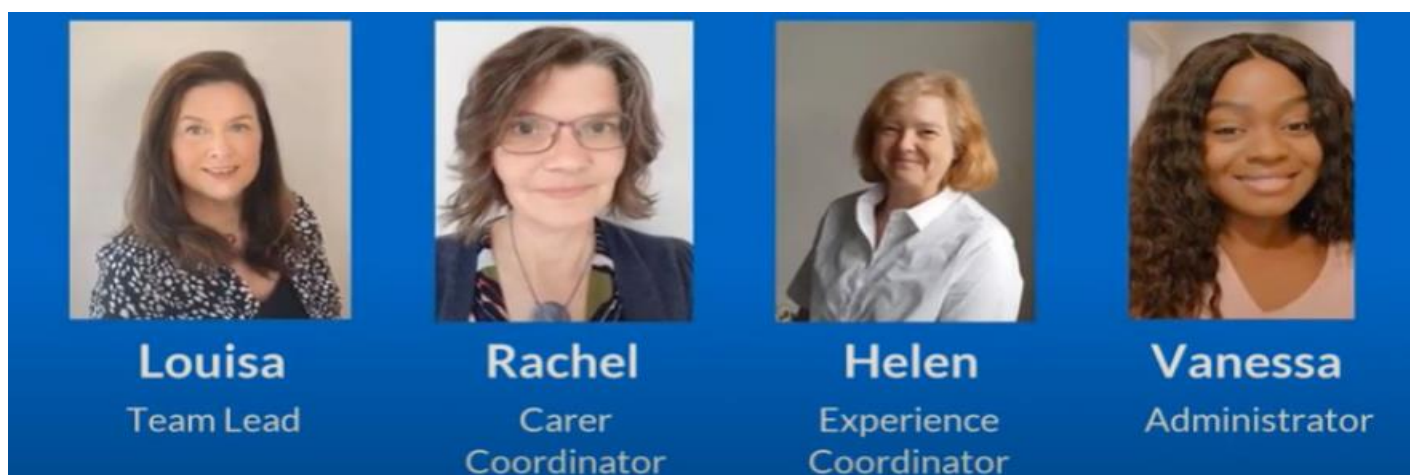
'Having been involved with Recovery College as a student, and later as a facilitator, I believe passionately in the ethos of shared learning through lived experience and testimony. The format is not teacher-driven but people working together to move forward to improve their mental health in a supportive and trusting environment. I feel this is where the power of the college comes from and what makes the learning so effective.'

Patient Experience update



In March 2020 we launched our 3-year strategy and made a commitment to work collaboratively with our service users and carers, to improve our services and enhance people's experiences. We have a dedicated Patient Experience and Carer Team (known as the PET) who provide oversight to ensure we are continuously working towards achieving priorities set out in the strategy.

Patient Experience Team Members



We promised that we would let people know what has happened as a result of our service users and carers being involved – we produced an Involvement Bulletin and an Involvement Animation <https://www.youtube.com/watch?v=mae0nwmYyWA> to identify the changes that we have made so far.

Whilst the pandemic created barriers to the way in which we have historically engaged with people, we have worked hard to remain connected with our service users, carers and partnership organisations around the city, using digital methods.

We have a well-established patient and carer framework (outlined over page).

The overarching Patient Experience and Involvement Strategic Steering Group (PEISSG) is co-chaired by Cathy Woffendin, Head of Nursing, Professions and Quality, alongside Mark Clayton a very active service user and carer. 3 sub-groups feed into the overarching PEISSG;

Structure chart



Involvement, Carers and Experience.

These 3 sub-groups are chaired by senior leaders and give service users and carers the opportunity to work alongside staff members to set their own priorities, which they would like to see achieved.

During the pandemic our sub-groups have been stood down on several occasions – however this framework has ensured that we have still been able to give each group a platform to identify their priority aims, which our service users and carers said they wanted to achieve.

Our priorities

Involvement Priority:



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.

Opening doors to encourage people to get involved

We co designed a module called “**Using your lived experience and getting involved**” with our service users and carers. People with lived experience also help deliver this course, which is listed on the Recovery College prospectus and runs several times a year. The purpose of the workshop is to encourage and support people to use their experiences and have their voices heard to improve services for others - not only with our trust, but also to improve services across the city.

“The course has increased my interest to get involved by providing info and clear ways to do this”
Attendee of the Autumn course 2021



Recruitment panels

It's really important that our service users and carers are involved on as many recruitment panels as possible, so that we can hear their perspectives of what characteristics they would like to see in our staff members. 17 service users and carers have been involved this year, for roles ranging from junior staff members to consultant posts and senior leadership roles.

An outstanding priority for the Involvement subgroup is to co design and co facilitate a module specifically to support people who agree to be part of our recruitment panels. This module will ensure that service users and carers have a real understanding of the recruitment process, so that they feel a valued and confident member of the interview or stakeholder panel.

“It gives us a voice and we are made to feel part of the whole process”
A carer involved on a recruitment panel

Valuing people who get involved

It's vital too that we value the time our service users and carers give up, to help us improve our services. Our Involvement and Reimbursement of Expenses policy was approved and ratified in March 2020 and clearly sets out when people will receive an involvement payment, or be reimbursed with their expenses, or both, for being involved. Payments are paid directly into bank accounts, in a timely manner.

"My involvement with LYPFT is really fulfilling and my time, effort and experience and expenses are recognised"
Service user

This year the Learning Disabilities (LD) Involvement Team put forward a proposal which was co designed with their service users. This proposal requested that service users supported by the LD service could have the option to be paid by cash, gift vouchers or by bank transfer as they felt that some people may not feel the benefit of money being paid directly into their bank. This was approved in May 2021 and demonstrates

that we listened to what our service users asked for and implemented changes to enhance their experiences.

Establishing Involvement Networks and Partnership working

The PET has established an involvement database and process to ensure service users and carers are kept updated with involvement opportunities across our Trust. Work will continue to ensure that information is kept live and updated.

The PET has also forged strong links with our partnership organisations such as Healthwatch Leeds, Leeds Involving People, Forum Central and Carers Leeds and Leeds Young Carers Support Service. This ensures that our service users and carers have a voice to influence senior decision makers not only within our trust but also with decision makers across the city.

Examples of projects where our service users and carers have worked alongside our partnership organisations include:

- Co designing and co facilitating an online presentation with members of **Together We Can**, which highlighted how people can use their experiences to bring about positive change to services.
- Being involved in the new citywide Community Mental Health Transformation Project which is transforming how primary, and community mental health services are organised and delivered.

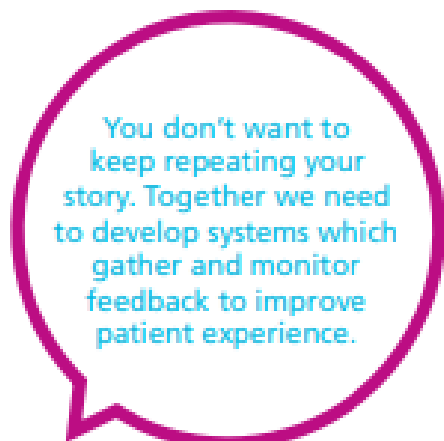
The PET are also members of the different groups hosted by the People's Voices Group (PVG) a group which brings together involvement leads from health and care organisations across Leeds, to work together as one team so that people's experiences can influence NHS Trusts and statutory organisations and ensures people are consulted about what they want.

Future aims of the Involvement Subgroup

Members of the Involvement subgroup want to explore approaches to developing better connections to our black, Asian and minority ethnic communities and have made plans to improve our reach to these groups.

Experience Subgroup

Experience Priority:



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.
-

Gathering Meaningful Feedback – Have Your Say

The Have Your Say (HYS) feedback measure was co designed by our service users, carers and staff members and gives people the opportunity to tell us what they think about the care they have received, no matter where they are being supported across the Trust.

We've ensured that there are several different ways for people to give us their feedback:

- By completing a postcard with a pre-paid return address or posting it in a "Have Your Say" post box displayed in ward reception areas
- By completing an online survey www.myonlinesurvey.co.uk/PFFT/RGD
- By using a QR code on a mobile phone
- By telephoning feedback 0800 052 5790
- By emailing feedback haveyoursay.lypft@nhs.net

Have Your Say

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.
6466103297 FMIRGDV2

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 or by scanning the QR Code.

Phone 0800 0525790 or email your feedback to haveyoursay.lypft@nhs.net

HYS includes 3 questions. The first question asks people to rate their overall experiences of care provided, from very good to very poor (this is the Friends and Family Test question which we are mandated to ask). A second question asks what was good about a person's care and the final question asks if there is anything that could have been done better.

Over the past year there have been many positive comments for our staff members to celebrate. The table below shows how many people have responded each month and gives an overall rating of their experiences.

	No. of responses	Positive	OK/Don't know	Negative
Apr 21	38	82%	0%	18%
May 21	40	90%	2%	8%
Jun 21	58	79%	18%	3%
Jul 21	105	84%	10%	6%
Aug 21	85	90%	4%	6%
Sep 21	118	85%	7%	8%
Oct 21	97	94%	2%	4%
Nov 21	141	96%	3%	1%
Dec 21	101	92%	3%	5%
Jan 22	129	94%	4%	2%
Feb 22	135	95%	2%	3%
Mar 22	148	83%	14%	3%

Developing a “You said, We are doing” style of reporting

We are embracing this style of reporting across the trust and there's a real appetite to let people know what has happened as a result of receiving feedback. However, this priority needs to remain ongoing to encourage all our teams and services to feedback to service users and carers what has changed and improved due to people being involved.

The Have Your Say measure is an example of where teams and services will be asked to provide examples of what they have done as a direct result of receiving service user and carer feedback. So far, the Gender ID and Connect Eating Disorder service have been trailblazers in encouraging their service users to give their feedback. The Gender ID service has provided quarterly reports to identify what changes they will be implementing. Since October 2021 the Connect Service have been providing live Instagram sessions to let their service users know what is happening as a result of their service receiving data and they have plans to provide a quarterly update on their website page.

Improving communication and minimising the times people have to re tell their stories



The Crisis Resolution and Intensive Support Service (CRISS) Peer Support Team started to take a lead on this work, however it was paused during the pandemic. The team have future plans to facilitate a workshop session and develop a video to promote discussion with staff members. This will involve service users explaining the feelings which are sometimes evoked when they are asked to retell their stories – it can feel like they are re living their trauma. This priority remains ongoing.

Community Mental Health Services Survey Results 2021

We are mandated by the CQC to take part in this annual survey.



Reasons to celebrate – Our top 5 answers

- 94.7% of people said they knew who to contact if they had a concern about their care.
- 85.1% of people said that they were treated with respect and dignity by NHS mental health services.
- 82.2% of people felt that the person who coordinated their care organised the care and services they needed.
- 79.8% of people said that NHS talking therapies were explained in a way that they could understand.
- 78.7% of people felt that decisions were made together by the person and the person who was planning their care.



Things we need to improve on – our lowest scoring 5 questions

- 23.7% of people said that they had been asked by NHS mental health services to give their views on the quality of their care

- 39% of people said that NHS mental health services had given them any help or advice with finding support for financial advice or benefits.
- 46.1% of people said that NHS mental health services had provided help or advice with finding support for keeping in work (paid or voluntary).
- 46.2% of people reported that they had been given support with their physical health needs.
- 57.9% of people felt that they had got help from the person they knew who to contact in a crisis.

The action plan identified below was drawn up to help improve people's experiences: -

- Staff members were asked to promote the Have Your Say feedback measure to enable service users to give us their feedback.
- The Patient Experience Team put a financial advice sheet together to enable staff members to signpost their service users to organisations who provide comprehensive financial and debt advice.

It was recognised that support to gain and keep in work and access to support physical health was compromised for the whole population during the survey related to the Covid 19 pandemic – which may have negatively impacted on the survey results.

Inpatient Survey Results 2020

Although taking part in this survey is not mandatory, we choose to take part in it as we recognise that it's important that we listen to what our service users have to say about the care and support they receive from our inpatient services.

Reasons to celebrate – Our top 5 scores

- 90.9% of people felt that they had had the Covid 19 testing process explained to them.
- 90.4% of people had been contacted by their mental health team since they had been discharged.
- 82.6% of people said they had been contacted within a week of discharge.
- 78.7% of people said that staff had made patients feel welcome.
- 72.3% of people said that they had been give information about getting help in a crisis.



Areas where we need to improve – Our lowest scoring 5

- People did not always think there was enough activities to do.
- People said they were not always told completely about the side effects of their medication.
- People said they did not always think that staff knew about their previous care.



- People were not always definitely involved as much as they wanted in decision made about their care and treatment.
- Some people felt that ward, including their rooms, toilets and bathrooms were clean.

The following achievable action plan was drawn up to improve people's experiences on our inpatient wards: -

- To reintroduce a timetable outlining activities which are available for service users to attend on the ward.
- Service users will be supported by their primary nursing team to prepare questions/issues which they want to explore in MDT (multidisciplinary team) meetings to ensure they are involved in decision making about their care.
- Ward staff to check the environment on each shift and escalate to ward managers if the environment is not satisfactory. Inpatient matrons to introduce a "weekly walk" to check on cleanliness.

Carers Subgroup

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.

Triangle of Care

Our services have continued to work towards achieving the 6 standards set out in the Triangle of Care framework, to ensure that we are a carer inclusive organisation. Despite the pandemic, we've been working hard to achieve 2-star accreditation of the Triangle of Care. This means that all our community and inpatient teams have completed self-assessment tools rating themselves as to where they are in achieving each of the 6 standards and have identified plans as to how they will improve their support to carers. There are only 25 Trusts around the country who have been awarded 2-star accreditation.

Our accreditation paperwork was submitted in September 2021. There's a second part of the accreditation process which will take place in Spring 2022. This will involve members of the Carers Trust (the organisation who set the Standards of the Triangle of Care) meeting with some of our carers and staff members, so that they can assess whether we are doing what we say we are doing in our paperwork. This priority will remain ongoing to ensure that all our staff members are aware of the 6 standards of care and that these standards become part of everyone's everyday business to support carers, no matter where they work in our Trust.

Establishing a Carer network

We ran 6 carer cafes to try and promote an effective network for carers – however after evaluating the benefits of the cafes, it was felt that our partner organisations like Carers Leeds and Leeds Young Carers Support Service and carer support groups run by some of our internal services are already providing great support to carers. Therefore, we decided it would be better to forge stronger relationships with these already established carer organisations. A member of Carers Leeds now attends our Carer subgroup and our Triangle of Care meetings on a monthly basis to share updates and resources for our carers.

Measuring Carers Experiences

It's really important that we collect feedback from our carers to understand their experiences too. To do this, we've produced a survey consisting of 6 questions which relate to the 6 standards set out in the Triangle of Care. We hope to introduce this measure in the Spring 2022 to find out what our carers have to say. This priority remains ongoing.

Service User Network (SUN)



The SUN meeting has continued to meet on a monthly basis throughout the pandemic and membership of the group has gone from strength to strength. The SUN meeting is facilitated by 2 of our fabulous and very able service users and carers Paul and Tessa (pictured below). Members of the group have autonomy to plan the agenda and have a say in what happens at their meetings.



**Paul Fraser –
co-chair**

Although a few members stopped attending the meeting when it moved online, many more new members joined the meeting, including staff members and people from our partnership organisations. This has opened up new opportunities for service users and carers to learn what is going on around the city and to think about how they can have their voices heard to truly influence decision makers both within our Trust and across other services across the city.

SUN members have been involved in the following projects:

- Review of the trusts observation procedure and being involved in providing awareness for staff in the form of a video.
- New trust wide Food and Drink Strategy – providing information on what food people want to eat, at what times, in what kind of environments.
- Re set of the trust pharmacy service – providing awareness video for staff members as to what service users and carers want from the service.
- Co designing and co facilitating awareness training for Healthcare Support Workers and apprentice Kick start candidates.
- Co-designing workshops for a project which is seeking to have larger labels put on medication.
- Safe Haven Project (Citywide Crisis House).
- LYPFT research studies.

Our Service User Network (SUN) is co-chaired by 2 service users and carers. Members of the group set their own agenda and plan their own meetings

“The Health Support workers and apprentice kickstart candidates found it really helpful to listen first hand to the lived experiences of service users and carers who helped to deliver some of their training”
Alan Crump – PLDT Lead for HCSW Induction, Initial Development and Pastoral Support.

SUN Spotlight on Services

These sessions were started to enable SUN members to learn more about LYPFT services and to have a say in which services they wanted to hear from. Over the past year SUN members have had presentations from:

- Older People’s Inpatient Services at The Mount.
- Personality Disorder Service.

- Children and Young People's Service.
- The Rehab and Recovery Service he Rehab and Recovery service (August).

Patient and Carer Stories at our Trust Board meetings

Patient and carer perspectives should be central to the planning of care and that's why our board members have continued to embrace the opportunity to listen to people's first-hand experiences of what it's like to be supported by our services. Listening to people's stories enables our senior leaders to engage with raw emotions to celebrate what's going well, but also promotes curiosity to think about how things can be done differently when things have not gone so well.

Here are a some of examples of people who have told their stories to the board this year: -

Shaun, an Involvement Coordinator with our Learning Disability Service told of his experiences of not being able to read the small print on the labels on his medication, which resulted in him taking a small overdose. Normally a fiercely independent man, this experience led Shaun having to rely on his mum to make sure he was taking the correct dose of medication. He spoke powerfully to board members about feeling that his independence had been taken away. He has now used this experience to take a lead on a project to ask for labels on medication to be written in larger print and in plain English, in order that service users with a learning disability can keep safe and be independent.



Jacci a carer, told her story of feeling not listened to when she was asking for help for a person she cares for. This resulted in the police being called and her cared for person being admitted to an inpatient ward and experiencing a lengthy recovery. Jacci has used her experiences to become involved with our Carer subgroup and also other projects around the Trust, in order to help improve experiences for carers.

Summary

Over the past year, we've made good progress in involving service users and carers to be more influential in service planning and delivery, by people having meaningful input. However, there's a recognition that there's still a hard lot of work to be done. The positive news is that there's a definite appetite from staff members and senior leaders to listen to the experiences of those who use our services, to implement positive change.

We couldn't do all this work without the support of our dedicated service users and carers who agree to use their lived experiences to get involved and work alongside us to help improve.

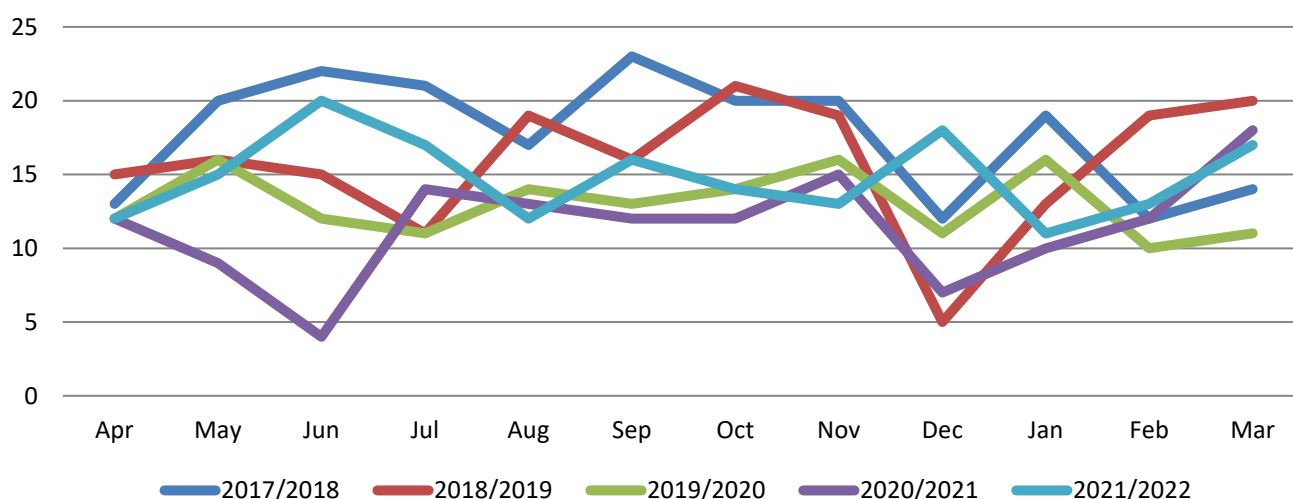
PALS (Patient Advice and Liaison Service), Concerns and Complaints

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 contacting the PALS and Complaints Team. Our PALS team are accessible for all users of our services via our dedicated Freephone number.

During 2021/22, the Team dealt with 2294 PALS enquiries/concerns and 178 complaints. The chart below shows the comparison of complaints received over the last five financial years:

Complaints Received April 2017 to March 2022



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 Clinical Governance forum. Actions from complaints and their progress are also discussed within relevant service meetings.

The top three themes for **complaints** during 2021/22 were:

- Clinical Care 50%
- Attitude of staff 25%
- Communication 6%

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 information provided to Leeds Teaching Hospitals Trust (LTHT) staff and patients accessing the Acute Liaison Psychiatry service to ensure it includes explanation of the approach and expectations.	This has been discussed with LTHT in our interface meetings and expectations are discussed with patients prior to assessment.
To ensure that family visits are supported to the greatest extent possible within the confines of national and local infection control guidance.	Standard visiting guidance introduced which all staff follow.

Key Achievements in 2021/2022

- The PALS and Complaints Team have continued to work creatively to ensure that the team have been as accessible as possible during the pandemic response, i.e., face to face resolution meetings have been replaced by zoom.
- The team are looking at ways to make the service as accessible as possible – new contact posters have been developed and distributed across the Trust to display the ways people can raise a concern.

Aims for 2022/2023

- The team continue to engage with the Parliamentary and Health Service Ombudsman (PHSO) and regional complaints networks to support the Trust in progressing the Complaints Standards Framework, which will be rolled out in April 2023.

"I wish the staff good things, they have all been good to me. Always polite and jolly and never bad. Were always polite, good and friendly staff. I can't thank them enough for what they have done for me it is with their help I have got better."

Ward 3, Becklin Centre

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 2021/22, the Trust received 397 compliments, this is a 4% decrease compared to 2020/21 (412 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.

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 2021/22 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 2021/22:

- Developed operational dashboards focused on improving awareness to missing, poor quality or incorrect data recordings.
- Promoted the use of the operational dashboards via the Digital Change Leads appointed to support groups of services in using our clinical system.
- Improved the documentation of processes used to monitor and publish performance against national and contractual data quality metrics to provide broader organisational understanding.
- Supported an internal audit of data quality.
- Undertaken local quarterly data quality audits to understand where data quality is impacting on particular key performance measures. The results have been shared with the relevant services and support given to understand what changes are required where appropriate.
- Continued to investigate 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 including an update to the Care Director Data Collection and Input Procedure.
- Continued the delivery of 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 2022/23:

- Close monitoring of data completeness and quality.
- Continue to support to staff in using the new clinical records system.
- Continue to deliver a programme of local data quality audits.
- Continue to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.
- We have promoted the reporting tools within Care Director as a means of monitoring quality and performance for front-line services. Operational management are increasingly engaged with this work, which is intended to drive up data quality by improving the visibility and utility of the information. Examples are its use in cardiovascular monitoring and ensuring depot medication is not missed.

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 2021/22 to NHS Digital via the MHSDS which are included in the latest DQMI published data (September 2021 published December 2021). The percentage of records in the published data:

- That included the patients valid NHS Number was 99%
- That included the patient's valid General Medical Practice Code was 100%
- That included the person stated gender code was 98%

Clinical Audit

“Clinical audit is one of a range of quality improvement methodologies that can deliver improved processes and outcomes for service users. Audit and feedback aim to improve patient care by reviewing clinical performance against explicit standards and directing action towards areas not meeting those standards.” HQIP (2020), Best Practice in Clinical Audit

National clinical audits

During 2021/22 eight 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 2021/22:

Eligible National Clinical Audits participated in
National audit of Inpatient Falls (NAIF)
National Clinical Audit of Psychosis 2021/22 - Early Intervention
National Clinical Audit of Psychosis - Physical Health and Employment Spotlight Audit
National audit of Care at the End of Life (NACEL) – Round 3
National Audit of Dementia - Memory Services Spotlight Audit 2021
POMH-UK Topic 14c: Prescribing for substance misuse: alcohol detoxification
POMH-UK Topic 19b: Prescribing for depression in adult mental health services
POMH-UK Topic 1h&3e: Prescribing high dose and combined antipsychotics
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 14c: Prescribing for substance misuse: alcohol detoxification and POMH-UK Topic 1h&3e: Prescribing high dose and combined antipsychotics. The Trust decided not to take part at project Topic 14c as Pharmacy Service was working with Leeds Addiction Unit on how to improve support provided to inpatients with alcohol problems. Due to a concern about clinical practice in prescribing high dose antipsychotics, a similar project to Topic 1h&3e was undertaken by Trust during the financial year using the tool of the national clinical audit undertaken in 2018. Therefore, the Trust decided to not repeat the project as actions aren't fully implemented.

The national clinical audits and national confidential enquiries that LYPFT participated in, and for which data collection was completed during 2021/22 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 required	Number of cases submitted (%)
National audit of Falls (NAIF) Inpatient	No set of number required	NA
National Clinical Audit of Psychosis 2021/22 - Early Intervention	Number required – 100 cases	100 (100%)
National Clinical Audit of Psychosis - Physical Health and Employment Spotlight Audit	Number required - 100 cases	100 (100%)
National audit of Care at the End of Life (NACEL) – Round 3	No set of number required	NA
National Audit of Dementia - Memory Services Spotlight Audit 2021	Number required – 50 cases	57 (114%)
POMH-UK Topic 19b: Prescribing for depression in adult mental health services	No set of number required	NA

National Confidential Enquiries	Number of cases required	Number of cases submitted (%)
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 three national clinical audits registered in the previous financial year(s) were reviewed by the provider in 2021/22 and LYPFT intends to take the following actions to improve the quality of healthcare provided:

National Audit	LYPFT action 2021/22
POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability under the care of mental health services	<ul style="list-style-type: none"> a) Documentation of a review of side effects to antipsychotic medication in the last 6 months: a) to agree to use Glasgow Antipsychotic Side-Effect Scale (GASS) assessment tool and include it in clinical correspondence and documentation at least every 6 months; b) Trust easy read version being developed; c) to set up a task on Care Director to flag up when blood tests need performing. b) Discharging people with a management care plan to suggest medication management plan and time frame for reviewing and reducing or stopping psychotropic medication to primary care clinicians. Advice about re-referral and consultation and support to primary care.
POMH-UK Topic 20a: Improving the quality of valproate prescribing in adult mental health services	During the time of this project, the Pharmacy designed a new valproate pathway which was disseminated across Trust. A LYPFT valproate register was created where Pharmacy is responsible to record patient details. Pharmacy will send reminders to the patient's consultant when the annual review is overdue. Also, from a recent investigation it was agreed to send out a new reminder to consultant/specialty registrar in order to review any patient annually.
National Clinical Audit of Psychosis 2020/21 - Early Intervention	<p>The below actions were identified for improving Cardio-Metabolic Screening and Interventions:</p> <ul style="list-style-type: none"> a) The service is continuing a rolling programme of meeting with care coordinators to go through their caseloads to identify who does not have a physical health assessment; b) new clients referred to the service for the First Episode Psychosis Pathway (FEP) Pathway continue to be offered an appointment to attend clinic with 1 month of allocation; c) data from other sites (Leeds Care Record)

	has been used to see if the clinical information needed to complete the 7 parameters of the Physical Health Assessment exist elsewhere; d) to carry on working with LYPFT in order to minimise any problems identified in Care Director; e) the service has also been involved in developing Care Director Dashboards.
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Trust and Local Clinical Audit

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

Number of clinical audits	Trustwide	Service / Team
Registered during 2021/22	2	48
Completed during 2021/22	2	26

Trust Clinical Audit

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

Title	LYPFT actions
Antimicrobial prescribing (cycle 4)	<ul style="list-style-type: none"> To identify a “champion” responsible to provide support to medics when starting/reviewing antimicrobials: to discuss with Medical Director the possibility to have a Lead Medics in the future. To create 72 hours review notice sheet on Electronic Prescribing and Medicines Administration (EPMA). To design, with support of junior doctor, a poster explaining on how to take sample (i.e. using the correct tube).
Rapid Tranquillisation - Trustwide project	<ul style="list-style-type: none"> Updated e-learning package on rapid tranquillisation with new guidance around care plans post rapid tranquillisation as well as update content in general. Email sent to staff reminding them about the need for post rapid tranquillisation physical observations and post rapid tranquillisation debriefs to be done as per Trust guidelines.

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

- ✓ Antimicrobial prescribing (cycle 5);
- ✓ NCEPOD Transition from child to adult health services.

Local Clinical Audit

The reports of 26 local clinical audits were reviewed by the provider in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided (the below table highlights key themes and summarised quality improvement actions):

Audit Themes	Key quality improvement actions
Accessible Information	<ul style="list-style-type: none"> • To change guidance to doctors who are responsible for completing discharge letters. Specifically, that the driving status and advice given be added into the section “Immediate Plan After Discharge” – communicate via teaching session. • Leaflets should be available to staff to access on the shared drive and also some printed copies available within the offices so that they may be routinely given to service users on admission to the service.
Care planning	<ul style="list-style-type: none"> • Develop an assessment proforma on interventions (particularly in terms of increasing uptake of those which were less used). • To review current Care planning standards and reminder key sections during supervision. • Integrate autism e-learning package into the Learning Management System.
Documenting key clinical decisions	<ul style="list-style-type: none"> • Safety plan becomes an integral part of MDT discussion and agree locally how this will be consistently captured in the clinical record. • To review medication’s chart and document on Tuesdays and Fridays as part of MDT and Physical Health Clinic respectively. • To amend junior doctor’s induction pathway.
FACE Risk	<ul style="list-style-type: none"> • To use Care Director Team Caseload dashboard to identify any service users under the teams who do not have a FACE Risk assessment. A process to be established within each team as to how this will be achieved. • Poster to be designed in order to remind clinical staff to complete the assessment.
Formulation	<ul style="list-style-type: none"> • To revise the ‘Service View Assessment and Formulation Process’ document to account for the proposed changes to the assessment and formulation process. • A ‘tracking’ database should be produced which monitors the dates of admission, initial psychology assessments, initial formulation meeting, and formulation sharing sessions with young people, carers, and community key workers. • To revise the existing parent/carer interview and formulation template and produce a young person assessment checklist that is informed by relevant literature.
Medication	<ul style="list-style-type: none"> • Maintain weekly MDT checklist review to ensure medications are reviewed weekly. • To distribute designed flow charts about internal process in clinical areas and save in accessible place on shared drive for reference. • To produce a letter template to be sent to primary care following initiation of an antipsychotic.
Mental Health Legislation	<ul style="list-style-type: none"> • To create a guidance sheet/template for junior doctor medical seclusion reviews. This will state how to correctly document a seclusion review according to MHA Code of Practice criteria.

Audit Themes	Key quality improvement actions
NICE guidance	<ul style="list-style-type: none"> • To integrate into the proposed new standardised assessment form as a visual prompt to consider non-pharmacological therapy options. • Team nurse to start a dedicated physical health service on a regular basis (one day pw) to allow bloods and ECGs to be completed in patients not meeting the criteria for the physical health clinic. • To raise awareness within the Service of using the NICE guideline key standards when completing assessment (through presentation and teaching sessions).
Physical Health	<ul style="list-style-type: none"> • To order new equipment and store in easily accessible areas. • To consider providing a Physical Health Clinic within the service for patients who require investigations such as blood tests and ECG. • To design a Physical Health Tracker tool with guidance for new staff.
Record Keeping	<ul style="list-style-type: none"> • To add COVID 19 screening questions to the service MDT documentation service wide, as a prompt to review this within the MDT meetings. • To create a proforma/template which is available on System1 to record all required information about antipsychotic prescribing.
Safeguarding	<ul style="list-style-type: none"> • Safeguarding risks to be routinely included in FACE and Gate assessments.
Safety Plan	<ul style="list-style-type: none"> • For all clinical staff (includes support workers/Associate roles) to attend the safety planning training. • Service leadership to support staff to hold regular forums to check in about the use and any issues with the safety plan. • Safety plan champions to regularly audit the use and implementation of the safety plan within the sub teams. • Safety planning to become a standing item on the agenda for the monthly meeting.
Service User / Carer involvement	<ul style="list-style-type: none"> • A reminder to be sent to all staff to record service user views during every contact. Where there is a barrier to this, the reason/s why must be documented. • Each ward area to identify their carer champion who will ensure that carer details and contact are routinely recorded on CareDirector and that their views are sought when formulating risk management plans.

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, 44 projects have been registered with the team; this includes two projects looking at the implementation of outcome measures within Liaison Psychiatry and Perinatal services. Additionally, it included Trust-wide projects related to the provision of clinical leadership, review of national rapid tranquilisation guidelines, and a national review of diabetes knowledge. 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

Project Title	Project Overview	Support Provided to Date
An evaluation of my leadership impact on psychological safety in the senior leadership team of the medical directorate of a mental health trust	Evaluate the impact of the author's leadership upon the development of psychological safety in a senior leadership team within the medical directorate of a Mental Health Trust and to determine from that, how the author could further develop the conditions for psychological safety in the organisation in the future.	Planning

Project Title	Project Overview	Support Provided to Date
Uptake of Covid-19 vaccination in patients under care of the LYPFT Assertive Outreach Team in Leeds	Understanding uptake of the COVID vaccination within AOT	Planning, Data Analysis and Report Writing
An Evaluation of a Cognitive Remediation Therapy (CRT) Pilot Group Facilitated in an Adolescent Inpatient Service	The aim of the project is to evaluate the process and experience of delivering an 8-session CRT Pilot Group for group facilitators and attendees (young people), alongside evaluating the treatment effectiveness (impact) of the group for attendees.	Planning

In addition to supporting Service Evaluations, the team also provides training to staff within LYPFT and other Trusts in:

- Questionnaire Design.
- 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.
- Chance for discussion throughout.
- Use of examples and hands on practice to consolidate the new information.
- Use of activities throughout made it engaging.
- Good background and easy to understand as it can be easy to make the subject far too complicated.
- Concise and clear - straight to the point.
- Exceptional small group teaching skills.
- Would highly recommend and now feel in position that could do a thematic analysis.

The success of our previous training has meant we were asked to develop new training courses, including:

- Semi-Structured Interviews.
- Conducting Focus Groups.

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 subcontracted by LYPFT in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was **704**. This figure is formed from a combination of service users, carers and staff.

The Trust was involved in **55** research studies and received £1,655,000 grant income during 2021/22.



Participant Research Experience Survey

The Trust has been gathering feedback from research participants via the Participant Research Experience Survey since 2019. The NIHR Clinical Research Network developed this national survey to explore people's experience of taking part in research in England. The responses are used to identify ways to improve people's experience of research and to highlight areas that are working well.

The 26 survey responses collected by LYPFT R&D for 2021-22 were overwhelmingly positive. The following comments were in relation to the question 'what was positive about taking part in the research?'

The feeling of being involved in shaping services for people like me.

"I was able to make a small but valuable and valued contribution to research related to mental health. Staff were friendly and professional. Good communication and follow up training following the research".

The survey responses are reviewed by the R&D team with the intention of making changes where possible. For example, one respondent made the point that face-to-face contact would have been better while others were happy with remote visits. This will be taken into account when setting up new studies over the coming year.

Involvement of service users and carers

The Help from Experts by Experience for Researchers (HEER) group continued to meet on Zoom during 21-22 but are now making plans to return to face to face meetings.

The group is chaired by our new Patient Research Ambassador, Charlie Rust, who joined the R&D team in June 2021.

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 2021/22 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 2022; 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 has been fairly consistent across the year with the highest level of performance being achieved in Q1.

80% Standard	Q1	Q2	Q3	Q4
2021/22	84.7%	83.1%	84.2%	84.0%

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			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	6	0	0.0%	7	0	0.0%	1	0	0.0%	5	0	0.0%	19	0	0.0%
16+	417	14	3.4%	370	15	4.1%	395	12	3.0%	342	7	2.0%	1,524	48	3.1%
Summary	423	14	3.3%	377	15	4.0%	396	12	3.0%	347	7	2.0%	1,543	48	3.1%

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:

Readmissions are included within routine inpatient information sent to our adult and older peoples services for their review.

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

There were none during the reporting year.

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. In 2022, we are inviting representatives from our services to join these meeting to give them the opportunity to share examples of outstanding practice and update the CQC on actions taken since the previous inspection.

For areas rated as require improvement we have created action plans, approved by the Board of Directors. These action plans have been updated and monitored through CQC project meeting and monthly meetings with the Nursing Directorate. In 2022, action plans will continue to be monitored through the Trust's quality and safety peer review process.

The CQC has not taken enforcement action against LYPFT during 2021/22.

Ratings for mental health services

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

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. This is the successor to the former IG Toolkit.

Due to the impact of COVID-19, the usual 31st March reporting deadline was revised for a 2nd year by NHS Digital in recognition of the ongoing pressures created by the pandemic. As a result reporting for 2020-2021 was moved from March 31st to June 30th.

The Trust reported a position of 'Standards Not Met' at 30th June 2021, as 3 Assertions relating to ICT Penetration Testing were not complete by the June deadline as a result of COVID-related staffing pressures, both within the Trust and the external contractor providing testing services. This position was supported by an internal audit aligned to the NHS Digital National Audit Framework, with an outcome of "High Assurance" and Risk Rating of "Moderate" against the 10 NDG Standards.

The outstanding Assertions were completed towards the end of 2021, with an update provided to NHS Digital to evidence the completion of the Toolkit for 2020-2021.

Work is underway on the 2021-2022 DSPT reporting cycle, with a deadline of 30th June, once again recognising that COVID-related pressures rule out a return to March 31st reporting.

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

- Continuing to deliver Information Governance sign-off at pace 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 >96% 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 high levels of clinical coding accuracy for Finished Consultant Episodes, with an external audit confirming accuracy standards of 94% for Primary Diagnosis and >85% in Secondary Diagnosis.
- Maintaining the highest standards of medical records availability, with no DATIX reports of records not located in the 12 months to date.
- Implementing numerous data quality / data completeness work streams, aiming to improve data quality and completeness standards throughout the Trust.

Payment by Results

LYPFT was not subject to the Payments by Results clinical coding audit during 2021/22 by the audit commission.

Learning from Deaths

We started a plan for a pilot project with the ENE CMHT and ICS to look at how we can improve learning from serious incidents to ensure that all staff are aware of the learning. We held a stakeholder meeting (CMHT and ICS representation from across the MDT) in the late summer to firstly establish the barriers to learning. Several things were identified, such as how individuals learn and how this can be best shared using different medians. Time was a challenge for the team. As well as working remotely due to Covid. We have put a proposal report to TWCG to determine what our next phase of the pilot will look like. This has been delayed due to business continuity and covid. We are considering an SBAR type of approach alongside other considerations, using trust wide communications and the library and knowledge services. This work will restart in April and will be evaluated.

Two thematic reviews have been started, deaths of patients in receipt of Clozapine, deaths of patients from Covid 19. These reviews have not yet been finalised due to Covid 19 and business continuity but will be completed by the end of Feb 22. For the Clozapine reviews there are no specific themes and no immediate concerns identified. For the Covid 19 deaths, all patients were in older peoples inpatient services and all had co-morbidities which primarily contributed to their death.

The Medical Examiner role has now been agreed and an established process in place. The LYPFT Medical examiner will review all deaths of any inpatient who is not subject to a coroner's inquest. The medical examiner will review using the structured judgement review process, linking with the existing Learning from Incidents and Mortality Meeting, held every fortnight. It is estimated that the ME will review approx. 3 deaths per year. If there are concerns this will be further reviewed by a second medic and the ME will link with LTHT Medical Director for peer support/governance.

No concerns were raised by staff or carers relating to any deaths that have not been subject to any serious incident. We continue to participate in the LeDer review (learning disability mortality review programme), sharing learning across the city of Leeds. Whilst LeDer has evolved in the last 6 months with changes to the review process and being place based, we have continued to support the reviewers as and when required.

Inquests

Between the 1 April 2021 and 31 March 2022 we were registered by the Coroner to be involved in **26** inquests, all of which have been concluded.

From these inquests, LYPFT received **two** Prevention of Future Death (PFD) reports served by the Coroner under the Coroner's (investigations) Regulation 28. The Trust responded to the Coroner in accordance with regulations providing a full response including action plan. The learning from these reports has been implemented within Care Services.

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) Lev 2,3,4	Severe (%) Lev 2,3,4	*Death (No)	Death (%)
21-22 Q1	1688	655	38.80%	16	0.94%
21-22 Q2	1484	536	36.12%	11	0.74%
21-22 Q3	1244	416	33.44%	10	0.80%
21-22 Q4	1328	398	29.97%	9	0.68%

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

Between 1 April 2021 and 31 March 2022 a total of 9,113 patient safety incidents were reported on the Trust's incident reporting system DATIX. Of these incidents 306 (3.4%) 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
21/21 Q1	1017	585	66	4	16	1688
21/22 Q2	937	480	54	2	11	1484
21/22 Q3	818	368	44	4	10	1244
21/22 Q4	921	361	36	1	9	1328
Total	3693	1794	200	11	46	5744

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 (no harm sustained)	Harm level 2 (minimal harm, increased observations, minor interventions)	Harm level 3 (Short term harm medical treatment needed)	Harm level 4 (Longer term harm where surgery needed (such as a fracture))	Harm level 5 (Death has occurred due to incident)	Trust wide total
Quarter 1	105	49	3	1	0	158 total number of falls
Quarter 2	88	43	4	0	0	135 total number of falls
Quarter 3	76	27	4	0	0	107 total number of falls
Quarter 4	76	28	4	1	0	109 total number of falls
Trust wide Total	345	147	15	2	0	509 total falls Q1-Q4 2021/22

During 2021-2022 the Trust, including Specialist Supported Living, recorded a total of 509 falls.

The 2021-22 data sets include falls where the fall was witnessed, unwitnessed or where the service user placed themselves onto the floor. During 2021-22, 67.77 % of all falls resulted in no harm, and 28.88% of falls resulted in minimal harm, increased observations and minor interventions.

During Q1 2021-2022 there was a severity 4 incident following a fall. This has been discussed with the service to confirm that LCC as the registered provider was the lead investigator and has systems in place to ensure that any learning is shared with LYPFT.

During Q4 2021-2022 there was a severity 4 incident following a fall. This incident is subject to a concise review and will be shared with the local CIF, clinical governance meeting and the learning taken to the falls and pressure ulcer improvement forum.

- ❖ 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 2022-23, with a reduction in current COVID-19 cases, and return of shielding staff, the full Falls & Pressure Ulcers Improvement Forum will be relaunched to continue this important improvement work.

Pressure Ulcers

During 2020-2021 Q1 and Q2 and Q3 there were 9 pressure ulcers recorded in LYPFT. In Q4 there were x4 incidents in LYPFT

Of these 13 incidents: 7 were acquired **prior** to the patient being admitted to LYPFT; 1 reported as severity 1; 4 were reported as severity 2 and 2 were reported as severity 3.

Of the 13 incidents, six developed / worsened **during** LYPFT inpatient stay. Of these 6 incidents, 4 were categorised a grade 1 (non-blanchable erythema of intact skin: persistent redness in lightly pigmented skin) and 2 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. 1 was categorised as a graded as category 3 where there may be full thickness skin loss (fat visible/ slough present).

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

Over the last year the safeguarding team has undergone a change in management. The previous Head of safeguarding left LYPFT to commence a new position followed by the retirement of the Deputy head of safeguarding. Since, the team have welcomed a new Head of Safeguarding and an existing safeguarding practitioner was successful in securing the position of Deputy head of safeguarding.

Despite COVID 19 and the requirement for agile working the safeguarding team have continued to implement the duty system. This enables all LYPFT staff seeking advice and support on all matters of safeguarding to speak with the duty safeguarding practitioner. In the last year the safeguarding team have given advice for 1000 calls.

Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

Staff are made aware of how to contact the safeguarding team via a variety of methods, training, safeguarding supervision, staff bulletin, Trustwide communications and the Trust Intranet.

Since July 2021 the safeguarding team now regularly provide Level 3 safeguarding children and adults training both initial and refresher via Microsoft teams. Training compliance for adults and children continues to increase across all levels. Level 3 has increased significantly in the last 12 months and the figures have continued to increase since face-to-face virtual training was introduced July 2021. Prevent training compliance remains high at 92%. Training is further enhanced by the roll out of the regular Trust-wide Safeguarding Bulletin with updates as to relevant forthcoming learning and teaching events and resources.

In response to child safeguarding practice reviews, safeguarding adult reviews and domestic homicide reviews the safeguarding team have developed bespoke training packages and briefings to support staff to understand their safeguarding responsibilities and ensure they respond appropriately.

Safeguarding supervision supports improving the lives of children, young people and adults at risk

The safeguarding team continue to champion and promote Think Family Work Family encouraging staff to keep the child in focus and try to understand the child's lived experience. Identification of young carers work continues with the patient experience team and Family Action. Despite COVID Family Action have continued to offer training to LYPFT staff.

The safeguarding team continue to facilitate Safeguarding Supervision across the organisation. Throughout the pandemic the safeguarding team have facilitated safeguarding supervision using a whole family approach online. This work has been to raise awareness of safeguarding supervision among adult mental health staff in acute areas such as Community Mental Health Services, Acute Liaison Psychiatry, CRISIS services, Eating Disorders, Veterans Mental Health Teams and the new Emerge Personality Disorder service. The purpose of this is to recognise the impact of COVID 19 on adults at risk, children and families and what we are doing as an organisation to strengthen our safeguarding response and improve staff resilience and wellbeing in this area of work with regular reflective safe spaces.

LYPFT Safeguarding Team support the North Regional National Deaf CAMHS service. Language deprivation and how this is a wider safeguarding concern is a repeated theme experienced by this group and an emerging theme during safeguarding supervision. The

Safeguarding Team and Deaf CAMHS service have produced a training presentation to raise awareness of this presenting at Leeds, York and North Yorkshire Safeguarding forums.

The Safeguarding team chair a network meeting between LYPFT frontline practitioners across Community, CRISIS, Perinatal and Acute Liaison services and the three Early Help hubs across Leeds. The purpose of this network meeting is to strengthen partnership working, enable professional challenge, escalation of concerns, learning together and to promote Think Family working. Each network meeting includes discussion and debate on a piece of relevant research which has included Adverse Childhood Experiences and Safe Sleeping Guidance. Members of the group have opportunity to present to the network. The LYPFT perinatal team recently delivered training on Safe Sleeping Guidance to the Network. The Network have an associate Task and Finish group who are developing a Parental Mental Illness package and one minute guide to deliver across the city via the Leeds Safeguarding Children's Partnership. The package is in the final draft stage and will be ready for Spring 2022.

Safeguarding is everyone's responsibility

A new Safeguarding additional referral form is now available on Care Director. Staff can use this to capture all the necessary safeguarding information in one place enabling easy access and viewing. This form will eventually be the sole provider of data collection.

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

Mental Health Legislation

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 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

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. Quality review visits to the most frequently used hospitals were reinstated towards the end of 2021, with two visits of the most commonly used out of area hospitals (Cygnets Hexham, and Priory Norwich) being carried out in November and December.

Times have been challenging in recent months, with acute services stepping into business continuity and a significant proportion of the acute wards being closed to new admissions due to Covid 19 outbreaks. Quality visits were consequently suspended in January and February and ward closures have impacted on out of area placements. However out of area placements to acute and PICU have remained below 20.

Out of area providers have also struggled during this time with staffing challenges and Covid outbreaks on their wards. In January and early February both Cygnets and Priory were admitting to acute wards where Covid infection was present. Both were following agreed protocols and processes to ensure the safety of service users was maintained.

Now that we are emerging from this difficult period quality review visits have been scheduled, recommencing at the end of February.

Priory Dewsbury received a rating of 'Requires Improvement' in November. At the time there were 4 male service users on the acute (organic) Ward and two males on the locked rehab ward. The host CCG, Kirklees, conducted an overarching review to which LYPFT contributed. Feedback from this review has been received from Kirklees and this will be the firstly hospital to receive a quality visit at the end of February (conducted jointly by the out of area locked rehab case manager and the Out of area acute and PICU specialist practitioner)

Out of area placements were audited by Audit Yorkshire in late 2021 and 'significant assurance' was granted ('Quality of Area Placements Report: Ref. LY01/2022'). A small number of actions were identified. An action plan to address these has been drawn up by the Operation Manager in the Capacity and Flow team and is currently being worked through.

The out of area Specialist practitioner and Operations Manager are working with colleagues in the patient experience and involvement team to explore options for eliciting service user and carer feedback. It has been agreed that the patient experience team will support the OOA Specialist practitioner in contacting carers of service users who are currently placed out of area, or who have been in the past to invite them to a virtual group; aimed at gaining feedback on their experiences and suggestions for improvement. The out of area specialist practitioner will also be working with out of area providers in seeking their support in administering the 'have your say' to all service users on discharge.

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

The Coronavirus pandemic has proved to be the biggest healthcare crisis in a generation and we have experienced extremely high levels of operational pressure as a result, which has also affected the delivery of our QIPs. Despite this, we wanted to provide people with the opportunity to consider whether this was an opportunity to also revise our QIPs for 2021/22, which has been through a consultative process that included:

- A survey form along with a paper detailing the current QIPs impact to date was sent to key stakeholders asking them to discuss the following options with their teams and where possible seek the views of service users and carers, to select:
 - Option 1: Continue with current QIPs, reviewing their impact and consider what more we may need to do enhance them (Remain with the same).
 - Option 2: Review current QIPs and based on their impact, decide which ones to continue with and which new Trust-wide QIPs to add (Change QIPs).
- Additional comments box was also added for people to suggest new QIPs (for option 2) or provide general feedback.
- Results taken to our two main clinical governance care groups (Leeds Care Group and Specialist Services & Learning Disabilities Group) for further discussion/consultation and recommendations.
- Recommendations from both care groups forwarded onto Trust-Wide Clinical Governance for decision.
- Consultation then taken to Council of Governors on 2022/23 QIPs, with outcome paper to Quality Committee in March.

Consultation outcome

There were 25 responses to the survey, with 13 selecting Option 1 and 12 for Option 2. However, it should be noted that some of these responses were representative of whole services, rather than individuals.

Several comments were also received as part of the survey. Key themes identified have been:

- Current staffing pressures impacting on quality improvement work and adding further QIPs may be unrealistic in the current climate.
- Delays have been faced by current QIPs due to pandemic and it would be of benefit to progress these further.
- Strong preference to keep current QIPs (due to pressures and current impact of QIPs).
- Only have 2-3 QIPs to increase focus
- Retain those that will have significant impact on safety and staff/patient experience but strengthen with additional aims and actions.
- Tension between Trust-wide vs. Service specific priorities.

Additional recommendations were also received on either keeping or removing the following QIPs and the reasons for doing so:

- Keep
 - Autism training highlighted several times in feedback with a desire to continue the current QIP.
 - Triangular of Care, due to not being fully implemented/embedded across all areas.
 - Clinical leadership development, for more consistent clinical input and decision-making.
- Remove
 - Reducing harm via nicotine management and e-cigarette use, which would continue as a stand-alone project rather than a Trust-wide QIP, as considered 'desirable'.

The above results and recommendations were taken to both Care Groups' clinical governance meeting for further discussions and were agreed upon, including removing the one QIP suggested. This was then forward onto Trust-Wide Clinical Governance where it was collectively agreed that we would remain with our current QIPs for this year, with the removal of *Reducing harm via nicotine management and e-cigarette use*, which would continue as a stand-alone project and will now report into the Infection Control & Physical Health Committee.

Safe

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

Our 2022/23 QIPs for improving safety are:

Quality priority	Quality improvement priority (QIP)	Projected quality improvement outcomes 2022/23
S1 Patient Safety	Safety Planning across the Services	<p>Risk assessment task and finish group to continue reviewing the existing risk protocol and risk assessment/management tools used in the trust.</p> <p>Review clinical risk assessment and management policy.</p> <p>Continue with clinical risk and safety planning training and share with staff as a resource after.</p> <p>Consider revising the risk assessing processes, in line with national guidance.</p>

Effective

EFFECTIVE: we will achieve good outcomes with people based on best available evidence. Our 2022/23 QIPs for improving effectiveness are:

Quality priority	Quality improvement priority (QIP)	Projected quality improvement outcomes 2022/23
Physical Health	Improving the quality of physical healthcare monitoring and the associated interventions:	<p>Community Weight Management Project The funding for this project is due to come to an end. During Q1-Q2 this project will be evaluated and outcome shared.</p> <p>Improving oversight and reporting for cardio metabolic assessment We will continue to develop a Care Director dashboard to report PHMIT activity data</p> <p>We will continue review 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 continue to support ongoing development and use of dashboards for service improvement.</p> <p>Clozapine pathway development 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>

Responsive & Caring

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

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

Our 2022/23 QIPs for responsive are:

Quality priority	Quality improvement priority (QIP)	Projected quality improvement outcomes 2022/23
Patient Experience & Feedback	Triangle of Care	<p>Q1: We will satisfy the second part of the accreditation process, by meeting with the members of the carers trust and peer reviewers.</p> <p>Q2 – Q3: Promote internally and externally the achieved accreditation.</p> <p>Evaluate outcomes, draw lessons learnt and share of good practice.</p> <p>Q4: Outline outcomes and learning in evaluation report.</p>

Well Led

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

Our 2022/23 QIPs for well led are:

Quality priority	Quality improvement priority (QIP)	Projected quality improvement outcomes 2022/23
Patient Experience & Patient Safety	Autism Awareness Training	<p>LADS has received additional recurrent funding from CCG to improve training and consultancy offer.</p> <p>New clinical psychologist and advanced practitioner in post.</p> <p>Plans for rolling (weekly) program of half day clinician training.</p> <p>'Enhanced consultancy' for autistic service users with complex mental health problems.</p>

Quality Improvement	Supporting the development of clinical leadership for quality.	<p>Through a structured process provide a developmental opportunity for clinical leads and senior leadership teams that will enable them to lead their services to meet quality standards</p> <p>Steps:</p> <p>Collate a literature base for world class clinical leadership</p> <p>Complete the scoping of the skills and qualities for good clinical leadership and how they can be best developed in LYPFT</p> <ul style="list-style-type: none"> - Clinical lead focus group is complete and summarised - Hold further focus groups (HoOPs, frontline staff) <p>Collate the feedback data from the above focus groups into a report that will describe the development needs for the clinical leads and wider organisation</p> <p>Use protected development space with the clinical lead group to share the feedback report and to co-produce a clinical leadership development plan that aligns with the internal structures and cultures</p> <p>Using external coaching to develop strong, effective working relationships between clinical directors and their clinical leads</p> <p>Develop an engaged clinical lead forum that sits within the permanent organisational structure</p>
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How our quality and quality priorities will be monitored throughout the year:

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

Progress against the 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.

SECTION 5

Statements from others on the Quality Report and Account



Thank you for this opportunity to comment on your Quality Account. We believe that the account covers all the requirements as laid out in the guidance and generally this is presented in a clear and concise style, recognising that it is aiming to cover the vast majority of LYPFT activity. We welcome the continued positive work the Patient Experience and Carer Team (PET) have been leading on, in particular the involvement of people in the Together We Can work and the Community Mental Health Transformation Project. Also, the PET involvement in the citywide Peoples Voices Partnership has been extremely valuable. It would be good to see some more examples of how insight from patients/service users is being used and in particular how it is influencing the Senior Management Team at the Trust. We also feel that there could be more emphasis on learning from complaints, concerns, investigations and near misses, whilst recognising that this might not always be appropriate for the Quality Account it would be beneficial to showcase changes that have been made, within the Trust and citywide, from these areas (e.g. more of the ;'You said, we did' style of reporting that is alluded to in the Quality Account).

As with last year, 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 feedback that there are still some issues where many people, including young adults, were waiting excessive amounts of time to access 'talking therapies' etc. This was an issue last year so it would be good to have an update on what has been done to improve access/speed of referral?

Overall, the report highlights a lot of fantastic work and progress made in yet another challenging year for the Trust and we hope that by producing this, the Board of LYPFT can reflect on the year and perhaps ask themselves 3 questions based on this report:

1. How good are the services we provide?
2. What action is required to become an organisation that genuinely understands and meets the needs of its service users?
3. Are we continually improving to ensure we are spending our budget responsibly and wisely?

Leeds Clinical Commissioning Group; review of Leeds and York Partnership Foundation Trust Quality Account 2021/2022.

Leeds Clinical Commissioning Group (CCG) is pleased to review the Leeds and York Partnership Foundation Trust (LYPFT) Quality Account 2021/2022.

It's a detailed report that reflects well the hard work and dedication of LYPFT staff and the strong focus on improving outcomes for people who use LYPFT's services and their families. The report is comprehensive, easy to read, and the pictures/illustrations compliment the text well and support reader engagement.

Leeds CCG supported LYPFT's quality priorities for 2020/21 as we started to emerge from the Covid-19 pandemic, and we recognise the immense challenges that have been faced. We thank LYPFT staff for their hard work and commitment against circumstances that stretched the local health and care system throughout. The CCG acknowledges that these priorities contributed towards the Leeds Health and Care Plan (2020/21) for better integrated partnerships to improve health and wellbeing for all ages and for all people in Leeds to: -

- protect vulnerable people and reduce inequalities
- improve quality and reduce inconsistency
- build a sustainable health and care system with the resources that we have.

And support the work to address inequity and inequalities articulated in the CCG's Health Inequalities Framework for Action.

Staffing pressures within the NHS are a significant challenge and the Covid-19 pandemic has amplified these. The report acknowledges that the LYPFT workforce is at the centre of everything the Trust does and it's good to see the clear focus and longer-term plans around staffing in terms of how the Trust will meet the needs of people who use services its services in the coming years. In addition, there's clearly a positive focus on supporting staff and acknowledging achievements, for example, Team of the Week, Wellbeing Wednesday and the Staff Disability and Wellbeing Network (DaWN).

We note the update provided relating to the Trust's Quality Strategic Plan and the aim of continuing to build on the work already undertaken. It's positive to note the commitment to commission new work to address new challenges which will ensure the Trust are able to understand the level of quality provided and the skills to know how to develop it further.

The report acknowledges the imminent changes relating to how commissioning arrangements will change as we move into an Integrated Care Board (ICB) structure. The report notes how Provider organisations, like LYPFT, are being empowered to take control of the commissioning and provision of services, working constructively (and not in competition with) partners. The CCG looks forward to building further on the partnership approach already in place.

It's good to note the consideration given to Quality Improvement Priorities (QIPs) and the preference to keep existing QIPs, in particular those that have a significant impact on safety and staff/patient experience. It's also positive to see the QIPs aligned to the Care Quality Commission (CQC) key domains – Safe, Effective, Caring, Responsive and Well-led and the overall continued focus on quality and support of the organisation's five-year strategy *Living Our Values to Improve Health and Lives*. It's clear that the *Quality Strategic Plan* will continue to underpin the Trust's other strategic plans. The work around embedding the Trust's definition of quality (STEEEP) is encouraging which includes making healthcare safe, timely, effective, equitable and patient centred.

A particular point to note in the report is the introduction of a medical strategy, which is noted as the first in LYPFT's history. As described in the report, the medical strategy will guide the work within the medical directorate and the wider Trust for the next three years. Such a strategy will hopefully align well to the new

West Yorkshire ICS clinical and professional directorate aims to promote and strengthen good clinical leadership at all levels.

The CCG thanks LYPFT for sharing their Quality Account 2021/22. We look forward to working with the Trust over the coming months as we continue to emerge from the pandemic and transition into the new world of the ICB.

Nick Allen
Head of Quality and People's Experiences
Leeds CCG
23/05/22

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2021/22 Quality Report and Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, service and professional leads, the Senior Management Team and the Board of Directors.

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

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Let's get social

Facebook: Leeds and York Partnership NHS Foundation Trust

Twitter: @leedsandyorkpft

Youtube: Leeds and York PFT

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Communications

For all media enquiries or if you would like copies of this report or more information about the Trust you can contact us on:

Tel: 0113 85 55989

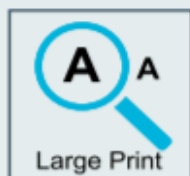
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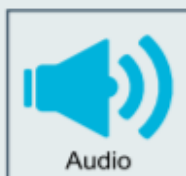
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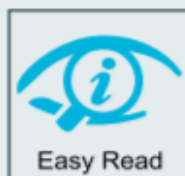
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Glossary

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 master planning 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