

# Quality Report and Account

2022 - 2023

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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

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.

# Our Services

Here's a summary of our services, you can visit our website for more details about these at [our services](#):

Adult Inpatient Services including Psychiatric Intensive Care Service (PICU)	Deaf Child and Adolescent Mental Health Service (Deaf CAMHS) – National
Adult Attention Deficit Hyperactivity Disorder (ADHD) Service	Community Learning Disability Teams (CLDT)
Autism Diagnostic Service (LADS)	Liaison Psychiatry
Alcohol and Drug services: Forward Leeds	CONNECT The West Yorkshire Adult Eating Disorders Service
Blue Light (emergency services mental health support)	Community Rehabilitation Enhanced Support Team (CREST)
Child and Adolescent Mental Health Service (CAMHS) Inpatient Unit at Mill Lodge	Children and Young Peoples Mental Health Service (CYPMHS) Inpatient Unit for West Yorkshire
Younger People with Dementia Services	Rehabilitation and Recovery Inpatient Services
Veterans Mental Health Services	Perinatal Mental Health Service
Gender Identity Service	Care Homes Team
Healthy Living Service	Locked Rehabilitation Service
Learning Disability Inpatient Services	Working Age Adult Community Mental Health Service
Learning Disability Specialist Health Planned Care (Respite)	Intensive Home Treatment Team for Older People
Memory Assessment Service	

EMERGE Leeds: Complex Emotional  
Needs Service

Leeds Psychosexual Medicine (PSM)  
Service

National Inpatient Centre for  
Psychological Medicine (NICPM)

Pathway Development Service –  
Yorkshire and Humberside

Admiral Nursing

Mental health crisis services and health-  
based places of safety

Older People's Inpatient Services

Older People's Community Mental Health  
Services

ME/CFS Service (Chronic Fatigue  
Syndrome/ Myalgic Encephalomyelitis)

Northern Gambling Service

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



# Our Values

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



**811k+**

people we  
provide services  
to

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**36**

services we  
provide

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**Good**

our overall CQC  
rating

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**£241.6m**

annual turnover  
for 2022/23

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**65**

sites we operate  
from

---

1

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<sup>1</sup> "People we provide services to" relates to the population who may require our services.



## Our People



**3,085**

substantive staff



**625**

bank staff



**201**

medical staff,  
including  
consultants,  
doctors and  
registrars



**843**

other clinical  
staff, including  
health care  
support workers



**800**

registered nursing  
and midwifery  
staff



**227**

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



**207**

allied health  
professionals,  
including  
occupational  
therapists and  
dietitians



**807**

admin, estates  
and non-clinical  
staff



**102**

volunteers



**151**

members of our  
Workforce Race  
Equality Network  
(WREN)



**75**

members of  
our Disability  
and Wellbeing  
Network (DaWN)



**86**

members of our  
Rainbow Alliance

<sup>2</sup> The numbers of staff and volunteers are a headcount of colleagues.

## Our Services and Service Users



**83%**

of staff feel  
their role makes  
a difference to  
service users

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**38**

people have  
taken part in  
our Service User  
Network (SUN)  
activities

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**36**

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

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**27**

service users and  
carers supported  
our recruitment  
panels

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## The Trust Online



**20,895**

the average  
number of  
visitors to our  
website each  
month

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**283**

Facebook posts

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**392**

Twitter posts

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**3,966**

page fans  
on Facebook

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**9,369**

Twitter followers

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# Section One

# Section One

## Statement of Quality from the Chief Executive

2022 was a year of transition from covid to the path of recovery for the Trust. It's been both an exciting and challenging time as we see projects take off and the shoots of progress appear after paused work. In 2022 we cemented new ways of working within the Trust to keep up with the changing demands and pressures felt across our services. Targeting the redeployment of staff to the areas that need it the most and embedding our agile/hybrid working environment has offered us all much greater flexibility, and keeping our trust values of simplicity, caring and integrity at the heart of all we do is just as important now as when we first developed them.

I am incredibly proud of everyone at the Trust for adapting to the changes and challenges and driving the Trust forward. I have seen this in real-time as our community mental health service faces acute pressures from escalating demands and significant staff shortages. Redeployment of staff to offer support to the CMHT, even if it is just one day a week, has also seen team members dust off their nursing hats again, myself included.

We have also seen challenging periods over winter for staff, who have shown



**Dr Sara Munro**  
**Chief Executive**

exceptional resilience despite facing significant pressure from seasonal demands and ongoing industrial action. I am immensely thankful for the continued hard work to limit the effects this has on our service users and carers and the work done to support our staff. This has included work, which at the time seemed outside our remit, however acutely crucial to the wellbeing of our staff, and that was producing our Cost of Living support. This work included a support pack with relevant, valuable, and accessible information on help available to staff, locally and nationally. And our teams didn't stop there, going on to produce a valuable resource for service users and their families, recognising the real impact financial

challenges have on people's wellbeing, especially our vulnerable service users.

In September, BBCs Panorama aired "Undercover Hospital: Patients at Risk, showing undercover footage of the treatment of service users at another organisation. In response, it was important that we progressed work to evaluate the safety of our inpatient services. This has allowed us to recognise what is working well and what we will continue to improve moving forward. We identified some great work relating to responding to feedback and complaints, our robust Peer Review process, good relationships with advocacy services and we have a well-established Freedom to Speak Up Guardian.

In the summer of 2022, we left our old Trust HQ site. With a tenancy up and agile working the way forward, the site had become redundant. This change meant hosting teams at our existing Trust sites in and around Leeds, with bookable desks and meeting rooms available when required. We moved our official HQ to St Mary's House and started work to bring the older buildings at that site up to modern, sustainable standards. Over the coming years, our site footprint will change to allow us to provide the best services we can using estates that are more sustainable for our environment and cost effective.

We also said goodbye to Trust Chair Sue Proctor, who held the post for six years. Sue has helped us deliver real and sustainable change across the Trust and supported us through some of the most challenging times the NHS has

ever experienced. But I have been excited to welcome Merran McRae as our new Chair. Merran brings a wealth of experience and commitment to partnership working as a non-executive director and has made a quick transition to becoming our Chair. There were also changes within our staff networks, with Mahesh Patel and Maxine Brook taking up as co-chairs of the Workforce Race Equality Network and Ian Andrews and Sophie Bracewell as new co-chairs of our Rainbow Alliance. They have worked hard this past year, and I am excited to see the continued journey.

Other changes seen across this Trust this past year include our Green Plan, launched last summer to deliver the NHS Sustainability Promise. With this launch, we set up the Sustainability Team with Naomi Makin leading the change with her team to a greener future at LYPFT and embedding sustainability in everything we do with Sustainability Champions across the Trust.

Over the last year, the Trust, myself, teams, and staff members have shaped healthcare in the region. Working with the NHS West Yorkshire Integrated Care Board and Leeds Health and Social Care Hub, continuing our vital work with our regional partners and the communities we serve to improve local people's health and wellbeing by working collectively. The Synergi-Leeds Partnership is one such we lead on. It is a collaboration between ourselves, service users and carers, the local authority and third-sector partners created to tackle the persistent mental health inequalities problem for Minority



Ethnic groups. Synergi-Leeds has launched a film produced with the support of our staff and service users in our Trust, The Journey to Racial Equality in Leeds Mental Health Services. As I write this, we are also launching the Admiral Nursing Service at St James's University Hospital in April. So much to come ahead of us in 2023 with our partners.

I also want to highlight the continued important work of the Northern Gambling Service and Matt Gaskell, Consultant Psychologist, who has been at the forefront of bringing attention to the service and driving changes in the gambling Industry. He has had discussions with Government on Gambling White Paper. His work in this area has seen him work with BBC News and Newsnight to cover a 'significant piece' before the Government Gambling White Paper is published and featured across national and international news.

There is so much meaningful work taking place with service users in the organisation. One of those pieces of work we have seen this year is the Beat the Blues project. Between 2022 and 2024 a series of programmes of music sessions is being run by Cloth Cat Leeds in partnership with the Arts and Minds Network. A short film was released showing how the project has already had a positive impact on some of our service users within the Assertive Outreach service. The film told us of the benefits to this programme for individuals using our services and how music has impacted on them. Another project which is underway with the support of our Improvement Team, is the embedding of meaningful outcome

measures within services. Our clinical teams have been working hard to identify and implement the right outcome measures for their service users. The teams involved in this work are now working with the Improvement Team to embed there next steps into practice. By embedding meaningful outcome measures, services will be able to measure the benefit of their interventions. With further work due to take place in summer, we look forward to hearing more about this important work.

Supporting our staff members last summer, we wanted to say, 'thank you' to everyone in person with the wonderful 'Big Thank You' events held across our Trust sites. Although we could not go ahead with the big party we had planned, we could still connect as teams and celebrate what mattered. Building off the success of the Big Thank You events, we wanted to continue and had a Christmas Drinks van set up to visit our bigger Trust sites to offer staff a free hot drink and cake. We also sent packages out to our smaller sites to enjoy as well over the Christmas period. As expected, this went down well, so our People Experience Team arranged for the van to return this past Easter. This summer will bring the NHS 75 celebrations, focusing on celebrating everyone in our Trust. In 2022 we made significant improvements to our staff training and support systems by investing in our people with the launch of Learn, which has a significantly enhanced user experience and 360 Manager, offering self-directed resources and facilitated interventions to support our colleagues across LYPFT to

access appropriate resources and timely development.

I also want to acknowledge the achievements of individual staff and teams here at LYPFT. 2022 was a bumper year for award nominations and wins. We have been recognised nationally for our hard work, resilience, and achievements. Some of our services have also seen National Accreditation. The Carers Trust awarded the Trust a 2-star Triangle of Care accreditation, the highest level of accreditation that mental health trusts can obtain through the program. This accreditation recognises the work we have achieved in working alongside our carers to improve their experiences. The Perinatal Community Mental Health Service was accredited by the Royal College of Psychiatrists' perinatal quality network, again for our high standard of care. In October, we saw the Mother and Baby Unit and Perinatal Community move back to the Mount after being relocated in April 2020 to accommodate the Assessment and Enhanced Care Unit Covid ward for older people. The service has improved facilities following improvement works completed by our estates team. Leeds Autism Diagnostic Service received re-accreditation in March from the National Autistic Society. LADS is the only NHS adult autism team to possess this

accreditation, a benchmark of quality and accessibility, a testament to these teams' hard work and, with all these, our commitment to patients and carers. The Research & Development at LYPFT launched its three-year strategy in 2022. Covid highlighted the importance of research and development. Without it, we can't move forward. It informs how we provide care and improves outcomes for patients. I am excited to see more work come out of this fantastic team and celebrate its monthly successes.

This year also saw the organisation granted the 2022 Employer Recognition Service (ERS) Silver Award. The Armed Forces Covenant is a pledge that together we acknowledge and understand that those who serve or who have served in the armed forces, and their families, should be treated fairly. This demonstrates our commitment to support the Armed Forces and ensure recruitment practices are fair.

As a new year starts, we still face challenges; demand for our services is at an all-time high, and pressures on staff are increasing. It's inspiring to see the resilience of everyone at the Trust, and I am confident that we will meet the challenges we face. We face them with integrity, as simply as possible and with care and compassion.

# What is the Quality Account?

Once a year, every NHS Trust is required to produce and publish a Quality Account. The account 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 (2022-23), 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 (2023-24), why we have chosen these priorities, and how we will go about it.

# Statement of Directors' responsibilities in respect of the Quality Account

Organisations are required under the [Health Act 2009](#) and subsequent [Health and Social Care Act 2012](#) to produce Quality Accounts . NHS England has issued guidance on the required indicators within Quality Account. In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the content of the Quality Account is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2022 to March 2022
    - papers relating to Quality reported to the board over the period April 2022 to March 2023
    - feedback from local Healthwatch organisations dated 8<sup>th</sup> June 2023.
  - the Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
  - the performance information reported in the Quality Account is reliable and accurate
  - and the Quality Account has been prepared in accordance with NHS England's guidance.
- . The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

**Date:** 22<sup>nd</sup> June 2023

..........**Chair**

# Section Two

## Section Two

### Trust Strategies in relation to Quality

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

We have a set of strategies that define how we want to develop our services

and workforce over the next 5 year. In 2016 our staff, service users, members and partners were invited to re-imagine our future and refresh our five-year strategy as part of the Your Voice Counts campaign. Our strategy on a page sets this out in a simple way:

#### Our five year strategy for 2018 to 2023

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



# Update on our Quality Strategic Plan – 2023 and beyond

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

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

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

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

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

## The 5 Dimensions of the Quality Strategic Plan

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

We have continued to develop our understanding of the Safe Reliable Effective Care framework, aligning it more for our organisations need and to 'localise' the language and terms used within it. The has been used as an insight into the leadership, culture and learning within a few

work place settings and we continue to explore how it can support the equity agenda.

- **Know where quality high spots and hot spots are** in order to celebrate, direct support and learn from, across all areas of our diverse and distributed organisation. Activity has continued throughout the year on our quality dashboards which will be key for how our services know how they are doing in relation to quality.
- **Provide help in a joined-up way where it is needed** using shared and integrated methods. There have been several activities over the past year where support department like Clinical Audit, Organisational Development, Continuous Improvement and informatics have collaborated jointly to help our services explore and develop solutions.
- **Have systems to help us manage Trust wide priorities** using our quality methodologies have played an important part over the past year to help services understand the impact the pandemic has had, and work continues to quality methodologies to redefine what the future of our services could be.

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

Each Clinical Service has to produce a Annual Service Quality Report which during 2022 was review and has been structured so that it aligns with the 5 Dimensions of the Quality Strategic Plan. This new reporting template was rolled out during Jan – March 2023, and now is in use across the organisation.

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

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

A key deliverable for the Quality Strategic Plan is our approach to how we build engagement with staff across the organisation with the Quality Strategic Plan further.

# Update on our Medical Strategy

The Medical Directorate is pleased to be able to report that the work of the strategy is being implemented of the three priority areas which are set out in the table on Page 20.

We continue to create conditions for our doctors to be able to develop alongside colleagues in highly effective teams so that our patients receive the very best care.

## How we assure – Appraisal

The return rates of completed medical appraisals are now back to pre-covid levels and have recruited more medical appraisers. We provide new appraisers with individual support and supervision.

In line with succession planning, we have recruited the Associate Medical Director for Medical Appraisal and Head of Medical Development and Operations. We have also recruited a Consultant Appraisal Lead and SAS doctor Appraisal Lead who provide support and training to new appraisers and quality assures all medical appraisals.

## How we assure – when in difficulty

Working collaboratively with colleagues in Workforce, British Medical Association and Medical Directorate, the policy which provides assurance that concerns regarding doctors are being managed effectively in accordance with Trust procedures and Maintaining High Professional Standards in the Modern NHS has been approved and ratified.



**Dr Chris Hosker**

**Medical Director**

## Medical Education – How we grow

Roles and opportunities in medical education are show-cased at the Annual Medical Leadership Day.

We continue to deliver a Continued Professional Development programme supporting the delivery of the learning needs analysis and effective and efficient use of allocated funding and resources.

## Medical workforce – how we join, how we stay, how we lead and are led

In 2021, LYPFT was approved by the General Medical Council to recruit doctors from overseas and following recruitment, have successfully appointed

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

six Educational Specialty Doctors who are in post.

We have implemented the reformed SAS doctor contract and encourage doctors to participate in programmed activities.

The annual Medical Leadership event which supports engagement regarding opportunities available at LYPFT is attended by consultants, SAS doctors and Higher trainees. We also connect with higher trainees through formal and informal discussions regarding career progression.

New Medical line managers have embedded training specifically on recruitment, induction and job planning which is supported by the Deputy Head of Medical Development and Operations.

### Opportunities

We are proud in LYPFT that our medical workforce is diverse however work is taking place following the appointment of the MWRES lead who is creating an Equity Action plan specific to differential attainment in training, pay gap, international medical graduates (IMGs) induction into LYPFT. The MWRES is a key member of the Good Medical

Practice Assurance meetings which, comply with the statutory responsibilities of the Responsible Officer Regulations to ensure all doctors keep up to date, remain fit to practise and are fit for the purpose they are employed/contracted for.

### Challenges

Recruitment continues to be a challenge, although numbers which are entering specialty training have increased and training schemes almost at full capacity, the challenges have reached consultant vacancies. In addition, 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 although, we have been lucky that there have been some consultants who have retired and returned retaining some expertise.

We continue to look at innovative ways to improve medical recruitment. Following the success of the overseas recruitment, are planning to revisit this for 2024. International recruitment for consultants brings its own challenges as not all competencies are transferable in the UK.

## **Implementation of the strategy**

All actions relating to medical education, appraisal, recruitment, retention, line management support, leadership and dealing with concerns are being

progressed through active governance groups and meetings to our commitment of being an employer of choice for medical staff.

## Update on our Nursing Strategy

Significant progress has been made across the Nursing strategy following a period of pause with many of our goals being achieved over the previous 12 months.

National and local nursing workforce pressures have meant that **recruitment and retention** of Nursing staff has remained central to our strategy with the need to maximise workforce opportunities through expanding career pathways and innovation around new roles with the aim to make LYPFT an employer of choice.

Clear career pathways have been defined through apprenticeship route from Assistant Support Workers through to Nurse Consultants. A focus has been placed on Apprentice Health Support Workers applicants who may not ordinarily be successfully appointed to a Health Support Worker (HSW) post due to a lack of clinical experience but have the required qualifications and values and are therefore supported through this programme widening opportunities for this group and enabling them to gain the skills and competencies required to transition to a Health Support Worker.

Our most significant numbers of learners are those who are training in the Nursing Associate role (TNA). The majority of those recruited onto the TNA Apprenticeship programme were appointed internally from our substantive or bank HSWs. We are now seeing TNAs who have qualified as Nursing Associates being supported through an



**Cathy Woffendin**

**Director of Nursing,  
Quality and Professions**

apprenticeship route to 'top up' and complete their RN training. We have recently seen the apprenticeship route include Advanced Nurse Practitioners who bring clinical skills, leadership, and high standards of quality care into clinical services. We aim to increase these numbers through the agreement of centralised funding for these roles.

Student nurses have made a valuable impact on recruitment during the previous 12 months where nationally the challenges of recruiting experienced nurses have been significantly difficult. We have therefore made it our priority to ensure that our Student Nurses are supported as key contributors to our



workforce and engagement from commencement of induction through to their final year has been essential. This has included simplifying the recruitment process and enabling our third year Leeds and York nursing students who have had two or more assessed placements with LYPFT are now offered substantive posts through career conversations.

We have welcomed our first international nurses into the Trust, following a robust and personalised service clinical induction programme led by the International Nurse Recruitment (INR) Lead. This post is embedded into the Practice and Learning Development Team. The INR lead is working with internal and external stakeholders to review established systems and processes which will help the international recruits' transition into the country. We continue to work closely with our mental health collaborative partners from the Yorkshire and Humber region together with colleagues from NHS England in looking at national INR priorities, measuring the collaborative progress against plans and timescales, identifying risks, and formulating plans to mitigate/avoid risks. This has enabled good decision making whilst maintaining consistency and equity across the regional providers.

The collaborative partnership has also enabled learning, the sharing of practice, resources and support which has been invaluable as we learn and progress in an area that continues to be new to all of us. As an organisation, we have made a commitment to adhere to the UK Code of Practice for International recruitment to

ensure ethical recruitment and will therefore not be accepting any candidates from the protected countries.

The introduction of the Nurse Rotation programme proved successful attracting several candidates external to LYPFT. The two-year programme comprised of three rotations, each of eight months with the overall aim to support increased retention of the nursing workforce by providing the opportunity for professional development and increase the skill set and breadth of experience of the nurses in post. Each 8-month rotation period was spent in a different clinical area across the pathway. The programme provided a new option and experience for nurses to aid recruitment and in addition created a more agile workforce able to work across a range of services.

The strategy has supported the development of the formal process to introduce Development posts into Nursing and Professions. A Development Role is a post which for a defined period, supports the post holder to train and develop into a clearly defined 'end role'. The aim of the role is to attract and retain new recruits into the organisation by offering accelerated progression routes and to support the development and retention of existing colleagues by enabling accelerated career progression. The Development roles are designed to embed a culture of talent development and continuous professional development, ensuring that colleagues are equipped with the skills they need to operate at more senior levels. We aim to see clinical services

introducing these development roles throughout coming months.

**Nursing research** has also been a successful focus of the strategy with an increase in promotion across the organisation highlighting the benefits of nursing staff being involved in research and being best placed to facilitate and advocate for nursing research. The number of research projects being carried out by nursing staff and student nurses, and having nurses actively involved in the research process has significantly increased.

The creation of the Student Research programme supported by the National Institute for Health and Care Research (NIHR) was a huge achievement and has national NIHR support from the Executive Director of Nursing Research for the NIHR with a full implementation and evaluation 2 year plan devised with 4 pilot sites. The programme has an advisory group made up of heads of nursing research for NHS England, Health Education England (HEE), NIHR, other trusts and professors from local universities.

There has been recent focus on embedding research into job descriptions for new and existing roles, highlighting

research as integral to the role of the nurse, and recognising them as best placed to deliver components of research leadership and practice.

The recent trust wide research forum showcased some of the existing projects involving nurses and highlighting innovation and excellence in practice, further promoting the role of the nurse as fundamental to the research process, to empirical knowledge development, and to drive improvements in patient care.

The Nursing strategy has also focused on improving the **physical health** of our service users ensuring that nursing staff have both the skills and equipment to respond to the physical health demands of the people who use our services. New Clinical Educator roles have been developed within the physical health team to work alongside clinical services and to support pathways to work with Newly Qualified Nurses to develop their physical health skills.

And finally, we have responded and contributed to the initial engagement work around a new National Nursing Strategy and as we see this progress during 2023 this will be reflected in our future Nursing Strategy.

# Update on our Allied Health Professional Strategy

2022 saw us achieve our goals in our AHP strategy and take big steps forwards in the development of our social work plan. A number of our staff and teams have been nationally recognised for the work they have been doing and the advances they have made in their professions this includes.

Tara Mitchell - presented with the prestigious national 'mental health Social Worker of the year' award for her work supporting staff, service users and their families in the perinatal service.

Hilary Lewis – won Royal college of Occupational Therapists 'Constance Owens early researcher award' and has earned a NIHR doctoral fellowship to continue her research into medically unexplained symptoms.

Caroline Frascina and the AHP Faculty – shortlisted for a national chief AHP award for 'leadership for equality, diversity and inclusion'. They will also be able to continue their work as they have received recurrent funding from Our newly appointed principal Dietitian, Amy Pratt has made significant steps in improving quality of the food for our service users. This includes supporting a new menu pilot that has reversed the continuous weight gain of forensic service users, reduced waste and improved the mealtime experience, with service users reporting "amazing food, really enjoying the new menu". The pilot will continue and be further refined and expanded where appropriate.

We have also seen our first international Occupational Therapy recruits, supported our first AHP apprentices and



**Marie-Clare Trevett**  
**Deputy Director for**  
**Allied Health**  
**Professionals, Social**  
**Workers, and Clinical**  
**Workforce Development**

the West Yorkshire integrated care board.

final year

undergraduate social work students.

The workforce challenges for AHP's and social workers remain complex. On the whole it remains possible to recruit new graduates for all professions as there are good supply routes. Professions that are in good supply include Arts Therapists and Social Workers. However, not all services are able to support preceptees as it can be challenging to recruit and retain experienced staff as there are excellent opportunities for all the professions across the city. For most of the

professions having a clear career pathway, clearly identified roles and support to advance their careers at LYPFT is the most significant challenge.

2023 will see us develop a new combined AHP and Social Work strategy continuing to build upon this work.

# Update on our Psychological Professions Strategy

The Psychological Professions Strategy (2021-2024) is in its final stage of implementation with many of the actions aligned to the high-level objectives having been achieved or well on their way to completion.

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.

## Highlights

- Increasing access to psychological therapies for people with severe mental health priorities is a national priority for NHSE and Community Mental Health transformation. We have recently published our [Psychological Therapies Strategy](#) in line with our strategic aims and



**Sharon Prince**  
**Deputy Director  
for Psychological  
Professions**

are pleased to report staff from different professional backgrounds are now accessing HEE funded training courses in CBT for Psychosis and Bipolar Disorder; CBT Personality disorders; CBT Eating Disorders and Mentalisation based therapy. We have also employed 5 Trainee Mental Health and Wellbeing Practitioners, a Psychological Practitioner new role.

- Establishment of the multi-professional 'Psychological Interventions and Assessment of Cognitions Optimisation Group (PIAC-OG)'. The purpose of the group is to ensure that high quality psychological interventions and cognitive assessments are carried out safely and effectively; informing workforce planning and business developments relevant to the delivery of psychological interventions and cognitive assessments; reviewing available evidence to inform clinical effectiveness and best practice.
- Development of a regional [Psychological Professions Workforce Strategy](#).
- We are proud that West Yorkshire is, so far, one of the only ICS' which have continued to fund their Mental Wellbeing and Resilience hubs for staff across the health and social care systems. Dr. Kerry Hinsby, Consultant Psychologist, will continue in post as the Clinical Lead.
- The establishment of a research forum for psychological professionals within the Trust supported by colleagues from the Research and Development department and the DClinPsych team from the University of Leeds.
- Being able to recruit excellent psychological professions' staff, who are attracted to the range of services we provide, but also the development and leadership opportunities. An achievement given the current workforce challenges.
- Providing psychological leadership at a Leeds' system (Leeds Psychology Board) and West Yorkshire ICS level (Psychological Professions Expert Reference Group). As an organisation we host the now substantive Workforce Development Lead, for the Psychological Professions for the West Yorkshire ICS (Dr. Gail Harrison, Consultant Clinical Psychologist). 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. We have also recently recruited to an equivalent Children and Young People's Workforce Development lead (Dr. Kath Davies, Consultant Clinical Psychologist)
- Sharon Prince, Deputy Director Psychological Professions, is the Senior Responsible Officer, for one of the priorities of the Leeds Mental Health Strategy; focused on reducing the risk of mental health act detentions for BME groups. The award-winning approach (Health and Wellbeing Legacy Awards) has been innovative and delivered in collaboration with local and

national partners (Synergi Collaborative Centre and Words of Colour). You can watch a documentary summarising the work [here](#) or on YouTube by searching “The Journey to Racial Equality in Leeds Mental Health Services”.

- Dr. Matthew Gaskell, Consultant Psychologist, Clinical Lead Northern Gambling Service continues to provide national and

regional leadership with regards to service provision; is a topic advisor on the upcoming NICE Guidelines Harmful gambling: identification, assessment and management. He has given evidence to various parliamentary committees (Westminster and Northern Ireland) about gambling harm, gambling addiction and harm prevention regulation and reform.



# Update on our People Plan

Whatever our role, wherever we work every single one of our colleagues at Leeds and York Partnership NHS Foundation Trust, plays an outstanding role in delivering high quality care to our service users and their families. Our People Plan sets out our commitment to all our colleagues to be the best they can be at work, so we are ready to face whatever the challenges that lie ahead. Our People Plan was developed by listening to our people, as well as feedback from our regular staff surveys, and as its heart is compassion and admiration for colleagues who have achieved something remarkable and of whom, as well as saying thank you, we continue to ask for more.

Describing our ambition is one thing; delivering is another. Our People Plan identifies what we are doing to continue to engage, retain and recruit colleagues. As we live in an uncertain and ever-changing environment, our commitment is to continue to listen and evolve Our People Plan in response to any changing context. We set out here what we have achieved and delivered over the past twelve months as part of our commitments set out in Our People Plan.

## Our People Ambitions

Our vision is being delivered through four strategic ambitions for our people, reflecting the strategic direction of the NHS People Plan and the NHS People Promises. These are:



The wellbeing of our people is important to us, so they can deliver high quality care.

*We want our people to be safe, healthy, and well both physically and psychologically.*

The Trust has made considerable progress in supporting those colleagues with health and wellbeing needs. The Trust has introduced various absence support pathways, including guidance and support for colleagues with Cancer, Mental Health conditions and Long Covid.

Significant work has been completed and continues which supports Menopause in the workplace, with a menopause support group, which now has over sixty members who regularly attend the monthly meetings. The first national Menopause Festival was run by our organisation in Leeds in April 2022, with attendance of over 300 people, including visitors from many other trusts across England. This has resulted in the Trust receiving national recognition within the NHS and its Menopause

workstreams. Our wellbeing team is delivering training this year with the aim of developing a team of advocates across the Trust, for awareness and specific advice. All these areas are enabling progress to become an accredited Menopause Friendly Employer.

Further success has been recognised with the introduction of a Critical Incident Staff Support Pathway (CrISSP) in January 2022, including the recruitment of a People Wellbeing Lead who undertakes the Critical Incident lead role. The lead responds to all critical incidents that are recorded as levels four and five on DATIX and, together with trained facilitators within the organisation has supported over four hundred colleagues requiring such support. To support the full CrISSP pathway and ensure local teams are provided with more immediate wellbeing support following an incident, joint Team Leader and peer Practitioner training is being rolled out in 2023.

We set up a Cost-of-Living Group who developed some new initiatives to support our colleagues especially over the winter period. These included free food within our services to support staff whilst working, 'Wagestream' an application that allows colleagues to access their pay when they need it, a financial support fund and an up-to-date cost of living pack, detailing the many offers available to NNS staff.

## Belonging in the NHS

*We will foster a culture of belonging and inclusion, where all our people have a voice, and we will tackle discrimination and inequality gaps.*

We have undertaken a review of our staff networks, providing more focused support for the chairs of these networks, through protected time, administrative support, collaborative working, and training. The networks are continuing to evolve, and we have welcomed new chairs within the Rainbow Alliance and Workforce Race Equality Network (WREN).

The Trust successfully launched and embedded a new Disciplinary Policy, toolkit, and management training. It is clear that this change has positively impacted on the WRES (Workforce Race Equality Standard) data in reducing the number of our ethnic minority colleagues entering a formal disciplinary process. This work includes the introduction of Cultural Inclusion Ambassadors (CIAs). CIA's are part of the decision-making process to determine whether a case is referred through a formal disciplinary route or whether other alternative solutions would be more appropriate, for example, system development, training, or mediation.

The Trust's Reciprocal Mentoring programme ran a successful first Board level programme in 2021 and a second phase was launched this year. The programme has expanded from our Workforce Race Equality Network colleagues, to also include participants from our Rainbow Alliance and Disability networks.

## New Ways of Working and Delivering Care

*We will develop new ways of working and delivering care. We will engage with our people in innovation and improvement, to deliver the best possible patient care.*

In September, the Trust successfully launched 'Learn,' which is the new innovative Trust system to support learning. This included the implementation of a new, simplified platform to support Personal Development Reviews (PDR) formally known as appraisal; this enables objective setting, well-being assessments and integrates with our existing workforce systems.

The Trust has developed more ways to support managers, to use innovative development pathways to support resourcing and skills gaps. For instance, new apprenticeships, retire and return solutions and the development of new roles is a key priority. The Trust continues to work with Leeds Universities, and other Yorkshire and Humber Universities to introduce new clinical apprenticeship pathways and improved access to registered nursing apprenticeships.

Finally, in collaboration with other services the Trust have been able to review and agree an in-house Organisational Development (OD) consultancy offer and approach to support new ways of working with our services to support service transformation. The approach uses data to inform the targeting of resources and impact of interventions, to equip our leaders and services to deliver the key

programmes of transformation and culture change.

## Growing for the Future

*We will build on the renewed interest in Health & Care careers to expand and develop our workforce, whilst embracing new and emerging roles alongside our traditional roles.*

We integrated our workforce planning process with the operational and financial planning cycle to ensure our planned workforce is reflective of the Trust priorities and is achievable within the financial envelope. This process enabled conversations with clinical services and corporate functions regarding new opportunities for skills mixing, new roles and apprenticeships.

We launched a Talent Development Framework which focuses on three areas which each have underpinning priorities and success measures:

- Personal Development Review
- Learning and Development
- Succession Planning

We have also launched an Apprenticeship Strategy and Retention Strategy which will be embedded Trust wide through a robust communications and engagement plan and our internal governance groups.

We commenced our International Recruitment plan with the recruitment of international nurses from our existing funding of five to ten. We have been successful in this project and have secured further commitment for the next two years for ten international mental health nurses per year, five Occupational Therapists and three Psychology posts. The Trust has also

secured GMC sponsorship and recruited six doctors on to our Educational Speciality Doctor Scheme.

### Priorities for the future

To ensure that Our People Plan remains current and relevant, we have committed to regularly reviewing the objectives within the four priorities. With many changing external factors, such as the cost-of-living pressures, it is necessary to review Our People Plan content, as well as the timescales for delivery. Some examples of these changes are:

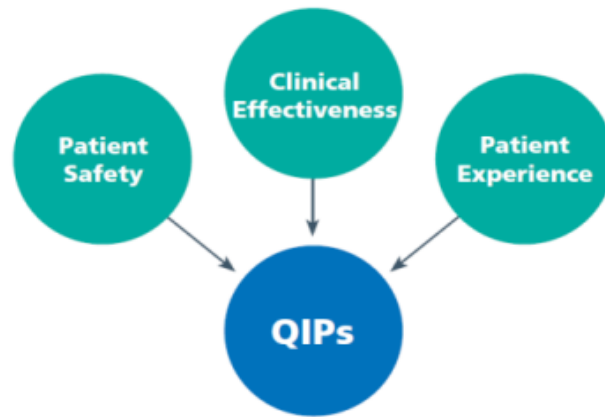
- Embed reward and recognition in our Trust to create a culture of our staff feeling valued.
- Civility and Respect, so including the alignment to the NHSEI Framework to address unreasonable and inappropriate behaviour.
- Supporting managers, through training, to use innovative development pathways to support resourcing and skills gaps e.g., apprenticeships, retire and return, new roles etc.
- Focussed support for colleagues with long term conditions and disabilities, with streamlining the workplace adjustments process.
- A relaunch of our staff networks, developing a more collaborative working approach
- Embedding the critical Incident Pathway with focused leadership
- Achieving the NHS violence reduction standard
- Develop and implement an intuitive, integrated workflow management solution to replace the SW process.
- Embedding Collective Leadership across the Trust
- Develop and pilot a values-based recruitment approach for the Trust.
- Establish a volunteer to career working group to identify pathways for volunteers in the Trust.

# Delivering our Quality Improvement Priorities 2022/2023

For 2022/23 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 the Quality Account. The years QIPs had been continued from previous years due to delays caused by the Covid 19 pandemic.

We have seen ongoing pressures within services throughout the year. This has obviously had an impact on planned milestones.

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.



The following QIPs remain a priority for us and will continue within the QIPs for 2023/24:

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

You can read more about our consultation process for 2023/24 within Section 4.

In the rest of this section, you will see the QIPs for 2022/2023, 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 services.

What we set out to do

- Risk assessment task and finish group to continue reviewing the existing risk protocol and risk assessment/management tools used in the trust.
- Review clinical risk assessment and management policy.
- Continue with clinical risk and safety planning training and share with staff as a resource after.
- Consider revising the risk assessing processes, in line with national guidance.



## Progress

- The Patient Safety Managers have delivered Clinical Risk and Safety Planning Training throughout 2022/23. This training will continue to be offered in the year ahead. Staff feedback from the training that was offered has been very positive.
- The Clinical Risk Assessment and Management Policy was reviewed as part of the Risk Assessment Task and Finish Group. This included additional guidance for colleagues completing risk assessments with service users.
- The Risk Assessment Task and Finish Group have continued to review the risk assessment tools in the Trust. Due to areas of the Trust being in business continuity, this work relating to reviewing tools has been paused temporarily to support resources in the front line. Despite this, there is ongoing consultation relating to safety planning taking place through local governance meetings in preparation for this work to continue.

## 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.

### What we set out to do

- **Community Weight Management Project**

The funding of this project was due to come to an end. During Q1-Q2 this project was to be evaluated and outcome shared.

- **Improving oversight and reporting for cardio metabolic assessment**

Continue to develop a Care Director dashboard to report PHMIT activity data.

Continue review Care Director recording requirements to ensure accuracy of reporting.

Ensure dashboard data is fed back to PMHIT and included in operational reporting.

Continue to support ongoing development and use of dashboards for service improvement.

- **Clozapine pathway development**

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.

Data collection to include service user experience and measures based on national best practice.

### Progress (Key achievement)

- **Community Weight Management Project**

The community weight management project “Everybody Can” ran from April 2021 – June 2022 with the first programme commencing in January 2022.

In 2021 Public Health England (PHE) allocated money to Public Health Departments to fund weight management interventions (PHE 2021). It was agreed that a range of different providers in Leeds would deliver tier 2 weight



management interventions to address health inequalities, and this included that Leeds and York Partnership NHS Foundation Trust (LYPFT) would provide a project targeting the SMI population, named 'Everybody Can'. It was hoped that this would provide a service for those who would not normally be able to access One You Leeds. Measures taken in order to tailor the programme to those with SMI included having tailored session plans, having a more flexible approach to seeing service users, and recruiting a team with experience of working in mental health.

The aims of the project included primary and secondary outcomes which were:

Primary outcomes:

- Reduction in weight and BMI.
- Reduction in waist measurement.

Secondary outcomes:

- Increased engagement and enjoyment of physical activity.
- Increased confidence to engage in physical activity.
- Improved dietary habits – including reduction in number of takeaways consumed, reduction in sugar-sweetened and caffeinated drinks consumed, increase in fruit and vegetables consumed.

The multi-component programme was offered, and sessions included content on the following:

- |  |  |
|--|--|
| ○ Balanced eating.   | ○ Managing when life gets in the way and wellness recovery action planning.                    |
| ○ Nutrition and antipsychotics.                                    | ○ Dietetics session to cover FAD diets and answer any questions requiring Dietetics expertise. |
| ○ Motivation and goals setting.                                    | ○ Cooking course with Ministry of Food.  |
| ○ Emotional eating.  |  |
| ○ Food labelling.  |  |
| ○ Alcohol.   |  |
| ○ Takeaways.   |  |
| ○ Sleep.   |  |
| ○ Peer support.  |  |
| ○ Physical activity – theory and taster session with Active Leeds. |  |

There was positive feedback received by participants relating to the programme as part of the evaluation. Positive aspects of the programme that worked well

was having a team made up of a range of professionals with experience working in mental health and having a flexible approach to programme delivery.

The project came to an end in June 2022 and an evaluation completed in September 2022 which identified recommendations for the future should additional funding be available.

- **Improving oversight and reporting for cardio metabolic assessment**

The PHMIT worked with the Digital Change Team at the beginning of the year regarding the use of the dashboards for cardio metabolic recoding.

The team have experienced resource challenges early in the year and have also been supporting the Community Mental Health Teams with development of a city-wide depot service to alleviate pressure within the team.

- **Clozapine pathway development**

Further work against the proposed milestone saw some delays as the team supported Community Transformation and focused on Clozapine re-titration.

More information about these can be found in Section 4 of the Quality Account.

## 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 Priority: Triangle of Care

#### What we set out to do

- Satisfy the second part of the accreditation process, by meeting with the members of the carers trust and peer reviewers during Quarter 1.
- During Quarter 2 and 3, promote internally and externally the achieved accreditation.
- Evaluate outcomes, draw lessons learnt and share good practice.
- Outline outcomes and learning in an evaluation report.

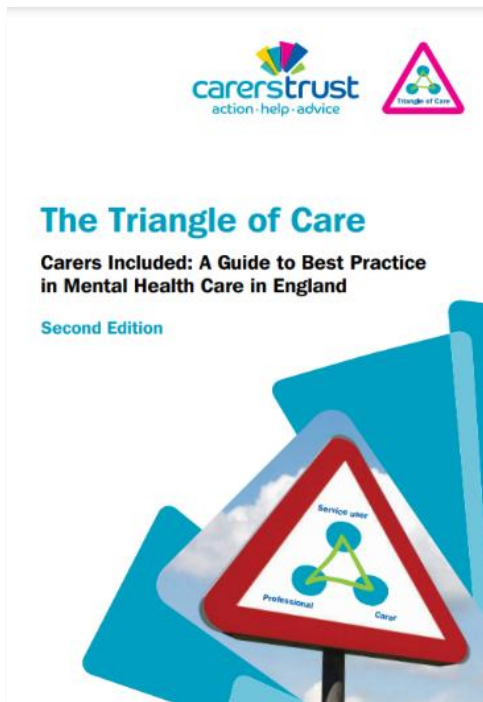
#### Progress

Following a rigorous process, we were awarded 2-star accreditation to the Triangle of Care in July 2022. This was in recognition of the progress and achievements made so far by the teams and services in the Trust to the 6 standards of the Triangle of Care and the plans for ongoing support for teams and services. News of the award was shared across the Trust including the Service User Network.

#### What are the 6 standards of the Triangle of Care?

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

The Patient Experience Team continue to meet carer champions each month to share information, good practice and receive updates from Carers Leeds.



Outcomes from the 2-star accreditation process identified that our WAA inpatient wards and WAA CMHT's required a baseline audit to be conducted to establish where they were in relation to satisfying the first 2 standards of the Triangle of Care. Audit results identified that there are some areas of good practice. Both services have subsequently implemented a supportive action plan to achieve the first 2 standards, to ultimately improve the experiences of carers.

The supportive action plan has also been shared with Triangle of Care champions (March Triangle of Care meeting) to share with their teams, as the actions are relevant to all teams across the Trust.

## 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

- LADS had received additional recurrent funding from CCG to improve training and consultancy offer.
- Plan for rolling (weekly) program of half day clinician training.
- 'Enhanced consultancy' for autistic service users with complex mental health problems.

#### Progress

- **Plans for rolling (weekly) program of half day clinician training.**

Leading up to and into the first quarter of the year, training priorities were identified and writing of the content commenced, this was in line with the national standards to provide level 2/3 autism training, which has input from Experts By Experience.

Experts by experience had been recruited with additional work around this to progress through the year. Three Experts by Experience have been recruited to support cofacilitation of the training to date. Experts by Experience have also been providing feedback on the training developed so far, written some contributions to content, and given some ideas.

Some initial training sessions took place in the Trust in July. This training was bespoke to specific teams in the Trust. Inpatient autism training was also designed and started to be delivered to staff at the Becklin Centre and the Newsam Centre. By the end of quarter 2, we have achieved the training of 119 staff members across different services, giving us a good spread of trained staff across the Trust.

The training has continued throughout the year, with additional bespoke requests from several areas.

Autism Champions have been identified in teams in the Trust. The Improving Care for People with a Learning Disability and/or Autism with Mental Health Services Steering Group, held the first Autism Champions event in December. LADS were involved in this as well as the Health Facilitation Team from Learning Disabilities, and this links with their training and consultancy roles.

There have been resource challenges in delivering more regular training. A business case has previously been written for a project support officer which continues to be discussed in the Trust.

Feedback around the training is being collected and used to support the on-going development of this. There has been a lot of positive feedback about the training and changes have been made as a result of feedback so far.

- **Enhanced consultancy for autistic service users with complex mental health problems**

At the end of Quarter 3, 35 referrals have been received in total since the enhanced consultancy service started.

The speech and language therapist has started, this completed recruitment of all additional staff members involved in consultancy.

Development of feedback survey began.

Monthly consultancy supervision meetings were commenced, to review time management and effectiveness of input based on clinical need.

An autism peer supervision group for psychological services has been established. The purpose of this being to review therapeutic work with autistic people, and also with those suspected of having autism, but who wouldn't currently qualify for consultancy referral.

As we do more autism training, the profile of the consultancy service and Leeds Autism Diagnostic Service as a whole is being raised, which may result in more referrals.

LADS are completing a project investigating 'what and how' their consultancy team provide the service. A staff member outside the consultancy service is analysing the themes of the work and time required to support the different people referred.

[Our Priority: Supporting the development of clinical leadership for quality.](#)

[What we set out to do](#)

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.

- Collate a literature base for world class clinical leadership.
- Complete the scoping of the skills and qualities for good clinical leadership and how they can be best developed in LYPFT.

- Clinical lead focus group is complete and summarised.
- Focus group discussions with a range of frontline staff and teams.
- Collate the feedback data from the above focus groups into a report that will increase understanding of the skills, attributes and development needs for good, formal clinical leadership within the organisation.
- 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.
- Using external coaching to develop strong, effective working relationships between clinical directors and their clinical leads.
- Develop a clinical lead forum that supports those inhabiting the Clinical Lead role.

## Progress

The 2022 to 2023 QIP for developing formal clinical leadership within the organisation initially focused on an evidence-based understanding on what high quality, good clinical leadership was.

A literature review was completed and, through a series of focus group discussions, a number of frontline staff and teams, and people inhabiting a Clinical Lead role, shared with us their experiences and views on the skills, qualities and attributes of high quality, good clinical leaders. They also shared their ideas as to how these skills and attributes could be developed within the workforce.

The knowledge and understanding gained from this work were used to organise and deliver a Clinical Leadership Development Day for the current Clinical Leads. As well as sharing the outcomes of the above work and introducing a framework for the behaviours of top performing leaders, the day provided the opportunity for individual reflection, small and large group discussion, practical exercises and co-designing and co-producing a plan of action for taking the work forward into 2023 / 2024.



# Our quality improvement priorities for the forthcoming year

## Development of our Quality Improvement Priorities (QIPs) for 2023/2024

Consultation with colleagues within the Trust had been completed to agree the Quality Improvement Priorities for 2023/2024. The initial plan was to identify new QIPs going into the forthcoming year.

The aim was to identify 3-5 Trust wide priorities that impact on the majority of clinical services. The intention would then have been for clinical services to sign up to those QIPs that they feel are most appropriate for their service and progress this within their area.

A survey was shared with colleagues via clinical governance structures, emails to Clinical Leads and Heads of Operations and via Trust wide Communications. This asked colleagues to provide their views on the potential QIPs for the forthcoming year.

A survey was also provided to the Patient Experience Team (PET) to share in their networks to consult with service users. A face-to-face activity also took place with the support of PET via the SUN meeting in December.

There was a good response to the survey and new ideas generated. However, due to current pressures throughout the organisation, in December, it was proposed that the current QIPs are continued for another year. The rationale for this was to reduce pressure on services by not introducing new QIPs, continue the work that is currently underway and to recognise that although QIPs may remain the same, there is work happening across the organisation to address some of the other identified priorities.

The proposal was taken to the Quality Committee and a request was made for this to go to the Trust Board in January for a final decision. It was subsequently agreed at the Trust Board that the 2022/2023 QIPs will continue into 2023/2024.

The feedback received from colleagues and service users will be used to support the consultation for 2024/25.

The process and proposed outcomes were shared with Governors in March 2023.

The following QIPs remain a priority for us and will continue within the QIPs for 2023/24:

- Safety planning across services.
- Improving the quality of physical healthcare monitoring and the associated interventions.
- Autism awareness training.
- Triangle of Care.
- Supporting the development of clinical leadership for quality.

## Safe

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

Our Priority: Safety Planning across services

Safety Planning Training	<ul style="list-style-type: none"><li>• To complete a review of the “Safety Planning” guidance within the Clinical Risk Assessment and Management Procedure.</li><li>• Continue a robust review of the use of risk assessment and safety planning tools within the organisation taking into consideration the national guidance.</li><li>• Continue to provide Safety Planning and Clinical Risk training within the organisation.</li></ul>
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## 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.

Improving oversight and reporting for cardio metabolic assessment	<ul style="list-style-type: none"><li>• Investigate alternatives to current process for recording physical health information in the PHMIT. The aim is to streamline the process whilst maintaining effective monitoring and reporting of cardiometabolic data.</li><li>• Investigate the benefits and potential application of cardiometabolic dashboard reviews within local operational meetings.</li></ul>
Clozapine pathway development	<ul style="list-style-type: none"><li>• An options paper will be developed to review the current service provision relating to Clozapine titration within the PHMIT. The first milestone will be an options</li></ul>

paper relating to estates, the aim is to improve the experience of service users requiring community titration monitoring over a number of hours.

## 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 Priority: Triangle of Care

### Triangle of Care

- Updated Triangle of Care self-assessments are submitted by all services. This is part of the preparation for the submission of an annual report to the Carers Trust.
- All teams and services are provided with ongoing support to implement the findings of the 2022 Triangle of Care clinical audit.
- Submission of an annual review to the Carers Trust to maintain LYPFT's 2-star accreditation.
- Repeat of 2022's clinical audit, planned for January 2024.

## Well Led

**Well Led:** - we will work in partnership and learn from our mistakes.

Our Priority: Autism awareness training

### Autism Awareness Training

- To continue to investigate the potential for additional resource to support the organisation of training.
- Continue to deliver face to face/virtual training to teams across the Trust.
- Continue to collect participant feedback on the training and amend training accordingly.

## Our Priority: Supporting the development of clinical leadership for quality.

As part of the Trust Collective Leadership development work, continue to support and develop formal clinical leadership using the outcomes from the Clinical Leads Development Day and the Corporate Leadership Council 6 top performing behaviors of leaders as a development framework.

Outlined below are the plans and activities that are being proposed to achieve the goal described above. These have been separated into quarterly objectives and targets.

Supporting the development of clinical leadership for quality	<ul style="list-style-type: none"><li>• Develop Terms of Reference for formal clinical leadership development sessions.</li><li>• Clinical Directors and Medical Director to develop And implement a communication strategy to communicate and share this work.</li><li>• Documented recruitment process (inclusive of Service User Involvement process) for Clinical Lead posts to ensure consistency, equality and quality of Clinical Lead recruitment and alignment to Corporate Leadership Council Behaviors framework.</li><li>• Explore the next steps in optimising the Clinical Lead and Head of Operations dyad relationship.</li><li>• Evaluate formal leadership sessions.</li><li>• Revisit 6 behaviors baseline measure and re-assess.</li></ul>
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## How our Quality Improvement Priorities will be monitored throughout the year

The QIPs described in sections 2 and 4 of the Quality Account will be monitored as identified with each indicator. Progress against the 2023/24 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 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.

## 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).

This information is provided in common across all Quality 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 2022/23 LYPFT provided and/or sub-contracted around 30 NHS services.*

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

*LYPFT have taken the following actions to further improve data quality during 2022/23:*

- Further embedded 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 internal audits of data quality.
- Ran local quarterly data quality audits to understand where data quality is impacting on particular key performance measures. The results were shared with the relevant services and support given to understand what changes are required where appropriate.
- Started a process to review core processes within CareDirector to ensure that data quality issues are resolved as close to the point of data entry as possible and explore automated updating and creation of records following 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 CareDirector Data Collection and Input Procedure.
- Continued to embed the importance of data quality 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 2023/24:*

- Enhanced monitoring of data completeness and quality.



- Continue to support to staff in utilising CareDirector effectively.
- 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.
- Continue work with the Institute for Healthcare Improvement with the aim design and implement a quality and culture dashboard. We hope this will build upon the STEEEP framework and connect quality metrics at the frontline to those reviewed at the Board.

**The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by LYPFT for 2022/23.**

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

*LYPFT submitted data during 2022/23 to NHS Digital via the MHSDS which are included in the latest DQMI published data (December 2022 published March 2023). 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 and gender identity code combined was 100%.

# Clinical Audit

*“**Clinical audit** is a way to find out if healthcare is being provided in line with standards and lets 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.” NHS England (2023)*

## National clinical audits

During 2022/23 five 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 2022/23:

Eligible National Clinical Audits participated in
National audit of Inpatient Falls (NAIF)
National Clinical Audit of Psychosis 2022/23 - Early Intervention
POMH-UK Topic 21a: The use of melatonin
POMH-UK topic 20b: Valproate prescribing in adult mental health services.
POMH-UK topic 7g: Monitoring of patients prescribed lithium
Eligible National Confidential Enquiries participated in
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
Learning Disabilities Mortality Review (LeDeR)

The national clinical audits and national confidential enquiries that LYPFT participated in, and for which data collection was completed during 2022/23 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	0
National Clinical Audit of Psychosis 2022/23 - Early Intervention	Number required – 100 cases	100 (100%)
POMH-UK Topic 21a: The use of melatonin	No set of number required	34
POMH-UK topic 20b: Valproate prescribing in adult mental health services	No set of number required	42
POMH-UK topic 7g: Monitoring of patients prescribed lithium	No set of number required	11

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	29
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 2022/23 and LYPFT intends to take the following actions to improve the quality of healthcare provided:

National Audit	LYPFT action 2022/23
National Clinical Audit of Psychosis 2020/21 - Early Intervention	Since April 2022 the service has employed an assistant psychologist for a fixed term 12 months to focus on increasing the outcome measure completing and recording (at least twice or more) to over 75%. To also consider how the scores can be used to inform care planning and clinical intervention.

	<p>Ongoing work to ensure reporting and recording is correct: a new physical health specialist has been employed for 12 months fixed term to support existing team to meet targets to be above 95% for all 7 cardio-metabolic markers.</p> <p>Management Team to link with LYPFT informatics and ascertain how to use the Care Director to report and record referral to treatment (RTT) accurately and to consistently achieve RTT above 60%.</p>
National Audit for Care at the End of Life (NACEL)	<p>The findings and recommendation of this project were merged with another Trust project on Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Several activities were organised and attended by staff in order to collect information and feedbacks. Also, meetings and discussions within organisational service lines and corporate services were undertaken.</p> <p>In addition to the above work, a review has been conducted to understand the CQC Regulations, pertaining to End-of-Life Care, that would be relevant to LYPFT. As a result of the review, a staged approach is required to establish the fundamental cornerstones for reporting, accountability, and governance. This will be essential for developing and embedding the end-of-life work plan, to a quality standard, within the organisation both now and in the future.</p>
National audit of psychosis - spotlight on physical health and employment	<p>To design and include on CareDirector an yearly Physical Health Form</p> <p>To amend the Trust Physical Health procedure with level of responsibilities of staff on undertaking tasks related to physical health</p>

### 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 2022/23	3	52

### 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 one completed Trust wide clinical audits are listed below alongside the actions to improve care:

Title	LYPFT actions
Adherence to high dose antipsychotic monitoring and documentation	To develop and include the high antipsychotic monitoring form on Care Director (electronic patient system)
Triangle of care self-assessment	<ul style="list-style-type: none"> <li>• Staff to be provided with training/encouragement to complete carers details fully on Care Director i.e., name, relationship to service users and carer contact details.</li> <li>• To identify protected time and support a minimum of 2 staff members per month (wherever possible) to complete the online "Carer awareness and Triangle of Care" online training.</li> <li>• To enable/encourage Triangle of Care Champions to attend the monthly Triangle of Care meetings or local Triangle of Care forums.</li> </ul>

The following Trust-wide clinical audit is in progress:

- ✓ Medical Record Keeping
- ✓ Multi-agency public protection arrangements (MAPPA)

### Local Clinical Audit

The reports of 44 local clinical audits were reviewed by the provider in 2022/23 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"> <li>• Inclusion of clear action statements in discharge notification where action is required by the General Practitioner (GP)</li> <li>• To discuss the time of referral at morning multidisciplinary team (MDT) meeting and prioritise on time after allocating based on clinical need</li> </ul>
Care planning	<ul style="list-style-type: none"> <li>• Redesign a more user-friendly Deaf Child and Adolescent Mental Health Services (CAMHS) care plan with additional sections within to prompt staff, along with guidance notes.</li> <li>• To continue to improve the services' practice of assessing risk in relation to epilepsy; consistency in all services (inpatient and community) re the assessment tool being used.</li> <li>• The initial assessment form template to be amended to include carer prompts.</li> <li>• To develop and incorporate the new risk screening tool in the Autism initial assessment</li> </ul>
Documenting key clinical decisions	<ul style="list-style-type: none"> <li>• Improve awareness of GPs regarding the inclusion, where appropriate, of physical health signs/aspects of dementia (frontal release reflexes, general physical examination) within the letter of referral</li> <li>• Standardisation of practice via use of a quick reference document</li> <li>• Design a spreadsheet to track service user's waiting time through the referral process and highlight potential breaches.</li> <li>• Design a local teaching session or e-learning package to improve staff awareness and training in the use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms</li> </ul>
FACE (Functional Analysis of Care Environments) Risk	<ul style="list-style-type: none"> <li>• To develop a falls proforma on CareDirector for nursing staff and medical staff to complete after a fall.</li> <li>• Each ward area to identify their carer champion who will ensure that carer details and contact are routinely recorded on the online case management system and that their views are sought when formulating risk management plans.</li> <li>• All service users to have a distress tolerance plan formulated collaboratively with individualised actions for staff to provide support.</li> <li>• Carer champion will ensure that carer details and contact are routinely recorded on CareDirector and that their views are sought when formulating risk management plans</li> </ul>

Audit Themes	Key quality improvement actions
Formulation	<ul style="list-style-type: none"> <li>• To consider a process to demonstrate how often Positive Behaviour Support (PBS) plans are reviewed for audit purposes and to be able to view the adaptations of a PBS plan over time.</li> <li>• To include a section for comments on the formulation to improve check accessibility and coherence of formulations with intended audience</li> </ul>
Medication	<ul style="list-style-type: none"> <li>• Training for all staff (medical and non- medical) that write discharge letters on minimum and safe information required for safe prescribing in Primary Care</li> <li>• Benzodiazepines to be reviewed more regularly on medication charts for inpatients and remove them if they are not being used.</li> <li>• To review training in medication for medical and nursing staff within the service</li> <li>• To routinely provide psychoeducation to service users and their carers around possible warning signs to look out for in patients on concurrent medications that could increase the risk of falls, Neuroleptic Malignant Syndrome (NMS) or other side effects.</li> <li>• Discuss with IT team or other teams to explore the possibility of having prompts on the electronic data base to ensure that patients on depot antipsychotic have at least one medical review per year by a medical practitioner.</li> <li>• Information leaflet regarding statins for patients, to be printed and discussed with the service user prior to initiating treatment</li> </ul>
Mental Health Legislation	<ul style="list-style-type: none"> <li>• Providing staff with a refresher teaching session to emphasise the importance of discussing lasting power of attorney in memory clinic.</li> <li>• creating a template document for junior doctors to use when completing a seclusion review, which can be copied into the electronic record and added to the paper record.</li> <li>• Create a temporary treatment order (TTO) reminder box on MDT document to prompt the team to discuss with the patient and to update daily.GP letter reminder box on MDT notes.</li> <li>• Liaise with Mental Health Legislation Team to create a bespoke medic Mental Capacity Act (MCA) training</li> </ul>
NICE guidance	<ul style="list-style-type: none"> <li>• Local Training to be devised and delivered to the inpatient team based upon NICE guidance self-harm (assessment, management, and treatment of self-harm)</li> <li>• Providing staff with a refresher teaching session to emphasise the importance of discussing lasting power of attorney in</li> </ul>



Audit Themes	Key quality improvement actions
	memory clinic (NG97: Dementia: assessment, management and support for people living with dementia and their carers)
Physical Health	<ul style="list-style-type: none"> <li>• To develop a proforma that clearly defines the minimum questions to be asked in exploring a service user's cardiac history including medications contraindicated, including indications for an Electrocardiogram (ECG), as well as the required examination (pulse rate) before commencing acetylcholinesterase inhibitors.</li> <li>• To review and update current physical health monitoring proformas to include a question on oral health</li> </ul>
Record Keeping	<ul style="list-style-type: none"> <li>• Contact admin team to review locations of GP letters archived and create folders with easy access to be able to team review and understand patient past episodes of care to help provide higher quality reviews on worked and didn't work, so that they can refocus the current episode of care.</li> <li>• Induction process – induction process including guidance on note taking/documentation has been added to the induction pack and offering lunchtime training on case notes and documentation.</li> <li>• To develop a standard way of recording carers as such on CareDirector</li> <li>• Develop a quick reference document for clinicians to use in order to standardise practice across the team.</li> <li>• Discuss with the lead for physical health and care director team to decide on appropriate place to record physical health results on care director.</li> <li>• To discuss need to document delay in MDT/business meeting.</li> <li>• When referrals are discussed an allocated in morning MDTs, to discuss why an assessment may breach 24h target</li> </ul>
Safeguarding	<ul style="list-style-type: none"> <li>• The introduction of a safeguarding advice form on CareDirector; the completed form will be sent to the Safeguarding team when practitioners require advice.</li> <li>• Safeguarding children training to include a slide relating to issues highlighted in this audit e.g., the importance of using the relationship wizard, recording details of service user's children on FACE, updating FACE to reflect the development of safeguarding concerns and documenting outcome</li> <li>• All information marked safeguarding (care-plans, forms, case notes, flags) to be centralised on Care Director and viewable to all users via a Safeguarding Summary on Summary Dashboard. To be embedded into Safeguarding Trainings</li> </ul>

Audit Themes	Key quality improvement actions
Service User / Carer involvement	<ul style="list-style-type: none"> <li>• A new epilepsy risk assessment is being developed which is service user (rather than management) led</li> <li>• Team to continue to ensure collaborative risk assessments with service users</li> <li>• To develop and implement a robust way of identifying whether the service user we are assessing has a carer and to seek and record service user and carer consent for involvement in assessments</li> <li>• To revise the PBS Plan template in line with best practice using accessible language and considering service user involvement</li> <li>• The intention of short-term use only of the medication should be explained to the service user, and the discussion documented clearly in the case note from that encounter</li> <li>• To develop a protocol for contacting family members or carers following admission to an acute adult inpatient unit and during discharge planning.</li> <li>• To hold regular team meetings to discuss and appraise the obtained feedback from service user/carers on their experiences and involvement</li> </ul>
Data sharing	<ul style="list-style-type: none"> <li>• Review and update minimum standards for a better understanding of how to complete a six-month review care plan</li> </ul>
Decision making	<ul style="list-style-type: none"> <li>• Educational session in learning community meeting/presentation of audit in trust educational meeting in order to improve awareness of social anxiety and treatment</li> <li>• To add a prompt to the 'Mental Health Initial Assessment Template' to discuss advanced care planning. This will support people to adhere to standards of every service user being given the opportunity to discuss advanced care planning at least once during the diagnostic process in memory clinic</li> </ul>

## Clinical Research

The number of patients receiving NHS services provided or subcontracted by LYPFT in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was **432**. Participants were a combination of service users, carers and staff.

The Trust was involved in **55** research studies and received £1.5M grant income during 2022/23.



**55**

research studies  
the Trust was  
involved in  
during 2022/23



**432**

people took part  
in research hosted  
or led by the Trust  
in 2022/23



**£1.5m**

received in  
research grants  
from the National  
Institute for  
Health Research  
and other funders  
in 2022/23

### 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.

13 survey replies were received by LYPFT R&D for 2022-23 and were overwhelmingly positive. The following responses 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".*

*"It took into account my feelings and my experience".*

*"We received good advice, and some questions answered".*

*"Friendly people and actually was quite an insight into me. Very positive educational experience"*

*“Great project, we really enjoyed it and was beneficial”.*

Useful feedback was also given in response to the question What would have made your research experience better?

*“Found some sessions a little long winded”.*

*“Questions having more choice”.*

## Commissioning for Quality and Innovation (CQUIN)

A proportion of LYPFT's income in 2022/23 was conditional on achieving quality improvement and innovation goals agreed between LYPFT and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was suspended during 2020/2021 and 2021/2022 due to the COVID-19 pandemic. To support the NHS to achieve its recovery priorities, CQUIN was reintroduced during 2022/2023 and the following applies to Quarter 3 and 4 of the year since reintroduction in the summer of 2022 though some data is available for the full year.

This below should be understood as reflecting the reengagement of the CQUIN project in the context of a complex post-covid NHS reality.

Further detail of the CQUINs can be found here: <https://www.england.nhs.uk/wp-content/uploads/2022/01/B1477-i-cquin-22-23-march-2022.pdf>

CQUIN	Description	End of Year Position
<b>CCG1</b>	Uptake of flu vaccinations by frontline clinical staff. Target 70-90%	Target not met.
<b>CCG9</b>	Cirrhosis and fibrosis tests for alcohol dependent patients. Target 20% to 35%.	Target not met.
<b>CCG10a</b>	Routine outcome monitoring in CYP Community and Perinatal mental health services. Target: 10-40%	Target not met.
<b>CCG10b</b>	Routine outcome monitoring in community mental health services Target: 10-40%	Target met.
<b>CCG12</b>	Biopsychosocial assessments by MH liaison services. Target: 60-80%	Target met 11/12 months.

<b>PSS6</b>	Delivery of formulation or review within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings.  Target: 50-80%	Target met in Q3 and Q4.  Q 1 no figures available, Q2 the target was not met.
<b>PSS7</b>	Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings.  Target: 65-80%	Target met (no data for Q4 published at time of report)
<b>PSS8</b>	Outcome measurement in perinatal inpatient services  Target: 75% - 90% CROM 35% - 55% PROM	Target met for PROMs and for 3 out of 4 quarters for CROMs.

The CQUIN targets have not been met consistently for all CQUIN. For some CQUIN which have not been met, it has been by a small margin, whereas for others the margin was quite significant, such as for CCG10a. Insufficient staffing was the main contributing factor to CQUIN not being met although other structural factors. Recommendations have been made for the forthcoming year relating to the achievement of CQUIN.

#### **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 consistent across the year with the highest level of performance being achieved in Q1.

80% Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2022/2023	83.6%	81%	83.5%	79.6%

*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 and 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 continues to ensure supporting documentation are up to date, to help 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**

		0-15	16+	Summary
Quarter 1	Discharges	5	395	400
	Readmissions in 28 days	0	12	12
	Readmission rate	0%	3%	3%
Quarter 2	Discharges	5	415	420
	Readmissions in 28 days	0	17	17
	Readmission rate	0%	4.1%	4%
Quarter 3	Discharges	8	362	370
	Readmissions in 28 days	0	5	5
	Readmission rate	0%	1.4%	1.4%
Quarter 4	Discharges	8	356	364
	Readmissions in 28 days	0	16	16
	Readmission rate	0%	4.5%	4.4%
Summary	Discharges	26	1,528	1,554
	Readmissions in 28 days	0	50	50
	Readmission rate	0%	3.3%	3.2%

*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 inpatient 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 Commission (CQC) Regulation, 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 is the independent regulator of health and adult social care in England.

They monitor, inspect, and regulate services.



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

Our overall ratings are “good” for well led, effective, caring and responsive. Our overall rating for “safe” is requires improvement.

- 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. We invite 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.

Action plans from the 2019 inspection are monitored through the Trusts quality and safe peer review process.

### [Change to the landscape of CQC inspections](#)

In 2021, the CQC published its new strategy for health and social care setting out changes to the way they regulate. The new strategy strengthens commitment to ensure health and care service provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. The new regulatory model which will focus on a single assessment framework covering all sectors and service types and will be used from point of registration through to inspection.

As part of the new single assessment framework, the rating and five key questions (are services safe, effective, caring responsive and well-led) will remain however, under each key question will be a series of quality

statements focusing on a specific topic. The quality statements will be pitched at 'good' and linked to the regulations to help the CQC make a judgement about the quality of care. The quality statements will set clear expectations of providers, based on people's experiences and the standard of care they expect. The quality statements will replace the key lines of enquires (KLOEs), prompts and ratings characteristics.

Inspections will remain a valuable tool and will continue to form part of the CQC regulatory approach however, the time on site will focus on observing care and talking to staff and people who use services. The on-site inspection will just form one part of how the CQC gather evidence. In addition, the CQC will not have to carry out an on-site inspection to change a rating.

A small number of providers have been working with the CQC to pilot the new framework over previous months and learning from the pilot. The new framework is expected to be rolled out toward the end of 2023 and in preparation the Governance and Regulation team have been attending events and workshops to keep abreast of developments and learn about the new single assessment framework.

It is expected that all providers will start to be regulated against the new single assessment framework at this time and Relationship Managers for their geographical area will be in situ. The Governance and Regulation team have

commenced a Quality Improvement workstream to support how we transition from the existing CQC model to the new inspection framework with particular focus on evidencing the Quality Statements and adapting to the ongoing submission of evidence throughout the annual submission cycle. This work was paused in line with the CQC rollout delay and although we acknowledge that there continues to be unknown information regarding the detail, our preparatory work has now gained momentum and plans to re-commence have begun through a series of workshops planned which will focus on an initial gap analysis of existing processes and structures to meet the evidence where possible of the quality statements. The same process will then be tested out with a small number of chosen clinical services to pilot the approach.

In line with the changes the team have commenced reviewing the Quality and Safe Peer Review process and toolkit to reflect the CQC quality statements and how the review process aligns to the new framework. Although no changes to the carrying out of the review have been made it is the intention that following the workshops of the clinical services, we will commence their Quality and Safe Peer review using the Quality Statements and any changes to the process that have been made because of this work.

**The CQC has not taken enforcement action against LYPFT during 2022/23**

## Ratings for mental health services

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

# Information Governance

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.

NHS Digital have once again set the reporting deadline to 30<sup>th</sup> June rather than 31<sup>st</sup> March in recognising both the ongoing pressures in healthcare resulting originally from the COVID-19 pandemic, and that a return to the usual March deadline would itself create time pressures within the reporting year.

The Trust reported a position of 'Standards Met' at 30<sup>th</sup> June 2022, with all Compulsory Assertions complete by the June deadline. This position was supported by an internal audit aligned to the NHS Digital National Audit Framework, with an outcome of "Significant Assurance" and Risk Rating of "Moderate" against the 10 NDG Standards.

Work is underway on the 2022-2023 DSPT reporting cycle, with a deadline of 30<sup>th</sup> June, and an internal audit taking place in late April.

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 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 ongoing pressures.
- With the exception of 1 late request, 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 96% for Primary Diagnosis and >88% 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 2022/23 by the audit commission.

## Learning from Deaths

The Trust continues to review all patient deaths that have been in receipt of care by LYPFT in the 6 months prior to death, in accordance with the Learning from Deaths Policy.

- We use the coding for deaths developed by Mazars and alongside other trusts within the North East and Yorkshire Region. The Trust has refined the use of the Mazar's mortality review codes to avoid confusion and now uses the following:
  - EN1 Expected Natural Death
  - UN2 Unexpected Death from a natural cause
  - UU Unexpected and unnatural death.
  - NOD Not our death, not provider of care.

When an investigation is required, Investigators will review the care and treatment of the individual who died to identify any care and service delivery issues in a set period prior to their passing. They will consider if any issue led to the death occurring.

During 2022/23 304 of Leeds and York Partnership NHS Foundation Trusts patients deaths were recorded on Datix. Datix is the Trusts risk management information system. In addition, we reviewed an additional 719 deaths. These deaths were identified from data taken from the NHS Spine and cross referenced with CareDirector. These cases were reviewed to consider if any further action was required and if these could provide opportunities for learning.

The below table indicates all deaths identified via the Trust incident reporting system.

*Item 27.1*

Learning From Deaths	Q1	Q2	Q3	Q4
Awaiting Cause of Death confirmation	-	6	7	6
NOD - LYPFT not the primary provider of care	57	60	65	58
ENE1/2 - Expected Natural Death	0	2	2	0
UN 1/ 2 - Unexpected Natural Death	3	5	6	2
UU - Unexpected Unnatural Death	11	10	2	2



By 31 March 2023, 122 case record reviews and 21 investigations (comprehensive, concise and SBARs) have been carried out in relation to 304 of the deaths included. In 21 cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

*Item 27.2*

Quarter	Deaths reviewed/investigated
Quarter 1	39
Quarter 2	38
Quarter 3	30
Quarter 4	36
<b>Total</b>	<b>143</b>

0 representing 0% of number of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

*Item 27.3*

Quarter	Deaths reviewed/investigated found to be due to problems in care
Quarter 1	0%
Quarter 2	0%
Quarter 3	0%
Quarter 4	0%
<b>Total</b>	<b>0%</b>

A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.	Not applicable, no death found to be due to problems in care.
A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	Not applicable, no death found to be due to problems in care.
An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	Not applicable, no death found to be due to problems in care.

3 case record reviews and 3 investigations completed after 31<sup>st</sup> March 2022 which related to deaths which took place before the start of the reporting period. 0 representing 0% of these patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

*Leeds and York Partnership NHS Foundation Trust considers that this data is as described for the following reasons.*

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

*Leeds and York Partnership NHS Foundation Trust has taken the following actions to improve, and so the quality of its services, by*

- The Trust policy stipulates that all known deaths are reported via DATIX, the Trusts incident reporting system.
- Incidents are discussed within clinical governance forums.
- A summary report (CLIP) is provided monthly to aid discussion and highlight concerns.
- All patient safety incidents reported as severity 4 and 5 are reviewed at the twice monthly Learning from Incidents and Mortality Meeting.

- Where a patient death is recorded as unexpected/unexplained a further review is undertaken to identify if any care or service delivery problems have contributed to the patient's death.
- All learning disability patient deaths are subject to a review whether unexpected or otherwise, this process is via the Learning Disabilities Mortality Review (LeDeR).

The quarterly Learning from Deaths reports from 2022-2023 have highlighted several key areas of good practice and some opportunities for learning and improving. The learning is taken from completed concise and comprehensive incident reports. We have identified below some issues that have been identified throughout the past twelve months and the action taken to address these:-

Of the serious incidents that have been reviewed, there has been much evidence to support sound record keeping and good documentation in line with policy guidelines but there have also been instances where the completion of documentation and care records could have been improved.

The reports on occasion have identified that completing and updating care plans could sometimes prove difficult for staff. An improvement workstream was undertaken in respect of simplifying the care planning process to support staff and improve Trust recording. A revised process was introduced in February 2023 with a six month implementation plan across all services. Learning from Deaths quarterly reports highlighted opportunities for future improvement around the consistency of how we involve service users/carers/families in their care planning.

We have noted within the reports that clinical risk assessments and safety plans are areas within our documentation where we could improve how we record information both for Trust staff and our service users. The Patient Safety Managers have developed training to support how staff develop, use and record information in respect of Clinical Risk and Safety Plans. The trainers have incorporated learning from investigations within the training materials which provides further opportunity to share learning within the Trust.

Within the reports opportunities to improve physical health checks has been identified. The Physical Health Team have used this learning to identify the improvements to their training offer to services within the Trust. This has led to enhanced support and delivery of training according to service needs.

# Patient Safety Incidents

The information below demonstrates the number of patient safety incidents that were reported to the National Reporting and Learning System (NRLS) during 2022-2023. The table indicates the number of severity 1, 2, 3 & 4 incidents per quarter which is illustrated as a figure and a percentage. The table also demonstrates the number of serious incidents that resulted in death as both a figure and a percentage<sup>3</sup>.

*The table below shows the number of incidents based on the date the incident took place.*

1. NRLS Quality Accounts 2022/3 - Incidents reported to NRLS (By Severity & Quarter)	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
1 - None (No harm caused)	1112 (16.15%)	1162 (16.88%)	1215 (17.65%)	1166 (16.94%)	4655 (67.62%)
2 - Low (Minimal harm - patient(s)/staff, etc., required extra observation or minor treatment)	453 (6.58%)	444 (6.45%)	566 (8.22%)	545 (7.92%)	2008 (29.17%)
3 - Moderate (Short term harm - patient(s)/staff, etc., required further treatment or procedure)	32 (0.46%)	52 (0.76%)	53 (0.77%)	44 (0.64%)	181 (2.63%)
4 - Severe (Permanent or long-term harm)	2 (0.03%)	3 (0.04%)	0 (0%)	2 (0.03%)	7 (0.1%)
5 - Death	12 (0.17%)	13 (0.19%)	4 (0.06%)	4 (0.06%)	33 (0.48%)
Total	1611 (23.4%)	1674 (24.32%)	1838 (26.7%)	1761 (25.58%)	6884

<sup>3</sup> Locally reported data is based upon the date of the incident. On the NRLS website, the data is based upon when the information is submitted to NRLS and therefore there may be month by month discrepancies noted.

<b>2. NRLS Quality Accounts 2022/3 - Incidents reported to NRLS (Severity 2,3,4 combined &amp; Quarter)</b>					
	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Severity 2,3 & 4 Combined vs All	487 (30.23%)	498 (29.80%)	616 (33.75%)	509 (32.88%)	2110 (31.71%)

*The table below shows the number of deaths that were reported as a serious incident to NRLS.*

<b>3. NRLS Quality Accounts 2022/3 - Incidents reported to NRLS (By SI &amp; Quarter)</b>					
	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Not Recorded as Serious Incident	0 (0%)	1 (3.33%)	0 (0%)	0 (0%)	1 (3.33%)
Recorded as Serious Incident	12 (40%)	11 (36.67%)	4 (13.33%)	2 (6.67%)	29 (96.67%)
Total	12 (40%)	12 (40%)	4 (13.33%)	2 (6.67%)	30 (100%)

The Trust is committed to continually improving the quality and safety of all services. Incident reporting is a fundamental tool to understanding our risk profile. The Trust actively promotes a just culture and encourages the reporting of incidents including no-harm and near misses which will help to inform wider organisational learning.

We currently work to the requirements set out in the NHS England, Serious Incident Framework and allocate all patient safety incident investigations a Lead Investigator to ensure these are completed in a timely manner. Alongside the Patient Safety Team, we also allocate investigations to clinical and operational colleagues. To ensure that we use staff resources effectively and equitably we have developed a local system that identifies who would have the skills and capacity to undertake an investigation, this system is currently working effectively.

When a patient safety incident is reported, the degree of harm or potential for harm needs to be recorded within the body of the Datix report. The table below outlines the different categories which are available. In addition, a patient is given an explanation and an 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, hospital admission

Severity 4 – Major/Severe Harm, e.g. permanent harm/disability, medium psychological harm

Severity 5 – Death/Catastrophic

## Inquests

Between the 1 April 2022 and 31 March 2023 we were registered by the Coroner to be involved in **40** inquests, all of which have been concluded.

From these inquests, LYPFT received **nil** Prevention of Future Death (PFD) reports which are served by the Coroner under the Coroner's (investigations) Regulation 28.

# Section Three



## Section Three

### Improving the quality of our services

This next section of the Quality Account is an opportunity for us to share some of the important work we have 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.

## Infection Prevention and Control

### Our response to the pandemic

The Director of Infection Prevention and Control [DIPC] has responsibility for ensuring the organisation has correct policies and procedures in place to keep staff and service users safe and protected from transmission of infections whilst working and under our care. The DIPC is supported to discharge her areas of responsibility with support from the Infection Prevention and Control Team

The Infection Prevention and Control Team saw significant changes to their working practice during the Covid-19 pandemic, constantly adapting to an ever changing picture to support keeping staff and service users safe.

The DIPC would like to thank the IPC team for the creative way the team have responded to the pandemic in the last three years and is immensely proud of the dedication commitment and compassion they have shown during this time, and has stated “In the 39 years I have worked in the NHS I have not worked with a better team they are fantastic and I am truly proud of what we have achieved together”

At the beginning of 2023 the Infection Prevention and Control service returned to its pre-pandemic hours of weekday cover Monday to Friday. This is because of reduction in need of a 7-day responsive and on-call service as staff become accustomed to dealing with covid.

Where there is outbreak activity, the new working arrangements ensure that Infection Prevention and Control support

is available to carry out additional testing in outbreak areas.

Throughout the year, reviews of pandemic guidance continued and amendments to local processes for Covid-19 prevention and response. This included changes to the testing requirements.

### Vaccination

The team have worked throughout the year to plan and deliver vaccination programmes for Covid 19 and flu vaccinations.

The vaccination team continued to provide an evergreen offer for anyone who still requires an initial Covid 19 vaccination. These were completed by staff roving clinics across all main sites of the Trust one day per week. In-reach work onto the inpatient wards continued and the team were also able to complete home visits when this was felt clinically appropriate.

The staff flu programme began in October 2022 and ran until February 2023. Colleagues were vaccinated through a model of bookable clinics, peer vaccination and roving vaccinators across all Trust sites. The team also provided a weekend and evening service to give all staff the best chance of being vaccinated.

The vaccination team also supported inpatient units with the administration of the flu and Covid 19 booster vaccines. Work has already commenced on the preparation of the 2023/2024 autumn flu and Covid-19 campaigns.

The autumn Covid 19 booster vaccinations began in September 2022. The uptake within the organisation was similar to numbers reported from other trusts within the city.

A spring covid 19 booster campaign commenced on 17<sup>th</sup> April. The vaccine is being offered to a small cohort of patients who are over the age of 75, live in an older peoples care home, or are deemed as clinically extremely vulnerable.

#### Core Infection Prevention and Control Activity

The Infection Prevention and Control teams core activity continues to recover following the pandemic. There has been a focus on visibility of the team across clinical services. This includes regular participation in the Peer Review process across the organisation.

The team have refocused time to improve compliance with fit testing (fitting

of respirator masks for staff), MRSA screening and reviews of policies as part of pandemic recovery.

The team have continued to review and develop processes to support best practice in our services. This includes the Infection Prevention and Control element of Matron walk rounds having been reviewed to improve oversight of local practice. Also, an out of hours manual has been developed and shared widely to support clinical teams and managers with out of hours decision making and actions. A hand hygiene roadshow was undertaken in late 2022.

The team are preparing an Infection Prevention and Control link champion event and supporting regional development of a link champion workbook to ensure this offers appropriate support for mental health and learning disability settings.

## Tackling Health Inequalities

Tackling health inequalities is a priority within LYPFT.

As a Trust our Board has agreed three key areas of focus for our work which are:

- **Access** – ensuring that we do not accidentally exclude people from our services, and that we provide access that suits the needs of individuals and communities across our footprint (including relatable, culturally competent in-reach and appropriate adaptations).
- **Experience** – that people’s experience of our services, care, treatment, and support is not affected by any characteristic. Purposefully address the inequity we know already exists in Mental Health and Learning Disability services and in their delivery.
- Improve, and advocate for, the **physical health** of people with mental ill health and/or learning disability.

In line with these priorities, we have established a set of health inequality priorities for each of our services. Additionally, we have continued to focus on the areas identified by NHSE as part of the Covid19 response and recovery. For LYPFT this includes:

**Protect the most vulnerable from Covid19:** Building on the success of our vaccination delivery programme commenced in January 2021, we have embedded our approach and delivery

model into business as usual. This means that we can support people with serious mental illness and/or learning disabilities to access the Covid19 vaccine, and flu vaccine. Specifically, we aim to encourage and facilitate uptake and protection of vulnerable people. We focus on the direct delivery of the vaccine across inpatient wards and reach service users with serious mental illness in our community services.

**Restore services inclusively:** As part of our recovery plans each of our services identified a set of “addressing health inequalities” priorities. Informed by data, intelligence and learning through Covid. Steered by the leadership teams in each of our services, these priorities identify specific gaps in access, inclusion, experience in the communities of people served by these specialities. Progress is monitored by our Deputy Director of Operations.

We have continued to strengthen our work on inclusion through the development of Inclusion Lead posts in our services. Our Clinical Services Inclusion Lead reports that services including Perinatal mental health, Community, Crisis, and Eating Disorder services significantly benefit from having dedicated resource working in their teams specifically to ensure that our inclusion ambitions are achieved. There has been significant progress resulting in schemes are campaigns which proactively reach into communities of people who are under-represented in our services.

### Develop Digitally enabled pathways:

Again, building on work started during the Covid19 pandemic, our partnership with Thrive by Design (a digital innovation and improvement collective we host) has enabled us to explore how the use of digital enables or excludes people from accessing care and treatment. The outputs from this work inform our operating models and enable us to focus on inclusion for everyone who may otherwise be excluded.

Thrive by Design have been commissioned to be part of the Digital Health Inequality Pioneers project will focus on supporting Integrated Care Systems across the country to take an Inclusive Digital Transformation approach, co-designing services for everyone not just the majority.

### Collaborate locally in planning and delivering action:

We are members of the Leeds Tackling Health Inequalities Group which is central to the ICB and Health and Wellbeing Board. The Tackling Health Inequalities toolkit developed through this group has been actively used as part of our recovery programme with a review due early in spring 2023. The health inequalities priorities derived through the Mental Health Strategy are overseen and driven through the IBC Mental Health Care

Delivery Board of which we are key members (with our Medical Director as Chair). We are lucky to work with the Synergi collaborative who lead this work on behalf of the Leeds MH strategy implementation and are seeing the results of the work they are leading translate into our local practice in LYPFT.

### Strengthen leadership and accountability:

In spring 2022 the Chief Operating Officer took over as Executive Lead for Health Inequalities. A focussed steering group was established (as previously had been combined with the workforce equality, diversity, and inclusion agenda, which has now further developed based on the learning in 2022). Our immediate next steps are to develop and publish our health Inequalities Strategic Plan. We have benefitted from the appointment of a West Yorkshire Mental Health, Learning Disability and Autism Programme Public health Consultant who works across the three West Yorkshire Mental Health Providers. Towards the end of 2022/23, LYPFT approved a partnership with colleagues in our local Acute Trust, GP Confederation and Community Trust to appoint a Leeds based Public Health Consultant who will support LYPFT in the appointment of a dedicated Health Inequalities Lead to drive forward our agenda.

## Eating Disorders, Rehab and Gender Services Examples

Evidence from the eating disorder's charity BEAT, suggests that a disproportionate number of people from ethnic minority and diverse communities accessing eating disorder services nationally. A YouGov poll (commissioned by Beat 2020) found that nearly 4 in 10 (39%) of people believed eating disorders were more common amongst white people than other ethnicities. However, clinical research has found that these illnesses are just as common or even more common among BAME people and diverse communities than white people (Beat 2020). Compared to White British ethnic groups, those from a BAME background also had the lowest referrals and treatment for eating disorders (BEAT, 2020). The West Yorkshire CONNECT (adult eating disorder service) reviewed local ethnicity data for referrals and those accessing the service, also finding a disproportionate access rate amongst different ethnic populations. As a result, the service recruited Lynn Chibage as a health inequalities and inclusion worker. Lynn has undertaken a more detailed analysis of access rates including age, ethnicity, and gender. Working with the

staff team, she has identified a need for culture competence training and the language that we use to describe and label illness for people who are non-English speaking and do not have a western model of understating eating disorders. These and other recommendations are now being translated into the health inequalities action plan for the service.

The largest research study to date indicates that there is an overlap between gender diversity and neuro-development needs. The study found that people with Gender Dysphoria are 3 to 6 times more likely to autistic. This has implications for access and engagement. As a result, the Gender Service implemented a working group understand and improve the service user experience. Working in collaboration with the LADS service, the team have implemented autism awareness training for all staff and agreed a clinical consultation arrangement. An identified autism champion now promotes the needs of this population within service. They have produced and implemented several

resources to help service users with access, including redesigned letter templates and a video clip explaining the service and directions to outpatient clinics. Referral materials now include recording of neurodiversity to help identify those service users and improve their experience. A service evaluation has been commissioned from Leeds University to understand the impact of these changes.

The Assertive Outreach Team (AOT) have collected feedback from service users to improve their experience and inform future service development. The team have developed feedback cards for service users which complement the 'Have your say' questions. The team are now engaging and recruiting service users in a service user reference group, who will be actively involved in helping shape future developments of the service.

CREST has focussed on the physical health needs of the service users they work with to ensure all their health needs are addressed fully. They have

also undertaken some work to understand the demographics of those service user within or referred to the service to help shape their clinical model. This work is included in a wider piece to evaluate the effectiveness of the clinical model.

The Recovery Centre and Rehab In-patient Services has undertaken work to improve the digital inclusion of their service user population. Through this work the team have facilitated access to digital technology training for service users; enabling them to develop their skills, interests, access to support and reducing social exclusion. The service is developing a co-production strategy to move from the current position of service user involvement/consultation to a model where service users from this population are actively involved in designing the service delivery and clinical models. By moving to co-production, it is anticipated that the service will be better aligned to the population needs and lead to improved outcomes.



## Patient and Carer Experience Team

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 hands on support and oversight to ensure we are continuously working towards achieving priorities set out in the strategy.

We promised that we would let people know what has happened as a result of our service users and carers being involved and we published an Involvement Bulletin in July 2022 celebrating our progress and achievements in the previous year.

Whilst the pandemic created barriers to the way in which we have previously worked with people, we remained connected with our service users, carers and partnership organisations around the city using digital methods. With the easing of restrictions, we have been able to run and be involved in more 'face to face' meetings and activities.

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, Executive Director of Nursing, Professions and Quality and new co-chair Jen Tiffen.

3 strategic sub-groups feed into the overarching PEISSG.

## Involvement, Carers and Experience strategic subgroups

The strategic sub-groups are now all co-chaired by senior leaders and lived experience partners and carers. This allows service users, carers and staff to work alongside each other sharing a voice in identifying the priorities that all would like to see achieved.

### Structure chart





## Involvement Sub-Group

### Our priorities

Involvement Priority:	Together we will achieve this by:
 <p>Together we need to increase the number of people who become involved in how our services are provided, including people from diverse backgrounds to meet the needs of people living in our communities.</p>	<ul style="list-style-type: none"><li>• Developing a training and support package for those people who wish to become involved.</li><li>• Reviewing and developing a fair and transparent process for reimbursement to those giving up their valuable time to become involved.</li><li>• Developing involvement networks and opportunities across all services inclusive of staff, patients, service users and carers.</li></ul>

### Using your lived experience and getting involved

PET is the lead on this co-produced and co-facilitated course which runs as part of the Recovery College programme. Its aim is to invite participants who are not aware of opportunities to get involved across the trust or further afield and support people to get involved in ways which will suit their strengths or interests and bolster their well-being. The session harnesses co-facilitator expertise, film clips and discussion to gently demonstrate how people with lived experiences of mental health and using mental health services are speaking up, to successfully influence and inform mental health services.

PET works with three co-facilitators from the Service User Network to deliver this programme. Our challenge this year was to move the programme from a 2D on-line delivery to face to face delivery with

more options to interact. The co-facilitator team met twice during summer months to amend the course session ready for a face-to-face course. This year the course ran in July, on-line and in November, face-to-face in the Age UK hub. Twelve people attended across both courses.

### Recruitment Interview skills for service users and carers

Addressing a key need to provide interview skills training for a lived experience partners who are part of LYPFTs recruitment process, PET has been collaborating with staff, service users and carers to co-design a course to be run through the Recovery College. Third sector partners, Touchstone and staff from the Rehabilitation and Recovery Service have supported the task group collaborating on the programme. Ten service users and carers have been

involved with three planning meetings to identify current issues, key topics required and to develop a course aim and learning outcomes. Three co-facilitators with lived experience have been identified and the next step is to co-design a session plan for the course and to run a course trial.

### [Supporting the Community mental health transformation project](#)

Over the past year PET has been an active member of the CMHT involvement and engagement workstream and supported two workshops with CMHT involvement and SUN members. The workshop in October involved lived experience partners in mapping existing skills, knowledge and contacts in local communities and the third sector. The November joint SUN and CMHT involvement event included an, “About our roadmap” exercise designed to share understanding and collaboratively prioritise the next step activities which had emerged from Rethink’s July co-production workshop with the CMHT.

### [Increasing the diversity of people involved](#)

This priority focusses on increasing the number of people from diverse backgrounds to have their say and get involved. We are promoting opportunities and the benefits of “getting involved at LYPFT” by working with the Culturally Diverse Hub Leeds, the Diversity Matters Advisory Group and other community partners. We are about to launch a new and unique film for people interested in wanting to join

LYPFT to take part in a range of opportunities across the organisation. The film highlights the lived experience journey of 2 members of the Service user network (SUN) and explains why they joined SUN and other activities at LYPFT. The film is also meant to encourage others to share their experiences as well as get involved in other activities. The film will be publicised on social media, via recognised voluntary and faith sector networks and via our existing Partnerships.

### [Recruitment panels](#)

Service users and carers continue to be involved in recruitment panels for a wide range of roles across the Trust. 27 individuals have been involved this year, supporting the recruitment of staff roles across the Trust such as Consultants, Psychologists, Lead nurses, the Head of people and OD, supported living staff, Nurses and Physiotherapists

### [Involvement Networks and Partnership working](#)

The PET has an involvement database and robust process in place to ensure service users and carers are kept informed about involvement opportunities across our Trust. The work continues to ensure that information is kept live and updated.

The PET has 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

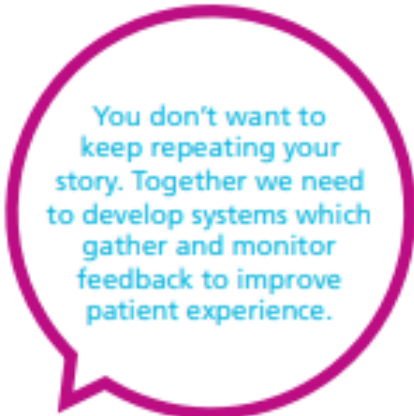
users and carers have a voice to influence senior decision makers not only within our Trust but in organisations across the city.

The PET are also members of the People's Voices Partnership (PVP), a group convened by Healthwatch Leeds which brings together involvement leads from health and care organisations

across Leeds. The group work together with the shared aim of putting people's voices at the centre of health and care decision making in Leeds, and in particular the voice of people living with the greatest health inequalities. The PET are also members of several PVP subgroups such as the mental health subgroup and the digital inclusion subgroup.

## Experience Subgroup

### Experience Priority:



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

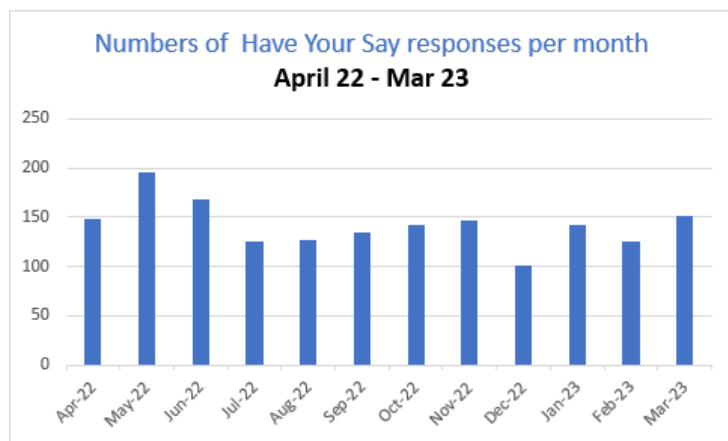
### Together we will achieve this by:

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

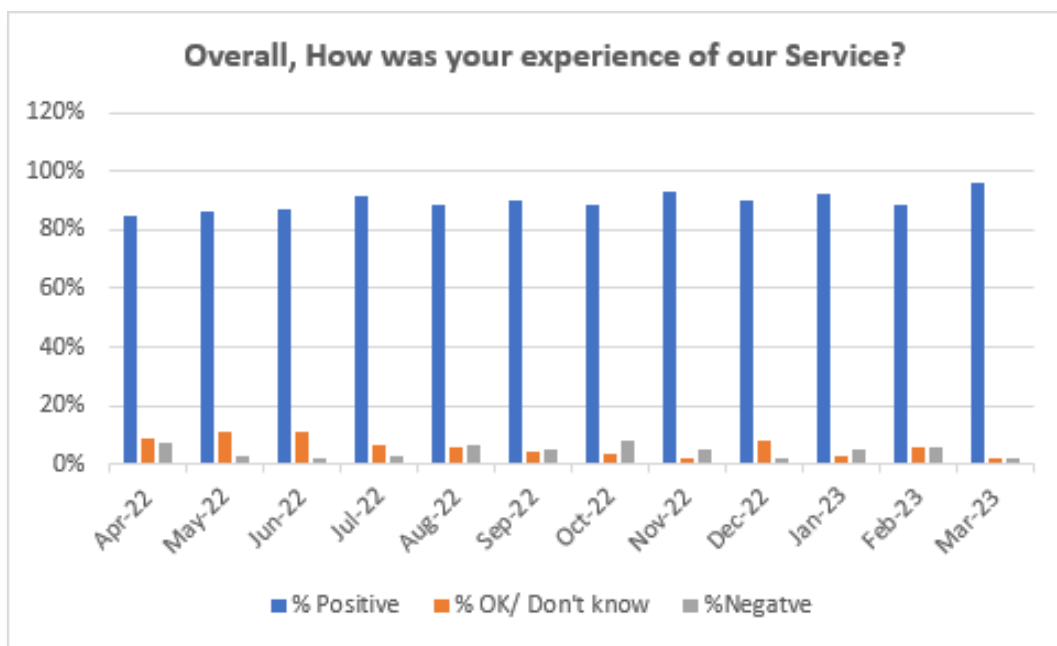
## Have Your Say

The numbers of people using Have Your Say to give feedback rose significantly this year, with over 100 responses per month. The Gender Identity service and Chronic Fatigue service were very successful in receiving responses aided by providing the survey after Attend Anywhere appointments. The teams in Connect and Ward 6 – Newsam, Yorkshire Connect Eating Disorders service worked hard and encouraged significant numbers of in-patients to give their feedback using postcards and on-line feedback.

The figure below shows the responses to the scored question, “How was your



experience of our service? The mean value for positive results, (Very Good or Good), was 89.7%. In six of the months the figure was over 90% positive.



### Improving communication and reducing repetition

This remains a priority for the subgroup but due to staffing pressures across the trust, we have not been able to progress this as much as we would wish. Further focus will be placed on this priority in the coming year.

### Improving the experiences of discharge from our services

In January 2023, our Service User Network held a focussed group discussion on what helps a successful discharge. Early involvement of patients, their family and carers, having emergency contact numbers, feeling safe on discharge and having staged discharge arrangements were all raised as important issues. The PET team will be liaising with the Quality Improvement team to support the Multi agency Discharge Event (MADE) project across in-patient areas and communicating findings to service users and carers.

### Community Mental Health Services Survey Results 2022

The Care Quality Commission (CQC) has recently published the results of a survey about our Community Mental Health Services

You can download the Community Mental Health Services Survey Results Management Report 2022 for LYPFT via the Trust website.

Our Trust is mandated to take part in this survey each year, which is led by the CQC. The survey asks people who have been supported by our Community

Mental Health Services, to tell us about the care and support they have received. You can find out more about the survey on the CQC website.

Postal surveys were sent to 1224 people aged over 18 who had at least one contact with our Community Mental Health Teams between 1<sup>st</sup> September and 30<sup>th</sup> November 2021. People had to be registered on the CPA (Care Programme Approach) or non-CPA register.

294 people completed the survey, providing a response rate of 24%. There were 14 questions (out of 39) where our Trust scored above the 80% threshold compared to the 49 other Trusts and Community Interest Companies who took part in the survey. There were no questions which fell below the 20% threshold which is a great achievement.

Comparing the results for the 2021 and 2022 survey results for our Trust, two thirds of our scores improved from the previous year. Louisa Weeks, Patient and Carer Experience and Involvement Lead for the Trust, said: "These results are a credit to our fantastic community colleagues who have continued to provide care and support to people during some very difficult times."

### Key findings

#### Things to celebrate – our top scores:

- 97.6% of people said that they knew who to contact if they had a concern about their care.
- 86.7% of people said that the person who organises the care and services they need did this 'very well'.

- 86.3% of people reported that they are treated with respect and dignity by NHS services.
- 85.7% of people felt that they had received treatment and support in the way they agreed.
- 82% of people said that a mental health worker had checked with them how they were getting on with their medicines.

*Areas we can improve on – our lowest scores:*

- 16% of people said that aside from this survey, they had been asked to give their view on the quality of the care they received.
- 40% of people said that they had been given help or advice with finding support for financial advice or benefits.
- 45.8% of people said that they had been given help or advice with finding support for finding or keeping in work (paid or voluntary).
- 48.8% of people reported that they had been supported with their physical health needs.

*Action*

To improve on the scores above, our community mental health services will: -


- Encourage more people to give their feedback about the quality of care received by completing the Trust wide feedback measure called Have Your Say [myonlinesurvey.co.uk/PFFT/RGD](https://myonlinesurvey.co.uk/PFFT/RGD)
- Share a financial information sheet with service users.
- Introduce people to the community hubs from next spring (a new model for community mental health teams), where intensive support can be provided to people with moderate to severe mental health needs to find paid or voluntary work, or to receive help to retain their employment.
- Support people to access the new community hubs where a proactive approach to physical health will be encouraged, to obtain and maintain good physical health and wellbeing.

We are continuing to refresh our Community Services Strategic plans and these survey results will help us to do this.

It's really important that our services are improved and developed by people who have had experience of using them.



## Carers Subgroup

<p><b>Carers Priority:</b></p>  <p>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.</p>	<p><b>Together we will achieve this by:</b></p> <ul style="list-style-type: none"><li>• Continuing to implement the Triangle of Care standards across the organisation.</li><li>• Establish a carer support network, including relatives, friends and supporters across all services.</li><li>• Developing a system to measure carer experience.</li></ul>
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### Triangle of Care

After being subject to a rigorous process, we were delighted to be awarded 2-star accreditation to the Triangle of Care in July 2022, one of only 14 Mental Health NHS Trusts currently recognised as achieving this important accolade.

2-star accreditation doesn't mean that work has ended, but importantly acknowledges that we have strategic plans in place to recognise a long-term

commitment to ensure that carers feel fully involved and supported.

This priority will remain ongoing to ensure that all our staff members are aware of the 6 standards of the Triangle 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

The focus this year has been on linking with existing carer support groups. Many service specific care support groups have been re-established this year post pandemic, providing peer support, education and opportunities to feedback to that service. We have maintained and improved upon our ongoing relationships with Carers Leeds and Leeds Young Carers Support Service, and regularly attend the Leeds Carers Partnership quarterly meetings to link with other NHS providers, local authority and third sector organisations



providing support to carers. Carers Leeds continue to attend our monthly carer champion meeting and bimonthly carer subgroup.

Links with our PALS and complaints teams, Carers Leeds and the Patient Safety Team have introduced new carers who have become involved in our work. Unfortunately, anecdotal evidence from other organisations and our experience with carers has revealed that carers are more fatigued than before the pandemic therefore do not always have the time or inclination to join a carer network. We continue to encourage carer champions and other staff to refer to Carers Leeds or to other relevant organisations that provide support to carers.

### Measuring Carers Experiences

It's really important that we collect feedback from our carers to understand their experiences of our services. Carers are welcome to complete the 'Have Your Say' measure, but we've also been able to trial a specific 'Carers Reported Experience Measure' with a number of different services in the Trust. We recognise that carer contributions to peer reviews, serious incident investigations and interviews with carers themselves also provides valuable feedback; some of which resonates across all our services. We will be exploring ways in which this can be more widely shared and used for learning across the Trust.

### Sharing carer experiences across the Trust

We have helped ensure that carers experiences are heard at more meetings

across the Trust by starting each meeting with a short film or animation describing carer experiences, both positive and negative. Meetings such as the PEISSG, Clinical governance, and the Triangle of Care carer champion groups often include a film to remind people of the experience carer can have.

### Service User Network (SUN)



The SUN continues to meet on a monthly basis, with meetings now alternating between online and face to face. The SUN meeting is co-chaired by 2 lived experience partners, Paul and Tessa, and members of the group have autonomy to plan the agenda and have a say in what happens at their meetings. New members continue to join and through the SUN network are able to get involved in a wide range of projects and activities, all of which are underpinned by the Trust's policy for the payment and reimbursement of expenses, to ensure that their time and commitment is recognised and valued. Some of the activities have included PLACE visits, Reducing restrictive intervention work and Preceptees induction days.

SUN members have also supported other services to run their own projects. Examples include:

- Perinatal service peer support meetings
- the CRISS core fidelity review



- Leeds Autism Diagnosis Service's DBT group co facilitator
- Diversity & inclusion team
- Learning Disability carers group
- Learning Disability carers awareness session
- The larger labels project.

### SUN Spotlight on Services

SUN spotlights continued to be periodically held with sessions arranged for

- Trauma informed care training
- The mental health capacity act
- The Leeds Care record

These sessions were established to

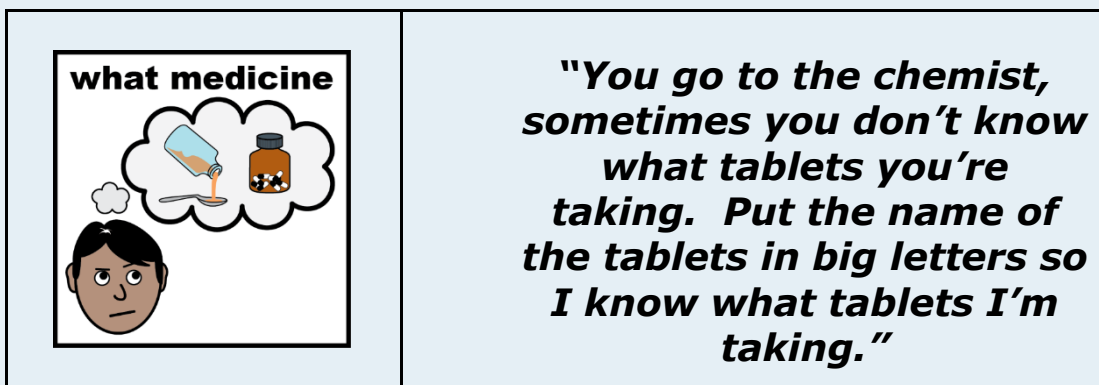
### Bigger, Better Labels Project

Bigger, better labels is a co-designed project to respond to demands from people with learning disabilities asking for medication labels and information that better meets their needs and improves patient safety.

Over the last 12 months the project team from Learning Disability Involvement and PCET have been busy co-designing and co-facilitating workshops, user-testing the medication labels currently available and developing a film to showcase the views of people with a learning disability on the issue. A short film available on YouTube highlights the accessible information and patient safety issues identified by people with lived experience in this project. The film can be found at the following link:

[https://www.youtube.com/watch?v=h5L\\_kiS7L50](https://www.youtube.com/watch?v=h5L_kiS7L50)

The spark that initiated the project came from a focus group facilitated by Patient and Carer Experience team (PCET), at Advonet's, Asking You, Peoples Parliament group for people with learning disabilities, where a group member said



PCET also was successful in gaining support for the project through the Health Equity Fellowship with the West Yorkshire Integrated Care Board. This enabled training workshops and mentoring to inform project development. The team plans to disseminate work so far and run one further set of project workshops in Summer 2023.

enable SUN members to learn in more detail about LYPFT and partner organisation's services, with topics often suggested by SUN members.

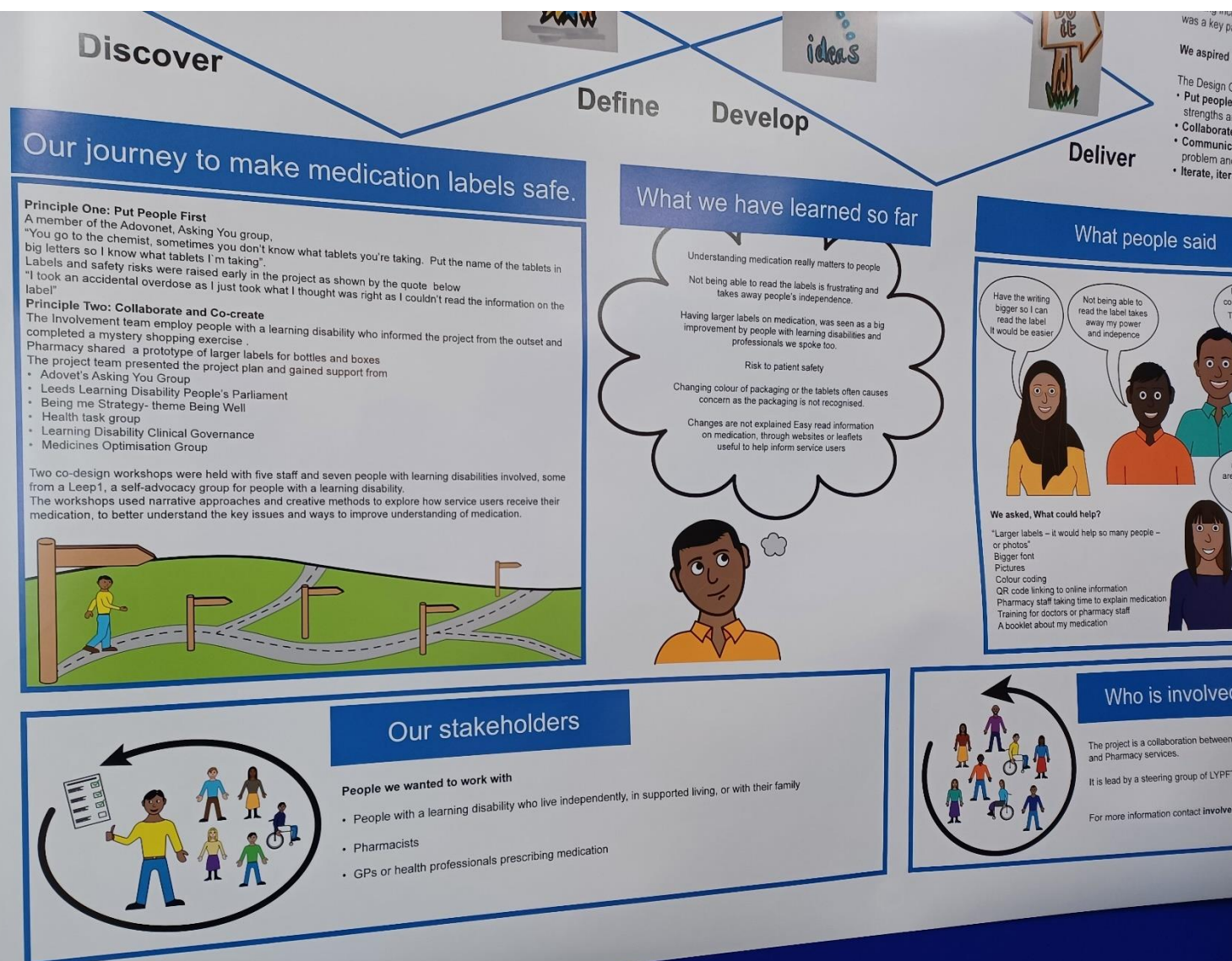
## Patient and Carer Stories at our Trust Board meetings

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.

The board heard a range of stories, which are always presented at the beginning of each of the Trust's public board meetings.

- Northern gambling service
- The pharmacy projects.
- Depot injections
- PLACE visits
- Update on bigger, better labels.
- West Yorkshire PICU redesign



## Summary

We have found this year that an increasing number of teams and services have contacted us to either find people to take part in their involvement activities or to ask for support to run their own projects which they then deliver independently. We've also been able to involve current inpatients in more

projects this year, a voice that has been missing in the past.

We continue to make good progress in involving service users and carers to be more influential in service planning and delivery and supporting staff and senior leaders to recognise the added value this can have.

## Patient Led Assessment of the Clinical Environment (PLACE) at LYPFT

PLACE visits have been taking place across the Trust, visiting the following Trust inpatient units:

- Mill Lodge
- The Becklin Centre
- The Newsam Centre
- The Mount
- Asket Croft & Asket House
- Red Kite View
- 2 & 3 Woodland Square
- Clifton House

Each visit takes 3 – 4 hours per unit and includes a tour of the building and its facilities and sampling the food on offer for the service users. The ongoing needs of service users are upheld at all times as the team assesses privacy and dignity for patients, food, cleanliness, general building maintenance and the extent to which the environment is able to support the care of those with dementia or a disability.

The Patient and Carer Experience Team supported a team of 9 lived experience partners (the assessors) who between them have a range of experiences as service users or relatives/carers of service users, to take part in these visits. PLACE visits were organised by Phil Long, the soft facilities manager for LYPFT with the ethos that the visit will provide motivation for improvement by providing a clear message directly from service users and relatives/carers about how the environment or services might be enhanced.

Each visit took the following format:

- The PLACE team at each unit comprised of 3 - 5 assessors, Phil Long, Rachel Pilling or Louisa Weeks and the facilities manager for the site being visited.
- An overview of the service provided at each site was given by an operations manager or a clinical team manager for the service.

- The assessors were shown around the unit usually by a clinical team manager and the facilities manager for the site. Depending on the site, and whilst always respecting the privacy and dignity of service users staying there, assessors were shown reception / entrance areas, shared areas for service users, shared or ensuite bathroom facilities, activity rooms, a bedroom, the dining room, a clinic room and available outside space / gardens.
- The food menu for that day was provided for the assessors to taste.
- The assessors discussed what they had seen on their visit with their observations recorded by Phil Long using an NHS template. This information will be provided in a report to each unit.
- The facilities manager for each site often made additional notes during the tours and the subsequent discussion.

### Reflections on the project

- Phil and the other facilities managers were very genuinely interested in hearing what the assessors had to say about what they saw at each unit.
- Assessors were always actively encouraged to give their honest opinions, whether positive or negative and Phil recorded them accurately, summarising if necessary to provide a consensus view on the template he had to use.
- Assessors were never coerced into giving a particular response.
- As far as possible, and whilst always maintaining the privacy and dignity of the service users, the assessors saw the units 'as they are'.

## Practice Learning Development update.

### HSW Induction Work

The consolidated Healthcare Support Workers (HCSW) clinical induction is established and has been well received. The content has a core of key presentations and areas which are designed to build confidence and skills in those attending. Clinical Team Managers are increasingly recognising the induction as a good foundation for new-to-the-Trust HCSWs. The wider goals of enhancing the long-term retention of HCSWs to the Trust is still to be established. A recent dedicated conference was part of the overall raising of the profile of HCSWs and this was well received. The work to support HCSW in their careers and development is now a firmly established part of the work of the Practice, Learning and Development Team.

### Virtual Placements / Role Emerging Placement for Students

LYPFT continue to provide a "virtual placement" for student nurses and have progressed this into including other profession fields starting with occupational therapy learners this coming April. The virtual placement is an opportunity for learners to practice decision making, team building, delegation and communication skills and also build confidence and competence with assessment tools/handover of care in a safe environment that reflects mental health practice areas. The placement also provides an opportunity for learners to experience specific patient groups/practice areas that they may not come across in their planned

placements and this has shown to correlate with desired areas of employment. The Practice Learning and Development Team have also piloted an assessed leadership placement for 2 x 3rd year student nurses which is made up of project work with the team and being blended into a clinical area that is relevant to those projects. The feedback was very positive, and learners felt they had wider knowledge of mental health services as a whole and the impact corporate teams have to frontline services. From this placement both learners were interested in a career with LYPFT and to complete their final placements with the trust, one has been successfully recruited and the other learner is due to apply.

### Preceptorship at LYPFT

The LYPFT Preceptorship has been well established for several years, following the policy review in 2021 the Preceptorship Framework was also reviewed with the input of focus groups and in accordance with professional standards at the time. The Preceptorship at LYPFT is now multi-professional and as such somewhat different to other offers regionally and nationally.

The Nursing/Nursing associates, Social Work and AHP Preceptorship Frameworks have been merged into one multi professional Preceptorship Framework using the Four Pillars approach (Clinical, Leadership, Research & Education) to set out standards for our newly registered workforce. We have moved away from a



“tick box” approach found in the nursing framework and instead adapted a more helpful reflective approach as modelled in the AHP framework. We are one of the first Trusts across the collaborative to adopt this approach and are implementing the improved framework with this year’s intake of newly registered colleagues.

#### [LYPFT Preceptorship Presentations:](#)

**HEE Masterclass Preceptorship (National)** – We presented the LYPFT Preceptorship programme and framework, to several Trusts across the UK, including Sussex MH Trust and Bath. From this various Trust requested further information to inform the development of their own Preceptorship programme.

**WY&H Faculty – Preceptorship** – The LYPFT Preceptorship policy, programme, and Framework was presented. Included the ethos of the preceptorship offered at LYPFT and the engaged in discussion about the challenges and the review process.

#### [Events to come:](#)

**Dublin recruitment Event for ICB (West Yorkshire Health and Care Partnership)** – largest recruitment event for health and social care in Ireland. Tamara Babij to attend and discuss Preceptorship as part of conversation.

**Employability Event for final year students– Leeds Beckett University April 2023** The team will be supporting interview prep and mock interviews, attending employability fair to promote LYPFT including Preceptorship offer,

OT Rotation and other Occupational Therapy Vacancies.

#### [Promotion of the LYPFT Preceptorship Programme to third year Nurse University students](#)

The Practice Learning and Development Team have also engaged with third year student Nurses at University of Hull, University of Huddersfield, University of York, Leeds Beckett University and University of Leeds, Bradford University as well as facilitating a national webinar and attending other recruitment events. Nurse roles have been advertised and the promotion of LYPFT Preceptorship Programme has taken place. Feedback has been positive and a large number of the third year students have opted to work for LYPFT in 2023.

#### [Allied Health Professional Students:](#)

**Role Emerging Placements (REP)** – There has been an increase in offering settings within LYPFT for Occupational Therapy students in the last 12 months, with setting such as Intensive Veterans Service (HIS) and the Health Facilitation Team (Learning Disability Service) who have offered the BSc REP and now offered for the MSc course REP also. In addition, the Involvement Team from the Learning Disability Service have now offered a service development placement.

#### [International Recruitment AHPs](#)

LYPFT has successfully achieved its 2023/24 HEE target of recruiting 4 international OTs into the organisation. We have committed to recruiting a further 5 international OTs in this forthcoming financial year and are

currently scoping further agencies that we could collaborate with.

### Trainee Nursing Associates

LYPFT continues to support Trainee Nursing Associates (TNAs). LYPFT currently works in partnership with two local HEIs that support this training.

There are currently seventeen TNAs, who receive support from the PLDT. Nine of these started together in February 2023. A further four TNAs are on temporary breaks in their training.

The PLDT is currently planning the next recruitment of internal HSWs to begin the TNA programme in Autumn 2023.

One Trainee Associate Practitioner (TAP) and eight TNAs qualified in February 2023 with all of them choosing to continue working in our Trust. The

PLDT continues to support them in our multi-professional Preceptorship Programme.

The PLDT have facilitated a new 'buddy' system where qualified Nursing Associates (NAs) support new TNAs. This provides extra support for the new learner and develops leadership skills for the qualified Nursing Associate.

The PLDT is also assisting with an external recruitment drive for qualified NA vacancies in the Trust, including introducing posts to new service areas. This recruitment process began in December 2022 and is currently ongoing.

## Clinical Governance Restructure

In 2018, Leeds and York Partnership NHS Foundation Trust Board agreed the Trust Quality Strategy. The organisational aim was to develop a place of collective leadership coupled with culture and learning agreed.

Following wide consultation in 2019, a new Clinical Governance structure was agreed. This change included a moving from two Care Group Clinical Governance meetings feeding into Trust Wide Clinical Governance, to a Unified Clinical Governance Group (UCGG). The Unified Clinical Governance Group would bring together the two previous groups, to allow representatives from across the organisation to come together once a month for Clinical Governance.

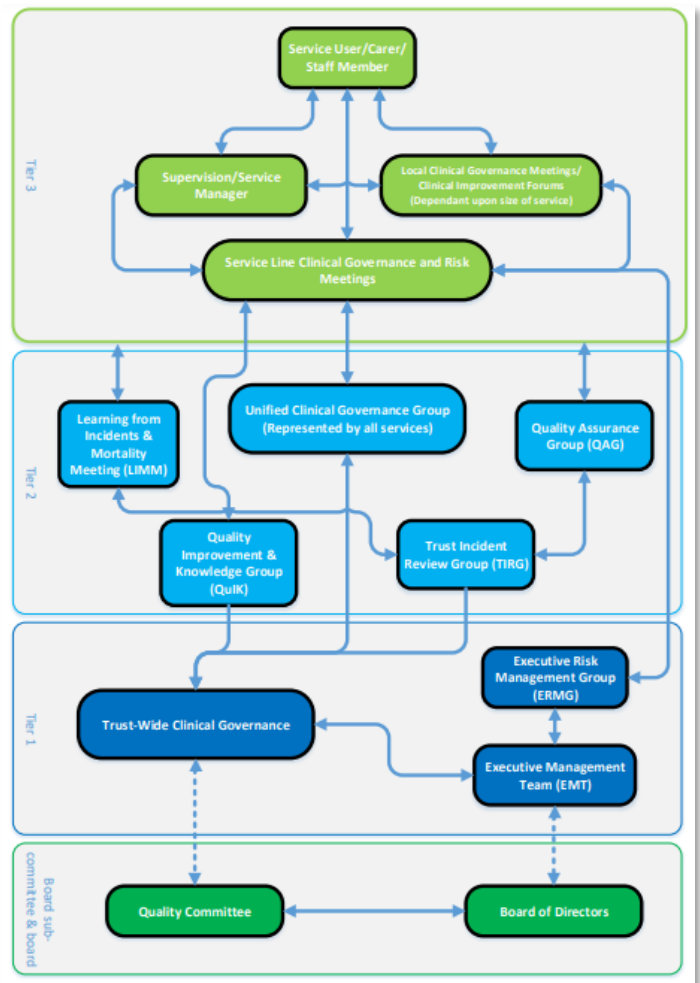
The Clinical Governance restructure project was launched in 2020 to bring into motion the agreed new Clinical Governance Structure.

A Design Collaborative and Task & Finish Group were established in 2021 which had wide representation from across the organisation. These groups helped shape the UCGG and Tier 3 Clinical Governance. Both parts of the structure launched in July 2022. Our new Ward to Board structure can be seen on the right.

As part of the Design Collaborative and the Task and Finish Group, a new Clinical Governance Framework was developed along with a new terms of reference, agenda and report and escalation templates. These were also launched in July 2022, along with a

## Ward to Board

### LYPFT Clinical Governance Structure



Clinical Governance Toolkit which was developed to support colleagues to effectively and consistently use the new clinical governance framework and templates when chairing and attending clinical governance meetings. The toolkit includes information on:

- Clinical governance structure.
- Clinical Governance Terms of Reference purpose and how to use.
- Escalation report purpose, how to use, and examples.



- Involving service users & carers.
- Meeting principles.
- How to use data.
- Communication and feedback loops.
- Compassionate leadership.
- Duty of candour.
- Professional standards.
- Admin support.
- Useful links.

The new UCGG runs monthly with good representation from across the organisation. Services continue to embed the new process which the organisation aims to have embedded by March 2025.

There is an on-going evaluation taking place to review and ensure that the new process is effective and improvements continue to be seen. Early review of the changes have found that the new structure has allowed a sound

### What is Clinical Governance?

“Governance in healthcare is referred to as Clinical Governance, “a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”. It involves monitoring systems and processes to provide assurance of patient safety and quality across the organisation.”

*NHS England*

communication system for escalating issues.

The next step for the project is to develop and introduce Clinical Governance Training within the Trust.

### LYPFT's Clinical Governance Framework



## Sexual Safety Update

NHS England commissioned the National Collaborating Centre for Mental Health to develop standards and guidance on improving sexual safety in inpatient environments following a report from the CQC in 2018 highlighting sexual safety incidents in inpatient areas. Here at LYPFT, we are working hard to embed these standards in our organisation.

Prior to 2022/23, a pilot introducing the Sexual Safety Standards took place within 3 wards in the Trust. This work was supported by the Sexual Safety Group. However, due to pressures within the organisation due to the Covid 19 pandemic, this work was delayed, and the group stood down at times to support the front-line services. In March 2022, the group began work again.

At the beginning of the year, a project plan was developed with a plan to roll out the Sexual Safety Standards through the inpatient units in LYPFT. The roll out was planned based on intelligence gained from baseline assessments against the standards and incident data from services.



### What is Sexual Safety?

Sexual safety is defined as feeling safe from any unwanted behaviour of a sexual nature and feeling safe from sexual harm. Feeling safe from sexual harm means not being made to feel uncomfortable, frightened, or intimidated in a sexual way by any other person (including other patients or staff) at any time.

Over the last year, the group has seen significant progress against the plan with the finalisation of a Sexual Safety Leaflet for service users and colleagues and the introduction of a Sexual Safety Policy in the organisation. We have also seen the roll out commencing within four of our inpatient services, the Acute Inpatient Service, Forensic Services, CAMHS and Older People Services.

Work has been done to improve our oversight and reporting of Sexual Safety incidents with the development of a reporting template and a review of our DATIX reporting system.

The group has developed a Sexual Safety Checklist and a role description for Sexual Safety Leads within clinical areas. These were developed to provide additional support to services while work continued on the Sexual Safety Training.

The Trusts Safeguarding training currently incorporates training around sexual safety however, as a group, work is continuing to develop stand alone training within the Trust.

Over the coming year, alongside development of the Sexual Safety

Training, we aim to continue the roll out into all inpatient services before planning the implementation of the project into our community services.

The Sexual Safety Standards can be found on the Royal College of Psychiatrists website:

<https://www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes/sexual-safety-collaborative>

## Patient Safety Incident Response Framework

### A new way of responding to Patient Safety Incidents: Patient Safety Incident Response Framework (PSIRF)

In Summer 2022, NHS England published the new Patient Safety Incident Response Framework (PSIRF) which will be replacing the current Serious Incident Framework (SIF).

LYPFT are currently in a preparation phase with a plan to implement the new PSIRF by Autumn 2023. The introduction of PSIRF will help towards improving safety management across the trust and will allow us to embed the key principles of a patient safety culture.

The PSIRF represents a significant cultural shift in the way we respond to patient safety incidents and supports the development and maintenance of an effective patient safety incident response system that incorporates:

- Compassion.
- Involving those affected by the event, including colleagues, patients, carers and families.
- System based approaches to learning and improvement.
- Considered and proportionate responses.
- Supportive oversight.

PSIRF will focus on understanding **why** and **how** incidents happen, rather than apportioning blame on individuals; ultimately making our care safer for patients.



The PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if systems and processes that support compassionate engagement and involvement of those affected by patient safety incidents (patients, families, and staff) are in place.

### What has LYPFT done so far?

Over the last 3 months the trust have been working through a number of tasks to get the trust ready for the implementation of PSIRF by Autumn 2023. Here are some of our highlights:

- A PSIRF Oversight group has been set up and meets monthly to steer the development of PSIRF and help shape how we implement the PSIRF including developing the PSIRF Plan and Policy which will be shared from Autumn.
- We have hosted a number of workshops inviting all staff to work through some of the work that needs to be done to transition from the old

framework to the new framework.

- We are developing a Patient Safety Partner role to join LYPFT to work alongside our staff, patients, service users and families to influence and improve safety within our services. PSPs can be patients, service users, carers, family members or other lay people (including NHS staff from another organisation).
- We are developing a training package to ensure all staff are trained correctly for the new approach to responding to patient safety incidents.
- We are updating our governance and quality

monitoring structures to define the oversight structures and ways of working that will come into place once transitioned to PSIRF.

The framework has been developed nationally, following widespread consultation and informed by the experience of early adopters who piloted an introductory version of PSIRF from March 2020 – June 2022.

A range of resources, information, tools and templates to support organisations to do this are available on the NHS England website <https://www.england.nhs.uk/patient-safety/incident-response-framework/>

## Patient Safety Training

The Patient Safety Managers have delivered Clinical Risk and Safety Planning Training throughout 2022/23. This training will continue to be offered in the year ahead. Staff feedback from the training that was offered has been very positive.

The Patient Safety Team also support the delivery of Structured Judgement Review (SJR) Training. In 2023 the Patient Safety Team will deliver full SJR training days as well as refresher courses for colleagues who have completed the full course but may not have had opportunity to undertake a recent review.

Alongside this, we have been considering the additional training requirements which will need to be

delivered as part of the Patient Safety Incident Response Framework (PSIRF) roll out. The Patient Safety Team are all registered to undertake the HSIB Level 2 Investigation Training which will allow them to conduct the Patient Safety Incident Investigations (PSII's). As we transition towards PSIRF we will consider the wider training needs for the Trust to be compliant with the requirements set out within the new framework.

In the next year we are seeking to develop different methods to share learning from incidents including bite sized online webinars, presentations, and short video clips for inclusion within team meetings and accessible to all LYPFT staff.

## Positive and Safe working group - Working together to reduce the use of restrictive practice.

The Positive and Safe Working Group (PaSWG) represent the organisational commitment to reducing restrictive practice.

Restrictive practices are a wide range of activities, some deliberate and some less so, which restrict people, their liberty and other rights. Examples include blanket restrictions, limited access to your personal possessions, and restrictive interventions such as physical restraint, seclusion and rapid tranquillisation.

The membership of the PaSWG is a trust wide collaborative; they provide a forum to,

- Have oversight of the organisational commitment to restrictive intervention reduction at all levels.
- Ensure accountability for continual improvements in service quality through the delivery of positive and safe care.
- Coordinate the development, and drive the strategic agenda, associated with reducing the use and severity of restrictive interventions in LYPFT.
- Provide a conduit for the escalation of cultural and practice issues related to restrictive interventions.

- Report to the Executive Team about the use of restrictive interventions and the work which is undertaken to help keep staff and service users safe.

The PaSWG have subgroups that report into and hold responsibilities on its behalf these include the Seclusion oversight Group and the Reducing the Use of Restrictive Practice - Service user and carer reference group. This group's membership includes service users/carers with lived experience of restrictive practice or have cared for a person who has had lived experience of restrictive practice. They also, as needed, run specific task and finish groups to facilitate more focused work on specific topics.

This year we have continued to make progress towards achieving the goals set out in our 2021/23 Positive and Safe (PaS) strategy, this set out the pathway that would enable the culture change necessary within LYPFT to reduce the use and severity of restrictive interventions across trust, this has seen us embark on many quality improvement initiatives these include:

- Reviewing our staff mandatory Prevention and Management of Violence and Aggression (PMVA) training programme in line with the Restraint Reduction Network (RRN) PMVA training standards

and applying for British Institute for Learning Disabilities (BILD) certification, this is anticipated to be completed early May 2023.

- We recognise the importance of a transparent reporting culture as being integral to targeting efforts to reduce restrictive interventions and continue to work hard to improve the consistency and quality of the data we capture. This has led to us targeting quality improvement interventions that would reduce the use of prone restraint such as the use of PODS, large beanbags specifically designed to avoid the need for high level floor restraint, and training programme on the use of alternative injection sites in crisis management.
- We acknowledge that any restrictive practice has the potential to impact on our service users' human rights, we understand our responsibilities under the Human Rights Act 1998 and are committed to ensuring our practice is human rights respecting and any restriction on a person's human rights is lawful, legitimate, and proportionate. We are working in partnership with British Institute of Human Rights (BIHR), we have commissioned them to undertake a staff training programme, which includes, an

initially allocation of 300 places on an online two-part workshop, intended to increase understanding of the Human Rights Act (HRA), our responsibilities as a public authority under the Act and how to adopt a Human Rights decision-making framework to clinical situation. Building the knowledge and confidence of our staff in the HRA will enable them to make clinical decisions that are always the least restrictive. A further five-day Human Rights Practice Lead training programme: this will provide a smaller cohort of up to 48 staff with more in-depth human rights knowledge to support the long-term embedding of human rights learning and development within LYPFT and support others with human rights decision making. We will also be holding a one-day workshop specifically for policy writers to learn more about a human rights approach to internal policy making.

- The positive and safe service user and carer reference group have been working hard to produce a service user and carer information leaflet on the use of restrictive practice (RP) within LYPFT. The final draft is now being shared for wider consultation and feedback. It is intended the information in the



leaflet will also be produced in easy read and video animation. This has been an ambitious project; we are proud to say the group are surpassing the brief. This information leaflet will be a very powerful tool for staff and service users to use to explore

the impact of RP and work together to avoid harm occurring.

We reviewing the PaS strategy later this year and will build on it's success as we develop the strategy for 2023/25.

LYPFT reports the use of restrictive interventions which can be found at:

[Mental health services monthly statistics - Restrictive Interventions - NHS Digital](#)



## Our response to Panorama “Undercover hospital: Patients at Risk”

On the 28<sup>th</sup> September 2022 BBC's Panorama aired “Undercover hospital: Patients at risk”. This showed undercover footage of the treatment of patients at the Edenfield Centre in Greater Manchester.

In response to the programme, Leeds and York Partnership NHS Foundation Trust has progressed work across a number of workstreams to monitor and evaluate the safety of our inpatient areas. For this, we have used the Care Quality Commission (CQC) fundamental standards framework to guide our engagement of service users and staff. We have also completed a “Closed Culture” self-assessment tool to support our learning.

The CQC defines a “Closed Culture” as 'a poor culture that can lead to harm, including human rights breaches such as abuse'.

A brief summary of the work that is continuing in the organization is as follows:

- We continue to evaluate “Have your say” feedback and ensure this is fed back directly to the inpatient teams.
- Feedback in relation to complaints, PALs and compliments are discussed as part of individual or group supervision in inpatient services.
- We have a robust Peer Review process across the Trust where colleagues from other areas

What is a Freedom to Speak up Guardian?

Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes.

review the care and treatment within clinical areas and provide constructive feedback.

- Our Freedom to Speak Up Guardian is well established and routinely used.
- There are robust relationships with advocacy services. They have a consistent presence within the inpatient setting outside of tribunal hearings to enable therapeutic relationships to be established.

Areas for further development have been identified and will continue to be improved upon:

- Aim to increase Peer Support Workers across all inpatient sites.
- We will continue to build on our practical work, for example, using service user videos to describe their experiences as part of Prevention and Management of Violence and Aggression Training.
- We have agreed to extend the Peer Review process across our neighbouring Trusts to increase greater oversight and learning.
- We will continue to work with our neighbouring organisations and

the national team to ensure we are part of ongoing national work in this area.

- We will continue to refine the escalation procedures in place for seclusion to ensure there are clear parameters from Ward to

Board and agree timescales for escalation.

- We will continue to build on improvements that have already been made to reporting and oversight of the use of restrictive interventions into Quality Committee.

## **An update on our Community and Wellbeing Services**

The Working Age Adult Community Mental Health and Physical Health Team have had a difficult couple of years, more recently due to significant staffing vacancies and recruitment challenges.

The organisation has worked together to support the Community Mental Health Teams and a new support plan has been developed and is in progress which included the deployment of staff into the Working Age Adult Community Mental Health Teams.

Through this period, we have seen the services innovating to overcome these challenges. This has included partnerships with Touchstone Community Support Service, Northpoint and Community Links to develop new roles.

Over the next 12-18 months we aim to see significant improvements in mental health services in the community as a result of partnerships, integrated working and investment as part of Community Mental Health Transformation.

There will be a review and refresh of our Single Point of Access to ensure it is fit for the future and its purpose and function are clear. There will be improved monitoring and access to physical health interventions for those with severe mental illness. There are plans to establish the Leeds Rough Sleeper Mental Health Service, making it part of the wider offer of care and support for those who are, or are at risk of, rough sleeping.

One of the ways these aims will be achieved is by creating and developing an established workforce through improving colleague retention, offering attractive recruitment packages and showcasing why people are proud to work in the community. To improve staff experience work will continue around well-being reviews and a service cultural review.

To find out more about how our Community Services plan to deliver care over the next 12-18 months, please see their plan on a page, available on the Trusts website  
<https://www.leedsandyorkpft.nhs.uk/>

## Recognising Success

### National Awards

Throughout 2022 – 2023 we saw individuals and teams nominated for a range of awards. Some of which are summarised below.

#### Best use of Digital Communications and Engagement



LYPFT was shortlisted for the Best Use of Digital Communications and Engagement at the NHS Communicate Awards 2022. This was for our work recruiting for Red Kite View.

This award focused on teams that have successfully utilised digital communications and social media in its communications and engagement.

#### Red Kite View nationally recognised for excellence

Red Kite View, our new Children and Young People's inpatient unit, has won two new awards to add to its list of accolades. At July's Constructing Excellence in Yorkshire and Humber Awards the new build won Project of the Year and the Integration and Collaborative Working Award.

The build project was also shortlisted for New Build Project of the Year Award at the Healthcare Estates and Mental Health Innovation of the Year in the HSJ Awards.

#### Specialty Doctor/Associate Specialist of the Year

Dr Monique Schelhase, Clinical Lead with the CONNECT Eating Disorders Service, has been named Specialty Doctor/Associate Specialist of the Year in the [Royal College of Psychiatrists Awards](#).

Monique is an outstanding Associate Specialist and shows excellence not in

just one, but all the domains of clinical work, medical education, leadership and management, research, innovation and parity of esteem.

The judging panel appreciated her work as an accomplished clinician, educator, manager and leader.

## Positive Practice Mental Health Awards

The National Positive Practice in Mental Health Awards 2022 took place on the 6<sup>th</sup> October 2022. The event celebrates some of the most positive work in mental health.

Three of our Specialist Services were nominated for awards out of 800 nominations.

The Veterans High Intensity Service (HIS) won the Specialist Service Category. They were nominated for the introduction of a veterans specific Crisis Card designed by one of the Mental Health Practitioners in the team.



*"Both HIS and LADS teams have worked so hard to make these improvements and they are all absolute stars!"*

**Amanda Naylor, Operational Manager for Neurodevelopmental and Veterans Services**

Leeds Autism Diagnostic Service (LADS) won the Learning Disability and/or Autism/or ADHD category. They were nominated for the introduction of a secondment programme to boost capacity for the increasing demand on the service but also to increase autism awareness within other mental health services.

The Specialised Supported Living Service were Highly

Commended in the Learning Disability and/or Autism/or ADHD category. They were nominated for their work making governance a more accessible and inclusive process for people with learning disabilities and helping make it more meaningful for people who use the service.

*"It is fantastic that co-production and inclusion for people with learning disabilities is being recognised in this way. Hopefully next year we can go a stage further and win."*

**Peter Johnstone, Head of Operations for Learning Disability Services**

## Vaccination team shortlisted for HSJ Patient Safety Award 2022

Partners from across the Leeds healthcare economy including the Trust's vaccination team were shortlisted for a HSJ Patient Safety Award 2022: Improving Health Outcomes for Minority Ethnic Communities.

In 2021 the vaccination team contributed to a women-only Covid-19 vaccine offer at the Reginald Centre for culturally diverse communities.

With a focus on providing safe quality care and harnessing community



engagement, they created a women-only, private space to access the vaccine who had not done so via the GP led or citywide vaccination sites.

## National Diversity Awards 2022

The Gender Outreach Team at Leeds Gender Identity Service recently reached the final of the National Diversity Awards 2022 in Liverpool, having been shortlisted in the Community Organisation LGBT Award category. The National Diversity Awards

shines a light on the work of some of the UK's most inspirational diversity champions, and recognised over 1000 shortlisted nominees, with our Gender Outreach Team making it through to the final award ceremony. Leeds Gender Identity Service was represented by Gender Outreach Worker Sophie Bracewell, Gender Outreach Worker Luke Smith, and Specialist Practitioner James Wilson, along with Patrick Hands, Local Services Coordinator at Yorkshire MESMAC Leeds. We met some wonderful people and organisations doing some amazing work to support diversity and inclusion across the UK.



## Mental Health Social Worker of the Year

Tara Mitchell, Clinical Team Manager for the Leeds Community Perinatal Mental Health Service, has been selected as a finalist for Mental Health Social Worker of the Year in the annual Social Worker of the Year Awards.

Tara is one of five finalists in the Mental Health Social Worker of the Year category and won the award in November 2022.

Supported by S12 Solutions, the Mental Health Social Worker of the Year award recognises qualified social workers who have made a positive impact through their outstanding work with children or adults.

The team commented: "Tara has been instrumental in the rapid expansion of the service through the pandemic, supporting the team and keeping morale high through this difficult period and was



key to the low attrition rate within the team. She has consistently motivated the team to provide a high quality of care."

As a result of her win, Tara has been invited to the Houses of Parliament in March 2023.





#### **April 2022**

Working Age Adult East Community Mental Health Team and the Forensic Services.

#### **May 2022**

Older Peoples Services West  
Community Mental Health Team and  
Woodland Square Respite Centre

#### **June 2022**

Deaf CAMHS (Children and Adolescents Mental Health Service).

#### **July 2022**

Westerdale Ward, Clifton House, York,  
Forensic Service

#### **August 2022**

Logistics

#### **September 2022**

Ward 3 Becklin Centre, Acute Inpatient Service

#### **October 2022**

No nominations during October 2022.

#### **November 2022**

Complex Dementia Wraparound Team

#### **December 2022**

Specialised Supported Living Service

#### **January 2023**

Red Kite View

#### **February 2023**

South Community Mental Health Team

#### **March 2023**

Physical Health Monitoring and Improvement Team



## Improving care for our vulnerable service users

### [Learning Disabilities Service share best practice for Covid vaccinations.](#)

During Disability History Month, best practice was shared from the Learning Disability Service which shows how they have improved care for people who have a learning disability, helping them to access their Covid vaccinations.



According to [the 2021 Learning Disabilities Mortality Review](#)

[\(LeDeR\)](#) the median age of death for people with a learning disability was 62. The median age of death for the general population in 2018- 2020 was 82.7. Early research at the start of the Covid pandemic showed that the death rate during the first wave was found to be up to 6 times higher from Covid for people with a learning disability than the general population, confirming that prompt access to Covid testing and healthcare was warranted for this group. Covid highlighted that poor quality healthcare causes health inequalities and avoidable deaths.

The Trust's Learning Disability Service has worked tirelessly with healthcare partners in Leeds to improve access to and the experience of healthcare services during the pandemic and beyond.

### **New Admiral nursing service launches**

In conjunction with Dementia UK a new Admiral Nurses team is launching from Monday 3 April at St James's University Hospital.

Living with dementia can be challenging and confusing. The person with the diagnosis might be worried about what they may have to face in the future. And the people around them might be unsure how best to support them, and where to turn for help.

Carla Rogers and Debbie Foster are dementia specialists dedicated to



helping families face dementia with support.

Debbie said: "It is very exciting that Leeds hospitals will finally have an Admiral Nurses service – it will make such a difference to not only the staff at St James's by supporting their practice,

but to as many people living with dementia and their carers that we can physically reach!"

Paul Fotherby, Operations Manager (who oversees the Admiral Nurse service), said: “I’m really pleased to see the Dementia Specialist Admiral Nurses launch their service based at Leeds Teaching Hospitals. It’s great to have a new service to support the care delivered to patients and carers living with dementia.”

The service is available to carers of people with dementia who are experiencing complex needs. The person must have either a confirmed diagnosis of dementia or a highly likely diagnosis and meet the referral criteria. The service is available to people with dementia who are inpatients at St James’s University Hospital.

## New Integrated Care Board in Leeds

The Leeds Office of the NHS West

Yorkshire Integrated Care Board (the Integrated Care Board or ICB in Leeds) is part of the wider West Yorkshire Integrated Care System (WY ICS). The ICB replaces the former Leeds Clinical Commissioning Group (CCG).

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners including care providers, the voluntary, community, social enterprise sector and charities.

It involves partnerships of organisations coming together to plan and deliver seamless health and care services to improve the lives of people in their area.

Integrated care systems are geographically based partnerships bringing together organisations that meet health and care needs, improve people’s health, and reduce inequalities. There are forty-two in England – which includes West Yorkshire Integrated Care System.

They have four key purposes:

- Improving outcomes in people’s health

### What is an Integrated Care Board?

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

and healthcare

- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social and economic development.

From 1 July 2022, the West Yorkshire Health and Care Partnership includes a new statutory organisation within it called the NHS West Yorkshire Integrated Care Board (ICB). The new Board is part of new legislation set out in the Health and Care Act 2022, which focuses on improving outcomes for people by addressing health inequalities, the difference in care

received and effective use of budgets across the area.

### Beat the Blues Music Project

'Beat the Blues' is a new two-year music project at the Trust.

The project brings a wide variety of musical opportunities into services to support service users with their rehabilitation - djing, singing, ukulele playing, musical production and more.

An inspiring short film was made which shows the journey of some people being supported by the Assertive Outreach Service which is available on YouTube.



Beat the Blues is a partnership project between Arts and Minds and Cloth Cat.

### Acute Care Food and Fluid Charts Improvement Project

The Physical Health and Dietetic Teams approached the Improvement team for support with their Service User Nutritional Input Recording processes (called Food & Fluid). Inpatient's service user nutritional information had some areas for improvement. This highlighted opportunities for their service to improve nutritional care through improved and more effective data capture and subsequent learning. Also, there were opportunities to support with data

gathering/investigation following serious incidents where effective and robust

nutrition and hydration data recording are vital.

#### The Project

The Continuous Improvement team working with the Physical Health Team used Continuous Improvement principles such as Plan Do Study Act, Stakeholder maps and Root/Cause investigations to design a chart and a process for a more meaningful Food & Fluid data capture.

We used a method called Plan Do Study Act (PDSA) where we made changes following testing and then tested again.



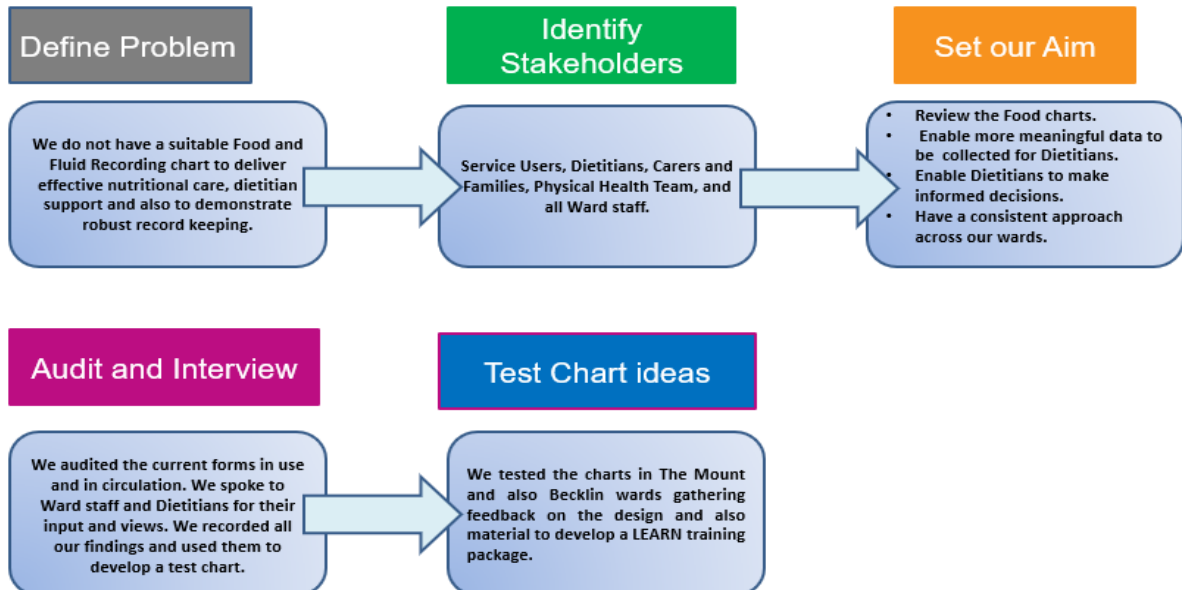
## The Approach

We followed a sequenced Improvement methodology.

### Food Chart Task and Finish Group Our Approach.

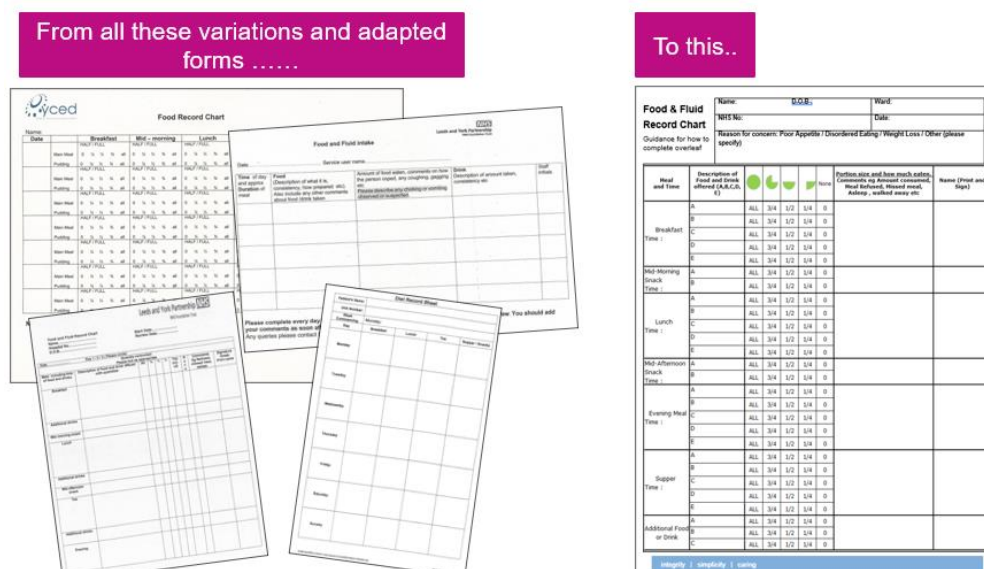


Leeds and York Partnership  
NHS Foundation Trust



## Testing

All variations of charts were tested with nursing and dietetic staff using PDSA cycles until a final design and concept was agreed upon universally.



## The Outcome

### Food Chart task and Finish Group Final Chart we designed

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

Meal and Time	Description of Food and Drink offered (A,B,C,D,E)						Portion size and how much eaten. Comments eg Amount consumed, Meal Refused, Mixed meal, Autoclip, walked away etc.	Name
Breakfast Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
	C	ALL	50g	1/2	1/4	0		
	D	ALL	50g	1/2	1/4	0		
	E	ALL	50g	1/2	1/4	0		
Snack Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
Lunch Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
	C	ALL	50g	1/2	1/4	0		
	D	ALL	50g	1/2	1/4	0		
	E	ALL	50g	1/2	1/4	0		
Snack Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
Evening Meal Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
	C	ALL	50g	1/2	1/4	0		
	D	ALL	50g	1/2	1/4	0		
	E	ALL	50g	1/2	1/4	0		
Supper Time:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
	C	ALL	50g	1/2	1/4	0		
	D	ALL	50g	1/2	1/4	0		
Additional Food or Drink:	A	ALL	50g	1/2	1/4	0		
	B	ALL	50g	1/2	1/4	0		
	C	ALL	50g	1/2	1/4	0		

Visual Prompts to support staff.

Meals broken down into component parts.

Improved space for comments and info sharing.

### Feedback from trials in the wards.

The design is easy on the eye

Not any extra work compared to the old chart

More space to add the right amount of detail

Much better than before

Much more information to support with the right patient care

The instructions are helpful on the chart

A clear and easy to follow chart

The charts have now been rolled out across the Trust wards and demonstrate a degree of uniformity in use with one version for all. To support learning, a training package has been developed to coach staff through the new charts. And to ensure a sustained improvement, an audit is planned of all wards to ensure compliance is still at the required standard.



## New Leeds Health and Social Care Hub launched

On 19th July 2022, the Leeds Health and Social Care Hub was launched.

The Hub will bring together a community of experts to improve healthcare in the region for patients.

Members of the public, private, and third sector organisations, including NHS, local government, universities, and other health organisations, will work to address challenges, including tackling health disparities and improving employment opportunities in the sector.

The Hub will ensure the Department of Health and Social Care's (DHSC) principal offices in Leeds are embedded in the region's growing health industry. Also, to continue the work to make Leeds a national and international hub for the healthcare sector.

We are excited to be taking this forward, working with our local partners.



*"The hub brings together a diverse set of partners both locally and nationally that will be able to achieve so much more collectively."*

**Dr Sara Munro, the Trusts Chief Executive Officer.**

### Mill Lodge feedback from QNIC peer review

Mill lodge remains a member of the QNIC (Quality Network for Inpatient CAMHS) network, designed to share best practice at a national and international level. The network uses a review and accreditation process to promote the highest level of care. Mill Lodge had a review in June 20223.

Key points from the peer review included:

- The team have made significant improvements since their last QNIC review in a number of areas. These include individually risk assessed access to personal mobile devices, trialling key/fob access to bedrooms during the day for young people where appropriate, and installing robust new windows that provide safe and adjustable ventilation.

Reviewers were very impressed with the passion and tenacity of the staff teams and were excited to hear about the future developments planned for the service



## Acute Care Excellence (ACE)

Over the last year we have focussed upon 2 main projects: formulation and addressing clinical variation across the male acute inpatient wards.

### Formulation

From June 2022 Ward 1 and Ward 4 have been involved in a formulation pilot. The aim is to ensure that every patient should have a formulation informing care, treatment and discharge planning within 72 hours of admission in accordance with the current PIPA (Purposeful Inpatient Admission) pathway which would improve the patient experience of admission in providing clarity about their care and path to discharge and potentially reduce length of stay. The pilot was not to establish if we should do formulation as this is best practice, it is to identify challenges and solutions to implementation to ensure a smoother roll out across the other wards.

The ward teams were trained by our psychologists and supported in the initial preparation and facilitation by the psychologists and practice development team. The pilot was extended until January 2023 due to capacity challenges within the service. This contributed to not all formulations going ahead as planned. The anecdotal feedback from the majority of staff is that formulation is helpful in shaping the care plan but we acknowledge we still have work to do in assuring staff that this is not adding to an already high

### 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.

workload. We are awaiting the outcome of the evaluation before preparing to embed the process across the service.

### Clinical Variation

It is important in this project that we do not make assumptions about the reasons for the variation in capacity and flow data across the male acute wards, and it is unlikely to be any single contributing factor. We also wanted to make it explicit that whilst we are aiming for the earliest discharge possible it should remain safe and planned. We provided the teams with the capacity and flow information and met with the leadership team of each individual ward to invite their views as to barriers to discharge and any potential differences in practices across the wards.

During the meetings, several factors were raised. As a result of this we met with the leadership teams of all 3 wards, the Continuous Improvement Lead and the Clinical Director to share the themes and identify some priorities to work on. An action plan has been developed to continue improvements in this area.

### **“Outstanding” CQC rating for Forward Leeds**

Forward Leeds, the city's alcohol and drug service, is 'highly innovative' and a place where 'staff always go the extra mile to support clients', according to a recent assessment by the Care Quality Commission.

Forward Leeds are a partnership made up of staff from Humankind, BARCA-Leeds, St Annes Community Services and Leeds and York Partnership NGS Foundation Trust.

The CQC say Forward Leeds is “Outstanding” overall and is “Outstanding” in the categories of being Effective, Caring and Well-Led. Fewer than two per cent of services inspected receive the top overall Outstanding rating. Staff from Leeds and York



Partnership NHS Foundation Trust are based in all three of the Forward Leeds hubs in Armley, Seacroft and Leeds City Centre. The service supports adults and young people in making healthy choices about alcohol and drugs. They reduce risk-taking behaviours through dedicated prevention, early intervention and tailored programmes. The ultimate goal is to support people to achieve and sustain recovery

### **Trust Dietitians publish article in Dietetics Today**

LYPFT dietitians, Georgina Crowther and Jemma Escreet, within the Healthy Living Service, have been successful in having their article published in Dietetics Today.

It is great recognition for all the hard work they have put in to completing a

service evaluation for the new roles that were created to support Community Mental Health Teams. The evaluation demonstrates that introduction of these roles has had a positive impact on staff and service users with improved access to meet nutritional needs of the population.

## Embedding Meaningful Outcome Measures – LYPFT 90-day Cycle Approach

A clinical outcome can be described as the change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.

Our service users deserve the highest quality services that we can provide. Services can only offer high quality care if they are effective. That ability to be effective is in turn dependent upon being able to provide evidenced based care which results in benefit. The ability to measure and display benefit is therefore a hugely important.

The development of meaningful outcomes measures for service users, clinicians and services in the Trust is a priority. Clinical Outcome measures (PROMS) are used at LYPFT, and their effective capture and use was identified as a Quality priority.

Service teams were allocated into cohort groups to look at their outcome

measures. The ongoing aim is to have a systematic approach to the often-complex problem of identifying and implementing the correct Outcome Measures and for a service to measure their own performance of the care they provide to service users. The approach selected as most appropriate to use was the 90-day cycle approach (see Fig1) which is an innovation cycle supported by the Institute for Healthcare Improvement (IHI). The purpose of this cycle is to collectively produce a model for the improvement work around the use of outcomes measure that will support a second phase of 'Next Steps' work designed to embed the outcome measures in daily operations. This approach is supported by the Clinical Directors, implemented by the Improvement Team and under the Executive lead of the Medical director.

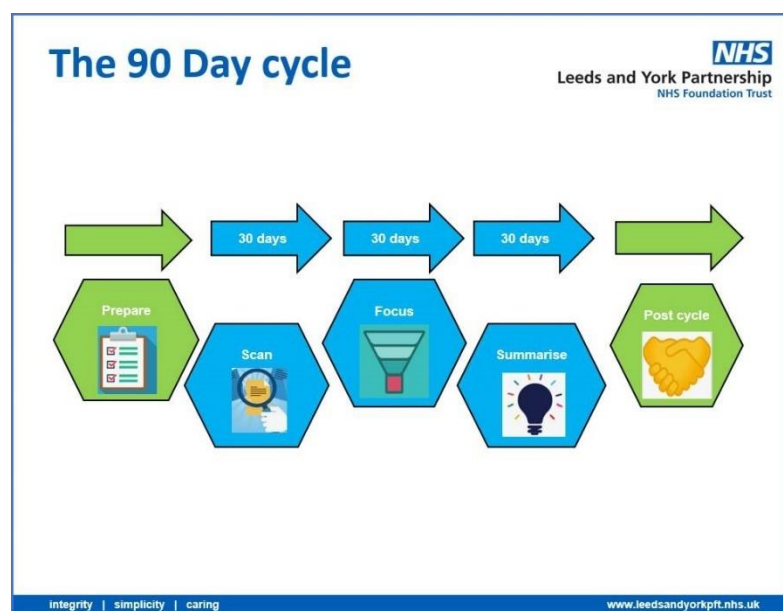


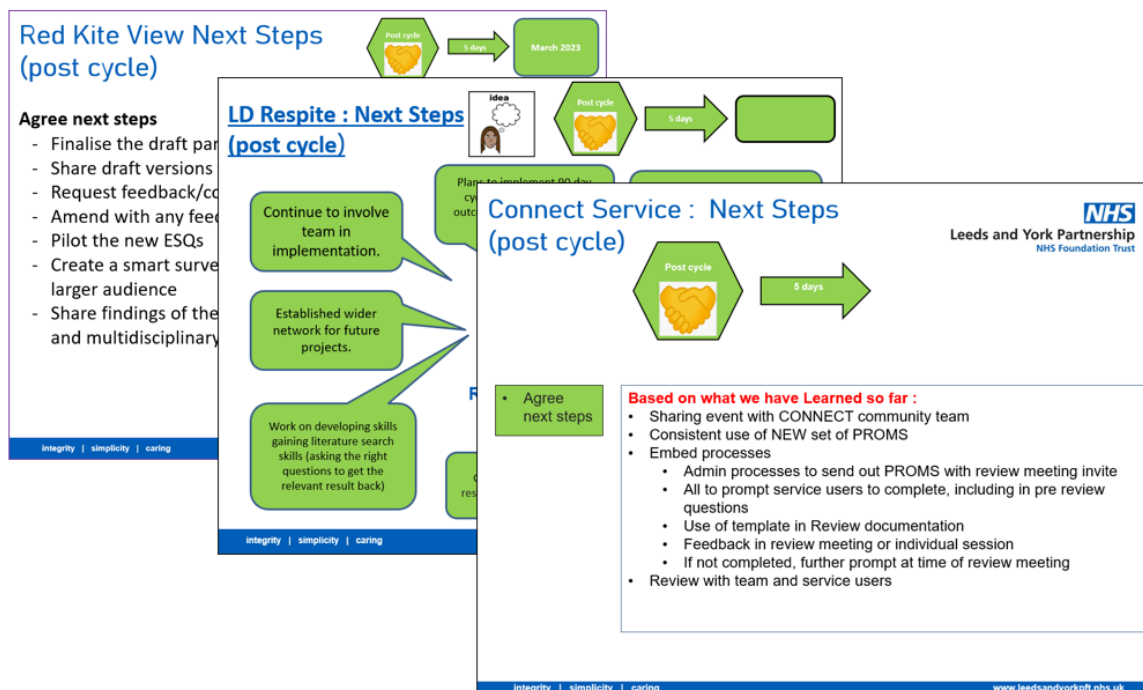
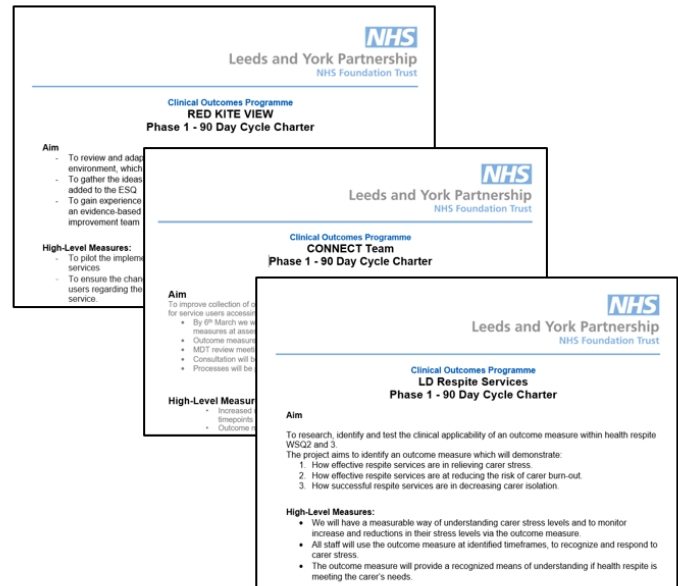
Fig1 The 90-day cycle approach

The services who have gone through the cycles so far have been: Gender ID, CONNECT, Perinatal, LD Respite services, CYPMHS at Red Kite View, ADHD, Personality Disorders and the Acute WAA.

Each team produced a charter of work with their team, the key messages, involved stakeholders and a plan outline to follow the 90-day cycle.

At the end of the cycles, the teams presented their findings and conclusions via a visual storyboard approach, culminating in 'Next Steps' statements outlining their progression beyond the 90-day cycles. The cohorts are working with the Improvement team to embed these steps into their day-to-day activities.

The next cohort of cycles looking at Outcome measures is planned to start in Summer 2023.



## Improvement and Knowledge Service

The Improvement and Knowledge Service is an integration of Clinical Audit, NICE Guidance implementation, Continuous Improvement, Knowledge and Library Service, and People and Change.

**Our vision is to build a culture that uses knowledge and 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. 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 following strategic objectives:

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



The LKS team supports all Trust staff to access the information and evidence they need by providing access to books, e-books, journals, current awareness services, NHS OpenAthens, information skills training, literature search and evidence summaries. They make information accessible, understandable, and useful for knowledge users through working collaboratively. LKS aims to provide the evidence that is needed, when it is needed, to support evidence based decision making from bedside to boardroom.

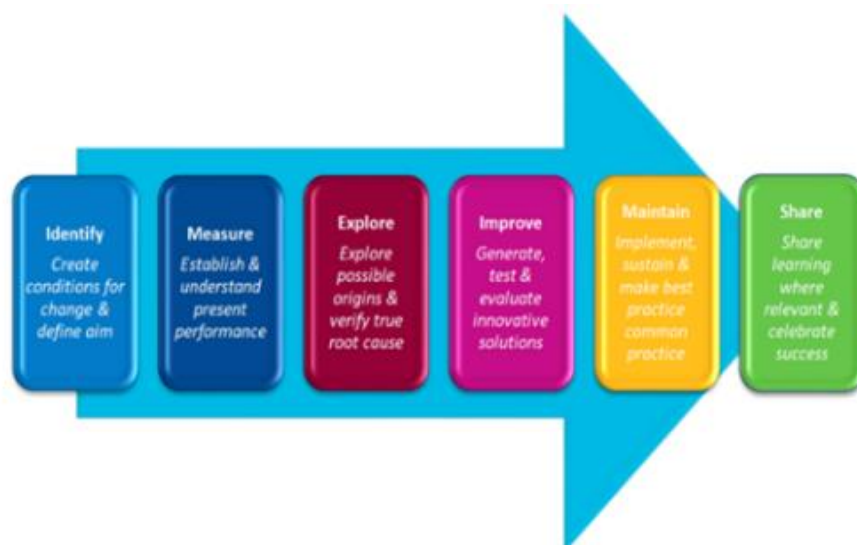
## People and Change



The People and Change function is the most recent addition to the Improvement and Knowledge service. Their work focuses on holistic person-centred improvement, supporting teams and services to engage in exploration and development activities to create working environments and relationships that enable quality to grow. They use evidence-based approaches and evaluation methods to ensure all work is robust and effective.

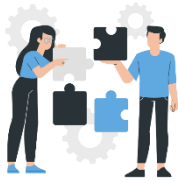
## Continuous Improvement (CI)

The Continuous Improvement function are committed to the ongoing improvement of the Trust's quality of care, work processes and service pathways. Their aim and goal is to establish a way of everyday working and embedded behaviours in LYPFT which deliver sustained improvements in care quality and safety. This is achieved by coaching and applying improvement tools and techniques. The team deliver a mix of improvement coaching, developmental training and mentoring to equip colleagues across the Trust with the necessary skills, knowledge, and confidence to not only complete current improvement projects, but also to enable colleagues to identify and run their own improvement projects in the future.





## Capability and Capacity



The team have recently been developing plans to build improvement capability and capacity across the Trust and the wider healthcare system. This piece of work is an important component as it enables us to enhance the quality of services, while also making the workplace a better place to be, with staff given the opportunity to develop both personally and professionally.

## Clinical Effectiveness (Clinical Audit and NICE)

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 team facilitates services to participate in both national and local clinical audit in line with our statutory and contractual requirement as healthcare providers.

The team is also responsible for co-ordinating the review and implementation of National evidence-based guidance developed and published by the National Institute for Health and Care Excellence (NICE) across services. The Trust uses NICE guidance 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.





## Guardian of Safe Working for Medical Staff

On 1<sup>st</sup> February 2017 Leeds and York Partnership Foundation Trust transitioned all the junior doctors onto the 2016 Junior Doctor Contract.

LYPFT is lead employer for the Leeds and Wakefield Psychiatry core training scheme. The two hosting Trusts within this scheme are Southwest Yorkshire Partnerships Foundation Trust (SWYPFT) and Leeds Community Health Trust (LCH). SWYPFT run their own on call whereas LCH participate in the LYPFT on call rotas.

The LYPFT Guardian of Safe Working (GSW) was appointed in November 2016 and is responsible for the directly employed trainees. This requires the GSW to liaise with the hosting organisations with reciprocal liaison with the other Trusts' trainees hosted in LYPFT and not directly employed as exceptions occurring as part of work within other Trusts is reviewed and addressed within that Trust.

When there are vacant training places the Trust sometimes recruits junior grade doctors on temporary contracts. With the implementation of the 2016 contract these posts are called Trust doctors. These doctors are also employed under the junior doctors 2016 contract as agreed with the Local Negotiating Committee.

### Data for 2022/23

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Rota Gaps	Core Trainees	Higher Trainees	Core Trainees	Higher Trainees	Core Trainees	Higher Trainees	Core Trainees	Higher Trainees
Gaps	43	23	38	17	77	34	68	37
Internal Cover	40	23	30	17	67	34	64	37
Agency cover	0	0	0	0	2	0	2	0
Unfilled	3	0	8	0	8	0	2	0
Exception reports (ER)	2		7		3		5	
	There were 12 ERs during the reporting period. No ERs related to patient safety issues.							
Fines	0	0	0	0	0	0	0	0

### Rota gaps and cover for rota gaps.

The medical education team's approach to providing cover for rota gaps for patient safety reasons is in the first instance to agree internal cover by doctors already working on the rota. This is known as an internal locum shift.

If the gap is still not covered, there are a number of doctors who have worked on the LYPFT rotas or are working in a medical post within the Trust that does not include an on-call commitment. These would also be known as internal locum shifts.

In the event that the shift has still not been covered, then medical locum agencies would be contacted to fill the shift.

If the shift remains uncovered, then the rota may be authorized to run on reduced staffing by the Associate Medical Director for doctors in training (AMD for DiT). In this scenario the medical education team communicates this to the doctors of all grades on the rota, on-call senior manager and switchboard for the date affected to make them aware of the reduced cover.

### Summary

As an organisation, we have very few gaps. The rota gaps reported have not led to a patient safety issue. MEC do a fantastic job of managing the rota and have evidenced a great ability to respond to gaps where they arise for planned/unplanned absence (e.g., maternity leave/sickness).

The approach MEC use positively impacts the way Doctors feel they are treated by LYPFT and the combination of MEC approach and junior doctor dedication has led to very few rota gaps in LYPFT.

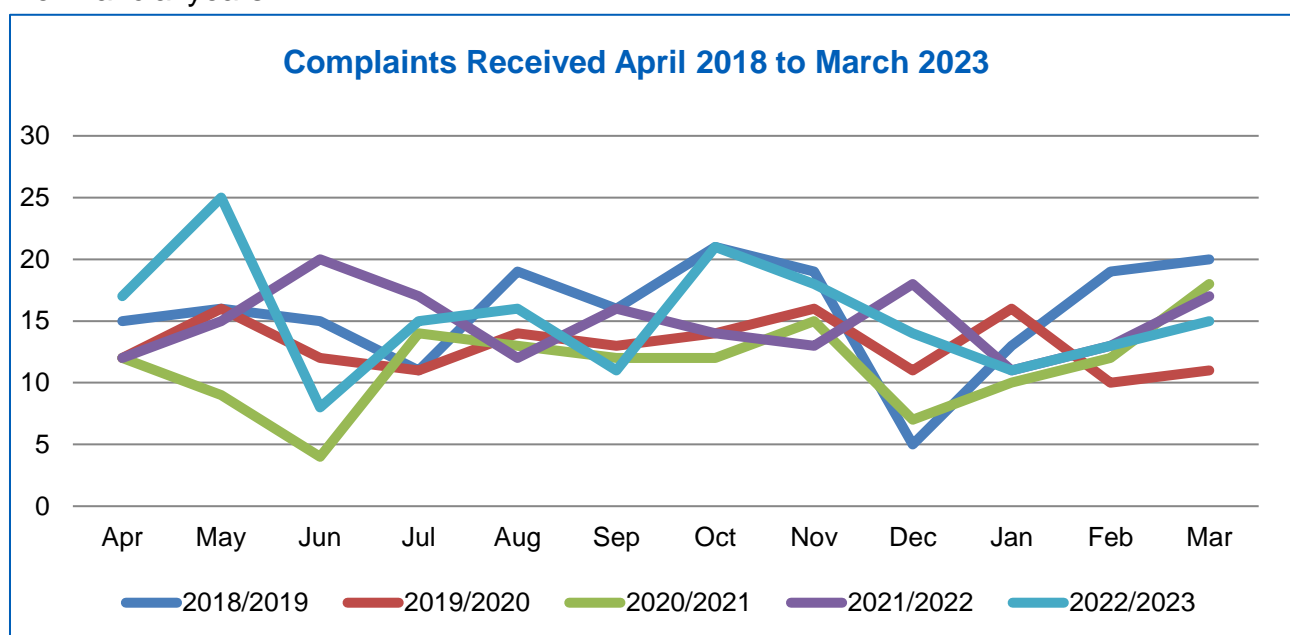
There have been no breaches in junior doctors working hours resulting in a financial penalty for the Trust.

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

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

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

During 2022/23, the Team dealt with 2098 PALS enquiries/concerns and 184 complaints. The chart below shows the comparison of complaints received over the last five financial years:



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

## Learning from Complaints

The top three themes for **complaints** during 2022/23 were:

- Clinical Care 56%
- Attitude of staff 13%
- Communication 10%

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

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

Recommendation from the complaint	Action taken
To consider the inclusion of service users in the induction and further training, of staff, to help broaden their awareness and knowledge of lived experience.	Team liaised with the Patient Experience & Involvement service to obtain support and advice on how to include this in induction and how to continue to embed this within services.
Ensure administrative team understand how to check the waiting lists on Care Director	Training session completed with administrative staff.

## Key Achievements in 2022/23

- The PALS and Complaints Team have continued to work creatively to ensure that the team have been as accessible as possible to all service users and carers.
- Complaint investigator training, developed by the team, has progressed well. 30 staff new to complaint reviews received the training in 2022/23.
- Investigation managers are allocated by a newly developed investigation matrix, introduced in August 2022, to support a fairer, more consistent approach and timely response to allocation.

## 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 2023.

## 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 2022/23, the Trust received 340 compliments, this is a 14% decrease compared to 2021/22 (397 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.

Word cloud depicts some of the compliments received in 2022/23:



## Falls and Pressure Ulcer Management

Falls and pressure ulcer incidents are reviewed at a multidisciplinary professional group that meets on alternate months. In the month between these meetings a working group meets to look at areas identified for improvement in practice. The Physical Health and Infection Control Meeting receives a 6 monthly oversight report of pressure ulcers and falls which provide an outline of incident data within LYPFT services and promotes sharing of lessons to improve patient safety and quality of care.

### Falls

In 2022/2023 the Trust recorded 748 falls incidents across the inpatient and specialist supported living setting. The table below illustrates that many falls (75.8%), resulted in no or low harm. Most inpatient falls occurred in older people's services, and this is a consistent distribution.

	1 - None (No harm caused)	2 - Low (Minimal harm required extra observation or minor treatment)	3 - Moderate (Short term harm required further treatment or procedure)	4 - Severe (Permanent or long term harm)	Grand Total
Quarter 1	111	43	3	0	157
Quarter 2	132	40	1	1	174
Quarter 3	140	46	9	0	195
Quarter 4	162	51	9	0	222
<b>Total</b>	<b>545</b>	<b>180</b>	<b>22</b>	<b>1</b>	<b>748</b>

The alternate monthly working group has developed a falls pathway to help staff act safely after a service user has fallen and there are plans to finalise and launch this during early 2023-2024. A further priority for the group is to identify improved training for staff and standardise the approach to care planning for falls prevention and recording incidents consistently across the Trust.

### Pressure ulcers

All pressure ulcers and moisture associated skin damage identified by Trust staff are reported as incidents. Whilst the Trust sees relatively few pressure ulcer incidents, their cause and management can be complex and closely linked with a person's mental health presentation. The table below shows the distribution of pressure ulcers

categorised as grade 2 or above which developed or deteriorated under the care of the Trust (as a primary provider of care) by severity over each quarter.

	1 - None (No harm caused)	2 - Low (Minimal harm required extra observation or minor treatment)	3 - Moderate (Short term harm required further treatment or procedure)	4 - Severe (Permanent or long term harm)	Grand Total
Q1	0	0	0	0	0
Q2	0	0	0	0	0
Q3	0	1	2	0	3
Q4	0	1	2	0	3
<b>Total</b>	0	2	4	0	6

Work to improve training, documentation and the management of pressure ulcers has progressed during the period 2022-2023. The Trust has been part of a Leeds collaborative working with the Leeds Health and Care Academy to identify and promote a standard training package for the prevention of pressure ulcers. The aim is that all health and care staff working with Leeds citizens will have an increased awareness of the risks that contribute to skin damage. Working with our Care Director team and Purpose T authors, we have also been able to develop an electronic version of the Purpose T screening and prevention tool and updated our local procedures to align with this. These 3 interventions to improve knowledge and management of skin damage in the Trust will be launched for staff in quarter 1 of 2023-2024.



## Safeguarding

Over the last 12 months the safeguarding team has remained the same with a full capacity team. The team have adopted the hybrid model of working. This has not impacted on core safeguarding business, and we continue to implement a safeguarding duty system. This enables all LYPFT Trust colleagues to seek advice and support on all matters of safeguarding from a duty safeguarding practitioner. The duty system is available to all Trust colleagues Mon – Fri 8.30-5pm. In the last year the safeguarding team have provided support and advice for more than 1000 requests for safeguarding advice.

Trust colleagues are made aware of how to contact the team via a variety of methods through safeguarding training, safeguarding supervision, Trust wide intranet and Trust communications.

The safeguarding team have appointed a MAPPA specialist practitioner. The role and responsibilities of the MAPPA Practitioner are to provide operational and clinical leadership to clinical teams in regard to MAPPA and MAPPA eligible service-users in LYPFT. This will include representing the Trust at Initial, Level 2

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



and 3 Panel and Potentially Dangerous Person Meetings, Liaison with Police, Probation and Prison Services. The MAPPA Specialist practitioner also Supports the LYPFT MAPPA Strategic Lead with the functions of MAPPA in the Trust, including the completion of agreed audits, inputting, and analysing and interpreting data, provision of training and providing supervision to practitioners as requested when managing MAPPA eligible offenders.

The safeguarding team are committed to raising awareness and promoting the responsibility of all Trust colleagues to help protect and safeguard children and adults from abuse, neglect, and harm. To support this a link practitioner's forum has been established. Over 40 Trust colleagues have committed themselves to this role and are invited to attend a quarterly meeting. The aim of this will further embed the 'Think Family' agenda into practice, providing a more robust and consistent approach to safeguarding activity. The link practitioner forums will be open to partner agencies which promote greater partnership working and understanding about differing roles and responsibilities.

Evidence of staff utilising the Think Family approach is regularly identified for example, when accessing safeguarding support via the duty safeguarding practitioner and reviews.

In raising the profile and increasing awareness of safeguarding, we are actively supporting and promoting local/national initiatives. This includes contributing and supporting events such as National and local safeguarding week and White ribbon campaign. This is achieved through the sharing of resources/materials across the Trust, information sharing via comms and the use of social media platforms via linking in with other organisations. The Trusts safeguarding posters have recently been updated and have been made available to all clinical areas with advice to replace old ones.

The safeguarding team are committed to the safeguarding agenda and actively support our strategic partners having a shared and equal duty in making arrangements to work together to safeguard and promote the welfare of

. Abuse can happen anywhere.

Abuse may be committed by anyone.

children and adults at risk in the City of Leeds and York.

The safeguarding team are making themselves more visible across the Trust by placing themselves at different units throughout the week. Clinical team managers are made aware that we are

available for colleagues to talk to us and raise concerns face to face.

All members of the safeguarding team are active members of various safeguarding platforms such as Safeguarding Adults National Network, Safeguarding Childrens National Network and FutureNHS collaboration platform. These forums enable the team to have access to the most up to date information and research and can share across the Trust and with our multi agency safeguarding colleagues.

Safeguarding skills and knowledge are further enhanced through the sharing of key safeguarding information via comms, monthly safeguarding bulletin, available SBARS - Situation, Background, Analysis and Recommendations on particular safeguarding topics, attendance at involved governance groups and safeguarding supervision.

The safeguarding team actively engage and contribute to Safeguarding Adults reviews, Domestic Homicide Reviews and Children's safeguarding Practice Reviews across the city. We actively engage and contribute to thematic learning reviews across the city and will continue to do so. Any reviews which have involved our service users the safeguarding team work closely with the teams involved looking at recommendations and how the team and Trust colleagues can work with each other to address any identified learning needs.

In the last 12 months the safeguarding team have been actively involved in.

5 Domestic Homicide Reviews

3 Safeguarding Adults Reviews

5 Children Safeguarding Practice Reviews/Rapid Reviews

The safeguarding team have continued to provide Initial and Refresher Level 3 safeguarding children and adults training via Microsoft teams. Over last 2 quarters the training compliance has decreased to below our compliancy rate of 95%. Despite a large number of colleagues booking a place on the actual day the number cancelling can be as much as 50%. Compliance has been hindered by business continuity, patient acuity and reduced staffing levels. The safeguarding team continue to strive to find creative means of making the training accessible to colleagues. In

response to this the safeguarding team have developed a training video that will be easily accessible and will provide flexibility for those services who are struggling to release colleagues. This should be available April 2023.

The safeguarding team have updated/produced and completed a number of Trust safeguarding policies and procedures.

SG – 0011 Safeguarding Allegations against a Colleague Procedure

SG – 002 Policy and Guidelines Associated with Children Visiting Mental health/Learning Disability and In patient Day Treatment Areas

SG – 0015 Safeguarding and Promoting the Welfare of Children





SG – 001 Safeguarding Adults

SG – 0017 Domestic Violence and Abuse Policy for Colleagues

SG – 0016 Sexual Safety policy

The Safeguarding team and Human Resources team have worked collaboratively in cases where there has been a safeguarding allegation made against a colleague, this work and the updated safeguarding allegation against colleague policy identified the need for a training package to be developed and delivered Trust wide.

To support colleagues further the safeguarding team with HR support have jointly developed a Safeguarding Allegations Against Colleagues training package to support the policy. This is to ensure managers across the Trust fully understand their roles and responsibilities in relation to safeguarding related allegations, in which responses are appropriate, timely and coordinated with service users' safety being maintained. The first session was co-delivered with HR colleagues January 2023. 40 candidates attended. Training evaluation identified a positive response with managers welcoming the training.

Self-neglect remains a focus across LYPFT and citywide, several initiatives have been developed within the safeguarding team to ensure staff are aware of their responsibilities when presented with self-neglect concerns.

As a result of a Safeguarding Adults review (SAR) a bespoke self-neglect

training package has been developed and delivered to the Older People's Service (OPS). The safeguarding team developed a learning and resources pack which includes the Leeds Safeguarding Adults Board Self-Neglect Policy, further guidance on self-neglect and a self-neglect safeguarding practice guidance flowchart. Self-neglect will continue to be included in the safeguarding training.

The safeguarding team has worked alongside LYPFT physical health team to provide further eLearning on 'self-neglect, neglect, and acts of omissions. This piece of "lite bite" training is directed to consider neglect and acts of omissions when not addressing 'self-neglect' and how this can occur because of a lack of understanding around mental capacity. The training includes a case study that identifies what the multi-dimensional nature of self-neglect and how it can be difficult to detect and identify.

LYPFT have produced a Parental Mental Illness and the Impact on Children training package which has been piloted both internally and externally. Initial pilot evaluations are very positive. The safeguarding team have offered to deliver this training to the Leeds Safeguarding Partnership increasing skills and knowledge in this area to partner agencies across the city.

**Safeguarding is everyone's business.**

# 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.

Proposed changes to the Deprivation of Liberty Protection Safeguards (DoLS) in the form of Liberty Protection Safeguards (LPS) have been delayed beyond the lifetime of the current Government.

Support provided to medical teams regarding consent to treatment and SOAD procedures have been increased.

## 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

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.

continue to offer bespoke training on request for clinical teams and partner organisations. There has been an increase in training provision over the last year and pre-pandemic compulsory training compliance levels have been achieved.

A number of collaborative training events have been held in relation to legislative updates.

A training partnership has been established with the British Institute of Human Rights (BIHR).

## 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, during the last year x11 new MHAMs have been recruited to the panel. 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

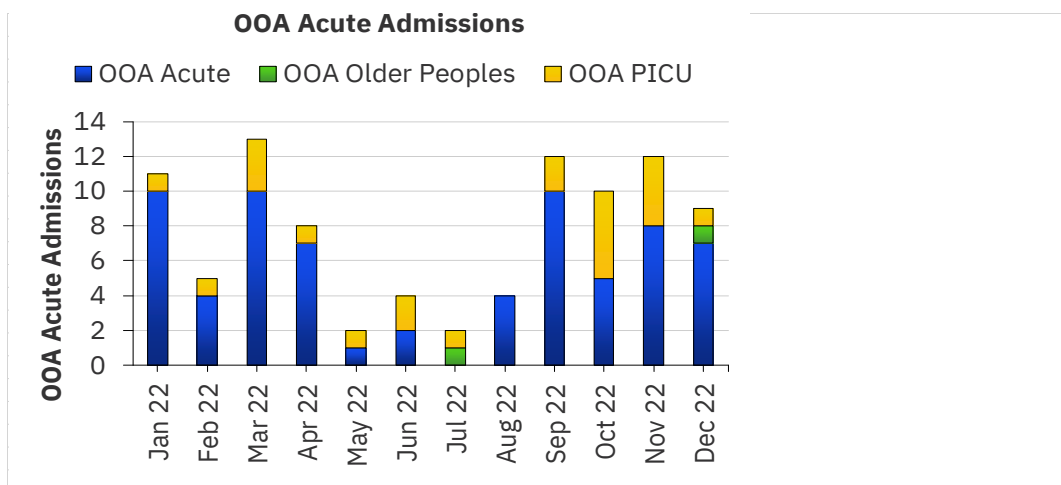
We recognise that being placed in hospital away from their community can provide a poorer experience for both service users and their carers. We have a clear aim to ensure that people are treated as close to their community as possible.

### What is an out of area placement?

An 'out of area placement' 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.

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.

When we have no capacity within our Acute and PICU Inpatient Services, we have admitted people to hospital beds in other parts of the country as a last resort to ensure they receive timely access to assessment and treatment. This unfortunately means that their families and carers find it difficult to maintain the same level of contact as they would if their loved one was in Leeds at a time when it matters most. This, along with the financial cost, is the rationale as to why the Government set out a national ambition to eliminate all inappropriate out of area placements. The graph below shows the data for our out of area placements in 2022.



From September 2022, bed occupancy in our Acute and PICU Inpatient Service was at an all-time high and Out of Area placements significantly increased over that period.

There was an increase month on month of the total average length of stay for all acute wards and PICU (snapshot at the end of the month) from 43.9 days in February 2022 to 82.4 days in October 2022. We assumed that this is a combination of reasons including higher acuity of illness requiring longer hospital admission, number of delayed transfers of care, and flow out into the community services who were in Business Continuity at the time.

We saw an increase in demand for PICU and challenges in sourcing placements had resulted in service users being cared for on acute wards under higher levels of observations. The impact of this is illustrated by the increase in incidents for the month of October and concerns being raised from the teams about staff and patient safety and staff wellbeing.

It was recognised that in order to respond to the current pressures and to reduce delays elsewhere in the Leeds System, the Trust needed to increase our winter resilience which included supporting the procurement of additional 10 Adult Acute (5 female and 5 male) and 5 male PICU beds (which was later reduced to 3).

This was supported for the following reasons, until March 2023:

- improve patient, staff and carer experience.
- reduce the risk of service users remaining in the community or an inappropriate place e.g. A and E when hospital admission is required.
- reduce impact on families and carers who are providing care due to lack of bed capacity.
- ensure service users are placed out of area more locally than is experienced currently.
- ensure earlier treatment promoting better recovery and avoiding further deterioration of mental health which impacts on overall acuity of the wards.



- ensure service users requiring PICU have access to this provision positively impacting upon number and severity of incidents, patient safety and staff wellbeing.
- improve length of stay

The temporary procurement of these beds allowed the OOA Specialist Practitioner to attend MDT reviews in person for services users placed in the contracted beds. This was helpful both in terms of their time management and in the building of effective working relationships with the management and clinical teams at Middleton St George. This has assisted in the development of formulations, care plans and in the timely identification of onward pathways (and any potential barriers therein). The establishment of the effective working relationships has meant that a clear understanding has developed as to what is expected of both parties and for Middleton St George colleagues what services can be accessed for Leeds service users. Referrals for out of area placement in the contracted beds were dealt with more efficiently by all parties and the proximity of Middleton St George to Leeds made it possible for family and carers to visit and when clinically indicated for service users to return to Leeds for assessments/trial leave.

The Capacity and Flow Operational Manager responsible for OOA acute and PICU placements has also established a strong working relationship with the Hospital Manager at Middleton St George, which has when needed, meant that any issues were addressed swiftly and sensibly.

Following a review of the contracted beds in the middle of March 2023 it was agreed that the contract would be extended for the following quarter, with a reduction in the numbers, in line with the agreed out of area trajectory. The contract for 1<sup>st</sup> April to 31<sup>st</sup> June 2023 is for 3 female acute, 2 male acute and 3 male PICU beds. Oversight arrangements will remain the same for the duration of the contract. The block contract will be reviewed in June with a view to having clear arrangements in place for the start

of the next quarter on 1<sup>st</sup> July 2023. The intention being that out of area placements will incrementally reduce to zero by March 2024.

# Staff Satisfaction Survey

The NHS survey was responded to by 1322 members of our substantive staff (44% of staff, compared to 47% in 2021) and 95 of bank staff took part in a bespoke survey (15% of bank staff compared to 22% in 2021).

All staff continue to be under pressure, so we anticipated that this would impact our final response rates and is in line with other NHS organisations. We believe the lower response rate from bank staff is primarily down to the national move from paper to e-questionnaire format for this staff group.

However, largely the question level results show some fantastic favourable improvement in staff experience at our Trust.

## Our results

Largely the question level results show some fantastic favourable gains with 54% of questions improving compared to 2021 results (where only 15% of questions improved).

However, the theme scores are less favourable for bank staff with five themes showing below that of substantive staff. This shows the experiences of our bank colleagues remain worse than that of substantive staff.

For the second year the questions in the national NHS Staff Survey have been aligned to the People Promise – the key things that would most improve our working experience.

The nine key themes of the people promise are:



Across the nine key themes for substantive staff, in comparison to our sector, we are:

- above average in three themes (Compassionate & Inclusive, Recognised & Rewarded and Flexible Working)
- below average in one theme (We are always learning)
- average in the remaining five themes (Voice That Counts, Safe & Healthy, Team, Engagement and Morale)

Areas where the Trust is performing well:

- 92% of our substantive staff and 95% of bank staff feel trusted to do their job.
- 84% of substantive staff and 91% of bank staff feel their role makes a difference to service users.

- 83% of substantive staff and 87% of bank staff always know what their work responsibilities are.

Specifically, our substantive staff report feeling:

- significant improvements working in teams and with colleagues.
- the Trust is acting more fairly regarding career progression regardless of ethnic background, gender, religion, sexual orientation, disability, or age (+3%).
- the Trust respects individual differences, such as cultures, working styles, backgrounds, ideas etc more (+3%).
- the Trust is committed that our staff having a better work and home life balance (+3%).

Specifically, our bank staff report feeling:

- significant improvements working in with teams and colleagues.
- a reduction in bullying and harassment from managers (-9%) and reduced discrimination from colleagues (-5%).
- the Trust is acting more fairly regarding career progression regardless of ethnic background, gender, religion, sexual orientation, disability, or age (+5%).
- they are less burnt-out because of work.

Responses in relation to quality:

- 79.5% (+1%) report they feel able to make suggestions to improve the work of my team / department which is above the national average.
- 63.3% report they are able able to make improvements happen in my area of work (+2%) which is above the national average.
- 57.8% (+1%) felt that if they spoke up about something that concerned them, they would be confident the organisation would address the concern. This is above the national average.
- There was a **5% reduction** in staff reporting that If a **friend or relative** needed treatment they would be happy with the standard of care provided by this organisation.
- 62.6% feel the organisation treats staff who are involved in an error, near miss or incident fairly which is above the national average of 59.9%.

Areas where the Trust has room for improvement:

- 27% of bank staff and 9% of substantive staff are experiencing discrimination from service users, their carers/relatives, or other members of the public.
- 19% of substantive staff and 40% of bank staff are experiencing physical violence at work from service users, their carers/relatives, or other members of the public.
- 29% of substantive staff and 37% of bank staff are experiencing bullying, harassment or abuse from service users, their carers/relatives, or other members of the public.

Previously we were asked to include the most recent LYPFT NHS Staff Survey results for indicators:

Question 14c (Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months):

In 2022 the percentage for this question was 14.1%, which is a slight unfavourable increase on the 2021 score of 13.9%. Our score of 14.1% mirrors that of the sector average.

And;

Question 15 (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 2022 the percentage for this question was 58.7%. This is a favourable increase of 2.7% compared to the 2021 score. The sector average for this question is 59.8%.

### [Taking action on our results](#)

Trust-wide data will be shared with several groups, such as the Civility & Respect, Strategic Resourcing, Health & Wellbeing, EDI, Violence Prevention & Reduction Groups etc, to ensure that this data then feeds into their planning process for improvements.

### [Team level results and Intention Planning](#)

In early April managers and team leaders will be able to access their local team data.

Following the success of our approach last year, we will use the same strategy for the 2022 survey results.

We will be contacting services and teams with their results to discuss and agree collaborative Intention Plans, supporting managers and teams to interpret this data to help drive local improvement initiatives.

Full staff survey results can be found on the Trusts website. [NHS Staff Survey Benchmark report 2022 \(leedsandypft.nhs.uk\)](https://leedsandypft.nhs.uk/nhs-staff-survey-benchmark-report-2022)

# Section Four



# Statements from others on the Quality Account

## Leeds and York Partnership NHS Foundation Trust Quality Account

### Review of Draft from Humber and North Yorkshire Provider Collaborative

Name of organisation:
Humber and North Yorkshire Provider Collaborative
Please insert the amendments or additions for inclusion to the Quality Account below:
No amendments proposed (currently LYPFT Quality Account in Draft).
Please insert your statement to be published in the Quality Account verbatim below:
<p>From the 1st October 2021, the Humber and North Yorkshire Specialised Provider Collaborative (HNY PC) took forward the responsibilities for quality assurance, planning and contracting of inpatient services for Adult Secure Care based at Clifton House, York and for Children and Adolescents Mental Health Services based at the Mill Lodge Services in York from NHS England. Humber Teaching NHS Foundation Trust is the lead provider within the HNY PC and the Collaborative Planning and Quality team (CPaQT) undertake quality assurance, planning and contracting on behalf of HNY PC.</p> <p>The CPaQT welcomes the opportunity to provide this statement for Leeds and York Partnership NHS foundation Trust on Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance.</p> <p>The CPaQT would like to take this opportunity to congratulate Leeds and York Partnerships NHS Foundation Trust on their successes as an organisation during 2022/23 and highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with</p> <ul style="list-style-type: none"><li>• The Patient Safety Managers have delivered Clinical Risk and Safety Planning Training throughout 2022/23</li><li>• The implementation of weight management interventions (PHE 2021) to address health inequalities</li><li>• LYPFT gaining 2-star accreditation for the Triangle of Care</li><li>• The continued development of formal clinical leadership based upon evidence-based understanding and best practice.</li><li>• The current progress by the Trust with Patient Safety Incident Response Framework (PSIRF) and the move away from Root Cause Analysis</li><li>• The continued collaborative working with the HNY PC and its partner organisations.</li></ul>

The HNY PC and CPaQT welcomes and supports the Trusts building upon its values and maintaining the drive for the individuals needs to remain central in the Trust vision and direction. The development of co-production with patients and carers is evidenced and remains a key component in the Trusts quality improvement approach. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

We support the identified quality priorities for 2023-24, covering:

- Safety planning across services.
- Improving the quality of physical healthcare monitoring and the associated interventions.
- Autism awareness training.
- Triangle of Care.
- Supporting the development of clinical leadership for quality.

HNY PC look forward to our continued collaboration with Leeds and York Partnership NHS Foundation Trust and their dedication to the delivery of high-quality care, as they build upon the 2022-23 priorities and implement the quality priorities and improvements set for 2023/24.

Name:	Gareth Flanders
Job title:	Assistant Clinical and Quality Director
Date:	19 May 2023

## Review of Draft from NHS West Yorkshire Integrated Care Board



Miriam Blackburn  
Quality and Patient Safety Lead  
Leeds and York Partnership NHS Foundation Trust  
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Leeds  
LS15 8ZB

Quality and Safety Team  
Leeds Health and Care Partnership  
NHS West Yorkshire Integrated Care Board

1 June 2023

Dear Miriam

**RE: The Integrated Care Board in Leeds Review of Leeds and York Partnership Foundation Trust Quality Account 2022/2023.**

The Integrated Care Board (ICB) in Leeds is pleased to review the Leeds and York Partnership Foundation Trust (LYPFT) Quality Account 2022/2023. The ICB in Leeds acknowledge that the report is in draft form and some additional information may still need to be added prior to final publication, so please accept our observations on that basis.

Overall, the quality account is detailed and reflects well the hard work and dedication of LYPFT staff and the strong focus on improving outcomes for the people who use LYPFT's services and their families, particularly during periods where services have been operating in business continuity. The challenges that LYPFT have faced during the Covid-19 pandemic have not gone unnoticed along with its continued commitment to provide high standards of patient care.

The Quality Account is comprehensive, easy to read, and the pictures/illustrations compliment the text well and support reader engagement. There is a strong focus on hearing the patients and carers voice, and how this is used to direct services and improvements. The quality account also highlights the fantastic partnership working between the Trust and the community in which it serves, with many specialist and complex services being delivered to the people of Leeds every day.

Throughout 2022/23, the Trust has showcased its dedication to patient outcomes and achieving their goal of being the 'employer of choice' and providing outstanding care to those with mental illness or a learning disability.



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[www.healthandcareleeds.org](http://www.healthandcareleeds.org)

It's excellent to see that the Trust met its Allied Health Professional Strategy goals for 2022 with staff members and teams being recognised nationally for their innovative work and betterment of services for patients.

The quality account highlights that LYPFT has a lot to celebrate and the hard work, dedication and commitment of their staff and teams does not go unnoticed and again, is recognised at various award ceremonies with many being nominated for, or winning awards. This highlights some key successes for the Trust, particularly towards improving outcomes and experiences for ethnically diverse minorities and those with a learning disability, autism or neurodivergent individuals. The ICB in Leeds do also agree that this type of work should be celebrated and recognised, so well done!

It's good to note the consideration given to Quality Improvement Priorities (QIPs) and outlining the continuation of previously agreed QIPs, due to delays from the Covid-19 pandemic. In particular, the five priority areas have a strong focus on patient safety and align well to national objectives around reducing health inequalities and improving the physical wellbeing of people with severe mental illness, as well as educating your workforce around autism awareness.

It's also positive to see the QIPs aligned to the Care Quality Commission (CQC) key domains 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. It's great to see the progress made to-date and the commitment to continue working with these key QIPs as drivers.

The ICB in Leeds thanks LYPFT for sharing their Quality Account 2022/23. We look forward to continuing to work with the Trust and strengthening our partnership as we continue to rebuild services for the people of Leeds, following the impact of the Covid-19 pandemic. Despite the challenges faced not just locally, but nationally throughout 2022/23, LYPFT have been able to achieve key goals and outcomes to strive towards better patient care, which we, as an ICB, acknowledge. Thank you.

Yours sincerely



Rebecca Walker  
Quality Improvement & Patient Safety Manager  
Integrated Care Board in Leeds

## Review of Draft from Healthwatch Leeds received on 8<sup>th</sup> June 2023



Thank you for this opportunity to comment on your Quality Account. We recognise that it covers a great scope of the work carried out at LYPFT, and considering this the Account is well written and presented. The LYPFT Patient Experience Team have been key partners of the citywide People's Voices Partnership, the How Does It Feel For Me working group and the Inclusion for All Action Hub, seeking to ensure that people's experience is at the heart of health and care in Leeds.

There are some positive examples where public voice has been heard and acted upon. The Community Mental Health survey results and subsequent intended action is again a positive demonstration of how public voice can lead to planned change. It would be useful if specific feedback from people and communities was detailed more throughout the Account so we can understand how the perspectives of people and communities are influencing change.

Other examples include the Acute Care Food and Fluid Charts Improvement Project where it is clear that there are positive outcomes as a result of the changes implemented.

With a citywide commitment to tackle health inequalities it is good to know that there are specific priorities for each service dedicated to tackling them. It would be interesting to see whether these priorities have been co-designed with communities who face the biggest health inequalities. It would also be useful to see what exactly these priorities are and how they will be measured in order to see the impact.

As highlighted in the Account, two of the priorities include creating a culture where staff feel valued as well as a hope to achieve the violence reduction standard. As ever, it is great to see a commitment to staff health and wellbeing because we know that good care is linked to good staff wellbeing. Notably, there is a high percentage of staff reporting abuse and discrimination (p152) therefore it would be particularly interesting to see what actions will be taken in order to prevent this.

Within the priorities, however, there is little reference to Crisis Services. We feel strongly that this should be a priority especially in light of the significant [report](#) that we undertook in 2019 focussing on people's experience of Mental Health Crisis in Leeds and our recent work around How Does it Feel For Me and the [videos](#) that have highlighted severe issues around crisis services. We would be keen to see immediate action around this key LYPFT service.

Overall, the Account highlights some good examples of public involvement being used to shape services and positive improvements. We are keen on seeing this develop and we are looking forward to continuing to work in partnership with LYPFT to achieve this.

### **Updates to the Quality Account since shared with Stakeholders**

Some changes have been made since the Quality Account was shared with stakeholders. These are:

- Updated Learning from Deaths section.
- Updated AHP Strategy.
- Updated Staff Survey Section.
- Summarised sections relating to QIPs.
- Sections corrected meaning items have changed place within the account.
- CQUIN section updated.

# Acknowledgements

We would like to sincerely thank everyone who contributed to the content and publication of our 2022/23 Quality 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.



# Glossary

## Allied Health Professional

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

## Anorexia Nervosa

An eating disorder and **psychological** condition marked by extreme self-starvation due to a distorted body image.

## Appraisal

A method of reviewing the performance of an employee against nationally agreed standards within the NHS.

## Audit

A review or examination and verification of accounts and records (including clinical records).

## Board of Directors

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

## Care Opinion postings

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

## Care Quality Commission (CQC)

The independent Health and Social Care regulator for England.

## Clinical 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.

## 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.

## **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.

## **Key Performance Indicator (KPI)**

Help us define and measure progress towards our organisational goals.

## **LD**

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

## **LIMM**

Learning from Incidents and Mortality Meeting

## **Legislation**

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

## **MAPPA**

Multi Agency Public Protection arrangements

## **MARAC:**

Multi Agency Risk Assessment Conference

## Medicines management

Processes and guidelines which ensure that medicines are managed and used appropriately and safely.

## Mental Health Act (1983)

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

## 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 then 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.

## **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.

## Contact us

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### Chief Executive

If you'd like to get in touch with Dr Sara Munro, our Chief Executive, please call

Tel: 0113 85 55913

You can follow Sara on Twitter  
[@munro\\_sara](#)

### Communications

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

Tel: 0113 85 55989

Email:  
[communications.lvof@nhs.net](mailto:communications.lvof@nhs.net)

### Patient Advice and Liaison Service (PALS)

Tel: 0800 052 5790

Email: [pals.lypft@nhs.net](mailto:pals.lypft@nhs.net)

### Let's get social!

Facebook: Leeds and York Partnership NHS Foundation Trust

Twitter: [@leedsandyorkpft](#)

Youtube: Leeds and York PFT

Linked in: Leeds and York Partnership NHS Foundation Trust

**integrity**  
**simplicity**  
**caring**