

Quality Accounts 2012-13

Quality Accounts

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Chief Executive's Statement

1.1 The Chief Executive's Statement

There has been a lot of change in the NHS during 2012/13. We have seen the new structures of the NHS evolve over the past 12 months which will culminate in the abolition of the Primary Care Trusts and Strategic Health Authorities on 31 March 2013, to be succeeded by the new Clinical Commissioning Groups and NHS England. This is in the context of the February 2013 publication of the second Francis Report into the work of the Mid Staffordshire NHS Foundation Trust <http://www.midstaffspublicinquiry.com>

There are 290 recommendations in the report and the Government has published its response. I do not intend to address all of the issues raised in the report in this statement, but I want to alight on those which I believe are salient to our Trust and to this Quality Account. This is in the context of our Trust's strategy which is a strategy for quality with service users, their families, and their carers at the heart of all that we do.

Governance and Trust Boards

Francis alighted on a need for Boards of Directors (the Board), also Councils of Governors (the Council) to keep the quality of service provision clearly in their sight along with being responsive to problems.

We do our best to ensure that both the Board and the Council discharge their responsibilities in this area. Currently our corporate performance report, which is considered every month by the Board and quarterly by the Council, covers much more than financial performance. The bulk of the report covers non-financial issues, such as our compliance with the standards of the Care Quality Commission (CQC); nationally defined "never events"; along with our locally agreed "trigger to board" events, which are matters giving cause for concern which the Board and the Council are automatically alerted to. Hard data is also supplemented by other activities

such as quality walk-arounds and service user stories to the Board.

Along with a range of other mechanisms, such as the risk register, the assurance framework, and the work of our Trust Incident Review Group, it is our intention to continue keeping quality permanently on the agenda of the Board and the Council. However, we never assume that everything is "covered". This coming year is an opportunity to use the Francis Report, and the Government's response, to take a fresh view of our existing arrangements consistent with the Government's intention that all NHS hospitals (we are interpreting this as including mental health and learning disability services) will set out how they intend to respond to the inquiry's conclusions before the end of 2013.

Fundamental and enhanced standards of quality

Francis described the need for a system of standards to ensure patient safety. He envisages the development of "fundamental standards" established through legislation and enforced by the regulator of health and social care. This, he suggests, should be aligned to a "zero tolerance" approach to "sub-standard" care connected, in some instances, to criminal sanctions in the event of patient death or serious harm from poor quality of service provision. In its response the Government has said that it will ask the CQC to draw up a new set of simpler fundamental standards.

With regard to standards of care, there is a lot being done in this area. A quick snapshot of these within our Trust include:

- Therapy Outcome Measures <http://ahp.dh.gov.uk/2012/08/31/toms-supporting-learning-disability-ahps-to-show-how-they-improve-health-and-lives/>;
- CORE outcome measures in psychological therapies <http://www.coreims.co.uk/index.htm> <http://ahp.dh.gov.uk/2012/08/31/toms-supporting-learning-disability-ahps-to-show-how-they-improve-health-and-lives/>
- Our development work in "recovery" http://www.centreformentalhealth.org.uk/recovery/what_is_recovery.aspx,
- The Department of Health's Essence of Care http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/October2010/DH_120939 and,
- Some of our inpatient units being successful in the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS) <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualityandaccreditation/psychiatricwards/aims.aspx>

However during 2013/14 there is work to do to ensure that these great initiatives are better linked together into a coherent framework which is more explicitly linked to outcomes.

With regard to "zero tolerance", it would, I suggest, be entirely unrealistic of any mental health or learning disability service to have an overly zealous approach to this. I know from my own clinical practice that, consistent with helping service users achieve their goals for improving their health and their lives, there are and will be occasions where risks will need to be taken. A simple example

Chief Executive's Statement

will be agreeing a period of leave for a person detained under the Mental Health Act as they recover from an acute episode of illness. What will always need to be evidenced is the rationale for a decision in the context of a coherent plan for a person's care. However, it follows that it is conceivable that there will be times when there is an adverse outcome for a service user but for the right reason.

Duty of candour, complaints and clinical risk

The Francis Report found that there were organisational and structural impediments to staff reporting episodes of poor quality care, which meant that patients and their families were not able to find out about it and obtain closure. To combat this, Francis recommended, among other things, a "duty of candour", again with related criminal and regulatory penalties for non-compliance.

How open are we as a Trust?

We do our level best to never make a misleading statement to anyone about our work.

Ahead of being compelled to do so, our Board has been meeting in public for some time. Our simple view is that as a Public Benefit Corporation it was simply the right thing to do. At the start of every meeting, the Chair invites questions and comments from those attending and re-engages with the same people at the end of the meeting. At the same time we use Twitter throughout the course of the meeting to let a wider audience know about what we are discussing and agreeing. I mentioned earlier in this statement how we use our corporate performance report which is publically available.

When things go wrong in our services we do our best to directly engage with those who are effected by events, though we cannot always reach agreement between family members and the professionals involved, particularly in what can be very difficult circumstances.

With regard to staff reporting concerns, like all other NHS organisations we do have a whistleblowing policy. Alongside this we try to find other ways to enable staff to express their opinions about a number of issues both face to face and by using technology by conducting ad-hoc polls on issues.

We do our best to offer information to service users and, when appropriate, carers through, for example, offering service users a copy of their care plans.

We encourage people to express views about our services and we do our best to positively respond. For example, the website "Patient Opinion" have cited us a Trust that works positively and well with them <https://www.patientopinion.org.uk/>. Concerns raised about our services through Patient Opinion, and our responses, are fully public.

With regard to patient safety and serious incidents (SI), we are still among the Trusts which frequently report a large number of incidents to the NHS Commissioning Board (prior to this the National Patient Safety Agency). Much of what we report causes "no harm" but we know that we need to ensure that we capture information about high frequency, low impact incidents. For SIs we always do a "root cause analysis", and there are times when we commission independent reviews of events even if we have a vague suspicion that something may be going wrong. Following an SI we do our best to prevent a recurrence of a similar event.

Enhancements to provision of information, inspection and monitoring

Our activities in this area is covered elsewhere within this statement.

Workforce issues

Francis has called for a more rigorous approach to the management of difficult personnel issues sometimes by the NHS. This will include giving contractual force to duties around NHS values and the NHS Constitution <http://www.dh.gov.uk/health/category/policy-areas/nhs/constitution/>, and requiring senior managers to comply with a code of conduct and standards. The report also recommends that fitness to practise procedures on the part of, for example, the General Medical Council or the Nursing and Midwifery Council, should not delay actions of providers and that employment disciplinary proceedings may need to be reviewed to enable this.

With regard to values, our Trust has adopted the NHS values in the NHS Constitution, which are:

Respect and dignity

We value and respect every person as an individual. We challenge the stigma surrounding mental ill health and learning disabilities. We value diversity, take what others have to say seriously, and are honest about what we can and can't do.

Commitment to quality of care

We focus on quality and strive to get the basics right. We welcome feedback, learn from our experiences and build on our successes.

Working together

We work together across organisational boundaries to put people first in everything we do.

Chief Executive's Statement

Improving lives

We strive to improve health and lives through providing mental health and learning disability care. We support and empower people to take the journey of recovery in every aspect of their lives.

Compassion

We take time to respond to everyone's experiences. We deliver care with empathy and kindness for people we serve and work alongside.

Everyone counts

We work for the benefit of the whole community and make sure nobody is excluded or left behind. We recognise that we all have a part to play in making ourselves and our communities healthier.

These values are easy to write down but difficult to put into practice in a consistent way every day. We use the NHS values in recruitment and discuss these in staff appraisals.

Connecting these to the experience of service users and carers show us that 39% (Leeds) and 53% (North Yorkshire & York) of service users see us as having a positive experience in helping them meet their goals for improving health and lives¹. There is clearly more work to do in this area.

With regard to staff, we try to strike the right balance between being clear about expectations, whilst being sensitive to the fact that our colleagues work with people who are experiencing difficulties which require specialist interventions by expert professionals. There are times when things will go wrong and there are times when we take formal disciplinary action, but that is not the only thing that we do. There are many occasions when, rather going down the disciplinary route, we will work with a person who "owns up" to a situation and takes personal responsibility and agree with them

what improvements and changes need to happen through a shared "personal responsibility plan" (PRP). During 2012/13 there were 44 instances of disciplinary action being taken ranging from a verbal warning to dismissal whilst 42 were dealt with via a PRP.

Like every organisation across the NHS we need to increase our efficiency and reduce our costs. We do our best to assess the impact of any changes to the numbers of staff resulting from any changes we put in place. It will never be possible to eliminate each and every risk associated with this but, given our relative financial strength as a Trust, we always have plans ready to mitigate any unexpected risks we encounter.

Commissioning for quality

Francis emphasises that commissioners should also have a primary responsibility for ensuring quality and, if needed, commission services from an alternative provider.

Over the past 12 months we have worked hard at working with our commissioners to both familiarise each other with our respective work, also for us to understand their future requirements. Most of our work is commissioned from four clinical commissioning groups with 10% being commissioned by NHS England.

We have always met the requirements of our commissioners in order for us to earn our Commissioning for Quality and Innovation (CQUIN) funding.

We always keep our commissioners connected to any SIs and how they are being managed.

The role for the regulators

The Francis Report's comments are largely concerned with national issues, however we work hard at aligning our work with the intentions and actions of the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). Examples include local work with our University partners with regard to shaping the undergraduate nursing curricula. For doctors, we are also ready for the implementation of medical revalidation. Relevant to the role of Health Support workers we have, with the University of Leeds, developed a Mental Health Associate Practitioner programme. Finally, all of our managers already have the Code of Conduct for NHS Managers

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005410

and, for managers who are registrants, they are at the same time also bound by their professional codes (GMC, NMC).

Winterbourne View

Along with the Francis Report, in May 2011, the BBC's Panorama programme disclosed horrific levels of abuse at Winterbourne View, a private sector Assessment and Treatment Hospital near Bristol for people with learning disabilities.

Since the abuse was discovered both our Learning Disability service and, the Trust as a whole, has undertaken work to ensure that our services are safe for the vulnerable adults who access them.

¹Results from the 2012 National NHS Community Mental Health service user survey

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All the ensuing reports from the scandal at Winterbourne View have been reviewed through our learning disability service's governance processes including the recommendations of:-

- Dr Margaret Flynn's Serious Case Review <http://hosted.southglos.gov.uk/wv/report.pdf>
- The response of national government <http://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>
- The results of the national inspection of the Care Quality Commission (CQC) <http://www.cqc.org.uk/public/our-action-winterbourne-view>. This work was subject to the oversight of the Trust's governance arrangements.

We have worked with Leeds Safeguarding Adults Partnership Board, together with The Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, and City of Leeds Adult Social Services Directorate to provide assurance to the Safeguarding Adults Partnership Board that we are compliant with the recommendations from the Serious Case Review.

As part of the initial response, prior to formal visits by the CQC as part of their national inspection, "mock CQC inspections" were conducted in the Leeds and York Learning Disability service. Full CQC inspections were conducted at Parkside Lodge, White Horse View, Woodland Square and the Newsam Centre. We have worked to ensure compliance with the essential standards of quality and safety.

Our Learning Disability services at Oak Rise and Parkside Lodge have also been subject to the national programme of Mental Health Act Inspections focussing on restrictive practices,

where positive feedback was received.

The events at Winterbourne view were also reviewed and discussed at the Professional Forums across the Trust, including the Learning Disability Nurse Forum, and in team meetings in both Leeds and York.

From our assurance work following Winterbourne View we have developed a Trust wide programme of mock CQC Inspections, which we have implemented in a number of services throughout the Trust.

Work continues within Learning Disability services, through a Winterbourne View Task and Finish Group, which will monitor progress against the concordant of action, which was published by the Department of Health in 2013

Conclusion

As is evident, regardless of the Government's response to the Francis Report and Winterbourne View, and what we already have in place, we do have work to do to take forward the spirit if not the letter of both of these inquiries. Specifically, this Quality Account illustrates some of the key points on our journey of being the best we can be in this context.

In concluding I also want to take a moment to thank all of the staff of Leeds & York Partnership NHS Foundation Trust for their professionalism and the deep commitment they show to their work 24 hours a day, 7 days a week. We only do what we do through the work of our people and everybody working in our Trust, either directly or indirectly contributes to creating a better future for service users and carers. I am proud to be associated with the people who everyday display such expertise and professionalism.

I am happy to state that to the best of my knowledge the information included in our Quality Account is accurate.



Chris Butler
chief executive

Leeds & York Partnership NHS Foundation Trust
April 2013

Our Trust Strategy & Trust Values

2.1 Our Trust Strategy & Trust Values

Our Quality Account is fully aligned with our five-year strategy, which describes what we want to achieve over the next five years and how we plan to get there. The strategy is designed around the three key elements of quality: effective outcomes, safe care, and positive service user and carer experience.

We produced our first strategy in 2010 and decided to refresh it in 2012 in response to the many changes which have happened both within our organisation and in the wider world around us. In particular, we wanted to make sure our strategy is relevant to the new communities we serve following our integration with mental health and learning disability services in North Yorkshire and York on 1 February 2012 to form the Leeds & York Partnership NHS Foundation Trust.

A summary of our new strategy for 2013 – 2018.

Purpose	Improving health, improving lives					
Values	Respect and dignity	Commitment to quality of care	Working together	Improving lives	Compassion	Everyone counts
Ambition	Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.					
Goals	1	People achieve their agreed goals for improving health and improving lives	2	People experience safe care	3	People have a positive experience of their care and support
Strategic objective 1	Quality and outcomes	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	<ul style="list-style-type: none"> Measuring and improving outcomes Ensuring we meet people's needs through effective care planning Implementing new approaches to support recovery and wellbeing Developing new and existing services to meet people's needs Making services better, simpler and more efficient Improving services through research 			
Strategic objective 2	Partnerships	We work with partners and local communities to improve health and lives	<ul style="list-style-type: none"> Building and maintaining successful partnerships Campaigning against stigma and discrimination Involving people in shaping their services 			
Strategic objective 3	Workforce	We value and develop our workforce and those supporting us	<ul style="list-style-type: none"> Promoting a healthy culture and the NHS values Developing our staff Ensuring a healthy work environment 			
Strategic objective 4	Efficiency and sustainability	We provide efficient and sustainable services	<ul style="list-style-type: none"> Delivering cost effective services and maintaining financial stability Making best use of modern technology Providing services from fit-for-purpose, cost-effective buildings Implementing payment by results 			
Strategic objective 5	Governance and compliance	We govern our Trust effectively and meet our regulatory requirements	<ul style="list-style-type: none"> Responding to national governance and compliance requirements Developing our Board of Directors and Council of Governors 			
Measures of success	Measures of success for all goals and strategic objectives can be found on our Trust website					

Our Trust Strategy & Trust Values

Our strategy has at its heart the people who use our services, their families and carers. Development of our refreshed strategy has been led by our Trust governors, with the support of people who use our services, carers, staff, our main commissioners and partner organisations.

We have three **goals** that very simply describe the outcomes we aspire to for everyone who uses our services. They are the three things we believe will help us achieve our purpose and which we are passionate about realising. We have deliberately kept them simple so all our staff can keep a clear focus on them every day and in everything they do. For each goal we have criteria that we can measure so that we will know when we have supported people to achieve their desired outcomes.

Our **strategic objectives** describe what we need to do to achieve our goals. They are the means by which we will achieve our goals. We are proud of the achievements we have made over the last few years; and we know we have much more to do. Underpinning each strategic objective are the priority actions we will undertake to achieve our ambition and goals over the next five years.

For each objective we have set ourselves some measures of success: standards we want to achieve by 2017/18, and milestones to track our progress. Included are some new measures that reflect the breadth of services we now provide. We have also removed some measures included in our last strategy that are already reported as part of our regulatory regime, with organisations like Care Quality Commission and Monitor. All our measures will continue to be tracked through our governance framework to make sure we are on course in achieving them.

Our Trust Values

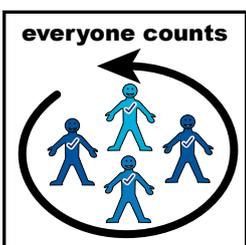
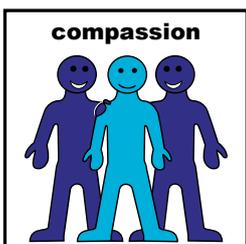
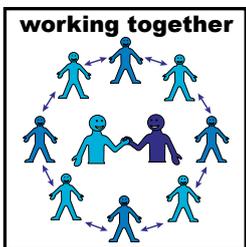
The values set out in the NHS Constitution underpin our strategy and the way we work with people every day. Our staff provide compassionate, high quality care that focuses on improving people's lives; they treat people with respect and dignity; they make sure that everyone counts by supporting people to achieve their individual goals; and our staff know the importance of working together with our partner organisations to make sure people get the best package of care and support to meet their needs. When, occasionally, we get this wrong, we do our best to address any individual complaints quickly; and also to learn from our mistakes.

We are already doing lots of things to embed the values in everything that we do. For example, we include the values in our annual performance review for each and every member of staff. We also recognise those staff, including volunteers, who demonstrate the values in their day-to-day work through a reward scheme called STAR. When we recruit new staff in our learning disabilities services, we ask them to show us how they will live the values in their role. We ask people to demonstrate how they live the NHS values in their annual appraisals. We are continually seeking new ways to further embed our values in the day-to-day life of our organisation, to celebrate our successes and learn from our mistakes.

Our Charter of Values is shown on page 9.



Matthew Armitage receiving his Star Scheme award



Charter of Values

How we go about our work, everyday, is influenced by our values – the beliefs that we hold dear and that guide how we behave.

We commit to living our values every day and we will show this commitment to our values in the way we behave.

Trust Values

1 Respect & dignity

"We value and respect every person as an individual. We challenge the stigma surrounding mental ill health and learning disabilities. We value diversity, take what others have to say seriously, and are honest about what we can and can't do."

2 Commitment to quality of care

"We focus on quality and strive to get the basics right. We welcome feedback, learn from our experiences and build on our successes."

3 Working together

"We work together across organisational boundaries to put people first in everything we do."

4 Improving lives

"We strive to improve health and lives through providing mental health and learning disability care. We support and empower people to take the journey of recovery in every aspect of their lives."

5 Compassion

"We take time to respond to everyone's experiences. We deliver care with empathy and kindness for people we serve and work alongside."

6 Everyone counts

"We work for the benefit of the whole community and make sure nobody is excluded or left behind. We recognise that we all have a part to play in making ourselves and our communities healthier."

Frank Griffiths
chair

Chris Butler
chief executive

Overview of Organisational Effectiveness Initiatives

2.2 Overview of Organisational Effectiveness Initiatives

The following achievements and initiatives are examples of our Trust's continuing dedication to increasing and improving quality.

Integrated Organisation

Since the creation of Leeds & York Partnership NHS Foundation Trust in February 2012 we have continued to work to bring together shared knowledge, skills and experience to deliver the highest quality mental health and learning disability services to the people of Leeds, York, Selby, Tadcaster, Easingwold and parts of North Yorkshire. We now have integrated management arrangements for Leeds and York forensic services; and are seeking to identify improvements in forensic pathways which we can deliver as a result. Similarly our learning disability services are now integrated, and services for children and adolescents are managed as part of our Specialist Services. This is the beginning of full service integration; to deliver the quality benefits of our Better Together project

What's your Goal?

Throughout 2012, our What's your Goal? campaign shared the simple messages about mental health and wellbeing with 10,000,000 people. We raised £24,000 in funds for healthy living activities and broke a world record for the longest line of bunting. We have entered our campaign for a CIPR award (a prestigious PR awards ceremony).



World record attempt, longest line of bunting

Love Arts

Last year the Love Arts festival was awarded a Health Service Journal Communicating Efficiency award. We expect this year's festival to be even bigger and better. We plan to have over 40 different events taking place throughout the city of Leeds. There are also plans afoot to develop a micro-festival in York too. This year's festival will have a strong storytelling theme that will link to our Sharing Stories campaign.



Adult Social Care Awards – “Partner of the Year”

The Learning Disability Service User Involvement Team was nominated and shortlisted in the 'Partner of the Year' category, at the Adult Social Care Awards for Excellence (September 2012.)

Adult Social Care Head of Service Andy Rawnsley, who nominated the team, said:

“The Service User Team specialise in involving people with learning disabilities in taking control of their lives and making information accessible to people with a wide range of needs.

They have gone that extra mile to support a wide range of initiatives across sectors in both this and previous years. The quality of their input is always excellent and I would particularly like to note their contribution to Learning Disability Week and the Safe Places scheme - for which they quite literally not only wore, but designed the T-shirt!”

Overview of Organisational Effectiveness Initiatives

Your Health Matters Resource Centre



The "Your Health Matters" resource centre was launched in May 2012. It provides focussed day service alternatives for up to five people with learning disabilities a day. The service is directly commissioned by Adult Social Care and is part of the day service modernisation programme. The service enables participants to undertake focussed activities which explore their own health and wellbeing as well as producing resources and materials for use by people with learning disabilities and provider organisations right across Leeds.

AIMS Learning Disabilities at Parkside Lodge

The incremental accreditation process is progressing to stage 2 at Parkside Lodge. This second stage follows successful accreditation at Stage 1 in October 2011.

A project team led by our Consultant Psychiatrist within the service has been initiated in order to monitor and gather evidence to support the 'Self Review' which is taking place from 1st January 2013 to 29th April 2013. Upon completion of the Self Review there will be an external assessment to ascertain the level of compliance against the standards for accreditation.

Apprentices in the Specialised Supported Living Service

During 2012/13, the Specialised Supported Living Service worked closely with Human Resources and the Development Team throughout 2012 to introduce apprentice support workers to the service. In addition this programme has been a partnership with Leeds City College who will provide the educational/academic input into each apprentice placement

Seven apprentices commenced in December 2012. The service will be looking to undertake a further campaign in 2013.

Apprenticeship Pilot Awards

We have won two awards at the Yorkshire and Humber Strategic Health Authority Apprenticeship Awards.

The service manager of the Learning Disabilities Supported Living Team was the winner of the 'NHS Apprenticeship Supporter of the Year' Award acknowledging her tireless work to introduce apprenticeships for new recruits into the Supported Living Service.

Our Trust's work on this Apprenticeship Pilot and apprenticeship opportunities for Trust employees was 'Highly Commended' in the 'NHS Apprenticeship Employer of the Year' category.



Lisa Baker, pharmacy technician, St Mary's Hospital

Overview of Organisational Effectiveness Initiatives

Structured Activity

Significant work has evolved across all the wards at the Mount to increase the amount of structured activity offered to service users. This piece of work has focussed on providing "needs led" activity which is available during the day, evenings and at weekends. The activities provided are regularly reviewed taking into account service user feedback on effectiveness and also levels of attendance. Work has also been undertaken to explore the use of volunteers and a particularly memorable day was when employees from Lloyds Banking Group offered their services for a day to help provide some planned activities across the dementia wards.

Garden of Well-being – Mount Dementia inpatient

As part of a Carers event in 2011 for our inpatients with Dementia at the Mount, access to fresh air and outside space was seen as one of their top three priorities. As a result of this a project group was initiated using evidence based practice and a garden was designed specifically for this group to replace the existing area that was currently not meeting our service user's needs. This project eventually culminated in a sensory garden being developed and opened for use in July 2012.

Garden of Tranquillity:-

Simple landscaping for quiet reflection and space for service users, carers and staff to spend therapeutic time together.

Potter's Corner – Mount Mental Health Wards:-

Potter's Corner is essentially a working garden designed to provide therapeutic occupation for Older People who enjoy gardening. This garden was specifically designed to cater for older people (raised beds, accessible walkways etc) and it is hoped that the service users will be able to spend significant time off the ward area to enjoy this space.



Garden of Tranquillity at the Mount

Quality Improvement Initiatives - Priority 1

2.3 How we have prioritised our Quality Improvement Initiatives

Our top three priorities for quality improvement, which have been set out in our previous Quality Accounts, have been consistent with our three strategic goals. With the refresh of our Trust Strategy these three priorities will remain in place within our Quality Account until 2018. We have taken the opportunity to go back to people who use our services, carers, staff and partners to check that our goals and strategic objectives are still the right ones for the next five years; and to help us develop a list of priorities for action. We have done this through conversations, workshops and a survey which we sent out far and wide to get the views of our many stakeholders.

Therefore our three top priorities for quality improvement remain as:

Priority 1:

(clinical effectiveness): **People achieve their agreed goals for improving health and improving lives**

Priority 2:

(patient safety): **People experience safe care**

Priority 3:

(patient experience): **People have a positive experience of their care and support**

Each of these priorities, along with our initiatives for 2013/14, are set out on the following pages.

Progress against our priorities set out in our 2011/12 Quality Account are reported on the following pages and have been reported to our Trust Board of Directors and Council of Governors through our corporate performance report, with each key priority reported upon on a quarterly basis. These are publicly available documents and can be viewed on our website www.leedspft.nhs.uk/about_us/performance

Progress against our priorities set out in this year's Quality Account will continue to be reported to our Trust Board of Directors and Council of Governors through our corporate performance report.

P1 Priority 1 (clinical effectiveness) - People achieve their agreed goals for improving health and improving lives

Progress against 2012/13 Initiatives:

a) We are involved in an exciting new research project examining the impact of leadership and culture on the effectiveness of teams and the quality of care received by adults who receive mental health services in the community. The research project, "Leading to Quality", involves all NHS mental health provider organisations in Yorkshire and the Humber and will also form part of the evaluation of our Trustwide Transformation Project.

The customised reports from the "Leading to Quality" project have been issued directly to the relevant teams. Funding is secured to resource the evaluation of our Trust-wide Transformation Project which involves collaborative work with both Universities of York (via the Collaboration for Leadership in Applied Health Research and Care and Translating Research into Practice – Leeds and Bradford theme) and Leeds, as well as the "Leading to Quality" team.

Additionally, the Academic Health Science Network in Yorkshire and the Humber will come into being from 1st April 2013. We intend to be a partner organisation and have been involved in the successful bid proposal that will result in £10m per year for a five year period. The intention is to create a step improvement in the health of the region's population and transform the quality and efficiency of health care by: generating evidence, testing and delivering new service models and accelerating the translation, adoption and spread of innovation and research, creating a workforce trained for new ways of working, and partnering with industry. Specific to our Trust, this incorporates prioritising areas for service development that reflect the NHS Outcomes Framework and research strengths including mental health, dementia, depression, self-harm and patient safety. A key goal is to promote independence, self-management and care for people with current, emerging and complex long-term conditions through the implementation of evidence-based innovation in assistive technologies, telehealth, new drugs and therapies, including a full economic assessment of new systems.

b) In order to ensure that we are meeting the needs of our service users, we are taking a systematic approach to measuring clinical outcomes. We are using the three main clinical outcome

Quality Improvement Initiatives - Priority 1

measures to identify service user needs at the beginning of the care episode, and will use these to measure progress over time:-

- Clinical Outcomes in Routine Evaluation (CORE)
- Health of the National Outcome Scales (HoNOS)
- Therapy Outcome Measures (TOMs)

Initial work has demonstrated that our Trust is helping people improve their wellbeing on these measures, and the next step will be to implement this work systematically across the organisations.

Work is being scoped to have clinical outcome information presented on the client care summary in PARIS, including TOM, CORE-OM and HoNOS.

Utilisation of CORE-OM across our Trust will be re-assessed to determine its usage across the organisation and in specific service areas. The Psychological Therapy Service is focusing on increasing the use of routine clinical outcome measurement, and in taking forward the case tracking work.

HoNOS reports are provided weekly to clinician's which include the numbers of service users who have been clustered and those without a cluster. Those with a cluster allocated or reviewed within the last 12 months and therefore meet the HoNOS requirement can be drawn from that report and managed to improve performance. Training continues in the use of the Mental Health Clustering tool which includes training in HoNOS. There are now plans in place to make clustering compatible in line with the Department of Health guidelines 2013/14. This will enable clinicians to use the

CROM (Clinician Rated Outcome Measure) with service users and our Trust to assess performance with our commissioners and assessment to be made in comparison with other providers.

Further areas of development have been identified by the Learning Disability Service to ensure that TOM's is used to drive forward the quality of services that are provided. The aim is to develop a TOM's Carer information leaflet that will be available alongside the TOM's Service User information which is in use within the service. An evaluation process has already commenced with clinicians, however, now that the report is regularly used in practice, the service aims to work alongside the Service User Involvement Team to work with Service Users and Carers to review and develop the tool using their feedback and input.

c) Within the North Yorkshire Forensic Service, a tracking system that identifies the service user's pathway is in development and the service user will receive a "road map" identifying their agreed goals. The tracking system will allow monitoring of the care pathway for a person and help to continually monitor information and service provision and outcomes for staff and service users. This initiative is linked to implementation of the Shared Pathway, which is a national requirement for all secure services.

The tracking system continues to be piloted on paper within Multi-Disciplinary Teams to ensure its relevance and effectiveness for teams and service users. The team are currently utilising anonymised paper summaries to complete the audit of service users progressing through their pathway. Options are being explored in translating the system to an electronic version.

d) We have developed a 2012 membership campaign entitled "What's Your Goal?" to recruit new members and engage with our existing members. The campaign is inspired by the Olympic Games and Paralympic Games and explores the relationship between physical health and mental wellbeing. We are encouraging people to set a goal and represent that goal on a piece of bunting. In November 2012 we will be connecting all the pieces of bunting together in an attempt to break the Guinness World Record for the longest line of bunting. Our record breaking attempt is an effective way to gain public interest in our campaign and symbolises our aim to bring people together around a common purpose

The What's your Goal? campaign drew to a fantastic finale at Leeds United Football Club in December 2012. The bunting was measured by independent witnesses and an announcement was made within the stadium that the record had been broken. Leeds United Football Club included an article in their match programme. Our Trust also received an array of media coverage.

After the event, the bunting was displayed at the St John's Shopping Centre and is currently on display at Monks Cross Shopping Centre and Coppergate, York. The bunting is displayed alongside posters as a reminder of what the campaign was about and to again encourage people to talk about mental health

e) We continue to focus on embedding recovery principles as we undergo a transformation project to further improve how we deliver services. We will continue to undertake work

Priority 2

that enables us to assess our current position, set priorities and work towards them. We are involving people who use our services, carers, staff and partners organisations in this exciting project.

A current project plan for Recovery strategies within our Trust for 2012/13 has been submitted for approval.

A successful proposal from our Trust and Adult Social Care has been approved with agreement for six posts for peer support workers and two social work posts within the community hubs. This project will focus on raising awareness of Recovery focussed practices and develop more self-directed assessments to enable service users to develop their own care packages.

A "lived experience network " has been set up for staff who work within our services to determine how we can better support our staff. A conference is planned for late 2013 in conjunction with the voluntary sector and the Andrew Simms centre.

The recovery module continues to be accredited by Leeds Metropolitan University and sessions are run in house at St Mary's Hospital – this forms the start of the Recovery Education centre and runs on a yearly basis for staff, service users and carers. Recovery sessions for all staff within our Trust continue on a monthly basis and will be focussed on the community hubs in 2013.

Initiatives to be implemented in 2013/14:

- Sharing Stories is our 2013 campaign to help raise awareness around mental health and learning disabilities. The campaign, which launched in January 2013, is using

the power of storytelling, sharing stories and harnessing the power of the written word to encourage understanding around mental health and wellbeing. We have developed partnerships with Waterstones and the Council libraries in both Leeds and York. Each of the locations will endorse the 'book of the month' and the campaign more generally.

- The Health Commissioners review of Health and Social Care Services for people with learning disabilities in Leeds is due for completion in April 2013. The recommendations from this report are due for implementation in the forthcoming year. This will help to develop an overarching vision and strategy for learning disability services across our Trust.
- Integrated Care Pathways (ICPs) will ensure that evidence based clinical interventions will be delivered by the right staff with the right skills at the right time and in the right order all benefitting service users. In 2013/14 we will concentrate on fuller testing of the pathways to ensure they are clinically appropriate in the settings they will be used in and how they will be best implemented by teams. We will be engaging fully with teams within our Trust, service users and carers and other partners to ensure that we will realise the full benefits that ICPs can bring.
- The Recovery Unit inpatient rehabilitation team have responded to service user needs and identified scope to improve the use of recovery principles in collaborative assessment, care planning and progress reviews. Having considered best practice examples the team have produced My Recovery Pathway, three booklets guiding

service users and staff through assessing strengths and needs (Starting from here), goals (Where I want to be) and collaborative care planning and reviews (Making plans). Currently being introduced on the Unit initial feedback from service users and staff is positive and evaluation of the resources will be carried out later in the year. The initiative has been presented to the Focus on Recovery group and the intention is to extend its use across our Trust following evaluation.

P2 Priority 2 (patient safety) - People experience safe care

Progress against 2012/13 Initiatives

a) Within the 2012 Nursing Strategy work plan focused work will take place on both records review and audit and Mental Health Act training development. Objectives will build upon the successful work carried out over the previous three years in relation to Essence of Care benchmarks, Medication Management, Infection Control standards and Safeguarding awareness and knowledge.

Infection Control

The Infection Prevention and Control environmental audit and Performance Monitoring Framework is fully established across our services. The audits and framework support a continual process of improvement across all areas leading to improved service user experience. Outbreaks have been controlled, monitoring of trends occurs and advice is provided where infection control input will minimise risks to service users, staff

Priority 2

and visitors. Policy and training are now fully integrated across our services.

Safeguarding

A specific safeguarding section is now within PARIS which requires staff to give a précis of incidents which may relate to a service user or their family. Guidance is in place for staff to ensure full completion of this section.

Record keeping is a priority and work has taken place to improve safeguarding information and consideration of the children of service users on PARIS, including information on the children and information on the care pathway/holistic assessment specific to children

The Safeguarding Board in Leeds is continuing to undergo a review with a view to merging Safeguarding Board and protocols for the West Yorkshire region. Consideration is also being taken for the upcoming Care and Support Bill currently progressing through Parliament. An audit of quality commissioned by the performance and quality sub group (LSAB) has been carried out and work is being undertaken to build this into the work of the adult safeguarding team (Leeds) on a quarterly basis.

Essence of Care

A Trust-wide audit took place in November 2012 in all inpatient areas of our Trust and data is currently being analysed. Initial findings demonstrate further improvements when compared with 2011 audit results. This is the first time services in North Yorkshire and York have participated in the audit and as a result will inform the development of initial actions plans to address areas for further improvement, as well as to support the sustainability of good practice. Full

reports relating to the audit findings will be shared with the Clinical Governance Fora to inform further developments.

Medicines Management

The Biennial Support Framework for the Safe Administration of Medicines continues to be a requirement of all registered nurses within our Trust. Work is being progressed by the Directorate Lead Nurses to ensure all nurses within their respective areas have completed and updated the framework as required. Compliance is monitored through the Professional Nurse Advisory Forum's Performance report, highlighting areas that may require additional support. The online medicines calculation test has recently been reviewed and updated and is now available via e-learning.

Medicines Talks for Nurses continue to be delivered by the Lead Nurses in collaboration with pharmacy colleagues to support the on-going developments in medicines management. Bespoke training has been delivered within services that have highlighted a need for further support and both the nursing and pharmacy teams continue to provide advice and support to teams when required.

b) Development and extension of the Section 136 service in Leeds is aimed to increase both the physical space and capacity of the Section 136 service and also to provide a flexible care environment which will allow a greater range of therapeutic activities to take place. The suite will include bedrooms to allow service users who are not fit to be assessed when they are first brought to the unit to be nursed until assessment is possible. The suite will

also allow service users requiring assessment by the Crisis Resolution Service to come to the Becklin Centre in Leeds and receive care whilst they are waiting for assessment. This may be for short periods and will be beneficial for service users who may struggle to maintain their safety during this period.

Given the changes to our Trust's Single Point of Access, previous plans for the Section 136 suite have had to be revisited to ensure the whole of the expansion is fit for purpose.

c) Narrowing of the Board to Ward Experience: Expansion of the "Quality Walk Arounds" program for Board Members to include North Yorkshire & York services. As in 2011/12 an additional 12 "walk arounds" will be scheduled across our Trust and reported to our Board of Directors.

Since the "Quality Walkrounds" began in September 2011, 11 visits have taken place across a variety of Leeds clinical services. "Quality Walkrounds" now include the North Yorkshire and York clinical services. All of the "Quality Walkrounds" are open to all Non-Executive Directors and Executive Directors to participate in.

d) Further enhancement to the role of the Patient Safety Champion from Doctors in Training in the pursuit of safer care delivery.

A new Patient Safety Champion from Doctors in Training for 2012/13 was appointed in October 2012. They are currently working closely with the Patient Safety Manager and the Associate Medical Director for

Priority 3

Doctors in training in the introduction of a communication tool, SBAR (Situation Background Assessment Recommendation), to aid clinical decision making processes for out of hour teams. This communication tool is currently being rolled out across 16 inpatient units across the Leeds sites, with plans to roll out across community and North Yorkshire & York settings throughout 2013/14.

e) Expansion of our previous benchmarking for Patient Safety on a local, regional and national level to include North Yorkshire & York services.

We continue to use and enhance a variety of national and locally generated benchmark indicators for quality and patient safety, which includes:

- NPSA "How do you compare to your peers" national and regional statistics of patient safety incidents.
- Incorporation of the extended NPSA "Never Events" into Board reporting.
- Continuation of monthly reporting of our Trust's "Trigger to Board" events.

The North Yorkshire and York services data sets are currently being integrated into our Trust's bench markers.

f) Continued expansion of proactive Patient Safety initiatives across our Trust.

Patient Safety remains a top priority within our Trust. In order to continue advancing patient safety, a number of initiatives have commenced on an individual team, directorate and Trust wide basis. These initiatives are based around the following work streams and

are monitored through Risk Management, our Trust's Means Goal 1 & 2 Standing Group and Means Goal 5 Standing Group:

- **Promotion of Best Practice**
- **Benchmarking standard of care**
- **Striving to be "An Organisation with a Memory", through the lessons learned process.**

Initiatives to be implemented in 2013/14:

- The Leeds Gender Identity Service is currently developing a medicines management resource pack for Nurses within the team. The resource pack is an addition to the mandatory Biennial support framework for the safe administrations of Medicines and is bespoke to Gender Identity. This initiative aims to be educational for both the client and the clinician so that nursing clinicians can discuss physical care issues and promote 'safe self-care' where appropriate. In instances where physical educational support may not be appropriate, clinicians will be encouraged to liaise and coordinate care with the appropriate specialists, such as the GP's and surgeons involved.
- We are looking to develop a partnership with Topman. As part of their Corporate Social Responsibility work, Topman support CALM, the Campaign Against Living Miserably, which aims to prevent suicides in the UK for males under 35.
- The whole of the learning disability service in North Yorkshire & York will

be reviewed with the clinical team and commissioners to create a service that responds to the Winterbourne Review (Department of Health December 2012). This development will further improve access to local services bringing service users back to their area and support people, where possible, in their own locality.

- In 2013/14 we are beginning the construction of a new low secure unit for women, on the site of Clifton House, York. There are no women's forensic low secure services provided in this locality currently and so service users are often placed some distance away. This development will provide a sub-regional service for Yorkshire and Humberside.
- We are working with commissioners to develop plans for a Section 136 service in York. This proposed service development will create a facility for those detained under Section 136 of the Mental Health Act who present with apparent mental health problems and who can be safely managed in this facility. This facility will improve the experience for service users who may be in distress, who will be assessed in a more suitable environment that protects their safety and security whilst caring for their mental health needs.

P3

Priority 3 (patient experience) - People have a positive experience of their care and support

Progress against 2012/13 Initiatives a) Through our Transformation Project

Priority 3

our aim continues to achieve a pathway model of services that eliminates inequity and age discrimination and improves access to services.

A new model for community and alternative to hospital services was implemented through the Transformation Programme in June 2012. Referrals into Leeds services are through a Single Point of Access. Community and alternative to hospital services are delivered through three locality Community Mental Health teams and three Intensive Community Services. They provide services that are accessible to service users of all ages. Care and treatment for our service users is based on their individual needs and not limited by the age of those using our services.

Performance data continues to show that all referrals are being handled through the single point of access. Response times to telephone contact and subsequent assessments are meeting our local target (which is in line with the national target for GPs). Work is planned as part of the CQUIN measures to review satisfaction of referrers with the Single Point of Access & Crisis Assessment Service, this will provide both qualitative and quantitative data.

An initial review of these changes has been undertaken and a range of recommendations have been made to the Trust's Transformation Programme Board for further refinements to the new model. Operational managers and corporate services continue to support community teams in addressing local training and capacity requirements to ensure that the model continues to deliver safe and effective care. Examples of work taking place to address these issues include:

- Additional work to improve the holistic assessment tool
- A review of team sizes with plans to set up new sub-teams in locality CMHTs
- Improvements to the process of allocating routine referrals to workers
- Appointment of additional staff to address capacity issues
- Further work to clarify the function of the Intensive Community Service and how it fits within the acute pathway

Work is now underway to redesign Mental Health Inpatient Services. It is anticipated that these changes will be implemented from 1 April 2014.

b) In order to improve the experience of service users and their carers and to improve the efficient use of resources we will be opening a new 17 bedded secure rehabilitation in-patient facility in Leeds. Historically service users who have required this service have been placed in out of area units meaning that they have not received their care locally in Leeds. The new local unit will improve the ability for these service users to follow a local care pathway with a clear focus on recovery.

Positive responses have been received from carers with regards to repatriation of their family members back to Leeds as they can now have more contact with them. The ward has established a ward lead for carers issues and for the monthly carers group.

There is now a daily community meeting which is held on the ward at 9:30 am as well as a group programme offering at least two groups a day (including weekends). The ward holds a weekly "your views" meeting where any

issues relating to the running of the ward can be discussed. This is complimented by a "your views" book where service users can log any comments about the ward.

Service users have access to individual sessions from their primary care team and care planning is enhanced by a weekly multi-disciplinary team case formulation meeting, which will include access to psychological therapies on the ward.

Some of the therapeutic activities available on the ward are linked into community based activities and resources to promote integration into the community and plan the pathway for therapeutic activity once discharged from the ward.

c) We are aiming to improve access to outside space for all service users at our older people's inpatient unit in Leeds that will enable therapeutic activities.

Service users have continued to enjoy time in the working garden with staff despite the onset of the cold and wet weather. Winter vegetables have been harvested which the team have then utilised in a cooking group to create healthy meals. Weeding and raking has also allowed interested service users to get involved in the garden.

A more structured return to the garden will be made in the Spring and it is hoped that all service users, carers and staff will be able to fully utilise and enjoy the gardens.

d) Through the implementation of our equality objectives we aim to further develop our equality performance:-

- We will undertake further analysis of*

Priority 3

service user survey results and complaints by protected characteristics to identify and address any variations in satisfaction rates.

Analysis of our results from the national community mental health service user survey by protected characteristics has been completed. This data has been triangulated with responses from our service user "Your Views" pilot survey results.

ii. We will develop a consistent approach across the local NHS economy in respect of equality leadership, staff empowerment and access to development opportunities.

We are one of five Trusts within the region signed up to the Innov8 NHS programme which aims to reshape how senior leaders appreciate and develop diverse talent in NHS organisations in the Yorkshire and Humber region. A joint workforce research study between NHS Airedale, Bradford & Leeds, the Yorkshire & the Humber Strategic Health Authority and ourselves was undertaken and the research report was disseminated in November 2012. A national conference based on the findings from the research took place in the early part of 2013.

iii. We will further develop the involvement and engagement of protected groups and our "local interests" including service users, carers, staff, third sector, clinical commissioning groups and the local authority.

Work to improve engagement with protected groups and our "local interests" is on-going. Examples of work over the last quarter includes:-

- Extending further the membership of the Leeds NHS Equality Advisory Panel

comprised of organisations representing the interests of protected groups. A review meeting was held in January 2013 to review our 2012 equality performance and to agree equality priorities for 2013/14.

- Formal links with the newly established equality and diversity leads within the new clinical commissioning group structures in Leeds, North Yorkshire and York have been established.
- Partnership work with voluntary sector refugee and asylum seeker support organisations in Leeds has been undertaken to improve mental health care pathways. Training has been delivered to clinical staff and evaluation indicated an increased understanding of the refugee and asylum seeker process, of best practice with regards to assessment and of support agencies within Leeds.
- Engagement through the Diversity and Inclusion Forum held in February 2013 to increase staff, service user, carer and third sector awareness of pilot work focused on dignity and respect within mental health inpatient services through the 15 Steps Challenge and to encourage involvement in undertaking site visits in future.

iv. We aim to improve access, experience and choice for service users from Black and Minority Ethnic communities through the implementation of a joint action plan with Touchstone Community Development Service.

Partnership work to improve access, experience and choice for service users from black and minority ethnic (BME) communities within our Leeds services is on-going.

e) We aim to continue to develop The Mount in Leeds as a centre of excellence for acute inpatient care and treatment for older people with dementia and older people with acute and complex mental health needs.

An active programme is currently underway on the dementia inpatient areas to enhance the environment. Best practice and evidence has been utilised from a wide range of sources and corridors and communal areas are being up-dated to develop these environments therapeutically and increase safety. To help support this project a bid has been submitted to the Department of Health Improving the Environment of Care for People with Dementia for a substantial capital investment. The dementia wards are also participating in a number of innovative practices including book therapy as well as piloting a reminiscence daily newspaper called the daily sparkle which outlines events in history that occurred that day. Book therapy involves using a number of books specifically designed for service users with dementia which are predominantly pictorial and, similar to the daily sparkle, help staff and carers to effectively communicate with our service users.

Our Mental Health wards continue to develop structured activity programmes and have reviewed and introduced a number of new groups since November 2012. These include a sleep hygiene group, singing group and a music group. There has also been additional recruitment into the therapy team to allow increased weekend activity programmes. Work has also commenced to explore the use of volunteers to further assist in the delivery of groups both during the day, evenings and at weekends.

Priority 3

Initiatives to be implemented in 2013/14

- We are currently developing a young people strand of the Time to Change campaign. We have been working closely with partners including Young Minds, NHS Airedale, Bradford and Leeds, Space 2 and Leeds Mind. We are working closely with a group of young people with experience of mental ill-health; and we are working towards creating school projects to get children thinking and talking about mental health.
- During 2013, the "Your Health Matters" initiative will become (literally) online. This

new animated website, highlighting four themes (Eat Well, Be Active, Get Checked Out and Stay Well) will promote those resources and give people new tools for taking control of their health. The site is due to launch during Leeds Learning Disability week in June 2013.

- Over the coming year we will further increase the amount of time that clinical staff are able to spend in direct contact with service users by improving access to mobile technology. Over the last year we have undertaken work with clinical teams to understand what will make a difference to them and we will be investing in technology to support this. This will be

linked to a review of our Trust clinical Information system to make the recording of information simpler and more efficient.

- In order to ensure that there is sufficient capacity within the memory service to provide an early diagnosis of dementia we will work with partners in primary care to develop 'shared care' guidelines. These guidelines will support GP's to be more involved in the care of people with dementia and will free our memory services to provide this specialist diagnosis and needs-led support for people and families.

Statement of Assurance

2.4 Statement of Assurance

During 2012/13 Leeds & York Partnership NHS Foundation Trust provided six relevant health services which were:

- Learning Disabilities
- Adult Mental Illness
- Forensic Psychiatry
- Old Age Psychiatry
- Child and Adolescent Psychiatry
- Improving Access to Psychological Therapies.

Leeds & York Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 100% of the total income generated from the provision of relevant health services by Leeds & York Partnership NHS Foundation Trust for 2012/13.

Annex B provides a signed statement from our directors in respect of the Quality Account.

2.5 Participation in clinical audits and national confidential enquiries

The National Institute for Health and Clinical Effectiveness defines clinical audit as “a quality improvement process that seeks to improve patient care and outcomes through

the systematic review of care against explicit criteria and the implementation of change”. It is important that we have a good understanding about the quality of care, and outcomes of care, so that the necessary plans can be made to ensure that we are doing all we can to promote and support the health and well-being of our service users. A comprehensive programme of clinical audit is one way in which this understanding can be achieved. Our Trust therefore uses an annual plan to prioritise topics for audit, with the topics being recommended for prioritisation using the criteria developed by the Healthcare Quality Improvement Partnership (HQIP). The projects proposed for inclusion on our Trust’s priority plan are then discussed by a multi-disciplinary group and the plan is subsequently recommended for approval through our Trust’s clinical governance structure. Clinical audit activity and findings, from both the priority plan and locally agreed projects, are reported through the clinical governance structure – reaching from ward to board, and across care services – so that knowledge is shared, and the implementation of change is monitored. In this way we are provided with assurance that service users and staff benefit from this activity.

During 2012/13 four national clinical audits and one national confidential enquiry covered relevant health services that Leeds & York Partnership NHS Foundation Trust provides.

During 2012/13 Leeds & York Partnership NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leeds & York Partnership NHS Foundation Trust was eligible to participate in during 2012/13 are shown in Table 1.

The national clinical audit and national confidential enquiries that Leeds & York Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2012/13 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:



Participation in Clinical Audits

Table 1 - National Audit Participation

Audit or Enquiry	Participation (Yes/No)	Number of cases required	Number of cases submitted
POMH-UK Topic 12 Personality disorder	Yes	No set number required	82
POMH-UK Topic 2 Side effects of antipsychotics (AOT services only)	Yes	No set number required	54
POMH-UK Topic 11 Antipsychotic prescribing in dementia	Yes	No set number required	131
POMH-UK Topic 13 ADHD prescribing	Yes	No set number required	Data collection in progress
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	Yes	No set number required	100% of cases identified

The reports of two national clinical audits were reviewed by the provider in 2012/13 and Leeds & York Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (see Table 2).

Table 2 - National Audit Findings Review

Audit or Enquiry	Status	Quality improvement actions
POMH-UK Topic 12 Personality disorder	Review in progress	Action plan in process of agreement
POMH-UK Topic 2 Side effects of antipsychotics (AOT services only)	Review in progress	Action plan in process of agreement
POMH-UK Topic 13 ADHD prescribing	Data collection in progress	Findings for review in 2013/14

Our Trust supports clinical audit activity undertaken either as part of a Trust-wide priority plan or as part of a directorate/service plan.

The reports of 21 local clinical audits (six Trust-wide priority plan projects, and 15 directorate/services plan audits) were reviewed by the provider in 2012/13 and Leeds & York Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Of these reports, 13 had action plans for quality improvement, and the remainder had action plans in development. Table 3, provides examples of the plans for improving clinical practice/care in these areas.

Participation in Clinical Audits

Table 3 - Local Audit Findings Review

Audit	Quality improvement actions
The content and timing of inpatient discharge summaries	<ul style="list-style-type: none"> • Doctors to ensure they follow trust guidelines on timing of discharge summaries. • Doctors to ensure they follow trust guidelines on content of discharge summaries. • Doctors to ensure they fill in details of key worker on discharge summary.
Copying correspondence to service users	<ul style="list-style-type: none"> • Raise awareness of the Department of Health guidelines and our Trust policy with junior doctors
Completion of the MHA 5(2) form	<ul style="list-style-type: none"> • Provide training on the use of Mental Health Act Section (5) and Mental Capacity Act. • Clarify the Section 5(2) in hospital procedure to trainees. • Record in PARIS section 5(2) undertaken and outcome.
Medical teaching	<ul style="list-style-type: none"> • Encourage consideration of teaching in job planning and supporting activities. • Peer review of teaching.
Management of depression and cardiovascular disease in the elderly population	<ul style="list-style-type: none"> • Doctors regularly check physical health status. • Doctors be aware of NICE guidelines Clinical Guideline 91. • Provision of medication leaflets in out-patient settings. • Reinforcement of need for full and clear notes at educational meetings.
Methadone use and ECGs	<ul style="list-style-type: none"> • Design a standard letter to communicate with the GP: <ul style="list-style-type: none"> – Whether client is prescribed high dose Methadone – Confirmation of clients' previous medical history if any concern that client unable to provide this him/herself • Establish routine testing of electrolytes.
Lithium monitoring in pregnant women	<ul style="list-style-type: none"> • To design lithium monitoring care plan pro-forma to be completed during their pregnancy for each pregnant woman on Lithium. • Time table of required blood tests for serum lithium levels to be shared with patient as well as GP/phlebotomist and obstetrician.
NICE Guideline-Violence	<ul style="list-style-type: none"> • Links to be made between the FACE risk assessment, management plan, and the behaviour plan. • PMVA team to review the recording form for physical restraint (body map) to consider inclusion of monitoring vital signs and lead clinician for physical restraint. • Care pathway documentation is to be reviewed in connection with service user access to information in a suitable format.

Participation in Clinical Audits

Table 3 - Local Audit Findings Review (continued)

Audit	Quality improvement actions
Record Keeping	<ul style="list-style-type: none"> • To ensure that all service users have the opportunity to develop advanced statements. • Ensure that repeat risk assessments and other relevant assessments are completed within the agreed time frame. • Emphasise the importance of discharge planning (and documentation thereof) as early as possible in service user's stay. • All staff to ensure that consent to disclose information is clearly documented. • Disclosure of information to be added to admission checklist. • Team members to have access to remote technology to achieve standard of same day entries in the electronic record.
Clinical Supervision	<ul style="list-style-type: none"> • All staff to have a clinical supervision contract. • Management team structures used to demonstrate and promote the need for clinical supervision. • Ensure that each member of staff has a supervisor identified and an understanding of what clinical supervision entails. • Supervisors to review supervision every six months. • Communicate to staff the minimum frequency/duration for clinical supervision, and amend contracts to reflect this. • Remind staff of their professional recommendations to engage in clinical supervision. • Each clinician to maintain a record of attendance that is signed by themselves and their supervisor.
NICE Guideline- Borderline Personality Disorder	<ul style="list-style-type: none"> • Teams to establish systems for ensuring that the quality of crisis plans is regularly reviewed, such as through Clinical Lead line management caseload review, CPA meeting. • A Personality Disorder ICP developed to include these standards at Assessment and Review.
MHA Section 132	<ul style="list-style-type: none"> • Produce a single pack that contains all information leaflets. • Amend the Review Notes template used in Multi-professional Ward Reviews to document that those rights are reinforced in such a review. • Staff to be reminded to record in service user records involvement of an interpreter.
Outpatient clinics	<ul style="list-style-type: none"> • The new outpatients/ medical new ways of working project should consider how clinicians can be helped to provide documentary evidence about why certain aspects of an outpatient clinic have not been carried out. • Repeat the questionnaire in June 2013 following changes to outpatients' clinics and compare June 2013 results to the baseline.

Participation in Clinical Research

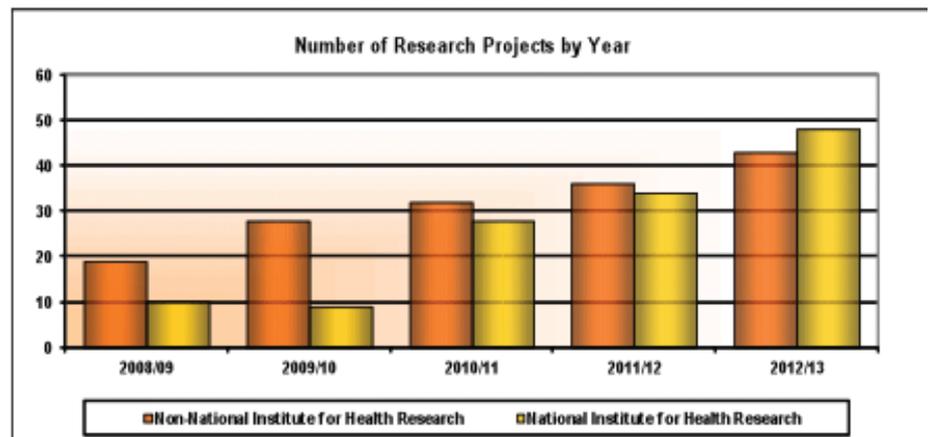
2.6 Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Leeds & York Partnership NHS Foundation Trust in 2012/13, that were recruited during that period to participate in research approved by a Research Ethics Committee was 610.

Total recruitment was made up of:

- **372 service user recruited to National Institute of Health Research adopted studies**
- **80 recruited to non National Institute of Health Research adopted studies i.e. local and student.**
- **158 recruited to Collaboration for Leadership in Applied Health Research & Care (CLAHRC) funded studies**

Leeds & York Partnership NHS Foundation Trust was involved in conducting 91 clinical research studies in mental health and learning disabilities in 2012/13. Of these, 48 were National Institute for Health Research (NIHR) adopted studies. This compares favourably with the 70 (34 NIHR) in 2011/12, 60 (28 NIHR) in 2010/11 and 37 (9 NIHR) in 2009/10 illustrated in the graph. This increasing number of clinical research studies demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep abreast of the latest possible treatment possibilities and active participation in research leads



to successful service user outcomes. This figure does not include all research undertaken in our Trust; due to changes in the requirements for review by a Research Ethics Committee (Governance arrangements for Research Ethics Committees, DH 2011) certain categories of research no longer require Research Ethics Committee review but still require local NHS Permission.

We host 13 research posts funded by two Comprehensive Local Research Networks (West Yorkshire and North East Yorkshire & North Lincolnshire) to work on NIHR projects in mental health and learning disabilities. These posts have facilitated an important link with the Mental Health Research Network (MHRN) hub in Newcastle, and provided access and support to Trust staff wishing to engage with MHRN and NIHR supported studies. These developments provide a significant opportunity to increase the level of NIHR portfolio activity within Leeds & York Partnership NHS Foundation Trust, previously outside MHRN's activity.

We continue to develop our profile in learning, research and innovation. 97 clinical staff were involved in conducting research within our Trust during 2012/13. These staff participated in mental health and learning disability research.

We continue to engage service users in research design, identifying research priorities, interview panels for research staff, participating in research projects and research governance during 2012/13.

In the last three years, 23 publications have resulted from our involvement in NIHR research, which show our commitment to transparency and desire to improve service user outcomes and experiences across the NHS.

Our engagement with a range of clinical research as the lead site for five National Institute for Health Research funded projects also demonstrates our commitment to testing and offering the latest medical treatments and techniques. These projects include a new self-harm intervention; systematic review of an early parenting intervention for families with young children showing severe attachment problems; computerised cognitive behavioural therapy

Commissioning for Quality and Innovation

for depression in adolescents; translation of the Strengths and Difficulties Questionnaire into British Sign Language and the use of social stories for autism spectrum disorders.

We are working in partnership with the Universities of York and Leeds as part of the Leeds, York and Bradford Collaboration for Leadership in Applied Health Research and Care (CLAHRC) on eight research projects looking at various aspects of addiction and to implement the National Institute for Health and Clinical Excellence's (NICE) guideline on core interventions in the treatment and management of schizophrenia to ensure patients experience safe care. The CLAHRC is also providing funding to support the evaluation of our Trust's Transformation Programme which started in 2012 and will continue into 2013/14.

The challenging financial climate means that research and innovation are even more important in identifying the new ways of understanding, preventing, diagnosing and treating disease that are essential if we are to increase the quality and productivity of services in the future.

2.7 Commissioning for Quality and Innovation

A proportion of Leeds & York Partnership NHS Foundation Trust's income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between Leeds & York Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation

payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at

http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

For Leeds & York Partnership NHS Foundation Trust, the monetary total for the amount of income conditional upon achieving quality improvement and innovation goals was £2,265,206 (Leeds Services), £514,000 (North Yorkshire & York Services) and £370,626 (Specialist Commissioning Group). The monetary total for the associated payment in 2012/13 was £3,149,832.

In 2012/13 we were required to participate in local and forensic Commissioning for Quality and Innovation schemes. Progress against our Commissioning for Quality and Innovation indicators was reported to our Trust Board of Directors and Council of Governors on a quarterly basis through our Trust performance report which can be found on our website at www.leedsptf.nhs.uk. Any risks to performance were identified within the reports and actions in place to improve performance were documented.

In 2013/14 we will be required to report performance against a National Commissioning for Quality and Innovation indicator and local Commissioning for Quality and Innovation indicators, which have been agreed with our main commissioner and are aligned with our Trust Strategy. We will also be required to report against Commissioning for Quality and Innovation indicators to the Specialist Commissioning Group for the following services:

- Child and Adolescent Mental Health Services
- Low Secure Services
- Perinatal Services
- Gender Services
- Eating Disorder Services
- Personality Disorder Services.

Details of our 2013/14 Commissioning for Quality and Innovation indicators and our performance against these will be reported to our Trust Board of Directors and Council of Governors on a quarterly basis and will be available publicly through our Corporate Performance report which is available on our website at www.leedsptf.nhs.uk.

Plans are in place to ensure that we meet our 2013/14 Commissioning for Quality and Innovation indicators and continue to further improve the quality of care for people who use our services.

Care Quality Commission

2.8 Care Quality Commission

Registration Status

Leeds & York Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered.

The Care Quality Commission has not taken enforcement action against Leeds & York Partnership NHS Foundation Trust during 2012/13.

Detailed assessments of compliance are undertaken on a quarterly basis, with sign off from Leads and Lead Directors within our Trust. Assessments of compliance are reported on a quarterly basis to our Trust Board of Directors and Council of Governors via our Corporate performance report. Compliance with Care Quality Commission Registration forms a key area of our service directorate and corporate directorate performance reviews.

In order to further strengthen and maintain our position of compliance internal mock unannounced inspections have been carried out across services during 2012/13. These will continue throughout 2013/14.

We will continue to ensure that compliance against each registration requirement is monitored and maintained. It should be noted that the Trust self-assessment against the Information Governance Toolkit was "not satisfactory" as at 31st March 2013. This is due to an issue that has been identified with the North Yorkshire and York system. A remedial action plan is in place linked to the clinical system evaluation which will lead to those services being moved from this application. This assessment has led the Trust to review

overall compliance with CQC essential standards outcome 21, and declare yellow (outcome mostly met). All other CQC essential standards are fully met.

Care Quality Commission Reviews

Leeds & York Partnership NHS Foundation Trust has participated in two special reviews by the Care Quality Commission relating to the following areas during 2012/13:-



Ward 3, Newsam Centre (Leeds)

The Care Quality Commission carried out a visit to Ward 3 Newsam Centre on the 1st May 2012 to follow up compliance actions made following the previous review of compliance at Ward 3 Newsam Centre in December 2011.

The Care Quality Commission confirmed that significant improvements had been made to all areas identified and we were found to be compliant with both Outcome 4 and Outcome 7.

The Becklin Centre (Leeds)

The Care Quality Commission carried out a routine review to The Becklin Centre on the 21st August 2012 as part of their schedule of planned reviews. The review focused on five outcomes; Outcome 1: Respecting and involving people who use services, Outcome 5: Meeting nutritional needs, Outcome 7: Safeguarding people who use services from abuse, Outcome 13: Staffing and Outcome 21: Records. The Care Quality Commission found The Becklin Centre to be fully compliant with all outcomes reviewed, with positive comments received and no areas of concern or improvement identified.



As a result, no actions arose from these two reviews. Leeds & York Partnership NHS Foundation Trusts has made the following progress by 31 March 2013 in taking such action; all CQC reports have been analysed internally and appropriate actions have been taken. A system of internal mock unannounced CQC inspections are now in place to provide further assurance around compliance with CQC requirements.

Information on the Quality of Data

2.9 Information on the Quality of Data

NHS Number and General Medical Practice Code validity

Leeds & York Partnership NHS Foundation Trust submitted 2,952 records during 2012/13 (April to February 2013) to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS Number was 99.6% for admitted patient care, 99.9% for outpatient care and 99.6% for all service users as submitted in the Mental Health Minimum Dataset.
- Which included the patient's valid General Medical Practice Registration Code was 100% for admitted patient care, 100% for outpatient care and 99.1% for all patients as submitted in the Mental Health Minimum Dataset.

Information Governance Toolkit attainment levels

Leeds & York Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2012/13 was 70.4% and was graded 'Not Satisfactory' (red).

Despite maintenance of satisfactory performance (i.e. level 2 or better) on 42/44 requirements (the requirement relating to offshore data processing is 'not required'), our acquisition of North Yorkshire & York services has reduced two requirements to sub-optimal performance, both with remedial action plans:-

- **305:** An issue has been identified with the North Yorkshire and York system. Our action plan to remedy this will be enacted within current Trust projects to re-provision clinical systems. Level 1 performance achieved.
- **514:** Clinical coding in York has been carried out by clinicians rather than a trained clinical coder. Our first annual audit cycle since acquisition has reported errors in both primary and secondary diagnosis coding. Remedial action commenced in November, with our Leeds-based coder now working across the wider Trust to improve Finished Consultant Episode coding, with a permanent solution being sought via the recruitment of a York-based clinical coder. Level 1 performance achieved.

Our Trust has an on-going programme of Information Governance training which is now refreshed annually. Our Trust has now delivered 'first-time' or 'refresher' Information Governance training to 86% of all substantive staff in the last 12 months. Annual refresher training is being actively pursued and has shown an upward trajectory all year.

We have once again closed the financial year without a reportable Serious Untoward Incident data breach, based on the 'David Nicholson' incident grading scale. This includes data from North Yorkshire & York services for which we have 'data controller' status from 1st February 2012.

Our commitment to providing a quality service on Freedom of Information Act has resulted in all incoming requests being processed within the statutory timescales. 2012/13 has seen a marked increase in overall Freedom

of Information Act requests over the year in comparison to 2011/12 and has seen the highest number of requests per year to date, 20% up on the previous year.

Statement on Data Quality

Leeds & York Partnership NHS Foundation Trust has taken the following actions to further improve data quality during 2012/13:

- Improving awareness of data quality issues amongst Trust staff based in York and North Yorkshire,
- Extension of Data Quality Improvement Group membership to include clinicians.
- Maintaining the data quality assurance processes that are in place Trustwide.

Leeds & York Partnership NHS Foundation Trust will be taking the following actions to improve data quality during 2013/14:

- Continued awareness raising in both Leeds and York.
- Improving data collection in restructured services.
- Reviewing coding systems to ensure that they are fit to purpose.

Clinical Coding Error Rate

Leeds & York Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Information on the Quality of Data

Additional mandatory quality indicator sets to be included in the 2012/13 Quality Account

For 2012/13 all Trusts are required to report against a core set of indicators, for at least the last two reporting periods. These additional quality indicators are listed below with our performance against each one.

<p>The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to:-</p> <p>(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.</p>	<p>This indicator is not applicable to a Mental Health Trust.</p>															
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.</p> <p>Annex C describes the construction of how this target has been calculated.</p>	<table border="1" data-bbox="639 1048 1487 1279"> <thead> <tr> <th></th> <th>Qtr 1 2012/13</th> <th>Qtr 2 2012/13</th> <th>Qtr 3 2012/13</th> <th>Qtr 4 2012/13</th> </tr> </thead> <tbody> <tr> <td>LYPFT</td> <td>97.0%</td> <td>96.5%</td> <td>96.3%</td> <td>95.6%</td> </tr> <tr> <td>Nat.Av</td> <td>97.5%</td> <td>97.2%</td> <td>97.6%</td> <td>TBC</td> </tr> </tbody> </table> <p>Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-</p> <ul style="list-style-type: none"> Performance is monitored on a weekly basis to minimise the risk of any breaches and actions are put in place where necessary. <p>Leeds & York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.</p>		Qtr 1 2012/13	Qtr 2 2012/13	Qtr 3 2012/13	Qtr 4 2012/13	LYPFT	97.0%	96.5%	96.3%	95.6%	Nat.Av	97.5%	97.2%	97.6%	TBC
	Qtr 1 2012/13	Qtr 2 2012/13	Qtr 3 2012/13	Qtr 4 2012/13												
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<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.</p> <p>Annex C describes the construction of how this target has been calculated.</p>	<table border="1" data-bbox="639 1624 1487 1854"> <thead> <tr> <th></th> <th>Qtr 1 2012/13</th> <th>Qtr 2 2012/13</th> <th>Qtr 3 2012/13</th> <th>Qtr 4 2012/13</th> </tr> </thead> <tbody> <tr> <td>LYPFT</td> <td>97.1%</td> <td>98.4%</td> <td>95.3%</td> <td>95.9%</td> </tr> <tr> <td>Nat.Av</td> <td>98.0%</td> <td>98.1%</td> <td>98.4%</td> <td>TBC</td> </tr> </tbody> </table> <p>Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-</p> <ul style="list-style-type: none"> Performance is continually monitored to minimise the risk of any breaches. <p>Leeds & York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.</p>		Qtr 1 2012/13	Qtr 2 2012/13	Qtr 3 2012/13	Qtr 4 2012/13	LYPFT	97.1%	98.4%	95.3%	95.9%	Nat.Av	98.0%	98.1%	98.4%	TBC
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Nat.Av	98.0%	98.1%	98.4%	TBC												

Information on the Quality of Data

<p>The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care information Centre with regard to the Trust's patient reported outcome measures scores for:-</p> <p>(i) Groin hernia surgery (ii) Varicose vein surgery (iii) Hip replacement surgery, and (iv) Knee replacement surgery</p> <p>during the reporting period.</p>	<p>This indicator is not applicable to a Mental Health Trust.</p>																								
<p>The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:-</p> <p>(i) 0 to 14; and (ii) 15 or over</p> <p>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.</p>	<p>Service Users 0 to 14: We have not received any readmissions for this age group during 2012/13.</p> <p>Service Users 15 or over: These figures (cumulative) are based on Trust services with a 710 speciality code which includes adult mental health service users (excluding service users allocated to Forensic Services in line with national codes)</p> <table border="1" data-bbox="639 1196 1485 1364"> <thead> <tr> <th>Apr-12</th> <th>May-12</th> <th>Jun-12</th> <th>Jul-12</th> </tr> </thead> <tbody> <tr> <td>3.55%</td> <td>5.56%</td> <td>6.72%</td> <td>7.14%</td> </tr> </tbody> </table> <table border="1" data-bbox="639 1397 1485 1565"> <thead> <tr> <th>Aug-12</th> <th>Sep-12</th> <th>Oct-12</th> <th>Nov-12</th> </tr> </thead> <tbody> <tr> <td>6.38%</td> <td>6.92%</td> <td>6.43%</td> <td>4.72%</td> </tr> </tbody> </table> <table border="1" data-bbox="639 1599 1485 1767"> <thead> <tr> <th>Dec-12</th> <th>Jan-13</th> <th>Feb-13</th> <th>Mar-13</th> </tr> </thead> <tbody> <tr> <td>4.62%</td> <td>4.11%</td> <td>5.98%</td> <td>3.45%</td> </tr> </tbody> </table> <p>Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-</p> <ul style="list-style-type: none"> Each readmission is flagged with the appropriate clinical teams and consultants to fully understand the cause of the readmission and implement any necessary actions as required. <p>Leeds & York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.</p>	Apr-12	May-12	Jun-12	Jul-12	3.55%	5.56%	6.72%	7.14%	Aug-12	Sep-12	Oct-12	Nov-12	6.38%	6.92%	6.43%	4.72%	Dec-12	Jan-13	Feb-13	Mar-13	4.62%	4.11%	5.98%	3.45%
Apr-12	May-12	Jun-12	Jul-12																						
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4.62%	4.11%	5.98%	3.45%																						

Information on the Quality of Data

The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the Trust's Commissioning for Quality and Innovation indicator score with regard to its responsiveness to the personal needs of its patients during the reporting period.

Patient Safety Thermometer (National CQUIN)

The data below highlights the number of service users recorded as having "harm free care". It should be noted that throughout Quarter 1 we embedded a reporting process within the eligible services. Therefore, data was reported to the Information Centre from Quarter 2 onwards.

Qtr 2 - 2012/13					
July		August		September	
LYPFT	Nat.Av	LYPFT	Nat.Av	LYPFT	Nat.Av
97.42%	91.11%	98.68%	91.22%	98.54%	91.78%

Qtr 3 - 2012/13					
October		November		December	
LYPFT	Nat.Av	LYPFT	Nat.Av	LYPFT	Nat.Av
97.85%	91.99%	98.38%	92.27%	99.04%	92.41%

Qtr 4 - 2012/13					
January		February		March	
LYPFT	Nat.Av	LYPFT	Nat.Av	LYPFT	Nat.Av
99.46%	92.3%	98.37%	92.19%	98.79%	92.49%

Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- Processes have been put in place across all relevant services to enable the capture and reporting of this data.

Leeds & York Partnership NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continually monitoring as described above.

Information on the Quality of Data

The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

The results from the 2012 National NHS Staff Survey show that 3.43 staff would recommend our Trust as a place to work or receive treatment. This is compared to the national average for mental health/learning disability trusts of 3.54 and against 4.06 of best 2012 score for mental health/learning disability trusts. This is based on 380 staff at Leeds & York Partnership NHS Foundation Trust who took part in the survey.

Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- Survey obtained directly from the National NHS Staff Survey Co-ordination Centre.

Leeds & York Partnership NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:-

- The survey results have been analysed and an action plan has been developed to deal with those areas of concern and priority areas.
- Focussing on improving internal communications, staff engagement and staff recognition through a number of new initiatives.

The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the Trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

Apr-12	Leeds services	North Yorkshire & York services	Nat. Av.
Did this person listen carefully to you?	76%	86%	78%
Did this person take your views into account?	70%	80%	72%
Did you have trust and confidence in this person?	67%	83%	71%
Did this person treat you with respect and dignity?	85%	93%	87%
Were you given enough time to discuss your condition and treatment?	69%	79%	72%

Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-

- Survey obtained directly from Quality Health.

Leeds & York Partnership NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:-

- The survey results have been analysed and an action plan has been developed to deal with those areas of concern and priority areas.

Information on the Quality of Data

The data made available to the NHS Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents that occurred within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Annex C describes the construction of how this target has been calculated.

For the period 1 April 2012 to 30 September 2012 (latest comparative reporting rate summary provided by NPSA):-

- The number of patient safety incidents that occurred within our Trust and reported to the NPSA was 2,241.
- Of those incidents, the number and percentage of such patient safety incidents that resulted in severe harm (severity 3 & 4) or death (severity 5) were:-

Severity 3	64	2.86%
Severity 5	9	0.4%

National Average for Severity 3 7.9%

National Average for Severity 5 0.8%

The Trust's internal data for this period is as follows:-

2,241 total incidents		
Severity 3	64	2.86%
Severity 4	-	
Severity 5	9	0.4%

For the period 1 October 2012 to 31 March 2013 (comparable data is currently unavailable from the NPSA)

- The number of patient safety incidents that occurred within our Trust and reported to the NPSA was 2,541.
- Of those incidents, the number and percentage of such patient safety incidents that resulted in severe harm (severity 3 & 4) or death (severity 5) were:-

Severity 3	83	3.3%
Severity 4	3	0.1%
Severity 5	43	1.7%

Information on the Quality of Data

<p>Continued</p>	<p>The Trust's internal data for this period is as follows*:-</p> <table data-bbox="667 629 1077 757"> <tr> <td>2,458 total incidents</td> <td></td> <td></td> </tr> <tr> <td>Severity 3</td> <td>77</td> <td>3.13%</td> </tr> <tr> <td>Severity 4</td> <td>3</td> <td>0.1%</td> </tr> <tr> <td>Severity 5</td> <td>40</td> <td>1.63%</td> </tr> </table> <p>* Internal data differs slightly to the NPSA data due to late submissions of IR1 forms into our Risk Management team.</p> <p>In relation to identifying severity data for North Yorkshire and York, this is not included. This is because from February 2012 to March 2013, the North Yorkshire and York incidents were recorded on a separate system. From March 2013, the Trust now operates a singular, uniformed and centrally administered incident reporting system, centrally managed within our Risk Management Department. Due to the roll out of a singular reporting and analysis systems, North Yorkshire and York data will be included in all subsequent reports.</p> <p>Leeds & York Partnership NHS Foundation Trust considers that this data is as described for the following reasons:-</p> <ul data-bbox="638 1267 1481 1395" style="list-style-type: none"> • Serious incidents are investigated using Root Cause Analysis methodology, with reports presented to our incident review group. • Standardisation of risk management serious incident documentation with guidance notes to aid completion. <p>Leeds & York Partnership NHS Foundation Trust has taken the following actions to improve these numbers/percentages, and so the quality of its services, by continually monitoring as described above.</p>	2,458 total incidents			Severity 3	77	3.13%	Severity 4	3	0.1%	Severity 5	40	1.63%
2,458 total incidents													
Severity 3	77	3.13%											
Severity 4	3	0.1%											
Severity 5	40	1.63%											
<p>Where the necessary data is made available by the Health and Social care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the trust (as applicable) in the items above with:-</p> <p>(a) The national average for the same; and (b) With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.</p>	<p>National average has been shown for:-</p> <ul data-bbox="638 1682 1445 1935" style="list-style-type: none"> • Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period • Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period • National Patient Safety Thermometer • 2012 National NHS Staff Survey • 2012 National NHS Community Mental Health Service User Survey • National Patient Safety Incidents 												

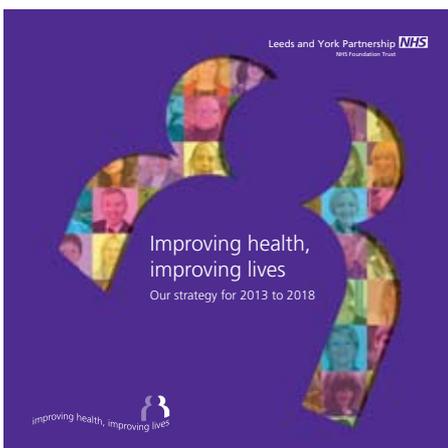
Our selected measures

3.1 Our selected measures

For each of our strategic goals and strategic objectives we have set ourselves some measures of success. These measures were developed through wide consultation with staff, service users and carers, our Trust Council of Governors and third party organisations

A full consultation of our Trust Strategy commenced in April 2012 to ascertain whether key stakeholders were satisfied that our strategy measures were still in keeping with the local and national direction of travel. This work has continued to date to ensure we have a set of measures within our strategy which are meaningful to all. This is also reflected in our Annual Plan for Monitor.

With the refresh of our Trust Strategy in 2012, these three priorities will remain in place within our Quality Account until 2018.



Our strategy measures set out in Priority 1 and Priority 3 of our 2011/12 Quality Account remain in place in our refreshed strategy. Therefore, it was agreed that these measures remain in place within our 2012/13 Quality Account to ensure our Quality Account remain aligned with our Trust Strategy, to enable

historical data to be shown within our Quality Account, to demonstrate consistency with our measures and to continue to allow progress to be demonstrated.

With regard to Priority 2: People experience safe care; the following measures included within our previous Quality Accounts are no longer included within the refreshed Trust Strategy:-

- Staff views of the fairness and effectiveness of incident reporting procedures
- Evidence that we meet national guidelines for clinical care and treatment relevant to our Trust within two years of publication.

To ensure continued alignment with our Trust Strategy it was therefore agreed that these measures will not be included within our 2012/13 Quality Account and that they will be replaced with the following measure, which remains in our Trust's refreshed strategy. This measure is also a staff pledge set out in the NHS Constitution:-

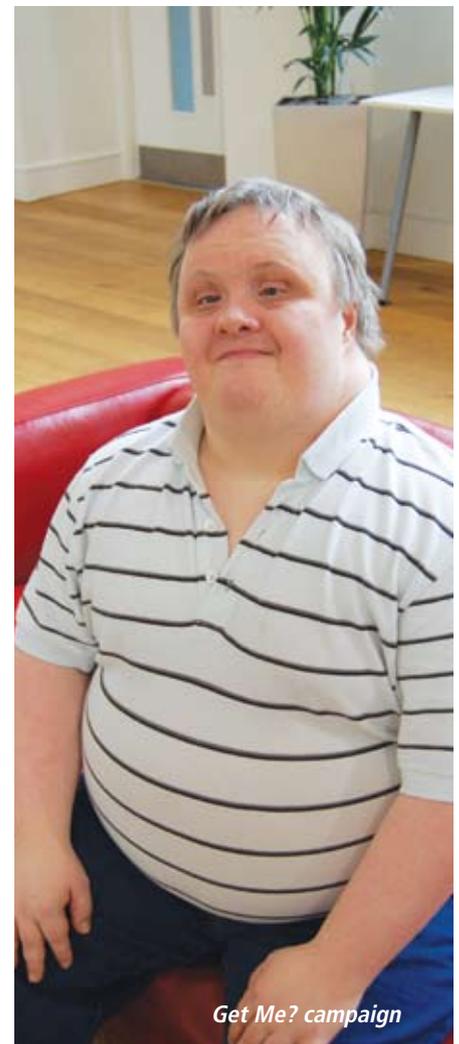
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, wellbeing and safety: Perceptions of effective action from employer towards violence and harassment

Our measures are set out under each priority on the following pages. The source of the measure demonstrates whether this is one of our strategy measures or one of our 2013/14 local Commissioning for Quality and Innovation measures.

Progress against our measures set out in our 2011/12 Quality Account was reported to our Board of Directors through the corporate performance report and to our Council of

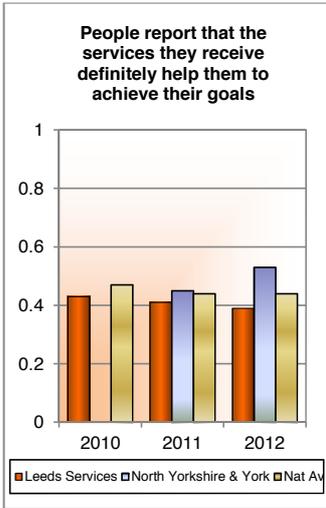
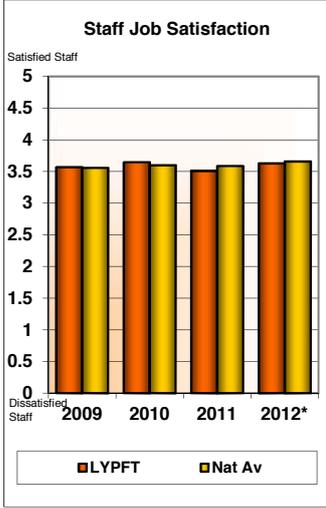
Governors on a quarterly basis, with each measure reported upon on a quarterly basis. These are publicly available documents and can be viewed on our website http://www.leedspft.nhs.uk/about_us/performance

Progress against measures set out in our 2012/13 Quality Account will continue to be reported to our Trust Board of Directors through the corporate performance report and to our Council of Governors on a quarterly basis. These measures also form part of our Service Directorate and Corporate Directorate Performance Reviews.



Priority 1

P1 Priority 1 (clinical effectiveness): People achieve their agreed goals for improving health and improving lives
Performance of Trust against selected measures:

Measure	Source	Performance	Comments
<p>1. People report that the services they receive definitely help them to achieve their goals</p>	<p>Strategy Measure from the National Community Service User Survey</p>	 <p>250 service users from our Leeds services responded to the 2012 national community user survey</p> <p>263 service users from our North Yorkshire & York services responded to the 2012 national community user survey</p>	<p>We are currently working to integrate the Care Plan documentation with Integrated Care Pathways (ICP). Integrated care pathways provide a means of ensuring that consistent standards of care are delivered to service users which are evidence based. The care plans will continue to be goal based and will be augmented with ICPs by recording which interventions have been delivered, by whom and when. In the next year we will be implementing these care pathways with teams and providing training for clinical staff to ensure that they are smoothly and consistently implemented. An action plan has also been developed across our Trust building on the existing work of the Planning Care Standing Support Group to better understand how we can improve the service user experience and measure this on a continual basis.</p>
<p>2. Staff job satisfaction</p>	<p>Strategy Measure from the National NHS Staff Survey</p>	 <p>Trust score is based on 380 staff who took part in the 2012 National NHS Staff Survey (* 2012 incorporates the combined Trust)</p>	<p>The staff survey results have been analysed and the existing action plan has been updated and refreshed to build on those areas of concern and priority areas. The Trust is also focussing on improving internal communications, appraisal and performance review, health and well-being and staff engagement. To support and improve employee engagement the Trust is working in partnership with NMK partners using an organisational development diagnostic and capability assessment tool that will give us a good understanding of our current organisational development capability but that will also add value in its own right by starting an organisational conversation about what needs to improve.</p>

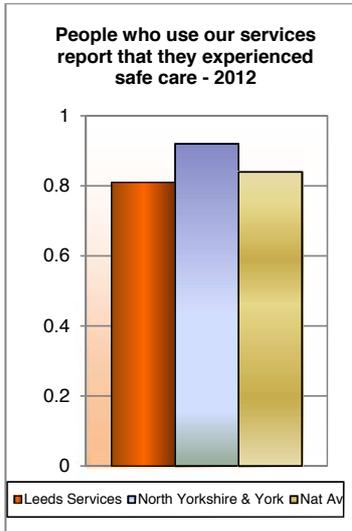
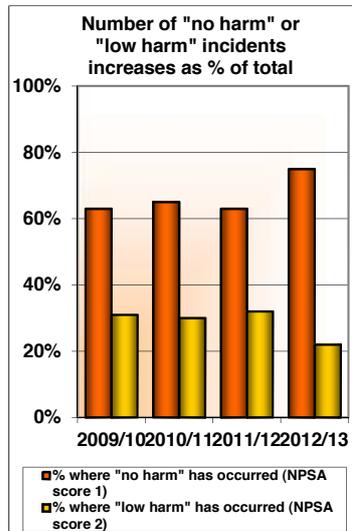
Priority 1

Priority 1 - Continued

Measure	Source	Performance	Comments
3. Carers report that their own health needs are recognised and they are supported to maintain their physical, mental and emotional health and well-being	Strategy Measure	As part of the pilot with Psychological Therapies Services, a total of 550 carers questionnaires were issued (27 returned, 4.9% response rate) via the automated postal survey system generated from the PARIS information system.	Following evaluation of the pilot, the questionnaire and method of collection have been reviewed, due to the low response rate. A revised easy read questionnaire and web based data collection process are being developed.
4. Older People who are inpatients will have their clinical outcomes measured by a validated outcome measures tool to improve patient care and 95% of those eligible for a TOMs assessment will have an accessible version to keep in their record.	Commissioning for Quality and Innovation measure	2013/2014 will be the baseline year where the Therapy Outcome Measures (TOMs) tool will be implemented within our Older People's in-patient unit.	In 2011/12 and 2012/13, the focus of the Therapy Outcome Measure (TOM) tool was in our Learning Disability Services. In 2013/14 we will further develop this measure to focus on capturing and reporting outcomes for service users within our Older People's Inpatient Services. The indicator will measure the numbers of new referrals eligible who have a received a TOM's assessment, develop an on-going programme of training for staff and to implement a pilot to capture the outcomes for service users within older people inpatient units.
5. To improve patient pathways on transition from secondary care to primary, third sector and other statutory providers. A standardised summary will be provided to all receivers on discharge and a copy to the service user	Commissioning for Quality and Innovation Measure	2013/2014 will be the baseline year in order to develop a plan to undertake the CQUIN involving GP's, other referrers, service users, carers and service managers.	The overall objective will be to devise a discharge template to be in operation by the start of Quarter 4 2013/14.
6. Measures will be in place to assess the health and wellbeing of carers of people with a learning disability and increase access to support.	Commissioning for Quality and Innovation Measure	2013/14 will be the baseline year where a programme of innovative methods and events will be developed.	In 2013/14 an innovative method of engagement with carers, including design of tools to measure the impact of health and wellbeing interventions will be devised. This will include a Therapy Outcome Measures review data as well as "before and after" experience snapshots to collage carers feedback. In conjunction with carers, a programme of health and wellbeing events, aimed at carers, will be planned for 2013/14.

Priority 2

P2 Priority 2 (patient safety): People experience safe care
Performance of Trust against selected measures:

Measure	Source	Performance	Comments
<p>1. People who use our services report that they experienced safe care</p>	<p>Strategy Measure</p>	 <p>(Results from the 2012 Mental Health Inpatient Service User Survey)</p>	<p>The pilot phase of the local survey has now been completed and feasibility work is currently being undertaken to identify data collection options for roll-out across all services. These services will also include those without access to PARIS in North Yorkshire & York services.</p>
<p>2. Number of 'no harm' or 'low harm' incidents increases as % of total:</p> <ul style="list-style-type: none"> • % where 'no harm' has occurred (National Patient Safety Agency score 1). • % where 'low harm' has occurred (National Patient Safety Agency score 2). 	<p>Strategy Measure</p>	 <p>(All service user incidents – inpatient & community)</p>	<p>The "First Do No Harm" document continues to outline our direction and aspirations in the delivery of safer therapeutic care. On review of incidents, we have a high level of reporting and a low degree of harm when incidents occur. Organisations with a high rate of reporting indicates a mature safety culture. This maturity enhances openness and provides a truer reflection of current practice which allows for more robust action planning.</p>

Priority 2

Priority 2 - Continued

Measure	Source	Performance	Comments												
<p>3. NHS Safety Thermometer: Improve the collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and Venous thromboembolism (VTE)</p>	Commissioning for Quality and Innovation Measure	<p>The data below highlights the number of service users recorded as having "no harm". It should be noted that throughout Quarter 1 we embedded a reporting process within its eligible services. Therefore, data was reported to the Information Centre from Quarter 2 onwards.</p> <table border="1"> <caption>% of Service Users who are Harm Free July 2012 - March 2013</caption> <thead> <tr> <th>Quarter</th> <th>LYPFT (%)</th> <th>Nat.Av (%)</th> </tr> </thead> <tbody> <tr> <td>Qtr 2</td> <td>~95</td> <td>90</td> </tr> <tr> <td>Qtr 3</td> <td>~95</td> <td>90</td> </tr> <tr> <td>Qtr 4</td> <td>~95</td> <td>90</td> </tr> </tbody> </table>	Quarter	LYPFT (%)	Nat.Av (%)	Qtr 2	~95	90	Qtr 3	~95	90	Qtr 4	~95	90	<p>Processes have been put in place across all relevant services to enable the capture and reporting of this data. Quarter 4 data has been submitted to the Information Centre in line with the CQUIN requirements.</p> <p>Data will continue to be collected on a monthly basis and submitted to the Information Centre every quarter.</p> <p>Analysis of data is presented to our Means Goal 1 and 2 Standing Group through the Means Goal 1 and 2 Performance Report.</p>
Quarter	LYPFT (%)	Nat.Av (%)													
Qtr 2	~95	90													
Qtr 3	~95	90													
Qtr 4	~95	90													
<p>4. To provide support and opportunities for staff to maintain their health, wellbeing and safety: Perceptions of effective action from employer towards violence and harassment</p>	Strategy Measure from the National NHS Staff Survey	2013/14 will be the baseline year	<p>The Trust continues to implement the Health and Wellbeing Action Plan and has implemented from 1 April a new Employee Wellbeing and Managing Attendance Procedure which aims to both support employee health and well-being and manage attendance at work. To identify our priorities to support Health & Wellbeing for staff a health needs assessment has been carried out and a staff event planned for April/May to agree the next year's priorities.</p> <p>We are identifying teams and areas where stress related absence is high and are focussing on supporting those teams through targeted support through HR and Occupational Health.</p>												

Priority 3

P3 Priority 3 (patient experience): People have a positive experience of their care and support

Performance of Trust against selected measures:

Measure	Source		Comments																
<p>1. People who use our services report overall rating of care in the last 12 months very good/excellent</p>	<p>Strategy Measure from the Mental Health Community Service User Survey</p>	<div data-bbox="646 707 987 1234" data-label="Figure"> <table border="1"> <caption>People who use our services report overall rating of care in the last 12 months very good/excellent</caption> <thead> <tr> <th>Year</th> <th>Leeds Services</th> <th>North Yorkshire & York</th> <th>Nat Av</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>0.65</td> <td>0.58</td> <td>0.58</td> </tr> <tr> <td>2011</td> <td>0.65</td> <td>0.72</td> <td>0.58</td> </tr> <tr> <td>2012</td> <td>0.58</td> <td>0.68</td> <td>0.58</td> </tr> </tbody> </table> </div> <p>250 service users from our Leeds services responded to the 2012 national community user survey</p> <p>263 service users from our North Yorkshire & York services responded to the 2012 national community user survey</p>	Year	Leeds Services	North Yorkshire & York	Nat Av	2010	0.65	0.58	0.58	2011	0.65	0.72	0.58	2012	0.58	0.68	0.58	<p>The 2013 National Community Service User Survey (NCSUS) data collection process has commenced and the results will be known in late spring. We are currently exploring an alternative solution for the collection of local experience data, which includes the introduction of a values/behaviours based service user questionnaire which is applicable to all our services and that also fits with the NCSUS strategy measures.</p> <p>The Clinical Guidelines & Clinical Outcome Standing Support Group recently approved a revised and shortened Your Views and Carers surveys. The surveys will initially be web based and plans (including costings) are being developed.</p>
Year	Leeds Services	North Yorkshire & York	Nat Av																
2010	0.65	0.58	0.58																
2011	0.65	0.72	0.58																
2012	0.58	0.68	0.58																

Priority 3

Priority 3 - Continued

Measure	Source	Performance	Comments																
<p>2. People who use our services report that their views were definitely taken into account when deciding what was in their care plan</p>	Strategy Measure from the Mental Health Community Service User Survey	<p>People who use our services report that their views were definitely taken into account when deciding what was in their care plan</p> <table border="1"> <caption>Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Year</th> <th>Leeds Services</th> <th>North Yorkshire & York</th> <th>Nat Av</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>0.50</td> <td>-</td> <td>0.55</td> </tr> <tr> <td>2011</td> <td>0.50</td> <td>0.60</td> <td>0.55</td> </tr> <tr> <td>2012</td> <td>0.55</td> <td>0.55</td> <td>0.55</td> </tr> </tbody> </table> <p>250 service users from our Leeds services responded to the 2012 national community user survey</p> <p>263 service users from our North Yorkshire & York services responded to the 2012 national community user survey</p>	Year	Leeds Services	North Yorkshire & York	Nat Av	2010	0.50	-	0.55	2011	0.50	0.60	0.55	2012	0.55	0.55	0.55	<p>Service user involvement in planning their care is fundamental to good CPA and a person's recovery. These are core components of training available to staff Trust wide.</p> <p>An e-learning package incorporating CPA and recovery is now available. This provides a 'foundation' level of awareness and knowledge aimed particularly at staff new to the organisation, mental health or learning disability or clinicians new to care co-ordination.</p> <p>Classroom based CPA training is aimed at more experienced staff and is based around two modules, one focusing on the CPA process and the other on meeting individual need through CPA. The first module is now available Trust wide, the other is being developed and will be available next quarter. Training evaluation and effectiveness are monitored through the Planning Care Standing Support Group.</p> <p>The Recovery and Social Inclusion Team (RASI) have delivered sessions to community staff to support a service user focus to care planning and to embed recovery approaches.</p>
Year	Leeds Services	North Yorkshire & York	Nat Av																
2010	0.50	-	0.55																
2011	0.50	0.60	0.55																
2012	0.55	0.55	0.55																

Priority 3

Priority 3 - Continued

Measure	Source	Performance	Comments
<p>3. Staff feeling satisfied with the quality of work and patient care they are able to deliver</p>	Strategy Measure / National NHS Staff Survey	<p>Trust score is based on 380 staff who took part in the 2012 National NHS Staff Survey (* 2012 incorporates the combined Trust)</p>	<p>We are in the process of launching the refreshed Appraisal and Performance Review Procedure following a pilot in three of our teams which takes account of the new national changes to pay progression which focuses on both performance and development needs.</p> <p>Through the implementation of the transformation programme and new ways of working for staff aimed at improving the service user journey, integrated care pathways and eliminating non valuing activity will further improve service user care. A review of the first two tranches of the transformation programme has been completed which looked at service user and staff feedback. This review has led to improvements and changes in process, a review of team sizes, understanding of workloads, and IT processes. A full programme of organisational, team and individual training and learning opportunities are being delivered to those staff in the first tranches. Learning is also being applied to further transformation and change programmes.</p>
<p>4. Measures to be in place to monitor the numbers of referrals to crisis and the response times with particular emphasis upon, referrer involvement, service improvement and customer satisfaction</p>	Commissioning for Quality and Innovation Measure	2013/14 will be the baseline year.	In 2013/14 a methodology will be established in order to gain the experience of referrers, service users and carers of referring to and being assessed by the crisis assessment service. A tool will be devised with agreement for distribution and method.
<p>5. Inpatients will have access to debt and financial advice to reduce levels of anxiety, reduce inequity and improve outcomes.</p>	Commissioning for Quality and Innovation Measure	Results from the 2012 Community Service User Survey highlight that 30% (32% in 2011) of service users definitely received support from anyone in the NHS mental health services in getting help with financial advice or benefits.	In 2013/14 we will liaise with CAB mental health outreach service to provide guidance on what frontline clinical staff should be providing. Service user interviews will be conducted that will establish a baseline of service user experience of support with financial issues.

Performance Against Key National Priorities

3.2 Performance Against Key National Priorities

Performance Monitoring

Progress on performance against Monitor requirements, Care Quality Commission registration, our contractual performance requirements with our commissioners and our local requirements are presented on a monthly basis to our Trust Board of Directors, through the corporate performance report. Any risks to performance are identified within the report and any necessary actions in place to ensure compliance and improvement are documented. This report is routinely shared with our main commissioners and can be found on our website http://www.leedspft.nhs.uk/about_us/performance

As part of our Trust's performance framework a cycle of Service Directorate performance reviews and Corporate Directorate Performance Reviews are in place which provide a detailed focus on performance across each of our service and corporate directorates. These reviews focus on performance against our external regulatory requirements including Monitor targets and Care Quality Commission registration and performance against our internal quality measures including progress against our annual plan objectives and progress against our strategy measures. The reviews are led by a panel of Executive and Non-Executive Directors and are in place to further enhance assurance at a Board level of our Trust performance and quality of our services. The reviews also provide the opportunity for common themes to be identified and for directorates to showcase achievements, allowing for the sharing and learning of good practice.

Our refreshed Strategy sets out our Trust goals, our strategic objectives and our stretch quality measures for quality improvement. Progress against the strategy action plan and performance against milestones and measures is reported to our Board of Directors and Council of Governors on a quarterly basis through the corporate performance report.

We have a robust system of clinical governance in place which ensures that clinical services provide evidence based, quality and safe services. We have robust processes in place for responding to and learning from complaints and serious untoward incidents. All critical incidents are reviewed and lessons learned are disseminated Trust wide.

Our Council of Governors receive our corporate performance report on a quarterly basis along with the Monitor quarterly monitoring return in order to provide them with assurance that we are meeting our terms of authorisation.

Staff Survey 2012

We continue to be in a period of major change through the implementation of the Transformation Project which is changing how it provides services and, following the acquisition of North Yorkshire & York services both of which are affecting staff and together with changes more wider in the NHS we are expected to find that people's views are less positive.

The survey results have been analysed and an action plan has been developed to deal with those areas of concern and priority areas. We are also focussing on improving internal communications, staff engagement and staff recognition through a number of new initiatives. The 'STAR' scheme launched

in April 2012 recognises staff achievement each month. The appraisal scheme is currently being reviewed which includes a development scheme to make it more user friendly and targeted at developing staff and improving performance. This has been piloted across our services in Leeds and York from October 2012 for a three month period and is currently being evaluated.

We are implementing the Health and Wellbeing Action Plan as well as developing a new Employee Wellbeing and Managing Attendance Procedure which aims to both support employee health and well-being and manage attendance at work to be effective from 1 April 2013. To identify our priorities to support Health & Wellbeing for staff a health needs assessment has been carried out and a staff event planned for April/May 2013 to agree the next year's priorities.

Medical Revalidation

On 3 December 2012, Medical revalidation was formally launched by the General Medical Council (GMC). It is the process by which all doctors with a licence to practise in the UK will need to satisfy the GMC, at regular intervals, that they are fit to practise and should retain their licence. The information presented below is correct as of 28 February 2013.

The first cycle of revalidation will take until 2017 to complete. Doctors with a prescribed connection with our Trust are currently scheduled as follows;

Performance Against Key National Priorities

Year zero	January 2013 to March 2013	1 doctor to be submitted by 28.3.13
Year one	April 2013 to March 2014	18 doctors
Year two	April 2014 to March 2015	45 doctors
Year three	April 2015 to March 2016	45 doctors
Year four	April 2016 to March 2017	5 doctors

In Year 0, our Responsible Officer has made no deferment requests or non-engagement reports to the GMC.

During 2012/13, our Responsible Officer has made no deferment requests or non-engagement reports to the GMC.

The doctors for which we have responsibility in terms of making recommendations about revalidation to the GMC is determined by National policy. These doctors must have a prescribed connection to our Trust. Each month, the Head of Quality updates GMC Connect (secure partner portal to maintain doctors' prescribed connections) regarding these doctors (including leavers and starters and changes from training contracts).

Infection Prevention and Control

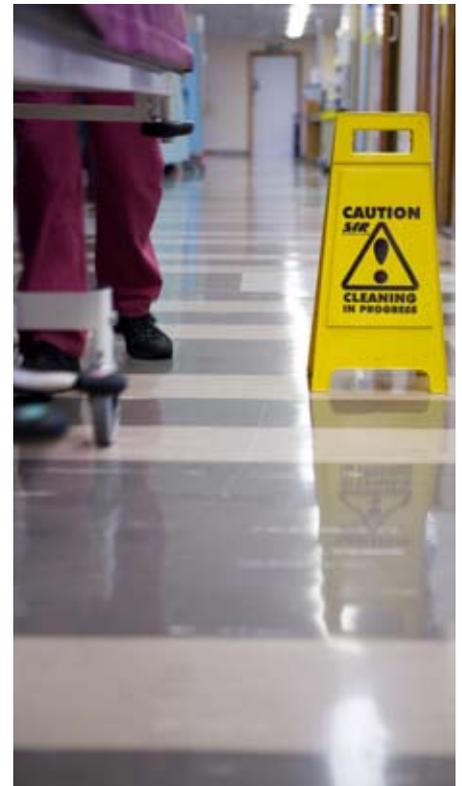
We are fully registered with the Care Quality Commission (CQC) across our health and social care services for Regulation 12: Cleanliness and Infection Control. The Infection Prevention Control Team provides assurance that we have robust and effective prevention and control services in place and is compliant with the Code of Practice for Health and Adult Social care on the prevention and control of infections and the CQC essential standards outcome 8.

Our Infection Prevention Control Team continues to facilitate an increased focus on practice, improving education and assessment standards, as well as a continuing improvement of environmental cleaning. Policies and procedures have been fully harmonised across our Trust.

Our 2012/13 Clostridium difficile infection threshold agreed with our main commissioner is not to exceed eight new cases of Clostridium difficile infections during the year for Leeds services. The table overleaf demonstrates that Leeds services performed well below the threshold with no cases of Clostridium difficile GDH+ infection reported during 2012/13. The figures also demonstrate an improvement since 2009/10. For every Clostridium difficile infection that takes place a full root cause analysis investigation is carried out. There have been no cases of Clostridium difficile infection reported for 2012/13 within North Yorkshire & York services.

We have clear procedural guidance in place to direct staff with implementing the effective management of service users who are suspected or confirmed of having a Clostridium difficile infection. The monitoring of "Essential Steps" is expected to further raise the Infection Prevention

and Control standards across our Trust and reduce further the likelihood of such infections occurring. The roll out of "Essential Steps" monitoring across North Yorkshire & York commenced in March 2012.



To date there have been zero cases of Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive Staphylococcus aureus (MSSA) or Escherichia.Coli bacteraemia within our Trust. Our Infection Prevention Control Team closely monitor MRSA colonisation results, following up individual cases and feeding back to both the Infection Prevention and Control Committee and the Professional Advisory Forum on a monthly basis. Our Infection Prevention Control Team works closely with our Pharmacy Department to ensure that the treatment is completed in order to further reduce the risk of MRSA in all of our inpatient areas.

Performance Against Key National Priorities

Leeds Healthcare Associated Infections	2009-10	2010-11	2011-12	2012-13
Number of cases of MRSA Bacteraemia	0	0	0	0
Number of new cases of Clostridium Difficile	5	2	1	0

North Yorkshire & York Healthcare Associated Infections	2011-12	2012-13
Number of cases of MRSA Bacteraemia	0	0
Number of new cases of Clostridium Difficile	0	0

The Infection Prevention Control Team is responsible for setting a programme which incorporates all Department of Health standards. The Infection Prevention Control Team over the last year has ensured that:-

- Families and service users have been able to access information and make informed choices.
- Screening and diagnostic services have been effective and carried out to a high standard.
- Results are communicated to staff, service users and families effectively.
- Service users and staff are given comprehensive support pre and post-diagnosis.

The Infection Prevention Control Team works with 73 Infection control Champions across Leeds and 15 across North Yorkshire & York services to collect key performance data on infection prevention and control which enables us to observe trends, benchmark our performance, monitor improvements and compare ourselves against national standards. We undertake monthly mini-audits to ensure that our standards of infection control remain high within our clinical areas and are continually reviewing our processes to ensure these remain robust and effective.

The Infection Prevention Control Team provides over 100 hours of face to face training for staff to access, covering mandatory training, MRSA screening and aseptic technique. Further training is provided for link champions.

Improving Access

We have maintained a position of compliance throughout 2012/13 with the Monitor targets, admission to inpatient services having access to Crisis Resolution and Access to Healthcare for people with a learning disability.

Safeguarding Adults

We have continued to further improve and ensure a robust response to safeguarding alerts throughout the year. Through Care Quality Commission reviews of our services and the new draft Quality Assurance Framework, which is being developed by the Leeds Safeguarding Adults Partnership Board, we have put further processes in place to continuously improve the capturing and recording of all our safeguarding data.

A unified data base has been developed to capture both alerts and referrals within our Trust.

We are actively involved in a number of board sub groups including policy development/quality/training.

We have developed pathways for dealing with safeguarding alerts between Adult Social Care and ourselves, our aim is to access the Adult Social Care recording systems (ESCR) to enable us to access information and better respond to patterns of abuse across the system.

We have further built on our staff awareness with safeguarding adults by continuing to provide level 1 training in the classroom and also establishing an online training programme. The safeguarding team have also provided bespoke sessions to inpatient units and health support workers to strengthen awareness of safeguarding amongst non-qualified staff.

We continue to develop a depth of safeguarding adult specialism within our Trust. Our safeguarding adult coordinators are encouraged to access the Local Safeguarding Adults Board specialist training and have access to supervision and development led by the lead and manager within our own safeguarding team.

Our integrated Trust incorporates a geographical area embracing three Safeguarding Adults Boards, which we have representation upon. We are in the process of scoping a single point of referral for all safeguarding adult referrals (including Leeds and North Yorkshire & York).

Safeguarding Children

Recent work completed has involved contributing to three section 11 audits for the separate safeguarding boards of Leeds, North Yorkshire and City of York and a completed North Yorkshire & York Competency Framework.

Performance Against Key National Priorities

Our named nurse sits on the training and development sub group of the Leeds Local Safeguarding Children's Board and contributes to the pan Leeds training pool. It is planned that the safeguarding children coordinators within our trust will also contribute to training provision. A review of e-learning has taken place and two new updated courses planned to replace the current one giving practitioners the opportunity to refresh at level 2 online.

A safeguarding section has been developed for recording of specific information within PARIS to improve information sharing and ease of access to information regarding Children and Adults.

The safeguarding governance structure has now integrated with Safeguarding Adults to form the Safeguarding Standing Support Group.

All serious case reviews, learning lessons reviews and root cause analyses have been reported through our Incident Review Group and actions completed on time and monitored through Safeguarding Children Operational Committee.

The safeguarding team have continued to contribute to the quarterly declarations for Care Quality Commission and Leeds Community Healthcare via reports. The OFSTED inspection conducted within Leeds was categorised as 'satisfactory with good capacity to improve' and our Trust are supporting the Local Safeguarding Children's Board with implementing recommendations for example: promotion of the Common Assessment Framework which is now incorporated into Care Programme Approach updates. We are awaiting the publication of 'Working together' (HM Government) which will influence all safeguarding work and be incorporated into the work programme of the

safeguarding team as we progress throughout 2013/14.

A safeguarding children care pathway has been designed within transformation procedures to aid clinical decision making for staff working with parents or carers.

A domestic violence policy is progressing for ratification which will help move the organisation towards the level 2 quality mark for Domestic Violence services.

Eliminating Mixed Sex Accommodation

We are pleased to confirm that we remain compliant with the Government's requirement to eliminate mixed-sex accommodation.

On 1st February 2012 we gained additional 15 inpatient services in North Yorkshire & York. As a result all mixed sex accommodation was reviewed and a number of actions agreed to ensure all units were compliant with Eliminating Mixed Sex Accommodation (EMSA).

All facilities providing mixed sex accommodation ensure a female only lounge is available on the ward/unit and that this is clearly signed. Toilets are designated single sex and where possible bathroom facilities also. There are, however, occasions where clinical need requires bathroom facilities to be accessible by both genders, for example where service users need specialist equipment such as in our Learning Disabilities or Older People's Services.

In areas where bathroom facilities may be used by both genders, bathrooms only accommodate one service user at a time and may be locked by the individual using the facilities (with an external override). Clear signs are in place when bathrooms are allocated for a specific gender and where required, service users are assisted

by staff with their personal care needs. Specific work is currently planned within three of the older people's units in North Yorkshire & York to ensure bathroom facilities are improved to meet EMSA guidance. An action plan has been developed in collaboration with commissioners and work will commence shortly.

Success in this area will continue to be measured by patient experience/satisfaction surveys, Patient Led Assessments of Care Environments, 15 Step Challenge visits, Essence of Care Benchmark Audits, Clinical Governance groups and Board Reports and, the Care Quality Commission inpatient survey. If our care should fall short of the required standard, we will report it. We have in place a monthly audit mechanism to make sure that we do not misclassify any of our reports and we will publish the results of the audit quarterly.

Patient Environment Action Team Assessment

Patient Environment Action Team Assessment is the annual inspection of inpatient units with 10 beds or above covering Environment, Food/Food Hydration and Privacy and Dignity. The scores for each section are assessed and the results are returned from the National Patient Safety Agency. Every Trust is therefore benchmarked and a scored performance obtained. The tables below show our 2010, 2011 and 2012 Patient Environment Action Team Assessment scores.

Following the inspections for 2012, we have produced an action plan for each of the sites inspected which details areas where improvements can be made. This plan and the actions required will be monitored through our governance framework and reported to our Board of Directors.

Performance Against Key National Priorities

Leeds Services

2012			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
The Mount	Excellent	Excellent	Excellent
Asket Croft	Excellent	Excellent	Excellent
St. Mary's Hospital PCT Unit	Excellent	Excellent	Excellent
1-5 Woodland Square	Excellent	Excellent	Excellent
Towngate House	Excellent	Excellent	Excellent
Millside CUE	Excellent	Good	Excellent
Newsam Centre	Good	Excellent	Excellent
Asket House	Excellent	Excellent	Excellent
Becklin Centre	Good	Excellent	Excellent
Parkside Lodge	Good	Excellent	Excellent

2011			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Aire Court	Excluded due to the refurbishment scheme		
The Mount	Excellent	Excellent	Excellent
Asket Croft	Good	Excellent	Excellent
St. Mary's Hospital PCT Unit	Excellent	Excellent	Excellent
Peel Court	Excluded due to its planned closure		
1-5 Woodland Square	Excellent	Excellent	Excellent
Towngate House	Unit closed to in-patients		
Millside CUE	Good	Good	Excellent
Newsam Centre	Good	Good	Excellent
Asket House	Good	Good	Excellent
Becklin Centre	Good	Good	Excellent
Parkside Lodge	Excellent	Good	Excellent

2010			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Aire Court	Excellent	Excellent	Excellent
The Mount	Good	Good	Excellent
Asket Croft	Good	Good	Excellent
St. Mary's Hospital PCT Unit	Excellent	Excellent	Excellent
Peel Court	Good	Good	Excellent
1-5 Woodland Square	Good	Good	Excellent
Towngate House	Unit closed to in-patients		
Millside CUE	Excellent	Good	Excellent
Newsam Centre	Good	Good	Excellent
Asket House	Good	Good	Excellent
Becklin Centre	Good	Good	Excellent
Parkside Lodge	Excellent	Good	Excellent

Performance Against Key National Priorities

North Yorkshire and York Services

2012			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Bootham Park Hospital	Acceptable	Good	Good
Clifton House	Good	Excellent	Good
Worsley Court	Acceptable	Good	Excellent
Limetrees	Good	Acceptable	Poor
Meadowfields CUE	Good	Acceptable	Good
Mill Lodge CUE	Good	Acceptable	Good
Peppermill Court	Good	Good	Excellent
Acomb Garth	Acceptable	Good	Good

2011			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Bootham Park Hospital	Acceptable	Good	Excellent
Clifton House	Good	Excellent	Excellent
Worsley Court	Acceptable	Excellent	Good
Limetrees	Good	Excellent	Excellent
Meadowfields CUE	Good	Excellent	Good
Mill Lodge CUE	Good	Good	Good
Peppermill Court	Acceptable	Good	Excellent
Acomb Garth	Acceptable	Excellent	Good

2010			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Bootham Park Hospital	Acceptable	Good	Acceptable
Clifton House	Acceptable	Good	Excellent
Worsley Court	Acceptable	Good	Good
Limetrees	Good	Good	Good
Meadowfields CUE	Good	Good	Good
Mill Lodge CUE	Acceptable	Good	Acceptable
Peppermill Court	Acceptable	Acceptable	Excellent
Acomb Garth	Acceptable	Good	Excellent

Performance Against Key National Priorities

Service User and Carer Involvement

This year we have refreshed our Strategy to take account of the changing needs around us and the integration of our work with those services in North Yorkshire & York that we now provide. Whilst refreshing our strategy we have retained the central element of involving the people who use our services, their families and friends. They are our reason for doing what we do, and we are committed to our working together in partnership. We have made the commitment to improve health and improve lives, and this can only be done through working together. Through a wide variety of involvement opportunities we encourage people to share their experiences of our organisation, and we are committed to learning from listening to their stories. Carers are vital partners with us in helping to influence the provision of services, and as a commitment to carers we have ensured that carers have broad representation on our council of governors. People who have used our services and carers are involved, consulted and encouraged to work in partnership with us across the organisation; through the recruitment of staff, the development of services and policies, and the monitoring of our strategy. We have also developed the way in which we use social media so that people who are familiar with using "Facebook" and "Twitter" can keep in touch with us and get involved. By live tweeting from both public events, people who are not able to attend can still raise questions or make a contribution.

Below are a few examples of the ways in which we involve people who use our services and carers in our Trust:

- Our Board of Directors invites people who use our services, or who care for those who use our services to attend a private session of their meeting and share their experiences as part of the Boards' development. Over the last twelve months the Board have heard from a wide range of people including staff who use our services, this is an important piece of engagement work as the Board hear for themselves what it is really like to access services.
- As a Foundation Trust we have continued to transform our services to ensure that they are both effective and efficient. This programme has provided regular feedback on its developments and clarified its ideas by discussion, consultation, and engagement with both those who use our services and their families or carers. This has significantly influenced the different elements of the project moving forward into the future.
- Inpatient ward areas continue to hold regular "Your Views" meetings, and these provide a rich source of views and ideas for service improvement. Daily activities and patient facilities are reviewed in these meetings and any changes which take place are fed back at each meeting.
- Live "tweeting" from Council of Governor meetings, Board meetings, and involvement activities has enabled people, who are not able to attend, to contribute both their opinions and raise questions with positive feedback being received.
- Developing our services into North Yorkshire and York has provided a new range of forums for involvement. Working with the City of York Council and the Vale of York Clinical Commissioning Group we have led a series of involvement activities where we have encouraged people to share creative conversations and we have listened to people's hopes for the future shape of services. This was then fed back to the commissioners.
- Our regular corporate involvement events "Building Your Trust" and "Everything you need to know about..." have been re-branded as "knowledge Cafes" with the emphasis on listening to what people have to say about our services. These events are also being delivered into North Yorkshire and York.
- The Service User Network meetings have been re-branded and refreshed with a new venue and a new approach; there is regular good attendance in Leeds with people inviting speakers from within our organisation and strategic partners, as well providing a useful forum to sound out future developments. Plans are in place to roll this out within North Yorkshire and York over the next few months.

NHS Litigation Authority Risk Management Standards

We were assessed against level 1 Risk Management Standards on 12 February 2013 and passed with a score 48/50. An action plan to ensure any further recommendations are completed will be developed by the Risk Management Department which will be agreed and monitored by our Means Goal 7 Standing Group.

The key findings that were noted from the assessor was that there were some good concepts identified during the assessment which are worth a special note. Firstly, the use of action 'hot' lists, which have been developed

Monitor Targets

to alert staff immediately to outstanding actions on action plans; and secondly, the establishment of the directorate risk and clinical governance meetings, within which risk could be owned and managed locally.

Serious Incidents

Serious Incidents are investigated using Root Cause Analysis methodology, with reports presented to our Incident Review Group.

Systems and processes have been introduced by the Risk Management Team through 2012/13 which have resulted in an improved communication process with the Coroner's office and with NHS Airedale, Bradford and Leeds. This has enabled enhanced working practice and culminated in us demonstrating due process of investigation in order to assist us in meeting agreed timescales for the completion of investigation and learning from serious incidents. Examples of these are:-

Coroner

- One point of contact for the coroner both into and out of the organisation.
- Development of a cause of death request form
- Single point of contact for Coroner

inquests to ensure that the organisation is aware of all inquests, witnesses and to ensure staff and carers are provided with the appropriate support.

- Standardisation of Risk Management serious incident documentation with guidance notes to aid completion.

NHS Airedale, Bradford and Leeds timescales

- Incidents are scheduled into our Incident Review Group agenda once Risk Management has been informed of the incident.
- If the final report is not completed by the scheduled date an interim report is submitted
- Reviewed template agreed for interim reports
- A monthly report detailing all scheduled reports and known inquests is produced for our Incident Review Group for monitoring purposes

We will continue to work with outside agencies to ensure that the recent improvement in reporting and investigation of incidents is maintained and improved.

Monthly reports are presented to our Board

of Directors and the Council of Governors following each meeting of our Incident Review Group which provide an overview of the incidents, investigation and any lessons learnt.

Monitor Assessments

Monitor is the independent regulator of Foundation Trusts. Using its assessment framework our overall 2012/13 performance is shown below along with our previous performance.

Prior to 2010/11 for both annual risk assessment and in-year monitoring, Monitor assigned a risk rating in three areas - finance, governance and mandatory goods and services. From 2010 onwards the provision of mandatory goods and services is included in the governance risk rating.

Monitor uses these risk ratings to guide the intensity of its monitoring and to signal to the NHS Foundation Trust its degree of concern with the specific issues identified and evaluated.

Risk ratings	Annual Plan 2009-10	Quarter 1 2009-10	Quarter 2 2009-10	Quarter 3 2009-10	Quarter 4 2009-10
Financial	4	4	4	4	4
Governance	Green	Green	Green	Green	Green
Mandatory services	Green	Green	Green	Green	Green

Monitor Targets

Risk ratings	Annual Plan 2010-11	Quarter 1 2010-11	Quarter 2 2010-11	Quarter 3 2010-11	Quarter 4 2010-11
Financial	4	4	5	5	4
Governance	Green	Green	Green	Green	Green

Risk ratings	Annual Plan 2011-12	Quarter 1 2011-12	Quarter 2 2011-12	Quarter 3 2011-12	Quarter 4 2011-12
Financial	4	4	4	4	4
Governance	Green	Amber-Red	Amber-Red	Amber-Red	Green

Risk ratings	Annual Plan 2012-13	Quarter 1 2012-13	Quarter 2 2012-13	Quarter 3 2012-13	Quarter 4 2012-13
Financial	4	4	4	4	4
Governance	Green	Green	Green	Green	Green

We currently have a 'Green' governance risk rating and a financial risk rating of 4. The previous amber-red risk ratings have been due to compliance actions being received by the Care Quality Commission as a result of inspections. We have addressed each compliance action in a timely and effective manner.

Monitor Targets

Monitor Targets

The table below shows our performance against Monitor targets. Progress against each of Monitor's targets are presented within our monthly performance report to the Board of Directors.

Monitor Target	2012/13	Threshold								
7 day follow up achieved: We must achieve 95% follow up of all discharges under adult mental illness specialities on Care Programme Approach (CPA) (by phone or face to face contact) within seven days of discharge from psychiatric inpatient care.	We have maintained a position of compliance throughout 2012/13, with performance above the threshold at 95.6%	95%								
Care Programme Approach (CPA) patients having formal review within 12 months: We must ensure that at least 95% of adult mental health service users on Care Programme Approach (CPA) have had a formal review of their care within the last 12 months.	We have maintained a position of compliance throughout 2012/13. Quarter 4 figures demonstrate performance remains at the threshold at 96.4%.	95%								
Minimising delayed transfers of care: We must achieve no more than 7.5% of delays across the year. Monitor includes delays attributable to social care. Annex C describes the construction of how this target has been calculated.	We have maintained a position of compliance throughout 2012/13. The annual performance below the threshold at 4.49% <table border="1"> <thead> <tr> <th>Qtr 1 2012/13</th> <th>Qtr 2 2012/13</th> <th>Qtr 3 2012/13</th> <th>Qtr 4 2012/13</th> </tr> </thead> <tbody> <tr> <td>5.32%</td> <td>5.62%</td> <td>4.14%</td> <td>2.88%</td> </tr> </tbody> </table>	Qtr 1 2012/13	Qtr 2 2012/13	Qtr 3 2012/13	Qtr 4 2012/13	5.32%	5.62%	4.14%	2.88%	No more than 7.5%
Qtr 1 2012/13	Qtr 2 2012/13	Qtr 3 2012/13	Qtr 4 2012/13							
5.32%	5.62%	4.14%	2.88%							
Access to Crisis Resolution: We must achieve 95% of adult hospital admissions where the service user has had a gate keeping assessment from Crisis Resolution Home Treatment services. Monitor allows for self-declaration where face to face contact is not the most clinically appropriate action.	We have maintained a position of compliance throughout 2012/13 with a yearly performance at 96.7%	95%								
Data Completeness: Identifiers: We must ensure that 97% of our mental health service users have valid recordings of NHS Number, Date of Birth, Postcode, Current gender, Registered General Practitioner organisational code and Commissioner organisational code.	We have maintained a position of compliance throughout 2012/13. Quarter 4 figures demonstrate performance at 99.8%.	97%								
Data Completeness: Outcomes: We must ensure that 50% of adult mental health service users on Care Programme Approach (CPA) have had at least one Health of the Nation Outcome Scale (HoNOS) assessment in the past 12 months along with valid recordings of employment and accommodation.	We have maintained a position of compliance throughout 2012/13. Quarter 4 figures demonstrate performance at 57.9%.	50%								
Access to healthcare for people with a learning disability: We must self-certify on a quarterly basis whether we are meeting six criteria based on recommendations set out in Healthcare for All (2008) from 1-4 (with 4 being the highest score)	For the 6 recommendations 4 have been assessed as a level '4' (the highest rating) and 2 at a level '3'.	Not Applicable as set out in the Compliance Framework 2012/13								
Meeting Commitment to Serve New Psychosis Cases by Early Intervention Teams. This target is only applicable to North Yorkshire & York services as Early Intervention is provided by Aspire within Leeds.	Data provided for year end 2012/13 demonstrates we have exceeded the contract target, with 62 new cases of psychosis supported by the Early Intervention Team.	95% of contract value (contract value is 34 new cases)								

Annex A: Third Party Statements

A Annex A: Third Party Statements

Leeds North Clinical Commissioning Group statement for Leeds & York Partnership NHS Foundation Trust's Quality Account 2012/13



Leeds North Clinical Commissioning Group

Thank you for inviting us to comment on your draft quality account for 2012-13. We have reviewed the account and would like to offer the following comment:

"Leeds North Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Leeds & York Partnerships Foundation Trust's Quality Account for 2012-13. Following the formation of new commissioning bodies, Leeds North Clinical Commissioning group is providing this narrative on behalf of all local Commissioning Groups.

We have reviewed the Account and we believe that the information published in this Quality Account, that is also provided to as part of the contractual agreement, is accurate.

We have continued to work collaboratively and positively with the Trust, building on successes in previous years, and we continue to support the Trust's three priorities for quality improvement.

The publication of Sir Robert Francis's inquiry into the events at Mid-Staffordshire Hospital has had far- and wide-reaching consequences, and makes a number of recommendations for providers and commissioners of healthcare. We are pleased to note therefore, that the Trust

has adopted the NHS Values as outlined in the NHS constitution, and note the use of these values in staff appraisals and recruitment.

We commend the Trust on their continued work in communicating with the public and service users, and offer our congratulations in their breaking of a world record in support of their campaign to improve mental health and wellbeing, and for their Health Service Journal Award for their 'Love Arts' festival.

We note the Priority 1 update regarding outcome measures in use within Trust services (CORE, HONOS and TOMs), and we are particularly impressed with the progress made in the implementation of TOMs in Learning Disability services as part of last year's Commissioning for Quality and Innovation scheme. However, we also note that there is no mention of the recovery star measures introduced across some areas last year, and that there appears to be lack of clarity on how outcome reports will be shared with commissioners and how information will be used to influence service development, which we believe to be a crucial factor in using outcomes measures.

We note the progress made with regards to Priority 2 and support the Trust in its continued drive to improve patient safety. We note the work in ensuring that all registered nurses within the Trust have completed the support framework for the safe administration of medicines. We are pleased to note the continuing programme of Quality Walkrounds, and following discussion with the newly appointed Director of Nursing, look forward to commissioners being invited into the Trust to either be included in the programme or to arrange separate, regular visits.

Whilst we note the progress made on the transformation project as part of the Priority 3 update it is not clear as to the level of stakeholder involvement in the review of transformation. We believe that involving stakeholders is important in supporting their understanding of the impact of transformation on the mental health system in Leeds.

We commend the opening of the new secure rehabilitation facility as outlined in Priority 3 update (b). We are also mindful that there have been some challenges in relation to absconsions and the challenging behaviour of some of the service users. We believe that it would have been helpful for the Trust to recognise this and make clear proposals as to how these challenges will be addressed, although we do note the introduction of the 'your views' book and related meeting.

We note that there is no mention of progress against NICE Quality Standards, particularly in relation to Dementia. We are aware that with the introduction of community teams there are some challenges in ensuring that all staff have received appropriate training in dementia care, but that work is underway to address this. A statement to this effect would help readers of the Account understand the Trust's position on this element of the quality standard. We believe that it is important to publicly recognise where standards are not as expected and include the actions being taken to address shortfalls. This demonstrates an open, honest and responsive culture.

The Account makes reference to a bid having been submitted to the Department of Health to support improvement of corridors and communal environments, but we feel that it would be helpful to note that the bid was unsuccessful. We would like to see some

Annex A: Third Party Statements

commitment by the Trust to identify alternate means of investment to improve these areas.

We are pleased to note the actions proposed with regard to supporting staff, particularly in light of some of the findings reported in the national staff survey. However, we feel that this work should include proposals on addressing the areas of low satisfaction such as percentage of staff suffering work-related stress, experiencing physical violence and communication between senior management and staff.

We believe that we have a highly positive relationship with the Trust, and we look forward to further developing this in the pursuit of high quality mental health services for the people of Leeds. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this Account."

Overview and Scrutiny Committee (Yorkshire and the Humber) statement for Leeds & York Partnership NHS Foundation Trust's Quality Account 2012/13

Comments were requested from the Overview and Scrutiny Committee but unfortunately no formal comments were received within the required timescales for inclusion within the Quality Account.

Healthwatch Leeds statement for Leeds & York Partnership NHS Foundation Trust's Quality Account 2012/13



Healthwatch Leeds (HWL) is very pleased to provide a comment on this year's Quality

Accounts (QA). As the champion of the voice of local people in Leeds, we are particularly interested in how you have used the process of listening to the voices of patients and citizens in Leeds, and how this has influenced how you have commissioned or provided services and the quality of services. We are pleased to see your reflections on the Francis Report and the way in which LYPFT hope to learn the lessons from the investigation into Mid Staffordshire NHS Trust (p4).

We were particularly impressed by LYPFT's attempts to involve HWL in commenting these accounts - ahead of every other Trust in Leeds. We hope next year's comments will be solicited at a similarly early stage - to ensure we are able to involve a wider range of voices in forming our comments and feedback. Meanwhile may we submit the following comments for inclusion in your Quality Account (QA) page 66 (draft version).

We welcome your clear strategy, linked to your charter of values. We think this is a good way of knowing how you plan to achieve your overall aims, and the criteria you wished to be judged against. Although we agree that the respect and dignity of everyone is paramount, it is less clear how the Trust plans to measure and achieve equality of experience and outcomes for people using the Trust. Although Everyone Counts, we think it is important that the Trust explicitly uses the 2011 Census to work out which groups of people are over/under-represented in Trust Services, and is clear about how it has achieved greater equality of outcomes over time. We would welcome a clearer link between the involvement or engagement activities undertaken with service users and carers and those groups who currently experience greatest mental health inequalities. We can help with this.

We are pleased to note an increased emphasis on wellbeing work in this year's QA following on from the LINKS comments last year - and the importance of social and non-medical support in recovery.

We welcome your clear commitment to the involvement of people who use your services in deciding how these services are delivered and evaluated. We would recommend that this engagement (and evaluation) takes place in parallel with those of clinicians - to ensure their role is more than offering an opinion on what clinicians have already decided (pp16/17). We welcome the employment of peer workers as a way of demonstrating your commitment to valuing experience from all quarters, and the Trust's commitment to recovery-oriented models of treatment. Similarly we commend the way you are championing patient stories and experiences as a way of explaining the process of recovery and the Trusts role in facilitating this. We would recommend other Trusts in Leeds learn from this excellent practice to enhance their existing methods of survey (p18e).

We would like to better understand the methods being used to increase levels of engagement with patients and carers, and how the low response rate of both carers (<5%, p41) and wider engagement activities where staff opinions outnumbered those of patients and people who use your services (pp40-44). HWL would like to extend the offer made by LINK in last year's QA feedback to support improvements in this area. We would like to help LYPFT adopt more effective methods of engaging with people who use LYPFT's services, as well as the people who provide informal care and support for them.

There is clearly plenty of effort being put

Annex A: Third Party Statements

into patient engagement, and service user involvement, but there is a lack of clarity or detail about what this achieves, or how it continues to influence the way in which the Trust plans delivers and evaluates treatment options. In the coming year, we would like to explore ways in which such feedback can help you further to improve quality and service design, and to be "part of the solution".

We feel it is unclear to what extent your annual quality priorities are derived from patient and public priorities. Over the coming year, HWL will seek to discuss with you how we can support and enable local people to contribute to your consideration of quality priorities for 2014-15. In next year's accounts we would like a clearer account of the formal mechanisms by which patients and carers' opinions feed into the strategic decision making processes within the Trust.

We hope these comments are useful and look forward to a future dialogue in relation to the QA for 2013-14.

Healthwatch York statement for Leeds & York Partnership NHS Foundation Trust's Quality Account 2012/13



Healthwatch York welcomed the opportunity to review this quality account and found it to be very comprehensive and well laid out. It was pleasing to see the inclusion of information about services in York and we look forward to seeing more of this in the future. We particularly look forward to the Service User Network meetings being rolled out in York.

Healthwatch York regards the development

of plans for a Section 136 service in York as an urgent priority for 2013/14 and hope a solution will be agreed and implemented as soon as possible.

We welcome the development of services for people who are currently assessed and treated out of area and look forward to seeing the plans for improvement. The construction of the new women's unit at Clifton House is a very positive development for patients in York.

It is good to see that the Trust acknowledges the importance of carers and is taking their needs into account when planning service improvements.

Healthwatch North Yorkshire statement for Leeds & York Partnership NHS Foundation Trust's Quality Account 2012/13



Healthwatch North Yorkshire would like to thank Leeds and York Partnership NHS Foundation Trust for the opportunity to comment on their Quality Accounts for the year 2012-2013.

Comments from Healthwatch North Yorkshire²

A clear concise Quality Account.

Pleased that the Trust are addressing the recommendations of the second Francis Report and will continue to do so in the following year.

Recommend the inclusion of an Acronym and Jargon buster.

Highlight more clearly, especially where staff training and process development are concerned, the benefit to patients and carers. Clarification needed of the measurement process.

Graphical representation of the priorities shows a difference between North Yorkshire and Leeds satisfaction. This is not discussed in the QA. How will the Trust address this?

Disappointed that Priority 1 does not include the measure "timely". There is a need to address the provision of the IAPT service within North Yorkshire in future QAs.

²Comments received from Healthwatch North Yorkshire in relation to spellcheck/grammar have been removed from the above statement. However, these have been actioned within the Quality Account.

Annex B: Statement of directors' responsibilities

B

Annex B: 2012/13 Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to March 2013;
 - Papers relating to Quality reported to the Board over the period April 2012 to March 2013;
 - Feedback from the commissioners dated 9 May 2013;
 - Feedback from the governors dated April 2012
 - Feedback from Local Healthwatch organisations dated 30/04/2013 and 01/05/2013
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2012 – May 2013;
 - The latest national patient survey 2012
 - The latest national staff survey 2012
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 22 May 2013;
 - CQC quality and risk profiles dated April 2012 – March 2013
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting

of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

NB: sign and date in any colour ink except black

Frank Griffiths

31 May 2013

Frank Griffiths - chair of the trust

Chris Butler

31 May 2013

Chris Butler - chief executive

Annex C: Mandatory Performance

C Annex C: Mandatory Performance Indicator Definitions

In regards to the mandatory performance indicators, definitions for each indicator are as follows.

100% enhanced Care Programme Approach (CPA) patients receive follow up contact within seven days of discharge from hospital

Detailed descriptor

The proportion of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days.

Data definition

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. All avenues need to be exploited to ensure patients are followed up within seven days of discharge³. Where a patient has been discharged to prison, contact should be made via the prison in-reach team.

Exemption:

- Patients who die within seven days of discharge may be excluded.
- Where legal precedence has forced the removal of the patient from the country.
- Patients transferred to NHS psychiatric inpatient ward.
- CAMHS (children and adolescent mental health services) are not included.

The seven day period should be measured in days not hours and should start on the day after discharge.

Accountability

Achieving at least 95% rate of patients followed up after discharge each quarter.

³Follow up may be face-to-face or telephone contact, this excludes text or phone messages.

Minimising delayed transfers of care⁴

Detailed descriptor

The number of Delayed Transfers of Care per 100,000 population (all adults – aged 18 plus).

Data Definition

Commissioner numerator_01: Number of Delayed Transfers of Care of acute and non-acute adult patients (aged 18+ years).

Commissioner denominator_02: Current ONS resident population projection for the relevant year aged 18 years or more.

Provider numerator_03: Number of patients (acute and non-acute, aged 18 and over) whose transfer of care was delayed, averaged over the quarter. The average of the three monthly sitrep figures⁵ is used as the numerator.

Provider denominator_04: Average number of occupied beds⁶.

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

A patient is ready for transfer when:

- A clinical decision has been made that the patient is ready for transfer AND
- A multi-disciplinary team decision has been made that the patient is ready for transfer AND
- The patient is safe to discharge/transfer

To be effective, the measure must apply to acute beds, and to non-acute and mental health beds. If one category of beds is excluded, the risk is that patients will be relocated to one of the "excluded" beds rather than be discharged.

Accountability

The ambition is to maintain the lowest possible rate of delayed transfers of care. Good performance is demonstrated by a consistently low rate over time, and/or by a decreasing rate. Poor performance is characterised by a high rate, and/or by an increase in rate.

⁴This definition was provided to Monitor by the Mental Health and Disability Division of the Department of Health

⁵From the monthly delayed transfers of care sitrep return, see guidance at <http://transparency.dh.gov.uk/2012/06/21/dtoc-information/>

⁶In the quarter open overnight

Admissions to inpatient services had access to crisis resolution home treatment teams⁷

Detailed descriptor

The proportion of inpatient admissions gatekept by the crisis resolution home treatment teams.

Annex C: Mandatory Performance

Data definition

Gatekeeping:

In order to prevent hospital admission and given support to informal carers CR/HT are required to gatekeep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gatekept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Total exemption from CR/HT Gatekeeping:-

- Patients recalled on Community Treatment Order
- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the trust for psychiatry treatment
- Patients on leave under Section 17 of the Mental Health Act
- Planned admission for psychiatric care from specialist units such as eating disorder unit are excluded.

Partial exemption:

- Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local areas. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams.

⁷This indicator applies to patients in the age bracket 16-65 years and only applies to CAMHS patients where they have been admitted to an adult ward.

⁸An assessment should be recorded if there is direct contact between a member of the team and the referred patient, irrespective of the setting, and an assessment made. The assessment should be face-to-face and only by telephone where face-to-face is not appropriate or possible.

Patient Safety Incidents Reported

Indicator description

Patient safety incidents reported to the National Reporting and Learning Service (NRLS)⁹.

Indicator construction

The number of incidents as described above.

A patient safety incident (PSI) is defined as "any unintended or

unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare".

Indicator format

Whole number.

⁹Monitor has removed the requirement to report this as a rate of 100,000 population.

Safety incidents involving severe harm or death

Indicator description

Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where degree of harm is recorded as "severe harm" or "death", as a percentage of all patient safety incidents reported¹⁰.

Indicator construction

Numerator: The number of patient safety incidents recorded as causing severe harm/death as described above.

The "degree of harm" for PSIs is defined as follows:-

"Severe" – the patient has been permanently harmed as a result of the PSI, and

"Death" – the PSI has resulted in the death of the patient

Denominator: The number of patient safety incidents reported to the National Reporting and Learning Service (NRLS).

Indicator format: Standard percentag

¹⁰Monitor has replaced the requirement to report this as a rate per 100,000 population with the requirement to report such incidents as a percentage of all PSIs reported by the trust.

Contact us

Leeds and York Partnership NHS Foundation Trust

Trust Headquarters
2150 Century Way
Thorpe Park
Leeds LS15 8ZB
Tel. 0113 30 55000
www.leedsandyorkpft.nhs.uk

Chief Executive

If you have a comment for the chief executive, please contact:
Chris Butler, chief executive
Tel: 0113 30 55913
Email: Julie.wortley-froggett@nhs.net

Patient Advice and Liaison Services (PALS)

If you need any help or advice about our services, please contact: Tel: 0800 0525 790 (freephone)
Email: pals.lypft@nhs.net

Membership

If you are interested in becoming a member of Leeds and York Partnership NHS Foundation Trust please contact:
The Membership Office
Tel: 0113 30 55900
Email: FTmembership.lypft@nhs.net
Web: www.getinvolved.co.uk

Communications

If you have a media enquiry, require further information about our Trust or would like more copies of this strategy please contact: The Communications Team
Tel: 0113 30 55977 Email: communications.lypft@nhs.net

Members of the Board of Directors and Council of Governors

Can be contacted by email at the addresses shown on our website at: Web: www.leedsandyorkpft.nhs.uk
alternatively please contact: The Communications Team
Tel: 0113 30 55977 Email: communications.lypft@nhs.net

Easy Read version of this Strategy

We can offer you this strategy as an easy read version. Please visit the link below
http://www.leedsandyorkpft.nhs.uk/about_us/purpose

We can offer you this information:

- kinds of information** (documents, audio, video)
- other languages** (In other languages.)
- cd** (On a cd)
- interpreter** (By an interpreter.)

Please contact the Diversity Team by telephone; **0113 2954413** or by email; **diversity.lypft@nhs.net**