COMMUNITY LINKS Inspiring hope. Inspiring change.

NHS Leeds and York Partnership NHS Foundation Trust

Pathway Development Service (PDS)

Annual Review Report

April 2023 – March 2024

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The expertise of the team members providing the consultation was clear and felt reassuring and valuable.

Referrer reflecting on a Referrals: *LIVE* session.

Staff were friendly and supportive.

Care Coordinator feeding back on a case review.

Just wanted to say thank you so much for coming and spending time with us. The overwhelming response is how useful, beneficial and positive the session was and how it helped everyone realise what an amazing job they are doing even in difficult and challenging times!
Team manager feeding back on training and reflective space.

These sessions have definitely helped me with becoming a better nurse.
Staff member feeding back on consultation sessions.

Thanks again for the session – I think it was really useful to see people spending a bit of time mentalising…

Psychologist feeding back on a consultation session.

The feedback from staff was: it was "brilliant", "amazing" "I would definitely come in on a day off for this", and "enlightening to hear the other shift pattern's experience of him".
Referrer feeding back on a consultation session.

Executive Summary

This report on *Pathway Development Service* (PDS) provision between the 1st of April 2023 and the 31st of March 2024 is organised along three key narratives and the six domains of healthcare quality.*

PDS key narratives:

- **Piloting**: operationalising a new service specification and outcomes.
- **Re-teaming**: training, supervision, reflective practice structures and psychological safety.
- **Co-production**: optimising the knowledge and experience of the lived experience practitioner, and using their role to support in connecting with lived experience networks across the region

Six domains of healthcare quality *

Safe: avoiding harm to people from the care or service that is intended to help them.

Timely: access and service delivery in timely and geographically equitable ways.

Effective: the ways in which the PDS has a meaningful effect on systems of care.

Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable: PDS delivery does not vary in quality because of personal characteristics.

Person-centred: respectful of and responsive to individual preferences, needs, and values.

Launch of New Service Specification

The new PDS service specification was launched in April 2023 and specified that PDS will work with clinical teams where there is:

- A new referral to and/or admission to a secure service.
- Concern about the management of primary risk towards others within the community.
- A situation in which a team/parts of the system would like to consult on a particular question in working with a service user
- A need for assistance with planning for transitions into or out of secure care.
- A need to support planning when a pathway is obstructed or contested (including circumstances in which the source is linked to appropriate accommodation).

* Institute of Medicine & Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm a new health system for the 21st century*. National Academies Press. https://doi.org/10.17226/10027

PDS delivery in this reporting period was focussed on:

- The completion of independent reviews of a service user's care and treatment in hospital, including the suitability of their current placement and prospective pathways, considering where care can be provided within the least restrictive environment in relation to identified needs and safety considerations.
- Assessments of housing and resettlement needs where required, to enable the clinical team and commissioners to develop effective planning towards the goal of community discharge, which may include brokering of housing and resettlement packages and consultation to locality-based housing providers, to support resettlement into the community.
- Developing and commencing the provision of consultation to teams requesting support relating to dilemmas and challenges faced when working with a particular service user, with the aim of fostering a reflective approach to pathway progression.
- Trialling the offer of team-based interventions, namely 'structured thinking spaces' to teams across the region delivering secure care provision.
- Developing a brief training offer to be rolled out to various secure care and housing providers, sharing knowledge and understanding on the common themes, dilemmas, dynamics and challenges that arise when working with complexity, and encouraging space to reflect and formulate.
- Developing and piloting a new referrals process; Referrals: *LIVE,* which encourages teams to engage and collaborate with PDS through a video meeting from the very start of the work. This moves PDS away from the original prescriptive referral process to something that encourages connection.
- Creating and trialling new evaluation methods to capture the impact of the PDS work and identify areas for improvement.

Contents

Introduction

The regional *Pathway Development Service* (PDS) is based in Leeds and part of the Leeds and York Partnership NHS Foundation Trust. It is a blended service delivered by lived and occupational experts, with a focus on enabling progressive and trauma-informed journeys through secure care. It aims to improve the experience and outcomes for individuals who have been given the diagnostic label of a 'personality disorder' and the services working with them.

The PDS team work alongside inpatient and community pathways for adults and young people (16+) across the region. Changes following the introduction of Integrated Care Services (ICS) mean that the service operates across the region covered by the three provider collaboratives (PCs) that serve the population of West Yorkshire, South Yorkshire, and Humber & North Yorkshire ICS.

The work of the PDS is informed by overarching clinical model principles for Personality Disorder specialist services. This model guides services tasked with providing interventions in the lives of people who have difficulties associated with a 'personality disorder' diagnosis to:

- **Increase 'mentalising' capacity. The term 'mentalisation' refers to an ability to notice and think about one's own and others' mental states, their thoughts, and feelings. Through the provision of reflective spaces, training, joint working, and team formulation the service will support teams to use psychological formulation to inform practical, trauma-informed interventions designed to increase mentalisation.**
- **Facilitate access to social capital. 'Social capital' refers to the effective functioning of social groups and networks through interpersonal relationships. Working with teams over time and in different contexts, the service will seek a holistic view of the individual, which identifies strengths, resources, and sources of pro-social power.**
- **Foster learning from and with each other within the social network of PCs and alongside persons with lived experience (both service users and peer-workers).**

The overarching aim of the PDS is to support systems striving to deliver trauma-informed, integrated care for people who (have) experience(d) the world as profoundly unsafe (often associated with the diagnostic label of a 'personality disorder'). The PDS work alongside community and inpatient teams whose service users are either at risk of entering secure hospital provision or are currently within secure care, focussing on those with a primary risk towards others (see also the PDS Primary Task, Position Statement and Values in Appendix 1).

Safe (avoiding harm to people from the care or service that is intended to help them)

Staff Morale and Psychological Safety

The PDS work with teams utilising their experience, understanding and therapeutic relationship with service users. In order to effectively support teams to identify and manage dynamics and processes that might get in the way of trauma-informed care and pathway progression, the PDS must ensure they monitor and maintain psychological safety in their own team. To do this, a tailored Staff Morale and Psychological Safety questionnaire was introduced to the PDS team in the previous financial year. This was repeated in January 2024, with results being compared to previous scores. Average total scores in January 2024 were above the target of ≥75% (≈82%), noting little change since the previous year, despite significant changes in the service.

Total Average Score	January 2023	April 2023	January 2024
Mean	114.3333	114.5	114.5
On target? (≥75%)	Yes	Yes	Yes

The results and possible themes were explored as a team during a team development afternoon in March 2024. The team felt the relative small size of PDS as well as the nature of the work, being mostly indirect, may positively contribute to the sense of psychological safety, along with the team skill mix and the time spent focusing on team development over the past year. The team shared a sense of involvement in service development and that they felt welcome to share ideas. Through team development time, however, the team identified risks associated with the high levels of psychological safety. This is particularly in the context of low levels of referrals. In considering how the team might be acting in response to the 'threat' of low referrals, it was noted that the team may be working to ensure high levels of internal safety (at the expense of engaging with external pressures, Stokes, 1994). It was agreed, therefore, to engage stakeholders with the dilemma that the team currently face. The objective would be to ensure that the PDS is as well situated and positioned as possible to be useful to provider collaboratives.

There were also some reflections shared around response bias, in that the team members were more inclined to answer the questions favourably as they were acutely aware a lower score may skew results due to team size. Nevertheless, the team cited good, understanding leadership and a sense of feeling safe to be themselves as contributing to the overall sense of psychological safety within the PDS.

It is worth noting that the recruitment of a senior lived experience practitioner into the team has likely had a positive impact on the sense of psychological safety. The presence of someone who models openness, authenticity and real experience has enabled team members to feel comfortable and encouraged to be themselves and share more direct opinions or ideas. Modelling such vulnerability and openness as a service is crucial in order to successfully support and connect with those it works with.

Clinical Supervision and Reflective Practice

In order to further develop psychological safety and model relational security, all team members have received monthly 1:1 clinical supervision throughout the past financial year. The reflective practice group introduced in the previous year has continued on a fortnightly basis throughout this year. Despite the absence of a full time Principal Psychological Practitioner in Q4, the team have continued to run the fortnightly sessions with facilitation from the Clinical Lead for Leeds Personality Disorder Services in alternate sessions.

Training and Development

Knowledge and skills acquisition and development is crucial to ensure safe PDS delivery. Therefore, the PDS team have continued to attend and engage with monthly team development afternoons involving knowledge sharing and reflection with both internal and external colleagues. Topics covered in the financial year of 2023-2024 were: Consultation Practice, Reflections on Experiences Linking in with Forensic Services, Staff Morale and Psychological Safety, Mentalisation with Teams, Inreach Work, Development of Video Referrals Process, Social GRACES, Partnership Working, Appreciative Inquiry, Values, Consultation to Teams Working with Survivors of CSE, Working with Individuals who Present with Sexually Abusive Behaviours, Fire Setting, Sensory Needs, and PDS Specification Review and Reflections.

Furthermore, individual PDS team members completed the following courses in 2023-2024:

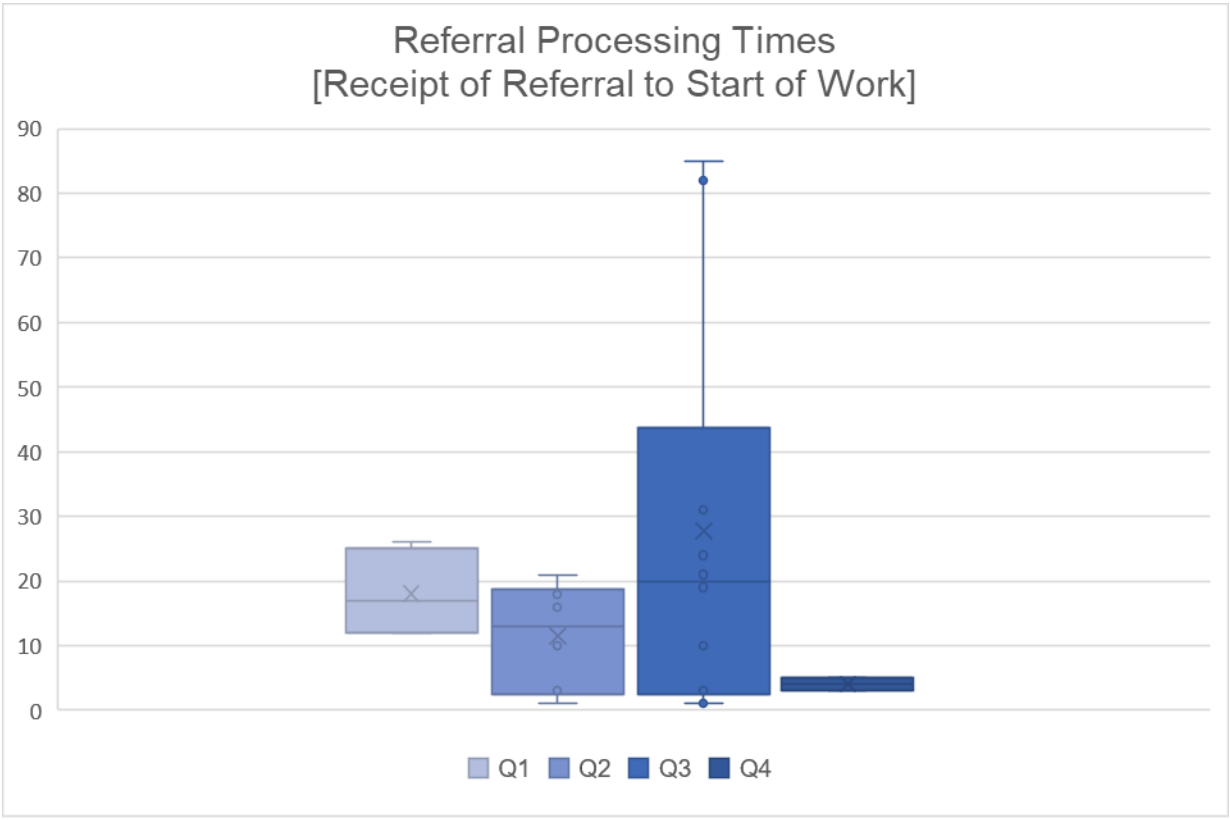
One housing and resettlement worker attended seminars for a postgraduate CPD programme exploring personal and team effectiveness at work and attended Adverse Trauma and Resilience Workshops (West Yorkshire Trauma Informed Organisation). One housing and resettlement worker and the senior lived experience practitioner attended the KUF leadership training module 3, focusing on building a reflective workforce and consultation skills. Another housing and resettlement worker attended an online conference, “meeting trauma needs in secure settings”. The senior lived experience practitioner also completed the KUF 3-Day Training. The practice development lead completed the NHS Leadership Academy’s Mary Seacole programme, the NOTA Northeast Conversation seminar: ‘Working with Autistic Spectrum Disorders and Sexual Risk’, and the LYPFT Library and Knowledge services ‘Writing for publication’ course. Many of the PDS team members attended a Care in Mind webinar on ‘Complex Eating Disorders’ and Domestic Violence Training. The assistant psychologist completed the British Isles DBT Skills Training: Essentials™ course.

Incidents

There have been no recorded incidents or safeguarding alerts for PDS in the financial year 2023-2024.

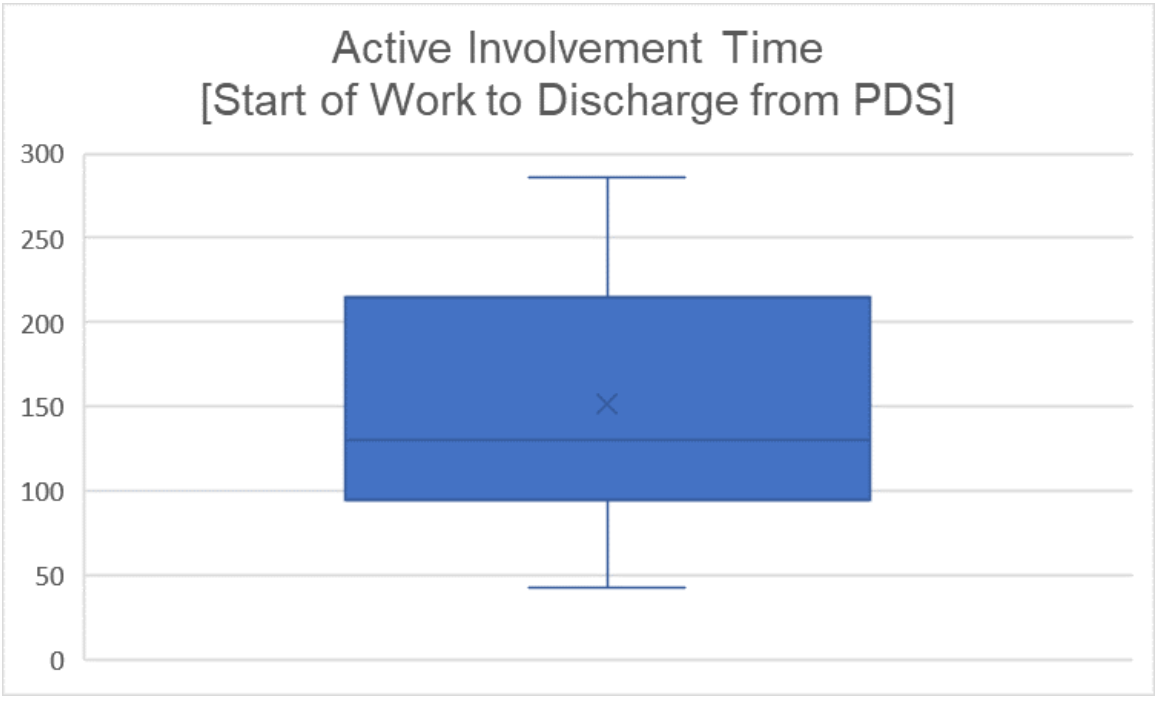
Timely (access and service delivery in timely ways)

All referrals sent to the PDS referral inbox receive an automatic email response acknowledging receipt of referral almost instantly. The average number of days between receipt of referrals and allocation was 17.74 days, with a median value of 12 days and a mode of 1 day, suggesting a large portion of referrals are being processed in a timely manner. Although this has increased since the previous year, it is worth noting that PDS have allocated more resources to processing of referrals in the form of Referrals: *Live,* to engage teams early. Referrals: *Live* meetings occur in the time between receipt of referral and allocation, which likely accounts for the larger numbers. In addition, time spent contacting referrers for further information usually occurs in this time period. The average time between referral and first response email (contacting referrer) was 1.9 days, and the average time between Referrals: *Live* and allocation was 8.78 days (4.13 days when accounting for 1 significant outlier), demonstrating sufficient responsiveness from PDS in obtaining required information and allocating work once the required information has been established.



Box-and-Whisker Plots of time elapsed in days (vertical axis), between date of referral received and start of work per quarter (Q) in the financial year 2023-2024.

Key: X indicates the mean average value; horizontal lines on each box are the 75th, 50th (median) and 25th percentiles, respectively; top/bottom lines indicate maximum and minimum data values, respectively. Outliers are indicated by circles.



Box-and-Whisker Plot of time elapsed in days (vertical axis), between start of work and date of case discharged from PDS, where applicable (*n*=8) for referrals received in the financial year 2023-2024.

Key: X indicates the mean average value; horizontal lines on each box are the 75th, 50th (median) and 25th percentiles, respectively; top/bottom lines indicate maximum and minimum data values, respectively. Outliers are indicated by circles.

3 referrals were linked to secure access assessments where the targets for completion of such work are more stringent. The PDS aims to complete case reviews linked to secure access assessments within 10 working days after the start of the work. The average time between start of work and report completion for these cases was 29 days, which does not meet the targets of PDS. This is something which will need further exploration to establish what may be causing delays, and whether a target of 10 working days is feasible.

Effective (the ways in which the PDS has a meaningful effect on systems of care)

In light of the service specification change, the PDS developed a 'menu of options' outlining the types of work which may be offered to services referring/enquiring for support. Whilst PDS continue to recognise the need and value of case review work, the hope was to move towards providing more team-based interventions such as consultation work. With this came the added challenge of establishing an evaluation plan which enables PDS to demonstrate the impact of such interventions. The challenge of demonstrating the impact of PDS should not be underestimated, given the indirect nature of the work and limited means to demonstrate the longer-term impact of PDS over a person's pathway. Below is a summary of the types of work offered in the past year, the evaluation methods identified for each type and data collected to explore the impact and effectiveness of PDS input.

Referrals: *LIVE*

Within the context of the service specification change, the PDS sought to develop new ways of connecting with teams, promoting engagement and ensuring timely service response. This led to the development of Referrals: *LIVE,* a video triage process. The PDS recognise that in order to be effective, the emphasis should be on working *with* service users to achieve goals ('service user' being the referring team, in this instance). Therefore, the aim of Referrals: *LIVE* was to engage the referring team at the point of referral in order to build connection, share thinking and move away from a prescriptive 'hit and run' referral process to something that is meaningful from the outset. Referrals: *LIVE* involves inviting at least 2 people from the referring team, with at least 1 having current working knowledge of the service user, to a 30-minute video meeting where presenting dilemmas can be discussed and any further information sought to aid in establishing what intervention may be most appropriate. To evaluate the piloting of this new process, an evaluation form was developed and digitised. Referrals: *LIVE* participants were asked to complete this straight after the call, with time for completion being embedded into the meeting time to maximise response rates. In the financial year 2023-2024, 9 referrals live sessions took place, with 2 evaluation forms being completed, yielding a 22% response rate. Based on the feedback received, PDS feel hopeful that Referrals: *LIVE* enables teams to feel heard/listened to and can contribute to a sense of hope around their presenting dilemma. In some cases, the Referrals: *LIVE* process has acted as a standalone intervention, saving PDS resources, whilst in other cases, it appears to have provided a valuable space to set up work that is meaningful and connected. The PDS will continue to use the Referrals: *LIVE* sessions to aid in referral processing.

Case Reviews

Case reviews are offered where an independent opinion and recommendations for pathway progression is sought for a particular service user. The case review comprises of a report summarising the case and recommendations for pathway progression with

follow up support from PDS to implement such recommendations. Some case reviews are provided jointly with housing and resettlement support where indicated (joint review), and others may be housing and resettlement specific from the outset (H&R Review). See below the number of reports completed this year. 3 case reviews were linked to a low secure access assessment.

Type	Total	By Provider Collaborative		
		West Yorkshire	South Yorkshire	Humber and North Yorkshire
All Reviews	**24**	**10**	**8**	**6**
Case Review	11	6	1	4
Joint Review	7	1	4	2
H&R Review	6	3	3	0

In order to evaluate case review work, a new evaluation form was developed to be sent to staff. This form has been simplified in comparison to the previous form and co-produced with the senior lived experience practitioner to include a variety of question types covering three main areas of interest in measuring effectiveness: expectations and the extent to which these have been met, experience of PDS input and relevance and ease of putting recommendations into practice. The form was digitised to aid completion and encourage responses. Development of the new form did not take place until Q4 due to development and evaluation of *new* processes being prioritised, therefore the forms were sent retrospectively for case reviews completed across the financial year. This has likely impacted response rates; 4 out of 33 evaluation forms were completed, yielding a 12.12% response rate. Feedback regarding case reviews was mixed; it is hard to draw conclusions with small response rates, but there is some indication that case reviews may be more meaningful for managers as opposed to than clinical teams. The PDS will need to explore this through further evaluation.

Pathway Involvement

'Pathway Involvement' has replaced the existing 'inreach' role, in providing a period of focused involvement of the PDS team linked to a specific service user following completion of a case/joint review. Pathway involvement aims to:

- Support the team in embedding recommendations from the review
- Enhance capacity within the team who may further develop the pathway over time
- Highlight the service user's voice and the importance of focusing on their needs

The pathway involvement offer is reviewed regularly within the PDS team and with the wider clinical team.

In this financial year, the PDS have remained involved (e.g. attended CPA meetings) with 14 cases from West Yorkshire who, throughout PDS involvement, remained in secure pathways. 5 cases from South Yorkshire (3 had remained in secure care and 2 remained in PICU/acute services at risk of escalating into secure care), and 8 cases from Humber and North Yorkshire who had remained in secure settings.

Consultation

Consultation is an active process involving a team who have a particular dilemma, question or worry relating to their work with a service user. It provides the team space to reflect and think about dynamics which may be evoked in the work such as team

disagreements. Consultation may follow a case review if indicated as a recommended action to work through specific difficulties, or may be a standalone intervention. In the financial year 2023-2024, the PDS commenced 5 pieces of consultation work, with 3 being completed in 2023-2024, 1 completed in the next financial year, and 1 partial completion due to no further response from the referring team during the work.

The service developed an innovative approach to evaluating consultation work.This involves a mixture of comparison measures to be taken before and after the intervention, plus a brief, focus group style session to be held at the end of the final session of the intervention, asking staff to discuss between themselves the answers to various questions. These questions are selected from a list of questions developed by PDS along three themes of expectations/experience of the process, key takeaways and the possible impact of the work with the SU group/team. It should be noted this new method of evaluation for consultation work was developed part way through the year, and therefore some pieces of work were not evaluated in this way, and others may have only used some rather than all evaluation tools. Nevertheless, below are some case examples with a summary of the evaluation.

Case 1

3 sessions of consultation were provided to a ward team who had requested support to progress a pathway out of hospital for a service user in a lengthy admission to an acute ward. The consultation sessions were facilitated by the PDS practice development lead and one housing and resettlement worker. A summary of discussion around three evaluation questions in the final session is below.

1) How do you think having this space has impacted the work?
    - It provided space to come together outside of a clinical setting and take a pause from the ‘train’ of acute work
    - Allowed space to consider wider perspectives and build a bigger picture to understand the service user from a psychological and emotional sense
    - Provided space to reflect on what has worked to enable the service user to become unstuck, creating a shift
    - Supported open and honest discussions that promoted closeness and encouraged curiosity, recognising that the team sometimes get caught up in the need to problem solve which closes down thinking
2) What is one thing you will take away from this process?
    - Consistency is key.
    - Importance of coming together.
    - Respectful of difference.
3) Do you feel more hopeful for the SU/SU group and their future(s)?
    - Nervous but hopeful, hold faith and believe in change
    - Shift of focus from risk to quality of life
    - Opportunity to ‘break the cycle’ out of hospital- “newness”
    - Lots of compassion and happiness for the service user

Case 2

3 sessions of consultation were provided to a team to facilitate thinking about stepping a service user down from a low secure learning disability placement, in a way that is compassionate and safe in the context of significant attachment needs. Baseline

measures were taken at the end of session 1, and follow-up measures at the end of session 3 alongside a brief evaluative discussion around 3 key questions.

Baseline (*n*=4):

When asked for their hopes/expectations for working with PDS, respondents provided answers covering the following themes.

- Improve understanding of, and identify, community options available
- Reduce length of current stay
- Support with transition of moving person on, considering possible approaches to progress pathway
- Reflect on sense of 'stuckness' and current practice

When asked to mark on a scale how hopeful they feel that something different can happen in terms of their presenting dilemma, respondents scored their hopefulness on average to be 8.6 out of 10 (1 respondent did not complete this measure).

Follow-up (*n*=3):

When asked the extent to which their expectations had been met, respondents stated the consultation 'exceeded'/'greatly exceeded' expectations.

Level of hopefulness had increased, with an average score now of 9.3 out of 10. Respondents described the intervention as being helpful and informative, providing a clearer perspective and direction in terms of the service user's pathway and opening lots of avenues for the team to explore.

A summary of discussion around three evaluation questions in the final session is below.

1) How have you found the process?
    - Beneficial to have an external perspective, as reflecting and formulating the case would typically reach a point of 'stuckness'. PDS helped to think about barriers and how to progress.
    - Consistent attendance helped with continuity and flow of conversations
    - Our thinking from these sessions has been utilised in other meetings since, demonstrating its impact
2) What is one thing you will take away?
    - Importance of reflection and having external perspectives in that space
    - The wider picture as a whole, rather than just thinking about a transition of 6 months
3) To what extent has the process impacted your work with the service user?
        - The process of pausing has reignited different avenues to explore, and enabled the team to focus on supporting the service user with a gradual trial period rather than focusing on transition
        - Not rushing to an exit plan but exploring all the options

It is clear from the rich information outlined in the two case examples that the consultation work trialled in this financial year has had a positive impact in supporting

teams to pause and reflect on the focus of their work with service users, moving from a sense of stuckness to more hope. The PDS are able to provide an external perspective which has been cited as being of particular benefit to aid in seeing a 'bigger picture' when progressing a person's pathway in a manner that can have positive outcomes in the *long term.*

Brief Training and Team Support

The PDS offer targeted training packages to support team understanding of particular issues common to the service user group, to assist in expanding knowledge around mentalisation capacity, formulation and relational dynamics, to name a few. This may be to support the implementation of recommendations from a case review but may also be offered as a standalone intervention. The training package has been developed throughout this financial year with some training commencing towards the end of the year. An evaluation form was developed from the questions listed in the consultation evaluation focus group. It was realised from this process that this provided very rich accounts of the training experience but may not be sustainable going forwards in terms of data management, due to the volume of qualitative feedback. Therefore going forwards, a streamlined evaluation form has been developed to provide both qualitative and quantitative feedback. 3 brief training sessions were provided in 2023-2024. An example and its feedback is below.

Team 1

This was a piece of work to support the staff in a new community service dedicated to supporting those with complex needs/personality disorders which commenced in the March of the financial year 2023-2024 and will continue throughout 2024-2025. Evaluation feedback from forms (*n*=9) from session 1 is below.

Question	Themes March 2024
1) How has the session compared in terms of your expectations/what you were hoping for?	Met/good/better than expected Inclusive/Involved Informative/reflective
2) How have you found the session?	Interesting/engaging Useful/helpful
3) What is one thing you will take away from the session?	Self-compassion, boundaries and reflection Listen, share and care for each other
4) What stuck out for you or surprised you from the session?	Ability to open up i.e. safe space All of it/positivity
5) Do you have any thoughts on how we might improve the session?	No improvements

6) How will this training influence your approach/working relationship with the SU/SU group?	More understanding/change approach Be open and prioritise reflection
7)How has this impacted your understanding of the SU/SU group?	More open, empathic and understanding Affirmed current understanding
8) Do you feel more hopeful for the SU/SU group and their future[s]?	Hopeful
9) How might the training impact your work with other teams/professionals?	Remain boundaried with clear communication

It appears the above training had met/exceeded the recipients' expectations, who found it to be informative and useful in highlighting the importance of holding boundaries with other professionals, self-compassion, communicating well and prioritising reflection.

Project Work- Team Interventions

In order to move towards working with teams in secure services and 'meeting them where they're at', a structured thinking/reflective space was piloted with two inpatient teams, in two of the three regional PCs.

In the first project, baseline scores from the PD-KASQ (Lamph et al., 2014) were taken but it is acknowledged these may not provide information as to the impact of the work unless follow-up measures are taken for comparison, so are not included.

For the second project, attendees to session 1 were asked to complete a baseline evaluation measure (n=10), and those in session 3 a follow-up evaluation measure (n=4). Although it is impossible to draw firm conclusions from one follow up evaluation (n=4), it is important for PDS to consider how best to offer and evaluate this intervention. Staff in the second project provided the following feedback.

Examples of expectations	Experience of the process	Key 'take-aways'/ suggestions	Changes in hopefulness
Focus on specific case dilemma/service user and their pathway. Opportunity to share team concerns and explore ideas for working differently. *Of the 4 staff members present in the final session, 3 felt the sessions had fallen below their expectations and 1 felt the sessions had met their expectation.*	Validating space which helped to think about what the work brings out in us. Helpful to have external perspective.	You need to have a set amount of people in a room and skills mix for the process to go ahead and be most helpful/effective. Unclear on difference between the structured thinking space and case formulation/RPG/supervision.	On average, the team scored hopefulness at 6.61 in session 1, compared to 5.63 at the end of session 3 (17.53% decrease).

Evaluating the two projects has limitations. The same people did not complete the baseline and follow-up measures, and there was also a low response rate, making it difficult to make reliable comparisons or draw conclusions from the feedback. It appears there may have been a decrease in sense of hopefulness that something different can happen in terms of the team's presenting dilemma, however it is not clear what this means; this may reflect less hope, or it may capture a shift in team perspective to more realistic expectations. Ward pressures impacted the staff able to attend both projects which undoubtedly had an impact on the work and the amount and quality of feedback retrieved.

Nevertheless, PDS will utilise all feedback to consider how best to offer this intervention going forward. The feedback has suggested the potential importance of ensuring this offer is clear in its nature and meaningful for staff, with the number of staff available to engage being a pivotal factor and crucial for obtaining useful feedback.

Service Users

Whilst the PDS rarely work directly with service users, there are instances such as case/joint review work where a service user will come into direct contact with PDS staff. Moreover, the work PDS do to support teams has an indirect impact on the person at the centre of concern. It is vital, therefore, that PDS provide opportunity for service users to provide feedback and share their experience. For this financial year, the PDS have worked hard to connect with involvement networks across the region in attempts to invite the voices of service users in terms of establishing best practice for retrieving feedback. This is ongoing work described in the 'Person-Centred' section of this report below.

In the meantime, the PDS developed a feedback form to be sent to service users who were the subject of a case/housing & resettlement/ joint review in the last financial year. The form consisted of 6 questions, 4 of which were statements asking respondents to identify the extent to which they agree with them, one question asked how hopeful they feel that things are going to change (1-10 scale) and the last question consisted of a box for respondents to provide suggestions for improvement. The forms were sent out by post (plus a stamped envelope to return) with the option to follow a link to complete the form online if preferred. In total, a form was sent to 6 service users, with none returned. The

low number of forms sent is due to the delay in sending forms (feedback form developed in the latter parts of the year); it was deemed inappropriate/not possible to send forms to certain service users due to time elapsed and/or not knowing their current contact details.

It is worth noting that retrieving feedback from service users is an ongoing challenge in the PDS due to the aforementioned nature of the work. This year's response rate is comparable to last year's where only 3 forms were completed. The PDS continue to work on developing ways to retrieve feedback from service users and have a process to be more proactive in sending the current feedback form in a timely manner going forwards, in hopes to improve response rates.

Carers

Leeds Personality Disorder Services in Partnership with Carers Leeds offer two groups for those supporting a loved one with complex emotional needs who may have been diagnosed with a 'personality disorder' in Yorkshire and Humber. PDS staff support in the development, facilitation and evaluation of these groups.

Cygnus

Cygnus is a 6-week psychoeducation course open to anyone supporting a loved one in Yorkshire and Humber with complex emotional needs who may have been diagnosed with a 'personality disorder'. In the financial year 2023-2024, two Cygnus courses ran online in Summer 2023 and Spring 2024.

Group members are asked to complete a demographics questionnaire, outcome measures and satisfaction questionnaire to establish the impact of the groups and identify areas for improvement.

Attendance

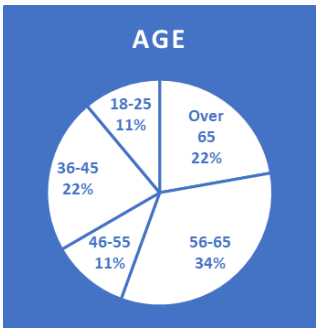
In Summer 2023, 3 carers attended all 6 sessions, with 1 carer dropping out after the week 0 introductory session.

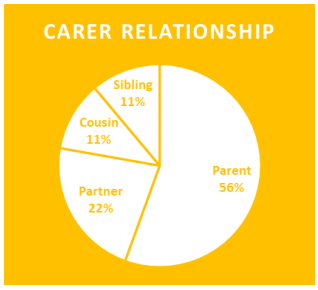
In Spring 2024, 7 carers initially planned to attend this round of Cygnus. Two carers dropped out after the initial week 0 introductory session leaving 5 carers attending the remaining 5 sessions with occasional missed weeks; on average, they attended 4.8 sessions of a possible 6. Both carers who dropped out were asked to complete a dropout questionnaire- 1 carer completed this citing "course not relevant for me" as their reason for no longer attending.

Gender	
Female	5
Male	4
Ethnicity	
White British	9
Have you had previous contact with services for carers?	
Yes	3
No	6
Has your loved one ever accessed support from Leeds Personality Disorder Services?	
Yes	2
No	6
Prefer not to say	1

Demographics

9 out of a possible 11 carers completed the demographics questionnaire. Provided are the demographics for all carers who attended at least one session of Cygnus in 2023-2024, and completed





the demographics questionnaire.

Outcome Measures

Unfortunately, none of the carers completed the outcome measures both before and after for the Summer 2023 course. For the Spring 2024 group, all carers who remained on the course for its duration completed outcome measures at both timepoints. However, the numbers are too small (*n*=5) at this stage for the feedback to be reported meaningfully. Nevertheless, the feedback is encouraging and indicates a positive change with high satisfaction levels. The service will continue to obtain outcome measures for the next rounds of Cygnus to build up a bigger sample for reliable reporting.

Andromeda

Andromeda is a monthly peer support group which currently runs online on the third Tuesday of the month from 5:30-7pm. Andromeda provides carers with the opportunity to connect with others who may have faced similar challenges to share experiences, difficulties and tips on how to support oneself whilst caring for their loved one. Given the ongoing nature of the Andromeda group, outcome measures are not applied for those accessing this group. Over the year of 2023-2024, each Andromeda group has been attended by 2-8 carers, mostly parents.

Summary

The carers' groups have been re-launched in the financial year 2023-2024 after a period of absence since October 2021. The Cygnus online course appears to be an effective and feasible offer to help carers supporting a loved one with complex emotional needs. This provides the rationale to continue to offer the Andromeda peer support group as an option both for those who have attended Cygnus and for others who perhaps aren't able or don't want to commit to a 6-week course. Helping carers is a vital element of a service designed to support those with complex emotional needs, as carers typically spend significant amounts of time with service users. Therefore, the service plans to continue to offer both groups in the next financial year.

Knowledge and understanding framework (KUF)

PDS staff contribute to the delivery of the accredited National "Personality Disorder" Knowledge and Understanding Framework (KUF) – Awareness Level training and have also contributed to teaching on the KUF BSc course. This training is a combination of e-learning and facilitated online learning days.

In this year we delivered 31 cohorts of 3-day multiagency KUF training in partnership with our Emerge Leeds colleagues, 8 of which were face to face, to approximately 476 attendees. This is an increase of 16 cohorts compared to the previous financial year, enabling us to train an additional 240 people. This would not be possible without the dedication of our fantastic team of experts by lived experience and occupation, whose vital role in combating stigma and raising awareness of the impact of trauma we would like to acknowledge in another successful year of co-production.

Our lived experience team grew in numbers over the year, and we stuck fast to our commitment of offering development and supervision opportunities to support both new and existing trainers to ensure a robust delivery model into the future.

Feedback from participants of KUF training remains overwhelmingly positive.

Efficient (avoiding waste of equipment, supplies, ideas, and energy)

As a service, the PDS works to ensure pathways for those in secure care or at risk of entering secure care are as efficient as possible. The PDS recognise the value of being thorough in their approach in order to support timely transitions and progress along individual pathways which in turn, can reduce overall delays in the system.

Whilst the PDS always work to be as helpful as possible to those referring, resources are limited to specification criteria and thus some referrals are declined or closed at a later date before work has commenced. The context around referrals declined/closed is arguably as informative as that of the work that has been proceeded with, and so is included below.

Q1

- Referral of male service user (SU) on a PICU ward for support in pathway planning. Further information was required and requested but following no response from the team, the case was closed.
- Referral regarding a SU currently on a physical health ward with support from CAMHS and several physical co-morbidities. This referral was declined due to the SU not meeting PDS criteria.
- Referral relating to a SU with various mental health diagnoses who had been transferred to the current ward due to a previous placement closing. The referrer requested suggestions for a more suitable placement. PDS initially offered 2-3 consultation sessions to support the current treatment team, but the referrer expressed concerns around the current team's ability to engage with this offer and requested this support be available to the SU's next placement. The case was closed with potential for re-referral.

Q2

- Received from a responsible clinician looking for support in identifying a step-down pathway for a male service user (SU), from a low secure ward to supported living with an enhanced care package. The SU was not identified as having a diagnosis of personality disorder or similar, which was confirmed with the referrer prior to closure.

- Referral of a female SU on an eating disorder unit. The referrer had been advised to refer to the PDS by a case manager, to support with current treatment and help identify possible pathways out of hospital. The referral was declined due to the SU not meeting PDS referral criteria.

Q3

- Referral regarding a service user diagnosed with EUPD on remand for an incident of arson, whose current tenancy was uncertain given recent events and change in risk. Referrals: *LIVE* established the PDS would require information regarding the outcome of the court case before allocating for a piece of work. No further contact from the referrer was received despite prompts; the case was closed.

- Referrer was looking for support in identifying suitable pathway to the community for a male service user with historical forensic risks. The referral was declined due to the service user not currently at risk of entering into secure care (informal patient)

and risk appearing to be linked to substance use and vulnerability to psychotic episodes rather than aspects of personality functioning/complex emotional needs.

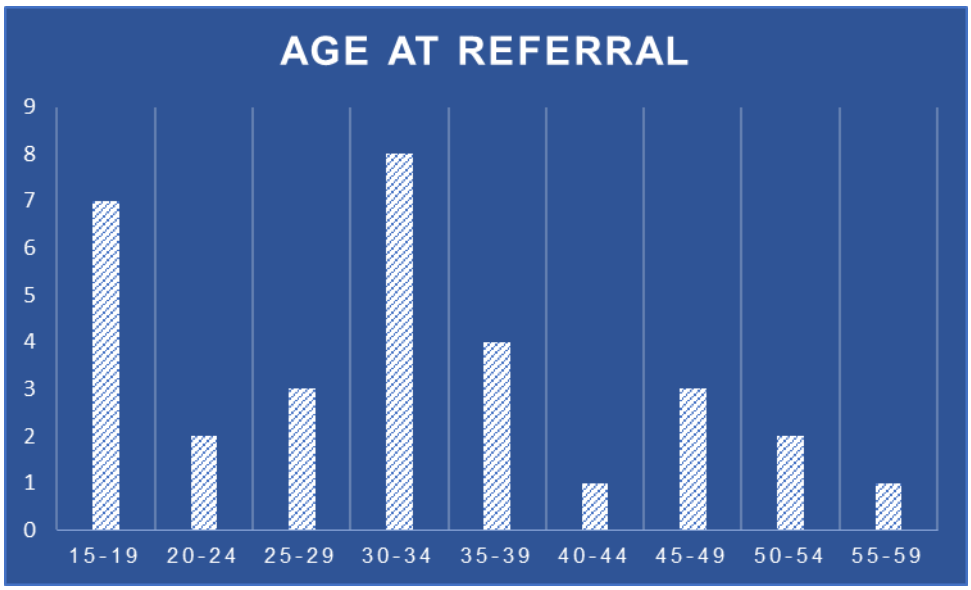
Q4

- Referral regarding a female service user currently placed on an adult acute inpatient unit with primary risk towards self, and therefore not deemed to be at risk of entering secure care.

Equitable (PDS delivery does not vary in quality because of personal characteristics)

In comparison to previous years, there appears to be more diversity with respect to gender and ethnicity (see below). Whilst not in line with current data suggesting the gender of forensic inpatient populations is typically 92.5% male and 7.5% female (Forensic Network, 2022), the increase in the number of male service users compared to previous years demonstrates the PDS is moving toward increased diversity in terms of gender. The number of referrals to PDS for service users who are of white British ethnicity has reduced compared to the previous year by 16.43%, suggesting a shift towards increased diversity in terms of ethnicity as well. The service introduced an enhanced demographics questionnaire towards the end of the previous financial year, which was adapted from one used by the Leeds Gender Identity Service. It is thought that this as well as the change in referral criteria for PDS may have influenced the data capturing diversity in referrals. Nevertheless, providing a service that is equitable is something the PDS will continue to strive towards.

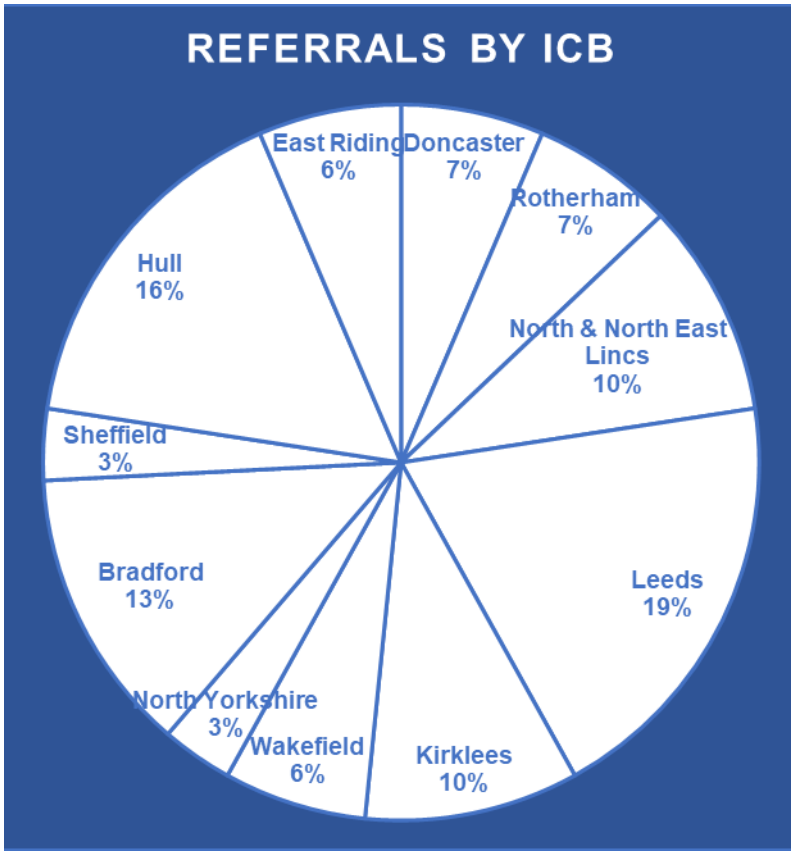
The PDS recognise that in order to be equitable, the service must be accessible in providing good information that is clear and reflects the population it serves. Therefore, towards the end of the financial year, the PDS have worked on prioritising reasonable adjustments and accessibility of the service, particularly for those with neurodivergence. The PDS continue to review documentation and information with the support of the senior lived experience practitioner, to ensure an accessible service. This is something which will continue to be worked on in the next financial year.

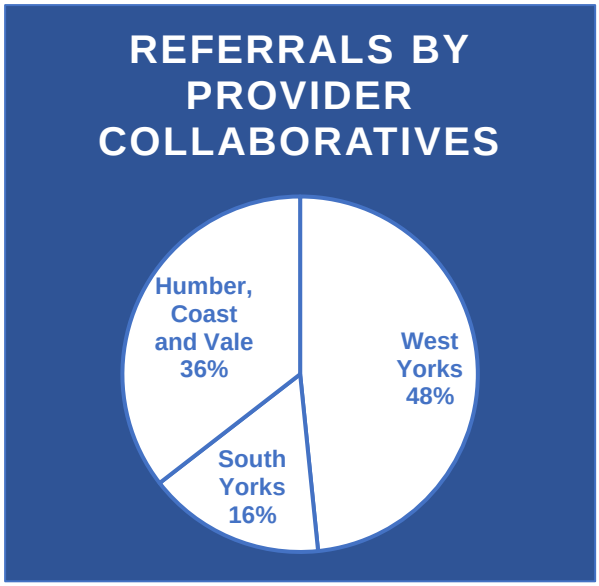


Gender	**Male**	n=13	*n=12*	(41.94%)	*(28.57%)*
	Female	n=17	*n=27*	(54.84%)	*(64.29%)*

	Unknown	n=1	*n=3*	(3.23%)	*(7.14 %)*
Ethnicity	**White British**	n=20	*n=34*	(64.52%)	*(80.95%)*
	Mixed White and Black Caribbean	n=1	*n=2*	(3.23%)	*(4.76%)*
	Mixed- Any Other Background	n=1	*N/A*	(3.23%)	*N/A*
	White Irish	n=1	*n=1*	(3.23%)	*(2.38%)*
	(British) Asian Pakistani	n=1	*n=1*	(3.23%)	*(2.38%)*
	(British) Black Caribbean	n=1	*n=1*	(3.23%)	*(2.38%)*
	Other Ethnic Groups	n=1	*N/A*	(3.23%)	*N/A*
	Not Stated	n=5	*n=3*	(16.13%)	*(7.14%)*

NB: Data from previous year [2022-2023] in *italics.*





Person-centred (responsive to individual preferences, needs, and values)

The PDS has continued to commit to listening to and being inclusive of the voices of those often not represented in mental health services and learning from those who have different perspectives. This year their focus has been recruiting to the new Senior Lived Experience Practitioner post and embedding the role in the team. Along with improving the accessibility of the service, one example of this has been changing the way they gather service user feedback.

The PDS has now recruited to the post of Senior Lived Experience Practitioner. The postholder has a background in supporting service users transitioning back into the community after lengthy times in hospital using peer support approaches. One reason for them wanting to join PDS was to focus on supporting teams to reflect on their own dynamics and emotions about the work. They have a particular interest in how staff understand the experiences of traumatised neurodivergent individuals.

A lot of thought has gone into the boundaries of the role due to a lived experience lens being relevant in all aspects of PDS work. However, considering there is a lack of lived experience roles within secure services it was felt that the senior lived experience practitioner needed to be present in regional workstreams, and relevant project groups to make sure a particular lens wasn't left out of the discussion. Consultation/reflective spaces and training interventions with teams was felt to have the biggest impact on outcomes for service users due to the benefit of having different perspectives in those spaces and the time to explore them together.

Another focus for the senior lived experience practitioner whilst in post has been building on the relationships with the Yorkshire and Humberside Involvement Network and the South Yorkshire & Bassetlaw Provider Collaborative Involvement Coordinator so that PDS can be more involved and connected with various involvement events and projects going on across the region. The postholder has attended a number of service user network events linked with involvement colleagues. Yorkshire and Humberside Involvement Network have hosted events around meaningful activity and the importance of relational approaches in secure settings as well the BIG DAY OUT! event which was a valuable opportunity for staff and service users to spend time with each other and connect. Whilst in South Yorkshire, the PC Involvement Coordinator has been excellent in linking the senior lived experience practitioner with coproduction initiatives and providing an opportunity for them to join the service user network group to bridge the gap between the PDS and those they support. All involvement colleagues have been invaluable support for PDS whilst they continue to shape the role into something that is valued and meaningful rather than potentially tokenistic.

One of the hopes in linking in with the South Yorkshire and Bassetlaw secure service user network group was that PDS could ask them their opinions about how to gain service user feedback around PDS involvement in their care. Historically it has been difficult to gain service user feedback around PDS involvement in their care due to the indirect nature of the work. This emphasised the need for, and importance of, taking time to build relationships within the network group before asking for their contributions regarding the PDS evaluation process. PDS were open about this with group members and emphasised the value in gathering their genuine feedback and how this was often easier when someone is familiar to someone. The plan is to gather their opinions in the near future. Whilst PDS continue to update their evaluation process, they changed the current service user evaluation to be more accessible (visually and no jargon) and to include questions that support PDS to improve service user experience.

"I've always loved working in creative and informal ways that play to people's strengths, but in more recent years I've focused more on supporting other staff to understand people differently. I'm really enjoying learning more about how to support teams in a consultation process around team dynamics and supporting them to understand what's going on. The process needs people to reflect, so its been important for us at PDS to prioritise reflection and psychological safety for ourselves so we can better contain and support others. Being part of a team where compassion and consideration in times of difficulty is the priority is something really quite special and I'm very happy to be a part of it."

(Reflection from the senior lived experience practitioner)

Conclusion

The PDS has undergone significant change in service delivery and evaluation in response to a service specification change. This has involved a move towards more team-based interventions with hopes to influence the pathways of care around persons at the centre of concern, particularly in secure settings. Whilst feedback has been limited due to development of evaluative processes, the feedback has been overwhelmingly positive and encouraging, particularly in relation to team-based interventions. The piloting of new projects and types of work has provided PDS with key points for improvement and focus over the next financial year. There are notable shifts in diversity of those accessing the service, and the appointment of a Senior Lived Experience Practitioner to the service has transformed processes to aid accessibility, psychological safety and connection across the region it serves.

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Appendix 1 – Primary Task, Position Statement and Values

The Pathway Development Service (PDS) primary task is *to work alongside teams to learn about what has happened within a system to obstruct pathways, by way of co-created thinking spaces that foster the conditions for something different to happen.*

All our ways of working help us achieve our primary task because they are focussed on helping people to trust and foster effective, meaningful, and important relationships. We work like this as a team, too, by way of reflective practice and continued learning from and with each other and the people we work with.

Pathway Development Service (PDS) Position Statement – staff within the PDS recognise that:

- Even with extensive training and experience, working with people who (have) experience(d) the world as profoundly unsafe can generate high levels of emotion in staff. This does not mean that staff are failing in their roles, nor does it mean that staff are incompetent, uncaring, or 'unprofessional'. Our team understand that intense feelings are normal in this work, and that they can be an important source of information about the experiences of a person at the centre of concern.
- The importance of working in genuine collaboration, with involvement and co-production at heart of our approach, we continue to learn from people with different lived experiences and from different cultures and communities.
- We approach our work alongside teams with curiosity about what 'recovery' and 'improvement' mean to different people. Signs of change may vary and what seems 'better' to whom may be difficult to tell. We approach our work with these realities in mind, and with a sense of optimism about the potential for people to find their preferred future and way in life.
- Therapeutic relationships are important to us, with psychological theory informing our approach, in particular Attachment Theory, which highlights the role of early relationships in later ways of relating with others. We aim to mentalise (in) these relationships. 'Mentalising' refers to our capacity to notice, think about and explore thoughts and feelings (mental states).
- We understand that difficult or 'challenging' behaviours are often means of communicating and surviving; that service users and staff make use of whatever skills are available to them and which seem most effective when distress is high. Here, our stance is informed by Dialectical Behaviour Therapy (DBT): we accept that people are doing their best to cope, whilst also recognising the need for change.
- The foundation for our strong emphasis on therapeutic risk-taking and working towards the least restrictive conditions close to home, is built on thinking spaces for teams that feel as safe as possible. We model relational security that aims to foster the free expression of thoughts and feelings, however complicated or frightening the situation may seem at times.

PDS Team Values and Practices:

- ⇨ Relating to others as human beings, not as diagnoses or labels, we model self-compassion.
- ⇨ Noticing and valuing each other's differences, we aim to let each other know what we need to fulfil our primary task.
- ⇨ We understand that the primary task may change –for unconscious reasons– and a team may not notice. We are then concerned to ensure there are ways of noticing practice and how it might change built into team functioning.
- ⇨ In mentalising, we practise and model to others:
  - being curious about other people's experiences, thoughts, and feelings.
  - not knowing (not being certain).
  - being open to different points of view.
  - simply noticing.
  - being able to doubt ourselves and reflect on own thoughts and feelings.
  - allowing feelings to happen without trying to get rid of them.
- ⇨ Paying attention to thoughts and feelings arising from the work, we aim to link these to the dynamics in the work.
- ⇨ Instead of telling others what to think, we help create opportunities for understanding to grow / develop / emerge.


Pathway
Development
Service