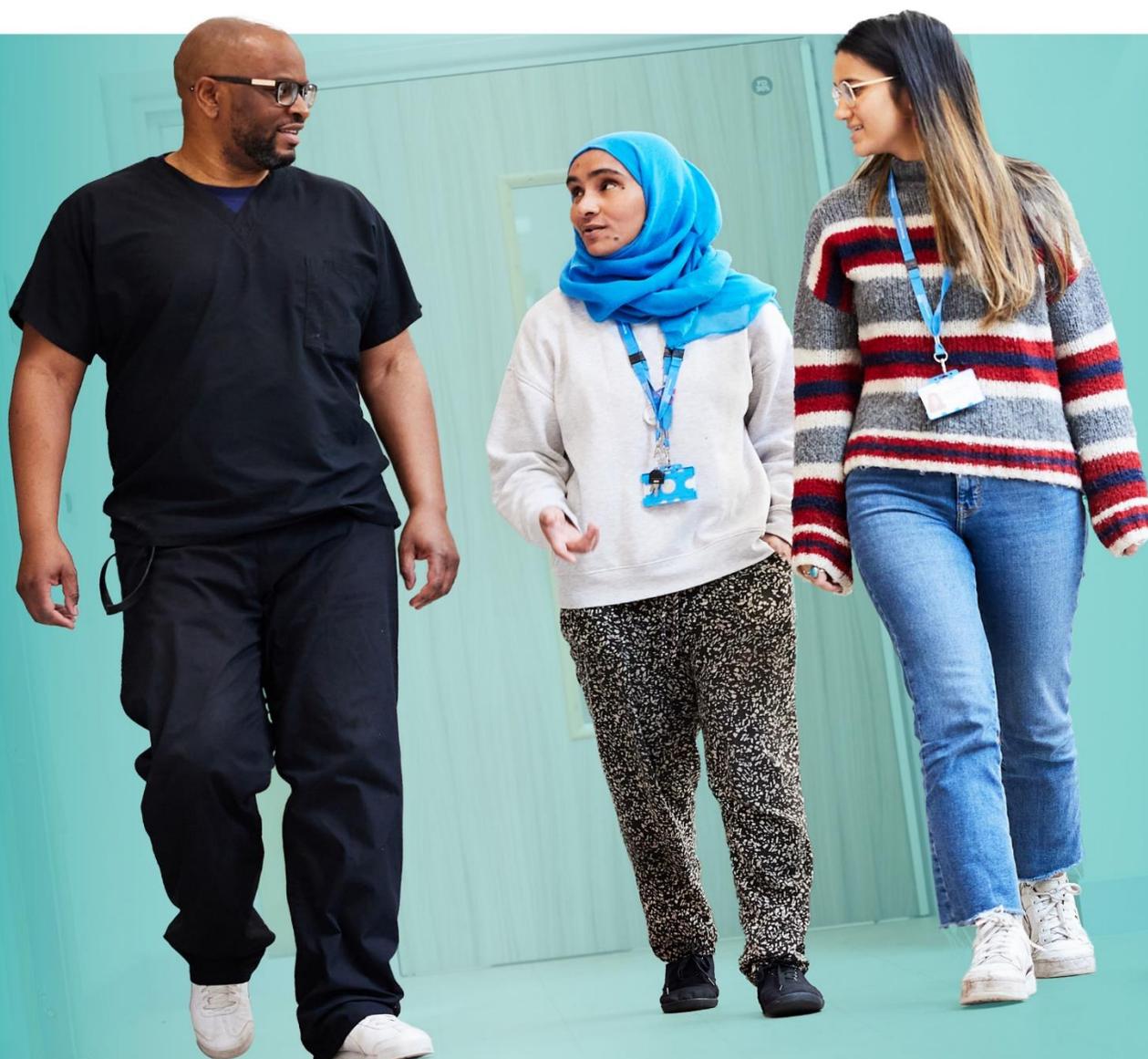


# Quality Account

2023 - 2024



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# Introduction

## Who we are

We are Leeds and York Partnership NHS Foundation Trust – we provide Specialist Mental Health and Learning Disability Services to the people of Leeds and York as well as regionally and nationally.

Our vision is to provide outstanding Mental Health and Learning Disability Services as an employer of choice. This means supporting our service users and carers, our staff and the communities we serve, to live healthy and fulfilling lives where we can all achieve our personal and professional goals, and live free from stigma and discrimination.

We offer services to people who need support and treatment for a wide range of mental health conditions, from depression, anxiety, and obsessive-compulsive disorder, to dementia, bipolar disorder, schizophrenia and personality disorders.

We support people living with issues such as addictions, eating disorders, or physical problems with psychological causes, and those needing the support of our Gender Identity Service.

We offer community, supported living and respite care to people with a learning disability, who can present to us with challenging behaviour or complex physical health needs. We offer services across the region, and in a variety of locations, including Inpatient Children's Services in York, Deaf Children's Services across northern England, and Secure Services for Leeds and York.

Much of our care is provided in, or close to, people's own homes with the need for people to stay in hospital kept to a minimum.

We are an NHS Foundation Organisation.

This means:

We have some freedoms to decide locally how to meet our requirements.

We are accountable to the people within our communities, who can become members and governors.

We are authorised and monitored by NHS Improvement

## Our Services

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

Adult Inpatient Services including Psychiatric Intensive Care Service (PICU)	Deaf Child and Adolescent Mental Health Service (Deaf CAMHS) National
Adult Attention Deficit Hyperactivity Disorder (ADHD) Service	Community Learning Disability Teams (CLDT)
Autism Diagnostic Service (LADS)	Liaison Psychiatry
Alcohol and Drug services: Forward Leeds	CONNECT The West Yorkshire Adult Eating Disorders Service
Child and Adolescent Mental Health Service (CAMHS) Inpatient Units at Mill Lodge & Red Kite View	Community Rehabilitation Enhanced Support Team (CREST)
Younger People with Dementia Services	Rehabilitation and Recovery Inpatient Services
Op Courage -Veterans Mental Health Services	Perinatal Mental Health Service
Gender Identity Service	Care Homes Team / Intensive Care Homes Team,
Healthy Living Service	Locked Rehabilitation Service
Learning Disability Inpatient Services	Working Age Adult Community Mental Health Service
Learning Disability Specialist Health Planned Care (Respite)	Intensive Home Treatment Team for Older People
Memory Assessment Service	

EMERGE Leeds: Complex Emotional  
Needs Service

Leeds Psychosexual Medicine (PSM)  
Service

National Inpatient Centre for  
Psychological Medicine (NICPM)  
Pathway Development Service –  
Yorkshire and Humberside  
Admiral Nursing

Mental health crisis services and health-  
based places of safety

Older People's Inpatient Services

Older People's Community Mental Health  
Services

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

Northern Gambling Service

The Organisation also provides one Adult Social Care Service which is the  
Specialised Supported Living Service.

# Our Values

Our values are integrity, simplicity, and caring. They are integral to how we go about our business. The way we behave and interact with one another is central to living our values and we have to continue to challenge ourselves to demonstrate these in all that we do.

## Our values

### We have integrity

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

## Behaviours that uphold our values

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

### We keep it simple

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

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

### We are caring

We always show empathy and support those in need.

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

## Our Organisation in Numbers



**811k+**

people we  
provide services  
to

---



**35**

services we  
provide

---



**Good**

our overall CQC  
rating

---



**£256.9m**

annual turnover  
for 2023/24

---



**57**

sites we operate  
from

---

## Our Services and Service Users



**393**

compliments  
received by the  
Trust in 2023/24

---



**86%**

of staff feel  
their role makes  
a difference to  
service users

---



**167**

service users and  
carers are members  
of our Service User  
Network

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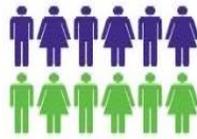
# Our People



**3,303**

substantive staff

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**616**

flexible staff

---



**212**

medical staff,  
including  
consultants,  
doctors and  
registrars

---



**895**

other clinical  
staff, including  
health care  
support workers

---



**834**

registered nursing  
and midwifery  
staff

---



**268**

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

---



**214**

allied health  
professionals,  
including  
occupational  
therapists and  
dietitians

---



**880**

admin, estates  
and non-clinical  
staff

---



**170**

members of our  
Workforce Race  
Equality Network  
(WREN)

---



**91**

members of  
our Disability  
and Wellbeing  
Network (DaWN)

---

**RAINBOW  
ALLIANCE**

LGBT+ Network

**102**

members of our  
Rainbow Alliance

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## Our organisation online



**12,680**

the average number of visitors to our website each month

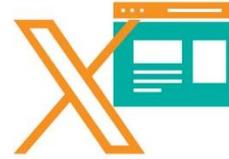
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**289**

Facebook posts

---



**568**

X / Twitter posts

---



**4,146**

page fans on Facebook

---



**9,591**

X / Twitter followers

---



**14,322**

LinkedIn followers

---



**203**

Instagram followers

---



**1,940**

YouTube followers

---

# Our research



**58**

research studies  
the Trust was  
involved in  
during 2023/24

---



**316**

people took part  
in research hosted  
or led by the Trust  
in 2023/24

---



**£1.7m**

received in  
research grants  
from the National  
Institute for  
Health Research  
and other funders  
in 2023/24

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# Section One

# Statement of Quality from the Chief Executive

## Dr Sara Munro Chief Executive

It's fair to say 2023-24 has brought another wave of challenges and opportunities which we have engaged with and overcome as we always do. It is more important than ever to keep our organisation's values of simplicity, caring, and integrity at the heart of all we do. I am incredibly proud of everyone at our organisation who delivered excellent care or enabled it to happen at a time where demand continues to grow beyond our resources. I will do my best to cover some of the key highlights of the year.



We have experienced one of the most demanding winters regarding adult acute patient flow and bed capacity that I have seen as CEO of our organisation. Despite these challenges, I want to recognise the hard work of teams across our organisation, which managed the complexity, risk, and decision-making because of that demand and celebrate how we have come together. We are putting in additional leadership capacity and support to get us on a more sustainable footing which reduces the need for vulnerable people to be cared for away from home.

2023 marked 75 years of the NHS which we celebrated at our last annual members meeting. Remembering the stories shared by our staff and service users and carers, I am humbled and incredibly proud to be part of the NHS and work with the most incredible people at our organisation with such remarkable experiences. Last year also marked the 75th anniversary of the arrival of the Windrush generation from the Caribbean. Our Workforce Race Equality Network hosted a session where colleagues shared their personal stories and connections to the Windrush generation. Hearing these stories and understanding their deep links to the NHS and the communities in Leeds showed us the diverse picture that built the NHS.

A mosaic produced by patients and staff at in the Perinatal Mental Health Service, based at The Mount Hospital won the prestigious Royal College of Psychiatrists 2023 Art

Competition. We are also delighted to be accredited with the International Nursing and Midwifery NHS Pastoral Care Quality Award. The award is a testament to our commitment to providing pastoral care, which NHS England has approved as the definitive set of standards for trusts to protect the welfare of internationally educated colleagues.

Over the last year, it has felt like we have made tremendous progress in moving our organisation forward; when I look back and review what we have achieved, a lot of time in the face of enormous pressures, I am incredibly proud to be part of this organisation.

We continue to operate in a challenging environment, always trying to keep up with demand, and looking ahead to innovate through research and improvement. We will continue in the year ahead to deliver safe, high-quality services, despite the challenges that will come up, because we all genuinely care about what we do and want to do the best for those we serve.

## **What is the Quality Account?**

Once a year, every NHS Trust is required to produce and publish a Quality Account. The account is a look back over the year to show how we have improved the quality of our services, a look forward at what our plans are for the coming year and an explanation of who we are.

This Quality Account is for service users, carers, and members of the public. The aim is to make sure that everyone who would like to know about our services can access this information.

### **What's included?**

The core elements of a Quality Account are:

- How we performed last year (2023-24), both through our prioritised activities and through other quality improvement work.
- The information we are required by law to provide – this is reported in a very strict way so that we can be compared to other NHS Organisations.
- What we plan to do next year (2024-25), why we have chosen these priorities, and how we will go about it.

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

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

- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2023 to March 2024
  - Papers relating to quality reported to the Board over the period April 2023 to March 2024
  - Feedback from local Healthwatch organisation dated 3<sup>rd</sup> June 2024
- The Quality Account presents a balanced picture of the NHS Foundation Organisation's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- The Quality Account has been prepared in accordance with NHS England's guidance.
- The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

**Date:** June 2024

**Chair:** Merran McRae

# Section Two

# Our organisation’s strategies in relation to Quality

Our 2018-2023 five-year Trust Strategy is being refreshed this year, where we will be setting out our ambition for the next five years. Below is a reminder of our 2018-2023 Trust Strategy and we would like to update you on our progress with our other set of strategies in we want to develop our services and workforce over the next 5 years.

Our five year strategy for 2018 to 2023		
Our purpose	Our vision	Our ambition
Improving health, improving lives	To provide outstanding mental health and learning disability services as an employer of choice.	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.
Our values		
<p><b>We have integrity</b></p> <p>We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.</p>	<p><b>We keep it simple</b></p> <p>We make it easy for the communities we serve and the people who work here to achieve their goals.</p>	<p><b>We are caring</b></p> <p>We always show empathy and support those in need.</p>
Our strategic objectives and priorities		
1. We deliver great care that is high quality and improves lives.	2. We provide a rewarding and supportive place to work.	3. We use our resources to deliver effective and sustainable services.

# Update on our Quality Strategic Plan – 2024 and beyond

Our aim is to create the conditions in all areas of the organisation for quality to be experienced.

A first crucial step in achieving that is for staff to be clear what quality is. Quality can mean different things to different people, and confusingly, there are multiple definitions of 'quality' across the NHS and our regulators.

Within our organisation we believe that quality is about making healthcare Safe, Timely Effective, Efficient Equitable and Person-centred (STEEEP) and it is important this now becomes the singular definition of quality that we all commit our efforts to. These are detailed below:

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

In 2018 our first Quality Strategic Plan was agreed at Board following extensive discussions with the Council of Governors, Board, Senior Leaders, and consultation clinical governance forums. This remained in place until January 2024, when our plan for 2024 and beyond was updated and agreed by the Board.

The plan was underpinned by the philosophy that the organisation exists to provide high quality continuously improving care, and that this occurs at the point of every contact in the service of this purpose.

We believe that quality care should be experienced at the point of contact between the clinician and those using our services. We know that to achieve this we need to have an approach that acknowledges:

- The work that we do is often complex.
- Successful outcomes depend on the knowledge of many being brought together in the right way.
- The wider work of the organisation is to create the conditions where quality can flourish.
- The Quality Strategic Plan is central to the delivery of our ambitions for quality care, job satisfaction for our staff and meeting the financial challenges facing the NHS.
- It provides us with a framework for delivering the right care, in the right way, every time.
- Our approach to quality creates real challenges and tensions.
- We must allow our people take ownership of quality, but also maintain an oversight and consistent approach to quality together for the entire organisation.
- We must use the best international evidence, but also build on the local experience of our service users, carers, and staff to drive change.

## Our Strategic Priorities

The vision for our organisation is to provide outstanding mental health and learning disability services as an employer of choice. Our ambition is to support our service users and carers, our staff, and the communities we serve to live healthy and fulfilling lives. To help us to work together to fulfil this ambition, our approach to quality must be universal across all areas of the organisation. By understanding how our quality (*Safe, Timely, Effective, Efficient, Equitable and Person-centred care*) impacts on the services we provide we will undoubtedly encounter challenges and tensions.

Our approach needs to help people take ownership of quality yet bring it together for the entire organisation. It must take the best international evidence, as well as build on local

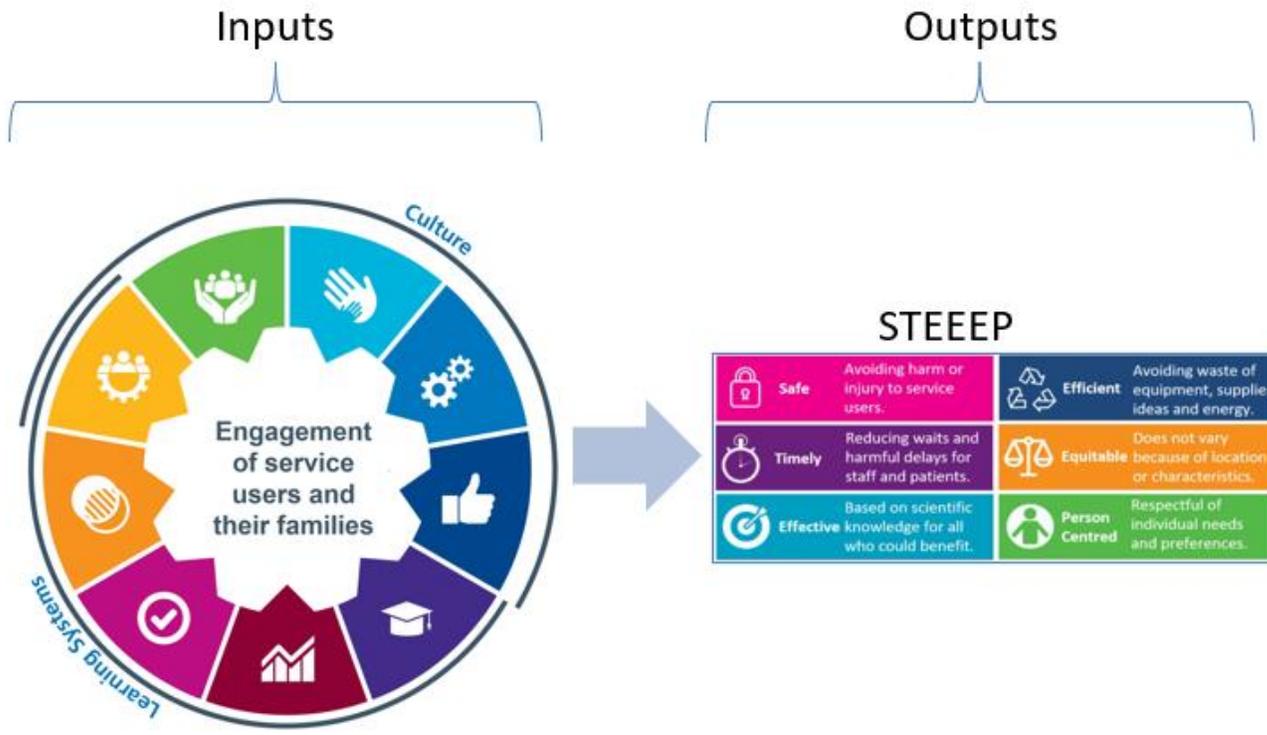
experience of our service users, carers, and staff. It must acknowledge the many ways we can see and improve quality yet provide a systematic and integrated whole. It must see quality as what happens to deliver the care for those who use our services, whilst acknowledging the contribution of all our staff. Quality within the organisation should be experienced at the frontline, yet led from every level, and every service, including the top.

Most of all, we need to continue to place our service users, carers, and families at the heart of what we do. We will learn how best to build our services through our relationships with individuals and their support networks.

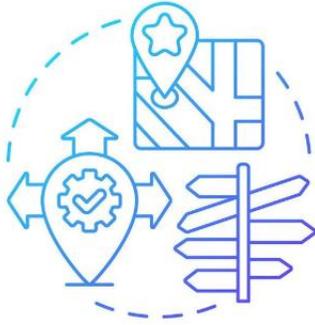
## Our Model

To enable us to deliver our quality strategic priorities we have built on the work of the previous Quality Strategic Plan to enable a connected view of the 5 areas which are:

- Uses the evidence to build **an environment** that allows quality care to flourish.
- Establishes a system that helps us **know how we are doing** floor to Board – this means effective communication between those working within and leading our frontline services and Senior Leadership within our organisation.
- Provides **help and support** where it is needed and does this in a joined-up way.
- Develops systems to ensure that we can set and deliver **priorities** with clarity and equity.
- Uses our integration skills to **work across boundaries** and systems with partners to make sure that we deliver joined-up high quality care.



## Know How We Are Doing



Knowing the quality, strengths and weaknesses of our teams and services – the ‘bright lights and hot spots’ - will identify the good practice we can learn from and where more support is needed. Across our organisation, we already have many ways of assessing quality. These include service visits and peer reviews; the metrics that make up our combined quality and performance report to our

Board; Care Quality Commission feedback; compliments, complaints and service user feedback and outcome measures. All these information sources will be integrated into our plan to develop both Quality and Culture ‘dashboards’.

We will use various sources of information, including our data and peer-to-peer visits to ensure that we identify where early support is needed to help teams reflect and improve. We also need to support teams by creating effective electronic systems to link their data and their plans for improvement so that they can track their own actions.

This will also provide the opportunity for peer support and learning across our organisation and further strengthen our organisation’s approach to learning. This will make us better able to assure ourselves, the Board, our commissioners, and our regulators. The technical improvements in the collection, storage and access of data are all necessary but they alone will not improve quality. They must go hand-in-hand with good leadership, a nurturing culture and learning development, if teams are to embed a continuous improvement approach.

## Help and Support



We have a variety of ways to support teams to improve project support, organisational development, clinical governance, continuous improvement, audit, service evaluation, and use of national guidance.

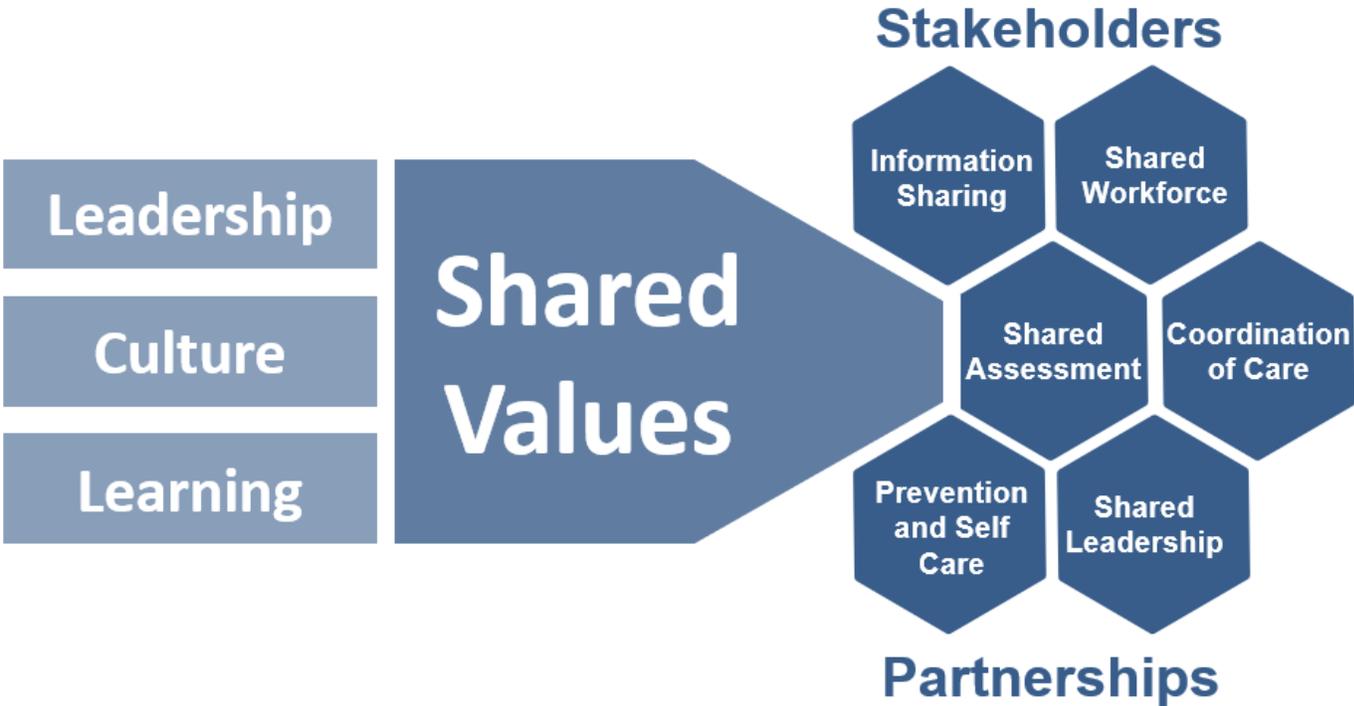
Where teams have a good awareness of the areas they need to improve, it is vital that the right support is offered in a way that will make a difference. This will depend on the

issue concerned, not the skill set of the person seeking or offering help. Where teams are unable to articulate this need or indeed have not seen a need to improve, this becomes even more important. To meet this challenge, we must ensure that we work in an integrated way. Our aim will be to ensure key support services are able to come together at the same time to build a collective coordinated support package, rather than these individual functions working independently of each other when supporting teams and services. The next step will be the work with teams to develop an integrated offer and the processes and practices to support this.

**Priorities**

Presently there are several ways that teams, services, and our organisation set priorities. We need to develop ways in which these priorities are agreed collaboratively but can be revised as needed when new learning occurs from either inside or outside our organisation.

Where individuals and teams can implement an idea or priority activity, they should be able to do so. However, where the impact of it spans wider than their service, there needs to be a wider approach to implementation.



# Update on our Medical Strategy

**Dr Chris Hosker**  
**Medical Director**



The Medical Directorate has continued to focus on the three priority areas within the medical strategy which are outlined in the table below.

In line with our organisation’s vision, we remain committed to ensuring that our medical staff are supported to always provide high quality care and view our organisation as an employer of choice.

## How we assure – Appraisal

All doctors continue to have an annual appraisal which reviews their full scope of work and includes information about clinical outcomes, compliments and complaints and any significant incidents.

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

In 2022/23 100% of the appraisals took place as scheduled and 100% of doctors due for revalidation during this period had their recommendations for revalidation approved by the GMC.

In accordance with our statutory duties a full report outlining the work of the appraisal and revalidation team was submitted to, and accepted by, NHS England to demonstrate that the agreed national standards were being met by our organisation.

## How we assure – when in difficulty

We have continued to review and update our organisation’s ‘Managing Concerns about Medical Colleagues (Maintaining High Professional Standards)’ policy in collaboration with colleagues in Workforce and the British Medical Association. A key addition to this policy has been the inclusion of a Cultural Inclusion Ambassador in all Decision-Making Groups to ensure that any issues, where staff may be being treated less favourably, or be facing potential discrimination, are addressed.

### **Medical Education – how we grow**

Our organisation has embedded a 'Cradle to Grave' model of medical education roles led by the Director of Medical Education. Starting with mentoring undergraduates with a passion in psychiatry and dedicated Core Trainee Medical Student Tutors through to a new role of Certification of Education for Specialist Registration Tutor and Director of Continuing Professional Development overseeing new consultant transition through to retire and return opportunities.

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

We have developed a collaborative working approach with colleagues in Medical Education in reducing the number of Agency Core Trainee and Specialist & Specialty (SAS) Doctors resulting in substantive appointments made.

## **Update on our Nursing Strategy**

### **Nichola Sanderson Director of Nursing**

During 2023/2024, there has been continued progress against the Nursing Strategy in our organisation with some key areas of focus such as workforce, physical health and Reducing Restrictive Practice, alongside re-defining our nursing priorities for the year to focus on quality including safety. Below is a reminder of our current commitments, which will be refreshed during our Nursing Conference in Autumn this year:



- Improving retention
- Be a nursing employer of choice
- Marketing our services
- Developing our nursing workforce
- Improving holistic care
- Improving service user and carer experience
- Implementing research, development, and new technologies

## **Workforce**

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

Our organisation has continued to welcome International Nurses. We are currently working with internal and external stakeholders to review processes which will help the international recruits transition into the country and ensure robust pre-employment checks and a supportive pastoral package are embedded. The pastoral package is also expanding, further supported by the 'Stay and Thrive' funding which is allowing us to introduce reciprocal mentoring and an annual calendar of cultural transition events.

Our organisation was delighted to have been awarded the NHS Pastoral Care Quality Award in recognition of the hard work and dedication for the work in international recruitment.

In 2023 our organisation successfully appointed 32 local students and 32 students who had trained outside of our organisation, under our new Preceptee Nursing Recruitment Scheme which brought a total of 64 preceptees for September 2023 which was a 51% increase on 2022.

## **Quality including Safety**

A review of the Suicide Prevention and Self-Harm work in our organisation has commenced. In 2022, the NICE Guidance for Self-Harm: assessment, management and preventing reoccurrence was published, followed by a new Suicide Prevention Strategy for England 2023-2028, which adds to the evidence and guidance on best practice. Over recent months there has been work taking place to develop a new Suicide Prevention and Self-Harm group which will focus on a review of our organisation's Suicide Prevention Plan and implementation of actions as well as the development of a Self-Harm Strategy. These workstreams will continue to build on the work taking place within our organisation to support those who use our services.

This year we have seen the introduction of the Suicide Prevention Environmental Survey and Risk Assessment within our inpatient services. This is a tool that is used by our services to ensure that the environment is safe, and that staff are aware of any risks and how they can be managed. We have been involved in a national piece of work with a range of organisations and experts by experience related to the way in which we assess, carry out

and document environmental assessments to minimise risk of suicide. This national piece of work has shaped our local procedure which is being rolled out across all inpatient services provided by our organisation. The aim of the assessment is to reduce risk where possible or mitigate risks that cannot be removed and support clinical decision making relating to therapeutic engagement for inpatients.

Further information on improving service user experience can be found in the *Improvement made with Service User Involvement* update in section 3 of this document.

## Update on our Allied Health Professions & Social Work Strategy

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



2023 saw us consolidate on the developments of the Allied Health Professionals (AHP) and Social Work plans. Throughout the year we have strengthened the leadership and governance arrangements for AHPs and Social Workers. This includes the following:

- The first organisations Occupational Therapists (OT) forum brought together Occupational Therapists from across our organisation for the first time since before the pandemic, with a focus on sharing good practice and networking.
- We know that getting our environments and treatments right so they neither over, nor under stimulate people who have sensory needs such as autism or a learning disability is vital, so people have positive experiences and outcomes of care. We have appointed a Sensory Practitioner Lead to oversee the development of this area of practice.
- Our social worker workforce goes from strength to strength. The 'think ahead' programme fast tracks social work students into employment in our organisation has expanded and we now regularly support these students in several clinical areas.

In addition, there are now undergraduate social work students and social workers employed directly on wards, enabling service users and carers greater access to care delivered from a social perspective.

- A principal Speech and Language Therapist has been appointed and will lead on the development of a Speech and Language Therapy Team for our service users, providing access to a Speech and Language Therapist to support with any communication or swallowing difficulties that have come about due to their mental illness.
- Since the establishment of the Principal Dietitian role there has been significant developments in our food and nutrition offer. This includes a clear approach to how we safely support people with allergies and the development of some new menus. Evidence has shown that these new menus have led to a reduction in weight gain.

## Update on our Psychological Professions Strategy

**Sharon Prince**  
**Consultant Clinical & Forensic Psychologist**

**Deputy Director Psychological Professions**



2023 saw us achieve our goals in the Psychological Professions Strategy (2021-2024), so this year will focus on developing a new strategy which will build upon and consolidate the work already started; respond to the national, regional and local priorities which include an ambitious and significant expansion of the Psychological Professions' workforce; a focus on health and racial inequalities; the importance of innovation in the delivery of psychological health care; and how we can work with our Human Resources and Organisational Development colleagues in the delivery of Our People Plan.

The high level objectives of the [Psychological Professions Strategy](#) (2021-24) were that:

- All service user and carer contact across our organisation are psychologically informed.
- All psychological practice is safe, caring, and compassionate, effective, cost-effective, and well led.
- To focus on workforce development to ensure the sustainability of our skilled and knowledgeable staff.
- To identify and pursue strategic growth, research, and innovation opportunities.

## Update on our People Plan

**Darren Skinner**  
**Director of People & Organisational**  
**Development**



Great care is delivered by great people, and we know that to continue to provide high-quality healthcare services, we need to look after our own. In recent years, NHS colleagues have continued to rise to considerable challenges, and it is vital that we acknowledge and recognise the impact of this.

Our People Plan has been developed and continues to evolve, with this in mind it is our commitment to all our colleagues to help improve their working experience. We want our people to be the best they can be at work, and in doing so, recognise the high expectations put upon ourselves and others.

**Highlights from our People Plan:**

- Further success has been recognised with the continuation of our Critical Incident Staff Support Pathway (CrISSP) which was introduced in January 2022.

- We continue to focus on supporting Menopause in the workplace, with an ever-growing organisational menopause support group and regular monthly menopause awareness training sessions.
- We are currently reviewing and developing our staff networks, providing more focused support for the chairs of these networks, as well as collaborative working.
- Our organisation supports a Civility & Respect Programme of work which launched in early 2023 and aligns to our just and learning culture. This means that our culture supports fairness, openness and learning, so that staff feel confident to speak up when things go wrong, rather than fearing blame.
- In September 2023, our organisation successfully launched 'Learn,' which is the new innovative online system to support learning for staff.
- Our organisation has successfully implemented a collaborative system with South West Yorkshire Partnership Foundation Trust (SWYPFT) and Bradford District Care Trust (BDCT) allowing Bank workers to move and work freely between the organisations.
- Our organisation has a comprehensive Apprenticeship Strategy which has supported an increase in the number of apprenticeships across the organisation within Health Support Workers, Nursing Associates and transfer to nursing.

### **Priorities for the future**

To ensure that Our People Plan remains current and relevant, we are currently reviewing and refreshing the plan for the next three years. This is being undertaken with extensive consultation and engagement with our colleagues to ensure Our People Plan is delivered with impact and makes a genuine difference to all our colleagues.

Further information on our People Plan can be found here:

<https://www.leedsandyorkpft.nhs.uk/about-us/our-strategy/our-people-plan/>

# Update on our Care Services Strategy

**Joanna Forster Adams**  
**Chief Operating Officer**



We have a clear ambition for what we want to deliver in the future, who will deliver care services, where care services will be delivered and how care services will be delivered in the future. These all link to our overarching organisation’s vision to provide outstanding mental health and learning disability services as an employer of choice.

People are at the heart of everything we do both those who we partner with to deliver care, and our teams. We will harness opportunities to understand our other health and care partners and population and work more collaboratively together. By doing this, we will deliver high quality care to all our people. Our ambitions align with our objectives to tackle health inequalities with a specific focus on access, experience and physical health.

To bring our ambition to life, we have refreshed our priorities and focus for the next 5-10 years and have set ourselves objectives to deliver on.

**Our new priorities for our care services:**

 <p>1. We co-create and co-deliver care services with people who have lived experience</p>	 <p>2. We collaborate with our partners to understand our populations and provide proactive integrated care</p>	 <p>3. We provide high quality, equitable and sustainable care services</p>
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For further information regarding this strategy, please access the 2023-2033 Care Services Strategic Plan [here](#).

# Delivering our Quality Improvement Priorities 2023/2024

Our 2023/24 Quality Improvement Priorities (QIPs) were as follows:

- Safety Planning
- Physical Health Monitoring
- Autism Awareness Training
- Triangle of Care
- Clinical Leadership

These are aligned to the CQC's five key questions: Safe, effective, responsive, caring, and well-led. The section below provides a summary explanation of each five key questions, together with the QIP that aligns with it.

Progress against QIPs has continued to be monitored over the year and reported on a quarterly basis to the Trustwide Clinical Governance Group (TWCG) and at six monthly stages to our Quality Committee. This section details what we set out to do and the progress made against each of the QIPs, aligned to their relevant CQC five key questions.

## Safe

**SAFE:** people are protected from avoidable harm and abuse. Assessing and managing clinical risks and planning how we will keep our service users safe is a key aspect of how we deliver care across our organisation.

[Our Priority: Safety Planning across services.](#)

Safety planning was developed as a Quality Improvement Priority to help support our learning and improvement when things do not always go as planned. The below box provides an overview of the key elements of safety planning.

### **The key elements of safety planning are:**

- Helping people develop their understanding, skills and confidence from supported risk taking.
- Supporting people to recognise and use their own skills, resources, and resourcefulness.
- Focussing on safety planning through an emphasis on self-determination and taking responsibility for exploring options and choices.
- Enabling people to stay safe whilst supporting them taking opportunities to do the things that they value, and which give their lives meaning.
- Engaging in co-production and shared responsibility for developing understanding of difficulties and co-creation of plans to develop safety and well-being.
- Having an organisational ambition to enabling people to become successfully self-directed and take control over their treatment choices and supports.
- Developing personal strategies to deal with the problems and difficulties they face.
- Having a desired outcome of people discovering a new sense of self, meaning and purpose in life, living beyond their health problems and accepting risk as part of life and living.

### **What we set out to do**

- To complete a review of the "Safety Planning" guidance within the Clinical Risk Assessment and Management Procedure.
- Continue a robust review of the use of risk assessment and safety planning tools within our organisation taking into consideration the national guidance.
- Continue to provide Safety Planning and Clinical Risk training within our organisation.



## Progress

- The Clinical Risk and Safety Planning training continues to be delivered to all clinical staff.
- A new Risk Assessment and Care Planning Development Lead came into post in August 2023.
- The Risk Assessment and Care Planning Lead has worked alongside our clinical services to review our processes, which has included the commencement of a Risk Assessment and Safety Planning Group.
- A new Risk Assessment template has been developed with input from clinical services and includes aspects related to sexual safety.

## Effective

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

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

### **Improving Oversight and Reporting for Cardiometabolic Assessment**

- Cardiometabolic assessment looks at information relating to risk factors that may affect our service users' physical health, so that we can support them in preventing cardiometabolic diseases. These are a group of common but often preventable conditions including heart attack, stroke, diabetes, insulin resistance and non-alcoholic fatty liver disease.

### **What we set out to do**

- Investigate alternatives to our current process for recording physical health information with the aim of simplifying this, whilst maintaining effective monitoring and reporting of cardiometabolic data.
- Investigate the benefits of reviewing this information within individual services' local operational meetings.

### Progress (Key achievement)

- A Service Improvement Project to review the referral process and documentation was implemented and completed and is now under review.

### Clozapine Pathway Development

- To continue with the Improvement Project implemented to improve the consistency and quality of care provided to service users who are prescribed Clozapine. This includes clinics that have been set up to provide blood monitoring and support with side-effect management.
- Options are being developed to review the current service provision relating to Clozapine titration (the process of commencing or increasing medication) within the Physical Health Monitoring and Interventions Team. This includes options relating to estates and the buildings we provide our services from, to help improve the experience of service users who require monitoring as they commence or increase their medication in the community.

### Progress (Key achievement)

- Clozapine titration is now on EPMA (our electronic prescribing and medication administration system), and work is ongoing to identify permanent premises for our Clozapine and Physical Health Clinics.

## Responsive & Caring

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

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

### Our Priority: Triangle of Care

The Triangle of Care framework is a set of 6 standards identified by the Carers Trust to help our carers feel fully involved in all aspects of care (when consent has been provided by the service user) and that they are signposted to receive helpful support when needed.



What are the 6 standards of the Triangle of Care?

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

#### What we set out to do

- Submission of an annual review to the Carers Organisation to maintain our 2-star accreditation.

#### Progress

Our organisation gained 2-star accreditation to the Triangle of Care framework in July 2022. This means that our organisation has plans in place to work towards achieving each of the 6 standards. To help achieve each of the standards each ward, team or service have a named 'carer champions' who helps to raise awareness of carers in their team or service.

Further information about the Triangle of Care carer champions group can be found in the Patient and Carer Experience Team update, in section three of this document.

#### Well Led

**WELL LED:** We understand that things do not always go as planned, and we learn and make improvements when this happens, in partnership with service users and carers.

#### Our Priority: Autism awareness training

##### What we set out to do

- To continue to investigate the potential for additional resource to support the provision of training.
- Continue to deliver face to face/virtual training to teams across our organisation.

- Continue to collect participant feedback on the training and amend training accordingly.

### Progress

- Leeds Autism Diagnostic Service (LADS) had received additional recurrent funding to improve their training and consultancy offer, with the potential for additional resource to support our organisation of training being considered.
- Enhanced consultancy for autistic service users with complex mental health problems.
- Participant feedback on the training provided continues to be collected and used to inform and improve the content.
- A Training Support Officer has been recruited to support the Autism Tier 2 training. They started with Leeds Autism Diagnostic Service in September 2023.
- Sessions of Tier 2 Autism training sessions both online and face-to-face have continued to be offered.
- The team also facilitated the Tier 2 Autism training at Health Support Worker inductions and have facilitated some bespoke training for staff including how to support autistic staff and healthcare students, which are continuing for other staff.
- Experts by Experience continue to be recruited by our organisation to help develop and facilitate training being offered to staff.

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

#### What we set out to do

- Develop Terms of Reference for formal clinical leadership development sessions.
- Clinical Directors and Medical Director to develop and implement a communication strategy to communicate and share this work.
- Documented recruitment process (inclusive of Service User Involvement process) for Clinical Lead posts to ensure consistency, equality and quality of Clinical Lead

recruitment and alignment to Corporate Leadership Council Behaviours framework.

### Progress

- Clinical Lead forums have commenced. The forums are an unstructured support space for those working in the Clinical Lead role. Forums have focused on and included communication updates on sharing, peer discussion relating to leading, addressing a complex system wide service delivery, challenge and developing space to house resources and documents that could support Clinical Leads within their role.
- Work has been carried out to contribute to the development of a Career Pathway document. The document aims to support career conversations and to outline the progression / career development opportunities available with our organisation.

## Our Quality Improvement Priorities for The Forthcoming Year

### Development of our Quality Improvement Priorities (QIPs) for 2024/2025

Following a discussion at Executive Management Team in April 2023 and agreement at Board in June 2023, the three Strategic Quality Improvement Priorities identified for our organisation are:

- **The Quality Dashboard** is a way of displaying various types of visual data in one place to help monitor and improve the quality of care.
- **The implementation of Patient Safety Incident Response Framework** sets out the way that our organisation will respond to patient safety incidents.
- **Health Inequalities** is about the differences in the care that people receive and the opportunities that they have to lead healthy lives.

These represent the most pertinent areas to improve the quality of care provided by our organisation. Below provides further information on each of these new QIPs, which continue to be aligned with the CQC's five key questions.

## Effective & Well Led

### Our Priority: Quality Dashboard

**EFFECTIVE:** 'Knowing how we are doing' is a key component of our organisation's Quality Strategic Plan. Knowing the quality, strengths and weaknesses of our teams and services – the 'bright lights and hot spots' will identify the good practice we can learn from and where more support is needed, which will help us become more effective.

**WELL LED:** - Across our organisation, we already have many ways of assessing quality. These include service visits and peer reviews; the metrics that make up our combined quality and performance report to our Board, Care Quality Commission feedback, compliments, complaints and service user feedback and outcome measures.

Our vision and aim for the Quality Dashboard:

	<b>Vision</b>
	The vision is to have the right integrated data at every level – from supporting individuals' care, understanding services and how they are functioning, to leading and managing our organisation.
	<b>Aim</b>
	To develop a systematic integrated dashboard system that will meet the needs of the entire organisation from all perspectives.

## Safe

### Our Priority: Patient Safety Incident Response Framework (PSIRF)

**SAFE:** Patient Safety Incident Response Framework (PSIRF), is a new national mandatory framework to help ensure people are protected from avoidable harm and abuse and improve our learning when things do not go as planned.

PSIRF sets out the way that our organisation will respond to patient safety incidents. It focuses on system-based learning and involves working in collaboration with service

users, families and carers and explores a wider range of patient safety incidents, in the spirit of using reflection, openness, fairness and learning.

Our vision and aim for the Patient Safety Incident Response Framework:

	<p><b>Vision</b></p> <p>The vision for our organisation is a significant cultural shift in the way we respond to patient safety incidents and supports the development and maintenance of an effective patient safety incident response system.</p> <p><b>Aim</b></p> <p>To fully embed the PSIRF approach and systems across all aspects of responding to, investigating, and learning from incidents that occur across our organisation.</p>
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## Responsive & Caring

Our Priority: Health Inequalities

**RESPONSIVE, CARING:** ensuring that the care we provide to our service users is equitable and responsive to the diverse needs of our health populations with compassion, dignity, and respect.

Our vision and aim for health inequalities:

	<p><b>Vision</b></p> <ul style="list-style-type: none"><li>• <b>Access</b> – ensuring that access to our services is available to all, with nobody accidentally excluded, with access that suits the needs of individuals and communities across our footprint (including relatable, culturally competent in-reach and appropriate adaptations).</li><li>• <b>Experience</b> – ensuring that people’s experience of our services, care, treatment, and support is not affected by any characteristic.</li><li>• <b>Improve</b>, and advocate for, the physical health of people with mental ill health and/or learning disabilities.</li></ul> <p><b>Aim</b></p>
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- To develop and publish a new Health Inequalities Strategy and Action Plan.
- To purposefully address the inequity, we know already exists in Mental Health and Learning Disability services and in their delivery.

For further information about our progress around this QIP, please see the *Tackling Health Inequalities* update, in section three of this document.

## Statements of Assurance from the Board

This section has a pre-determined content and statements that provide assurance about the quality of our services in our organisation. This information is provided in common across all Quality Accounts nationally, allowing for comparison of our services with other organisations. The statements evidence that we are measuring our clinical services, process, and performance and that we are involved in work and initiatives that aims to improve quality.

## Review of Services

During 2023/24 our organisation provided and/or sub-contracted around 30 NHS services. Our organisation has reviewed all the data available to us on the quality of care in all these services. Our organisation has taken the following actions to further improve data quality during 2023/24:

- We will continue to embed operational dashboards focused on improving awareness to missing, poor quality or incorrect data recordings and embedding within Care Director and our Business Intelligence tool via the Digital Change Leads and Data teams.
- We have improved the documentation and visibility of processes used to monitor and publish performance against national and contractual data quality metrics to provide broader organisational understanding.
- We have supported internal audits of data quality.
- We have run local quarterly data quality audits to understand where data quality is impacting on key performance measures. The results were shared with the relevant

services and support given to understand what changes are required where appropriate.

- Despite our clinical system supplier exiting the mental health market, we continue to review core processes within Care Director to ensure that data quality issues are resolved as close to the point of data entry as possible and explore automated updating and creation of records following events such as admissions to our inpatient services and discharges.
- We have continued to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance including an update to the Data Quality Policy
- We have continued to embed the importance of data quality to assist teams in identifying and resolving data quality issues.
- We have continued to monitor and raise awareness of performance against national and contractual data quality metrics.

**LYPFT will be taking the following actions to improve data quality during 2023/24:**

- Enhanced monitoring of data completeness and quality.
- Continue to support staff in utilising Care Director effectively.
- Continue to deliver a programme of local data quality audits.
- Continue to raise awareness throughout the organisation of key clinical record keeping processes that impact on data quality and performance.
- Continue work with the Institute for Healthcare Improvement with the aim design and implement a Quality Dashboard. We hope this will build upon the STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient-centred) framework and connect quality metrics at the frontline to those reviewed at the Board. More information about this can be found in the Quality Improvement section of this document.

**The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by our organisation for 2023/24.**

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

LYPFT submitted data during 2023/24 to NHS Digital / NHS England via the Mental Health Services Data Set which are included in the latest Data Quality Maturity Index published

data (December 2023 published March 2024). The percentage of records in the published data:

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

## Clinical Audit

*"Clinical audit is a way to find out if healthcare is being provided in line with standards and let's care providers and patients know where their service is doing well, and where there could be improvements.*

*The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients." NHS England (2023)*

### National Clinical Audits

During 2023/24 7 national clinical audits and two national confidential inquiries covered the NHS services that our organisation provides.

The below table shows list of national clinical audits and national confidential enquiries that our organisation was eligible to participate in during 2023/24:

<b>Eligible National Clinical Audits participated in</b>
National audit of Inpatient Falls (NAIF)
National Clinical Audit of Psychosis 2023/24 - Early Intervention
National audit of Dementia - spotlight (Memory Services)
POMH-UK Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old age mental health services
POMH-UK topic 23a: POMH-UK topic 23a: Sharing Best Practice Initiatives
POMH-UK topic 16c: Rapid Tranquillisation

NCEPOD End of Life Care Study
<b>Eligible National Confidential Enquiries participated in</b>
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
Learning Disabilities Mortality Review (LeDeR)

The national clinical audits and national confidential enquiries that our organisation participated in, and for which data collection was completed during 2023/24 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<b>National Audit</b>	<b>Number of cases required</b>	<b>Number of cases submitted (%)</b>
National audit of Falls (NAIF) Inpatient	No set of number required	1
National Clinical Audit of Psychosis 2023/24 - Early Intervention	Number required – 100 cases	100 (100%)
National audit of Dementia - spotlight (Memory Services)	Number required – 50 cases	69 (138%)
POMH-UK Topic 22a: Use of anticholinergic (antimuscarinic) medicines in old age mental health services	No set of number required	21
POMH-UK topic 23a: POMH-UK topic 23a: Sharing Best Practice Initiatives	No set of number required	1 case study
POMH-UK topic 16c: Rapid Tranquillisation	No set of number required	Data collection in progress
NCEPOD End of Life Care Study	Number required – 2 cases	2 (100%)

<b>National Confidential Enquiries</b>	<b>Number of cases required</b>	<b>Number of cases submitted (%)</b>
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	No set of number required	16
Learning Disabilities Mortality Review (LeDeR)	No set of number required	10

The findings of two national clinical audits registered in the previous financial year(s) were reviewed by the provider in 2023/24 and our organisation intends to take the following actions to improve the quality of healthcare provided:

<b>National Audit</b>	<b>Our action 2023/24</b>
National Clinical Audit of Psychosis 2022/23 - Early Intervention	To employ a new physical health specialist at a higher grade than the previous physical health worker. The expanded role will include more training within the wider team to ensure more staff are competent and confident in completing physical health assessments and interventions across the caseload. To work collaboratively with the Physical Health Team. Review of the carers education and support programme, ideally to make it shorter and more accessible, so that a wider group of carers can be reached.
POMH-UK Topic 21a: The use of melatonin	To submit a proposal to the local Medicines Optimisation Group (MOG) asking to change the prescribing of Melatonin guidance for adults to Learning Disability along a shared care model.

## Our organisational and local clinical audit

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

Number of clinical audits	Organisation	Service / Team
Registered during 2023/24	6	50
Completed during 2023/24	1	33

## Organisational Clinical Audit

Organisational clinical audits are part of the priority programme. They fulfil the criteria of high risk or high-profile projects identified by organisation's management or Trustwide Clinical Governance. The completed organisational clinical audits are listed below alongside the actions to improve care:

Title	Our actions
Multi-agency public protection arrangements (MAPPa)	<ul style="list-style-type: none"><li>• Training package for MAPPa and mental Health to be developed and made available organisationally.</li><li>• To increase awareness of the MAPPa Policy through clinical governance groups and link practitioner's forum, trust wide bulletin and comms.</li><li>• A Multidisciplinary Team (MDT) review template to be developed on Care Director forms to ensure that all documents are placed in one database for all services</li></ul>

The following organisational clinical audit in progress:

- ✓ Antimicrobial audit
- ✓ Triangle of care (re-audit)
- ✓ Organisational Care Planning
- ✓ Record Keeping (medical practice)
- ✓ Memory Service National accreditation programme (MSNAP)

## Local Clinical Audit

The reports of 33 local clinical audits were reviewed by the provider in 2023/24 and our organisation intends to take the following actions to improve the quality of healthcare provided (the below table highlights key themes and summarised quality improvement actions):

Audit Themes	Key quality improvement actions
Accessible Information	<ul style="list-style-type: none"> <li>• Safe prescribing training to be available on Learn for all staff. Additional module in medicines management training course.</li> <li>• To design an electronic discharge form informed by the results of the project to standardise practice across services.</li> <li>• To implement standardised documentation protocols for driving status in clinic letters with Community team</li> </ul>
Care planning	<ul style="list-style-type: none"> <li>• Redesign the service Care Plan with additional sections within to prompt staff, along with guidance notes (to include minimum standards)</li> <li>• Integrate autism e-learning package into Learn</li> <li>• To translate sleep pathway to British Sign Language</li> </ul>
Documenting key clinical decisions	<ul style="list-style-type: none"> <li>• Develop a step-by-step guide for accurate data entry into Care Director</li> <li>• Encourage Clinical Team Managers to discuss communication profiles during supervision sessions</li> </ul>
Functional Analysis of Care environments Risk (FACE)	<ul style="list-style-type: none"> <li>• Drop down 'severe option' to be amended to prompt FACE risk assessment</li> </ul>
Formulation	<ul style="list-style-type: none"> <li>• To formulate guidance for incorporating Positive Behavioural Support (PBS) language and approaches in to care plans.</li> <li>• To revise the existing parent/carer interview and formulation template, including prompts to explore the young person and family experiences of accessing and receiving support from services.</li> <li>• To add a column to the formulation database to indicate which formulation will be reviewed and potential dates.</li> </ul>

Audit Themes	Key quality improvement actions
	<ul style="list-style-type: none"> <li>• MDTs members to receive formulation guidance documents and attend Introduction to Formulation session facilitated by a Psychologist</li> </ul>
Medication	<ul style="list-style-type: none"> <li>• To include information of the Glasgow Antipsychotic Side Effect Scale (GASS) in the current template of follow-up letters</li> <li>• Posters to be displayed in clinic rooms to raise awareness of guidelines regarding risks, monitoring and treating antipsychotic-associated hyperprolactinaemia</li> </ul>
Mental Health Legislation	<ul style="list-style-type: none"> <li>• Consider providing staff with a refresher teaching session to emphasise the importance of discussing lasting power of attorney and advanced care planning in memory clinic</li> </ul>
Physical Health	<ul style="list-style-type: none"> <li>• Ask clinicians to include info on checking pulse rate and / or an electrocardiogram (ECG) in letter to GP as evidence this has been considered.</li> <li>• Raised at the appropriate forums changes to 'Inpatient physical health medic form' on Care Director regarding mandatory calculation and capture on 'cardiometabolic panel'.</li> <li>• To include prompt/instructions for Physical Health Monitoring Tracker tool in junior doctor handover document</li> <li>• To create stickers with the full range of admission blood tests printed on. Sheets of stickers to be kept with the phlebotomy equipment in the clinic rooms on all wards.</li> </ul>
Record Keeping	<ul style="list-style-type: none"> <li>• To devise a reminder letter for patients as well as an administrative process to support its use, for sending between the offer of assessments and the initial assessment appointments.</li> <li>• Create more prominent patient flag on Care Director to recording of autism diagnosis on Electronic Patient Record</li> <li>• Streamline the process of maintaining a record of all the patients requiring a clinic letter</li> </ul>
Safeguarding	<ul style="list-style-type: none"> <li>• The Safeguarding Team to work with clinicians and Digital Change to develop a new process for reporting safeguarding concerns.</li> <li>• To create a new Domestic Abuse concern form available on Care Director and guidance on how to complete it</li> </ul>
Service User / Carer involvement	<ul style="list-style-type: none"> <li>• To amend the initial assessment form template to include carer prompts</li> </ul>

Audit Themes	Key quality improvement actions
	<ul style="list-style-type: none"> <li data-bbox="500 279 1421 352">• The final follow up form prompt will be amended to include ensuring carers have been signposted to information on autism</li> <li data-bbox="500 363 1421 478">• To develop a Trust protocol for contacting family members or carers following admission to an acute adult inpatient unit and during discharge planning</li> </ul>

## Clinical Research

The number of patients receiving NHS services provided or subcontracted by LYPFT in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was **316**. Participants were a combination of service users, carers and staff.

58 research studies across 14 services were active during this period.

The R&D department received £1.7M in grant income.

### Participant Research Experience Survey

Our organisation has been gathering feedback from research participants via the Participant Research Experience Survey since 2019. The NIHR Clinical Research Network developed this national survey to explore people’s experience of taking part in research in England. The responses are used to identify ways to improve people’s experience of research and to highlight areas that are working well. In our organisation we use the feedback to check if there is anything we can do locally to improve people’s experience.

We received 49 survey replies in 2023-24 with lots of good feedback about people’s experience.

The following responses were in relation to the question ‘what was positive about taking part in the research’?

*“Good team working together”*

*“Being made to feel valued”*

*“Good communication. Flexible attitude allowing changes to appointments etc.”*

*"Being informed about the aims, being welcomed and made to feel that my taking part will/may help"*

We also received useful feedback in response to the question 'What would have made your research experience better?'

*"It would have been better to be part of a group"*

*"Newsletter, clear summary of what is going on and analysis afterwards" "More biscuits!"*

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

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. NHS England have identified a small number of clinical priority areas, where improvement is expected across 2023/24. Many of these are short-term clinical improvements that have been selected due to their ongoing importance in the context of COVID-19 recovery.

CQUINs 01, 15b and 17 have been selected from a list provided by the Integrated Care Board of possible CQUINs to report against. These CQUINs were chosen as they were considered to achieve the most impact for our service users and carers:

- **CQUIN 01:** Flu vaccinations for frontline healthcare workers

**Description and objective:**

Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.

- **CQUIN15b:** Routine outcome monitoring in Children & Young People's (CYP) and Community Perinatal Mental Health Services

**Description and objective:** The use of outcomes measures helps monitor and improve effectiveness, efficiency and quality of the service offered to its service

users, to ultimately monitor the impact/benefit people receive from mental health services.

Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.

*Our organisation does not provide CYP Community services, therefore we are only measuring the Community Perinatal element of this CQUIN.*

- **CQUIN17:** Reducing the need for restrictive practice in adult/older adult settings.

**Description and objective:** Achieving 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.

<b>CQUIN</b>	<b>Description</b>	<b>End of Year Position</b>
<b>CQUIN 01</b>	Uptake of flu vaccinations by frontline clinical staff. Target 75-80%	Target not met (43%), however, in line with national figures. See below.
<b>CQUIN15b:</b>	Routine outcome monitoring in Children & Young People's (CYP) and Community Perinatal Mental Health Services. Target 20-50%	Target met (28%)
<b>CQUIN17:</b>	Reducing the need for restrictive practice in adult/older adult settings. Target 75-90%	Target met (98.09%)

The target for CQUIN 01 (uptake of flu vaccines for frontline staff) has not been met, however, this is in line with nationally reported figures, with a total of 42.8% uptake. This also does not include staff who have accepted the vaccine outside of the provision of NHS Trusts and have not informed their employer.

CYPMH inpatient services are commissioned by NHS England rather than the ICB. CQUINs relating to services commissioned by NHSE are mandatory. CQUIN 16 is such a requirement.

- **CQUIN 16:** Reducing the need for restrictive practice in CYPMH inpatient settings.

**Description and objective:** Restrictive interventions are often a major contribution to delaying recovery, and have been linked with causing serious trauma, both physical and psychological, to people who use services and to staff.

Data shows that the use of force is higher in CYP settings than adult settings and recommends that levels should be no higher in CYP settings.

2022/23 saw a focus within the CQUIN scheme on improving data quality on the recording of restrictive interventions in CYPMH Tier 4 settings. This has provided a high-quality baseline from which to build quality improvement plans to respond to the Mental Health Units (Use of Force) Act 2018 by reducing the use of force and ensuring accountability and transparency about the use of force.

In 2023/24, teams are now asked to focus on a component of quality improvement plans that has been evaluated as successful to date - a review of blanket interventions - and to include that within their quality improvement approaches.

CQUIN	Description	End of Year Position
<b>CQUIN 16:</b>	Reducing the need for restrictive practice in CYPMH inpatient settings. Target 70-90%	Target met.

# National Quality Requirements

## 72-hour follow-up and readmissions

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

We currently have a standard of **80%** for patients to receive a follow up review within 72 hours of discharge from inpatient services. The table below shows the percentage we achieved for each quarter.

80% Standard	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2023/2024	80.5%	79.7%	79.8%	71.4%

Compliance with this standard was noted to be slightly lower than the required 80% in Quarters 1-3 and more significantly in Quarter 4. The reasons for this have been reviewed, with the following identified:

- In some cases, follow up was completed outside the 3-day standard.
- In some cases, follow-up was attempted within the 3-day standard but was unsuccessful.
- An issue was identified where some inpatient follow-ups were not captured within the data via a manual recording process, which was addressed in April and the change will therefore affect figures for 2024/25 onwards.
- There were only a small number of cases where no follow-up could be evidenced.

*Our organisation considers that this percentage is as described for the following reasons:*

Our organisation routinely monitors performance and data quality for this metric to ensure that teams can fulfil the follow up target.

This metric is audited annually by our external and internal auditors.

*The organisation intends to take/has taken the following actions to improve the percentage, and so the quality of its services:*

- Our organisation continues to ensure supporting documentation are up to date, to help staff understand the requirements.
- Our organisation will continue to monitor performance for follow up within 72 hours to ensure that people are followed up as quickly as possible post discharge.
- Our organisation will continue the high level of scrutiny of performance and recording for this metric to ensure that service users are followed up appropriately.

**The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period:**

	Q1			Q2			Q3			Q4		
	Discharges	Readmissions in 28 Days	Readmission Rate	Discharges	Readmissions in 28 Days	Readmission Rate	Discharges	Readmissions in 28 Days	Readmission Rate	Discharges	Readmissions in 28 Days	Readmission Rate
0-15	6	0	0.0%	4	0	0.0%	8	0	0.0%			
16+	375	6	1.6%	340	2	0.6%	342	8	2.3%	133	4	3.0%
<b>Summary</b>	<b>381</b>	<b>6</b>	<b>1.6%</b>	<b>344</b>	<b>2</b>	<b>0.6%</b>	<b>350</b>	<b>8</b>	<b>2.3%</b>	<b>133</b>	<b>4</b>	<b>3.0%</b>

*Our organisation considers that this percentage is as described for the following reasons:*

The data is produced routinely following the agreed specification.

*Our organisation intends to take/has taken the following actions to improve the percentage, and so the quality of its services:*

Readmissions are included within routine inpatient information sent to our inpatient services for their review.

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

There were none during the reporting year.

# Care Quality Commission (CQC) Regulation, Ratings, and Improvement Plan

Our organisation is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without condition. The current overall rating achieved in December 2019 following inspection in July and August 2019 is **GOOD**

As an organisation, we are registered with the CQC to carry out the following regulated activities:

- Treatment of disease, disorder, or injury.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Nursing care & personal care.

Leeds & York Partnership NHS Foundation Trust **has not participated in any special reviews by the CQC during the reporting period.** The CQC currently inspect NHS organisations, using the five key questions. These are: Safe, Effective, Caring, Responsive, and Well led.

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

## **Change to the landscape of CQC inspections.**

In 2021, the CQC published its new strategy for Health and Social Care setting out changes to the way they regulate. From February 2024 the CQC will be assessing all providers using a single assessment framework.

As part of the new single assessment framework, the rating and five key questions will remain however, under each key question will be a series of quality statements.

During 2023 and early 2024 and in preparation the Governance and Regulation Team have been attending events and workshops to keep abreast of developments and learn about the new single assessment framework.

In line with the changes the Regulation Team are working with teams across our organisation to ensure they are aware of the new regulatory approach.

A proportion of our organisation's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between our organisation and any person or body they entered into a contract, agreement, or arrangement with for the provision of our services through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2023/24 and for the following 12-month period are available here: <https://www.england.nhs.uk/publication/cquin-2023-24-guidance/>

## Information Governance

Our organisation completes an annual self-assessment against the NHS Digital Data Security & Protection Toolkit, based on the National Data Guardian's Data Security Standards. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is handled correctly.

Our organisation reported a position of 'Standards Met' on 30th June 2023, with all Compulsory Assertions completed by the June deadline. This was supported by an internal audit aligned to the NHS Digital National Audit Framework, with an outcome of "High Assurance" and Risk Rating of "Moderate" against the 10 National Data Guardian Standards. An action plan is in place to address the risks and plan for mitigation.

Work is underway on the 2023-2024 Data Security & Protection Toolkit reporting cycle, with a deadline of 30th June, and an internal audit scheduled for May 2024.

### **Additional Workstreams**

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

- Continuing to deliver Information Governance sign-offs swiftly for new solutions, and to ensure that Information Governance / Data Protection due diligence upholds the principle of 'Data Protection by Design & by Default' when new solutions are considered or implemented, via a robust check & challenge / Data

Protection Impact Assessment approach. This means that when our organisation implements new systems or processes, we ensure that the safety and security of information is upheld.

- Servicing Data Protection Act Subject Access Requests against the statutory 1 calendar month timescale, with compliance at 97% over the last 12 months. A Subject Access Request gives individuals the right to obtain a copy of their personal data, as well as other additional information. It helps people to understand how and why we are using their data, and check we are doing it lawfully.
- Maintaining our exemplary record of statutory compliance in our Freedom of Information Act request processing, with 100% of requests processed on time in the financial year to date. The Freedom of Information Act creates a general right of access to all types of recorded information held by most UK public authorities, including us.
- Continuing to work to the revised NHS Digital Information Governance breach reporting standards, aligned to the UK General Data Protection Regulation / Data Protection Act 2018.
- Delivering high levels of Clinical Coding accuracy for Inpatient Finished Consultant Episodes (the time a service user has spent under the care of one Consultant).
- Delivering high levels of clinical coding accuracy for Inpatient Finished Consultant Episodes, with an external audit confirming accuracy standards of 90% for Primary Diagnosis and 88.9% for Secondary Diagnosis.
- Enabling 24/7 availability of our medical records by breaking the reliance on paper records with the roll-out of digitised records stored in the MediViewer solution, presenting paper records digitally.
- Implementing numerous data quality / data completeness workstreams, aiming to improve data quality and completeness standards throughout our organisation.

## Payment by Results

Our organisation was not subject to the Payments by Results clinical coding audit during 2023/24 by the audit commission.

## Learning from Deaths

Our organisation continues to review all deaths of service users that have been in receipt of care by our organisation at the time of their death or within 6-months since their discharge from our care. This is in accordance with the Learning from Deaths Policy.

All deaths that are reported on the Trust incident reporting system receive a tabletop review of the care that was delivered and if it is identified that there is the potential for learning then a learning review (like an investigation) will take place to identify where our organisation can improve.

### Summary of 2023-2024

During 2023/2024, 297 of Leeds and York Partnership NHS Foundation Trusts patient deaths were recorded on Datix (the Trusts risk management information system). In addition, we also reviewed 1094 deaths which were identified from data taken from the NHS Spine and then cross referenced with Care Director (our organisation's electronic care records system). These cases were reviewed to consider if any further action was required and if these could provide opportunities for learning. Overall, a total of 1391 deaths were reviewed in our organisation in 2023/24, compared to the 2022/23 Quality Accounts when 1023 were reviewed.

All deaths reported are reviewed due to the individual having had some form of contact with Mental Health & Learning Disability services, which may have ranged from an initial assessment in A&E (Accident & Emergency) to full care co-ordination or admission as an inpatient, some of these deaths will have had a one-off assessment and no further contact with any of our services. Others will have accessed an increased range of services or more intensive, consistent contact. The initial review of the death considers information such as interventions from Mental Health & Learning Disability services in association with the cause of death.

Of those 1391 deaths, 9 deaths were reported to StEIS (NHS England Strategic Executive Information System) and required a Serious Incident Investigation into the care and treatment the patient received from us. These incidents were reported as per the Serious Incident (SI) Framework (March 2015). The existing SI framework will be replaced by the

Patient Safety Incident Reporting Framework (PSIRF) during the summer of 2024. One death investigated as a Serious Incident highlighted that it may have been directly due to problems in the care provided to the service user. The investigation process enables us to identify learning, learn lessons and improve care and treatment in the future. A further 15 deaths had further review such as Structured Judgement Review, After Action Review or Concise Investigation.

The number of deaths reported on Datix and subject to a tabletop review, and those progressed to a further investigation are detailed in the table below per quarter for 2023-2024.

Financial Quarter	Deaths subject to tabletop review (reported on DATIX)	Investigation Types	
		Number of deaths progressed to SJR/After Action Review or Concise	Number of deaths investigated as a Serious Incident and reported on STEIS
Quarter 1 Apr – Jun 2023	85	2	4
Quarter 2 Jul – Sept 2023	72	7	2
Quarter 3 Oct – Dec 2023	70	4	1
Quarter 4 Jan – Mar 2024	70	2	3
<b>TOTAL</b>	<b>297</b>	<b>15</b>	<b>9</b>

\*\*This report details how many deaths have been recorded (reported) in 2023/24 financial year – the search term used to extract data was “reported date” and the category “death”.

There are currently three investigations in relation to deaths which were commissioned in 2022-23 and 14 commissioned during 2023-24 which are incomplete and will be carried over into 2024-25. For 2023-24 where the full Serious Incident investigation process has not been completed, we cannot determine at this stage if there are any of elements of learning from the care delivered in our organisation. The findings of these 17 reports will be reported in the quarterly Learning from Death Reports and the Quality Account submission for 2024-25.

Of the death reviews completed during the reporting period 2023-2024, one report (which represents 0.34% of the total 297 reviews) was judged to be more likely than not to have been due to problems in the care provided to the service user. The learning that has been identified from this review is detailed in the table below.

Financial Quarters (2023-2024)	Deaths reviewed/ investigated found to be due to problems in care
Quarter 1, Apr – Jun 2023	0%
Quarter 2, Jul – Sept 2023	0%
Quarter 3, Oct – Dec 2023	0%
Quarter 4, Jan – Mar 2024	1.43% (based on total of deaths in Q4 – 70)
<b>Total</b>	<b>0.34% (based on total of death in 23/24 - 297)</b>

\*\*This report details how many deaths have been recorded (reported) in 2023/24 financial year – the search term used to extract data was “reported date” and the category “death”.

These numbers have been estimated using the Trusts incident reporting system and serious incident review process.

NIL case record reviews and 20 investigations completed after 1st April 2023 which related to deaths which took place before the start of the reporting period. Eighteen of those 20 relate to deaths that occurred in the 2022-2023 financial year, and two relate to deaths that occurred in the reporting year 2021-2022.

One of the deaths for the reporting period 2021-2022 (representing 0.35% of the 287 deaths for this reporting period) and two from the reporting period 2022-2023 (representing 1.4% of the 143 deaths for this reporting period) are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trusts incident reporting system and serious incident review process.

One representing 1.4% of the patient deaths during 2022/23 are judged to be more likely than not to have been due to problems in the care provided to the patient.

The detail of the learning is summarised in Figure 2 below.

**Summary of what the organisation has learnt (Figure 2): -**

Summary of each death where it was judged to be more likely than not to have been due to problems in the care provided.	Description of actions taken and learning as a result of the investigation.	What has been the impact of the actions taken?
There has been recent national change to how Police respond to requests for ‘Welfare Checks’ (Right care, Right Person) and there was uncertainty around who to call. Police and Yorkshire Ambulance Service failed to communicate with CRISIS following a request for a Welfare check.	Our organisation has now developed a clear process to keep track of any circumstances where intervention from emergency services have been requested by crisis resolution and have developed a robust process for	Changes have been taken through local level Clinical Governance meetings and updates have been made to the

	timely follow-up.	Standard Operating Procedure. The changes are now embedded within teams.
It was felt that the delay in receiving care and treatment from the CMHT (Community Mental Health Teams) may have contributed to an increased sense of isolation and despondency and altered mood. The delay in the service user being offered support was during our organisation's business continuity plan. Staffing had been a significant issue.	Our organisation has initiated a recovery plan which aims to address the staffing issues within the CMHTs (Community Mental Health Teams), and this coincides with business continuity. There is an ongoing working group tasked with maintaining safe working conditions within the community.	MDT (multidisciplinary team) discussion – There is now space on the 'booking in' sheets to discuss service users on the acute pathway which aims to serve as a reminder for all staff to add anyone they have on the acute pathway to offer greater oversight.
There was no detailed risk assessment, which led to an ineffective understanding of the service user's suicidal risk, intent, method, and likelihood.	There is currently an organisation wide project to address the issues relating to this learning.	This work is on-going, and outcomes will be reported in future reports.
If the service user had access to an inpatient bed they may have been physically monitored and frequently observed during the assessment period. An out of area PICU bed had been requested however there were no available beds at that time. Unable to ascertain who made the decision not to admit the service user to an acute ward or why this decision was made due to the lack of documentation. Also, if the service user had been an inpatient their medication would have been given as per our organisation's medications policy and procedure optimising safety and potentially decreasing risks.	Inpatient services are currently developing a Transfer Checklist which will include medical information and investigations that have been requested. Since the service user's death, action has been taken to ensure there is a clear process for documenting risks for when an inpatient bed is not available, and a 'lack of bed/capacity' protocol created.	These actions have been shared at Clinical Improvement Forums and team meetings and have had a positive impact to learning and improving.

*Our organisation considers that this data is as described for the following reasons:*

- The organisation actively encourages incident reporting and has developed a supportive and responsive culture of patient safety.

- The organisation takes a collaborative approach to reviewing incidents of severity 5.
- The incidents reported as severity 5 are low in comparison with those reported as severity 1 and 2.

*Our organisation has taken the following actions to improve, and so the quality of its services, by:*

Our organisation actively encourages incident reporting and has developed a supportive and responsive workplace culture towards patient safety. Our organisation's policy stipulates that all known deaths are reported via Datix (our electronic incident reporting system). Following the report of a death (or any severity 4/5 and occasionally severity 3) on the Datix system, these are discussed within clinical governance forums and if appropriate, at our Learning from Incidents and Mortality Meeting. Our organisation produces a monthly summary report (CLIP - Complaints, Litigation, Incidents, Patient Advice & Liaison) to aid discussion and highlight any areas of concern. All learning disability patient deaths are subject to a review regardless of whether they are expected or unexpected deaths. This process is via the Learning Disabilities Mortality Review (LeDeR).

The quarterly Learning from Deaths reports is a framework to help standardise and improve how NHS providers identify, report, investigate, and learn from deaths. From 2023-2024 the reports have highlighted several key areas of good practice and some opportunities for learning and improving. The learning is taken from completed concise and comprehensive incident reports. We have identified below some issues that have been identified throughout the past twelve months and the action taken to address these:

- This reporting period has highlighted mixed learning around risk assessments, care planning and other clinical documentation, with good practice such as meaningful conversations with service users around their care plans etc evident, along with areas for improvement. Our organisation has worked to improve this through the Safety Planning Quality Improvement Priority, which is detailed in the Quality Improvement section of this document.
- It has been positively noted that there has been a constant focus on the importance of 'Think Family,' whereby the needs of both the service user and their family/carers

have been considered. It has been identified that there has frequently been a flexible and person-centred approach to care that is delivered.

- During the reporting period 2023-2024, our organisation has continued to work towards the implementation of the Patient Safety Incident Response Framework (please refer to the Quality Improvement section for further details). As we transition to the PSIRF we will develop a system to gain assurance that our learning responses are proportionate, safe, and effective and that our safety actions and improvement plans following a learning response are regularly reviewed and completed in a timely fashion.

### **Training**

We have delivered Structured Judgement Review Training to our staff throughout 2023-2024. Clinical Risk and Safety Planning training has also been running each month throughout this reporting period and will continue to be delivered throughout 2024-2025.

### **Learning Event**

We held a Learning Event on 15<sup>th</sup> March 2024. The day was chaired by Dr Wendy Burn, Medical Examiner, at our organisation and former President of the Royal College of Psychiatrists. The keynote speaker was Professor Nav Kapur, Centre for Suicide Prevention at University of Manchester. The purpose of this event was to allow people who work in mental health to come together to reflect on how we can improve the safety of our patients.

This event consisted of talks from experts, sharing of good practice and time for discussion, with the opportunity to build networks. There was a focus on suicide, risk assessments for people who are suicidal or at risk of self-harm, and discussion around the suicide prevention work ongoing within Leeds. Sessions included an overview of the NHS' current position in respect of patient safety and the challenges mental health care is facing, such as rising demand and underfunding. Other topics comprised of risks of dysphagia in patients with acute mental health concerns and particular medications, national investigations ongoing within the Healthcare Services Safety Investigation Branch, and safety within healthcare and creating a culture in which staff feel safe as well as patients.

## **Patient Safety Partners**

Patient Safety Partners (PSP) are roles that patients, carers and other lay people can play in contributing to our organisation's governance and management of patient safety. The recruitment of these roles has progressed throughout this reporting period. There have been several workshops held and the PSIRF Team have been working with the Patient and Carer Experience Team to ensure that people who have expressed an interest in the role have had their skills and attributes mapped to the individual PSPs (Patient Safety Partner) roles. This will ensure that each PSP has the right knowledge and skill set to be able to fulfil the role confidently.

Upon these roles becoming fully embedded, there are plans to involve PSPs in the Risk Assessment & Safety Planning Project, Sexual Safety Group and other initiatives and projects related to patient safety to ensure that lived experience, co-production and shared responsibility are included and considered in future improvements. The PSP roles' impact will be evaluated once they are fully established, and in addition to these roles, there is an intention for wider involvement of people with lived experience in future planned work around care planning and safety planning.

## **Patient Safety Newsletter**

The Patient Safety Team have introduced a Patient Safety Newsletter in our organisation. The first issue was in January 2024. This will be published quarterly and will include any recent information relating to all patient safety matters. The January issue introduced the Patient Safety Team (including a photo), provided an update on the PSIRF project and details on the training for PSIRF learning reviews.

## **Patient Safety Incidents**

During 2023-2024, the National Reporting and Learning System (NRLS) was replaced with the Learn from Patient Safety Events (LFPSE). This new system, managed by NHS England and NHS Improvement, is a major upgrade. It creates a single national NHS system for recording patient safety events. It is a centralised system to record and analyse information. It is hoped that the new system will increase recording nationally, from all sectors of the NHS. This will allow for more effective learning from events, with patient safety improving.

The information below demonstrates the number of patient safety incidents that were reported to NRLS and from October 2023 to LFPSE.

Table 1 & 2 indicates the total number of patient safety incidents/events for all severity levels, which is illustrated as a figure and a percentage.

**Table 1 - Number of incidents reported to NRLS & LFPSE 2023-2024 (all severity)**

Severity of Incidents	No. of Patient Safety incident Reported via NRLS	No. of Patient Safety Events Reported via LFPSE	Total Number	Percentage of Totals
1 - No harm	2684	551	3235	65.67%
2 - Low harm	1334	187	1521	30.88%
3 - Moderate harm	129	11	140	2.85%
4 - Severe harm	7	0	7	0.14%
5 - Death as defined for NRLS reports	15	8	23	0.46%
<b>Total</b>	<b>4169</b>	<b>757</b>	<b>4926</b>	<b>100.00%</b>

### Inquests

Between the 1 April 2023 and 31 March 2024 we were registered by the coroner to be involved in **42** inquests, with our staff providing statements and attending in person as required.

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

# Section Three

## Improving the Quality of our Services

This next section of the Quality Account is an opportunity for us to share some of the important work we have done over the year and celebrate our achievements.

We have continued to deliver on our core ambition to support our service users and carers, our staff, and the communities we serve to live healthy and fulfilling lives.

As part of the work in developing this section of the Quality Account, the Service User Network has been consulted on the content of the document to provide feedback on what they would like to see, and how the document can be improved to make it more accessible and easier to read. This took place within attendance at SUN meetings to discuss the work, as well as specific service user and carer engagement events, with drafts shared and amendments made according to feedback provided.

Feedback included:

- Service users and carers would like to see more tables and diagrams.
- The document is very long and contains a lot of jargon and information that service users and carers do not feel relates to them.
- Bullet points are easier to read than long paragraphs.
- Acronyms are not always understood so should be explained, or the full name used.
- Text across the page was preferred to columns, which can be hard to follow.
- Personal blogs and experiences of service users and carers within the content would be welcome.
- Consideration should be given to the font and colours, particularly within tables and diagrams.
- Service users and carers would like to see more examples of practice that addresses health inequalities.

# Infection Prevention and Control

## **Key focus of Infection Prevention and Control within our organisation:**

- Surveillance of infections and management of any outbreaks
- The advisory role of the Infection Prevention and Control Team, supporting clinical teams in preventing and managing infections.
- Vaccinations, including Influenza and Covid-19
- Improvement of compliance with fit testing (fitting of respirator masks for staff), and reviews of policies and procedures to align them with the National Infection Prevention and Control Manual released in 2022(NIPCM).

## **Vaccinations**

- The Autumn/winter vaccination campaign commenced early September 2023. Co-administration of both covid-19 and flu vaccine were made available to staff at all clinics.
- Colleagues were vaccinated through a model of bookable clinics, peer vaccination and roving vaccinators across all organisation sites.
- The Infection Prevention and Control Team also supported inpatient units with the administration of the Covid-19 booster vaccines.
- Staff within inpatient services offered and administered the Influenza vaccine to service users.
- Work has already commenced on the preparation of the 2024 Spring Covid-19 campaign.
- The vaccine is being offered to a small cohort of patients who are over the age of 75, live in an older peoples care home, or are deemed as clinically extremely vulnerable.
- Regional vaccine uptake figures for the flu vaccine have not been realised as the campaign is still ongoing. Covid-19 vaccine offer concluded end of January 2024. Please see CQUIN section for further details.

# Tackling Health Inequalities

## **Improving Quality by strengthening our organisation's leadership and accountability**

Our organisation's Chief Operating Officer took over as Executive Lead for Health Inequalities. Immediate steps are to develop and publish a new Health Inequalities Strategy and Action Plan.

Our organisation has benefitted from the appointment of a West Yorkshire Mental Health, Learning Disability and Autism Programme Public Health Consultant who works across the three West Yorkshire mental health providers.

Our organisation approved a partnership with colleagues in our local acute organisation, GP Confederation and Community Trust to appoint a new Leeds based Public Health Consultant who is supporting this work.

We recognised the need to have a consistent strategic approach to addressing health inequalities and so have established a new post 'Head of Health Equity' with the intention of developing a clear strategy. We have a newly established partnership approach that will enable us to take a more consistent approach to reducing health inequalities.

## **Progress towards revised delivery models**

We have introduced Equality Impact Assessments (EQIAs) into the clinical service development procedure to ensure equitable service redesign and transformation of services across the system. Meaningful engagement across the stakeholders and partners was carried out to develop a new integrated pathway model for community mental health programme.

'Cultural Competency and Humility' train the trainers course have been delivered across the West Yorkshire region. Our organisation has established a train the trainer network and we are planning further dissemination of training in coming years across their service lines.

Our analysis of our organisation's data shows that patients from communities with protected characteristics are likely to have the poorest access, experience, and outcomes in mental health services. We are concentrating focus on the NHS England Patient Carers Race Equality Framework (PCREF) with a view to developing a programme of improvement work. Core priorities are establishing leadership and governance, embedding patient and carers voices into the heart of our planning, implementation and

learning cycle. Our progress will be evaluated as we deliver the change ideas and an anti-racism plan.

### **Collaborating locally in planning and delivering action**

We are members of the Leeds Tackling Health Inequalities Group which is central to the Integrated Care Board and Health and Wellbeing Board. The Tackling Health Inequalities toolkit developed through this group has been actively used as part of our recovery programme. The health inequalities priorities derived through the Mental Health Strategy are overseen and driven through the ICB Mental Health Care Delivery Board of which we are key members (with our Medical Director as Chair). We are lucky to work with the Synergi Collaborative who lead this work on behalf of the Leeds Mental Health Strategy implementation and are seeing the results of the work they are leading translate into our local practice in our organisation.

### **Synergi Collaborative & Award**

A special screening of "The Journey to Racial Equality in Leeds Mental Health Services" shone a spotlight on some of the innovative work across Leeds to tackle mental health inequalities in our ethnically diverse communities. The documentary featured interviews with a range of local health, mental health, public health, and community sector professionals and experts, and the voices of change agents who are impacting and influencing the narrative and pathways within our organisation and communities in Leeds. The film is a fitting and powerful tribute to the Synergi Leeds Partnership and its contribution to supporting the city's priorities of reducing health inequalities and making this a mentally healthy city for all.

# Patient and Carer Experience Team

## Getting Involved



### **What is SUN?**

SUN is the Service User Network. It's a group for people with lived experience of our organisation's mental health and learning disability services – as service users or as relatives, friends or carers of service users.

### **When is SUN?**

SUN is held on the first Wednesday of every month and is held alternatively face to face and online. For details of how to join SUN – please contact [Patientexperience.lypft@nhs.net](mailto:Patientexperience.lypft@nhs.net)

Our thriving Service User Network (SUN) meets monthly and welcomes people with lived experience of our organisation's mental health and learning disability services, either as someone who has accessed our services or as a relative, friend or carer of someone who has been supported by our services. The number of people attending SUN meetings is increasing month on month. In April 2023, 12 people attended the group rising to 34 people attending in February 24. The group is run face to face and online as voted for by members, maximising the opportunities for people to attend.

SUN meetings are co-chaired by Usmaan Khan and Tessa Francis, lived experience partners, who plan the agenda for the meetings on behalf of the SUN members. SUN has hosted a wide range of activities and speakers over the past year. Each meeting gives people an opportunity to find out more about services or to get involved to help influence improvements to our mental health and learning disability services. The SUN is an inclusive group and welcomes people from a diverse range of backgrounds and ages.

### **Topics discussed at SUN Meetings 2023 - 2024**

- Your views on support needed when leaving hospital.
- The organisation's Volunteer services
- Battle Scars Group
- Information about the organisation's Care Services Plan
- Trauma-informed Care in community mental health services
- Information about the organisation's Quality Account
- Planning the NHS 75 celebration event and creating thank you stories.
- Being You, Leeds
- Quality Improvement at the organisation
- Synergi-Leeds: Reducing ethnic inequalities in mental health.
- Emerge Leeds
- Opportunities at University of Leeds

### **Community Mental Health Transformation Involvement**

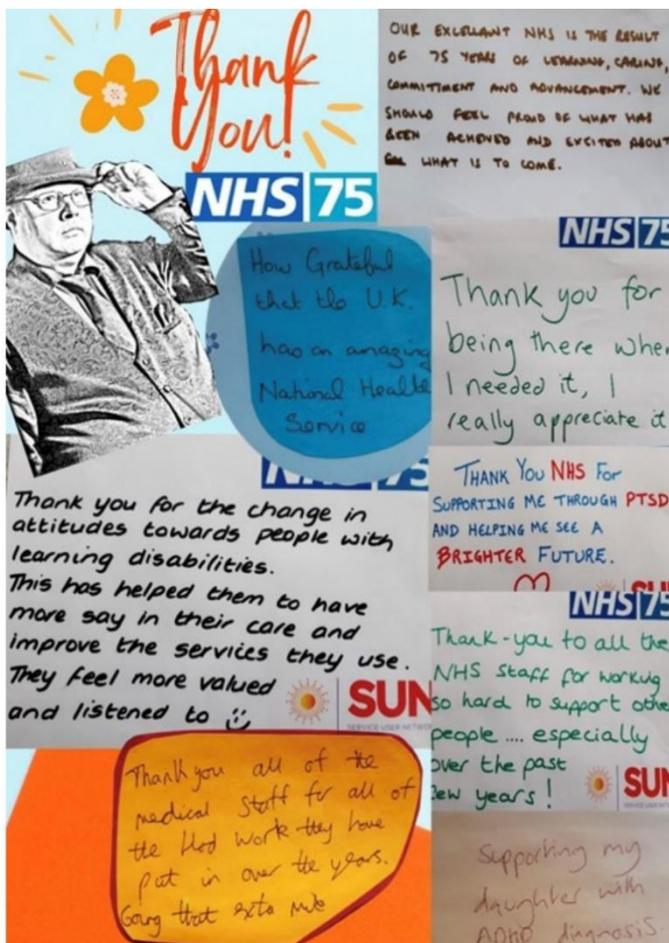
For the past 2 years, members of the Patient and Carer Experience Team, together with our lived experience partners have been involved in supporting the Community Mental Health Transformation Engagement and Involvement advisory group, made up of lived experience partners and staff members. This group provides assurance and accountability for the transformation involvement plan. From 1<sup>st</sup> April 2024, involvement linked to transformation will become business as usual and will be led by our organisation. Moving forwards the PET will ensure that lived experience partners are kept updated with regards to transformation work via SUN meetings and other forums.

## NHS 75 Big Thank you event – July 2023



(NB - This photo has been copied from our organisation's website)

Our organisation's Annual General Meeting and 75 years of the NHS Big Thank You event took place on 25th July 2023 at the Queens Hotel in Leeds. Lived experience partners along with staff members co-produced the afternoons celebrations. The theme of the afternoon was to celebrate partnership working, which was both inspiring and energizing.



### Working together to make a difference.

We encourage our teams and services to work alongside lived experience partners to introduce positive change to people's experiences and outcomes. Here are some of the projects which our lived experience partners have been involved in over the past year.

### Smoke free at our organisation.

Our organisation has an ambition of becoming a 'smoke free trust' for service users, visitors and staff.

A project group has been formed which involves many services working



together, including the Estates Service, the Healthy Living Team and clinical staff members to help achieve this ambition. Service users admitted to our inpatient wards have also been involved in different parts of the project including, reviewing different types and flavours of E Cigarettes, what to do with services users smoking equipment whilst they are in hospital, and more recently helping to design signs and information leaflets which they think will be helpful.

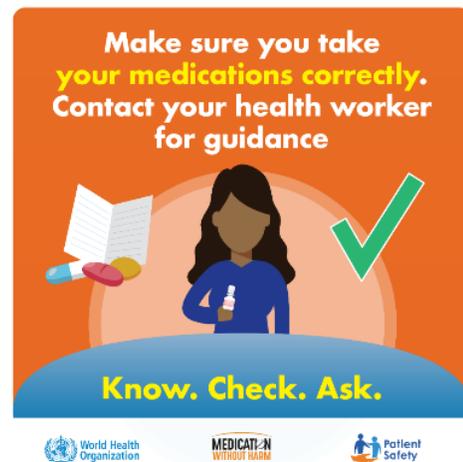
### **PLACE – Patient Led Assessment of the Clinical Environment**

PLACE assessments provide a framework for assessing quality, against guidelines and standards. The framework enables lived experience partners to assess cleanliness and food provision, to assess whether environments meet the needs of people with dementia or a disability and to understand whether clinical environments support care to be delivered with privacy and dignity, from a service user and/or carer perspective. As part of the 2023 PLACE programme, 7 lived experience partners and 1 staff governor carried out assessments across 6 organisation sites. Update meetings will take place in the Spring of 2024 where the Estates and Facilities staff will meet with the lived experience assessors to highlight action plans to be introduced, as a direct result of them taking part in the PLACE programme.

### **Ask Pharmacy Poster**

The “Ask Pharmacy” campaign is an extension of the Bigger Better Labels project which the Patient and Carer Experience Team and the Learning Disability Involvement Team have been working on, alongside pharmacy service staff. Since November 2023 “Ask Pharmacy” posters, co designed by lived experience partners have been displayed around our organisation’s sites. The purpose is to encourage service users and carers to ask pharmacy staff questions such as asking for larger labels to be printed, to ask for easy read instructions or to request easy to open containers etc. The hope is that by asking questions, the additional support provided will help people with impairments or/and a learning disability to have greater control over their medication. It will also support our organisation to meet Accessible Information Standards (AIS).

The World Health Organisation’s Patient Safety Day’s Know, Check and Ask campaign helped to inspire the Ask Pharmacy poster. In Summer 2024 we will review whether the poster campaign has encouraged more people to ask more questions around their medication.



## **Involving lived experience partners in meaningful recruitment**

Increasing numbers of lived experience partners have been involved on our recruitment panels over the past year. 31 different service users and carers have been involved in helping to recruit to 28 new roles across the Trust. These roles have included senior roles such as Deputy Director of Nursing, a Consultant at Red Kite View (our children and young people's inpatient unit), Lead Psychologist/Psychotherapist along with other important roles including Clinical Lead Nurses,



Inpatient Matrons, Physiotherapists, Speech and Language therapists, our new Lead Chaplain, Chaplain and Chaplaincy Administrator. This is fantastic news as our service users and carers ask very different questions to our staff members on interview panels.

### **Co-designing training for interviewing.**

Our lived experience partners asked for training to give confidence and increase the skills for service users and carers who want to take part on interview panels and be a meaningful part of the interview process. Over the past year a group of staff and SUN members, lived experience partners and a representative from the third sector, co-created an interview skills course. The first course was delivered in November 2023 and was attended by 8 people. This course will now be on the Recovery College prospectus and will run at various times throughout the year. Training will be delivered by lived experience partners and staff members. Feedback from service users and carers has been very positive: -

***'The course gave good information about interview skills. I liked the use of group activities as this gave me an opportunity to learn from the other people attending'.***

*'Friendly learning space to share ideas and knowledge.'*

***'It was well delivered, friendly, made me feel valued. It delivered a lot of information to understand the process of interviewing. It was active and involved everyone'.***

### **Carers involvement in discharge planning**

Planning for service user discharge from our services, should start at the beginning of an admission where appropriate and relatives and/or carers should be part of the discharge planning (with the service users' consent). Carers of service users have given their feedback about their experiences of being involved (or not involved), in discharge planning.

Their experiences, together with findings from a Multi-Agency Discharge Event held at our organisation in June 2023, and other good practice from local and national sources will be used to create a good practice guide for our staff members to follow. This will ensure that our carers feel fully involved and are aware of plans when their cared for person is discharged from our services.

### **Have Your Say – organisational feedback measure**

Have Your Say is our organisations feedback measure which was co-produced with lived experience partners and staff members and includes the Friends and Family Test (FFT) question – What was your overall experience of our services? Have Your Say enables people (both service users and carers) to give us their feedback anonymously, about the care they have been provided with, at any point in their care journey. In trying to make the feedback measure accessible to all, we provide several ways in which people can give us their feedback.

People can complete postcards on our inpatient wards, there's an online survey, a QR code which can be accessed using a mobile phone or tablet. There's also an identified telephone number and an email address and a video has been made which interprets the questions into British Sign Language.

The table below shows the number of people who have provided feedback over the past year and shows in percentages whether people said their overall experience of our services was positive, negative or people said it was OK or didn't know.

	<b>Numbers of people who provided feedback</b>	<b>Positive rating of overall experience of care</b>	<b>OK/Don't know rating of overall experience of care</b>	<b>Negative rating of overall experience of care</b>
<b>Apr 23</b>	72	90%	6%	4%
<b>May 23</b>	142	88%	8%	4%
<b>June 23</b>	193	84%	6%	10%
<b>July 23</b>	177	88%	5%	7%
<b>Aug 23</b>	146	87%	5%	8%
<b>Sep 23</b>	159	77%	7%	17%
<b>Oct 23</b>	141	93%	5%	2%
<b>Nov 23</b>	198	87%	9%	4%
<b>Dec 23</b>	193	86%	9%	5%
<b>Jan 24</b>	165	86%	9%	5%
<b>Feb 24</b>	161	92%	3%	6%

### **Encouraging more people to give us their feedback.**

Over the past year we've introduced Have Your Say drop-in sessions in the café space at the Becklin Centre. Three volunteers with lived experience have enthusiastically listened to patients from the wards and recorded their feedback. We've also been working alongside five teams under the umbrella of our Liaison Psychiatry Service and to set up a process to text out the Have Your Say survey link to service users, at certain points in their care journey.

Our focus on this next year will be asking our teams and services to demonstrate what changes they have made as a direct result of receiving people's valuable feedback as we know people want to know how their feedback has been used.

## **Health Improvement Alliance Europe (HAIE) conference**

The Institute for Healthcare Improvement Health Improvement Alliance Europe is a group of leaders united for change, who are driven by working together and are focused on achieving health care results. In November 2023, our organisation hosted the annual HIAE conference alongside colleagues from NHS England. The Patient and Carer Experience Team Lead was a member of the planning group for the event and identified 3 of our services who consistently work together with their lived experience partners to co-produce improvements to their services.



Leaders attending the conference were invited to attend our Emerge Service (Complex Emotional Needs Service), our Recovery College and the Learning Disabilities Involvement Team. The fantastic work they co produce, to make improvements to their services was showcased. Feedback received was overwhelmingly positive and the visits to services were one of the most valuable parts of the conference to take back the learning and share with delegates' own organisations.

## **Triangle of Care Champion Groups**

Carer champions from across our organisation meet monthly to share good practice and receive news and updates from local and national organisations, which can then be shared with our carers across all our services. There are also service specific carer champion groups in Learning Disability services, Working Age Adult Community Mental Health, and Acute Inpatients, where staff work together to make sure carers are involved and included in topics which are directly related to their service area.

## **Board Stories**

Board meetings are held in public and provide an opportunity for service users, carers, staff members and members of the public to attend the first part of the meeting, to raise any questions or concerns. On a bimonthly basis, lived experience partners are invited to talk to the Board members about their experience of our services and/or how they have been involved in service development. It's a great way of highlighting the excellent involvement/learning from lived experience work that goes on in our organisation, and often supports board members to think about discussions they have in other meetings across our organisation.

In 2023 - 24 board members heard stories about: -

- The Co-chairs of the Service User Network (SUN)

- The Wellness Recovery Action Plan programme led by our organisation's Recovery College
- The Cultural Inclusion ambassador programme
- The Rehab and Recovery service's Involvement project
- The Emerge service's Involvement strategy
- Partners Peer Support – The importance of supporting partners - Perinatal services

### **Partnership Working - Working together with other organisations**

Leeds Carers Partnership (LCP) is a multi-agency partnership of staff and carers in health, social care and the voluntary sector and oversees delivery of the Leeds Carers Strategy 2020 – 2025 which has 6 main priorities. As a member, our organisation's commitment to the Triangle of Care framework ensures we support the strategy's priorities of improving the identification of carers and supporting carers to care.



Carers and their essential role are identified at first contact with our services or as soon as possible afterward, ensuring that carers are aware of or referred to Carers Leeds or Leeds Young Carers Support Service to get support if required. Carers are also active members of our Service User Network and use their lived experience to influence change and innovation in the services that we provide.

### **Leeds Young Carers working group**

Leeds Young Carers working group supports the work of Leeds Young Carers Support Service (LYCSS). Members of the group are from health, children's services and youth services who work together to highlight and recognise young carers and the impact that their caring role has on them. Our organisation are members of this group, which helps us to ensure that our young carers are recognised and supported. This year, we highlighted the important role young carers play through a series of videos capturing their experiences, which was shared with our care services colleagues with information on how support for young carers can be accessed.

# Positive and Safe Working Group – Working together to reduce the use of restrictive practice.

## Reducing Restrictive Practice

The Positive and Safe Working Group (PaSWG) continue to lead on our organisation commitment to reduce the use of restrictive practice, including the use of physical restraint, seclusion, and emergency medication. Last year we have focused on building the membership of our service user and carer restrictive practice group, this group continues to go from strength to strength and plays a vital role in our work. They have taken a lead in developing service user and carer information on how restrictive practice is used within our organisation and co-produced a new policy on the use of blanket restrictions (rules that universally apply to everyone).



The group are working with our Prevention and Management of Violence and Aggression (PMVA) training and education team to ensure that the experience of service users being subjected to restrictive interventions is heard throughout the training provided to staff.

Staff who work on our inpatient wards must attend a 5-day Prevention and Management of Violence and Aggression (PMVA) course. The leaders of the training course asked to meet with lived experience partners who had experience of either being subjected to restrictive practices or had witnessed restrictive practices whilst on one of our inpatient wards, to try and help improve the PMVA training.

Last year, our organisation began its collaboration with the British Institute for Human Rights (BIHR). The BIHR are a charity organisation whose primary purpose is the promotion of human rights. They have worked with many public bodies, including NHS Trusts, providing advice and training to enable them to live up to their duties under the Human Rights Act 1998.

Throughout the year we have rolled out a Human Rights training programme, this has included a series of workshops which have been aimed at colleagues, service users and carers to increase the knowledge and awareness and confidence in human rights and embedding this into practice.

## Sexual Safety Update

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

The Sexual Safety Group continues to meet monthly, with a focus on ensuring that the Sexual Safety Standards are implemented within inpatient services across our organisation.

Work has also taken place to ensure that our systems and processes support accurate and timely reporting of any sexual safety incidents, with changes made to Datix (the incident reporting and risk management system used by our organisation) to reflect this so that incident categories are consistent, and data provided is accurate.

Training for staff has also been developed to ensure that staff across our organisation from all areas and disciplines understand the Sexual Safety Standards and are confident in reporting and responding to sexual safety incidents, as well as ensuring that service users are safe and protected from harm within our inpatient areas. The Sexual Safety Standards can be found on the Royal College of Psychiatrists website:

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

### What is Sexual Safety?

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



# Our Community and Wellbeing services

## Community Mental Health Transformation

Community Mental Health Care in Leeds is changing, starting with the introduction of three new Integrated Community Teams in March 2024.

The teams provide a wide range of health, community and social care services and support for working age adults. This is the result of two years of planning and consultation across the NHS in Leeds, community and voluntary organisations and Leeds City Council.

### The new approach

Multidisciplinary teams from different services will work together to provide working age adults with responsive services and support that:

- Make it easier for local people to use mental health and care systems.
- Prevent people from falling in the gaps between services.
- Support people's psychological, emotional, and physical needs.

Examples of care and support available include:

- Social and community support from more services, including housing, employment, money advice and benefits.
- Psychological therapy. This could be provided in a group or one to one.
- Information about medicines.
- Support attending health appointments.
- Helping to build positive connections with their networks and wider community

## Mental Health Inpatients launch album as part of their recovery journey.

Mental health inpatients at the Newsam Centre have launched an album as part of their recovery journey.

***"Helping make this album was so important for me. I'm glad my dad is proud of me now. I made good friends in the group, and I'll keep doing this when I leave the hospital. If it helps other people who are suffering, then this makes me happy"*** says "D", a patient who has benefitted from the project.

“Sometimes Falling Up” is the culmination of a creative project with mental health inpatients in Leeds to introduce song writing as a means of improving mental wellbeing and aiding recovery. The work has sparked hope, brought joy, and created a sense of community between a group of men suffering with enduring and complex mental health challenges.



Music and art therapy projects like these can be a lifeline for the patients on this locked ward, who can spend long periods isolated from the support of their local families and communities. The complexity of the mental health challenges they face can also mean them needing to return to the ward after a short time away, described by Janette Hynes MBE, Senior Occupational Therapist on the ward as a “revolving door”. She says:

“The project has given the men hope when they are at their lowest ebb. Many are going through some of the darkest times in their life, struggling with a complex array of mental health challenges. It’s projects like this that pull them through when they’re struggling to cope. The prolonged duration of this project has had an enduring and impactful influence

on mental health recovery. Themes emerging from the lyrics include freedom, loss, love, blue skies, and nature.”

## Recognising Success



### **Chief Nursing Officer Award**

Julie McGrath, Healthcare Support Worker in our Assertive Outreach Team, has achieved this year’s prestigious Chief Nursing Officer Award for support worker excellence. Julie’s career in the NHS spans 28 years, including 19 years in our organisation’s Assertive Outreach Team, most recently as Assistant Case Manager, working with people with ongoing complex mental health needs. She has been commended for the positive

impact she has had, not only on patients but also her patients’ loved ones, through building good relationships to provide outstanding patient care, and has been recognised for championing equality, diversity, and inclusion in everything she does, both in clinical practice and with her colleagues.

### **Gold standard for being an armed forces-friendly employer.**

We’ve been given the highest badge of honour for supporting members of the Armed Forces community including veterans and reservists in employment once they leave. We are one of only three organisations in Yorkshire and the Humber to have been awarded the Defence Employer Recognition Scheme (ERS) 2023 Gold Award – recognising the positive role that employers play in supporting the Armed Forces community.

Staff who’ve led this work attended a ceremony in York on 14 November where they were officially commended by West Yorkshire’s Lord Lieutenant, Ed Anderson, alongside fellow regional gold standard bearers Leeds City Council and Phillips 66 Limited.

## **The Synergi-Leeds Partnership**

An innovative programme of work to promote racial equity within Leeds Mental Health Services has won a major accolade in this year's Health Service Journal (HSJ) awards. Synergi-Leeds, a partnership between the NHS, Public Health, and the local community and voluntary sectors (VCS), was named Mental Health Innovation of the Year at the awards ceremony on 16 November 2023. It was also a finalist in the NHS Race Equality Award category. The Synergi-Leeds Partnership is a citywide approach to tackling ethnic inequalities in mental health.

Their focus has been to tackle the long-standing issue of the overrepresentation of people from Black, Asian and minority ethnic communities admitted to crisis mental health services or detained under the Mental Health Act. Statistics show Black people are more than four times as likely as white people to be detained under the Mental Health Act, and people from Black and Minority Ethnic groups are overrepresented in inpatient and crisis services, are less likely to have support from a GP prior to their admissions and are less likely to be referred for talking therapies.



Our organisation's Safeguarding Team has achieved White Ribbon Accreditation. White Ribbon UK is part of the global White Ribbon movement to end men's violence against women and was formed in 2004. Today, White Ribbon UK is recognised across England and Wales as being the leader in primary prevention of men's violence against women and girls.

Their mission is to prevent violence against women and girls by addressing its root causes. They work with men and boys to change long-established, and harmful, attitudes, systems and behaviours around masculinity that perpetuate inequality and violence. The work is preventative; aiming to stop violence before it starts, working collaboratively across industries and sectors to raise awareness about men's violence against women and girls, and how we can change harmful cultures to achieve gender equality.

# Improvements made with service user involvement.

## Forensic Services

Our Forensic Services across both sites in Leeds and York have implemented several improvements with involvement from service users:

- Introduction of service user multi-ward band at Newsam as requested by service users.
- Service user involvement in development and reinstatement of our Service User Council structure within our service at the Newsam Centre in Leeds – making decisions around the meeting structure, service user roles and responsibilities within the meeting and interviews for these roles. This also involved the sharing of good practice with two other secure services in the provider collaborative. This enabled staff to liaise directly with other service users about what has worked for their meetings and for ideas/resources/documents to be shared accordingly.
- Introduction of ‘culture group’ at the Newsam Centre; a weekly group has collaboratively produced resources and is facilitated by service users with support from an Occupational Therapy Assistant. The group focuses on service users choosing countries/cultures of interest and supporting others to learn about the chosen topics via various activities – painting flags, food tasting, learning language/numbers, true or false facts games etc.
- Thinking around the development of the ‘community hub’ space at our York Service at Clifton House was led and supported by service users – to capture third sector organisations and opportunities available in the community post-pandemic and consider ways to display this visually on site.
- Service users have been involved in staff recruitment across both sites, with service user panels forming part of interviews for roles at all levels.

## Learning Disability Services

- Service users were involved in the service’s Bigger Labels Project to ensure that service users can read their medication labels, leading to safe use of medication:
  - Bigger Labels Poster co-designed with service users to go up around the organisation’s sites from November 2023.

- Bigger Labels Poster was then to be developed for community venues.
  - Bigger Labels Project was presented at ICB Inclusive Innovation and Improvement Board
  - Bigger Labels Project Leads made links with Yorkshire and Humber Academic Health Science Network.
  - Bigger Labels Project was presented at Learning Disability Partnership Board
  - Service User Involvement Team presented their Bigger Labels Project with the European Healthcare Alliance
  - Bigger Labels Project was published in Pharmaceutical Journal
- Service users facilitate the Co-production Café, which invites service users to attend to discuss a variety of issues that impact on their lives. They have held sessions on cancer and the covid vaccination.
  - Service users in the Service User Involvement Team have designed resources to bust the myths surrounding the covid vaccination, such as: a “questions answered” booklet, vaccination storyboard, and they have produced a short film.

### **Children and Young People’s Services**

Staff at Mill Lodge Children & Young People’s Service identified that it is a priority to improve the sensory environment to help improve the care provided to autistic young people. At the end of 2023, a sensory environmental audit was developed and carried out by Mill Lodge staff, assisted by young people using the service, with the purpose of beginning to address the additional barriers that autistic people face when accessing health services. The audit looked at the areas below to identify whether there were any issues within the environment and what they could do better, as well as areas of good practice.



Information Processing  
& Communication



Sound



Lighting



Visual



Proprioception, Balance,  
Space & Movement



Smell



Touch & Tactile



Taste



Awareness & Training

Some examples of good practice that were identified included:

- There is signage around the building and a map in the lounge. Many drawers are labelled.
- Communication cards are made for some young people who struggle to verbally communicate, and communication passports are often developed for autistic young people.
- Timetables and resources can be individually adapted according to need.
- There is a staff board with photos up to aid familiarity, and Safewards stars.
- There has previously been speech and language input from another unit.
- Young people on the ward generally have a good knowledge of where the quiet spaces are on the unit. They also are aware they have priority with these spaces over staff meetings.
- Activities are often done in regular spaces (e.g. school in schoolroom, activities at group table, eating in dining room, 1:1 meetings in interview rooms). This allows for routine, consistency and allows young people to know what to expect.
- Autism training is mandatory for all staff working within the service.

Some areas identified for improvement:

- Some areas of the ward were noisy, and there were actions identified to improve this, such as ensuring closing of doors as a short-term measure and soundproofing as a longer-term plan.
- Lighting was noted to be an issue in several areas of the ward, with the lights in situ being very bright. There are plans to replace these with warmer uplighting and dimmers where possible.
- Like many areas of the ward, the corridors had white or off-white walls (which reflect light and can be more overwhelming/brighter to those who are sensitive to

light). It would be recommended that white walls were replaced with more sensorily acceptable pastel colours.

- Consideration will be given to the texture of fabrics when ordering furniture to ensure that an identified fabric that is infection control compliant but less “slippery and sticky” will be provided.

## Improvement and Knowledge Service

The Improvement and Knowledge Service is an integration of Clinical Audit, NICE Guidance implementation, Knowledge and Library Service, and the Improvement Team.

***Our vision is to build a culture that uses knowledge and improvement to provide outstanding mental health and learning disability services.***

The Improvement and Knowledge Service supports, coaches, trains, and facilitates activities and projects to make changes that matter to our service users, carers, staff, partners, and the wider community. We aim to create a culture that is committed to learning and continuous organisational development. The main activities of the functions are:

### Library and Knowledge Service (LKS)

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

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

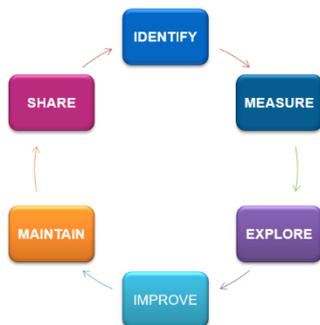


**Library &  
Learning  
Centre**

The LKS Team supports all staff to access the information and evidence they need by providing access to books, e-books, journals, current awareness services, NHS Open Athens, information skills training, literature searches and evidence summaries. The Library and Learning Centre at The Mount Annexe provides all staff and learners in our organisation with a space to study and work.

LKS makes information accessible, understandable, and useful for knowledge users through working collaboratively. LKS aims to provide the evidence that is needed, when it is needed, to support decision making from bedside to boardroom.

## Improvement Team



Our Improvement Team comprises of the recently merged People and Change and Continuous Improvement functions. Their work focuses on our organisation's holistic six-step improvement approach to supporting teams and services to deliver improvement and development opportunities that create working environments and relationships that enable quality to grow, whilst delivering sustained improvements in the delivery of safe and effective care. This is achieved through the delivery of a mix

of improvement coaching, developmental training and mentoring to equip colleagues across our organisation with the necessary skills, knowledge, and confidence to not only complete current improvement projects, but also to enable colleagues to identify and run their own improvement projects in the future.

The team also facilitates the Annual Service Quality Report process. They offer guidance on how to build the report and interpret the findings and identify potential improvement opportunities. This also includes initiating the Integrated Learning, Culture, and Leadership Framework Maturity Assessment, and supporting teams with the resulting development plans.

## Clinical Effectiveness (Clinical Audit & NICE Guidance)



Clinical Audit provides the structure to review and monitor the implementation of evidence-based care and best practice and create a culture that is committed to learning and continuous organisational development. The team facilitates services to participate in both national and local clinical audit in line with our statutory and contractual requirement as healthcare providers. General and bespoke trainings are regularly delivered by the team to ensure the development of staff's skills and knowledge in quality improvement and assurance projects.

The team is also responsible for co-ordinating the review and implementation of national evidence-based guidance developed and published by the National Institute for Health and Care Excellence (NICE) across services. Our organisation uses NICE guidance to ensure that nationally agreed best practice is considered in the delivery of the clinical services provided by our organisation. The implementation of NICE guidance underpins achieving our organisation's goals through providing excellent quality, evidence-based, reliable safe care that promotes recovery and inclusion.

## Guardian of Safe Working for medical staff

On 1<sup>st</sup> February 2017 our organisation transitioned all our Junior Doctors onto the 2016 Junior Doctor Contract.

Our organisation is lead employer for the Leeds and Wakefield Psychiatry Core Training Scheme. The two hosting organisations within this scheme are Southwest Yorkshire Partnerships Foundation Trust (SWYPFT) and Leeds Community Health Trust (LCH). SWYPFT run their own on call whereas LCH participate in our organisation on call rotas.

Our organisation's Guardian of Safe Working (GSW) was appointed in November 2016 and is responsible for the directly employed trainees. This requires the GSW to liaise with the hosting organisations with reciprocal liaison with the other organisations' trainees

hosted in our organisation and not directly employed as exceptions occurring as part of work within other organisations is reviewed and addressed within that organisation.

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

# Patient Advice & Liaison (PALS), concerns, complaints & compliments

Our organisation’s Complaints and PALS Team provide a gateway to hear concerns and complaints about our organisation; and ensure they are managed in accordance with regulatory requirements.

We recognise that the formal complaints process is not always the best pathway for patients and families to receive a speedy resolution to a problem. We continue to promote a welcoming and positive culture for everyone contacting the PALS and Complaints Team.

During 2023/24, the Team dealt with 1802 PALS contacts, the following chart shows the number received compared with previous years:



Of the total PAL contacts received in 2023/24, 285 were concerns. The largest PALS type in 2023/24 was information request with 721.

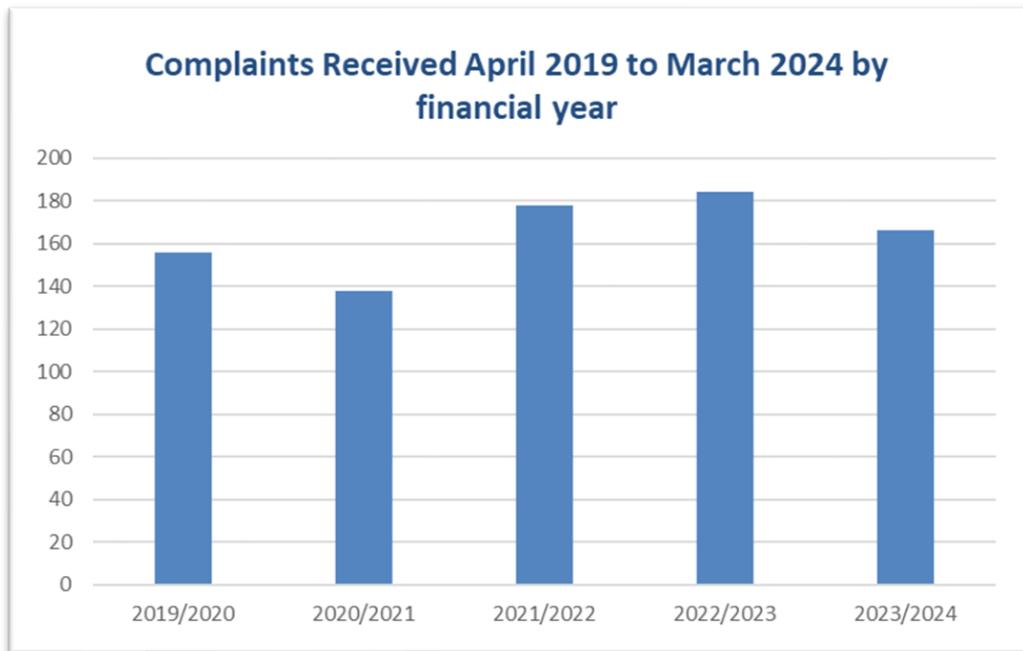
Themes of **concerns** tend to vary from formal complaints. Concerns are often problems that require immediate action such as meal options and environmental issues.

The top three themes for **PALS contacts** during 2023/24 were:

- Communication 65%\*
- Clinical Treatment 15%
- Referral 8%

*\*85% of PALS contacts themed as communication were resolved within 1 day by providing advice/information or referring to a more appropriate department. An example of this is an enquiry from a company regarding an invoice and payment directed to our finance department. Although PALS is a patient focused service, it is responsive to any enquires, which are logged onto the Datix system.*

In 2023/24, our organisation received 166 formal complaints. The chart below shows the comparison of complaints received over the last three financial years:



Complaints present an opportunity for us to review care, our services; and the way in which we interact and provide information to our service users, from another perspective.

The top three themes for **complaints** during 2023/24 were:

- Clinical Care 52%
- Attitude of staff 21%
- Admission, discharge & transfer 12%

### **Key Achievements in 2023/24**

- The PALS and Complaints Team have continued to work creatively to ensure that the team have been as accessible as possible to all service users and carers.
- The team have further developed complaints training for staff and have successfully delivered this to over 55 members of staff.
- The team have been working to streamline the complaints process ensuring that complaint reviewers are aware of the required tasks to take, ensuring good communication and updates are provided to our complainants.
- Development of a complaints tracker to ensure organisational oversight of open complaints.

### **Aims for 2024/2025**

- Review and amend the complaint reviewer pack, to help support an improvement in the way complaints are handled.
- Further develop our training package offer, for those handling complaints.
- Review the process for complaint response actions and work with service lines to consider how learning and good practice from complaints is communicated trust wide.
- Align our data for PALS and complaints to the 3xCs themes (Communication, Coordination and Compassion) which is a recognised improvement programme across Leeds health and care organisations.

## Compliments

Compliments are received for treatment, care, and support, in respect of our environment, atmosphere, and cleanliness. Staff can record all compliments received (either written or verbal) as well as being able to attach any cards/letters to our electronic DATIX reporting system.

During 2023/24, our organisation received 393 compliments. Compliments are a key measure of patient experience, and we are keen to develop recording of compliments alongside our other methods of feedback in order to create a fuller picture of where we are doing well and where we might be able to further improve.

The following word cloud depicts some of the compliments received in 2023/24:



Compliments mean so much to our staff an example of where our staff made a real difference was received by our Complex Dementia Wraparound Team. The staff were thanked for all the effort they put into supporting our patient to celebrate his 35th Wedding Anniversary with his wife. This included a lunch table for two with decoration and balloons and included specially ordered cupcakes. The patient's wife thanked staff from the bottom of her heart for making the day so special for them both.

# Falls and Pressure Ulcer Management

In 2023/24 our organisation recorded 574 falls incidents across the inpatient, specialist supported living settings and community services. Below are some examples of the falls and pressure ulcer prevention work that we have undertaken:

### Examples of falls and pressure ulcer prevention work

- All adult and older peoples wards now have activity co-ordinator and occupational therapy assistant roles in their staffing to engage service users in meaningful activity which we know is a very effective falls prevention strategy.
- With support of physiotherapy at the Mount, more structured physical activity opportunities are being provided for service users to help maintain safe mobility.
- A new assessment to identify risk of pressure ulcers (Purpose T) has been introduced to clinical teams. To support the implementation in practice training is available and team specific support can be provided by the physical health in-reach team.
- Following a reported fall or pressure ulcer, learning is being identified and shared within clinical teams.

One of our priorities for the coming year is to collect data on low harm falls in a way that enables us to identify and implement effective preventative measures. Most falls occur in Older People’s Services which is consistent across the year. There were 174 fewer falls reported in 2023-24 compared to the previous year. The most significant decrease in within the no harm caused category. The table below illustrates that many of these falls (96%), resulted in no or low harm.

Reported Falls	No harm caused.	Low harm (Minimal harm required extra observation or minor treatment)	Moderate harm (Short term harm required further treatment or procedure)	High harm (Permanent or long-term harm)
Q1	92	38	5	
Q2	105	56	5	2
Q3	76	34	3	
Q4	101	52	4	1
Totals	374	180	17	3
Overall total	574			

## Pressure Ulcers

The table below shows the distribution of pressure ulcers categorised as grade 2 or above which developed or deteriorated under the care of our organisation (as a primary provider of care) by severity over each quarter.

Reported pressure ulcers	No harm caused.	Low harm (Minimal harm required extra observation or minor treatment)	Moderate harm (Short term harm required further treatment or procedure)	High harm (Permanent or long-term harm)
Q1	0	2	0	0
Q2	0	3	0	0
Q3	0	2	0	0
Q4	0	2	1	0
Totals	0	9	1	0
Overall total	10			

There has been a slight increase in reported pressure ulcers this year compared to the previous year. This may be due to increased staff awareness as training and new documentation has been introduced to ensure that pressure ulcers are identified and treated appropriately. We will be using the data we collect in the coming year to better understand any further changes.

## Safeguarding

### Key Quality Improvement actions

- The Safeguarding Team has worked with staff and Digital Change Team to develop a new process for reporting safeguarding concerns. The safeguarding contact form is available in every electronic patient record.
- Making safeguarding personal, an audit has been completed in relation to Citizen-Led approaches to safeguarding. Safeguarding documentation was audited to ascertain if the adult's views and wishes were heard/sought/documentated, as well as acted upon, by staff. 86% of the service users involved in safeguarding concerns had their views and wishes heard. 95% of the patients' views and wishes were addressed.

- Safeguarding Team achieved, “West Yorkshire Quality Assurance Mark” (WYQM) for domestic abuse, this is in recognition of the policies, training and continued learning shared organisationally.

The team continue to provide a safeguarding duty and advice system, enabling all our organisation’s staff to seek advice and support on all matters of safeguarding from a duty Safeguarding Specialist Practitioner. During 2023/2024 the Safeguarding Team have provided support and advice for more than 1000 requests for safeguarding advice.

The Safeguarding Team actively engage and contribute to Safeguarding Adults reviews, Domestic Homicide Reviews and Child safeguarding Practice Review and actively engage and contribute to thematic learning reviews and will continue to do so. Any reviews which have involved our service users the safeguarding team work closely with the teams involved looking at recommendations and how the team and our staff can work with each other to address any identified learning.

## **Mental Health Legislation**

The Mental Health Legislation Team is here to offer advice and support to staff, patients and carers in all matters relating to the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We ensure that staff receive the appropriate training and support and meet regularly with patients and carers to make sure they understand their rights under the Acts. We have completed audits in relation to consent to treatment certificates, capacity assessments and best interest decision making. In response to the findings of these audits, the legislation team have put additional processes in place to support clinicians in making Second Opinion Appointed Doctor (SOAD) requests and have updated both the Mental Capacity Assessment and Best Interest Decision forms on Care Director.

### **Mental Health Act Managers (MHAMs)**

Mental Health Act Managers (MHAMs) have a delegated responsibility to hear appeals and hold reviews of patients’ detentions. They are not employed by our organisation and are independent in their decision making. We are committed to ensuring that those carrying out this role reflect the diverse communities of our patient groups and will continue to actively recruit to achieve this. We provide regular training for MHAMs to

ensure that they are equipped for their role and hold a quarterly managers forum which is well attended.

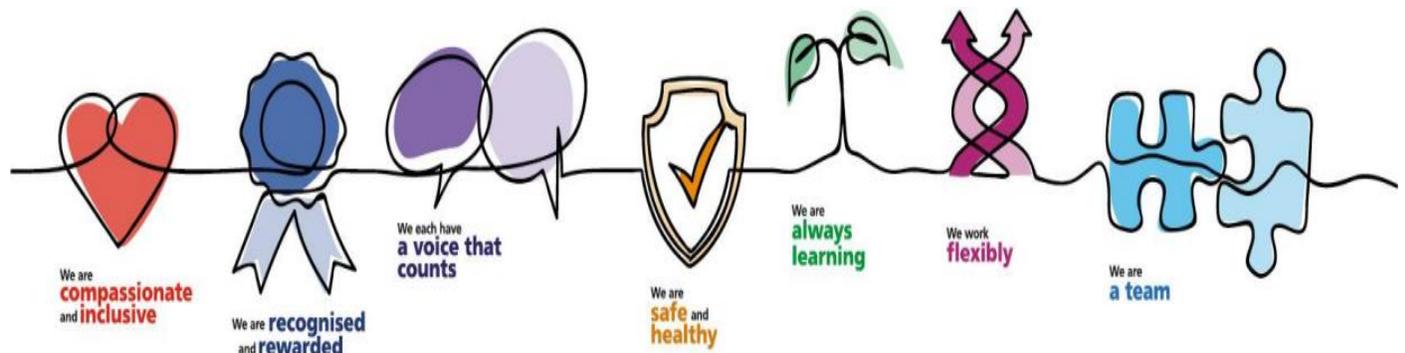
## Staff Satisfaction Survey

Largely the question level results show some fantastic favourable gains with 59% of questions improving compared to 2022 results.

However, the theme scores are less favourable for bank staff (healthcare workers who take on temporary shifts at our organisation) with most themes showing below that of substantive staff (people contractually employed by our organisation). This shows the experiences of our bank colleagues remain worse than that of substantive staff.

For the third year the questions in the national NHS Staff Survey have been aligned to the People Promise – the key things that would most improve our working experience, along with two key themes, Engagement and Morale.

The seven People Promise elements are:



Data is unavailable for the element 'We are safe and healthy' due to issue with the data at a national level which is under investigation. Therefore, we cannot compare our results by sector, Mental Health and Learning Disability.

Across the eight available key themes (excluding We are safe and healthy) for substantive staff, in comparison to our sector, we are:

- Above average in five themes. (We are recognised and rewarded, We each have a Voice that counts, We work flexibly, Staff engagement and Morale)
- Below average in two themes. (We are always learning; We are a team)
- Average in the remaining theme (We are compassionate and inclusive)

Areas where our organisation is performing well:

- 90% of our substantive staff and 91% of bank staff feel trusted to do their job.
- 85% of substantive staff and 88% of bank staff feel their role makes a difference to service users.
- 81% of substantive staff and 90% of bank staff always know what their work responsibilities are.

Specifically, our substantive staff report feeling:

- Significant improvements within learning and development opportunities, along with improved rates of appraisal completion.
- Significant favourable change regarding burnout.
- Our organisation is committed to our staff having a better work and home life balance (+5%)

Specifically, our bank staff report feeling:

- Significant improvements for line management support
- An increase in feeling safe raising concerns about unsafe clinical practice (+5%)
- Significant improvements within learning and development opportunities

Areas where our organisation has room for improvement:

- 69% of staff said "My immediate managers ask for my opinion before making changes that affect my work". This is 3% lower than 2022.
- 66% of staff said "Team members understand each other's roles" This is 3% lower than 2022.
- 90% of staff said they are trusted to do their job. This is 2.5% lower than 2022.

For 2023, a new question was added which asks "In the last 12 months, how many times have you been the target of unwanted behavior, of a sexual nature in the workplace?"

This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from "patients/service users, their relatives, and members of the public" and "from staff or colleagues."

A deep dive has been presented to The Sexual Safety Leads Network into these questions across protected characteristic, staff group and service/team areas to the Sexual Safety Group, who are looking at the data to inform their plans.

The Sexual Safety Leads Network in our organisation have signed up to the national [Sexual Safety Charter](#) which has ten commitments to achieving a zero – tolerance approach to any inappropriate sexual behaviours. For further information about our work around sexual safety, please refer to the Sexual Safety update above in this document.

### **Taking action on our results**

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

### **Team level results and Intention Planning**

In early March, managers and team leaders were able to access their local team data via our dashboard, Echo.

Following the success of our intention planning approach, we will use the same strategy for the 2023 survey results.

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

## **Improvements to Autism and Attention Deficit Hyperactivity Disorder Services**

### **Leeds Autism Diagnostic Service (LADS)**

LADS has focussed on reducing the time from first assessment to diagnostic outcome during 2023/24. The positive impact of this is now being seen with the waiting list at the point of referral maintaining a consistent level with small increases being seen during the year as the focus has been on reducing the length of time for a diagnostic pathway. Once the diagnostic time has reduced to a satisfactory level (13 weeks), the service will have capacity to focus on addressing the waiting times.

### **Attention Deficit Hyperactivity Disorder (ADHD) Service**

The ADHD Service has a challenge due to the ongoing demand continually outstripping the service capacity, as we have seen over recent years. The service has made significant

efforts during 2023/24 to reduce the rate of increasing waiting times. Work has also been ongoing to review the waiting list and widening connections across the wider system, being actively involved with the West Yorkshire Steering group and working with Leeds primary care. Work continues into 2024/25, by the end of which plans will be in place to improve the long-term current situation.

# Section Four

# Statements from others on the Quality Account

Name of organisation:
Humber and North Yorkshire Provider Collaborative (HNY PC)
Please insert your statement to be published in the Quality Account verbatim below:
<p>From the 1 October 2021, the Humber and North Yorkshire Provider Collaborative (HNY PC) gained the commissioning responsibilities for inpatient services for Adult Secure Care based at Clifton House and for Children and Adolescence Mental Health Services (CAMHS) based at the Mill Lodge in York. In addition, HNY PC also commission the Forensic Outreach Service (York) and from March 2024, the Day Hospital (alternatives to hospital admission initiative) for CAMHS at Willow View.</p> <p>The HNY PC welcomes the opportunity to provide this statement for Leeds and York Partnership NHS Foundation Trust (LYPFT) Quality Accounts. We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance.</p> <p>We would like to congratulate LYPFT on the successes they have achieved during 2023-24. The HCV PC would like to highlight the work being progressed by the Trust within the Adult Secure Care and CAMHS services especially with reference to:</p> <ul style="list-style-type: none"><li>• Updates and progression on each of the individual Clinical, Operational and Support Strategies</li><li>• Progression and embedding of the 2023/24 Quality Improvement Priorities (QIPs):<ul style="list-style-type: none"><li>○ Safety Planning</li><li>○ Physical Health Monitoring</li><li>○ Autism Awareness Training</li><li>○ Triangle of Care</li><li>○ Clinical Leadership</li></ul></li><li>• Participation in national, regional, and local clinical audits, and the embedding of best practice</li><li>• Attaining CQUIN 16: Reducing the need for restrictive practice in CYPMH inpatient settings.</li><li>• During this period, no patients under 16 years old admitted to adult facilities.</li><li>• The work being carried out within LYPFT in preparing the Trust for the new CQC inspection and assurance frameworks.</li><li>• The positive reporting culture and a robust lessons learnt process following incidents.</li><li>• The work progressing within the Positive and Safe Working Group, especially linked with the progress in the reduction of restrictive practice, including the use of physical restraint, seclusion and emergency medication.</li><li>• The Sexual Safety Group in ensuring that the Sexual Safety Standards are implemented within inpatient services.</li><li>• LYPFT being awarded the Defence Employer Recognition Scheme (ERS) 2023 Gold Award</li></ul>

- The Synergi-Leeds Partnership being named Mental Health Innovation of the Year in this year's Health Service Journal (HSJ) awards.
- The Trusts organisation's Safeguarding Team has achieved White Ribbon Accreditation

The HNY PC wish to note the progress and continued emphasis on culture and values at LYPFT and how the Trust has maintained and enhanced engagement of service users through the Service User Network (SUN) and staff through regular engagement and feedback processes. Where feedback had noted services and processes are in need of improvement and enhancement, the Trust has demonstrated its ability to review and implement actions to remedy and improve services and working conditions.

The HNY PC continues to support the Trusts values and strategic goals of the service users, families, carers, and staff being central to all activities and decision-making processes. This approach has enabled people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions.

In addition to the embedding of 2023-24 QIPS, the HNY PC support the identified Quality Improvement Priorities (QIPs) for 2024/2025:

- The Quality Dashboard to help monitor and improve the quality of care.
- The implementation of Patient Safety Incident Response Framework (PSIRF)
- Health Inequalities

Within Adults Secure Services at Clifton House in 2024-25:

The HNY PC are in support of the development of the 'community hub' space at our York Service at Clifton House was led and supported by service users – to capture third sector organisations and opportunities available in the community. In addition, the continued inclusion of service users being an integral part of staff recruitment.

Within CAMHS services at Mill Lodge and Willow View 2024-25:

The HNYPC would like to praise the work by staff at Mill Lodge with the role of the Day Hospital "Willow View" in the alternative to hospital admission initiative. This service is envisaged to reduce the need for hospital admission and support transition back into the community. In addition, HNY PC would like to highlight the excellent work with action to improve the sensory environment and care provided to autistic young people. The exceptional sensory environmental audit carried out by Mill Lodge staff, has been shared with sister CAMHS services to ensure best practice and learning across the region.

The HNY PC look forward to continued collaboration on the quality agenda with LYPFT and the planned refresh of the 2018-2023 five-year Trust Strategy. The continued partnership and co-working will enable the HNY PC implement the identified quality priorities and improvements set for 2024/26 and improve the quality of services provided to service users.

Please insert any comments or amendments you wish us to consider in the Quality Account below:

None identified

Name:	Gareth Flanders
Job title:	Assistant Clinical and Quality Director
Date:	24 5 24

Waseem Munir  
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Quality and Safeguarding Team  
Leeds Health and Care Partnership  
NHS West Yorkshire Integrated Care Board

3 June 2024

Dear Waseem

**RE: The Integrated Care Board in Leeds Review of Leeds and York Partnership Foundation Trust Quality Account 2023/2024.**

On behalf of the West Yorkshire Integrated Care Board (ICB) in Leeds, I would like to thank you for sharing your 2023/24 quality account with us. We appreciate the transparency and thoroughness with which your trust has documented its achievements and ongoing work to improve the quality of care provided. We are aware that the document is currently in its draft form, and there is potentially more information to be added prior to final publication.

This quality account demonstrates the commitment, passion and dedication of your organisation and its workforce, in their drive towards providing high quality and safe care. This is underpinned by a strong focus on providing good quality patient-centred care and a genuine desire to achieve the best outcomes for those who are most vulnerable and at risk of experiencing inequalities. Several elements of the quality account stand out. It feels particularly important to reflect on the previous years' achievements, and challenges overcome, despite being faced with unprecedented demand and additional pressures; in particular, those as a result of the impact of the Covid-19 pandemic and local and national workforce pressures. It is excellent to see how the trust has made progress against all five of its Quality Improvement Projects (QIPs) identified in the previous year's quality account.

It's recognised that the trust takes a comprehensive approach to patient safety, in particular the ongoing work and measures that have been implemented to reduce incidents of harm. This demonstrates the trust's commitment to fostering a safe healthcare environment. It is good to see the progress over the last twelve months and improvements made, especially around safety planning.



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[www.westyorkshire.icb.nhs.uk](http://www.westyorkshire.icb.nhs.uk)



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

## LYPFT Quality Account

Thank you for the opportunity to comment on your Quality Account.

Mental health support is one of the two main issues that Healthwatch Leeds hears about from people and communities in Leeds, alongside the issue of access to GPs, therefore LYPFT have an important role as one of the main providers of secondary mental health care in Leeds.

As Healthwatch Leeds, we work closely with the LYPFT Patient Experience team with the ambition to put people's experiences at the centre of health and care decision making. LYPFT patient experience team are active members of the People's Voices Partnership (PVP) leadership group, and the How does it feel for me? programme which aims to understand people's journeys through the health and care system. It's been great to see how the videos and reports describing Sophia's experiences have been taken forward within LYPFT and shared at board level. It would be good to see further evidence about how insight and feedback gathered by the Patient Experience Team is owned at board level and used across the design and improvement of LYPFT services. In particular, how the Trust plans to incorporate the 3Cs (communication, co-ordination and compassion as essential to good person-centred care) into its improvement programmes.

The Community Mental Health Transformation (CMHT) programme is a real opportunity to improve outcomes and services for people living with complex mental health conditions. We look forward to seeing how this really transforms people's experiences and that people's voices are central to the future development and governance of the programme.

Following our report into mental health crisis care (2019), it is disappointing to still be receiving feedback that some people continue to face the same issues. We look forward to the improvement programme around this key service for people in crisis.

Please find below specific points raised in relation to the Quality Account.

### Strengths

- **Statement of Values:** The values are positive, emphasising simplicity and avoiding jargon.
- **Service User Network (SUN):** The ongoing role and influence of SUN is positive. The network's growth from 12 to 34 members is encouraging but still small relative to the Trust's service population.
- **Expert Involvement:** The recruitment of experts by experience for autism training and involving service users in clinical leader recruitment is really positive. PLACE assessments involving service users have led to

action plans. It would be good to see some specific examples of improvements resulting from these assessments and action plans.

- **Health Inequalities Focus:** The intention to focus on health inequalities next year with a strategy and action plan is very positive. It is positive to see Equality Impact Assessments being used and we look forward to seeing the implementation of the inequalities action plan in next year's quality account. It is also good to see Synergi referenced but would be good to read how this programme is influencing the service delivery of LYPFT.
- **Innovative Programs:** The 'Sometimes Falling Up' initiative and the sensory environment audit at Mill Lodge are excellent examples of innovative programs. It would be good to also highlight areas for improvement identified during these audits.

## Suggestions for Improvement

- **Document Clarity and Flow:** Despite the commitment to simplicity, the document feels jargon heavy in places. Applying the principles of simple language and clarity throughout the document, not just in the SUN section, would improve readability. Many tables are unclear and spread across pages, detaching headings from content.
- **Service User Involvement:** The report would benefit from more sections on people's experience and health inequalities. Including more detailed examples of how user feedback has led to improvements. On page 8, summarising compliments without including the number of concerns and complaints (which is provided later) feels unbalanced. It would also be good see the inclusion of the public/service users in the stakeholder partnerships diagram on page 23.
- **Communication and Data:** The Patient Advice and Liaison Service (PALS) team handled 1802 enquiries – including trends from previous years would provide context to this number. Although 65% of the enquiries related to communication, improving communication with patients and carers does not feature prominently in planned quality improvement activities. It would be helpful to break down future enquiries and complaints according to the 3xCs themes (Communication, Coordination and Compassion) which is a recognised improvement programme across Leeds health and care organisations.
- **Autism and Attention Deficit Hyperactivity Disorder (ADHD) Services:** The report doesn't reference autism and ADHD assessment waiting lists and planned actions to address these issues. Given the concerns raised with us by service users, carers, and professionals, it would be good to see this referenced.
- **Safety and Co-Production:** The commitment to co-production and shared responsibility in developing safety and well-being plans is crucial, especially given LYPFT's CQC rating of 'requires improvement' for safety. It would be good to see more information on the patient safety partner roles and how their impact will be evaluated.

# Updates to the Quality Account since shared with stakeholders.

## Healthwatch suggestions for improvement

There were several useful suggestions for improvements made by Healthwatch, as outlined above in their informal feedback. Below is an outline of the suggestions that have led to updates to this year's Quality Account, with the remaining suggestions being taken forward as future improvements:

- **Document clarity and flow:**
  - The document has been re-formatted and where possible, tables have been kept on the same page with their descriptions. An easy-read version of the Quality Accounts will be developed from the final version, to aid readability and simplicity. Service user and carer representatives have been engaged with the production of this year's Quality Account, who have provided valuable feedback on the content and readability of the report. A summary of this feedback can be found at the start of Section Three.
- **Service User Involvement:**
  - Health Inequalities is one of our new Quality Improvement Priorities (QIP) for 2024/25. We are excited to share progress on this QIP in next year's Quality Account, including personal experiences and how feedback from service users and carers has driven improvements. The 'Our Organisation in Numbers' section celebrates our achievements, while detailed figures for complaints, concerns, and incidents are addressed later in the Quality Account.
- **Communication and data:**
  - The Patient Advice and Liaison Service (PALS) team handled 1802 enquiries – including trends from previous years would provide context to this number.
    - A graph has been added to the complaints and compliments section of this report (pg. 93-96) to demonstrate numbers of PALS over previous years.
  - Although 65% of the enquiries related to communication, improving communication with patients and carers does not feature prominently in planned quality improvement activities.

- Further narrative has been added to the complaints and compliments section of this report (pg. 93-96), to clarify what sits behind this theme.
  - It would be helpful to break down future enquiries and complaints according to the 3xCs themes (Communication, Coordination and Compassion) which is a recognised improvement programme across Leeds health and care organisations.
    - This has been added as a learning point for 2024/25, to the complaints and compliments section of this report (pg. 93-96).
- **Autism and Attention Deficit Hyperactivity Disorder (ADHD) services:**
  - A reference has now been included at the end of Section Three of this report, with a summary update.
- **Safety and co-production:**
  - Further information about Patient Safety Partners has been included, within the existing section on page 65. This outlines some of the initial work that these roles will be involved in, which will be evaluated in terms of their impact once they are embedded within our organisation.

# Acknowledgements

We would like to sincerely thank everyone who contributed to the content and publication of our 2023/24 Quality Account. This includes, but is not limited to, service users, carers, and representative groups, many of our staff, service and Professional Leads, the Senior Management Team and the Board of Directors.

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

# Glossary

## Allied Health Professional

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

## Appraisal

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

## Audit

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

## Board of Directors

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

## Care Quality Commission (CQC)

The independent Health and Social Care regulator for England.

## Clinical Coding

An electronic coded format that describes the condition and treatment given to a patient.

## Clinical Governance

The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high quality of care.

## **Clinical Supervision**

A reflection process that allows clinical staff to develop their skills and solve problems or professional issues. This can take place on an individual basis or in a group.

## **Community Mental Health Team**

(CMHT): support people living in the community who have complex or serious mental health problems.

## **Continuous Improvement (CI)**

A management approach that organisations use to reduce waste, increase efficiency, and increase internal (employee) and external (customer/patient) satisfaction. It is an ongoing process that evaluates how an organisation works and ways to improve its processes.

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

A financial incentive encouraging Organisations to improve the quality of care provided.

## **Datix**

An electronic risk management system (database) used to record incidents, complaints, and risks for example.

## **DOLS (Deprivation of Liberty)**

DoLS protect people who lack capacity to consent to being deprived of their liberty. This means that because an illness, an injury or a disability has affected the way their mind works they are not able to agree that they will not be allowed to do certain things.

## **Duty of Candour (DoC)**

A legal duty on hospital, community, and mental health organisations to inform and apologise to patients if there have been mistakes in their care that have led to harm.

## **E-Rostering**

An electronic staff management tool used to plan staff requirements and reported on staff hours worked, annual leave, sickness etc.

## IHI

The Institute for Healthcare Improvement takes a unique approach to working with health systems, countries, and other organizations on improving quality, safety, and value in health care.

## Information Governance

The rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

## Inquest

A judicial inquiry to ascertain the facts relating to an incident.

## LD

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

## LIMM

Learning from Incidents and Mortality Meeting

## Legislation

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

## MAPPA

Multi Agency Public Protection arrangements

## Medicines management

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

## Mental Health Act (1983)

The main piece of **legislation** that covers the assessment, treatment, and rights of people with a **mental health disorder**. People detained under the Mental Health Act

need urgent treatment for a **mental health disorder** and are at risk of harm to themselves or others.

### **Methodology**

A system of methods used in a particular area of study or activity.

### **NHS England (NHSE)**

The central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

### **NHS Improvement (NHSI)**

An NHS organisation that supports us to provide consistently safe, high quality, compassionate care.

### **National Institute for Health and Care Excellence (NICE)**

An organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

### **National NHS staff survey**

A survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

### **National Reporting and Learning System (NRLS)**

A central database of patient safety incident reports.

### **Non-medical Responsible Clinician:**

Traditionally, only psychiatrists could be an Approved Clinician, (sole responsibility for the overall care and treatment of someone detained under the Mental Health Act). In 2007 amendments were made enabling non-medics, such as nurses, social workers, psychologists and occupational therapists, to become Approved Clinicians.

### **Outcome Measures**

A measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress related to a specific condition or issue.

### **Patient acuity**

A measure of the severity of illness of the patient and the intensity of nursing care that patient requires.

### **Patient Advice and Liaison Service (PALS):**

A service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

### **Patient experience**

Feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

### **Patient satisfaction**

A measurement of how satisfied a person felt about their care or treatment.

### **Payment by results**

The system applied to some services whereby NHS providers are paid in accordance with the work they complete.

### **Preceptee**

A person undergoing preceptorship (see below).

### **Preceptor**

An experienced member of staff who provides role support and learning experiences to the preceptee to assist them acquire new competencies.

### **Preceptorship**

A structured period of transition for a newly qualified member of clinical or therapy staff when they begin their employment in the NHS.

### **Pressure ulcer**

Damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

### **Psychological**

A mental or emotional rather than a physical cause.

### **Public Health England**

An organisation that works to protect and improve national health and wellbeing and reduce health inequalities.

### **Quality improvement methodology**

A systematic approach using specific methods to improve quality, achieving successful and sustained improvement. Through changing provider behaviour and organisation through using a systematic change method and strategies.

### **Risk Assessment**

A process to identify risks and analyse what could happen as a result of them.

### **Serious Incident (SI)**

When a patient, member of staff (including those working in the community), or a member of public suffers injury or unexpected death, or the risk of death or injury in hospital, or health service premises or other premises where healthcare is provided or where actions of health service staff are likely to cause significant public concern.

### **Strategy**

The overall plan an organisation has to achieve its goals over a period of time.

### **Structured Judgement Review (SJR)**

Used to effectively review the care received by patients who have died. This will in turn allow learning and support the development of quality improvement initiatives when problems in care are identified.

### **Subject Access Requests (SAR)**

Requests made for personal information under the Data Protection Act 1998.

## **Standard Operating Procedure (SOP)**

A set of step-by-step instructions compiled by an organisation to help workers carry out routine task.

## Contact us

### Leeds and York Partnership NHS Foundation Organisation

Tel: 0113 85 55000  
Organisation Headquarters  
Main House St Mary's House  
St Mary's Road,  
Leeds  
LS7 3JX

### Chief Executive

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

Tel: 0113 85 55913  
You can follow Sara on Twitter  
[@munro\\_sara](#)

### Communications

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

Tel: 0113 85 55989  
Email:  
[communications.lypft@nhs.net](mailto:communications.lypft@nhs.net)

### Patient Advice and Liaison Service (PALS)

Tel: 0800 052 5790  
Email: [pals.lypft@nhs.net](mailto:pals.lypft@nhs.net)

### Let's get social!

Facebook: Leeds and York  
Partnership NHS Foundation  
Organisation  
X (formerly known as Twitter):  
[@leedsandyorkpft](#)  
Youtube: Leeds and York PFT  
Linked in: Leeds and York  
Partnership NHS Foundation  
Organisation



**Integrity**



**Simplicity**



**Caring**