APPENDIX 1

Leeds Partnerships NHS
NHS Foundation Trust

Leeds Partnerships NHS Foundation Trust

Quality Accounts 2009-10

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Chief Executive's Statement

Specialist mental health and learning disability services operate in a complex environment. Our task is to help those who use our services to achieve their life aspirations. These aspirations are not just confined to health but also often encompass social care, the need for connectedness to family, friends and the wider community, and also all kinds of meaningful activity either at work or in the vocational sphere. These needs are played out in the context of the stigmatisation often experienced by people with mental health problems and learning disabilities and those who care for them.

If follows from this that for us in the Leeds Partnerships NHS Foundation Trust (LPFT), quality has a number of different dimensions. The most obvious are those obligations arising from the law and our regulators. Another aspect are those quality initiatives arising from what we learn ourselves about the lived experience of service users and carers who are being supported by our Trust. We use information drawn from data, such as our reports to the National Patient Safety Agency. As influential is what we learn from listening and responding to "patient stories". Also, as a Public Benefit Corporation, with our Governors, we are expanding our role in positively representing the issues of people with mental health problems and learning disabilities though media work and actively campaigning against discrimination.

The Trust Board of Governors and Trust Board of Directors have also recently agreed a new ambition statement for the Trust, this is:

Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.

The ambition statement is underpinned by three strategic goals that describe our commitment to excellent quality care in terms of outcomes for the people who use our services:

- People achieve their agreed goals for improving health and improving lives
- People experience safe care
- People have a positive experience of their care and support

Achieving our ambition means putting quality at the heart of everything we do. We will demonstrate our commitment to quality and to the people who use our services, their families and their carers, by behaving according to the NHS values:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together
- Everyone counts

Put simply, we aim to extend our national reputation for safe care into the other areas of quality: service user outcomes and experience. Our challenge is to achieve this ambition by driving up productivity and reducing cost. Our success will be reported annually in our Quality Accounts.

In summary, we aspire to be the best that we can be at what we do. We provide services to over 2,000 people every day though the work of approximately 2,800 staff. We operate from 48 sites across the metropolitan district of Leeds and further afield spending over £114m of taxpayer's money. We are active in teaching, research and development. We continually change and improve, always striving to be better today than we were yesterday. We are never complacent and we know that there is always more we can do to improve the experience of service users and carers and our own staff.

This report illustrates only some key points on our journey of being the best we can be. I also want to take a moment to thank all of the staff of LPFT for their commitment. We only do what we do through the work of our people and everybody, either directly or indirectly, contributes to creating a better future for service users and carers.

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

Chris Butler, Chief Executive
Leeds Partnerships NHS Foundation Trust
April 2010

1.1 Overview of Organisational Effectiveness Initiatives

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

National Patient Safety Award.

In the last year we have worked hard to continue delivering improvements in the safety and reliability of all our services. In February 2010 we were delighted when this was recognized in the National Patient Safety awards organised by the Health Service Journal and the Nursing Times. We won the mental health category outright and were highly commended runners-up in the Board leadership category. In making the award the judges described our programme for improving patient safety as "truly ground breaking". We are not complacent, however, and know there is much more we can do in this area. Equally, we are using this achievement as a platform to continue building the overall quality of our clinical services.

Trust Strategy.

The work to refresh and update our overall Trust Strategy has been organised exclusively around the three components of quality described in the "Darzi" review (Safety, Effectiveness and patient experience) and this will drive specific programmes of work to achieve improvements in all those areas.

Clinical Outcomes.

We have continued to improve our understanding of the clinical outcomes for our service users, for instance reaching agreement on a standard questionnaire that will be used throughout the Trust in order to gauge people's experience of and opinion of our services.

Access to Services.

We have moved forward with initiatives to improve access to our services, for instance investing in resources needed to improve the speed of access to psychological therapies in our adult services. We have also continued to modernise the way we deliver services to make them more user focussed, as in our redesign of services for older people with mental health needs.

Research and Development.

We have maintained and developed our profile in learning, teaching and research. With the dissolution of the former West Yorkshire Mental Health Research and Development Consortium, we have formed a new partnership with South West Yorkshire Partnership NHS Foundation Trust to work together on promoting high quality research in the field of mental health and learning disabilities. On behalf of the West Yorkshire Clinical Local Research Network we have hosted two posts which have been successful in facilitating people in the Trust to recruit into prestigious research studies overseen by the national Mental Health Research Network. We have continued to engage service users in research design and identifying priorities.

Essence of Care Benchmarks:

During the past 12 months the Trust has been actively implementing Essence of Care, with the main focus being on in-patient services. The benchmarking process on which 'Essence of Care' is implemented, helps practitioners to take a structured approach to sharing and comparing practice, enabling the identification of levels of excellence in care and developing action plans to improve practice which falls below the expected levels of excellence. Within the Trust an audit tool has been developed to enable each clinical area to be measured against the desired benchmark standard and in January 2010 a full audit of the Trusts 25 inpatient facilities was undertaken. A planned re-audit is scheduled for July 2010, which will include all clinical service areas within the Trust.

High Impact Actions:

The Trust has actively reviewed staffing skill mix and focussed on developing and strengthening leadership, particularly in inpatient units. This work has resulted in a reduction of staff sickness absences and a reduction in the amount of money spent on the use of agency staff. Direct clinical benefits have been seen in an overall reduction of the occurrence of errors and in the number of service users going absent without leave. The clear benefits for the Trust in terms of quality of care and integrity were recognised by this work being included as a good practice example in the Institute for Innovation and Improvement's *High Impact Actions for Nursing and Midwifery*.

1.2. How have we prioritised our quality improvement initiatives

The Trust priorities set out in the 2008-2009 Quality Report were as follows:

- To further reduce the incidence of severe violence and aggression
- Continue to take steps to ensure we are supporting our staff to work with the best clinical evidence available in the treatment and care of our patients
- Maintaining, and where possible improving upon, the high level of patients who report that they have been treated with dignity and respect.

Measures for these were identified and performance against these measures was reported to the Trust Board of Directors on a quarterly basis, through the Performance report to the Trust Board.

These above priorities have been reviewed to ensure that they are consistent with the Trusts strategic direction, both of which are central to the Quality, Innovation, Productivity and Prevention (QUIPP) strategy.

Our Trust strategy is currently being reviewed and will run from 2010 to 2015. A new ambition statement has been developed, which is underpinned by three strategic end goals that describe our commitment to excellent quality care in terms of outcomes for the people who use our services. The development of our three strategic end goals were led by our Trust Board of Governors.

On the 25th March 2010 the Trust Board of Directors agreed that the Trusts' top three priorities for quality improvement would be consistent with our three strategic end goals.

Our top three priorities for quality improvement are therefore:

Priority 1: People achieve their agreed goals for improving health and improving lives

Priority 2: People experience safe care

Priority 3: People have a positive experience of their care and support

The Trust envisages that these three priorities will remain our Quality Accounts priorities until 2015, in line with our Trust Strategy. Each of the priorities, with our proposed initiatives for 2010-2011are set out on the following pages.

1.3 Our selected measures

A wide consultation took place with Trust staff and key stakeholders over the period December 2009 to February 2010 to develop the measures for the 2009 - 2010 Trust Quality Accounts. The consultation process included the Trust Board of Governors, service users and carers, clinical and non clinical staff and the voluntary sector. An extended Trust performance group meeting was held on the 1st March 2010 to review, refine and rank the measures for inclusion. These were agreed by the Trusts Executive Team and are set out on the following pages under each priority.

Progress against these measures will be reported to the Trust Board of Directors on a quarterly basis through the Trust performance report. The measures will also form part of our six monthly Directorate Performance Reviews and our annual Corporate Directorate Performance Reviews.

Benchmarking data with similar Trusts is also included, where available.

Priority 1.

People achieve their agreed goals for improving health and improving lives

Initiatives in 2009-2010:

- A Leeds wide programme of training to refocus the Care Programme Approach has been developed and completed by staff from the Trust and partner organisations such as the Local Authority and Voluntary Sector.
- The Citywide Care Programme Approach policy was developed and ratified for use following thorough consultation
- A physical health improvement procedure is now in place and a standardised healthy living tool has been developed for use throughout Adult services.
- A citywide multi-agency steering group was established by the Trust to implement the requirements of the Green Light Framework. This sets standards for the provision of mental health services for service users with mild to moderate learning disabilities.

New Initiatives to be implemented in 2010-2011:

- The new National Institute for Clinical Excellent (NICE) assurance process will highlight/quantify areas where NICE evidence – based interventions can be further implemented.
- Integrated Care Pathway (ICP) development will specify the interventions that are recommended for specific presentations
- Our electronic health care record (PARIS) will be developed to support Integrated Care Pathways
- A 'language block' will be included on all public documents produced by the Trust, which makes clear that the document is available in other formats and other languages to ensure accessibility for all.
- The development of a Care Programme Approach information booklet in consultation with service users and partner agencies. Once finalised and agreed this will be available for service users, disseminated by care co-ordinators.
- A systemic understanding of outcome measurement will be developed along with systems for implementing this across the organisation

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Priority 1:
People achieve their agreed goals for improving health and improving lives

Performance of Trust against selected measures:

	Measure	Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
1	Carers offered an assessment of their needs as carers. Although we have valuable data from audit, we are developing our electronic systems to be able to provide real time data on our performance against this measure. Plans are in place to measure this indicator via electronic systems by end of May 2010	Annual Trust CPA audit	37% reported from CPA audit (1st September - 31st December 2008)	CPA audit data collection will commence in October 2010	
2	People have accessible information to support their care People reporting they received advice when receiving medication	Random audit of annual increase in inclusion of the language block on all service directorate information. Pharmacy Department User satisfaction survey	100 respondents 84% answered yes (Survey held Sept 2008-Oct 2008)	Baseline Year 17 respondents 75% answered yes (survey held Sept 2009 – December 2009)	
3	Number of long-term inpatients over 12 months length of stay that have received an annual health review Although we have valuable data from clinical audit, we are developing our electronic systems to be able to provide real time data on our performance against this measure.	Annual Physical Health Audit		2010-2011 will be a Baseline Year for data reporting from our electronic systems Data collection will take place in May 2010.	
4	Number of patients admitted and remaining for more than 48 hours who were screened using an appropriate nutritional screening tool and recorded on PARIS A Trust wide nutritional screening toll	PARIS		2010 -2011 will be a Baseline Year	

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
5	Re-admissions to inpatient care within 28 days of discharge.	PARIS	2008/09 1426 patients discharged 89 readmissions Readmission rate = 6.2%	2009/10 1146 patients discharged 69 Readmissions Readmission rate = 6.0%	
6	Number of patients on new CPA offered a copy of their care plan	PARIS Trust Annual CPA Audit	85.89% Data taken as a snapshot in December from both standard and enhanced data 51/247 (61%) Reported from CPA audit (1st September -30th December 2008)	81.39% Data taken as a snapshot in December from both standard and enhanced data Data collection will commence in October 2010	
7	People who use our services report 'yes definitely' to involvement in deciding what's in their care plan	Annual Community Service User Survey	42% (2009)	51% (2010)	Average response 53% (2010)
8.	Within two years of publication we can demonstrate adherence against each NICE and other guideline for clinical care and treatment relevant to our Trust. The Trust is working with a revised process for implementation of NICE Guidance established in 2009. This process is intended to enable the Trust to demonstrate adherence to NICE Guidance within two years of publication, with adherence being demonstrated through clinical audit. Clinical audit takes place after the implementation phase of the process. All guidelines applicable to the Trust are scheduled for audit throughout 2010.	Clinical Audit Annual Programme		Baseline year	

Priority 2.

People experience safe care

Initiatives in 2009-2010:

- Appointment of Trust wide Patient Safety Manager in August 2009. This is a pivotal role in promoting a proactive safety culture, where safe, quality patient care flourishes.
- The Trust signed up to the national campaign 'Patient Safety First' which highlights the importance of patient safety within every aspect of care delivery and assists local and national initiatives by building on existing networks and creating new networks. The Trust signed up to this campaign as we are committed to patient safety, implementing safety projects, monitoring improvement of practice and sharing of ideas.
- Identification of further high impact initiatives to improve patient experience in this area which has included current scoping for trust wide specific clinical risk training.
- Trust Patient Safety week in September 2009 which focused on raising awareness and celebrating the success of active involvement in creating measurable reductions in avoidable harm
- Executive Safety Walk Around which encouraged interaction between staff to discuss their thoughts and experiences on issues relating to Patient Safety.
- The Trust was approached by the Patient Safety First Team to produce a national podcast featuring local, regional and national activities around the UK. The Medical Director, Chief Pharmacist and Dispensary Manager took part and outlined current Patient safety work in medicines management at LPFT.
- Implementation of video conferencing in each pharmacy dispensary in order to facilitate remote clinical checking and approval of prescriptions.

New Initiatives to be implemented in 2010-2011:

- Continuation of the local use of tools from the National Audit of Violence (run by the Royal College of Psychiatrists), in order to continue monitoring and implementing effective service improvement
- Rolling out of Phase two mandatory specific Clinical Risk Management Training for all qualified staff which includes enhancing skills in recognising possible triggers and methods to de-escalate high risk situations
- Benchmarking for Patient Safety with other similar mental health trusts within Yorkshire and the Humber
- Institute for HealthCare Improvements (IHI) data collection and input to enable evidence of practice and improvement.
- Development of Executive Safety Walk Arounds into "Quality Walk Arounds"
- Appointment of Trainee Doctors as "Safety Champions".

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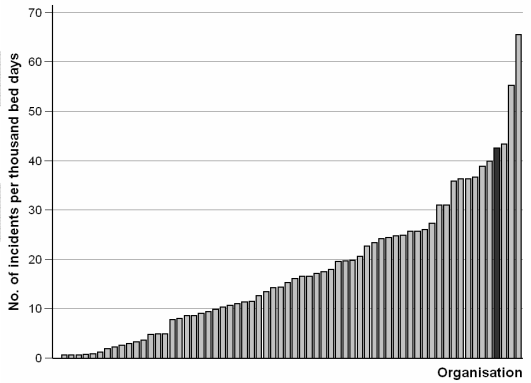
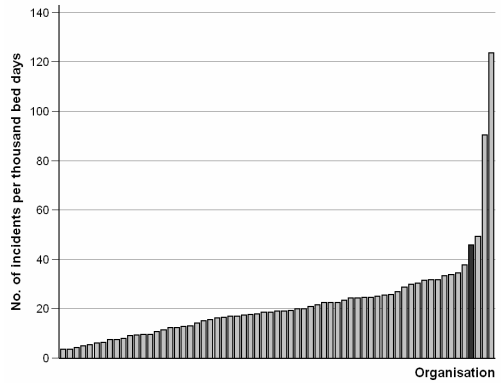
Priority 2:
People experience safe care

Performance of Trust against selected measures:

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
1.	Service users report they always felt they experienced safe care. During 2010 – 2011 the Trust will re-run areas of the National Audit of Violence on a local level which will include service user experience.	National inpatient service user survey National Audit of Violence: Making it local	48% (2009)	2010 Survey currently underway	Average response 44% (2009)
2.	Staff believing that the Trust takes action to ensure errors, near misses and incidents do not happen again	National Staff Survey	61% (2008)	*57% (2009)*	Average response 55% (2009)
3.	Number of incidents reported to the National Patient Safety Agency (NPSA) per 1000 bed days (all categories) A high level of reporting is indicative of a good culture of safety. This measure was included in our Quality Report and remains in our Quality Accounts to ensure we retain our focus on maintaining a good culture of safety	Risk Management Team (as reported to the National Patient Safety Agency) The black bar represents the Trust position	April 2008 – Sept 2008: Incident rate per thousand bed days 	April 2009 – Sept 2009: Incident rate per thousand bed days 	The graphs demonstrate that the Trust has remained in the top quartile for being a high reporter of incidents across all similar providers nation wide. Research has shown that an organisation with a high rate of reporting indicates a mature safety culture where reporting incidents is encouraged and treated fairly.

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
4.	Number of incidents scoring NPSA level 1 and 2 severity Having established a high level of reporting it is important to ensure that the vast majority of incidents result in no or low harm which are rated by the National Patient Safety Association (NPSA) as severity 1 and 2. We also aim to continue reporting proportionately more zero harm incidents and fewer serious incidents to other Trusts	Risk Management Team	*Level 1* - 4454 *Level 2* - 1168	*Level 1* - 3861 *Level 2* - 1274 (As at 31st March – please note these figures may change due to further incidents being reported)	The NPSA cautions against direct comparison with other Trusts on the specific number of reports as even organisations in the same cluster can vary considerably in size and activity.
5.	Number scoring NPSA level 3 or above This is the number of incidents resulting in moderate harm. In last year's Quality Report a focus was placed on violence and aggression, slips trips and falls, medication errors and unauthorised absence from inpatients unit. Although these areas are vitally important, as a Trust we are committed to reducing the number of any incidents causing moderate or greater harm	Risk Management Team	*Level 3* - 151 Level 4 – 17 Level 5 - 30	*Level 3* - 84 Level 4 - 5 Level 5 - 7	
6.	Number of Serious Untoward Incidents and type	Risk Management Team	Total of SUI for year =19	Total SUI until 25/03/10 = 18	

Measure		Source	2008-09	Current status (2009-10)	Benchmarking with other mental health providers (where available)
7	Evidence of learning from incidents: Percentage of completed incidents to Trust Incident Review Group (TIRG) which have action plans that have been implemented.	Quarterly random audit of TIRG action plans.		1 Random Audit completed showing full implementation. 2010/2011 Benchmarking Year- Audits planned quarterly	

Priority 3.

People have a positive experience of their care and support

Initiatives in 2009-2010:

- Leeds Partnerships NHS Foundation Trust established two new regular events to engage with key stakeholders on strategic Trust wide issues.
    - Building your Trust is a quarterly half-day event at the City Museum where service users, carers and public members of the Trust meet to debate relevant issues. Most recently approximately thirty participants had a useful debate about the Trust values that will inform our refreshed strategy.
    - The Diversity and Social Inclusion Forum is a quarterly event bringing together service users, carers, staff and partner organisations to debate and action plan in relation to our Single Equality Scheme and Recovery and Social Inclusion Strategy. Most recently the group developed an action plan to increase the representation of diverse communities in our staffing groups.
- Participation in the Patient Opinion website to allow direct feedback from service users and carers.
- Trust wide implementation of the Essence of Care approach across in-patient areas
- Dissemination of the Trust's Dignity Strategy as well as the Nursing and Allied Health Professions Strategies
- High visibility poster campaign provided via electronic computer 'wallpaper' highlighting dignity on all Trust computers
- Single sex accommodation priority improvements completed to schedule and ensuring 100% compliance with providing single sex accommodation

New Initiatives to be implemented in 2010 -2011

- A systematic approach to gathering service user and carer experience is planned as part of wider Trust work on outcome measures.
    - A standardised approach for capturing service user experience that can be reported across the Trust is currently in the piloting phase.
    - A similar approach for gathering carer experience outcomes in relation to the Carers Charter is under development. This is currently being piloted in Learning Disability services with a further Trust-wide pilot taking place in the summer.
- Regular member engagement events are being planned which will provide an opportunity for members to come together and learn about topics related to mental health and learning disabilities.
- Continued development of the LPFT intranet site hosting educational literature about dignity and respect
- Continuation of Essence of Care Benchmark implementation with the aim of all areas meeting the minimum A-B criteria
- Updating and dissemination of LPFT Dignity Strategy
- Maintaining Privacy and Dignity awareness via training, education and campaign initiatives

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Priority 3:
People have a positive experience of their care and support

Performance of Trust against selected measures:

	Measure	Source	2008-2009	Current status (2009-2010)	Benchmarking with other mental health providers (where available)
1	Percentage of people who report definitely being treated with respect and dignity by the professional providing care. Percentage of Older people who report 'yes all the time' to being treated as a human being with thoughts and feelings	National Community Service User Survey Older peoples Dignity questionnaire	*Psychiatrist* 90% (2009) *CPN 90% (2009)* *Other Health Professional* 87% (2009) 91% (survey undertaken between 14th – 23rd May 2008)	91% (2010) Results are due in May 2010	Average response 87% (2010)
2	People who use our services report overall rating of care in last 12 months very good/ excellent.	National Community service user survey	60% (2009)	64% (2010)	Average response 58% (2010)
3	Expanding our ability to measure the experience of Service users In year progress against milestones in implementing the standardised local service user questionnaire will be reported on.	Progress against milestones in implementation and roll out of standardised local Service user questionnaire.		This is currently being piloted in Older Peoples Services with full Trust roll-out planned for October 2010	

Measure		Source	2008-2009	Current status (2009-2010)	Benchmarking with other mental health providers (where available)
4	Developing the workforce to improve the experience of BME Service Users In year progress against milestones in implementing the training programme will be reported on The Trust is not required to undertake the Count me in Census in future years. The trust will scope out the future potential for undertaking this locally and amending it for our own purposes	Progress against milestones in implementation and roll out of Training Programme		Milestones: Training pilot across 4 inpatient wards May 2010 Evaluation of training pilot June 2010 Roll-out training from July 2010	
5	Expanding our ability to measure the experience of carers In year progress against milestones in implementing the standardised local carer questionnaire will be reported on	Progress against milestones in implementation and roll out of standardised local Carers questionnaire.		This is currently being piloted in Learning Disability Services, with a further Trust –wide pilot planned for the summer 2010. Review of process will take place in January 2011	
6	Percentage of Carers who rate the support they receive from our Carers Team as 7/10 or better.	Ongoing Carers Team Satisfaction Questionnaire		Baseline Year 63 responses were received between July2009 and February 2010. 90.5% rated support as 7/10 or better	
7	Staff agreeing that they are satisfied with the quality of care they give to patients / service users. During 2010 – 2011 the Trust will re-run areas of the National Audit of Violence on a local level which will include Staff experience.	National Staff Survey National Audit of Violence ;making it local	*LPFT* 82 % (2008)	*LPFT* 87% (2009)	Average response 87% (2009)

1.4. Information on the review of services

During 2009/2010 Leeds Partnerships NHS Foundation Trust provided 4 NHS services which were;

- Learning Disabilities
- Adult Mental Illness
- Forensic Psychiatry
- Old age Psychiatry

Leeds Partnerships NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2009/2010 represents 100% of the total income generated from the provision of NHS services by Leeds Partnerships NHS Foundation Trust for 2009/2010.

1.5. Participation in clinical audits and national confidential enquiries

During 2009/2010 3 national clinical audits and 1 national confidential enquiry covered NHS services that Leeds Partnerships NHS Foundation Trust provides.

During 2009/2010 Leeds Partnerships NHS Foundation Trust participated in 50% of the national clinical audits (agreed by the Trust as appropriate based on information provided by the national audit project leads) and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leeds Partnerships NHS Foundation Trust was eligible to participate in during 2009/2010 are as follows:

National Clinical Audits:

- **National Clinical Audit of Access to Psychological Therapies –** Did not participate – Participation was considered not appropriate based on the fact that the project was gathering pilot data only during the Quality Account reporting period.
- **Prescribing Observatory for Mental Health (POMH-UK): Prescribing topics in mental health services -** Participated
- **Royal College of Physicians : National Audit of Continence Care –** Did not participate – Participation was considered appropriate but the Trust did not participate in this audit as a consequence of the lack of clarity of information regarding the project timetable, ie the project was on the 2010 timetable but data collection was scheduled for 2009. However it should be noted that the Trust participated in the 2006 audit of this topic.

National Confidential Enquiry:

- **National Confidential Enquiry into Suicide and Homicide by People with Mental Illness -** Participated

The national clinical audit and national confidential enquiry that Leeds Partnerships NHS Foundation Trust participated in during 2009/2010, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits:

- **POMH-UK: Prescribing topics in mental health services**

  May 2009 – Topic 8: Medicines Reconciliation
  Cases -47 (100% of those meeting the inclusion criteria)

  October 2009 – Topic 6b: Assessment of side effects of depot antipsychotics (re-audit data collection)
  Cases – 91 (100% of those meeting the inclusion criteria)

  January 2010 – Topic 1e: High dose and combined antipsychotics in acute adult inpatient settings (supplementary data collection)
  Cases – 90 (100% of those meeting the inclusion criteria)

  March 2010 – Topic 2e: Screening for the metabolic syndrome in community patients receiving antipsychotics (supplementary data collection)
  Cases – 50 (33% representative sample of those meeting the inclusion criteria)

  March 2010 – Topic 5c: Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and PICU wards
  Cases – 90 (100% of those meeting the inclusion criteria)

National Confidential Enquiry

- **National Confidential Enquiry into Suicide and Homicide by People with Mental Illness**

  Suicide Cases – *7/7 (100%)*
  Homicide Cases – *8/9 (89%)*

National Clinical Audits:

The reports of 1 national clinical audit were reviewed by the provider in 2009/2010 and Leeds Partnerships NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

- January 2010 – Topic 5c: Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and PICU wards (quarterly report)

  Actions:
  - Managers to monitor side effects monitoring as part of supervision
  - Provide training to target areas on the use of Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERs) and Abnormal Involuntary Movement Scale (AIMS) and stress the relevance of scales.
  - Amend the Trust's Physical Health Policy
  - Disseminate the audit findings via journal clubs, clinical governance councils.
  - Disseminate the action plan to clinical governance councils

- February 2010 – Topic 6b: Assessment of side effects of depot antipsychotics (re-audit report)

  Actions:
  - Side effects monitoring to become part of culture and monitored by managers as part of supervision
  - Target areas where gains can be most easily made – Depot Clinic (training on use of LUNSERs, AIMs. Stress clinical relevance of scales)
  - Target areas where gains can be most easily made – Older Adult community teams (training on use of LUNSERs, AIMS. Stress clinical relevance of scales)
  - Target areas where gains can be most easily made – Newsam wards (training on use of LUNSERs, AIMs. Stress clinical relevance of scales)
  - Include in physical health policy
  - Disseminate report at journal clubs
  - Disseminate audit and action plan to clinical governance councils
  - Disseminate to pharmacy
  - Disseminate to all involved in audit

- March 2010 – Topic 1e: High dose and combined antipsychotics in acute adult inpatient settings (supplementary report)

  Actions:
  - Action not agreed at the time of reporting

Local Clinical Audits:

The reports of 27 local clinical audits were reviewed by the provider in 2009/2010. Seven of these reports contained details of neither recommendations nor proposed actions (2 of these being projects carried out by Leeds University 4th year medical students). Leeds Partnerships NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided

- **No. 1 – Project 0305 NICE Guidelines (Bipolar)**
  - To discuss with Bipolar Guidelines Implementation Task Group
  - To present in a journal club
  - To consider publication for wider dissemination of findings

- **No.2 – Project 0267 Record Keeping (Specialist Services Directorate)**
  - Introduce new documentation to better meet the needs of record keeping requirements
  - Share findings with ward team and Liaison Psychiatry Clinical Governance Council
  - Continue use of laminated checklist on office wall
  - Issues around documentation picked up by senior staff and raised with individuals concerned
  - Hold each other accountable all of the time

- **No.3 – Project 0325 Prescription Chart audit (Specialist Services Directorate)**
  - Audit in 2010 – use Leeds Teaching Hospital Trust audit tool for next prescription chart audit. Clinicians to choose audit sample and timescale to reflect previous audits
  - Review methodology and frequency
  - Liaise with Audit Office LPFT
  - Documentation – prescription and administration errors addressed locally. All omissions and errors highlighted to team
  - Presentation of audit to Staff Team (Staff Meetings). Formal training session in February 2010
  - Laminated instructions – 'prescribing' and 'administering' – common errors – in prescription chart folder and on notice-board in office.
  - Check all IR1 forms related to prescription and administration of medicines. Highlight poor clinical practice (i.e. Administration interruptions) and address locally. Check LTHT/LPFT training packages- and implement in 2010 for administration of medicines
  - Address prescribing through medical team

- **No.4 – Project 0045 Dementia Diagnosis and NICE Guidance**

- Continue with the good standard set by the team using NICE guidelines in dementia diagnosis process
- Improve on the record keeping regarding the information indicating the consent to offer diagnosis and the outcome. Only 6% (2 assessments) sought or document consent of diagnosis disclosure (1.4.1.2)
- To go through Dementia NICE Guidelines in supervision with Senior House Officers (SHOs) and Staff Grades to achieve 100%.

- **No. 5 – Project 0169 NICE Guidance for Eating Disorders**

- Design new proforma for initial assessments
- Information leaflets for patients to be given at time of assessment – to be put together in a pack for doctors to take to initial assessments
- Improve patient choice for treatment options (some staff currently being trained / accredited in Cognitive Analytic Therapy and Individual Person Centred Therapy)
- Leaflets from pharmacy to be used for explanation of medication side effects
- Contact GPs to get blood results (shared care) and document this for cases where there are concerns
- Use of a stamp for Alerts

- **No. 6 – Project 0316 Use of Patient Group Directives**

- Re-audit every 2 years
- During ad hoc supervision/review of assessments physical health and allergy status to be checked
- Pharmacy policy to be updated in terms of use of Patient Group Directives by medical staff

- **No. 7 – Project 0231 Record Keeping (Older People's Directorate)**

- Look at existing care plans and introduce a prompt section – raise this in the next team meeting
- Put up poster regarding standards for record keeping in communal staff area
- Continue weekly monitoring practices
- Raise at CTM meeting to compare practice across Directorate
- To re-audit using new minimum data set (incorporating PARIS)

- **No.8 – Project 0066 Record Keeping (Specialist Services Directorate)**

- Raising staff awareness of minimum and supplementary data set requirements
- Develop plan in relation to the next audit
- Re-audit

- **No.9 – Project 0161 (NICE Guidance and Psychological Therapies)**

- Produce summary report comparing these different data sources.
- Distribute report and comparative data to relevant bodies
- Discuss findings in relevant fora (e.g. Quality and Effectiveness Standards Forum, Executive Team)
- Directorate Clinical Governance Councils draw up action plans
- Clinical Audit Support Team to repeat audit

- **No.10 – Project 0053 Record Keeping (Adult Directorate)**

- All new cases should have an assessment letter sent to the referrer within 3 months of first appointment – Caseload document could be amended to have checklist for assessment letters
- Outcome measures and process to be reviewed at away day – More appropriate checking and recording system in place
- Copying of correspondence to service users – Staff reminded of importance of this, and better means of recording it may be helpful
- Timeliness of case notes – Review to be had as to whether targets should be set for timeliness of notes to be typed

- **No. 11 – Project 0368 Anti-Depressant Medication and Electroconvulsive Therapy (ECT)**

- Review antidepressant medications when patient prescribed ECT
- Antidepressant medication to be changed when patient administered ECT or post-ECT treatment
- Re-audit with change in clinical practice

- **No.12 – Project 0383 Communication of Medication Changes**

- Increase the sample size to get a better picture of the audit and for comparing it with the previous audit
- Include duration of prescription as part of the audit questionnaire
- Discussion of audit findings at journal club with emphasis on change and improvement in communication
- Discussion of audit findings to the Multi Disciplinary Team with emphasis on change and improvement in communication
- To continue to educate new medical staff on importance of communication at local induction
- Re-audit in 12 months

➢ **No.13 – Project 0326 Ward-Based Therapeutic Group Programme**

- Discuss whether recording the outcome data scores in detail in the discharge letters is necessary for all closed groups – Discuss within the Service Governance Council
- Consider whether the relaxation open group requires screening prior to beginning group – Discuss within the Service Governance Council

➢ **No.14 – Project 0342 Section 58 (Form 38/39)**

- Responsible Clinician and junior Doctors to ensure T3 request forms for Second Opinion Appointed Doctors (SOAD) are adequately completed and treatment plan in medical notes for SAOD.
- Consultees to be made aware Code of Practice and clinical teams to ensure they are given sufficient notice about request for SOAD
- Protocol/checklist for nursing staff about whole process for completion of T2/T3 for proper coordination to reduce errors
- Redesign data collection form for improved clarity of questions.

➢ **No.15 – Project 0360 Management of Service Users with Opiate and Alcohol Addiction**

- There should be clear and concise procedures for staff to follow with a suitable chart for documenting withdrawal symptoms and prescribed medication
- To use standardised, evidence based assessment scales for measuring symptoms of withdrawal
- Refer to Trust guidelines for the prevention and treatment of Wernicke-Korsakoffs syndrome
- Medicines Reconciliation Policy to be followed at all times
- To improve education and training for staff who are likely to deal with this client group.
- Link nurses on the acute adult wards to be involved in the Leeds 'dual diagnosis network keeping up to date with current issues and attending workshops etc
- Link nurses to educate other ward staff about procedures to follow/ reference sources available etc
- Re-audit after 1 year

➢ **No. 16 – Project 0392 Verbal Orders of Medication**

- Email or fax copy of prescription authorization can also be considered as evidence of the authorization as an alternative to the doctor's signature. The nurses should then ask for written confirmation (via IT or fax) before administering the medications.
- A copy of the drug card can be faxed to the authorizing doctor to reduce prescribing errors (such as medication interactions)
- Failing to provide authorization via IT or fax, verbal order requests can still take place. However, there should be documented clear communication between the authorizing doctor and the doctor who signs the prescription who can then act as the 'deputy by arrangement'
- The time frame for the verbal order prescriptions to be signed should be set within 72 hours (and not within 24 hours)
- To highlight the verbal orders procedure according to the medicine code to all training doctors and staff nurses at induction and through e-learning process. The authorizing doctors should be reminded that the final responsibility in authenticating the prescription lies with the prescriber.
- Nurses to check for management plan formulated by the managing team in the patient's medical notes before requesting the verbal order.
- To compare the practice of verbal orders on the acute wards and other community in-patient units (e.g. Old age wards)

➢ **No. 17 – Project 0401 Routine Community Mental Health Team Referrals**

- Clarify the standard for assessing routine referrals at managerial level i.e. Should routine referrals be seen within 30 calendar days or 30 working days
- Shorten time of response suggested in routine referral "opt-in" letters – change to "opt in" letter template
- Increase staff awareness of standards and record attempts to contact patients / assessments offered
- Consider ways of increasing awareness, e.g. posters in CMHT offices / reminders in any paperwork / discussion at CMHT meetings etc
- Decrease waiting time for medical outpatient appointments. Consider how to shorten waiting times, e.g. specific assessment clinic , SHO/Registrar assessment clinic etc
- Re-audit needed after changes. Re-audit in 2010

➢ **No.18 – Project 0405 Discharge Summaries**

- All doctors should be aware of the trust guidelines at the start of the post
- There should be at least one complete discharge summary in each volume of case notes
- Add certain headings to existing guidelines so important information is not missed – Smoking / alcohol / illicit drug use history, Forensic history (Guidelines exist for general Adult Psychiatry which include these headings – Old age Psychiatry guidelines should incorporate these headings)

- If doctors decide not to include information regarding the patients history that is documented elsewhere, then they should explicitly mention the date of the previous discharge summary to refer to and the doctor who dictated it
- The term key worker should be changed to care coordinator and should be included in the patient information section
- Certain information can be added by the clerk by looking into the PARIS notes if not dictated
- Legal status should be recorded in the patient information section – this is important for future reference (severity of the condition at the time of admission)

➢ **No. 19 – Project 0047 Behavioural Techniques**

- Devote more time needs to devising, producing and reviewing behaviour programmes. This may require increased capacity within all professional groups in the multi disciplinary team to enable people the time needed to complete clinical assessments in a reasonable time frame, and produce Behaviour Programmes
- Ensure that Behaviour Plans are devise in collaboration with all staff specified in the Behavioural Techniques Policy and reviewed 6 monthly. In order to achieve this, this process could be made to coincide with the service user's Care Programme Approach.
- Clinical Team Manager of the Severe Challenging Behaviour Team to maintain a register of all people known to Leeds Partnerships NHS Foundation Trust who have aversive techniques as part of their programme, and to maintain a record of when Behaviour Programmes are reviewed. Professionals involved with service users to ensure that the Clinical Team Manager receives updated information about individuals.
- Continuing commitment to the training of all staff within the Learning Disability Directorate on the subjects of the management of challenging behaviour, and implementation of the Behavioural Techniques Policy. Relevant knowledge is clearly important and records show 20 out of 24 qualified members of staff have already attended the Trust's challenging behaviour training. The recent drive to encourage all staff to attend should improve the quality of the plans.
- Circulate electronically to all staff a template for the behavioural plan to encourage adherence to the layout specified in the behavioural techniques policy
- This audit should be repeated in April 2010

➢ **No. 20 - Project 0287 Clinical Supervision**

- Supervision should be used as a way of supporting the progress of an individual's Personal Development Plan
- Agree standards for clinical supervision and all staff have access to competent supervisors
- Implement a process to measure the quality of supervision.
- Establish clear lines of communication to disseminate and feedback findings of the supervision audit
- Develop and implement standards for preceptorship developed across the directorate, and incorporate the specific supervision needs of preceptees
- Ensure availability of a number of evidence based models of supervision fit for the needs of clinicians and other front line staff
- Create a directorate wide map of current clinical supervision structures, and update on a regular basis, ensuring uptake of supervision is consistent across all professions and grades of staff
- All clinical supervision is documented in line with trust policy
- Supervisors are prepared for their role through both adequate training of supervision skills and knowledge of agreed Directorate and Trust standards
- All clinical staff to have access to the clinical supervision policy
- All clinical staff to prioritise monthly clinical supervision
- Ensure appropriate record keeping
- Clinical Supervision training
- Clarify clinical supervision arrangements for all Learning Disability Allied Health Professionals
- Ensure all members of staff have a clinical supervision supervisor for monthly sessions
- Identify individual supervisor as stated above. Group supervision to be accessed on top of this if required
- Supervision activity to be recorded by Clinical Team Managers / Band 6
- All staff to be given supervision booklets
- Confirmation of receipt of booklets to be evidenced by signatures
- Encourage supervisee / supervisor to complete supervision booklets.

1.6. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Leeds Partnerships NHS Foundation Trust (LPFT) in April 2009 to March 2010, that were recruited during that period to participate in research approved by a NHS Research Ethics Committee was 155.

In 2009/2010 LPFT was involved in conducting 37 clinical research studies, including 9 National Institute for Health Research adopted studies. This compares favourably with the 29 clinical studies, including 10 National Institute for Health Research studies conducted during 2008/2009, representing an increase in total study activity of 28%. This increasing number of clinical research studies demonstrates LPFT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

One member of staff has been awarded a National Institute for Health Research Fellowship hosted by the University of Leeds. The Trust hosts the West Yorkshire Comprehensive Local Research Network funded posts of Lead Clinician and Clinical Studies Officer working on Mental Health Research Network projects. These posts have facilitated an important link with the Mental Health Research Network hub in Newcastle, and provided access and support to Trust staff wishing to engage with Mental Health Research Network supported studies. Whilst in its infancy, this development provides a significant opportunity to increase the level of National Institute for Health Research portfolio activity within the Trust, previously outside this network's activity.

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

1.7. Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Leeds Partnerships NHS Foundation Trust income in 2009/2010 was conditional upon achieving quality improvement and innovation goals agreed between Leeds Partnerships NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from the Performance Team who can be contacted on 0113 305 5000.

For Leeds Partnerships NHS Foundation Trust the monetary total for the amount of income in 2009/2010 conditional upon achieving quality improvement and innovation goals was £480, 145. The monetary total for the associated payment in 2009/2010 was £480,145.

In 2009/2010 Leeds Partnerships NHS Foundation Trust was part of NHS Yorkshire and the Humber regional Commissioning for Quality and Innovation scheme. Payment against the indicators for 2009/2010 was based on all data being provided by specified deadlines for all indicators applicable to the Trust. For 2009/2010 the Trust provided all data within the timescales.

For 2009/2010 CQUIN data was reported to the Trust Board of Directors on a quarterly basis through the monthly Performance Report.

In 2010/2011 Leeds Partnerships NHS Foundation Trust will be required to report performance against regional CQUINs, local CQUINs and Forensic CQUINs. Progress against 2010/2011 CQUINs will be monitored by the Trust on a monthly basis. Plans are in place to ensure that the Trust meets their CQUINs throughout 2010/2011.

1.8. Care Quality Commission

Registration Status:

Leeds Partnerships NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered without conditions. A robust internal review process for assessing Trust compliance with each registration requirement was developed and implemented. Improvement plans have been developed for each regulation in order to further strengthen and maintain the Trust's position of compliance. These improvement plans are monitored by the Executive Team on a monthly basis. The Trust will continue to ensure that compliance against each registration requirement is monitored and maintained.

The Care Quality Commission has not taken enforcement action against Leeds Partnerships NHS Foundation Trust during 2009/2010.

Periodic Review:

Leeds Partnerships NHS Foundation Trust is subject to periodic review by the Care Quality Commission and the last review was for 2008/2009. The Care Quality Commission's assessment of Leeds Partnerships NHS Foundation Trust following that review was 'Good'.

For 2008/2009 the Trust received a rating of 'good' against the national priorities. The Trust was assessed against 10 indicators. A score of 'achieved' was received for 7 indicators, a score of 'underachieved' for 2 indicators (Delayed transfers of Care and Green Light Toolkit) and a score of 'failed for one indicator (Access to Crisis Resolution).

Performance against the' Access to Crisis Resolution' indicator is reported to the Trust Board of Directors on a monthly basis through the Performance Report to the Trust Board. Figures have increased in-year in light of a review of the service model in July 09. Using the CQC definition April 2009 – March 2010 figures show a percentage of 92.8% of admissions assessed by Crisis Resolution. For 2009/2010 the Care Quality Commission has published a threshold of 90% to fully achieve this priority. Using this threshold we have moved from a position of 'failed' in 2008/2009 to a position of 'achieved' in 2009-2010.

Performance against the 'Best Practice in Mental Health Services for people with a learning disability' indicator is reported to the Trust Board of Directors on a monthly basis through the Performance Report to the Trust Board. A Green Light inter-agency Steering group, chaired by the Associate Director of Adult Services, was established by the Trust in May 2009. This group includes membership from each service directorate to ensure a Trust wide commitment to work on the Green Light Framework, as well as representation from NHS Leeds, Adult Social Care and Volition to ensure that work is undertaken on a Leeds wide basis. The group has developed action plans to achieve a 'green' rating for all 39 requirements of the toolkit . Extensive work has been carried out on the original 12 'key' requirements and the Trust has reported a 'green' status on all of these as at the 31st March 2010.

The Trust has maintained a focus on delayed transfers of care over the last year and internal performance thresholds of 5% were set to mitigate the risk of the Trust under-achieving this target in 2009/2010. Performance against this indicator is reported to the Trust Board of Directors on a monthly basis through the performance report to the Trust Board. For 2009/2010 the CQC will be using data from the period April 2009–August 2009 to assess performance against this indicator. For this period our cumulative delays are 3.7%. If the CQC maintain the same threshold of 7.5% applied in 2008/2009 then the Trust will fully meet this national priority.

For 2009/2010 the Trust will receive their performance rating against the Care Quality Commission national priorities in the Autumn of 2010.

Special Reviews:

In March 2009 Leeds Partnerships NHS Foundation Trust participated in the national Care Quality Commission review of Safeguarding Children. This review looked at Board assurance around child protection systems, including staff training and partnership working. The national report, outlining the findings, was published by the Care Quality Commission in July 2009. A key finding of the report was that nationally only 54% of NHS staff had completed safeguarding children training to level 1.

The Trust put an action plan in place to address the national findings of the Care Quality Commission with regard to safeguarding children training. Actions undertaken by the Trust included, continuing to advertise and encourage the completion of level 1a training on-line, the development of classroom based teaching sessions throughout Trust sites to enable staff to attend the training with ease and partnership working to enable staff to attend training sessions organised by NHS Leeds.

By the 31st December 2009 the Trust had demonstrated significant improvement in the numbers of staff completing level 1 safeguarding training and was able to declare 93.49% compliance. By February 2010 figures had increased further to 98.25% of Trust staff having received level 1 safeguarding children training.

1.9. Information on the Quality of Data

➢ Statement on Data Quality

LPFT submitted records during Quarter 1- Quarter 3 2009/2010 (Quarter 4 to be received by the Trust on the 31st May) to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patients valid NHS number was 98.2% for admitted patient care and 99.3% for outpatient care
- Which included the patient's valid General Medical Practice Code was 100% for admitted patient care and 100% for outpatient care

➢ Information Governance Attainment Levels:

Leeds Partnerships NHS Foundation Trust's score for 2009 – 2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 63%.

This is based on 18 of the 21 toolkit indicators for a theoretical maximum of 54, not 63. Omitted standards are:

407: A standard opt-out for Mental Health Trusts – we do not operate an A&E department
505: Leeds Partnerships NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009-2010 by the Audit Commission
511: This also relates to Payment by Results – This was not relevant to the Trust at this time

➢ Clinical Coding Error Rate

Leeds Partnerships NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009-2010 by the Audit Commission

2.1. Review of Quality Performance

Care Quality Commission Core Standards

The Healthcare Commission (HCC) was the independent watchdog for healthcare in England until the 1st April 2009. The Care Quality Commission then came into being and assumed the role of independent regulator of all health and adult social care in England.

In October 2009 the Trust received the results of the Care Quality Commissions Annual Healthcheck performance assessment for 2008/09. We received a score of 'good' for quality of services and 'good' for use of resources.

As a Foundation Trust the Trust's quality of financial management score is based on the annual financial risk rating awarded by Monitor. A rating of 'good' assesses the Trust as having a good financial performance, with a low to medium level of financial risk.

Prior to the 1st April 2010 every NHS Trust in England was responsible for ensuring it was complying with the Government's Standards for Better Health. As part of the annual health check, trusts were required to self-assess their performance against all 44 of these standards. For 2008/2009 the Trust received a rating of 'fully met' against core standards. A Trust can only achieve a score of 'fully met' if it declares no more than 4 failings to meet a standard during the year. These failings must have been corrected by the end of the year.

For 2008/2009 the Trust declared a gap in year with one core standard, C24: Emergency Preparedness. This gap related specifically to the frequency of communications cascade testing, which should be undertaken every 6 months. A test was undertaken in August 2008 and a further test in February 2009. The Trust therefore reported compliance with this standard by the 29th August 2008.

For 2009/2010 the Care Quality Commission will for the last time, be assessing all NHS organisations against the Government Standards for Better Health. In 2010 all English NHS trusts, NHS Foundation trusts and primary care trust providers will be required to register against new regulations.

As part of the Trusts Integrated Performance Framework, a robust internal review process for assessing compliance with each of the core standards is in place. Following this robust process the Trust's core standards declaration for 2009/2010 is that we are fully compliant with all core standards.

Registering with the Care Quality Commission in relation to Healthcare Associated Infections

From April 2010, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission. In 2009/10 trusts were registered on the basis of their performance in infection control. To register as a provider of health services with the Care Quality Commission we comprehensively assessed our measures to control healthcare associated infections.

In providing services we will not compromise on having the highest standards. We also believe it to be critical that we are transparent with those who commission our services and the public, about our own levels of performance. Consequently in our declaration to the Care Quality Commission we specifically drew attention to our concern about the timeliness of our receiving pathology reports. We purchase this service from another NHS Trust.

On the 1st April 2009 the Care Quality Commission granted our application for registration subject to one condition specifically related to resolving this single issue. Whilst there was no evidence that this has had an adverse impact on patient care, we took immediate action to resolve the problem. We applied to the Care Quality Commission on the 8th May for the removal of the condition and were pleased to receive confirmation on the 26th May that our application had been successful and the condition had been removed with immediate effect.

The safety of people who use our services is our top priority and we will continue to openly develop and strengthen our systems to ensure the safety of patients and the quality of our services.

For 2009/2010 the Trust target for new Clostridium Difficile infections is no more than nine cases a year. April 2009 – March 2010 figures demonstrate 5 new cases of Clostridium Difficile infections. The Trust has therefore met its target.

Healthcare Associated Infections:	2008/2009	2009/2010
Number of cases of MRSA Bacteraemia	0	0
Number of cases of Clostridium Difficile	11	5

National Priorities:

Progress on performance against Monitor requirements, Care Quality Commission national priorities and our contractual performance requirements with NHS Leeds are presented on a monthly basis to the Trust Board of Directors, through the monthly Performance report to the Board. This report is routinely shared with our main commissioners and can be found at the following website
http://www.leedspft.nhs.uk/about_us/performance
Performance is also reported on at twice yearly Service Directorate Performance reviews, which are led by a panel of Executive and Non Executive Directors.

Monitor Assessments

Monitor is the independent regulator of Foundation Trusts.
Using its assessment framework the Trust's overall 2009/2010 performance is shown below in comparison with the Trusts 2008/2009 performance.

Risk ratings	Annual plan 2008/2009	Q1 2008/2009	Q2 2008/2009	Q3 2008/2009	Q4 2008/2009
Financial	3	3	3	3	3
Governance	Green	Green	Green	Green	Amber
Mandatory services	Green	Green	Green	Green	Green

Risk ratings	Annual plan 2009/2010	Q1 2009/2010	Q2 2009/2010	Q3 2009/2010	Q4 2009/2010
Financial	4	4	4	4	4
Governance	Green	Green	Green	Green	Green
Mandatory services	Green	Green	Green	Green	Green

The Governance rating for 2008/2009 dropped from green to amber as a result of underachievement of the delayed transfers of care target during that period. The Trust had previously declared that it would meet this target but when Monitor confirmed the construction it became apparent that across the whole year the threshold had not been met. Action plans in all relevant service areas resulted in significant improvements, with the Trust returning to a position of compliance in Q1 2009-2010 and maintaining this position throughout the year.

National Standards and Priorities

Monitor Targets:

Monitor requires quarterly reporting on the following targets:

Monitor Target	2009-10	Threshold
7 day follow up achieved: The Trust must achieve 95% follow up of all discharges under adult mental illness specialities on CPA (by phone or face to face contact) within seven days of discharge from psychiatric inpatient care	The Trust has maintained a position of compliance throughout 2009/2010. Quarter 4 figures demonstrated a 98.7% follow up rate. Compliance against this indicator continues to be monitored on a daily basis	95%
Access to Crisis Resolution: The Trust must achieve 90% of adult hospital admissions where the service user has had a gate keeping assessment from Crisis Resolution Home Treatment services. Monitor allows for self declaration where face to face contact is not the most clinically appropriate action	The Trust has maintained a position of compliance throughout 2009/2010 Quarter 4 figures demonstrated a 97.7% compliance rate.	90%
Minimising delayed transfers of care: The Trust must achieve no more than 7.5% of delays across the year. Monitor does not exclude delays attributable to social care	The Trust has maintained a position of compliance throughout 2009/2010 Quarter 4 figures demonstrated a cumulative compliance average of 3.4%	No more than 7.5%
Maintain level of crisis resolution teams (CRHT) set in 03/06 planning round	The Trust is fully compliant with this requirement having had previous confirmation from the Department of Health and the Healthcare Commission that we may include Acute Community Services (ACS) as Crisis Services. The Trusts requirement for six teams is therefore met by having one CRHT and five ACS.	-

Care Quality Commission standards and priorities

The following table shows the Trusts performance against the Care Quality Commissions core standards and national priorities.

Care Quality Commission standards and priorities	2007-08	2008-09	2009-2010
To comply with the CQC core standards	40/41	43/44	44/44
To comply with the CQC national priorities	Excellent	Good	To be confirmed by the CQC in October 2010

2.2. Statements from NHS Leeds, Local Involvement Networks and Overview and Scrutiny Committees

Leeds LINk comments on the Leeds Partnerships Foundation Trust's Quality Accounts:

Leeds LINk would like to thank you for the opportunity to comment on the Leeds Partnership Foundation Trust's Quality Accounts for 2009/10. We welcome the report and agree with the 3 priorities set out in the accounts.

We are pleased to see that the Trust will be taking a standardised approach to local engagement, which we trust will take account of individuals' access and communication needs, and will not rely on written formats only (as the National Service User Surveys currently do). A range of methods will be needed to meet the needs of a diverse range of service users, including accessible formats and face-to-face engagement.

We welcome the emphasis in the document on meeting goals and achieving outcomes, both for people who use services and carers.

We feel overall that the Quality Accounts 2009/2010 are clear with little use of jargon. As a result, we aim to distribute the document to LINk members who are interested in mental health services and have requested the document on audiotape to meet the needs of some of those members.

Drafts of our Quality Accounts have been disseminated and comments have been requested by the 12th May 2010 for inclusion in our final Quality Accounts which is being presented to the Trust Board of Directors at its May meeting.