



Leeds and York Partnership  
NHS Foundation Trust



# QualityReport

2016 - 2017



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## PART 1 – STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disabilities services to people in Leeds. We also provide an inpatient child and adolescent mental health service and a low secure forensic service in York which serve the regional population, and our specialist services accept referrals from across the UK.

Service users are at the heart of everything we do. We constantly strive to offer them the best possible support and provide effective, accessible and modern healthcare.

We work with our partners to tackle the stigma and discrimination often faced by people with mental ill health and learning disabilities, and are incredibly proud of the partnerships we have with our service users, carers, families, third sector providers, commissioners, other NHS organisations, primary care, the local authority and the police.

In 2016 we decided to re-imagine our Trust strategy, and asked the people who use our services, their carers, our staff and our partners to help us co-create our goals and strategic objectives, and develop a list of priorities for action.

Our new Trust strategy describes what we want to achieve over the next five years and how we plan to get there. It focuses on three key elements - improved outcomes and wellbeing for our service users, a compassionate, highly skilled workforce, and effective and innovative partnerships.

As part of this work, we developed a new set of organisational values:

### **We have integrity**

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

### **We keep it simple**

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

### **We are caring**

We always show empathy and support those in need.

Our new direction of travel, priorities and values have been endorsed by our Board, and we will start work to embed them across our organisation in the coming year.

In this report, we describe the quality improvements we have made over the last year and how these have contributed towards achievement of safe, effective care and a



positive experience for service users and their carers. These achievements include the introduction of Gender Identity Community Support Workers, who are offering one-to-one or group support for people who are questioning their gender or who are waiting to access our service. We opened a dedicated 'place of safety' for children who need urgent mental health care, and have taken a big step to protect our service users, visitors and staff by becoming a totally smoke-free organisation. We have also explored the impact of labels and identity on mental health and wellbeing, through our membership and anti-stigma campaign, 'This Is Me...'

We are not just blowing our own trumpet, our work has been recognised with a host of awards and nominations over the last 12 months. These accolades include an HSJ Award nomination for our Memory Support Worker Team for their role in offering timely advice and support to people living with dementia and their families and providing a vital link between primary and secondary care services, and three of our Community Learning Disabilities Nurses were shortlisted for a Nursing Times Award for their work to help people with learning disabilities access annual health checks.

Two of our services have also been nationally showcased as examples of how to provide high quality care for people with medically unexplained symptoms (MUS). The Leeds Liaison Psychiatry Service and the Yorkshire Centre for Psychological Medicine are now featured as case studies in national guidance for commissioners that examines what good services look like. The guidance has been issued by the Joint Commissioning Panel for Mental Health, which is co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists.

We have been honest about our successes but also about where our performance has fallen short of expectations. Having a culture that is open and transparent, that seeks and encourages feedback, and that focuses on what we can learn to continually improve the quality of care we provide to our services users and their families is incredibly important to us. That's why this Quality Report also sets out our ambitions for 2017/18.

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

Dr Sara Munro  
Chief Executive  
April 2017



## PART 2 – PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE

### 2.1 PRIORITIES FOR IMPROVEMENT

Our Trust strategy for 2013 - 2018 identifies our overarching priorities as:

<b>Priority 1 (clinical effectiveness)</b>	People achieve their agreed goals for improving health and improving lives
<b>Priority 2 (patient safety)</b>	People experience safe care
<b>Priority 3 (patient experience)</b>	People have a positive experience of their care and support

The Trust's strategic and operational plans detail the full set of priorities for the trust. The Quality Report highlights some examples of the progress achieved and the future initiatives.

Our strategic aims are set out in our Trust strategy (2013-2018), five-year strategic plan (2014-2019) and two-year operational plan (2014-2016). These are all fully aligned with national policy at the time of writing.

We provide two areas of care:

- for the people of Leeds: local mental health and learning disability inpatient and community services, liaison psychiatry services and addictions services
- for people across the region and nationally: specialist services such as National DEAF Child and Adolescent Mental Health Services (CAMHs), Tier 4 CAMHs inpatient service, eating disorders, perinatal and gender identity to name a few.

Our main centres are in Leeds and York, and smaller ones in Manchester and Newcastle.

We remain fully committed to maintaining and developing services at both these levels.

Our strategic aims have taken account the recent national developments e.g.:

- Five Year Forward View,
- Sustainability and Transformation Plans (STP) :
- Transforming care for people with a learning disability



In January 2016 we launched a redesign of our Trust strategy which helped us to develop our two-year operational plan. We are working to ensure that we try to address the following challenges:

- Extra pressures on our clinical teams as more people need to use our services;
- How we discharge people safely and effectively;
- Reduced discharge options to primary and social care;
- To be more robust to ensure that patient experiences are similar across care pathways;
- To be more flexible in how we are providing excellent care;
- Working more closely with our partnerships; and
- Ensuring effective outcomes for service users, meaning that they are getting better.

The Trust is in a good financial position, however, the current financial situation in the system is challenging. The Leeds Health and Social Care system has a projected financial shortfall of £700m by 2020/21. This means that the City of Leeds needs to rethink how we all work together and to that end the Trust is continuing to build on its close working relationship with partners to ensure that the mental health and learning disabilities needs of the people of Leeds are met.

NHS planning guidance promotes the importance of 'parity of esteem'. This places a duty on statutory organisations to ensure a person's physical and mental /learning disabilities needs receive equal attention, which is something the Trust absolutely supports. We have included steps to achieve these requirements within our operational plan and our future strategy. These are also in line with the local Sustainability and Transformation Plan (STP).

In January 2016 the Board reviewed the priorities for 2016/17. They considered the need to continuously improve the outcomes of the care we provide to service users as a top priority. To achieve this they agreed the need for a refreshed strategic approach. The Trust asked for feedback from service users, carers, staff and stakeholders as to their thoughts on what the Trust should be doing. This feedback helped to mould the content of the strategy as well as the operational plan. We also had to include the requirements from the Five Year Forward View as well as Mental Health Taskforce's Five Year Forward View for Mental Health.



**Our priorities are focused on three key areas the Board agreed for 2016/17. These were:**

**1. Support and engage staff to improve people's health and lives**

Our Trust provides treatment, care and support to people and helps them to improve their health and lives. All of our staff are committed to improving the quality of care we provide, and to improve the outcomes we deliver for service users.

To do this well, our clinical and professional staff need time to develop trusting relationships with service users and carers. This requires the recruitment of more staff, particularly registered nurses, to fill vacancies. This will:

- Help all of our staff to do their jobs more efficiently and effectively.
- Make sure the Trust is a good place to work with opportunities for career progression.

We have listened to staff and will be improving our clinical information system. We will be implementing time-saving technological solutions. We know that providing staff with good information and time will help improve outcomes for service users and carers.

It is really important that we communicate with our staff and get their views on the Trust's future. The Executive Team agreed plans to improve how we engage with staff, including:

- listening events with the Chief Executive and Executive Directors
- Crowdsourcing technology to involve people in shaping our priorities and strategy
- regular Chief Executive blogs
- monthly Trust Brief sent to teams with a 'feedback loop' to encourage two way communications through the organisation.

**2. Meet CQC fundamental standards and improve quality through learning**

Our second priority for 2016/17 was to meet CQC fundamental standards and improve quality. The CQC inspection in 2014 showed that we have lots of good practice across the Trust. There were some areas where our performance did not meet essential quality standards. Since then, we have made improvements on:

- Compliance with mental health legislation
- Standards of record keeping
- Quality uptake of compulsory training

We have also focused our attention on delivering improvements to the buildings we work and provide care in. We have improved how to contact estates and facilities teams with any issues. This means they are addressed more efficiently which is for the benefit of service users and staff.



We have looked at our governance process and made sure that the focus is about achieving fundamental standards. We are sending out better performance reporting information to teams. This helps them manage performance against the fundamental quality standards. These reports have been updated recently to include more information to help managers monitor sickness and staffing levels.

In July 2016 we received a full comprehensive CQC inspection. CQC acknowledged there has been further progress since the previous inspection and rated 78% of our services as 'good' or 'outstanding' but overall we were still rated as 'requires improvement'. We were delighted to see CQC commend our staff as being 'respectful, caring and compassionate towards service users, relatives and carers'. Staff on the wards and during home visits maintained patients' dignity, privacy and confidentiality. The Trust scored higher than the England average on the patient led assessment of the care environment for privacy, dignity and well-being. Our community services that support deaf and hearing impaired children and young people, were rated as 'outstanding'.

The Trust has already taken steps to improve processes and to provide training and support where needed. Our CQC action plan was submitted to the CQC on 16<sup>th</sup> December 2016 and has been agreed. We are confident all 'must do' and 'should do' actions will be completed by July 2017. A specific electronic tool has been developed and implemented to support the tracking of all actions and this is monitored by the Trust's CQC Fundamental Standards Group.

### **3. Work with partners to develop a clear plan for the Trust's future direction**

We know that partnerships of people working together or organisations working together can often bring about far more benefits than working alone. Partnerships can offer more choices for people, more options for people, and more opportunities for people to reach their goals. This could be a professional working in partnership with a service user to achieve better outcomes. It may be a team working with another team to deliver a more effective care and support pathway. It could perhaps be two or more organisations with shared values, working together to achieve their common aims, and ambitions.

We have continued to build on the need for us to work much more in partnership with others. Significant and far reaching partnerships and recovery initiatives have been developed in recent years, and we have seen real successes from new and innovative partnerships. We developed a new Recovery and Rehabilitation service in 2015 that brought together our workforce with those of the third sector to create a new combined community recovery service. The results were astounding; where we saw service users receive far more choices, more effective community support options, and significant reductions in their reliance on inpatient beds. We continued our approach to these types of partnerships by creating a memory support service



delivered by the third sector across the neighbourhood teams in Leeds. We also expanded our links to housing options through the colocation of housing gateway workers with our community teams, and we began closer working with adult social care to improve recovery and care planning options.

We are working much closer with mental health and learning disability providers across the Sustainability and Transformation Plan (STP) footprint. Our aim is to focus on making the best use of our specialist skills and resources, and to collaborate in delivering better outcomes for service users. This means groups of providers working together to promote innovation in service commissioning and design while making measurable improvements to the quality of care.

In Leeds we have been identifying plans and priorities with primary care professionals, adult social care, Leeds Community Healthcare and Leeds Teaching Hospitals. As an integral member of the Leeds Plan development partnership, we have been able to ensure that mental health and learning disabilities is firmly recognised as a key priority. We advocate strongly for a far more integrated approach to how mental and physical healthcare support is provided.

We know that those with mental health issues and learning disabilities have poorer general health outcomes when compared to the general population, while those with physical health long term conditions often have undetected mental health issues affecting their overall health. Our priority is to work with others to bring mental health and learning disability expertise and leadership to new models of care. We will be working in partnership to ensure that mental health and wellbeing is at the forefront of developments and wider health outcomes are improved for everyone.

All of our measures and initiatives continue to be managed through our governance framework. Our operational plan and strategy measures reports go to the Board of Directors and the Strategy Committee (sub-committee of the Council of Governors).

## **Commitment and Progress against 2016/17 initiatives**

### **2.1.1 Priority 1: Clinical effectiveness: People achieve their agreed goals for improving health and improving lives**

Our 2016/17 initiatives have been aligned to our 2013- 2018 Trust strategy and what is the final year of our strategic objectives before these are relaunched in 2017/18.

Our key quality initiatives have been set out and described in our high level action plan and specifically Strategic Objective 1: Quality and Outcomes.

a) Development of a Memorandum of Understanding and integrated mental health pathways for clusters 4-17.



In 2016/17 we finalised the production of a procurement framework that will enable the Trust to develop legally sound partnerships across multiple providers with shared goals. This Framework allows the Trust to initiate new service models with partners quickly and help bring about better outcomes to service users.

The framework has now been complemented by a Memorandum of Understanding that has been agreed with partners and commissioners. The MOU was produced as part of a successful CQUIN and now provides a basis in which the Trust can shadow the potential of being a lead provider. It creates a mechanism in which commissioners could commission a totality of outcomes from the Trust, which we could then sub-contract from partners. This initiative aims to provide a better aligned service provision and more seamless interface for the service user and improved outcomes.

Part of this work has begun to develop supercluster specifications<sup>1</sup> that each provider works within. Services for each have been identified while 2017/18 will begin the development of a shared outcome framework.

b) Significantly reduce reliance on out of area (OOA) placements.

Considerable work has been undertaken in 2016/17 to reduce the number of Leeds and York service users who have to be cared for in a bed other than the ones we provide. These are called out of area placements (OOA). A Rapid Improvement Event (RIE) took place to review why we were sending service users out of area. This involved:

- looking at ways we can reduce OOA by looking at alternatives way to provide care
- including all partners and stakeholders
- making some changes
- reviewing the changes and their impacts

In September the impact of the changes that we made from the RIE were positive and continued throughout the financial year. Continually reviewing the changes has been an ongoing part of the process.

Rehabilitation OOAs has continued to be an issue for the Trust, and is more complicated than changing the assessment and discharge procedures. A comprehensive review of placements, processes and options is underway and will be completed early within the 2017/18 year.

c) Implement smoke free services from April 2016.

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<sup>1</sup> Mental Health Clustering Booklet v5 2016-17; NHS England Publications Gateway Reference: 04421



The Trust implemented a Smoke Free policy in April 2016. A nicotine management steering group was set up to provide guidance and support to service users and staff. We have been working through the challenges of changing practice and culture regarding nicotine management and as part of our preparations we trained 56 staff across our services as Level 2 smoking cessation advisors to assist patients with nicotine replacement therapy on admission to hospital. A review of the impact of this policy is underway and the finding will be reported to the Effective Care Committee in June 2017.

d) Agree clinician reported outcome measures and patient reported outcome measure (PROM) by Cluster Superclass.

This work set out to agree options for PROMs and to implement the outcomes project plan. Recovering Quality of Life (REQOL) and Dementia Quality of Life (DemQoL) pilots were agreed in 2016 and applied to selected sites across the Trust beginning in Quarter 3.

e) Complete review of mental health legislation systems and processes and implement improvements.

A full review of the process notes provided to the Mental Health legislation officers was undertaken within during April to June 2016. This related to the transfer of duties from Medical Records, and was supported by a programme of development work focused on ensuring that best practice in use of mental health legislation was being applied across care services. The mental health administration system was subject to both Internal and clinical audit. The outcome of the internal audit was 'significant assurance'. A total of 25 recommendations were made across both audits and a combined action plan was developed and completed by the end of June 2016.

f) Continuing development of Recovery focused services

A considerable number of initiatives were agreed and developed throughout 2016/17 to support our ongoing approach to implementing recovery-focused services. These have included:

- EQUIP<sup>2</sup> study
- Health coaching
- improvements in choice through better care-planning
- integration of psychologists into the Community Mental Health Teams (CMHTs)
- continued training and rollout of the Triangle of Care. Please see page 14 for more information.

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<sup>2</sup> The EQUIP project is funded by the National Institute for Health Research's Programme Grants for Applied Research Programme.



g) Implement a prototype Recovery College with Converge, Leeds Mind, and Leeds Universities.

The Trust worked extensively with partners to develop a Recovery College prototype in 2016/17. The aim of the recovery college is to use education to improve mental health. Service users and professionals work together by co-producing, co-delivering and co-participating in the learning. Together they will design and deliver courses to others with or without psychiatric diagnosis. Courses developed and delivered include

- Understanding recovery
- Understanding mental health conditions
- Looking at mental health services and treatments
- Personal wellbeing and health
- Life skills, managing money, moving towards other education or employment
- Training, advocacy and peer-support skills

A steering group and programme manager was established. Work-streams were set up to focus on:

- care-planning,
- information sharing,
- course development
- involvement and prototyping of University recovery college initiatives has been implemented.

An evaluation is now underway and further developments are planned for 2017/18 focused on developing a digital and actual College for Leeds.

h) Learning Disability review, rebranding of the Leeds and West Yorkshire Chronic Fatigue Syndrome (CFS) & Myalgic Encephalomyelitis (ME) service, increasing capacity in Gender Identity service, and implementing an in-house extended pharmacy service.

Considerable work has been developed in 2016/17, specific to specialist services. A comprehensive Learning Disabilities review has been undertaken, setting out options and proposals, in relation to commissioner policies and intentions. (for further details see section 2.1.3 (e))

The Leeds and West Yorkshire CFS / ME Service is a specialist NHS service for people with Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME). The service is for adults aged over 17 years.

With the evolving service, a developing market, and local competitors, LYPFT made the decision to look at the marketing and branding of the CFS/ME service in order to provide an up to date presentation of the service to the general public and referring practitioners.



The Trust has increased the number of staff we have in our gender service to reduce Referral to Treatment (RTT) waiting times.

We have also extended pharmacy service to operate 7 days per week with an in-house on call and 24/7 service.

i) New primary care mental health initiatives, including the redesign of the Single Point of Access (SPA) and better links with the Improving Access to Psychological Therapies (IAPT) service.

Considerable work has been completed during 2016/17 on 3 prototypes across each of the CCGs. These models are currently in place and will be reviewed by the CCGs to assess their responsiveness and future feasibility. The impact of these will affect our future design of SPA and how we better work with IAPT.

j) Complete rollout of comprehensive performance dashboards to teams, including outcomes data.

We have completed the rollout of comprehensive performance dashboards across the Trust which incorporates valuable clinical and Human Resources data. Trial performance reviews have been conducted with the first formal review being planned for May 2017.

### **Initiatives for 2017/18**

For each of our three priorities, we have set ourselves some measures of success for 2017/18. These measures were identified through wide consultation with staff, service users and carers, our Trust Council of Governors and third party organisations. The measures will be developed and prioritised through our Quality Plan and monitored through our governance framework.

a) Ensure our services, where appropriate, are accredited with nationally recognised bodies

b) Demonstrate that our services have assessed and determined where NICE guidance is relevant and plans are in place to implement these.

c) Have a clear audit plan to support the delivery of high quality care.

d) Have a clear plan to support the research and development strategy in the organisation. (see further information in section 2.2.3)

e) Ensure staff are trained to carry out the roles that are required of them and supported in their development

f) Continue the development of outcome measures within the Trust.



## **2.1.2 Priority 2: Patient safety: People experience safe care**

**Progress against 2016/17 initiatives:** Many of these have built upon the initiatives commenced in 2015/16.

- a) We will continue to support staff to demonstrate compliance with CQC fundamental standards and test compliance through a process of Quality Reviews with the stated aim of achieving a “good” rating at the next CQC inspection.

Overall CQC acknowledged there has been some progress since the inspection in 2014. They observed that staff are respectful, caring and compassionate towards service users, relatives and carers. They also observed examples, on the wards and during home visits, where staff maintained patients’ dignity, privacy and confidentiality.

The Trust has already taken the necessary steps to ensure more robust processes are in place to address the regulatory findings and these are detailed in our CQC action plan submitted on 16<sup>th</sup> December 2016. The work required is designed to improve our overall quality and safety supported by a refreshed well-led approach and governance structure. This will enable us to complete the actions ensuring they are delivered to a high standard. A specific tool has been devised and implemented to support the tracking of all actions and this is monitored by the Trust’s CQC Fundamental Standards Group.

- b) We will review all clinical risk assessment policies and tools and implement agreed changes.

We have reviewed both our clinical risk training and our approach to working with clinical risk across the organisation. This has involved significant engagement of clinicians and team managers and will inform the development of a new risk assessment and management procedure which will see us move toward co-produced safety planning being further trialled in a number of our services.

It is essential that we combine work on risk and safety planning with our work on refocusing our approach to CPA care planning and that this should be underpinned by a commitment to recovery practice.

A newly formed trust wide group overseeing Care Planning, Safety Planning and Recovery (CASPAR) will convene in May 2017 to agree a programme of work for the year.



### **Initiatives for 2017/18**

- a) Demonstrate that we have learnt lessons and introduced new practices through our review of incidents and complaints and published this in our Quality reports.
- b) Demonstrate how we have changed practice based on themes identified through the Mental Health Safety Thermometer.
- c) Evidence that we have applied the learning from our mortality reviews.
- d) Embed clinical supervision in our services to support practitioners to practice confidently
- e) Complete and implement a Training Needs Analysis identifying the requirements for staff to work with new Models of care.
- f) Implement our Suicide Reduction plan.

### **2.1.3 Priority 3: Patient Experience: People have a positive experience of their care and support**

#### **Progress against 2016/17 Initiatives:**

- a) We agreed with our commissioners a programme to roll out the “Triangle of Care” which is an approach to working with service users and their carers to ensure that carers and relatives feel engaged in the care and support of their loved ones. This programme is nationally recognised and the Trust will work closely with the central team.

The Triangle of Care (TOC) Staff Steering Group, Carers’ Steering Group and Locality Carers Leads Group have progressed to reach the end of Year 1 with significant achievements, including:

- TOC met all of the goals agreed with commissioners contained in the SDIP (Schedule 6; 2016-17)
- 80% of all in-scope community services (13 teams) have completed their self-assessments and are working on individual and joint team action plans to address areas where TOC standards are not being consistently met.
- Staff Carer awareness training has been developed and classroom based training commenced in Q4. Amendments to the eLearning training package on Carer Awareness are being finalised and will be rolled out via iLearn as priority (not mandatory) from end April 2017
- Experience Based Co-design: Methodology designed, funding approved and filming has commenced. To be rolled out in pilot site



- Initial work has started on a Carer Pathway & Strategy to draw together various strands of carer/family work across the Trust. Judy Beckett will lead on this work in her capacity as the Lead Clinician in Family Therapy Service.
- Contribution to My Care Plan guidance on work with carers  
Carer's Charter - As part of the ongoing Triangle of Care (ToC) 3 year implementation work we agreed to revitalise our Carers Charter. The aim of the Charter is to encapsulate the Trust's commitment to carer involvement in, and support from, our services and to set out what carers can expect from our organisation and staff.

The Carer's Steering Group has influenced several aspects of the above work including the Carer Awareness Training, survey methodologies, Experience Based Co-Design (EBCD), and document development (Confidentiality guidelines, Carer's Charter).

Building on a great start there remains a lot of work to be done in Years 2 & 3 to maintain momentum and build the work completed so that carers' experiences in our services improve. This will require a continued Trust commitment to TOC with protected time to lead the implementation. The national TOC accreditation body says that dedicated leadership roles as one of the most consistent factors in MH Trusts who successfully embed and sustain TOC. The Trust is committed to this.

- b) We will complete a review of our compliance with mental health legislation systems and processes and implement identified improvements.

A comprehensive review of the Trust's Mental Health Act Administration governance processes was completed in 2016. This has led to:

- more resources to support this function,
- refreshed leadership
- Improved systems to support the application of the Mental Health Act.

The Trust has seen a significant improvement in the quality of our application of the Act. This was endorsed by a peer led review undertaken by a neighbouring NHS Trust.

The review commenced with a process mapping exercise and concluded with a range of improvement actions being undertaken. These included:

- The addition of two staff to support the administration of the Mental Health Act
- Standard operating procedures being drawn up for all Mental Health Act administrative functions.
- Ongoing training for those administering the Mental Health Act.
- A peer review of the new administrative procedures by a neighbouring trust, who found clear improvement had been made and processes to be robust.



- An external audit by NHS Audit Yorkshire reported significant assurance regarding the effectiveness of the processes in place to ensure compliance with the requirements of the Mental Health Act 1983 and the Mental Health Act code of practice.
- The monitoring of adherence to procedures to ensure their effectiveness – monthly sample audits of documentation and an annual audit of the legal documents for all patient's subject to the MHA within the trust.
- A programme of training to support the Mental Health Act Managers in the execution of their functions under the Act.
- The introduction of electronic recording for section 62 and section 132 to facilitate the monitoring of compliance in these areas with the MHA and Code of Practice.

Mental Health Legislation training remains compulsory for all staff within the Trust and compliance has increased from 76% (April 2016) to 89% (March 2017). In addition, specialist training on consent and deprivation of liberty has been provided for those working with children and young people.

- c) We will maintain delivery of targets, in particular access to memory services; physical health screening; acute out of area placements.

**Memory Service:** Meeting the commissioner agreed target of 'Referral to first face to face contact within 8 weeks' for Memory Services has been a challenge. It was seen necessary to redesign the pathway which included how we collect the information and record it on our electronic patient records (PARIS). In quarter 4 2016/2017 77.4% of referrals had a first face to face contact within 8 weeks. The second target for Memory Services is 'Referral to Diagnosis'. We agreed with our commissioner to amend the target time from 8 weeks to 12 weeks reflective of the new clinical pathway. In quarter 4 2016/2017 48.8% of referrals were diagnosed within 12 weeks and are working hard to achieve the 80% target that is set going forward.

**Physical Health Screening:** The requirements for physical health screening for people with a mental illness changed this year. This required us to look at the way in which we do this as a clinical service. We completed a physical health pilot service in the West Locality of Leeds. The results shown the positive impact it had on improving screening and the physical health for service users. A new pathway has been developed and is in the process of being consulted on that will ensure we are able to screen the community patients appropriately.

Last year we improved our performance in relation to the physical health screening for inpatients. The electronic collection of this data commenced in April 2016 and there has been progress throughout 16/17. In March 2017 56% of eligible discharges



had documented screening and interventions about smoking, alcohol use, substance use, nutrition, hypertension, diabetes and obesity during their inpatient stay.

Further work to date has seen performance increase again, the recent revised NICE guidance on the monitoring of patients in receipt of antipsychotic medication have clarified the roles and responsibilities of clinicians.

- d) Ensure sustained delivery of CQC action plan, in particular: appraisal targets; compulsory training targets; mental health act legislation standards; record keeping standards; complaints handling; and environmental/estates standards.

Following the CQC report in November 2016, the Trust has focused on supporting staff to complete their compulsory training and having an annual appraisal. The Trust implemented a new learning management system called ILearn as a key strategy in improving compliance with compulsory training and achieving our 85% compliance KPI. Our performance for compulsory training improved and we have achieved the 85% KPI target. The ILearn system has been further developed to support staff with appraisal and clinical supervision and whilst the trajectory has improved our appraisal rate remained under the 85% threshold.

The quality improvement in the Mental Health Legislation service has seen a reduction in defective detentions and our policies and procedures now fully compliant with the Mental Health Act Code of Practice.

We continue to make improvements, as noted by CQC, in our management of complaints.

Following the establishment of a Clinical Environments Operational Group, the Trust has improved the efficiency with which estate issues are responded to and managed.

- e) We will complete a review of learning disability services and implement changes agreed with commissioners including community services; assessment and treatment; respite and local response to Transforming Care.

The Community Learning Disability (LD) Review was presented to the Trust Senior Management Group in January 2017. A Trust led, multi-disciplinary project group, endorsed by the multiagency project board proposed a new model in line with Transforming Care for People with Learning Disabilities<sup>3</sup> which was approved for implementation.

The new model includes

- A revision of current team structures and provision
- Revised access criteria to services focussing on acute and/or complex need

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<sup>3</sup> Transforming Care for people with learning disabilities – next steps; NHS England, Jan 2015.



- The creation of an assessment and referral team to stream line the front end process
- Creation of a Health Facilitation team to support the national driver for mainstream services to make reasonable adjustments to see people with a Learning Disability. The focus for the first two years will be to work with GP's and LYPFT internal services
- Reducing input into Day Services. Work will take place over the next year to support some of the services to pick up some of the care provision we currently deliver.

The new model is expected to be implemented in the summer of 2017

### **Initiatives for 2017/18**

- a) Roll out the Triangle of Care across our services
- b) Develop mechanisms to record patient and carer feedback and demonstrate that we have taken action to make changes based on this. This will include the Friends and Family Test (FFT) and other feedback systems developed by the Trust.
- c) Implement a holistic approach to ensure that physical and mental health receive the same level of attention from staff (Parity of Esteem)
- d) Devised measures to support service users with housing and employment
- e) Implement the new LD model

### **Additional Quality Information**

In line with the "Sign up to Safety" pledge made in 2015/16 we remain committed to developing a culture that is safe and supportive and demonstrates that we learn the lessons when things go wrong.

The Mortality Review Group, established in 2016 and the initiatives being taken forward through the review of our Serious Incident and Risk Management procedures are example of how we are trying to achieve this.

### **Learning from deaths**

An additional set of questions were added to the DATIX incident reporting form in relation to death. This information has been reviewed at the Mortality Review Group:

- When was the Trust's last contact with service user?
- List details of the current care plan
  1. Was the care plan adhered to?
  2. When did the last care plan review take place?
  3. Was the care plan appropriate to meet the needs of the service user?
    - Current diagnosis



- Is there anything we could have done better?
- Would it have made a difference?
- Do you have any other concerns?
- Who is the service user's registered GP/Practice?
- Has there been contact with the family?

In response to the Mazars report, following the death of Conor Sparrowhawk at Southern Health NHS Foundation Trust, the CQC reviewed how deaths were investigated by NHS trusts in England. Their findings, published in the Learning, Candour and Accountability report, December 2016, identified there was no standard way of doing this. The report also recognised the need for much better family involvement in the care of their loved ones not least listening to their concerns and being more open and transparent about any failings in care. The Trust Board has taken action to ensure it meets the requirements set out in this report.

In March 2017, the National Quality Board published their National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care, NHS England.

The Trust has been working with trusts across Yorkshire, Humber and the North East to the recommendations set out in the above reports. The aims are to develop a consistent approach to how deaths are investigated and our duty of candour to families is consistently achieved.

### **Duty of Candour**

The Trust completes the following actions to comply with Duty of Candour:

- Ensures families/carers are made fully aware of the serious investigation process and given the opportunity to raise any questions.
- Has a procedure in place so that employees can raise concerns that they believe are in the public interest and have not been dealt with through the Trust's other internal processes.
- The open reporting of incidents (including near misses and 'errors') is positively encouraged by the Trust, as an opportunity to learn and to improve safety, systems and services
- If a service user, their carer or others inform Trust staff that something untoward has happened, it is taken seriously and treated with compassion and understanding by all Trust staff from the outset
- Service users and/or their carers can reasonably expect to be fully informed of the issues surrounding any adverse incident, and its consequences. This will usually be offered as a face-to-face meeting and will be undertaken with sympathy, respect and consideration.



## National Staff Survey

Every autumn the Trust participates in the National NHS Annual Staff Survey. The results are published nationally and can be obtained from the national NHS staff survey website.

The 2016 NHS Staff Survey results showed some positive results;

More staff felt they were delivering the care they aspire. There was 6% increase from the previous year (now 67%) and 83% said they were satisfied with the quality of the care they are able to give to patients and service users.

A record number of Trust staff took part in the 2016 national survey with 53% (1265) completing the 90 question survey – 3% above the national average for mental health and learning disability trusts in England.

The Trust's results show some improvements in six key areas compared to the 2015 scores. These including

- number of staff receiving appraisals
- development opportunities
- quality of non-compulsory training
- Trust's commitment to staff health and wellbeing
- how the organisation appreciates and values its workforce.

## Areas of improvements for 2016

It is recognised that the baseline position for some of these measures is low, however, it is encouraging that the Trust was able to demonstrate an improvement from 2015/16 position (Table 1) and was better than the national average in the areas set out at Table 2.

**Table 1**

Key results	Trust score/percentage 2016	Trust score/percentage 2015
Percentage of staff who feel that they are able to deliver the care they aspire to give	67%	61%
Percentage of staff who feel that they are able to meet all the conflicting demands on their time	45%	37%
Percentage of staff who do not feel under	82%	75%



pressure from their manager to come to work when ill		
Percentage of staff who in the last three months have come to work despite not feeling well enough to perform their duty	63%	67%
Percentage of staff who feel that their immediate manager values their work	76%	71%
Percentage of staff who feel confident that the Trust will address their concerns	57%	52%
Percentage of staff who feel that the Trust values the work they are doing	39%	34%
Percentage of staff who feel unwell as a result of work related stress	35%	40%

Areas where the Trust is performing better than the national average for mental health and learning disability trusts in England:

**Table 2**

<b>Key finding</b>	<b>Trust score/percentage 2016</b>	<b>National average for MH/LD trusts</b>	<b>Difference</b>
Percentage of staff who have received an appraisal in the last 12 months	91%	89%	+2%
Percentage of staff feeling unwell due to work-related stress in the last 12 months	35%	41%	+6%
Percentage of staff reporting errors, near misses or incidents	93%	92%	+1%
Percentage of staff working extra hours	70%	72%	-2%
Percentage of staff reporting most recent experience of harassment, bullying or abuse	64%	60%	+5%



Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	87%	87%	Same
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The Trust compared less favourably with other mental health/learning disability trusts in the following areas and will be our area of focus in 2017/18:

<b>Key Findings</b>	<b>Trust score/percentage 2016</b>	<b>National average for MH/LD trusts</b>	<b>Difference</b>
Effective team working (the higher the score out of 5, the better)	3.72	3.82	-0.12
Percentage of staff experiencing physical violence from service users, relatives or the public in last 12 months	26%	21%	+5%
Percentage of staff reporting good communication with senior management	30%	35%	-5%
Staff motivation at work (the higher the score out of 5, the better)	3.82	3.91	-0.09
Staff feeling that they can contribute towards improvements at work	72%	73%	-1%
Effective use of service user feedback (the higher the score out of 5, the better)	3.57	3.70	-0.13
Percentage of staff witnessing potential harmful errors, near misses or incidents in the last 12 months	29%	27%	+2%
Fairness and effectiveness of procedures for reporting errors	3.62	3.71	-0.09



and near misses			
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Following the results of the survey in 2015 LYPFT launched specific programmes of work to address some of the key themes and areas for improvement. The 2016 results show that staff are reporting significant improvements in these areas.

This allowed all staff to input into the development of our new organisational strategy and to co-create our new vision and values. There was also a series of open 'listening events' with the chief executive and members of the executive team. Staff reported that they felt more involved in decision-making this year. This work has included in the investment in the Your Voice Counts crowdsourcing platform. There were over 600 stakeholders who contributed, providing 6419 comments.

There were 3 areas of focus:

Focus 1: Draft vision, values and behaviours – 4029 comments

Focus 2: Validate new vision, values and behaviours – 668 comments

Focus 3: Draft of new framework for five year plan – 1722 comments

We have also focused on staff experience, including:

- a new Employee Assistance Programme
- improved reporting systems
- new appraisal policy
- more training and professional development opportunities.

Our staff are reporting

- 5% reduction in work-related stress,
- not working additional hours
- being better able to report bullying

We are also performing better than the national average for mental health trusts in these areas.

There has been a 3% increase in staff satisfaction with resourcing. There has been some significant work around recruitment over the last 12 months, including:

- Targeted recruitment campaigns for the forensic services,
- Introduction of incentive payments to attract new nurses and the
- Development of a retention strategy.

We know we have much more work to do, but these results show that our efforts are already beginning to make a difference.

### **Safer Staffing**

The Trust continues to monitor, report and act on staffing requirements during a challenging time for recruitment. The Board reviews the monthly exception reports



and the actions taken. The Trust also continues to meet reporting submissions which are published on our website.

In December 2015 the Trust embarked on a new method of recruiting Health Support Workers and Band 5/Band 6 Nurses, which formed part of a defined Recruitment Project.

The Recruitment Project commenced in December 2015 and set out several objectives which focussed around increasing staffing levels within the two Care Groups, and also introducing a more robust and consistent selection process and methodology. The longer term view of adopting a new recruitment process was to potentially increase the objectivity within the process, and to also ensure that adequate selection factors and testing were in place to guarantee (as far as is possible with any process) that new recruits met some essential core competencies within the defined roles and responsibilities.

The new recruitment process focussed on some core principles:-

- ✓ All candidates will complete testing focussed around some of the core clinical competencies for their role (or numeracy and literacy for HSW vacancies)
- ✓ All candidates will complete a values based assessment during the process to ensure an alignment with our Trust values. This part of the process involves service user inclusion and input into the recruitment process.
- ✓ All candidates will be interviewed and their responses measured on specifically agreed interview questions. These questions are a combination of generic questions (appropriate to the role of a Nurse for example) and then the candidates will also respond to additional interview questions that are very service specific and related to the individual service core responsibilities that they are being interviewed for.

2016/17 saw these recruitment principles being embedded and is now in place, forming part of the standard recruitment process relating to HSW, Band 5 and Band 6 Nurses. This process is also being implemented for other clinical front facing roles within the Trust such as Occupational Therapists.

This new recruitment process, with the additional testing and values based elements, goes some way to ensuring that there is a consistent approach in the selection process, and from a safer staffing perspective ensures that new Nursing and HSW recruits meet some core minimum standards.

## **2016-17**

Recruitment Events: 2016 = 11

Recruitment Events: 2017 = 10

Appointments Made: Total = 289



## **Accreditation Schemes, Quality Networks and Quality Improvement Programme**

The following services participated in accreditation schemes, quality networks or Quality Improvement Programme (QIP) topics audited by the Prescribing Observatory for Mental Health (POMH-UK).

It is a national requirement for English Trusts to participate in the Mental Health CQUIN for which we also collect data on behalf of NHS England.

The CQC recognises the value of participation in accreditation schemes and quality improvement networks. Participation demonstrates that staff members are actively engaged in quality improvement and take pride in the quality of care they deliver.

- MSNAP: Memory Services National Accreditation Project: Leeds Memory Service – Accredited
- PLAN: Psychiatric Liaison Accreditation Network - Leeds Liaison Psychiatry Service (Leeds General Infirmary, St James' University, Chapel Allerton and Seacroft Hospitals) – Accredited
- ECTAS: Electro Convulsive Therapy Accreditation Service – Becklin - Accredited as excellent
- Perinatal In-Patient - The Yorkshire and Humber Mother and Baby Unit - Accredited
- Perinatal: Community Accredited settings - Leeds Perinatal Mental Health - Participating but not yet undergoing accreditation
- QNFMHS: Quality Network for Forensic Mental Health Services – Clifton House (Low Secure Unit – LSU) and Newsam Centre (LSU) - Accreditation not offered by this network
- QED: Quality Network for Eating Disorder Services - Ward 6, Newsam Centre – Accredited

## **The Trust is participating in the following Quality Improvement Programmes (QIP)**

- QIP 16a: Rapid tranquilisation
- QIP 7e: Monitoring of patients prescribed lithium
- QIP11c: Prescribing antipsychotics in people with dementia

## **Freedom to Speak Up Guardian**

We appointed a local Freedom to Speak Up Guardian (FTSUG) as recommended by Sir Robert Francis following his review and subsequent report into failings at the Mid Staffordshire NHS Foundation Trust in February 2013 and the further review in February 2015. This role commenced on the 16<sup>th</sup> October and has been allocated 3 days per week which allows sufficient time to carrying out the duties.



To raise awareness of the role and raising concerns a communication strategy was launched in November 2016. The role was introduced via the Trust's Intranet, and through the publications of flyers and posters which have been distributed throughout the organisation and included in the corporate induction day. The FTSUG attends Staffside meetings, Human Resource meetings, Care Group Governance and Business meetings, local Clinical team meetings, professional meetings as well as walkabouts across the Trust sites.

Since commencing in October 2016 there have been a total of 9 individual concerns raised to the FTSUG up to and including the 31 March 2017.

**Actions to Promote and Improve Equality Diversity and Inclusion for Black and Minority Ethnic (BME) Service Users include:**

Access and Experience of Crisis Care Services in Leeds for Black, Minority and Ethnic Communities - Partnership work with LYPFT Head of Diversity and Touchstone to undertake a review of relevant literature and data to increase understanding of the Leeds experience of crisis care pathways by BME communities to support crisis care development work. Phase 1 analysis areas include:

- How people from Black, Minority and Ethnic (BME) communities access help when they or somebody they care for reaches crisis point;
- What happens when people from BME communities ask for help
- Any differences in the levels or patterns of access to secondary mental health crisis services between BME communities and the White British population.

Key initial findings presented to LYPFT Equality and Inclusion Group (February 2017); Leeds Crisis and Urgent Care Group (March 2017). Further analysis of detention rates to be completed by end of April 2017 and findings and recommendations to be presented to LYPFT MHA Legislation Committee in May 2017 and full report to be completed by the end of Quarter 1, 2017/18.

Refugees and asylum seekers - collaborative work with Leeds North CCG and Solace within ENE CMHT to implement a model to increase access to and direct support and knowledge and awareness of best practice in supporting refugees and asylum seekers. Initial evaluation commenced; post training evaluations identified marked increase in confidence and knowledge levels of staff. Model to be extended within South and WNW CMHT's in 2017/18.

## **2.2 STATEMENT OF ASSURANCE FROM THE BOARD**

The following sections (2.2.1 to 2.2.9) provide assurance on the services provided by the Trust.



### **2.2.1 Health services**

During 2016/17 the Trust provided and/or sub-contracted five relevant health services. These are:

- Learning Disabilities
- Adult Mental Illness
- Forensic Psychiatry
- Old Age Psychiatry
- Child and Adolescent Psychiatry

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

Below is a list of the specialist services that the Trust provides:

- Forensic Services
- CAMHS Tier 4 Inpatient Services
- Eating Disorders Services
- Gender Identity Services
- Liaison Psychiatry
- National Deaf Children and Families Service
- Northern School of Child and Adolescent Psychotherapy (NSCAP) Clinical Services
- Perinatal Services
- Personality Disorder Service

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2016/17.

### **2.2.2 Participation in clinical audits and national confidential enquiries**

During 2016/17 5 national clinical audits and 3 national confidential enquiries covered relevant health services that the Trust provides. During that period the Trust participated in 100% of national clinical audits and 66% of 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 LYPFT was eligible to participate in during 2016/17 are as follows:

- National Confidential Inquiry into Suicide and Homicide (NCISH)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Young People and Young Adults Mental Health
- Learning Disability Disabilities Mortality Review Programme (LeDeR)
- Prescribing Observatory for Mental Health, UK (POMH-UK) – Topic 11c Prescribing antipsychotic medication for people with dementia
- POMH-UK – Topic 7e Monitoring of patients prescribed Lithium



- POMH-UK – Topic 16a Rapid Tranquillisation
- POMH-UK – Topic 1g Prescribing high dose and combined antipsychotics
- National Mental Health Commissioning for Quality and Innovation (CQUIN) Indicator 3a - Cardio-metabolic screening

The national clinical audits and national confidential enquiries that LYPFT participated in during 2016/17 are as follows:

- NCSH
- NCEPOD
- POMH-UK – Topic 11c Prescribing antipsychotic medication for people with dementia
- POMH-UK – Topic 7e Monitoring of patients prescribed Lithium
- POMH-UK – Topic 16a Rapid Tranquillisation
- POMH-UK – Topic 1g Prescribing high dose and combined antipsychotics
- National MH CQUIN Indicator 3a - Cardio-metabolic screening

The national clinical audits and national confidential enquiries that LYPFT participated in, and for which data collection was completed during 2016/17, 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 of that audit or enquiry.

**Table 1**

Audit/Confidential Enquiry	Cases required	Cases submitted
NCISH	No set number required	100% of those required
NCEPOD	11	91% of those required
POMH-UK – Topic 11 c Prescribing antipsychotic medication for people with dementia	No set number required	41
POMH-UK – Topic 7e Monitoring of patients prescribed Lithium	No set number required	68
POMH-UK – Topic 16a Rapid Tranquillisation	No set number required	3
POMH-UK – Topic 1g Prescribing high dose and combined antipsychotics	No set number required	Data collection in progress
National MH CQUIN Indicator 3a - Cardio-metabolic screening	150	100%

Table 1 above provides information on the national clinical audits and national confidential enquiries that the Trust gathered data for in 2016/17. Not all of these projects had reached the point of producing and disseminating reports during 2016/17.



Table 2 below provides information on projects that produced a report during 2016/17.

Some of these will have gathered data in 2015/16 therefore do not appear the table above.

The reports of 5 national clinical audits were reviewed by the provider in 2016/17 and the Trust intends to take the following actions to improve the quality of healthcare provided.

National audit findings review

**Table 2**

<b>Project No.(Cycle) and Title</b>	<b>What are we going to do?</b>
POMH-UK – Topic 9b Antipsychotic medication in people with learning disabilities	<ul style="list-style-type: none"> <li>• To improve the areas of low compliance identified in the audit we recommend:</li> <li>• Sharing information with colleagues about areas of good practice;</li> <li>• Raising awareness of extrapyramidal symptoms (EPS) and blood pressure monitoring and documentation;</li> <li>• Utilising the Leeds Care Record for blood pressure reading;</li> <li>• Ensuring availability of medical equipment in out-patient areas.</li> </ul>
POMH-UK – Topic 14b Prescribing for substance misuse: alcohol detoxification	<p>To improve the areas of low compliance identified in the audit we recommend:</p> <ul style="list-style-type: none"> <li>• Documenting assessment especially alcohol history, breath alcohol and physical examination</li> <li>• Screening for all three signs and symptoms of Wernicke's encephalopathy</li> <li>• Carrying out the following blood tests: GGT, Clotting and Glucose</li> <li>• Prescribing Thiamine parentally.</li> </ul>
POMH-UK – Topic 15a Prescribing for bi-polar	<p>To improve the areas of low compliance identified in the audit we recommend:</p> <ul style="list-style-type: none"> <li>• Do not routinely prescribe valproate to women of child-bearing age;</li> <li>• Giving written information about the use of valproate to all bipolar patients;</li> <li>• Providing an early or on-treatment review that includes screening for the common side effects of the medication to those patients prescribed valproate;</li> </ul>



	<ul style="list-style-type: none"> <li>Documenting evidence that body weight and/or BMI and blood pressure have been measured over the past 12 months.</li> </ul>
POMH-UK – Topic 11 c Prescribing antipsychotic medication for people with dementia	<p>To improve the areas of low compliance identified in the audit we recommend:</p> <ul style="list-style-type: none"> <li>Documenting the potential risks and benefits of antipsychotic medication by the clinical team, prior to initiation</li> <li>Discussing with the patient and/or carer(s) the potential risks and benefits of antipsychotic medication, prior to initiation</li> <li>Reviewing medication and document the outcome of the review in the clinical records - the medication review should take account of possible adverse effects.</li> </ul>
National MH CQUIN Indicator 3a - Cardio-metabolic screening	<ul style="list-style-type: none"> <li>To improve the areas of low compliance identified in the audit we recommend:</li> <li>Making the Lester tool available to all clinicians.</li> <li>Developing an electronic form, accessed via the PARIS health record, for all clinicians to use to record the results of cardio-metabolic screening.</li> </ul>

The reports of 42 local clinical audits were reviewed by the provider in 2016/17 and the Trust intends to take the following actions to improve the quality of healthcare provided.

**Table 3 - Local audit findings review**

Project No. (Cycle) and Title	What are we going to do?
0150(1) - Audit of compliance with Trust Venous Thromboembolism (VTE) prophylaxis guidelines	<ul style="list-style-type: none"> <li>To improve awareness of the guideline and process within the Trust among junior doctors: the inclusion of the importance of VTE assessment to be included at the induction for junior doctors.</li> <li>To improve the on-going use of the VTE risk assessment tool to be completed for every new admission to inpatient wards: to discuss with Pharmacy regarding the inclusion of VTE risk assessments on the End to end E-prescribing &amp; Medicines Administration (EPMA) for all patients admitted to inpatient wards as a mandatory requirement.</li> </ul>



	<ul style="list-style-type: none"> <li>• The assessment tool to include the recommended treatment for individuals deemed at risk of VTE as per NICE guidelines.</li> </ul>
0003(1) - Electronic Record Keeping in the Pathway Development Service (PDS)	<p>Senior staff to meet to discuss and develop clear and specific standards for record keeping. Those standards should outline:</p> <ul style="list-style-type: none"> <li>• The Trust policy guidelines for timeliness of record keeping and what to record when records are updated later than 24 hours after contact</li> <li>• A list of the events must be recorded on the electronic patient record (PARIS)</li> <li>• A list of documents that must be uploaded onto PARIS and who is responsible for doing this</li> <li>• A clear structure for entries onto PARIS.</li> </ul>
0006(2) - Compliance of high-dose antipsychotic monitoring (Red Cards)	Implementing a pathway for monitoring high dose antipsychotic treatment.
0011(1) - Offender Personality Disorder Pathway Quality Formulation Audit	<p>Consideration should be given to</p> <ul style="list-style-type: none"> <li>• amending both templates to include a discussion of the quality of information used to develop the formulation, and on the case surgery template to include data sources</li> <li>• amending case surgery templates to prompt for the inclusion of strengths and protective factors</li> <li>• developing a briefing or training package on evidence-based strengths and protective factors for inclusion in a Team Development Day</li> <li>• Addition of an explicit prompt to include the views of relevant professionals and any updates or changes to the formulation on both case surgery and formulation templates.</li> </ul>
0012(3) - Mental Capacity Act (MCA)	In order to improve levels of knowledge and understanding with regard to the MCA and Deprivation of Liberty Safeguards (DoLS) it was agreed that this training become compulsory for all Trust staff, and that it should be completed at least every 2 years. In addition the training will be reviewed to ensure that the DoLS component, particularly with regard to obtaining DoLS authorisation, is clear.
0036(2) - Consent to medical treatment in	Raise awareness of, and implement, local standards as follows:



Forensic psychiatry inpatient service in York	<ul style="list-style-type: none"> <li>• T2 reviews need documenting in the notes</li> <li>• Admissions not to be when RC on leave</li> <li>• Those within 3 month rule should have capacity assessed and documented</li> <li>• T2 and T3 forms should be checked regularly.</li> </ul>
0040(2) - Antimicrobial prescribing	<p>The following areas of low compliance should be improved:</p> <ul style="list-style-type: none"> <li>• Documentation of symptoms, antimicrobial dose and duration in notes</li> <li>• Prescribing for skin infection</li> <li>• Indication documentation on drug chart</li> <li>• Clinical review of response to treatment</li> <li>• Documenting omitted doses of antibiotics</li> <li>• Compliance with Trust guidance</li> </ul>
0055(3) - Nutritional screening of the patients admitted to Parkside Lodge and Woodland Square	<ul style="list-style-type: none"> <li>• Nutritional screening tool (NST) to be included in 72-hour admission paperwork: dietician to communicate to all nursing staff the need to complete the NST</li> <li>• Complete NST every 3 months, especially follow up repeats:</li> <li>• Senior nurse to ensure repeat NST is included with CPA documents</li> <li>• Develop pathway for referring to dietitian via creation of a centralised system for dietetic referrals</li> <li>• Involve nurses in the NST audit process: named nurse to be</li> <li>• Involved in implementing the actions and involved in completing further audit cycles</li> </ul>
0057(3) - Monitoring of Patients Prescribed Lithium in a Lithium Clinic of Community Learning Disability Team (CLDT)	<ul style="list-style-type: none"> <li>• Improve awareness of the local guideline and process;</li> <li>• Improve use and completion of the audit tool following every review at the lithium clinic;</li> <li>• Improve monitoring of deficit in electrocardiogram (ECG) and weight/body mass index.</li> </ul>
0058(2) - Prescription Chart Audit	<p>The introduction of End to end E-prescribing &amp; Medicines Administration (EPMA) will serve to rectify many of the issues identified in this audit as many of the parameters measured will become mandatory and these results therefore serve as a baseline prior to its implementation. There will however continue to be areas that staff need to ensure they improve in as they will not be affected with the introduction of EPMA.</p>



	<p>To improve the following areas:</p> <ul style="list-style-type: none"> <li>• Documenting Patient Identification (ward name and patient number)</li> <li>• Recording Mental Health Act Status</li> <li>• Identifying and adhering to start and stop dates</li> <li>• All prescriptions should be legible and black indelible ink should be used</li> <li>• Using a code every time a medication is omitted</li> <li>• Specifying a maximum dose for not routine (PRN) medication.</li> </ul>
0068(2) - MHA Sections 58, 132 & 17 Audit	<p>The multi-disciplinary team to ensure that the responsible clinician (RC) feeds back the second-opinion appointed doctor (SOAD) assessment outcome to service users under their care</p> <p>Each unit to identify a specific individual responsible for filing section 17 forms and for sending relevant copies to medical records, service users and carers where applicable.</p> <p>For each unit to have systems in place to ensure 132 rights are read and reviewed on time and any delays to be accordingly documented on PARIS.</p> <p>For CTMs to capture feedback from service users about their expectations around the identified 19 standards.</p>
0112(2) - Electrocardiogram (ECG) monitoring of patients on adult psychiatric inpatient wards	<ul style="list-style-type: none"> <li>• Ensure education about QTc prolongation features during the junior doctor induction programme, including advice about how to act on it, and where to access this information.</li> <li>• Highlight the need for clear documentation when unable to perform an ECG, and the reason why this was the case.</li> <li>• Identify a system to alert staff when a patient has had an inpatient stay of greater than 6 months, so that physical monitoring can be repeated.</li> </ul>
d0129(2) - CAMHS Communication profile (CP)	<p>A number of recommendations were drawn up including the auditor working with all specialist deaf outreach workers (SDOWs), to discuss how they can be proactive and take a leading role in CP visits; how SDOWs could take more responsibility for the CP process and how to improve recording in clinical notes and participation in follow up and review discussions.</p>



0134(1) - Monitoring Physical Health Consequences of Clozapine	<ul style="list-style-type: none"> <li>• To improve adherence to policy taking a most robust approach</li> <li>• To improve involvement of staff in monitoring practice</li> <li>• To improve knowledge of staff on Clozapine prescription and monitoring.</li> </ul>
0145(3) - Physical Health Monitoring Becklin Centre	<ul style="list-style-type: none"> <li>• A more robust approach to monitor adherence to policy could still be applied. For example, it is recommended that monitoring practice is addressed promptly and distinctively by concerned clinicians during medications reviews, a monitoring tool can be designed for this purpose.</li> <li>• To make sure that all monitoring events are reported in a timely and clear manner and easily accessible for future reference.</li> <li>• Routine checks should include electrocardiogram (ECG) and a full range of blood tests as the majority of patients are on psychotropic medications.</li> <li>• Ensure that staff involved in monitoring practice are fully aware of the time scales and the required tests for different medications.</li> <li>• To maintain improvement that has been achieved.</li> <li>• To raise patients' awareness of the importance of having their physical health regularly checked which can improve compliance with treatment and prevent undue complications of medications.</li> <li>• Re-audit in 6 months to monitor compliance to policy.</li> </ul>
0147(2) - Audit of the use of Citalopram in a community learning disability team	<p>Baseline investigations will be carried out if any service users are due to be started on citalopram.</p> <p>If the relevant investigations (bloods and ECG) have not been done after the initiation of citalopram, it should be organised during the next outpatients review by liaising with the general practitioner.</p>
0156(1) - Older People's medical record Keeping audit (South and West CMHTs)	<ul style="list-style-type: none"> <li>• Ensure senior doctors in West North West Locality are aware of and have read the Trust record keeping standards</li> <li>• To improve documenting of the following standards: Time (standard 2);</li> <li>• Service User consent to disclose information (standard 8)</li> </ul>



<p>0172(2) - An audit of the process and quality of risk assessment within the forensic service (use of HCR-20 V3)</p>	<p>It is thought that the improvement in quality since cycle 1 is due to training of staff (85% of the assessors audited had received training in this cycle of audit); however there is a need to maintain this. Other actions to support staff in implementing good practice are to be actioned including:</p> <ul style="list-style-type: none"> <li>• formulation meetings,</li> <li>• HCR champions,</li> <li>• re-introduction of a flowchart of expected timescales for HCR completion,</li> <li>• Review availability of user manuals.</li> </ul> <p>Another action focussed on encouraging service users and carers to be involved in the HCR assessment, for example the carer champions to maximise carer involvement when completing HCR.</p>
<p>0189(1) - Audit of Pharmacist Prescription Level Review Practice at the Becklin Centre</p>	<ul style="list-style-type: none"> <li>• Pharmacists to document any relevant circumstances that delay the completion of the first level 2 review,</li> <li>• Pharmacists to continue to sign and date all level 2 and 3 reviews on the prescription chart,</li> </ul> <p>It appears that level 3 reviews are being carried out; however it is unclear whether these are all being recorded</p> <ul style="list-style-type: none"> <li>• Encouraging Pharmacists to make an entry on PARIS upon completion of a level 3 review would not only be a solution to this, but would also provide insight into the quality of interventions and outcomes that arise as a result of carrying out the review.</li> </ul>
<p>0200(2) – Clinician - Reported Outcome Measures (CROMs) &amp; Patient-Reported Outcome Measures (PROMS) in the Yorkshire Centre for Psychological Medicine (YCPM)</p>	<p>To carry on with the good practice shown in this project. No action plan required.</p>
<p>0201(1) - Audit of PROM Collection at 2 time points Pre and Post Therapy in the Chronic Fatigue (CFS/ME) Service</p>	<p>Ensure that during the initial contracting and therapy termination phases with a patient that a clear expectation for the use and return of outcome measures is expressed, and that barriers to completion are identified, recorded and addressed;</p> <ul style="list-style-type: none"> <li>• To improve the documentation when a Medical Device Security (MDS2) is given/sent to the patient;</li> <li>• Reduce barriers to completion of service Patient Rated outcome measures (PR);</li> </ul>



	<ul style="list-style-type: none"> <li>• Investigate the rate of drop out from individual therapy with the team.</li> </ul>
0202(1) - Audit of Assessment and Treatment of Low Bone Density in Patients with Eating Disorders at the Yorkshire Centre for Eating Disorders (YCED)	<ul style="list-style-type: none"> <li>• Update the YCED medical review template to promote completion and recording of all risk factors;</li> <li>• To update the YCED discharge summary template to include more details about bone health and recommendations about future DEXA scan monitoring.</li> <li>• To include a section on bone health on the medical triage form for all patients accessing treatment at YCED.</li> <li>• To develop a local protocol outlining standards in relation to the assessment and treatment of low mineral density in patients with eating disorders receiving treatment at YCED.</li> <li>• To present audit findings at the YCED internal audit forum as part of the staff development training programme.</li> <li>• YCED to provide regular training on assessment and management of bone health in patients with eating disorders as part of the staff development training programme.</li> </ul>
0207(1) - Learning Disability Services Violence Audit	<ul style="list-style-type: none"> <li>• The multi-disciplinary team will consider individual cases with service users regarding advanced directive support where appropriate for use.</li> <li>• All service users will have a FACE risk assessment and plan in situ</li> <li>• DATIX completion identifying interventions and clinical needs and entry in PARIS progress notes will be maintained.</li> <li>• Sometimes there is a requirement for a second lead person. The control and restraint form to be amended to include this.</li> <li>• Vital sign monitoring occurs with significant incidents and seclusion. Medical condition to be monitoring using MEWS or team request medical examination.</li> <li>• Progress note entry to be put on PARIS re de-brief</li> </ul>
0215(2) - Completion of Medicines Reconciliation on Admission	<ul style="list-style-type: none"> <li>• To improve awareness of the process across staff developing a new reconciliation training package within 6 months.</li> <li>• To provide refresher training for all staff on a yearly basis: to highlight the importance for staff to speak to</li> </ul>



	<p>patient on admission and encourage staff to be open and honest about any section they might not understand.</p>
0217(1) - Audit of documentation of do not attempt cardiopulmonary resuscitation (DNACPR) at The Mount	<ul style="list-style-type: none"> <li>• Include whether the DNACPR form is present in a weekly review template on functional wards for all patients.</li> <li>• Include the DNACPR form completion/consideration in the weekly review on dementia wards for all patients.</li> <li>• Review of DNACPR when admitted to in-patient unit for all patients.</li> <li>• Fax DNACPR form to the Resuscitation Office in all cases.</li> </ul>
0218(1) - Audit of time to therapy from initial assessment for psychoanalytic psychotherapy	<ul style="list-style-type: none"> <li>• Improve recording information on the notes (especially cancellation of offered assessment appointment in routine practice, reasons for delay in offering therapy, general comments);</li> <li>• Improve engagement with service users regarding the assessment process in order to better inform the service offered to clients;</li> <li>• Improve time to therapy from assessment.</li> </ul>
0225(1) - Documentation amongst CBT Medical Psychotherapists at Southfield House	<ul style="list-style-type: none"> <li>• Raise awareness of best practise for new trainees.</li> <li>• Provide trainees with a Psychotherapy Crib Sheet and consultant to incorporate this information into the CBT course run for CT1s.</li> </ul>
0226(1) - Audit of Depot Cards in Community Forensic team (CFT), Leeds	<p>Local recommendations for changes to the depot card were agreed and communicated to the Medicines optimisation group (MOG). The audit recommended a new depot medication prescription chart to be devised and printed according to recommendations.</p>
0238(2) - Documentation of Pregnancy Testing and electrocardiograms (ECGs) in an acute adult psychiatry unit	<ul style="list-style-type: none"> <li>• Maintain and improve performance of ECGs and pregnancy tests in women's services</li> <li>• To continue using the purposeful in-patient admissions (PIPA) system already in place in both wards; and To ensure sustained improved performance and documentation:</li> <li>• To continue providing information during the initial induction when new doctors join the ward</li> </ul>
0241(1) - Mental Health Act Detentions	<p>The Mental Health Legislation Team took action to address the issues as they were identified, and all those</p>



	<p>whose detention was considered challengeable were notified by letter, and those whose detention was fundamentally defective were discharged (if still detained). Based on the findings of, and issues highlighted by, the clinical audit it is planned to:</p> <ul style="list-style-type: none"> <li>• Ensure that clinicians, the Mental Health Legislation Team, and those required to provide reports, are fully aware of their duties and responsibilities</li> <li>• Ensure that appropriate training is available for all staff involved with MHA detentions</li> <li>• Establish routine monitoring of the primary mental health legislation file to ensure all documentation is present, and fully and correctly completed</li> <li>• Undertake an annual clinical audit of detentions as a priority project on the Trust's annual plan.</li> </ul>
0247(1) - Letters in the Deaf Child & Adolescent Mental Health Service (CAMHS)	<ul style="list-style-type: none"> <li>• Audit standards and findings were discussed with the local audit group and are to be revised to take out the three month plan and change the time scale expected for the end of assessment letter</li> <li>• The audit standards and findings were discussed within a team Away Day and recirculated to the team with a template letter format for content alongside particular recommendations about copying to GP's.</li> </ul>
0248(1) - An audit to assess recommendations made by the old age liaison team regarding delirium management in inpatient older adults	<ul style="list-style-type: none"> <li>• To improve adherence to guidelines and facilitate a more holistic approach.</li> <li>• To improve overall documentation (even if there is an absence of findings or the non-applicability of issues).</li> </ul>
0249(1) - Audit of referrals to the Yorkshire Centre for Eating Disorders (YCED)	<ul style="list-style-type: none"> <li>• Develop a comprehensive referral form and consult with referrers</li> <li>• Standardise and clearly document YCED response to referrals</li> <li>• Define 'assessment' as detailed in the regional guidance</li> </ul>
0256(1) - Audit of clinical process for section 136 assessment and management	<p>We aim to streamline paperwork, redesign the observation care plan and remove the guidelines related to alcohol detoxification etc. in order to make the process effective and well documented.</p>



0261(1) - Documentation audit of admission clerking in the Becklin Centre	<ul style="list-style-type: none"> <li>• To improve and simplify documentation on admission,</li> <li>• To improve awareness among medical staff of the importance of recording full psychiatric history, and</li> <li>• To standardise practice across inpatient services.</li> </ul>
0262(1) – Community Treatment Order (CTO) Recall Analysis - time taken between decision to recall and inpatient admission	Findings were shared with the Assertive Outreach Team and local Clinical Improvement Forum. The only action from this audit was that to change the way that AOT document Recall Decisions and Recall Notice Delivery as this was often unclear when auditing.
0263(1) - Management of challenging behaviour in the Learning Disabilities service	<ul style="list-style-type: none"> <li>• Ensure documentation of indication and rationale for prescribing including off-label, polypharmacy or high dose.</li> <li>• Ensure documentation of multidisciplinary approach and psychosocial interventions by use of a prescribing care plan for every new patient.</li> <li>• Include capacity assessment on an annual basis in the care plan/letter.</li> <li>• Regular monitoring of treatment response through use of STOMPLD guidance discussion in clinic and documented in the care plan.</li> </ul>
0266(1) - Audit on consent documentation for patients at The Mount undergoing electroconvulsive therapy (ECT) for the treatment of depression	<ul style="list-style-type: none"> <li>• Revise the ECT assessment form to include a statement regarding the intended benefit of ECT to demonstrate that both risks and benefits have been considered by the clinician prior to ECT commencing.</li> <li>• Encourage the checking of which authority to perform ECT is being carried out under, prior to the procedure happening and for the teams to consider whether a stamp/sticker is used to highlight when the authority changes during treatment</li> <li>• On the multi-disciplinary team form, note whether there is any outstanding paperwork missing to prevent ECT under S.62 without a second opinion appointed doctor T6 for longer than necessary.</li> </ul>
0267(1) - Documentation of contraceptive and Pregnancy information given to patients on antipsychotics	<ul style="list-style-type: none"> <li>• To improve awareness of the NICE guideline and importance of documenting information</li> <li>• To improve information provided to the service user.</li> </ul>
0271(1) - Safety and Effectiveness of Clinical	Based on the findings of the audit the main recommendations are to:



Interview Rooms	<ul style="list-style-type: none"> <li>• Install medical equipment in all interview rooms</li> <li>• Appraise clinicians regarding pin pull alarm systems - senior colleagues to cascade to juniors as part of induction. These devices should be tested regularly.</li> <li>• Install alarms in all rooms or install suitable alternatives like personal pin pull alarms.</li> <li>• Ensure there is a lockable drawer/under desk cabinet in all rooms.</li> </ul>
0407(3) - Audit Toolkit for assessment of Eating Disorders Units in relation to the service standards arising from the David Britten investigation	<ul style="list-style-type: none"> <li>• To improve service user awareness of professional boundaries - the Yorkshire Centre for Eating Disorders (YCED) peer group will be reminded within the Community Group meeting that professional boundaries are included in the YCED inpatient booklet.</li> <li>• To improve service user awareness of the complaints procedure and raising concerns - there will be weekly Patient Advice and Liaison Service (PALS) visits to ward 6, which will be advertised by a laminated leaflet placed on the ward notice board.</li> <li>• To improve staff awareness of service users being informed about professional boundaries - this topic will now be included in the YCED staff induction sessions.</li> </ul>
0463(1) - Cardiac History Documentation in Memory Clinic	<p>Audit to be presented at the Medicines Optimization Group meeting; Share findings with colleagues.</p>

### 2.2.3 Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by LYPFT in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee: 1185.

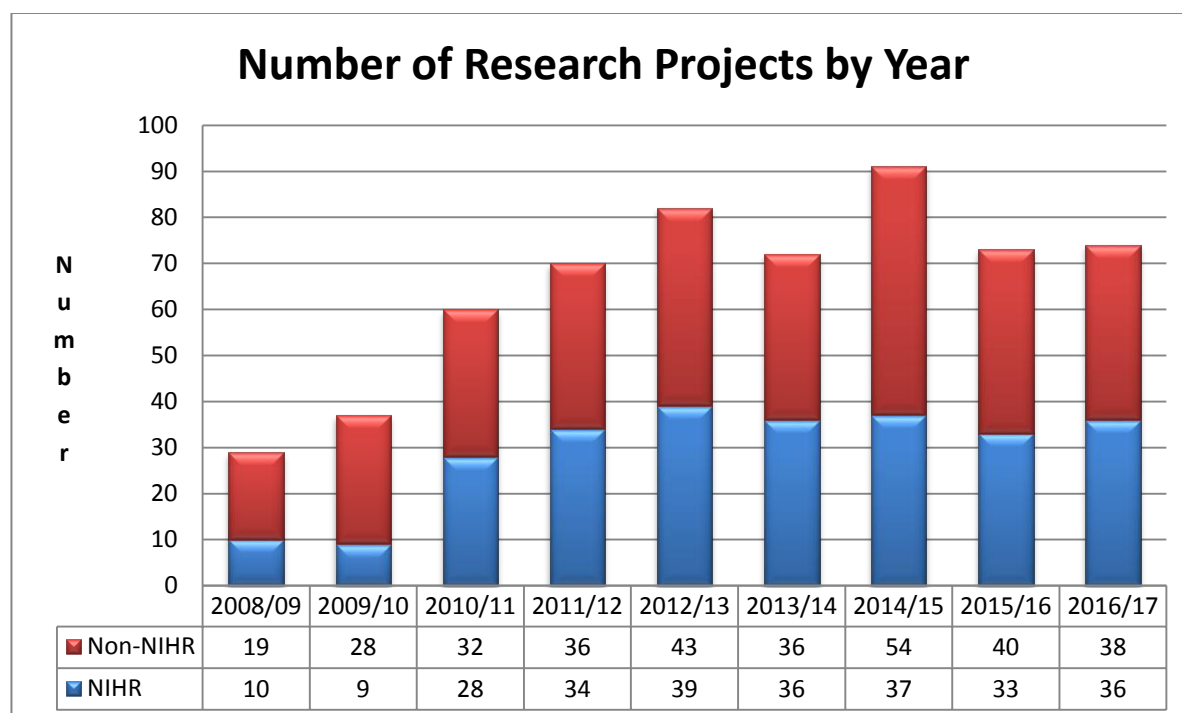
Recruitment was made up of:

- 884 service users, carers and staff recruited to National Institute for Health Research (NIHR) Portfolio studies
- 204 service users, carers and staff recruited to non-NIHR studies i.e. local and student
- 97 staff recruited to Collaboration for Leadership in Applied Health Research & Care (CLAHRC) funded studies

Leeds & York Partnership NHS Foundation Trust was involved in 74 research studies in mental health and learning disabilities in 2016/17 This demonstrates our



commitment to improving the quality of care we offer and to making our contribution to wider health improvement.



### Research grants

£2,343,665 was awarded to the Trust in 2016/17 from National Institute for Health Research funding programmes. This funding was granted for two trials:

- Alleviating Specific Phobias Experienced by Children Trial (ASPECT/Phobia): non-inferiority randomised controlled trial comparing the clinical and cost-effectiveness of one session treatment (OST) with multi-session cognitive behavioural therapy (CBT) in children with specific phobias
- (I-SOCIALISE) Investigating SOcial Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs In School Environments

### Publications

There were 25 publications in 2016/17 related to research activity in the Trust.

### Research Impact

Recovering Quality of Life (ReQoL) is a new outcome measure developed by researchers at the University of Sheffield, funded by the Department of Health. More than 200 service users and staff were recruited by the Trust's Research and Development team to take part in the development of the measure.

It had been recognised that existing measures were not suitable for users of mental health services. The aim of the research was to develop a brief measure with a focus on recovery and quality of life. In order to achieve this, the researchers worked



collaboratively with service users and clinicians to produce a measure to capture issues that were important to them.

There are two versions of ReQoL: a short 10-item version (ReQoL-10) and a 20-item version (ReQoL-20). <http://www.regol.org.uk/p/overview.html>

The Trust is one of the first organisations to pilot its use; this is currently underway.

#### **2.2.4 Commissioning for Quality and Innovation (CQUIN)**

A proportion of LYPFT's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between LYPFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For LYPFT, the monetary total for the planned amount of income in 2016/17 conditional upon achieving quality improvement and innovation goals was £2258k (Leeds Services), and £577k (Specialist Commissioning Group). The planned monetary total for the associated payment in 2016/17 was £2835k. During 2016/17 under performance against CQUIN targets resulted in a financial penalty of approximately £350k.

The CQUINs in which the trust failed to meet the required target were:

National Flu Vaccine  
National Physical Health

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically [here](#).

#### **2.2.5 Care Quality Commission**

The Trust is required to register with the Care Quality Commission and its current registration status is fully registered with no conditions applied.

The Care Quality Commission has not taken enforcement action against LYPFT during 2016/17.

The Trust did not participate in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Trust was inspected between 11<sup>th</sup> and 15<sup>th</sup> July 2016 as part of the Care Quality Commission's comprehensive inspection programme.



The Trust submitted a comprehensive action plan to CQC in December 2016 and is actively working through this. The timeframe for completion is July 2017.

The Trust's overall rating has remained as "requires improvement" following the comprehensive inspection which took place in July 2016. However the CQC recognised the hard work that had taken place to make a lot of improvements since the previous inspection in 2014 and this has been reflected in the core service reports and ratings.

The reports and ratings have been published on the CQC's website.

The inspection team looked at the Trust as a whole and at its 13 core services. Inspectors assess services against five key questions, asking if services are safe, effective, caring, responsive and well-led. They then rate both NHS Trusts as a whole ("provider level") and their individual service areas to help people understand where care is outstanding, good, requires improvement or inadequate.


Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well led?	Requires improvement
<b>Overall Trust Rating</b>	Requires improvement

Core Service	Commissioner of service	Safe	Caring	Effective	Responsive	Well-led	Overall Rating
Community based services for older people	Leeds CCGs						
Community Services for people with learning disabilities or autism	Leeds CCGs						
Wards for people with learning disabilities or autism	Leeds CCGs						
Acute Wards for Adults of working age and PICU	Leeds CCGs						
MH Crisis Services and Health Based Place of	Leeds CCGs						
Community Services for working age adults	Leeds CCGs						
Long stay rehabilitation wards for working age	Leeds CCGs						
National Deaf Child and Adolescent Mental Health Service (CAMHs)	NHS England		☆		☆	☆	☆
CAMHs inpatient ward	NHS England						
Wards for older people with mental health	Leeds CCGs						



Forensic Inpatient/Secure Wards	NHS England								
Yorkshire Centre for Psychological Medicine	Leeds CCGs/case								
Specialised Supported Living Service	Leeds City Council								
<b>OVERALL TRUST RATING</b>									

### Key

	<b>Outstanding</b>
	<b>Good</b>
	<b>Requires improvement</b>
	<b>Inadequate</b>

### What happened next?

The Trust attended a Quality Summit on Thursday 8 December 2016 with the CQC, commissioners and partners across the local health and social care sector.

The purpose of the Quality Summit was to develop a plan of action and recommendations based on the inspection team's findings as set out in the inspection reports. The plan was developed with support from partners from within the local health economy and the local authority.

The Trust submitted its final action plan to CQC in December 2016.

The Trust expects a follow up inspection of the areas that are rated requires improvement within the next 12 months. The CQC will also carry out an announced well-led review during the same period.

### 2.2.6 Information on the quality of data

The Trust submitted 2525 records during 2016/17 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:
  - 99.5% for admitted patient care
  - 99.9% for outpatient care
  - 97.6% for all service users as submitted in the Mental Health Learning Disability Dataset.
- which included the patient's valid General Medical Practice Code was:
  - 99.6% for admitted patient care



- 99.1% for outpatient care
- 97.31% for all patients as submitted in the Mental Health Learning Disability Dataset.

### **2.2.7 Information governance**

The Trust's Information Governance Assessment Report overall score for 2016/17 was 78% and graded 'Satisfactory' (Green).

The Information Governance Toolkit is a Department of Health (DH) Policy delivery vehicle that NHS Digital is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of information governance requirements. The organisations in scope of this are required to carry out self-assessments of their compliance against the IG requirements.

The self-assessment is validated by an annual internal audit programme, which corroborates the assurance provided by checking a 1/3 selection of standards each year.

The Trust's final Information Governance Assessment Report against the NHS Digital IG Toolkit for 2016/17 was 78% and graded 'Satisfactory' by virtue of achieving Level 2 on all applicable standards.

### **2.2.8 Payments by Results Clinical coding error rate**

LYPFT was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatments coding (clinical coding) were:

- Primary Diagnosis = 98.0%
- Secondary Diagnosis = 93.9%
- Primary Procedures = 93.3%
- Secondary Procedures = 100%

This gives the top rating of Level 3 for the Information Governance Toolkit.

The results should not be extrapolated further than the actual inpatient sample audited.

### **2.2.9 Data quality**

The Trust has taken the following actions to further improve data quality during 2016/17:



The Trust has organised a Performance, Information and Data Group meeting on a monthly basis. The Group is attended by senior members of operational management, informatics and the performance management teams. The primary purpose of the group is listed below:

- that the reporting of performance information to the Trust board is well governed and that there are robust and auditable systems in place to manage the collection, reporting, validation and sign off of performance returns.
- that monitor and develop standards for data quality ensuring that the 6 core principles of data quality identified by the audit commission are maximised
- that Care Services has effective clinical governance systems and that quality issues are brought to the attention of the Quality Committee
- that Care Services delivers on national and local performance standards
- that Care Services delivers cost improvement plans
- that Care Services directorate risks are identified and managed and that strategic risks are escalated.

The Care Services Strategic Management Group provided assurance to the Executive Team and Strategy Implementation Board, via its chair (Chief Operating Officer), that Care Services directorate business is being delivered.

The Group was established in June 2016 and has achieved the following objectives:

- Improving Data Quality assurance of all Trust data-sets and in particular the new MHSDS.
- Strengthening clinical representation on the Data Quality Improvement Group.
- Awareness raising of data quality issues at a senior operational level across the Trust.
- Review of MH Activity and associated codes to meet the requirements of the new MHSDS.
- Involvement from a data quality perspective in the implementation of PARIS and sustainability of the Electronic Patient Record System, Paris.
- Ensured data quality assurance processes are effectively used in the Trust including compliance with IGT requirements.
- Improved escalation of data quality issues to senior managers where necessary to ensure good practice is being operated in the Trust.

The Trust will be taking the following actions to improve data quality during 2017/8:

- Review of the current performance reporting processes within the Trust.
- Continue to raise awareness across the Trust through refinement of the Performance, Information and Data Group.
- To introduce a revised approach to analysis of data quality reporting and assistance to operational teams.



- Improved Governance processes to ensure there is robust scrutiny of the performance information and reliable assurance to the Board.

Continue escalation of data quality issues to senior managers where necessary to ensure good practice is being operated in the Trust.

## 2.3 ADDITIONAL MANDATORY QUALITY INDICATOR SETS 2016/17 QUALITY REPORT

For 2016/17 all Trusts are required to report against a core set of indicators, for at least the last two reporting periods.

**Table 2E - Additional quality indicators with our performance against each one**

**Measure:** The percentage of service users on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

We must achieve 95% follow up of all discharges under adult mental illness specialities on Care Programme Approach (CPA) (by direct contact telephone or face-to-face contact) within seven days of discharge from psychiatric inpatient care.

**Performance:**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>LYPFT 2016/17 Performance</b>	98.9%	95.6%	95.6%	94.85%
<b>LYPFT 2016/17 refreshed Performance</b>	96.15%	95.57%	96.23%	94.85%
<b>LYPFT 2015/16 Performance</b>	95.6%	95.8%	95.6%	98.0%
<b>2016/17 National Average</b>	96.2%	96.8%	96.7%	96.7%
<b>2016/17 highest Trust performance</b>	100%	100%	100%	100%
<b>2016/17 Lowest Trust Performance</b>	28.6%	76.9%	73.3%	80.9%%

The reported data for this indicator continues to be validated following submission to



NHS England and therefore varies from that published.

**CPA:**

- Detailed descriptor: The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.
- Numerator = The number of people under adult mental illness specialities on CPA who were followed up (either by face to face contact or by phone discussion) within seven days of discharge from psychiatric in-patient care during the reporting period.
- Denominator = The total number of people under adult mental illness specialities on CPA who were discharged from psychiatric in-patient care.
- ALL patients discharged from psychiatric inpatient wards are regarded as being on CPA during the reporting period.
- Details of the indicator:  
All patients discharged to their place of residence, care home, residential accommodation or to non-psychiatric care must be followed up within 7 days of discharge;  
Where a patient has been transferred to prison, contact should be made via the prison in-reach team;  
The 7 day period should be measured in days not hours and should start on the day after discharge.
- Exemptions include: - patients who are readmitted within 7 days of discharge;
  - patients who die within 7 days of discharge;
  - patients where legal precedence has forced removal of the patient from the country;
  - patients transferred to an NHS psychiatric inpatient ward; and
  - all CAMHS (child and adolescent mental health services) patients.

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

- Performance is monitored three times a week to minimise the risk of any breaches and actions are put in place where necessary.

Leeds and 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.

Ⓐ This indicator has been independently verified by the external auditors and the denominator populations for the indicator are complete and include all the relevant patients from the Trust.



**Measure:** The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

We must achieve 95% of adult hospital admissions to have been gate-kept by a Crisis Resolution Team. The indicator is expressed as proportion of inpatient admissions gate-kept by the Crisis Resolution Home Treatment teams in the year ended 31 March 2017:

- The indicator should be expressed as a percentage of all admissions to psychiatric inpatient wards
- Service users recalled on Community Treatment Order should be excluded from the indicator
- Service users transferred from another NHS hospital, or service users returning from a non-NHS provider where bed availability at the Trust was limited for psychiatric treatment should be excluded from the indicator;
- Internal transfers of service users between wards in the Trust for psychiatry treatment should be excluded from the indicator
- Service users on leave under Section 17 of the Mental Health Act should be excluded from the indicator

Planned admissions for psychiatric care from specialist units, such as eating disorder unit are excluded.

An admission should be reported as gate-kept by a Crisis Resolution Team where 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

\* An 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 may be made via a phone conversation or by any face-to-face contact with the patient

\*\* Involvement is defined by the Trust as the outcomes of the assessment, performed either at the hospital or via telephone

Where the admission is from out of the Trust area and 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, the admission should only be recorded as gate-kept if the Crisis Resolution Team assure themselves that gate-keeping was carried out.



**Performance:**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>LYPFT 2016/17 Performance</b>	100%	100%	99.6%	100%
<b>LYPFT 2015/16 Performance</b>	99.4%	100%	100%	100%
<b>2016/17 National Average</b>	98.1%	98.4%	98.7%	98.8%
<b>2016/17 highest Trust performance</b>	100%	100%	100%	100%
<b>2016/17 Lowest Trust Performance</b>	28.6%	76.0%	88.3%	50%

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

- Performance is continually monitored to minimise the risk of any breaches and actions are put in place where necessary.

Leeds and 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.

- Ⓐ This indicator has been independently verified by the external auditors and the denominator populations for the indicator are complete and include all the relevant patients from the Trust.

**Measure:** The percentage of service users aged:

- (i) 0 to 15;
- (ii) 16 or over

re-admitted 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.

**Service Users 16 or over:**

These figures 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). Performance below is taken from internal information systems as data from the Health and Social Care Information Centre is not available.

Note:

It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be

(i) 0 to 15; and

(ii) 16 or over

The regulations do refer to 28-day readmissions rather than 30.

**Performance:**

	LYPFT 2016/17 performance	LYPFT 2015/176 performance	2016/17 national average	2016/17 Highest Trust Performance	2016/17 lowest Trust performance
<b>April 2016</b>	10%	15%	<b>NOT AVAILABLE</b>		
<b>May 2016</b>	11%	10.2%			
<b>June 2016</b>	6%	9.3%			
<b>July 2016</b>	4%	12.3%			
<b>August 2016</b>	9.6%	6.3%			
<b>September 2016</b>	5.3%	12.6%			
<b>October 2016</b>	10.5%	14.6%			
<b>November 2016</b>	5.5%	7.1%			
<b>December 2016</b>	8.2%	6.8%			
<b>January 2017</b>	5.4%	8.4%			
<b>February 2017</b>	6.4%	10.2%			
<b>March 2017</b>	10.1%	13.8%			

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

- Each re-admission is flagged with the appropriate clinical teams and consultants to fully understand the cause of the re-admission and implement any necessary actions as required.



Leeds and 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.

**Measure:** 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.

**Performance:** The results from the 2016 National NHS Community Mental Health Service User Survey in response to a patient's experience of contact with a health or social care worker is as follows:

Results are based on a "yes definitely" response.

	Did this person listen carefully to you?	Were you given enough time to discuss your condition and treatment?
<b>2016 LYPFT</b>	78%	68%
<b>2016 National Average</b>	70%	63%
<b>2015</b>	68%	61%
<b>2014</b>	77%	65%

332 completed surveys were returned to the Trust, which gives a response rate of 24%.

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

- Feedback from completed surveys are analysed and triangulated with our other feedback methods

Leeds and York Partnership NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by incorporating these into the quality improvement plans for the services and increased monitoring through patient experience feedback including 'Your Views'.

**Source:** Survey obtained directly from Quality Health.

**Measure:** 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.

**Performance:** Figures below is taken from our internal information systems and is what is reported to NRLS. Data from the Health and Social Care Information Centre is not available.

	2015/16	2016/17
Severe Harm (Severity 3 and 4)	2.4%	2.6%
Death (Severity 5)	0.4%	0.4%

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

- 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.
- Risk Management produces a newsletter monthly where any identified learning/issues from the Trust Incident Review Group can be highlighted.

Leeds and 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.

To ensure we consistently meet the duty of candour:

- The Trust ensures families/carers are made fully aware of the serious investigation process and given the opportunity to raise any questions regarding the investigation
- The Trust has a procedure in place so that employees can raise concerns that they believe are in the public interest and have not been dealt with through the Trust's other internal processes
- The open reporting of incidents (including near misses and 'errors') is positively encouraged by the Trust, as an opportunity to learn and to improve safety, systems and services
- If a service user, their carer or others inform Trust staff that something untoward has happened, it is taken seriously and treated with compassion and understanding by all Trust staff from the outset.

Service users and/or their carers can reasonably expect to be fully informed of the issues surrounding any adverse incident, and its consequences. This will usually be offered as a face-to-face meeting and will be undertaken with sympathy, respect and consideration.



### 3.1

#### 3.1 PALS AND COMPLAINTS

We, as a Trust, want to work with anyone who has a complaint in a fair, open and honest way. If there are any issues found, we share any lessons learnt across the whole Trust.

##### 3.1.1 Patient Advice and Liaison Service (PALS)

In 2016/17, the Trust received 1,664 enquiries to our PALS team. This is a 26% increase from 2015/16. The significant increase can be attributed to the presence of PALS staff within in-patient units. This is to promote the service of the PALS team and to speak to those service users or their carers/relatives who may have any queries/concerns.

Our PALS team respond to each call on an individual basis; and record the reason for the contact and the outcome.

Consistently the main reasons for contacting PALS, are; general concerns with patient care, callers wanting telephone numbers for third party agencies, arranging meetings with ward staff; and general chats regarding their health.

For a large majority of PALS contacts, the outcome is the provision of advice or information. A number are referred on to Trust services, other organisations' PALS services, external agencies or our complaints team.

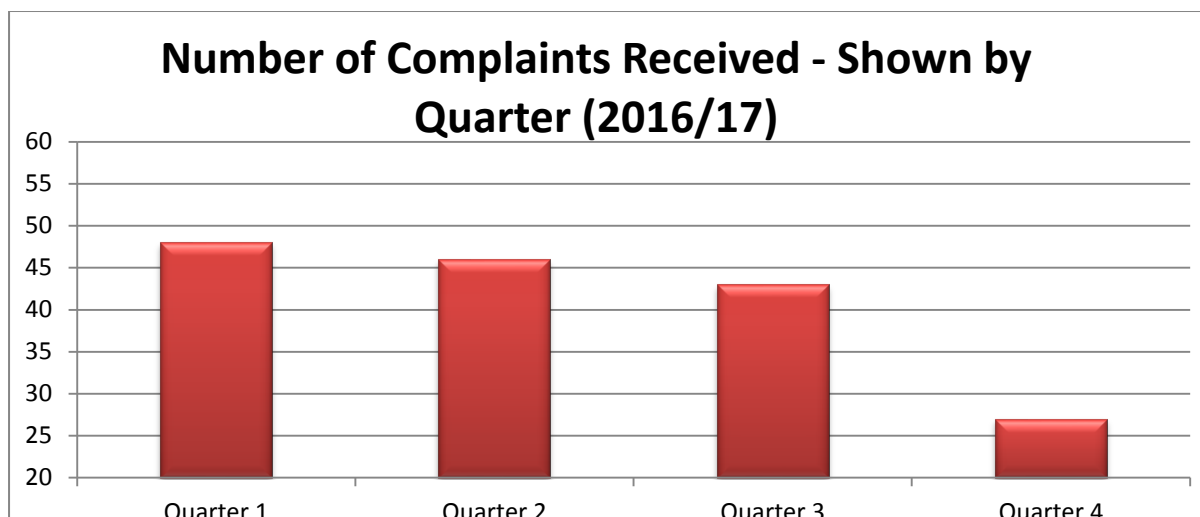
The PALS team also includes student social workers and volunteers, working alongside directly employed staff members, to offer a richer and more visible advice and liaison service across the Trust.

#### Complaints

In 2016/17, the Trust received 187 formal complaints from service users, relatives and advocates. This represents an overall decrease of 6.5% compared with 2015/16.

The decrease could be attributed to the presence of the PALS teams within inpatient units. The PALS team visit each in-patient unit on a weekly basis. Feedback received highlights that service users/carers/relatives and staff feel this is of benefit as it allows more people to access the support of PALS in person.





Complaints are seen a valuable source of feedback which can be used to inform service improvements, enabling us to provide high quality services for our patients and carers.

Complaints Management training has now been in place since May 2015 and over 150 members of staff have been trained in the handling of complaints. Feedback from the training has highlighted a need for additional customer service training for front-line support staff (Band 2 and 3). As a result, a “Customer Services” training package has been developed. A total of nine training sessions have been held with a further 10 scheduled for 2017. The training is particularly aimed at front-line support staff as they represent the face of the Trust, are the ones whom visitors/callers speak to first and the people to whom staff go for information. Sometimes they are the only point of contact. Having a polite and friendly person to greet them is the perfect way to client satisfaction and to showcase our professionalism. Good front-line staff create an environment where courtesy, helpfulness and a warm welcome are standard.

The training course has been designed to highlight the significant difference that strong customer service skills can make to the service user experience of our Trust.

### **Compliments**

Staff often receive compliments by letter or card, verbally or via a gift. They are thanked for treatment, care and support, or complimented on the environment, atmosphere, and cleanliness of the ward. During 2016/17 the functionality within DATIXWeb to formally record all of our compliments was developed. Staff are able to report all compliments received (either written or verbally) as well as being able to attach any cards/letters.



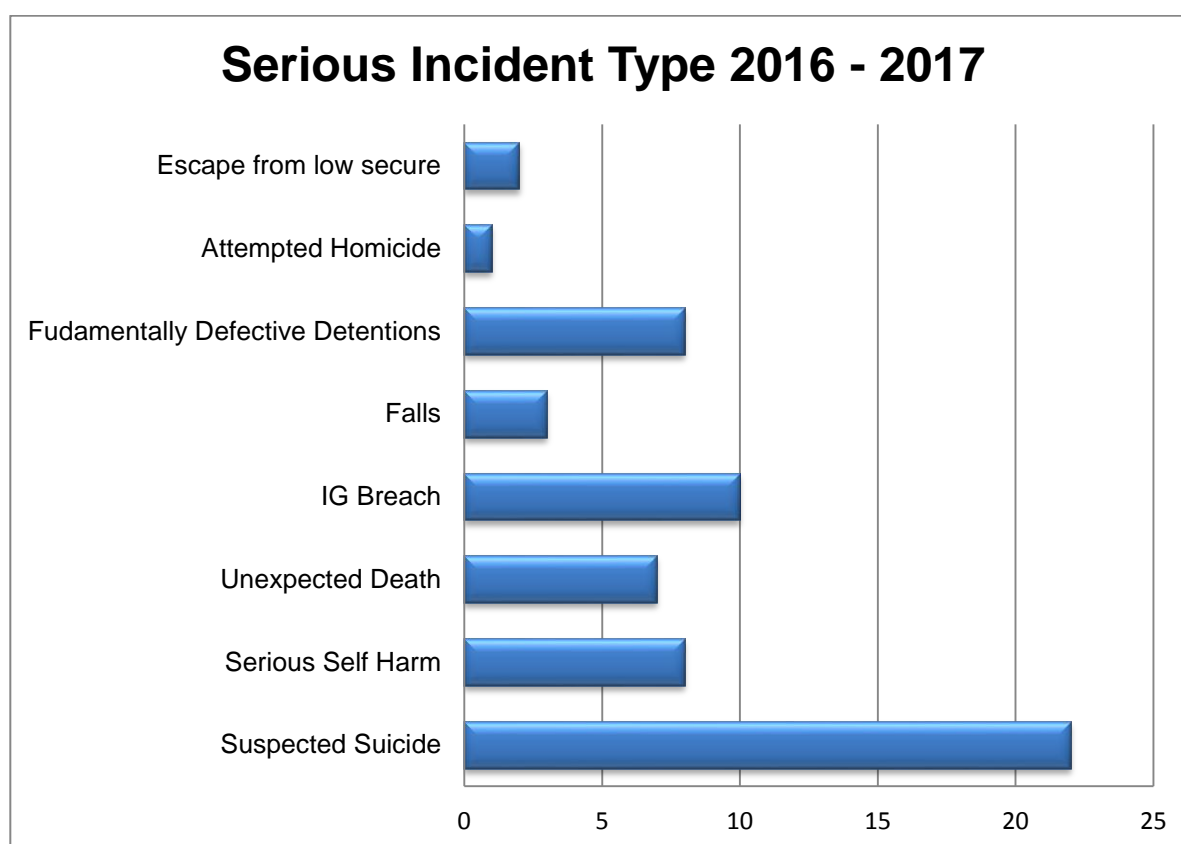
Compliments are a key measure of patient experience and we would therefore like to be in a position to consider compliments alongside complaints, aiming to create a stronger patient focus and further develop a culture that learns from feedback.

During 2016/17, the Trust received 391 formally recorded compliments.

### 3.2 SERIOUS INCIDENTS

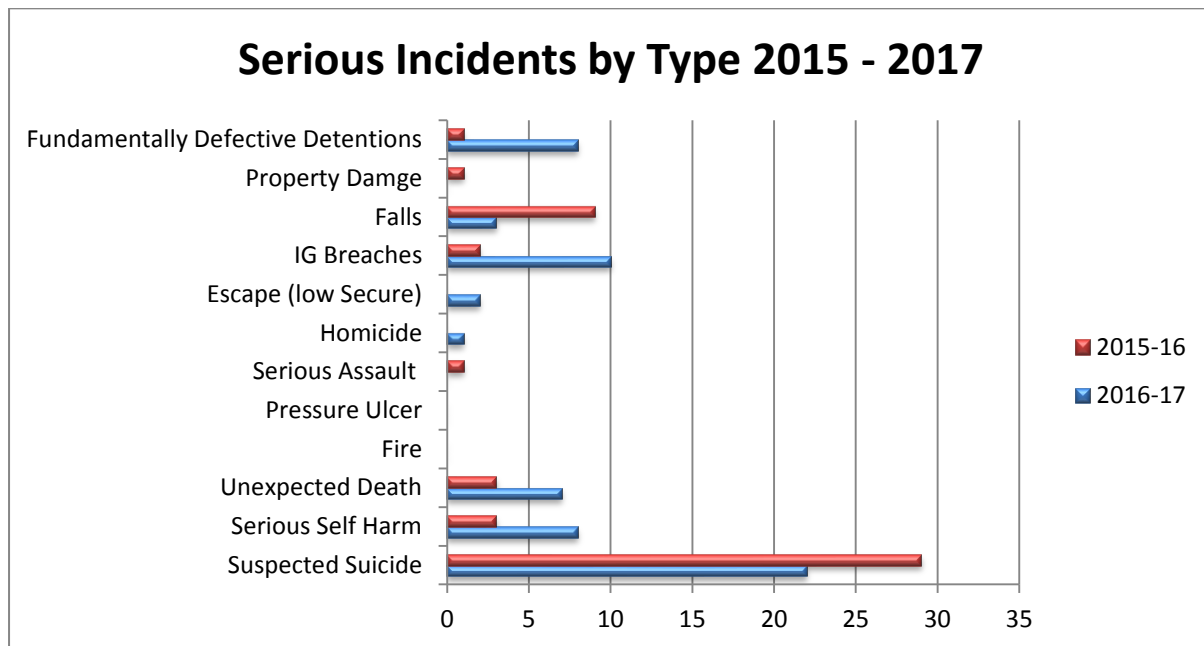
During 2016/17, 61 serious incidents requiring investigation were reported by the Trust, the types of incidents are seen in Figure 1. This year saw an increase in the numbers of reported serious incidents: 50 were report in 2015/2016, 44 were reported in 2014/15, 27 were reported in 2013/14 and 28 were reported in 2012/13. The most frequently reported serious incidents requiring a full comprehensive investigation are suspected suicide, unexpected death and incident of self-harm. The Trust reported one incident of Department of Health defined 'never event' during 2016/17, however following investigation this was de-logged as a Never Event and classified as a Serious Incident. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

**Figure 1 – Type of serious incidents reported**



**Figure 2 - Six-year comparison of reported serious incidents**





### 3.2.1 Learning lessons

The task of the Trust Incident Review Group is to ensure that serious incidents are robustly reviewed and that learning is captured and shared throughout the organisation to inform and develop future practice that is both safe and effective. Members of the Trust Incident Review Group, as leaders in the organisation, are expected to demonstrate the following behaviours, which are recognised as being likely to reduce risk and make healthcare safer:

- The concept of a fair blame culture
- Constantly and consistently assert the primacy of safely meeting service users' and carers' needs
- Expect and insist upon transparency, welcoming warnings of problems
- Recognise that the most valuable information is about risks and things that have gone wrong
- Hear the service user voice, at every level, even when that voice is a whisper
- Seek out and listen to colleagues and staff
- Expect and achieve co-operation, without exception
- Give help to learn, master and apply modern improvement methods
- Use data accurately, even where uncomfortable, to support healthcare and continual improvement
- Lead by example, through commitment, encouragement, compassion and a learning approach
- Maintain a clear, mature and open dialogue about risk
- Infuse pride and joy in work
- Help develop the leadership pipeline by providing support and work experiences to enable others to improve their own leadership capacity



- Recognise that some problems require technical action but that others are complex and may require many innovative solutions involving all who have a stake in the problem.

### 3.2.2 Top themes

Learning from experience is critical to the delivery of safe and effective services in the NHS. Though it should be noted that lessons learnt following root cause analysis (RCA) reviews are rarely found to have a direct causal link to the incident, it is essential that we take all opportunities to improve the care we provide to service users and their families. Therefore to avoid repeating mistakes we need to recognise and learn from them, to ensure that the lessons are communicated and shared, and that plans for improving safety are formulated and acted upon. The findings and learning from any adverse event within the Trust may have relevance and valuable learning for the local team and also other teams and services.

### 3.2.3 HM Coroner inquests

During 2016/17 (as of 21/02/2017), 35 Coroner inquests were held (please note this is the date the inquest was held and not related to the date of the incident). Below is a summary of the conclusions:

Inquests held	<b>35</b>
Conclusions for inquests held:	
Accidental	4
Drug Related	3
Misadventure	1
Narrative	4
Natural Causes	4
Open	3
Suicide	16

### **One regulation 28 report was issued to the Trust in Oct 2016 by the Coroner.**

This regulation applies where a coroner is under a duty under paragraph 7(1) of Schedule 5 to make a report to prevent other deaths.

At an inquest held on the 18/10/2016, the Coroner made two requests in respect of Prevention of Future Deaths:

1. Whenever a MDT meeting takes place for it to be documented & those present and participating in the meeting to be identified, and the discussions and outcome recorded.



2. In respect of all telephone calls to Aire Court from a service user they should record the nature of the call, the urgency and the action taken, and the name of the individual involved in the call.

The Trust responded to these as directed by the Coroner.  
The Trust is aware of 30 inquests pending.

### **3.3 SERVICE USER NETWORKS**

Service User Network (SUN) gives a voice to our service users and their carer's. SUN encourages people to express their views; share their experiences; and explore what works well in our Trust and what areas may need improvement. Being part of the network means people feel they are being valued and get actively involved with their own care and treatment. Members of staff with lived experience are also welcome to attend.

The SUN members include people who currently access or have accessed our services within the past 12 months. We also promote SUN to local community groups as well as third sector organisations such as Touchstone, Leeds Mind, and Community Links. We encourage people with a diverse range of knowledge and life experiences to attend to ensure their voices are heard.

Our Service User Network (SUN) is a monthly event for service users and carers to discuss and share ideas, with guest speakers, at the request of members. The group works closely with the Trust in order to help improve the services it provides. We are consulted on trust policies and procedures. There is a very welcoming and friendly atmosphere.

Bev Thornton and Anne Perry (Recovery and Social Inclusion workers) organise and deliver the SUN; both have chaired the SUN meetings, and has lived experience of accessing mental health services. SUN encourages people to tell their own stories. This is a positive experience for everyone and helps to unite the group. Members have the chance to be involved in key areas of the Trust such as: taking part in interview panels; and test ward rounds, prior to inspections.

SUN members can bring their ideas or concerns about any Trust services and they will be raised at Trust governance meetings for comment and action. SUN ensures that the member's recommendations are valued and acted upon, and also give regular feedback to SUN members. This ensures that issues are quickly and directly addressed. SUN can help service users play a more active role in their own recovery and wellbeing.

People are also invited to participate in community involvement events each month. SUN helps empower and inspire people, giving them hope and insight, which helps with their continued personal recovery and wellbeing.



The SUN meets on the first Wednesday of every month for two hours and usually has two to three guest speakers attend. The following is list of some of the speakers who have attended to SUN and the topics they discussed.

External speakers included:

- Karen Pearce from the Discovery College who spoke about the aims of the college and that all courses were co-produced and co-written by service users. The course for spring 2017 included song writing, sports coaching, electronic music and drama production.
- Leeds Involving People (LIP) to update the SUN about their anti-stigma campaigns and the perinatal project.

Internal Speakers included:

- Alan and Conal, Clinical Leads from the Crisis Assessment Services, give an overview of the Section 136 suite and Street Triage in conjunction with the Police.
- Matthew Osbourne, from the Health Living Service, explaining what the services did, and updated the group on the different events that they run, such as walking and photography group, support and advise on diet and stopping smoking.
- Mark Gallacher, Head of Performance and Quality, spoke about the Quality strategy and asked for feedback, and also spoke about the CQC visit and the steps that the trust have put in place to ensure that any actions will be monitored and completed within the correct governance.

Direct outcomes from the SUN:

- Choice of Care worker guidelines, which were initiated from SUN members, were ratified and implemented.
- SUN Key messages: these were finally verified with the new Chief Executive adding a phrase of endorsement.
- Have your Say Day – A SUN event that turned out to be a fun day with a fantastic attendance of 95 people. The day proved fruitful in capturing a significant amount of feedback on learning disability services.
- Values based interviewing- SUN members have worked very closely with the Involvement lead and recruitment team establishing regular service user and carer assessment within staff recruitment. Members regularly sit alongside staff on interview panels and are now receiving disbursements of £20 per day as well as travel expenses for taking part.
- Multi – Agency Clinical Risk Training: Three SUN members got involved in the two day training course as well as successfully completing the Applied Suicide intervention training certificate. They came runners up in the Staff Award for their contributions.



- Members became involved with MINDWELL workshops, MIND Discovery college steering group, research projects; complaints review group, recruitment and selection, older people's services and redesign consultation.

SUN members have over the last twelve months contributed and influence the following items for the Trust:

- Non- smoking policy
- Care Plan Approach
- Quality Report
- Strategy Report
- Request for people's experience of services
- Psychology Strategy
- Security on wards/sites
- Students Placement Charter
- "Your Views" Meetings on the wards and how to capture current service users views
- Website

SUN has also worked alongside community agencies/organisations that request our member's involvement in specific projects:

- Mindwell – one stop website for mental health
- Leeds Discovery College
- West Yorkshire Police on handling service users in crisis.
- HMA digital marketing on new Trusts Website
- Apira – Trusts Clinical Recording System

SUN Members have also welcomed the following third sector and voluntary organisations to their meetings to advertise the wide range of services and groups in the Leeds community. SUN also promotes co-working, co-production and sharing the experiences of our members to improve mental health organisation links within the community.

- Community Links
- Leeds Involving people
- Foodworks
- Advonet
- SPACE
- MIND
- Leeds Survivor Led Crisis Service
- M Habitat
- Touchstone



### **3.4 SUNRAYS**

A new group designed to bring together people with lived experience to help improve local mental health and learning disability services was officially launched in February.

‘SUNRAYS’ is an offshoot of the Trust’s Service User Network (SUN) group. As well as providing a forum for people to use their personal experiences to help improve services, SUNRAYS will encourage people to maintain their wellbeing whilst living in the community. There will be a focus on self-support, and the groups, activities and information-sharing opportunities that exist in the local area.

Recovery and Social Inclusion Worker, , Chair of SUNRAY said: “SUNRAYS is open to anyone who has lived experience of accessing mental health services within the community; you could’ve accessed services yourself or have cared for someone who has. It’s all about working in partnership and putting your personal experience to practical use. There’ll be a guest speaker every month to give information or updates on the topics suggested by the group, and people who attend will be able to access advice and support on the issues that matter to them. SUNRAYS is all about co-production, and there are opportunities for people to get actively involved by suggesting topics for discussion, or even chairing or co-chairing a group. There’s also a real social element to the group.”

This is a really exciting development for the service user network, and shows just how much the Trust values the service user voice.

SUNRAY meetings in the West locality started in February 2017 and the first SUNRAY meeting for the East Leeds is to start in May 2017.

### **3.5 PLACE ASSESSMENT RESULTS**

PLACE inspections occurred within the LYPFT estate between March and May 2016. This year, there were a total of 10 service user representatives involved in the inspection process which added a varied and well balanced perspective to our inspection teams. Generally these reps had a very fair approach to their tasks, which at times were quite challenging to the service and buildings standards. Overall this has provided us with a more service user focus to our buildings, which is exactly how the PLACE inspections should work.

HSCIC have again altered the inspection process this year, with additional criteria questions and less scope to provide ambiguous answers. As a result of these changes and the way in which the data is presented, the 2016’s national and regional average scores have varied to those of 2015. Whilst the variances in these figures are small, it is worth noting that nationally Cleaning, catering and Environment targets are higher than the previous year.



HSCIC have produced an excellent report which compares key percentages across all of the place results. This report has been attached to provide more details if required.

### 3.5.1 National results 2016

The table below uses extracts from this report to make comparisons of the Trust performance in three ways:

- LYPFT against national averages
- LYPFT against regional commissioning areas
- LYPFT against mental health organisations

A summary of these comparisons is provided below, amber being below average, green above – (the average national figures being shown in purple)

Category (with 2015 national averages shown )	NATIONAL AVERAGE SCORE	REGIONAL AVERAGE SCORE	MENTAL HEALTH SITE TYPE COMPARISON	ORGANISATIONAL AVERAGE ( EXTRACTED FROM HSCIC PLACE REPORT 2016 )
<b>Cleanliness</b> (97.31%)	98.06%	98.54%	98.20%	<b>98.20%</b>
	0.14%	-0.34%	0.00%	
<b>Food</b> (85.51%)	88.24%	90.84%	88.61%	<b>91.28%</b>
	3.04%	0.44%	2.67%	
<b>Privacy &amp; Dignity</b> (91.20%)	84.16%	88.43%	88.43%	<b>92.42%</b>
	8.26%	3.99%	3.99%	
<b>Environment</b> (92.94%)	93.37%	94.48%	93.60%	<b>96.48%</b>
	3.11%	2.00%	2.88%	
<b>Dementia</b> (83.25%)	75.28%	76.28%	77.72%	<b>99.18%</b>
	23.90%	22.90%	21.46%	
<b>Disability</b>	78.84%	83.16%	80.30%	<b>85.19%</b>
	6.35%	2.03%	4.89%	

Key points to note when using the national comparators are:

- LYPFT are above the average in six categories – including those whose national figures have increased
- LYPFT, when compared with our MH our pier groups, repeat this pattern in all categories
- LYPFT is 0.34% below the regional average on cleanliness



Using this three way comparison gives us the opportunity to focus on how we will be viewed by the various stake holders and more importantly can be used to focus on key areas of improvement.

Two main areas require attention to improve our position across the PLACE scores, these being Cleanliness and Food.

Cleanliness requires minor improvement, but a focus attention is required at the Becklin centre.

Food service needs some attention across most of the Estate, It is felt that on the whole, our menu provision, meal choice and selection service, delivery and presentation are due for a review to reflect changes across the NHS.

Each site has a specific action plan, which has now been issued to service delivery managers and site managers.

**Table 3A – PLACE scores**

Site	% cleanliness		% food and hydration		% privacy, dignity and wellbeing		% condition, appearance and maintenance	
	2015	2016	2015	2016	2015	2016	2015	2016
Parkside Lodge	98.02%	N/A	85.88%	N/A	84.35%	N/A	93.33%	N/A
The Mount	100%	96.83%	87.65%	90.54%	94.47%	94.05%	99.72%	98.56%
1-5 Woodland Square	99.22%	99.62%	91.95%	94.23%	87.17%	89.73%	92.42%	95.03%
Newsam Centre	99.10%	97.84%	87.55%	93.35%	95.23%	92.13%	95.92%	95.49%
Asket House	96.69%	99.40%	N/A	N/A	94.85%	89.86%	93.38%	97.54%
Liaison Psychiatry Inpatient Unit (YCPM)	99.33%	100%	96.17%	95.82%	86.81%	86.33%	87.80%	90.00%
Becklin Centre	91.56%	98.59%	85.82%	89.62%	93.40%	93.49%	91.72%	95.57%
Clifton House	95.94%	99.61%	73.78%	91.42%	88.62%	92.64%	91.67%	97.42%
Mill Lodge Unit	99.31%	98.84%	88.34%	84.14%	78.13%	87.38%	80.99%	95.70%
Asket Croft	97.10%	98.60%	84.50%	92.92%	91.07%	90.77%	94.25%	97.54%
LYPFT Average	97.64%	98.20%	79.16%	91.28%	90.41%	92.41%	92.12%	96.48%



National Average	97.57%	98.06%	88.49%	88.24%	86.03%	84.16%	90.11%	93.37%
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PLACE is the annual inspection of inpatient units with 10 beds or above covering Cleanliness, Food, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance, Dementia and Disability. The scores for each section are assessed and the results are returned from the Health and Social Care Information Centre. Every Trust is therefore benchmarked and a scored performance obtained. Parkside Lodge was not assessed this year as it is under a 10 bedded unit.

Each site has a specific action plan, which has now been issued to service delivery managers and site managers

### 3.6 MEASURES FOR SUCCESS

As part of NHSI's requirement, the Trust must obtain assurance through substantive sample testing over one local indicator included within this Quality Report, as selected by the Council of Governors. The indicator chosen was Clinical outcomes have been improved for people who use our services (Source – HoNOS assessment)

Leeds and York Partnership NHS Foundation Trust measures are set out under each priority as follows:

#### 3.7.1 Priority 1 (clinical effectiveness): People achieve their agreed goals for improving health and improving lives

##### Performance of Trust against selected measures

**Measure: People report that the services they receive definitely help them to achieve their goals**

**Performance:** In the National Service User Service community survey the wording has changed slightly to read 'Do the people you see through NHS mental health services help you with what is important to you?'

83% responded positively which is an increase from last year.

(Source – National Service User Community Survey)

**Measure: Clinical outcomes have been improved for people who use our services. CROMS**

**Performance:** During 2016/17 we are testing out a new Clinician Rated Outcome



Measure (CROM) called the Clinical Global Impression Scale (CGI) with a view to using this as the Trust-wide generic CROM. We continue to currently report HoNOS and the percentage completed is 65.98 %.

Ⓐ This indicator has been independently verified by the external auditors and the denominator populations for the indicator are complete and include all the relevant patients from the Trust.

(Source: Strategy Measure)

**Measure: Clinical outcomes have been improved for people who use our services.**

**Performance:** During 2016/17 we are testing out two Patient Reported Outcome Measures (PROMs). A previous piece of work around the use of PROMs in dementia services found that there is a need for a dementia-specific PROM; the Trust is therefore testing a tool called Dementia Quality of Life (DemQoL). In addition to this, a new recovery focussed PROM called Recovering Quality of Life (ReQoL) is being tested in a number of services with a view to using this tool as the Trust-wide generic PROM.

The PROMs offered baseline was established at 7% and a PROMs Implementation Strategy led by the Clinical Outcomes Lead is ongoing. (This is % of PROMs offered and % of PROMs felt not clinically appropriate to offer). At the end of Quarter 3 this completion rate had risen to 15.6%. This work will continue through 2016/17 in order to improve completion/offer of outcome measures and to identify where clinical outcomes have improved.

(Source – Strategy Measure)

### 3.7.2 Priority 2 (patient safety): People experience safe care

**Table 3D - Performance of Trust against selected measures**

**Measure: People who use our services report that they experienced safe care**

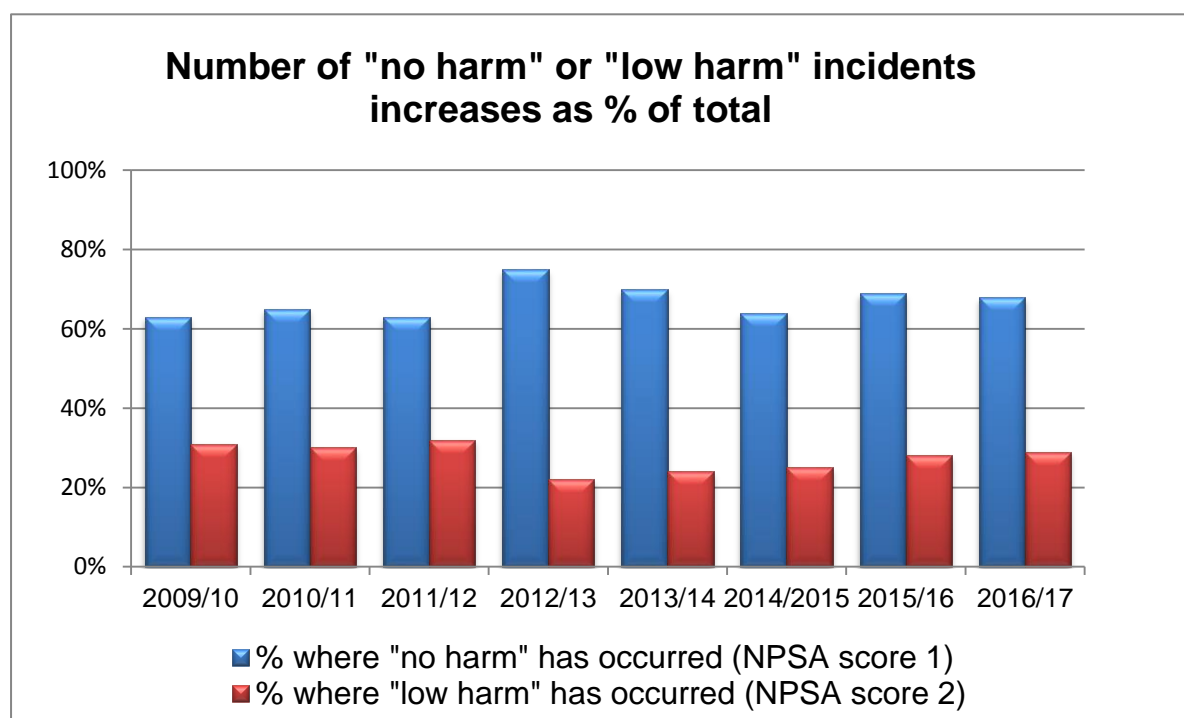
**Performance:** 81% of those who responded to the NSUS inpatient survey declared that they felt safe always or sometimes during their stay in hospital.

(Source: Strategy measure/National Mental Health Inpatient Service User Survey)

**Measure: Number of 'no harm' or 'low harm' incidents increases as % of total:**



- % where 'no harm' has occurred (National Patient Safety Agency score 1).
- % where 'low harm' has occurred (National Patient Safety Agency score 2).



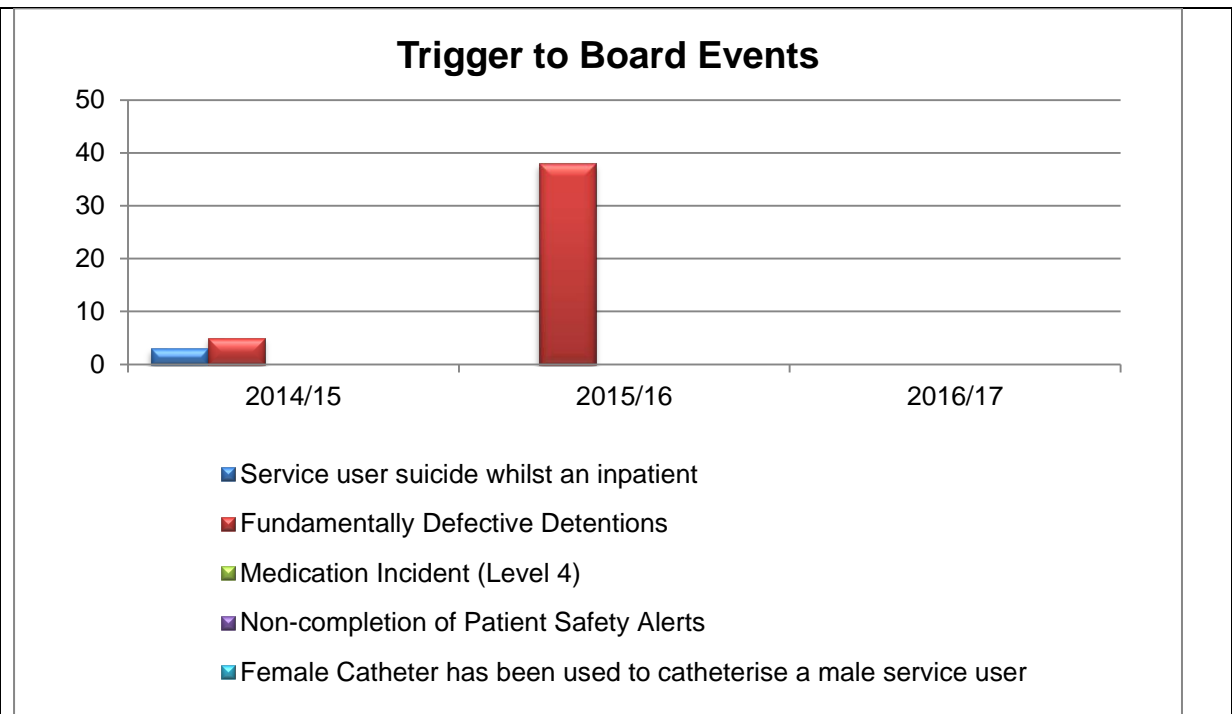
(All service user incidents – inpatient and community)

**Performance:** We have a high level of reporting and a low degree of harm when incidents occur. An organisation with a high rate of reporting indicates a mature safety culture. This maturity enhances openness and provides a truer reflection of current practice that allows for more robust action planning.

(Source: Strategy measure)

**Measure: Number of Trigger to Board events**





**Performance:** The Trust maintains a high level of reporting where no harm has occurred. This demonstrates a mature, proactive and open patient safety culture.

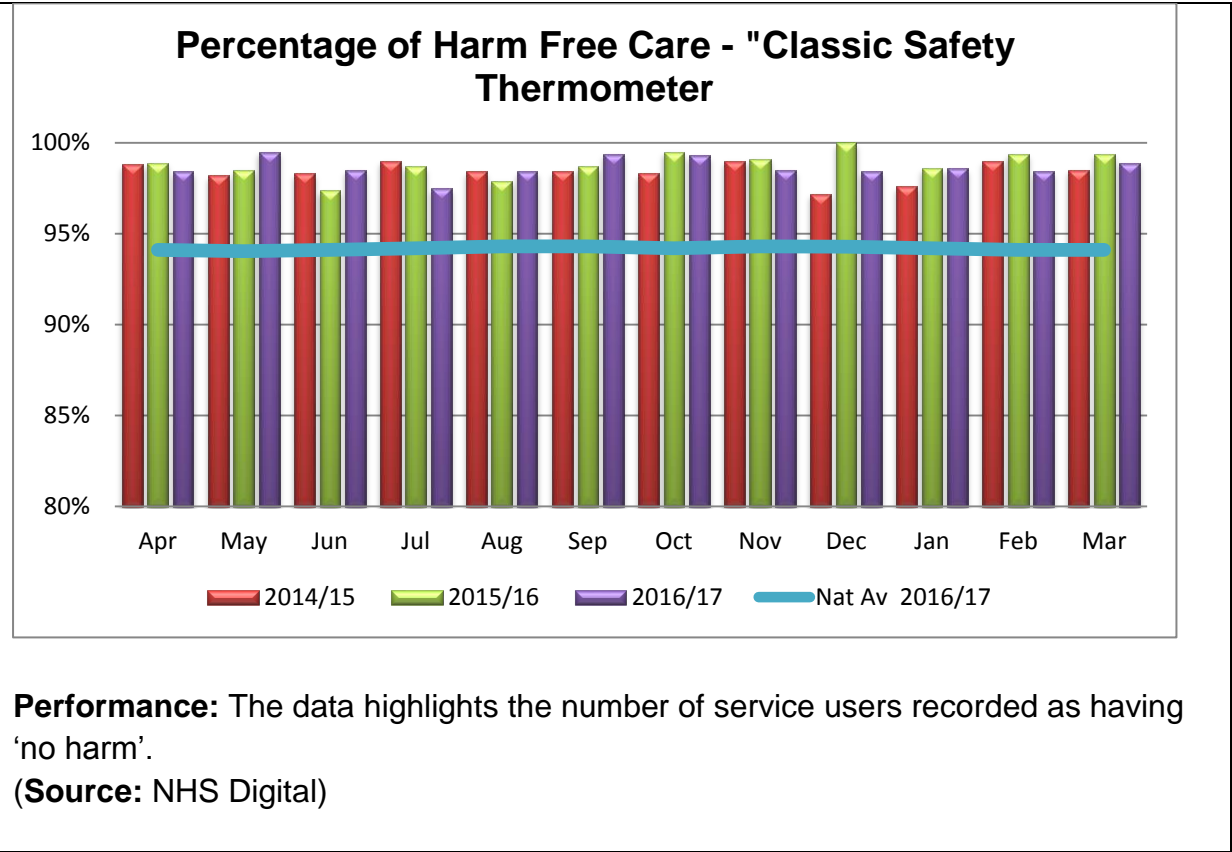
(Medical incidents Level 4 relates to those incidents where medication has been prescribed, dispensed and administered and harm has been caused)

Following a trust wide audit of all inpatient detentions under the Mental Health Act (1983) a number of issues were found. Legal advice was sought from the Trust solicitors and in total, there were 36 cases where the detentions were felt to be fundamentally defective and the legal advice was to discharge these patients from their current detention. Individual incident reports have been completed for each service user.

**(Source:** Strategy measure)

**Measures: 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)





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

**Table 3E - Performance of Trust against selected measures**





332 service users responded to the 2016 National Community Service User Survey and we are in the top 20 trusts for this indicator.

(**Source:** Strategy measure from the Mental Health Community Service User Survey)

**Measure:** People who use our services report definitely treated with respect and dignity by staff providing care.

**Performance:** This question now included the NSUS community survey. The results showed that 93% of the people responding to the survey said they were always or sometimes 'treated with dignity and respect'.  
74% of our service user said 'always' and 19% said 'sometimes'.

(**Source:** Strategy measure from the Mental Health Community Service User Survey)

**Measure:** Carers report that they are recognised, identified and valued for their caring role and treated with dignity and respect.

**Performance:** The Triangle of Care is a national framework, developed by carers and NHS staff, to improve carer engagement in mental health services.

It brings carers, services users and professionals together to promote safety, support recovery and sustain wellbeing.

The three-way partnership approach has made such a positive impact in forensics that many of the growing network of "Carer Champions" have gone on to train in Behavioural Family Therapy. The network meet regularly to share experiences and knowledge, and each one of them has heard personal stories filled with hope, frustration, gratitude, bewilderment, weariness and laughter.

(Source: Strategy measure)

### 3.8 NHS IMPROVEMENT TARGETS

The table below shows our performance against NHSI targets. Progress against each of NHSI targets is presented within our monthly Integrated Quality and Performance Report to the Executive Team and quarterly to the Trust Board of Directors and Council of Governors.

**Table 3F – Performance against NHSI targets**

**Measure:** Care Programme Approach (CPA) service users 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.

**Performance:** We have maintained a position of compliance throughout 2016/17:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>LYPFT 2016/17 Performance</b>	97.3%	96.1%	97.1%	95.4%
<b>LYPFT 2015/16 Performance</b>	95.4%	95%	97.6%	97.2%
<b>2016/17 National Average</b>	Not available			
<b>2016/17 highest Trust performance</b>	Not available			
<b>2016/17 Lowest Trust Performance</b>	Not available			

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

- Performance is continually monitored to minimise the risk of any breaches and actions are put in place where necessary.

Leeds and 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.

### 3.8 IMPROVING THE QUALITY OF LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST'S SERVICE IN 2016/17

Below is a selection of the work that some of the Trust's services have undertaken over the past year to improve the quality of the services they provides:



## **Achievements for LYPFT for 2016/17 taken from our Imagine Publication**

### **We are now Smoke-free – April 2016 (Summer Edition)**

On 4 April, our Trust became smoke free, meaning staff, service users and visitors can no longer smoke in any of our buildings, grounds, vehicles or car parks.

It has taken a huge amount of commitment and work from many people to get to this significant milestone, so a huge thank you to all for your continued support.

We are proud to join other mental health trusts, including South London and Maudsley NHS Trust and Cheshire and Wirral Partnership NHS Foundation Trust, in becoming smoke free, as recommended by NICE guidance.

The Smokefree Project Team will continue to visit sites across the Trust to hear from staff and service users and give advice to anyone wanting to stop smoking. They are also offering tangle toy hand puzzles, which can be used as a distraction aid for people who are trying to quit or cut down.



### **The Trust's Arts and Minds Network is in the running for a national award following last year's hugely successful Love Arts Festival - (Spring Edition)**

The annual event, which started in 2011, is the first of its kind to be organised by an NHS trust in England. It supports service users to engage in the arts to promote their participation and inclusion in the cultural life of Leeds, while encouraging conversations about mental health to help reduce the stigma that many people experience. In October 2015, 87 service users were involved in creating 22 exhibitions in an arts trail throughout Leeds. It's estimated that more than 154,600 members of the public engaged with the festival in some way.

Following its success, the Trust entered the festival into the HSJ Value in Healthcare Awards and it has been shortlisted in the Mental Health category. The Awards recognise and reward outstanding efficiency and improvement by the NHS and winners will be announced at a ceremony in Manchester on Tuesday 24 May.



### **The Trust's Liaison Psychiatry service has been formally accredited by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) (Spring Edition)**

The accreditation recognises the team's commitment to quality, safety and efficiency.



The team was reviewed by a panel of professionals, referrers, patients and carers, and passed its assessments with flying colours. The service will now proudly display the CCQI kitemark (above), which stands for high quality care and a commitment to continuous improvement.



**LYPFT has also been shortlisted for an Excellence in Diversity Award, which celebrates individuals and organisations who champion diversity and promote inclusion (Spring Edition)**

There were over 1000 entries for the 2016 awards in 16 categories. Our Trust is nominated in the 'Diverse Company Public' category, alongside the Royal Air Force, Transport for London, South Wales Police and Avon and Wiltshire Mental Health Partnership NHS Trust.

The Awards recognise inclusive employers and judges have picked up on the great work across the Trust, supported by the Diversity and Inclusion team, to improve the lives of our service users and carers and those working here. Among other things the judges were keen to hear about any procedures and initiatives that ensure diversity and inclusion is promoted among LYPFT employees and asked about any projects the Trust runs involving the local community. Winners of this year's Excellence in Diversity Awards will be announced at The Queens Hotel in Leeds in May.



**Outstanding contribution to the deaf community (Spring Edition)**

Professor Barry Wright, Clinical Lead of the National Deaf Child and Adolescent Mental Health Service (CAMHS) at Lime Trees in York, has been presented with a Highly Commended Award for his "outstanding contribution to the deaf community" at the 175th Birthday Honours Awards for the Royal Association of Deaf people (RAD).

The award is in recognition of Barry's longstanding work in identifying and rectifying the lack of access for deaf children to mental health services in North Yorkshire. From 2004, Barry established a pilot service in York, to provide the first mental health service for deaf children outside of London.

Barry then led a successful national bid to the Government and NHS England to establish a tencentre service, throughout England, which has become known as National Deaf CAMHS. This service continues to offer opportunities for both deaf and hearing staff to work together to provide high quality services to deaf children and their families in their local communities.



### **A bright future for the Trust's first mental health apprentices – April 2016**

A scheme to employ apprentices in the Trust's mental health services for the first time has been so successful that 86 per cent of the recruits have now been offered permanent posts and two have won awards.

The cohort joined LYPFT in April 2015 on a year-long programme and during that time, have completed two six-month placements in clinical services and attained qualifications at Leeds City College. Prior to this intake, apprentices had only been employed by the Trust's Learning Disability Supported Living Service.

As well as providing personal care and psychological and emotional support to service users, the apprentices were also tasked with helping those in their care to develop social and leisure interests, maintain their health and wellbeing and access community facilities. On completion of their apprenticeships, they were guaranteed an interview for a Health Support Worker position at LYPFT. Six out of seven were successful, with the seventh committed to continuing their studies in social work and social sciences.

### **Community Learning Disabilities Review (Spring Edition)**

This follows lessons learned from Winterbourne View and the subsequent development of the national NHS Transforming Care agenda. The national Transforming Care programme and the Trust's review of services are focused on ensuring:

- more choice for people and their families, and more say in their care;
- providing more care in the community, with personalised support provided by multidisciplinary health and care teams;
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;
- providing early, more intensive support for those who need it, so that people can stay in the community, close to home;
- those that do need inpatient care receive it only for as long as they need it.

A proposal will be published in early November 2016. If approved, changes to current services will start from then onwards. The aim is then to have all changes delivered and in place for April 2017.

### **Celebrating the Trust's volunteers – 9th June 2016**

The invaluable contribution volunteers make to our Trust has been recognised at a special event during Volunteers' Week. Around 135 volunteers regularly donate their time to support services. Together, they spend approximately 18,000 hours a year helping out, with some marking ten years at the Trust. On Thursday 9 June, the unsung heroes were invited to a celebration at The Mount as a thank you for their hard work.



### **Children's 136 suite opens at The Becklin Centre – June 2016**

A new facility for vulnerable children who need urgent mental health care has opened at The Becklin Centre. The children's Section 136 suite or 'Place of Safety' is for children and young people under 18-years-old who are detained by the police under Section 136 of the Mental Health Act. Young people will come to the new suite to receive acute care and assessment in a clinical environment, rather than be detained in police custody.

In the past, children detained under Section 136 had been assessed alongside adults in one unit. In October 2015, an enhanced Section 136 Place of Safety for vulnerable adults opened at The Becklin Centre, meaning the old 136 suite could be refurbished to provide a separate area for children and young people. The dedicated Child and Adolescent Mental Health Service (CAMHS) suite has two rooms and young people brought to the unit by the police will be seen and assessed by a CAMHS doctor.

### **Love Arts Festival – 5<sup>th</sup> to 20<sup>th</sup> October 2016**

Preparations are well underway for the sixth annual Love Arts Festival, which will take place in Leeds between 5 and 20 October. The event, which started in 2011 and is the first of its kind to be organised by an NHS Trust in England, aims to get people thinking and talking about mental health in a creative way. It will challenge the stigma attached to mental illness and this year the focus is on the theme of identity, with people being asked to consider what 'I am' means to them.

The Festival is organised by the Arts and Minds Network (a partnership project run by the Trust), and will include exhibitions, workshops and performances. It will also see the return of the Love Arts Conversation, a conference to explore mental health, creativity and identity, and the Love Arts Trail.

### **Annual Members' Day 20<sup>th</sup> - September 2016**

Members, staff and local people with an interest in mental health and learning disabilities gathered for our Annual Members' Day in September. The event, held at 'The Carriageworks' in Leeds, was an opportunity to reflect on the challenges and achievements of the last 12 months, showcase the Trust's services and projects, and to explore the themes of labels and identity which are at the heart of our 'This is Me...' campaign.

The day started off with the official Annual Members' Meeting, which saw Chief Executive Dr Sara Munro take the audience through a review of the year's highlights, challenges and achievements.

The meeting also included a financial report from Chief Financial Officer, Dawn Hanwell, a presentation by Lead Governor, Claire Woodham about the role that governors play within our Trust, and a members' vote on changes to the Trust's constitution. It ended with a lively question and answer session in which the Board of Directors took questions from the floor that covered a range of topics from



community mental health care services in Leeds to how we as a society can better challenge stigma.

The lunchtime 'marketplace' session provided a snapshot showcase of the Trust's services and projects and gave attendees the chance to explore some of the themes of the 'This is Me...' campaign. An interactive 'Your Voice Counts' workshop also gave people the chance to familiarise themselves with the crowdsourcing software that the Trust used to co-create its vision, values and strategy with staff, members and stakeholders earlier this year.

The afternoon was led by independent theatre company, The Lawnmowers, and focussed on the themes surrounding the 'This is Me...' campaign. The group, run by and for people with learning disabilities, performed a thought-provoking drama piece entitled "Drop the Label", and then used audience participation to explore the role that labels and identity can have on mental health and wellbeing.

### **Community Learning Disability Nurses shortlisted for Nursing Times Award - October 2016**

Three of the Trust's nurses were shortlisted for a national award for the work they've been doing to help people with learning disabilities, in Leeds, to access annual health checks.

Community Learning Disability Nurses, Julie Royle-Evatt, Sheila Truran and Janet Tsigas have worked with 40 GP practices over a two-year period. They have supported them to review their processes for identifying when a patient has a learning disability so they can offer them an annual health check and a health action plan. More than 500 patients with learning disabilities are now receiving an annual health check thanks to Julie, Sheila and Janet's efforts. The annual health checks and health action plans were introduced in response to health inequalities experienced by those with learning disabilities. As part of the project, a toolkit of free, easy read resources has also been produced for use in GP practices. This material is available online at [www.easyonthei.nhs.uk/get-checked-out-resources](http://www.easyonthei.nhs.uk/get-checked-out-resources).



### **Trust ranked highly for diversity (Autumn Edition)**

The Trust has been ranked 20th in the Inclusive Top 50 UK Employers List for its continued dedication to improving workplace diversity. The Inclusive Top 50 UK Employers List recognises the efforts of organisations that have begun their journey to attracting and retaining a truly diverse workforce, achieving equality, diversity and inclusion.

The Trust is continuing the work started as part of the Your Voice Counts programme, having established a Workforce Race Equality Ideas Implementation Group (IIG), who are focused on priority areas such as talent management, tackling



discrimination and challenging barriers to professional development. Also in May 2016 the Trust held an equalities engagement event which encouraged an open discussion with a wide cross-section of staff. Feedback from both of these groups will continue to help develop the Trust's future equality priorities.

In addition to existing equality and diversity training and support for staff, in 2017 the Trust will introduce an equalities focused CPD (Continuing Professional Development) development day for clinical staff.



### **Junior doctors give us top marks for training (Autumn Edition)**

The Trust has achieved outstanding results in a national survey amongst junior doctors published by the General Medical Council (GMC). The Trust was ranked fourth place for overall satisfaction in training of all trusts in the 2016 England survey.

The overall satisfaction rate by junior doctors in training at the Trust increased for the fourth year in a row to 87% and the quality of clinical supervision our junior doctors have received has increased for the third year in a row to 93%. In total junior doctors voted the Trust extremely highly in nine of the 15 survey indicators which also included educational supervision and working.

### **Learning disability service gets quality report from inspectors (August 2016)**

One of our learning disability units in Leeds got a good report from the Care Quality Commission (CQC) in August.

The report followed an unannounced inspection at the Parkside Lodge facility in April 2016. Parkside Lodge is a 12 bed mixed sex acute assessment and treatment inpatient unit for people with a learning disability or autism.

The report highlights five areas of good practice and three areas for improvement.

### **Designing with care - Improving the dementia wards at The Mount (Autumn Edition)**

A programme of improvement works, designed to make two wards at The Mount more 'dementia friendly', is now complete. The project was developed by the teams from Wards 1 and 2; a 12-bed female dementia care ward and 17-bed male dementia care ward.

Staff looked at the ward environment and highlighted ways in which it could better support the needs of older people with dementia.

The aim was to create an environment for service users that is less confusing and easier to move around.

As well as introducing contrasts of colour, changes have been made to the flooring and new units installed to provide storage for activities and resources.



The works were informed by research undertaken by both The King's Fund and the Stirling Dementia Services Development Centre, who produced evidence-based tools for auditing ward environments.

### **Leeds Mental Health Flow (Autumn Edition)**

The Trust lead a project to improve patient experience, reduce out of area treatments and save £1.5 million for the local health system.

The Leeds Mental Health Flow aimed to deliver radical, system-wide, sustainable change to improve quality of care, patient experience and the system that supports this. The first step was a four day rapid improvement event which took place in late September. This involved around 40 clinicians, health workers and managers from across the Leeds health and social care system.

The project has made huge improvements for service users, it was revealed in January.

#### **Results:**

##### **Length of stay**

Our average length of stay has reduced from 48 to 41 days – meaning people are now spending a week less in hospital than they were compared to a year ago. Variation has decreased significantly as well.

##### **Occupied bed days**

Over the last year, we've gone from using 103 of our 105 adult acute beds on average, to using 98 on average since October last year. This means we are much closer to the nationally-recognised optimum rate of 85 percent bed occupancy.

##### **Out of area placements**

We are now consistently below an average of five service users placed out of area since October 2016 – the best we've seen for two years if not longer.

### **The Triangle of Care Bringing carers, service users and professionals together (Autumn Edition)**

More families are playing an active part in their loved ones' care, thanks to a new initiative in our forensic services.

The Triangle of Care is a national framework, developed by carers and NHS staff, to improve carer engagement in mental health services.

It brings carers, services users and professionals together to promote safety, support recovery and sustain wellbeing, and it's an approach that has been embraced on the Trust's forensic inpatient wards at the Newsam Centre, Leeds and Clifton House, York.

Since formally signing up to the Triangle of Care in 2015, staff within the forensic service have become 'carer aware', and have been trained in carer engagement strategies. This training includes an awareness of carer needs, dealing with queries



and concerns, encouraging carers to provide a narrative of their experience, advising on treatments, medicines management, and sources of help and support.

The three-way partnership approach has made such a positive impact in forensics that many of the growing network of “Carer Champions” have gone on to train in Behavioural Family Therapy. The network meet regularly to share experiences and knowledge, and each one of them has heard personal stories filled with hope, frustration, gratitude, bewilderment, weariness and laughter.

Recovery is a journey, and thanks to the Triangle of Care it's a journey that service users, professionals and carers are on together.

The Trust plans to develop this project further to ensure that all carers receive the information, advice and support they need to continue in their roles as expert partners in care.

### **World Mental Health Day - 10 October**

This year the Trust hosted a number of events to celebrate the day by raising awareness and encouraging people to share their story, discuss how labels can have a huge impact on our lives and say.....This is Me!

### **Open Mic Night**

We held an Open Mic Night at the Foodworks Café, where everyone really enjoyed themselves singing and dancing with singers and musicians performing music from many genres, including folk and rap. The night finished with an impromptu freestyle break-dancing performance.

### **Tea and Talk**

The Mental Health Library, Mount Annexe held a ‘Tea and Talk’ staff event which showcased the library’s ‘Books on Prescription’ and ‘Mood Boosting Books’, as well as demonstrating new dementia resources under development.

The staff from the Perinatal Service were inspired by the twiddlemuffs on display to think about similar resources that could be used in their service. Staff working with patients with dementia were also interested in the ongoing work to develop reminiscence resources.

### **New president for the Royal College of Psychiatrists**

Dr Wendy Burn, a Consultant Old Age Psychiatrist at Leeds and York Partnership NHS Foundation Trust, has been elected the next president of the Royal College of Psychiatrists.

The College’s members, fellows and specialist associates cast their votes earlier this year and, as the successful candidate, Dr Burn will take over from current president, Professor Sir Simon Wessely, in June 2016.

She will be the College’s 16th president and will be in post for the next three years.



### **Arts and Minds grants (Autumn Edition)**

Earlier this year, services across the Trust were invited to bid for a grant from the Arts and Minds Network to run a creative project in their area. To be eligible, projects had to enable people who use Trust services to participate in some form of creativity and needed to involve service users in the planning.

Five projects mentioned below were awarded the grants, worth £1000.

#### **Hobby Crafts at The Mount**

At The Mount, myths, stories and poems have been used to explore the folklore of herbs and their cosmetic, cooking, medicinal and magical uses.

Service users and staff from Wards 3 and 4 worked with professional artist, Irene Lofthouse on the project, harvesting herbs from The Mount's sensory garden and using their taste, texture and scent as inspiration.

The herbs were then used in crafts, with service users creating everything from coasters to pomanders.

#### **Mural at Clifton House**

Clifton House in York worked with professional graffiti artists from Connecting Youth Culture to create a graffiti mural in the area between the male and female wards, where service users meet for shared groups and activities.

Participants in the project worked with the graffiti artists to determine the concept and design of the mural. They were involved in research sessions and trained in graffiti paint techniques, in order to produce a professionally finished piece of artwork.

The project gave them the opportunity to learn a skill which they can pass on to other service users.

#### **Mosaics at Asket Croft**

A grant was awarded to service users and staff at the Recovery and Rehabilitation Service at Asket Croft to enable them to work with a professional arts company to create mosaics.

The project explored the theme of identity through discussions about what is meaningful and important in participants' lives, with the results of these discussions expressed in the artwork.

Service users taking part in the sessions were given the opportunity to create individual pieces of work to take away with them, while also contributing to a collaborative piece to be displayed in the unit.

#### **Photography at The Becklin Centre**



Staff and service users involved with the Healthy Living Service at The Becklin Centre used their grant to develop a photography project.

They tied it in with the Health Walks that have been running for a number of years, creating an opportunity for participants to interact with the environment.

The project was developed with the help of service users who participate in the Health Walks, who had told staff at the Healthy Living Service that they were keen to learn more about their surroundings, the local wildlife, plants and trees.

While on the walks, they took photos, taking inspiration from the local environment and stimulating their creativity.

### **Weaving at St Mary's House**

The grant awarded to St Mary's House funded the production of artwork based on a range of weaving techniques.

Professional artist, Agnes Smallwood was brought in to work with service users and staff from the Community Mental Health Team (CMHT) and Intensive Community Services (ICS).

Those participating in the project explored the theme of identity through individual and group discussions, developing these ideas into designs.

The project was designed to help those involved to gain the confidence to try new things, while learning new skills, improving wellbeing and reducing social isolation.

Arts and Minds Network is a partnership project of Leeds and York Partnership NHS Foundation Trust that promotes the vital link between creativity and mental health. We advocate for the use of the arts to promote recovery, inclusion and mental wellbeing, and champion this message across our region.[www.artsandmindsnetwork.org.uk](http://www.artsandmindsnetwork.org.uk)

### **Trust's Voluntary Services Team awarded kitemark**

Leeds and York Partnership NHS Foundation Trust's Voluntary Services Team have been given a stamp of approval for providing a 'high quality, positive volunteering experience.'

The service has been awarded a kitemark for promoting volunteering in Leeds and following good practice.

The mark of excellence is valid for two years and is awarded by Volunteer Centre Leeds. Members of the Leeds Volunteer Managers' Network judge each application.

It sets us apart from other organisations and will be promoted by Volunteer Centre Leeds as they help volunteers to make informed choices about which organisation to apply to.



The Trust currently has 148 volunteers providing invaluable support to its services, helping with everything from meet and greets to social activities on the wards and projects to promote

### **Our outstanding Deaf Child and Young People Service**

There was a big thumbs up from the CQC for our specialist service for deaf children and young people when it was given the highest possible rating of “outstanding”.

The Trust hosts the York-based Deaf Child and Adolescent Mental Health Service (CAMHS) for the north of England, with other bases in Manchester and Newcastle. It's one of four centres across England offering a highly specialised mental health service for deaf children and young people.

The team is made up of deaf and hearing staff, reflecting the bi-lingual and bi-cultural nature of the service, enabling it to meet the complex mental health needs of deaf children, young people and families regardless of their language and communication needs and preferences.

Inspectors were impressed by the range of therapies and treatments delivered and praised team members for tailoring their work to meet the specific communication needs of families. They described staff as “**passionate and enthusiastic**” and noted that the feedback from young people and carers who used the service, and from partners who work with the team, was “**universally positive**”.



### **Trust's Memory Support Worker Team makes national award shortlist.**

The Trust's Memory Support Worker (MSW) Team is in the running for a national award for offering an invaluable and efficient service to people who have memory problems or are living with dementia.

The team, which was set up in partnership with the Alzheimer's Society, has been nominated for a HSJ Value in Healthcare Award.

The Awards recognise and reward outstanding practice, cutting-edge innovation and improved value and efficiency in healthcare, and the Memory Support Worker Team has been shortlisted in the Clinical Support Services category.

The memory support workers have been employed across Leeds since 2015 to ensure that those living with dementia in the area are able to access meaningful information, advice and support.

One of their main aims is to help people live well with dementia in their community, which can involve signposting to services including memory cafés, carers groups and advocacy.



The Memory Support Worker Team integrates well with the already established Memory Services in the Trust. Setting up the team has allowed the Memory Services to re-focus their efforts on their clinical role, including providing support for people once they've been diagnosed with dementia. The memory support workers also work closely with Integrated Neighbourhood Teams and GPs, which improves communication between primary and secondary care services.

### **Trust pharmacist celebrates award win**

One of the Trust's lead pharmacists has won an award for the outstanding contribution she's made to undergraduate medical education in Leeds.

Anita Solanki has been presented with a Teaching Recognition Award by the Leeds School of Medicine at the University of Leeds.

The awards are in their first year and recognise those who continually receive good feedback from students.

Mental Health Worker of the Year

Trust's specialist dietitian highly commended

Caroline Foster, a specialist dietitian working in the Rehab and Recovery Service at Asket Croft, has been highly commended at the Yorkshire Evening Post 'Best of Health' Awards.

Caroline was nominated by a service user in the Mental Health Worker of the Year category, which celebrates those who go the extra mile to help people facing the most difficult times of their lives.

### **Celebrating our staff**

Everything we do depends on the high standards, innovation and commitment of our staff and volunteers. We recognise and celebrate the fantastic work that goes on across our Trust every day with our staff award schemes.

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Our monthly Staff Achievement and Recognition (STAR) Awards are designed to recognise the individuals, teams and volunteers who go above and beyond their call of duty to provide high quality care to people who use our Trust's services.

The scheme is open to all Trust staff and volunteers who have lived by our values of integrity, care and simplicity and any employee, team or volunteer can be nominated.

Each month a STAR Award winner is presented with £100 of high street vouchers, a framed certificate, an invite to our Trust's annual awards ceremony plus a personal letter of thanks from the Chairman and Chief Executive.



Our annual Trust Awards are an opportunity to celebrate the individuals, teams and volunteers who go above and beyond their call of duty to make a real difference to service users, their families, their teams, our services and our Trust.

The annual Trust Awards reflect the high standards, innovation and commitment within our staff team. The awards are an opportunity to recognise the fantastic work that goes on across the Trust every day. This year a record-breaking 115 nominations were made over the 10 award categories.

More than 200 people attended the glittering Trust Awards event in November 2016. The event, which was hosted by People's Poet, David Neita, was an opportunity to celebrate those who go above and beyond the call of duty to make a real difference to service users, their families, their teams, services and the Trust.

Congratulations to everyone who was nominated.

### **Trust Award 2016 winners:**

**Safe Care Award** Tim Richardson, Inpatient Service Manager

**Clinical Team of the Year** Bluebell Ward, Clifton House

**Non-Clinical Team of the Year:** Switchboard, Trust-wide

**Employee of the Year** Marjorie Howard, Support Service Team Coordinator

**Bank Employee of the Year** Kinga Bugajska, Health Support Worker

**Volunteer of the Year** Vanessa Findlay, Recovery and Anti-stigma Team

**Leader of the Year** Hayley Skinner, Acting Clinical Team Manager

**Staff Health and Wellbeing Award** Joe Loftus, Occupational Health Physiotherapist

**Developing People Award** Kathleen Peters, Advanced Specialist Physiotherapist

**Working in Partnership Award** Harm Reduction Team, Crisis Assessment and Acute Inpatient Service

### **FREED study – Eating Disorders**

A new early intervention service for young adults with eating disorders

A new trial which aims to ensure that young adults with eating disorders receive treatment sooner has launched in Leeds.

The Yorkshire Centre for Eating Disorders is one of only four sites in the country, and the first outside of London, to be involved in the national FREED study. It went live here in January in association with South London and Maudsley NHS Foundation Trust (SLaM), the Health Foundation, and the Institute of Psychiatry, Psychology and Neuroscience, where the team is being led by Ulrike Schmidt.



FREED is all about early intervention. It stands for 'First Episode and Rapid Early Intervention Service for Young Adults with Eating Disorders', and is for young people aged 18 to 25 who have developed an eating disorder within the last three years.

### **Eating Disorders Upbeat app**

A new app, designed to be an essential part of treatment for people with eating disorders, has been created by clinical staff and service users at the Yorkshire Centre for Eating Disorders. The free, Upbeat app includes features such as Goals, Schedule and Distractions that service users can customise and tailor to meet their needs. The purpose of the app is to encourage self-management and monitoring by service users, while also strengthening their relationship with clinical staff providing their care. Clinicians can support service users to monitor their progress as all the information they input into the app is stored securely online. The Upbeat app is available for iPhone, iPad and Android devices.

### **Leeds leads the way in sharing electronic mental health patient records**

The Trust has become the first mental health Trust in England to make key aspects of its patient's records available electronically to other health and social care organisations.

The Trust, which provides mental health and learning disability services across Leeds and beyond, is part of the Leeds Care Record.

The Leeds Care Record has been rolling out across the city for over a year and provides health and social care staff directly involved in a person's care access to the most up-to-date information about their treatment. It does this by sharing appropriate information from medical and care records between health and social care services across the city.

There are over 300 clinical computer systems in Leeds. They all hold information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams. Each record may hold slightly different information. The Leeds Care Record is bringing together certain important information from all of these systems so that medical and care information held about a patient or service user can be centralised in one place.

Leeds Care Record has now started to share information held by LYPFT about people's mental health. This follows extensive engagement with service users across the city which has been led by local network Leeds Involving People who asked the views of service users about sharing their records. Overall, the participants were happy for aspects of their mental health information to be shared and that it would make for smoother, more joined-up care and help to improve the decisions made by care professionals.

### **Trust is named Public Service Recycler of the Year**



The Trust has won the Public Service Recycler of the Year Award in the National Recycling Awards which celebrates the achievements of the best companies in the waste and resources sector.

The award was in recognition of how the Trust has turned around its recycling and waste collection system and brought in savings equivalent to three or four nurses' salaries every year.

Back in 2010, the Trust did very little recycling, but through investment and a strong focus on communication and engagement with staff at all levels, recycling has become an established routine for all staff that operate from Trust managed buildings. Implementation of the new domestic waste scheme resulted in a 36% improvement in costs in the first year and a further 22% improvement in the second year.

The judges commended the Trust for how the new scheme has delivered “sustained success delivered at low cost through simple measures and systems” and for the drive and active engagement of its waste and environmental manager Jason Mitchell.

### **Trust helps service users to grow their own**

Staff and Service Users on ward 5 at the Newsam Centre in Leeds have created a “blooming marvellous” allotment area.

Ward 5 is a locked recovery and rehabilitation ward which focusses on working in collaboration with service users and their family and friends. The ward inspires hope and recovery through the use of holistic interventions that meet individual needs including, psychological, medical, nursing and occupational therapy initiatives. The overall aim is to foster independence and support service users to realise their goals and improve the quality of their life.

The garden is a popular space for staff and service users to take their breaks and it was felt that the area could be revitalised and used in a productive way. After securing the agreement of their ward manager, staff and service users set to work by ripping out the old hedgerow and preparing the soil. Lots of seeds, plants and cuttings were donated.

### **HR award**

We won a Chartered Institute for Personnel and Development (CIPD) People Management Award. The People Management award was won by the Human Resources and Learning Development Team for the brilliant work they have done to reduce sickness levels at the Trust and how they work with others within the organisation.



### **HSJ Patient Leader Award Winner**

Wendy Mitchell, one of our Trust's service users and an active participant in research, has been awarded the HSJ Patient Leader Award.

Wendy was diagnosed with Alzheimer's disease last year and working alongside the National Institute for Health Research (NIHR) has since dedicated her time to encouraging others with the condition to actively participate in research.

The judges of the HSJ Patient Leader Awards, which named 50 outstanding patient leaders contributing to large scale change and shaping the future of healthcare, were impressed by Wendy's experience, saying she is "doing very good work" through the development of a network of patient and carer champions and the way in which she shares her story at a number of conferences and events across the country.

Dementia is a debilitating disease that currently affects around 850,000 people in the UK and through research studies and trials, the NIHR and their partners are always on the lookout for people to play their part in beating dementia. To find out how you can be involved, locally and nationally, please see:

<http://www.joindementiaresearch.nihr.ac.uk/>

### **Trust celebrates award-winning NHS research collaboration**

A three-way partnership between the National Institute for Health Research (NIHR), Ashridge Business School and a network of NHS Trusts including Leeds and York Partnership NHS Foundation Trust has won a gold medal award in the EFMD Excellence in Practice Awards (EiP).

The ground-breaking collaboration which facilitates 'faster and easier' clinical research in the NHS in England was awarded the medal in the Organisational Development category by EFMD, a global management development network. The initiative has led to a revolution in performance between the 64 Trusts which were involved in the project and produced impressive levels of impact individually, organisationally and across the whole of the NHS system.

As part of the initiative, our Trust produced an Improvement Intention to show its commitment to research and raise its profile within the organisation. This improvement plan has been developed into a working strategy to improve R&D capacity within the Trust and in its workforce by recruiting clinical staff who will be involved in both clinical practice and research activities. It is anticipated that increased involvement in research within the Trust will improve health outcomes for service users as well as improved healthcare processes and lead to increased collaborative working between academics, NHS staff and service users.

### **mHabitat wins Medilink healthcare award – 6<sup>th</sup> March 2017**



mHabitat won the Patient Engagement Award at the Medilink Yorkshire and Humber Healthcare Business Awards 2017, for their new website [MindWell](#).

The award celebrates a new healthcare 'device or service' which was developed through a process of engagement or 'co-creation' with patients or service users. MindWell was launched in October and is now the single 'go to' place for people in Leeds, including GPs, clinicians and other professionals, to access up-to-date information about mental health. The process of creating the site was facilitated by mHabitat and has involved engaging with a wide range of potential users at every stage of development.

#### **New Website for LYPFT – 30th March 2017**

The new site has been developed with the involvement of service users, carers, staff and stakeholder partners and will offer a more user friendly, accessible and responsive experience for visitors. You can access the website by clicking [here](#)



## **Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees**

In recognition of our close working with partners, the Trust engaged with and invited comments on the quality report from the following stakeholders; governors, commissioners, Healthwatch and the overview and scrutiny committees in Leeds and York.

The responses received are set out below.



## **Feedback on the 2016-17 Quality Account**

### **Leeds York Partnership NHS Foundation Trust**

#### **Introduction**

Healthwatch Leeds hosted a session for all the organisations providing NHS services in Leeds who are required to provide annual Quality Accounts, attended by representatives of the Overview and Scrutiny Committee for Health, Public Health and Social Care in Leeds. Healthwatch Leeds and the OSC have a statutory right to comment on QAs. This year we welcomed the Head of Quality for Leeds CCGs joining us on behalf of commissioners.

#### **The key questions considered for all QAs were:**

- Was the patient, service user, carer and public involvement clear?
- Did we understand how the engagement has influenced the priorities and actions in the QA?
- Are there plans for accessible versions?

#### **Joint comments for inclusion in the Quality Account**

The links from feedback influence and quality improvement could be made clear and specific. The engagement and involvement of service users and carers was not the main focus of the current content but examples were given where feedback from carers and service users had influenced care models and improved quality. There is a plan for an accessible version to be published by July 2017.

The numbers of responders in some engagement and the range of people taking part are a challenge. Given that around 20% of Leeds's population includes Black and Minority Ethnic (BME) communities, it is hoped that more can be done to understand and tailor services to meet the needs of all communities.

#### **From Scrutiny Board:**

During 2016/17, the Scrutiny Board established a system of regular Chief Executive's update for the 3 main NHS provider Trusts in Leeds. It is hoped that during 2017/18 this activity can be developed to include regular performance reports, including progress against the Quality Account priorities throughout the year.





Anthony Deery  
Director of Nursing and Quality  
Leeds and York Partnership Foundation Trust  
2150 Thorpe Park, Leeds  
LS15 8ZB

11 May 2017

Dear Anthony,

Thank you for providing the opportunity to feedback on the Quality Account for Leeds and York Partnership Foundation Trust for 2016-17.

This report has been shared with key individuals across the three Leeds CCGs and this response is on behalf of all three CCGs.

We acknowledge that this is a draft report which you have provided and so additional information will be added and amendments made before final publication, so please accept our observations on that basis. In addition it has been a period of change for the trust with the appointment of a new Chief Executive and subsequent appointments to the executive team.

We welcome the commitment to the parity of esteem agenda and look forward to working with the Trust on this fundamental issue. Whilst accepting that there are challenges ahead in working within the new STP landscape, we would expect that progress is made against this crucial initiative especially as it is very heavily supported through the CQUIN scheme.

The progress against the Clinical Effectiveness priorities for last year are welcomed, especially the reduction in out of area placements, the development of the Memorandum of Understanding to support integrated mental health pathways and the review of the mental health legislation systems and processes that has led to considerable improvement in performance. However, there is a lack of detail against progress on the continuing development of recovery focused services and the implementation of the new urgent/emergency/crisis care model. In addition we needed to see more progress against the primary care prototypes than there has been as these are a key development in working in primary care and need to be evaluated in order to inform other elements of the pathway.

The initiatives for 2017-18 are welcomed, especially the commitment to staff development and the implementation of outcome measures across all services.

Progress against the Patient Safety priorities for last year are also lacking a full update. In particular, the review of clinical risk assessment policies and learning from incidents and complaints. It is noted however that there is a commitment to maintain learning as a priority for next year, along with evidencing change of practice through reviewing data and mortality reviews. The commitment to the implementation of a suicide reduction plan is fully supported by the commissioners and we look forward to engaging with the Trust on this.



With regard to the patient experience priorities for last year, the roll out of the triangle of care and the work to review the mental health legislation systems and processes is to be applauded. However, the delivery of targets in relation to memory services and physical health screening are still proving to be a challenge for the Trust and we will continue to monitor progress in 2017-18.

Although new priorities in all three domains have been set for 2017-18, we would also expect that work on priorities from last year will continue as well. Some have been put into the contract for 2017-18.

In other sections of the account, we are impressed with the progress made in the staff survey for 2016. Of note the Trust is above average for similar trusts for staff receiving an appraisal, and scores better than the average for staff feeling unwell due to work related stress. The "Detailed requirements for quality reports for foundation trusts 2016-17", however did advise that trusts should report on the "% of staff believing the trust provides equal opportunities for career progression or promotion" and we cannot see this result in the report.

The CQC report was obviously disappointing for the Trust as it remained at "Requires Improvement". However, this did not reflect the full picture as two domains were rated as good (caring and responsive) as opposed to only one in 2014 and eight out of the thirteen core services were rated as good and one as outstanding. The commissioners will request regular updates of progress against the action plan and offer support where appropriate in the Trust's desire to move to a rating of at least Good.

The final section of the report describes many good initiatives taking place across the Trust including the work of the Service User Network, the Voluntary services receiving a kite mark and the development of an app by the eating disorders service.

However, not all the initiatives have a date on and so it is not clear whether all these initiatives have occurred in the last twelve months.

We welcome the opportunity to review the report and hope that this is accepted as a fair reflection. We would also like the opportunity to review progress against priorities in the coming year in order that we work closely with the Trust to support them to deliver high quality services to the population of Leeds.

Yours sincerely,



Dr Manjit Purewal  
Joint Medical Director

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## **Annex 2: Statement of directors' responsibilities for 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.

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

In preparing the Quality Report, 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 2016/17 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to March 2017
  - papers relating to quality reported to the board over the period April 2016 to March 2017
  - feedback from commissioners dated 15/05/2017
  - feedback from governors dated 28/04/2017 (Verbal feedback given during stakeholder meeting)
  - feedback from local Healthwatch organisations dated 05/05/2017
  - feedback from Overview and Scrutiny Committee dated 05/05/2017
  - the trust's Board receives regular complaints reports throughout the year, and the annual complaints report, published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, will be received and signed off at June 2017 Board meeting.
  - the 2016 national inpatient survey 04/01/2017 and Mental Health 2016 Community Survey 08/09/2016
  - the national staff survey 07/03/2017



- the Head of Internal Audit's annual opinion over the trust's control environment dated 24/04/2017
- CQC inspection report dated 15/11/2016
- 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
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality

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

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive