

Leeds and York Partnership NHS Foundation Trust

Quality Accounts 2011-12

Contents

1.1 Chief Executive's Statement	3
2.1 Our Trust Strategy and Trust Values	6
2.2 Overview of Organisational Effectiveness Initiatives	9
2.3 How we have prioritised our Quality Improvement Initiatives	14
Priority 1 People achieve their agreed goals for improving health and improving lives	15
Priority 2 People experience safe care	18
Priority 3 People have a positive experience of their care and support	20
2.4 Information on the review of services	22
2.5 Participation in clinical audits and national confidential enquiries	22
2.6 Participation in Clinical Research	28
2.7 Commissioning for Quality and Innovation (CQUIN)	30
2.8 Care Quality Commission	31
2.9 Information on the Quality of Data	34
3.1 Our selected measures	36
3.2 Performance Against Key National Priorities	44
Annex: Statements from Primary Care Trusts, Local Involvement Networks and Overview and Scrutiny Committees	54
Annex: Statement of directors' responsibilities in respect of the quality report	55

1.1 Chief Executive's Statement

There has been a lot of change in the NHS during 2011-12. This has been driven by a Government who, as elected representatives, desire change in how the NHS, with social care, both commissions and provides services. Specialist mental health and learning disability services have not been immune from this and, during the year covered by this Quality Accounts, working with our Governors, we became a new organisation.

The 1st of February 2012 saw the end of the Leeds Partnerships NHS Foundation Trust (LPFT) and the emergence of the *“Leeds and York Partnership NHS Foundation Trust”*. This marked the successful conclusion of LPFT's tender process to become the provider of local mental health and learning disability services across York, Selby, Tadcaster and Easingwold, along with being a provider of some services across the whole of North Yorkshire. Also, as a result of this change we have extended the range and scope of some of our tertiary services, such as Forensic Psychiatry.

This is not a crude “take-over” of these services by LPFT. The title of the transfer project is *“Better Together”*. This is important as it is my intention that we will respectfully listen to each other, including paying careful attention to the experience of service users and carers, to adopt and spread what works well for people and change what needs to be improved. There is no doubt in my mind that if this is done well that, together, the totality of the services provided will be better than the sum of their parts.

On the commissioner side of things there have also been changes. Examples include NHS Leeds being linked, or “clustered”, with NHS Bradford and Airedale. With regard to the development of Clinical Commissioning Groups (CCG), the Leeds North CCG will lead on mental health commissioning on behalf of the Leeds CCGs, whilst the Vale of York CCG will lead on mental health and learning disability services across York and North Yorkshire. Health and Wellbeing Boards have been established in both York and Leeds each with their own way of working.

There is a risk that the leadership of any organisation ends up being distracted by such deep-reaching and rapid changes. In this context, during the year in question, it has been vital for our Trust to hold fast to our purpose which is described in our strategy. This places health and wellbeing at the heart of what we do. Put simply this is,

“Improving health, improving lives”.

Linked to this is our ambition statement,

“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”.

This broader intent is fully reflected in the Department of Health's Mental Health Strategy, *“No Health Without Mental Health”* (the Department of Health, 02 February 2011).

All of us have aspirations for what life holds for us and we continue to pay great attention to enabling people who use our services to achieve to the fullest extent possible the good things they wish for themselves. The aspirations of service users often encompass social care; the need for connectedness to family, friends and the wider community; also meaningful participation in a wider society either at work or in the vocational sphere. Treatment and active intervention by professionals is sometimes needed and the way this is provided is vitally important as it often provides a springboard for a person's broader aims to be achieved.

Our strategy summarises this as:

- § *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*

In this context it is our responsibility for providing safe and effective care whilst knowing that these are no more than a means by which we help people achieve their broader aspirations of living life to the full.

The term “quality” has a number of different dimensions. The most obvious are our obligations on our Trust arising from the law and/or our regulators. Another aspect are those quality initiatives which emerge from what we learn about ourselves through, for example, the outcome of inspections, or understanding the lived experience of service users and carers who are being supported by us. We also continue to use information drawn from data, such as our reports to the National Patient Safety Agency. The monthly “Performance Report” to our Board of Directors reports if we have experienced a “never event”, as defined by the Department of Health in service provision, as well as reporting on a number of things that our Board has decided that it wishes to know about with regard to the quality of service provision. We call these “trigger to Board” events. If we think that something has gone wrong we routinely check this out using a “root cause analysis” and respond to what we learn. One important area of focus for us over the coming months will be to get a better understanding of what we mean when using the word “outcomes” with regard to the work that we do.

All of our improvements must also at the same time increase productivity whilst reducing cost. This is in the context of the NHS saving £20 billion over the next few years. We will do this by, among other things, continuing to redesign how we deliver clinical services. This involves moving away from age related or speciality clinical directorates towards organisational structures designed around care pathways. We will remove artificial barriers to services based on age, as well as eliminating waste by removing duplication and reducing variation which we know adversely impacts on the provision of high quality, safe, and effective services. Our work on this to date forms part of this report.

With our Governors, we are also continuing to positively face up to the issues faced by people with mental health problems and learning disabilities through media work, actively campaigning against discrimination, by taking our positive, yet challenging, message onto the streets of our cities and towns. To make progress we are also engaging other key interest groups such as leaders in our business community.

In summary, we are here to:

- § *Provide excellent quality, evidence-based, safe care that promotes recovery and inclusion*
- § *Involve people in planning their care and in improving services*
- § *Work with partner organisations to improve health and lives*
- § *Value and develop our workforce and those supporting us*
- § *Improve our services through learning, research and innovation*
- § *Provide efficient and sustainable services*
- § *Govern our Trust effectively and meet our regulatory requirements*

This is not an easy thing to do. We are not a complacent organisation and our lived experience shows us that there are always ways in which we can improve. Key to this is

continuing to put quality at the heart of everything we do. How will we do this? We do not use much in the way of technology, we are a “people organisation”. In this context we will demonstrate our commitment to quality and to the people who use our services, their families and their carers, and to each other, by behaving according to the NHS values:

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

This Quality Account illustrates only some of the key points on our journey of being the best we can be.

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

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

Chris Butler
Chief Executive
Leeds and York Partnership NHS Foundation Trust
April 2012

2.1 Our Trust Strategy and Trust Values

Our Trust Strategy

Our Quality Accounts are fully aligned with our five-year strategy, which sets out our plans for 2010 to 2015. The strategy is designed around the three key elements of quality: effective outcomes, safe care, and positive service user and carer experience.

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

To ensure that our strategy is accessible to the public, we have developed both a summary version and an easy read version, which is designed to be accessible to people with a learning disability.

A summary of our strategy is shown below:

Summary: improving health, improving lives						
Purpose	improving health, improving lives					
Values	Respect & dignity	Commitment to quality of care	Working together	Improving lives	Compassion	Everyone counts
Ambition	Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.					
End Goals	1	People achieve their agreed goals for improving health and improving lives		2	People experience safe care	3 People have a positive experience of their care and support
Means goal 1	We provide excellent quality, evidence-based, safe care that promotes recovery and inclusion.					
Means goal 2	We involve people in planning their care and in improving services.					
Means goal 3	We work with partner organisations to improve health and lives.					
Means goal 4	We value and develop our workforce and those supporting us.					
Means goal 5	We improve our services through learning, research and innovation.					
Means goal 6	We provide efficient and sustainable services.					
Means goal 7	We govern our Trust effectively and meet our regulatory requirements					

Our three 'end goals' are the quality priorities that we are here to achieve. For each end goal we have set ourselves some measures of success, some outcomes that we want to achieve by 2015 and some milestones to track our progress. In setting standards and milestones we have benchmarked ourselves against best performing NHS Trusts wherever possible.

Our end goals are underpinned by seven means goals, or organisational goals, which state what we must do to achieve our ambitions and end goals. Directorate and team business plans go on to describe detailed local implementation plans.

The Trust's Governance Framework has been designed to support strategy delivery and we have a dedicated group in place to oversee the delivery of each means goal. There are clear lines of accountability for each of our goals, with the overall delivery of strategy reporting to the Means Goal 7 Standing Group. Regular progress reports on our performance against each of the measures are presented to our Board of Directors and Council of Governors, and published on our website.

Our Trust strategy was launched at our first Annual Members' Day, in September 2010. During 2012 we will undertake a full strategy refresh; and will consult with a broad range of stakeholders to ensure that our strategy remains relevant, particularly in light of the new North Yorkshire and York (NY&Y) services that have transferred to our Trust this year. Since these services have transferred we are now a provider of several new services, notably Child and Adolescent Mental Health Services (CAMHS) and primary care mental health services, including Improving Access to Psychological Therapies (IAPT). We must also respond to the needs of the new geographical area that we cover: we now provide mental health and learning disability services across York, Selby, Tadcaster and Easingwold; as well as providing certain specialist services across the whole of North Yorkshire. We will consult with new colleagues and partners to ensure that our refreshed strategy properly reflects assessed need in these localities.

Implementation of our Trust Values

Our Trust welcomed the publication of NHS Values, as set out in the NHS Constitution, and these are central to our strategy. As well as setting out *what* we aim to achieve, we have described *how* we will behave whilst doing so. In consultation with governors, service users, carers and staff, we have tailored the values to describe what they each mean, and some of the behaviours that might be expected if we are in fact meeting them.

Our Charter of Values is shown on page 6.

During the coming year we will work with new colleagues in NY&Y to share our values work, as part of the broader cultural integration work programme.



Charter of Values

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

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

Trust Values

1 Respect & dignity

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

2 Commitment to quality of care

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

3 Working together

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

4 Improving lives

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

5 Compassion

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

6 Everyone counts

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



Frank Griffiths
Chairman



Chris Butler
Chief Executive

2.2 Overview of Organisational Effectiveness Initiatives

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

Integrated Organisation

On 1 February 2012, Leeds Partnerships NHS Foundation Trust merged with mental health and learning disability services in York, Selby and Tadcaster, as well as providing some county wide services across North Yorkshire. Our integrated organisation became Leeds & York Partnership NHS Foundation Trust. As an integrated organisation we are now bringing together shared knowledge, skills and experience to deliver the highest quality mental health and learning disability services to the people of Leeds, York, Selby, Tadcaster, Easingwold and parts of North Yorkshire.

Transformation project

Improving the quality of care provided to service users is a major part of our transformation project. The project will deliver redesigned clinical services which are non age bounded and which are based around integrated care pathways. We have involved service users in the mapping of existing services and held "voice of the customer" workshops to inform the analysis and design phases of the work. Service users have told us how to make our services simpler, better and more efficient. Practical examples include the suggestion that "if there was one assessment (with information used by all parts of the service) this would be easier". Individual service users wanted services "to focus on my recovery and wellbeing". We aim to increase the amount of time available for staff to spend with service users because service users tell us "they find one to one time with clinical staff valuable". We will do this by making paperwork easier to complete and improving the technology available to clinical staff.

Clinical Team of the Year Award

Our Yorkshire Centre for Eating Disorders (YCED) has been nationally recognised for its work treating people who have eating disorders by winning a Beat (formerly Eating Disorders Association UK) award. YCED was nominated for the award by a service user, reflecting its history of strong partnership with patients and carers, as well as good clinical outcomes. As an early implementer of new quality standards for eating disorder services as well as a keen focus on innovative research and new treatments, YCED has grown to become one of the largest services of this kind in the UK.

Star Wards – The Full Monty Award

Ward 2, Bootham Park, successfully qualified for the Full Monty Award in March 2012. The award is given to wards who have implemented all 75 Star wards ideas. Star Wards provides practical ideas for improving the daily experience and treatment outcomes of acute mental health in-patients. The award also recognises outstanding effort and achievement among Star Wards Members.

Nursing Strategy

Our Nursing Team has continued to work within a defined three-year strategy which came to its conclusion in 2011. Significant areas of development through the three year strategy included work on Essence of Care, Medications Management, the establishment of education and training development and progress in preceptorship development. Following a period of review, new objectives have been established for 2012 in line with the Chief Nursing Officer's '*Energise for Excellence: Call for Action*'. A robust performance framework has been used effectively over the last 12 months allowing a range of locally developed indicators to be measured and monitored. This framework will continue to be a key focus in 2012.

Nursing Conference

Over 100 delegates attended the third Annual Conference with the theme of Nursing Leadership: Today and Tomorrow. Key note speakers and workshops actively considered the impact of the nursing profession on quality, safety, education and health care policy. We were awarded Royal College of Nursing accreditation for this conference.

Productive Mental Health Ward

All our inpatient areas are actively involved with "*The Productive Mental Health Ward: Releasing Time to Care*" and teams are changing the way they work in order to further improve the effectiveness, safety and reliability of our services. Adopting the Productive Mental Health Ward has enabled the Trust to compare the performance of its mental health facilities with that of others, learn from the best and make positive improvements for both staff, service users and carers.

AIMS (Accreditation for Acute Inpatient Mental Health Services)

Significant work has continued throughout 2011 to develop The Mount (Older People's Service) as a centre of excellence. The Mental Health wards have utilised the AIMS process to develop a wide range of best practice standards and it was confirmed in October 2011 that the wards were successful in being awarded this nationally recognised accreditation.

Our Oakrise Acute Treatment and Assessment Unit also achieved AIMS accreditation for in-patient Mental Health services in 2011.

The Recovery Unit at Acomb Garth has just started working towards AIMS-Rehab accreditation with the Royal College of Psychiatrists.

Quality Assessment Framework - Specialised Supported Living Service

A joint validation inspection by Leeds City Council, Adult Social Care and Supporting People was undertaken to Ivy Cottage within our Specialised Supported Living Service in February 2012. The assessment visit focussed on a specific part of the Quality Assessment Framework namely safeguarding and protection from abuse. The visit was extremely positive with staff demonstrating an excellent knowledge of the support and care needs of clients within the service. The service was validated at a Level A which means excellence and is associated with providers striving to be leaders in their field.

Implementation of E-Rostering

We have successfully implemented and consolidated an e-Rostering system to 28 wards/departments within the Trust. Using e-Rostering has enabled us to ensure we have the right staff in the right place at the right time, allowed us to look at efficiencies in staff rosters and better utilise our substantive staff by reducing the need for temporary staff.

In 2012-13 we will be rolling out e rostering to all areas and staff groups within the Trust.

Access to Psychological Therapies

The adult psychological therapy service has achieved a major success in clearing the waiting list for psychological therapies in Leeds. Traditionally, these services have long waiting times but the Leeds service has systematically reviewed, re-designed, improved and invested in its service in order to address this. This is a feat that few trusts in the country have been able to achieve.

Vulnerable Veterans and Adult Dependents (VVADs)

VVADS is a bespoke Improving Access to Psychological Therapies (IAPT) service based at Catterick Garrison, the largest garrison in Europe. It specialises in working with veterans and dependants of serving personnel and aims to improve access to evidence based treatment for those who are experiencing common mental health difficulties. The service started to receive direct referrals in August 2010 and by the end of February 2012, it had received 570 referrals from the four surgeries that it covers. The service has offered over 2,800 patient contacts and over 1,700 hours of treatment. The service's performance continues to exceed national Improving Access to Psychological Therapy (IAPT) outcomes.

On the 1st April 2012, VVADs will reach the end of its two year pilot. It has been re-commissioned by the NHS and will be increasing it's footprint to include RAF Leeming. A scoping exercise will also be undertaken to examine the mental health needs of Veterans throughout North Yorkshire.

King's Fund Project

The Meadowfields Unit has been involved in a King's Fund Project to "Enhance the Healing Environment". The entire team has been involved in this initiative which has greatly improved the dining area and kitchen facilities. Signage has been improved throughout the unit and the staff have consulted with patients and carers to agree on the use of art work, with pictures of York being used to help orientate patients to specific areas of the unit. The project has had a positive impact on the patient experience and has improved team working within the service.

Healthy Living Service

All service users referred to the healthy living team have an initial health assessment. This provides detailed information about our service users' health relating to the 4 areas of activity and exercise, smoking cessation, brief interventions for alcohol and healthy eating. Since its introduction there has been an increase in the number of referrals for smoking cessation and healthy eating advice. This information helps the

team to plan interventions and service development according to service user's needs.

Social inclusion

We have focused on improving employment outcomes for people using our mental health services by co-locating Leeds Mind employment specialists in our community mental health teams. We have a partnership with the School of Healthcare at the University of Leeds to research what works well in supporting people towards employment. We have vocational leads in clinical teams who meet regularly to share good practice and plan for improvements to employment support.

Focus on Recovery

A key part of our project to transform our clinical services, is to embed recovery principles within our day to day work. By recovery principles we mean a focus on three things: hope for the future; enabling people to take control of their lives; and supporting people to be active citizens in their communities. We ran a series of workshops in early 2011 to identify key priorities for embedding recovery principles and appointed a project worker to help us take them forward.

Arts and Minds

Our first Love Arts Festival www.loveartsleeds.co.uk took place in the Autumn with over 55 events held over seven weeks and a month of fringe activities at Kirkgate market. We developed partnerships with 38 arts organisations and recruited 63 volunteers who supported our events. We made direct contact with an estimated 100,000 people over the course of the festival and reached an estimated 10,000,000 through our media profile. We are currently planning our 2012 festival with sister events taking place in the York area.

Northern Film School

We have developed a partnership with the Northern Film School to produce a series of short films challenging mental health stigma. This involved providing mental health awareness training to 60 students. A film-brief was given to the students who were required to pitch their film ideas to a panel of people with experiencing of using and working in mental health services and film experts. The films are due to be premiered in May 2012.

Communications

We continued to embed new methods to engage and involve our staff in the development of our services. These include a monthly online barometer for staff views on particular topics, 'What our Directors Say' and 'What our Governors Say' briefings and a regular survey of staff views about communications. We have developed a monthly stakeholder e-bulletin to keep those interested in our organisation up-to-date with developments.

Fit For the Future Leadership & Management Programme

In support of our purpose and strategy our Development Team ran an evidence based, needs led, accredited development programme for 130 staff. The programme

was aimed at our Band 7 staff and focused on Organisational Effectiveness and Service Improvement.

2.3. How we have prioritised our Quality Improvement Initiatives

We set out in our 2009-2010 Quality Accounts that our three priorities for quality improvement are consistent with our three strategic end goals and will remain in line with our Trust strategy until 2015.

Therefore our three top priorities for quality improvement remain as:

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

Each of these priorities, along with our initiatives for 2011-2012, are set out on the following pages.

Progress against our priorities set out in our 2010/2011 Quality Accounts are reported on the following pages and have been reported to our Trust Board of Directors through the monthly performance report, with each key priority reported upon on a quarterly basis. These are publically available documents and can be viewed on our website www.leedspft.nhs.uk/about_us/performance

Progress against our priorities set out in our 2011/2012 Quality Accounts will continue to be reported to the Trust Board of Directors through the monthly performance report.

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

Progress against 2011-2012 Initiatives

- a) *We will continue to develop a systemic understanding of outcome measurement along with systems for implementing this across the organisation.*

The following initiatives are examples of work that have been undertaken within the Trust:

- Capability to deliver Clinical Outcomes in Routine Evaluation (CORE) is live on PARIS and a Core Net pilot is underway.
- A Recovery Star pilot tool is live on PARIS
- Therapy Outcome Measures (TOMS) is live on PARIS within the Learning Disabilities Directorate, and more widely amongst Occupational Therapy colleagues.
- Patient Reported Outcome Measure's (PROMS) are being developed by project leads and it remains likely that EQ-5D will become a national mandated PROM.
- Improved reporting structures are being designed in order to provide the appropriate outcomes measure data at service user, clinician, team, service and corporate level.
- The Trust's Payment By Results project has reviewed it's links with the Trust's outcome measures work to ensure the work being undertaken is aligned and mutually supportive.

- b) *We will further focus on weight management, nutritional health and smoking cessation to address the national prevalence of coronary heart disease amongst people with mental health and learning disabilities.*

The following initiatives are examples of work that have been undertaken within the Trust:-

- A consultant dietician has been employed to support the introduction of revised hospital menus which will include a "healthier choice" option in line with national guidelines.
- Updated hospital menus are currently being trialled at the Newsam Centre. A catering folder has been developed for dietitians to access nutritional analysis of all meals for specialist diets.
- The Healthy Living Service is running a project funded by NHS Leeds to support service users to use community leisure centres. Uptake of Leeds body line cards (membership cards) is being used as an outcome measure. There have been over 35 new referrals to this project.
- The Healthy Living Service and the Assertive Outreach Team are piloting a drop in physical health assessment clinic where Assertive Outreach Team service users who are not accessing primary care can have their annual physical health check and receive advice regarding healthy living, healthy eating and smoking cessation.

- c) *We are focusing on embedding recovery principles as we undergo a transformation project to further improve how we deliver services. We will hold a series of workshops and provide reports to our Board of Directors that enables us to assess our current position, set priorities and work towards them. We are involving people who use our services, carers, staff and partner organisations in this exciting project.*

Joint working initiatives include the following:

- Group work planning work streams for Community Mental Health Team's.

- Service user involvement with groups and evaluation.
- Proposal presented to the Transformation Board regarding Peer Support Workers roles.
- Recovery Module delivered by Trust staff and attended by those who use our services, volunteers, carers and staff with positive feedback being received. The first cohort will be completed in April 2012.
- The Refocus research project addresses how Recovery focused the Trust is perceived as and is a survey for team leaders, staff and service users. Results will be received in May 2013 with an action plan to follow.

Recovery Star Evaluation and the role of Recovery practitioners within the Trust is being evaluated by Leeds Metropolitan University.

A League of Champions is being developed to assist the Recovery and Social Inclusion team in delivering training to all teams within the Trust. Workshops will begin in September 2012.

The “Lived Experience Network” for staff has developed a “Barometer poll” to identify whether staff feel comfortable discussing their own experiences of emotional distress. A conference will be delivered by LYPFT in autumn 2012 to open up this topic for discussion.

- d) *We will be delivering training for managers to support mental health and wellbeing in our organisation. We are also developing bespoke training products, in partnership with Community Links to public and commercial organisations to encourage local employers to be positive about mental health.*

A number of initial meetings have taken place with public and private companies with a view to delivering training. A Time to Change ‘human library’ event took place at British Gas headquarters in November 2011.

- e) *We will extend the productive series into community services. A pilot is currently being conducted within the Learning Disabilities Directorate.*

Productive Community Services continues within 2 of the Trust’s Community Learning Disability Teams. The programme lead has engaged with colleagues in North Yorkshire & York services where a number of community teams have made good progress with the productive initiative. Networks have been established to share good practice across the organisation.

- f) *We will undertake further development of the Associate Practitioner Programme within the Higher Education Sector, with the formal employment of this new staff group as a key workforce development contributing to New Ways of Working.*

We have begun the process of recruitment to the 2012-2013 cohort.

Initiatives to be implemented in 2012-2013:

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

- ii. In order to ensure that we are meeting the needs of our service users, we are taking a systematic approach to measuring clinical outcomes. We are using the three main clinical outcome measures (CORE, HoNOS, TOM's) to identify service user needs at the beginning of the care episode, and will use these to measure progress over time. Initial work has demonstrated that the Trust is helping people improve their wellbeing on these measures, and the next step will be to implement this work systematically across the organisation.
- iii. Within the North Yorkshire Forensic service, a tracking system that identifies the service user's pathway is in development and the service user will receive a "road map" identifying their agreed goals. The tracking system will allow monitoring of the care pathway for a person and help to continually monitor information and service provision and outcomes for staff and service users. This initiative is linked to implementation of the Shared Pathway, which is a national requirement for all secure services.
- iv. We have developed a 2012 membership campaign entitled 'What's your Goal?' to recruit new members and engage with our existing members. The campaign is inspired by the Olympic Games and Paralympic Games and explores the relationship between physical health and mental wellbeing. We are encouraging people to set a goal and represent that goal on a piece of bunting. In November 2012 we will be connecting all the pieces of bunting together in an attempt to break the Guinness World Record for the longest line of bunting. Our record breaking attempt is an effective way to gain public interest in our campaign and symbolises our aim to bring people together around a common purpose.
- v. We continue to focus on embedding recovery principles as we undergo a transformation project to further improve how we deliver services. We will continue to undertake work that enables us to assess our current position, set priorities and work towards them. We are involving people who use our services, carers, staff and partner organisations in this exciting project.

Priority 2 People experience safe care

Progress against 2011-2012 Initiatives

- a) *A nurse rotation programme proposal has recently been endorsed and is seen as a very creative and innovative approach to developing capable practitioners within nursing. A process of Higher Education Institution accreditation may be linked to this particular programme which will be developed in-house and managed within the Nursing Team with anything up to 60 staff in the rotation programme at any given time.*

Work continues with the development of the nurse rotation program, being led by the Associate Director of Nursing and the Clinical Standards Development Nurse. The programme itself is currently being finalised and supporting documentation being produced. As part of the programme the Trust's preceptorship package for newly qualified nurses has been reviewed and updated, based on Department of Health guidance and the 'Flying Start' programme. Discussions have taken place with Leeds Metropolitan University about the possibility of accrediting the nurse rotation programme as an "M" level module and work is being progressed in this area. Work remains on track to commence the nurse rotation programme in the early part of 2012.

- b) *Narrowing of the Board to Ward Experience: Rolling out of our "Quality Walk Arounds" for Board Members. These will take place within inpatient and community settings. Twelve "Walk Arounds" will be scheduled for 2011/2012 in collaboration with the "Meet the Boss" programme*

Currently five "Quality Walkrounds" have taken place during August to January 2012, based in a variety of settings across Adult, Older Peoples, Learning Disability and Specialist Services Directorates. These "Quality Walkrounds" have now been extended to include both Non-Executive Directors and Executive Directors.

- c) *Review the effectiveness of the current Core Trainee Doctor post in the Patient Safety Champion role in October 2011. Following this review it is anticipated to appoint a Foundation Year Doctor into a second Patient Safety Champion position for Doctors in Training.*

Following the success of the first Patient Safety Champion from Doctors in Training within the Trust (2010/2011), and positive feedback from the Associate Dean and Sub Dean of the Yorkshire and Humber Postgraduate Deanery, a further Patient Champion for Doctors in Training (2011/2012) was appointed in October 2011. With the support of the Patient Safety Manager and the Associate Director for Doctors in Training, specific projects are being prepared to run in conjunction with established work streams relating to the Patient Safety Agenda for the Trust.

- d) *Enhanced benchmarking for Patient Safety on a local, regional and national level. This will be undertaken through liaison with other healthcare providers to review local systems and processes within the reporting of Patient Safety events/issues*

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

- NPSA "How do you compare to your peers" national and regional statistics of patient safety incidents.
- Statistical Process Control (SPC) on unexpected deaths of services users in receipt of Trust services.

- Incorporation of the extended NPSA “Never Events” into Board reporting
- Continuation of monthly reporting of the Trust’s “Trigger to Board” events

Discussions continue with neighbouring Mental Health and Learning Disability providers on the formation of benchmarking systems and processes. As each of the neighbouring trusts have now diversified the services they provide, it has been agreed to use the National “How do you compare to your peers” regional data as a benchmark rather than locally generated data sets.

e) Expansion of proactive Patient Safety initiatives across the Trust.

Patient Safety remains a top priority within the Trust. In order to continue advancing patient safety, a number of initiatives have commenced on an individual team, directorate and Trust wide basis. These initiatives are based around the following work streams and are monitored through Risk Management, the Trust’s Means Goal 1 & 2 Standing Group and Means Goal 5 Standing Group:

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

Initiatives to be implemented in 2012-2013:

- Within the 2012 Nursing Strategy work plan focused work will take place on both records review and audit and Mental Health Act training development. Objectives will build upon the successful work carried out over the previous three years in relation to Essence of Care benchmarks, Medication Management, Infection Control standards and Safeguarding awareness and knowledge.
- Development and extension of the Section 136 service is aimed to increase both the physical space and capacity of the Section 136 service and also to provide a flexible care environment which will allow a greater range of therapeutic activities to take place. The suite will include bedrooms to allow service users who are not fit to be assessed when they are first brought to the unit to be nursed until assessment is possible. The suite will also allow service users requiring assessment by the Crisis Resolution Service to come to the Becklin Centre and receive care whilst they are waiting for assessment. This may be for short periods however will be beneficial for service users who may struggle to maintain their safety during this period.
- Continued expansion of proactive Patient Safety initiatives across the Trust.

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

Progress against 2011-2012 Initiatives

- a) *Through our Transformation Project we aim to achieve a pathway model of services that eliminates inequity and age discrimination and improves access to services.*

A new model for community mental health services has been developed following the analysis of existing services. The new model was informed by three implementation projects which considered the use of technology in the community, included an early implementer site at Aire Court to develop new ways of working and reviewed the medical input to out-patients and other clinical settings.

The new model will be delivered through locality based teams with clinical staff working together across all age ranges to ensure that service users receive the care and services they require. Plans to implement the new service are being developed for June 2012, allowing time to introduce a single point of access and urgent referral systems, in addition to closely aligned clinic and home treatment services.

Service users will follow an agreed care pathway which will ensure their needs are assessed, delivered and regularly reviewed. A core integrated care pathway (ICP) has been developed with clinical teams and is ready for final approval. Needs based pathways covering dementia, psychosis and common mental health problems are now being developed.

- b) *We are working with partners across the city to develop an on-line wellbeing hub for people who are interested in mental health issues and want to co-produce information and converse about relevant topics. The hub will be hosted by Leeds Mind.*

A city wide group is running a 'community journalist' course to a group of people with personal experience of mental health issues during March/April 2012. They will be supported to create blogs for the 'wellbeing web'. Funding is being identified to enable continuation of the project.

- c) *We are planning a city-wide six week arts and wellbeing festival that will be launched at an evening event on the 27 September 2011. We will deliver the festival in partnership with Yorkshire and Humber Arts Council and we aim to increase access to a huge variety of arts and cultural activity for people using our services.*

The Love Arts Festival took place between 27 September 2011 and 16 November 2011. The purpose of the festival was to raise awareness of mental health issues and our Time to Change campaign. A full evaluation report will be compiled. A further Love Arts festival will take place in October 2012 and will be part of a wider year long Olympic and Paralympic Games inspired 'What's your Goal?' campaign.

- d) *We have developed a partnership with Leeds Mind to develop a community arts centre in North Leeds. The Arts and Mind network will be based at the site and it will enable more creative activities to take place for people using our services as well as participating from the wider local community.*

The Inkwell Community Arts Centre conversion work has been finalised with space being developed for multi-functional use and room hire. Arts and Minds and our Time to Change project workers are based at the centre.

- e) *We will be signing up to the Information Standard to help us assess, deliver and evaluate our information to ensure it consistently achieves a high standard. The Standard has been established to help people make informed choices about their lifestyle, conditions and treatment/care options and by providing a recognised and trust quality mark that will indicate reliable sources of health and social care information.*

The Trust's "producing information policy" has been reviewed and an audit of information took place in December 2011 to assess compliance with the policy. We are now setting up a plan for all information to be reviewed and updated over the coming year. A procedure for all information to be edited and designed by the communications team is in the process of being developed.

Initiatives to be implemented in 2012-2013

- i. Through our Transformation Project our aim continues to achieve a pathway model of services that eliminated inequity and age discrimination and improves access to services,
- ii. In order to improve the experience of service users and their carers and to improve the efficient use of resources we will be opening a new 17 bedded secure rehabilitation in-patient facility. Historically service users who have required this service have been placed in out of area units meaning that they have not received their care locally in Leeds. The new local unit will improve the ability for these service users to follow a local care pathway with a clear focus on recovery.
- iii. We are aiming to improve access to outside space for all service users at our older peoples inpatient unit in Leeds that will enable therapeutic activities.
- iv. Through the implementation of our equality objectives we aim to further develop our equality performance:-
 - a. We will undertake further analysis of service user survey results and complaints by protected characteristics to identify and address any variations in satisfaction rates.
 - b. We will develop a consistent approach across the local NHS economy in respect of equality leadership, staff empowerment and access to development opportunities.
 - c. We will further develop the involvement and engagement of protected groups and our "local interests" including service users, carers, staff, third sector, Clinical Commissioning Groups and the local authority.
 - d. We aim to improve access, experience and choice for service users from BME communities through the implementation of a joint action plan with Touchstone Community Development Service.
- v. We aim to further use development tools such as Dementia Care Mapping to underpin changes in practice to improve the experience of people with dementia within our services.

2.4. Information on the review of services

During 2011/2012 Leeds and York Partnership NHS Foundation Trust provided 6 NHS services which were:

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

Leeds and York Partnership 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 2011-2012 represents 100% of the total income generated from the provision of NHS services by Leeds and York Partnership NHS Foundation Trust for 2011-2012.

2.5. Participation in clinical audits and national confidential enquiries

NICE defines clinical audit as “a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change”. It is important that we have a good understanding about the quality of care, and outcomes of care, so that the necessary plans can be made to ensure that we are doing all we can to promote and support the health and well-being of our service users. A comprehensive programme of clinical audit is one way in which this understanding can be achieved. The Trust therefore uses an annual plan to prioritise topics for audit, with the topics being agreed by the different clinician groups as requiring investigation. Clinical audit activity and findings are reported through the clinical governance structure – reaching from ward to board, and across care services – so that knowledge is shared, and the implementation of change is monitored. In this way we are provided with assurance that service users and staff benefit from this activity.

This report covers the clinical audit activity for the former Leeds Partnerships NHS Foundation Trust (LPFT) only, due to the integration of North Yorkshire and York Services taking place towards the end of the reporting year. All future reports will provide feedback on clinical audit activity for all services within Leeds & York Partnership NHS Foundation Trust.

During 2011/2012 two national clinical audits and one national confidential enquiry covered NHS services that Leeds and York Partnership NHS Foundation Trust provides.

During 2011/2012 the Trust participated in 100% 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 of the national clinical audits and national confidential enquiries which it was eligible to participate in.

National Clinical Audits and National Confidential Enquiry

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in and participated in during 2011/2012 are as follows:

- Prescribing Observatory for Mental Health (POMH-UK)
- National Audit of Schizophrenia

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

The national clinical audits and national confidential enquiries that the Trust participated in during 2011/2012 are as follows:

- POMH-UK
- National Audit of Schizophrenia
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2011/1012 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Audit	Participation	% Cases submitted
POMH-UK (a) Topic 1f&3f-High Dose Anti-Psychotic Prescribing (b) Topic 6c-Side Effects of Anti-Psychotics (c) Topic 7c-Lithium Monitoring	Yes	See Note 1
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	
National Audit of Schizophrenia	Yes	84%

Note 1

It is not possible to provide a percentage figures for cases submitted to either the POMH-UK projects, or the National Confidential Inquiry, due to the way in which the samples are generated. However, it can be confirmed that:

- (a) Samples for each POMH-UK project is representative of all those to whom the topic is applicable, and
- (b) information is submitted for 100% of cases identified by the National Confidential Inquiry team as potentially meeting their inclusion criteria – between 20-25 cases per annum.

The reports of 4 national clinical audits were reviewed by the provider in 2011/12 and the Trust intends to take the following actions to improve the quality of healthcare provided:

POMH-UK Topic 6 Side effects of depot antipsychotics

This national audit aimed to assess practice against targets for the assessment of side effects of depot antipsychotics. An action plan to support improvement in key areas is being developed.

POMH-UK Topic 7 Monitoring of patients prescribed lithium

This national audit aimed to assess practice against standards for monitoring patients prescribed lithium. An action plan to support improvement in key areas is being developed.

POMH-UK Topic 9 Antipsychotic prescribing in people with a learning disability

This national audit aimed to assess practice against standards for prescribing antipsychotics to people with a learning disability. Actions are in place to improve the systematic monitoring of side effects of anti-psychotic medication by (1) providing laminated copies of summary tables in clinic rooms and on wards, and (2) including a copy of the guideline in the Doctors in Training Induction Pack.

POMH-UK Topic 11 Antipsychotic prescribing in people with dementia

This national audit aimed to assess practice against standards for prescribing antipsychotics to people with dementia. An action plan to support improvement in key areas is being developed

Local Clinical Audits

The reports of 22 local priority clinical audits were reviewed by the provider in 2011/12 and the Trust intends to take the following actions to improve the quality of healthcare provided. Only those projects that had action plans agreed within the reporting period are included in this report.

Efficiency of Electroconvulsive Therapy (ECT) Machines

This project aimed to assess clinical practice relating to the threshold dose delivered by the ECT machines (old and new) in use in the Trust since March 2000. Actions are in place to ensure that every Electroconvulsive Therapy (ECT) session adheres with the new ECT titration chart and to explore the option of treating all patients with ultra-brief pulse stimulus.

Compliance of high-dose antipsychotic monitoring (Red Cards)

This project aimed to assess clinical practice relating to the compliance of high-dose antipsychotic therapy monitoring within forensic services as detailed in the Royal College of Psychiatrists Consensus Statement. Actions are in place to implement baseline monitoring for all service users prior to initiation of antipsychotic therapy, devise alert stickers, produce patient information leaflets and provide training/briefing sessions to further educate staff.

Self-administration of medicines guidelines audit

This project aimed to assess clinical practice care relating to the 'Self-administration of Medicines Policy' being adhered to in practice on elderly acute mental health wards. Actions are in place to redesign key forms (assessment, monitoring and review) to create a more user friendly format, to further develop the guidelines and to produce patient information leaflets.

Medical Management of Seclusion in Learning Disabilities (LD) Inpatients

This project aimed to assess clinical practice relating to the medical management of secluded patients at Parkside Lodge. Actions are in place to include information on staff roles and responsibilities in the Seclusion Record Book and to include the seclusion policy and guideline within the new trainee induction programme.

Use of Antipsychotics in Care Home Dementia Patients (Towngate House)

This project aimed to assess clinical practice relating to dementia patients in care homes diagnosed with non cognitive symptoms and behaviour that challenges and who have been started on antipsychotics. Actions are in place to organise teaching sessions to all care home staff, educate doctors about clear documentation of the indications, alternatives considered and plans for reduction and cessation of antipsychotics and, review all care home dementia patients on antipsychotics in order to consider stopping the medication.

Audit of adherence to antipsychotic prescribing guidelines in management of challenging behaviour with Learning Disability & anti-social disorder

This project aimed to assess clinical practice relating to adherence to standards of care in antipsychotic prescribing for the management of challenging behaviour in adults with learning disabilities and anti social disorder. Actions are in place to present the findings at a Royal College of Psychiatrists annual meeting, develop recommendations within Consultant Psychiatrist meetings and discuss further at a Regional Psychiatric Forum.

Use of patient group directions (PGDs) for the supply of medications within the Crisis Resolution Home Treatment (CRHT)

This project aimed to assess clinical practice relating to the use of patient group directions. Actions are in place to retrain staff as per the Medicines Management Code and support the use of patient group directions by medics to supply one-off doses of specific medicines.

Benzodiazepine prescribing in Becklin inpatients

This project aimed to assess clinical practice relating to compliance with the current guidelines set out in the British National Formulary (BNF) regarding doses and length of benzodiazepine prescribing. Actions are in place to disseminate and share findings with doctors and relevant governance groups within the Trust.

Audit of the NICE Guideline for Depression

This project aimed to assess clinical practice relating to compliance with the key priorities for the NICE Guideline for Depression. Actions are in place to review, at least annually and document a discussion/best interests assessment of the risks and benefits of continued antidepressant treatment, developing a NICE prompt system for all guidelines for clinicians, improve clinical notes and GP letters to inform of the rationale for choice of depressants, support the use of the Psychological/Vocational/Occupational Therapy framework and to explore a suitable additional outcome measure that can be introduced in the clinic setting.

Audit of the NICE Guideline for Bipolar Disorder

This project aimed to assess clinical practice relating to compliance with the key priorities for the NICE Guideline for Bi-Polar Disorder. Actions are in place to prompt to advise of

common/serious side effects and to use the choice and medication website as part of medicines management core pathway.

Audit of the NICE Guideline for Anxiety

This project aimed to assess clinical practice relating to compliance with the key priorities for the NICE Guideline for Anxiety. Actions are in place to ensure a formal review of current and past treatment and advice regarding the potential benefits of psychological and pharmacological treatments is included in the initial holistic assessment and to promote the incorporation into care pathways.

Audit to assess adherence to adequate medication dispensing recording within Crisis Resolution Home Treatment (CRHT)

This project aimed to assess clinical practice relating to the recording of medications dispensed by CRHT practitioners to patients on home based treatment. Actions are in place to ensure bank staff are aware of procedures at the start of their shift and to ensure reminder notices remain in place across locations

Documentation of initiation and monitoring of antipsychotic medication

This project aimed to assess clinical practice relating to the weekly Multi Disciplinary Team reviews in in-patient settings of service user on a trial of antipsychotic medication in order to establish adherence to NICE guidelines. Actions are in place to organise a “standard approach” for documentation in ward rounds.

Monitoring of prolactin levels in patients prescribed anti-psychotics

This project aimed to assess clinical practice relating to monitoring prolactin levels in inpatients at the Becklin centre, on anti-psychotic medication, in accordance with the Maudsley Guidelines. Actions are in place to raise awareness of findings and guidelines and to inform the Pharmacy department of the audit findings.

Project 442 Section 136 documentation

This project aimed to assess clinical practice relating to Section 136 documentation. Action are in place to ensure one individual is responsible for ensuring forms are fully completed following each assessment, review the number of Crisis Resolution Home Treatment staff, improve communication between the service and the police as well as providing further knowledge and awareness of mental illness for the police.

Essence of Care

This project aimed to assess clinical practice within each team relating to care provision and clinical practice adherence to the Essence of Care benchmarks. Actions are in place to develop a local working group to improve the support and input available to people with continence issues, to continue to sign post people and carers towards services and resources that enable them to manage aspects of self care, to provide a wider choice of support for clients pre-treatment on the care pathway to achieve improved outcomes for health and well being and to provide a specific service area within the outpatients waiting area to improve environment issues relating to health and wellbeing.

Referrals for Service to the Children and Young People's Social Care

This project aimed to assess clinical practice relating to referrals made by our staff to Children and Young People's Social Care. Actions plans are in place to create and share a checklist and; make other safeguarding practitioners in health and social care aware of necessary guidance.

Annual Suicide Audit

This project aimed to assess clinical practice relating to all suicides occurring within a specified time period within our Trust. Actions are in place to continue to incorporate suicide prevention into our governance plans and to maintain the current levels of risk management training within the Trust.

Clinical Supervision

This project aimed to assess clinical practice of engagement in clinical supervision over a one-year period. Actions are in place to engage all staff in the appraisal process, to remind staff of the requirement to maintain written discussions through business/management meetings and to ensure joint completion of the Trust's evaluation of clinical supervision every 6 months.

Care Programme Approach Quality Standards

This project aimed to assess clinical practice relating to the standards for Care Programme Approach. Actions are in place to ensure the correct contact details of the care co-ordinator are included in the care plan, to further improve completion and documentation of the annual physical health checks and, ensure those meeting the Green Light criteria can be identified.

Monitoring side effects whilst prescribing antipsychotics at Malham House

This project aimed to assess clinical practice relating to physical monitoring in service users on antipsychotics. Actions are in place to implement the use of monitoring proformas, assess the viability of a monthly monitoring clinic, pursue approval for direct access to blood results and liaise with the Leeds General Infirmary for walk-in electrocardiogram service and GP practices by informing them of audit results.

Occupational needs assessments

This project aimed to assess clinical practice relating to the assessment of occupational needs of our client group following admission to the acute inpatient services. Actions are in place to have a system of regular reporting on the number of occupational therapy assessments activity and improve the quality of documented references to occupational issues in treatment plans/assessments.

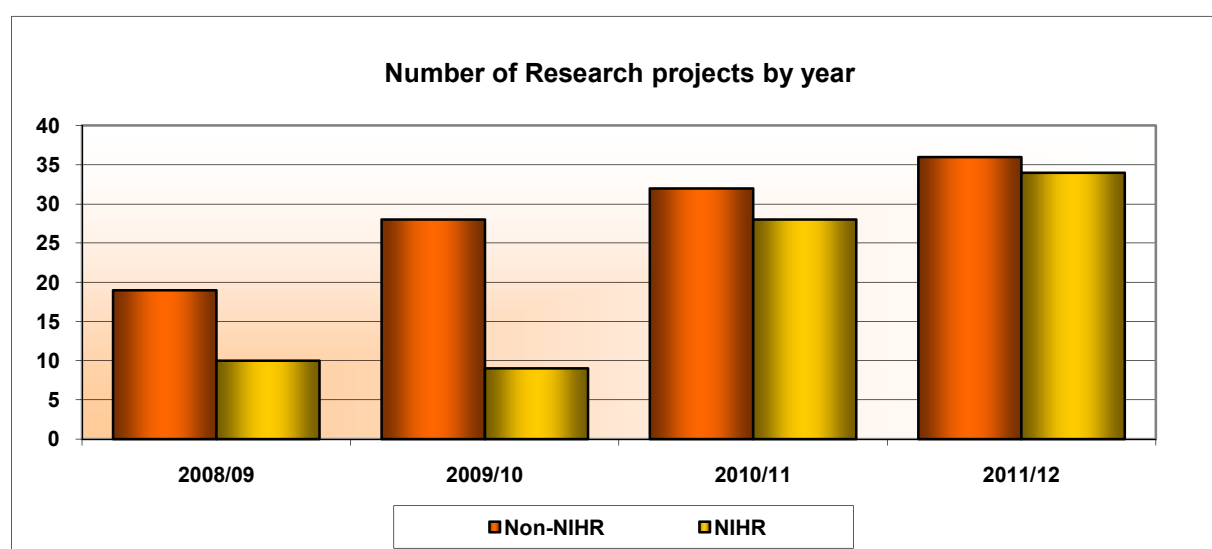
2.6. Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Leeds and York Partnership NHS Foundation Trust (LYPFT) from 1 April 2011 to 31 March 2012, that were recruited during that period to participate in research approved by a NHS Research Ethics Committee was 1384.

Total recruitment was made up of:

- 694 patients recruited to National Institute of Health Research (NIHR) adopted studies,
- 690 recruited to non-NIHR adopted studies ie local and student.

Leeds and York Partnership NHS Foundation Trust was involved in conducting 70 clinical research studies in mental health and learning disabilities in 2011/12. Of these, 34 were National Institute of Health Research (NIHR) adopted studies. This compares favourably with previous years, illustrated by the graph below. This increasing number of clinical research studies demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.



We continue to maintain and develop our profile in learning, teaching and research. The newly integrated Trust, incorporating experienced research-active NHS staff from North Yorkshire and York services, will promote high quality research in the field of mental health and learning disabilities across the Yorkshire and Humber region.

The following research achievements are examples of the Trust's commitment to improving the quality of care we offer:

- We host the West Yorkshire Comprehensive Local Research Network (WYCLRN) funded posts of Research Clinical Lead and Clinical Studies Officer working on NIHR projects in mental health. These posts have facilitated an important link with the Mental Health Research Network (MHRN) hub in Newcastle, and provided access and support to Trust staff wishing to engage with MHRN supported studies. Five further WYCLRN funded posts have also been secured. These developments provide a significant

opportunity to increase the level of NIHR portfolio activity within LYPFT, previously outside this network's activity.

- We continue to engage service users in research design, identifying research priorities, interview panels for research staff, participating in research projects and research governance
- Leading to Quality is a research project funded by Yorkshire and the Humber Strategic Health Authority in which we are participating. The project examines the impact of leadership and culture on the effectiveness of teams and the quality of care received by adults who receive mental health services in the community and demonstrates our commitment to clinical research that improves patients' health and lives.
- During 2011/2012 we had 103 clinical staff participating in mental health and learning disability research approved by a research ethics committee
- We are working in partnership with York University as part of the Leeds, York and Bradford Collaborations for Leadership in Applied Health Research and Care (CLAHRC) on a number of addictions research projects and to implement the National Institute for Health and Clinical Excellence's (NICE) guideline on core interventions in the treatment and management of schizophrenia to ensure patients experience safe care.
- Our engagement with a range of clinical research as the lead site for seven NIHR funded projects also demonstrates our commitment to testing and offering the latest medical treatments and techniques. These projects cover unrecognised bipolar disorder; a new self-harm intervention; an early parenting intervention for families with young children showing severe attachment problems; validation of an outcome measure for those treated for substance dependence; cognitive behavioural therapy for depression in adolescents; translation of the strengths and difficulties questionnaire into British Sign Language and autism spectrum social stories in schools.

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

2.7. Commissioning for Quality and Innovation (CQUIN)

A proportion of Leeds and York Partnership NHS Foundation Trust's income in 2011-2012 was conditional upon achieving quality improvement and innovation goals agreed between Leeds and York Partnership 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 2011/2012 and for the following 12 month period are available online at

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

For Leeds and York Partnership NHS Foundation Trust, the monetary total for the amount of income conditional upon achieving quality improvement and innovation goals was £1,425,495 (Leeds services) and £83,000 (North Yorkshire & York). The monetary total for the associated payment in 2011-2012 was £1,508,495.

In 2011-2012 we were required to participate in local and forensic CQUIN (Commissioning for Quality and Innovation) schemes. Progress against our CQUIN indicators was reported to our Trust Board of Directors on a quarterly basis through our Trust performance report which can be found on our website at www.leedspft.nhs.uk.

Our Executive Team also received a progress report on a monthly basis. Any risks to performance were identified within the reports and actions in place to improve performance were documented.

In 2012-2013 we will be required to report performance against a national CQUIN and local CQUIN's, which have been agreed with our main commissioner and are aligned with our Trust Strategy. We will also be required to report against CQUIN's to the Specialist Commissioning Group for the following services:

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

Details of our 2012/2013 CQUINs and our performance against these will be reported to the Trust Board of Directors on a quarterly basis and will be available publicly through our Trust Performance report which is available on our website at www.leedspft.nhs.uk.

Plans are in place to ensure that we meet our 2012/2013 CQUINs and continue to further improve the quality of care for people who use our services.

2.8. Care Quality Commission

Registration Status

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

The Care Quality Commission has not taken enforcement action against Leeds and York Partnership NHS Foundation Trust during 2011-2012.

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

In order to further strengthen and maintain our position of compliance internal mock inspections are planned across services.

The Trust will continue to ensure that compliance against each registration requirement is monitored and maintained.

Care Quality Commission Reviews

The Trust has participated in 5 special reviews by the Care Quality Commission relating to the following areas during 2011-2012:-

Ward 40, Liaison Psychiatry Service:

The Care Quality Commission carried out a responsive review to Ward 40 on the 4th May 2011 based on concerns identified during a Mental Health Act Commissioner visit. The CQC found Ward 40 to be compliant with Outcome 1: Respecting and Involving People who use Services and Outcome 21: Records. Minor concerns were identified with Outcome 7: Safeguarding People who use Services from Abuse and Outcome 13: Staffing. A moderate concern was identified with Outcome 4: Care and Welfare of People who use Services, regarding the absence of policies and training for staff about the application of the Mental Health Act, and a compliance action was received.

An action plan was put in place, addressing the issues raised at the inspection and the Care Quality Commission was informed by the Trust at the end of June that all actions had been addressed.

A follow up visit was carried out by the Care Quality Commission to Ward 40 on the 14th October. The Care Quality Commission confirmed that significant improvements had been made to all areas identified and the Trust was found to be compliant with all the outcomes reviewed. The Care Quality Commission did issue an improvement notice around the storage of oxygen and the medicines drug box to ensure these had been risk assessed. Risk assessments are undertaken on a three monthly basis.

Learning Disability Service - Parkside Lodge

The Care Quality Commission carried out a responsive review to Parkside Lodge on the 17 August 2011 based on an anonymous telephone call they had received regarding restraint practices. The main findings of the review were that:

- The Care Quality Commission found Parkside Lodge to be compliant across all areas, with no areas of concern
- Systems were found to be in place for planning and delivering care
- People using the service are safe and have a nutritionally balanced diet which supports their health and meets their needs
- There are systems and processes in place to help ensure people using the service are protected from abuse, or risk of abuse and their human rights upheld
- The environment at Parkside Lodge is comfortable and safe for people who live on the unit
- Staff have induction training and additional training is provided regularly to make sure they are able to understand and meet people's needs.

A recommendation was suggested by the CQC with regard to Outcome 4 on ensuring service user and/or their representatives are included in reviews of risk assessments and care needs in the weekly Multi Disciplinary Team meetings. The team addressed this recommendation and Multi-Disciplinary Team attendance is incorporated into patient weekly activity plans.

Learning Disability Service - 3 Woodland Square

As part of the targeted inspection programme to services that care for people with learning disabilities the Care Quality Commission (CQC) carried out a visit to 3 Woodland Square on the 25th and 26th October 2011. The CQC identified moderate concerns with Outcome 4: Care and Welfare of People who use Services and Outcome 7: Safeguarding People who use services from abuse relating to the updating of records and two compliance actions were received.

An action plan was put in place, addressing the issues raised at the inspection, with all actions being completed by the end of January 2012.

A follow up visit was carried out by the Care Quality Commission to 3 Woodland Square on the 6th March 2012, where 3 Woodland Square was found to be fully compliant with both Outcome 4 and Outcome 7.

Low Secure Forensic Service – Ward 3, Newsam Centre

As part of the targeted inspection programme to services that care for people with learning disabilities the Care Quality Commission (CQC) carried out a visit to Ward 3 Newsam Centre on the 5th and 6th December 2011. Ward 3 Newsam Centre is a low secure forensic inpatient ward for patients who may have been involved with the criminal justice system. Five of the beds offer a service to patients with forensic mental health needs and learning disabilities.

The review focused on two outcomes; Outcome 4: Care and Welfare of People who use Services and Outcome 7: Safeguarding people who use services from abuse. As a result of the review a moderate concern was identified with Outcome 4 and a major concern identified with Outcome 7 and compliance actions were received by the Trust. An action plan has been implemented to address the actions required and has been submitted to the CQC. To ensure that our compliance actions are removed as quickly as possible all actions are due to be completed by the end of April. Work is on track to achieve this timescale.

Learning Disability Service - White Horse View

As part of the targeted inspection programme to services that care for people with learning disabilities the Care Quality Commission (CQC) carried out a visit to White Horse View on the 20th and 22nd December 2011. The review focused on two outcomes; Outcome 4: Care and Welfare of People who use Services and Outcome 7: Safeguarding People who use Services from Abuse. The draft report has been received from the CQC, which finds White Horse View to be fully compliant with Outcome 7 and identifies minor concerns with Outcome 4, meaning that people who use the service are safe but are not always experiencing the outcomes relating to this essential standard. An action plan is currently being developed and will be submitted to the CQC.

2.9. Information on the Quality of Data

NHS Number and General Medical Practice Code validity

Leeds and York Partnership NHS Foundation Trust submitted 1,913 records during 2011/12 (April to Dec 2011) to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS Number was 99.8% for admitted patient care, 99.9% for outpatient care and 99.6% for all service users as submitted in the mental health minimum dataset.
- Which included the patient's valid General Medical Practice Registration Code was 100% for admitted patient care, 100% for outpatient care and 99.2% for all patients as submitted in the mental health minimum dataset.

Information Governance (IG) Toolkit attainment levels

Leeds and York Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2011-2012 was 79% and was graded Green.

The Trust has an ongoing programme of IG training which is now refreshed annually. From a basis of 97% of all staff having received IG training in the past, the Trust has now delivered new or 'Refresher' IG training to 47% of all staff (including bank staff and staff within North Yorkshire and York services) in the last 12 months. Annual refresher training is being actively pursued and improves monthly.

We have once again closed the financial year without a reportable Serious Untoward Incident data breach, based on the 'David Nicholson' incident grading scale. This includes data from North Yorkshire and York services for which we have 'data controller' status from 01/02/2012.

Our commitment to providing a quality service on Freedom of Information Act (FoIA) has resulted in all incoming requests being processed within the statutory timescales. 2011 saw a slight reduction in overall FoIA requests over the year in comparison to 2010.

Statement on Data Quality

Leeds and York Partnership NHS Foundation Trust has taken the following actions during 2011/12 to improve data quality:

- The procedures covering the collection and input of data to the PARIS clinical information system have been updated to reflect evolving good practice. Corporate procedures for data quality assurance have also been revised.
- The Data Quality Policy has been amended to include the CPD system used by York services.
- Awareness raising initiatives have been pursued to promote awareness of the importance of data quality, and the policy and procedures.
- We have exceeded the target contained both in our Trust strategy and our service contract with NHS Leeds, to ensure that commissioning datasets reconcile to local contract monitoring reports within +/- 4%.

Leeds and York Partnership NHS Foundation Trust will be taking the following actions to further improve data quality during 2012/13:

- Improving awareness of data quality issues, including the policy, amongst Trust staff based within North Yorkshire and York services.
- Implementing data quality improvement initiatives for North Yorkshire and York services data.
- Maintaining the data quality assurance processes that are in place Trustwide.

Clinical Coding Error Rate

Leeds and York Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011-2012 by the Audit Commission.

3.1 Our selected measures

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

To ensure our Quality Accounts measures are in line with the strategic direction of the Trust and local quality schemes a review of our 2010-2011 Quality Accounts measures took place to ensure that these are aligned with our strategy measures and 2012-2013 local CQUIN (Commissioning for Quality and Innovation) measures.

As a refresh of our Trust Strategy is planned for September 2012 our Governor's performance group and our Executive Team agreed that the Strategy measures included within our 2010/2011 Quality Accounts would remain in place for our 2011/2012 Quality Accounts to enable progress to be demonstrated.

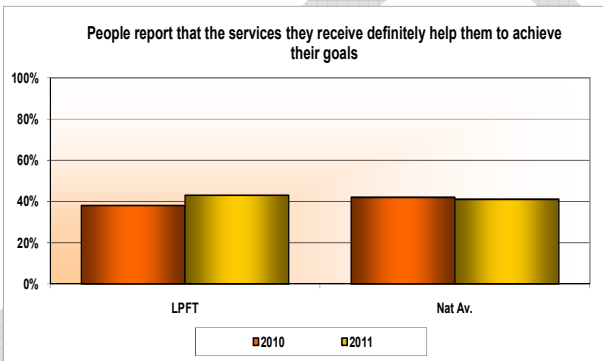
Our measures are set out under each priority on the following pages. The source of the measure demonstrates whether this is one of our strategy measures or one of our 2012-2013 local CQUIN (Commissioning for Quality and Innovation) measures.

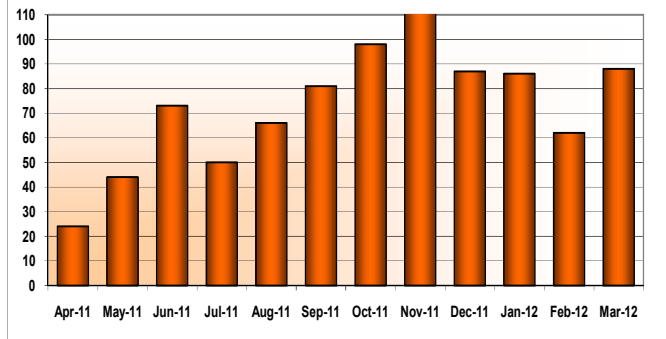
Progress against our measures set out in our 2010-2011 Quality Accounts were reported to our Board of Directors through the monthly Trust performance report, with each measure reported upon on a quarterly basis. These are publically available documents and can be viewed on our website http://www.leedspft.nhs.uk/about_us/performance

Progress against measures set out in our 2011-2012 Quality Accounts will continue to be reported to the Trust Board of Directors through the monthly performance report. These measures also form part of our Service Directorate and Corporate Directorate Performance Reviews.

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

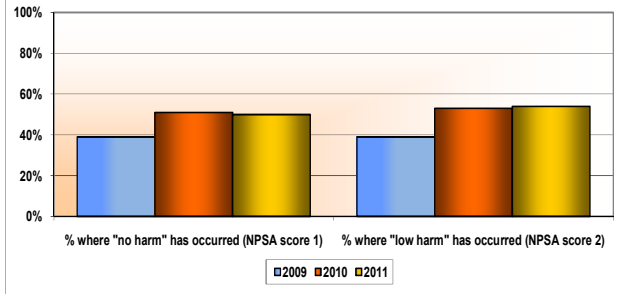
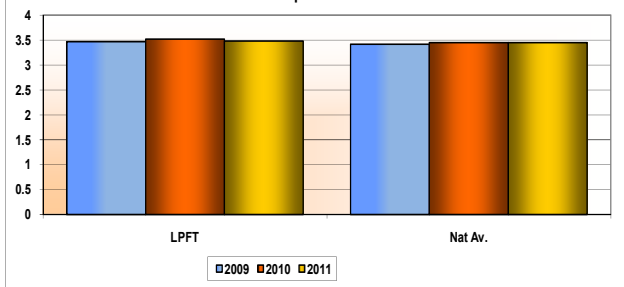
Performance of Trust against selected measures:

Measure		Source	Performance	Comments
1.	People report that the services they receive definitely help them to achieve their goals	Strategy Measure / National Community Service User Survey	 <p>586 service users from our Trust responded to the 2011 national community user survey.</p>	<p>The 2012 national community mental health service user survey is currently underway.</p> <p>We are currently putting internal systems in place to regularly survey our service users on this measure.</p> <p>Actions have been undertaken and are in place to support clinicians in agreeing goals with service users and planning care, support and treatment to facilitate this, including</p> <ul style="list-style-type: none"> - Care planning documentation and care programme approach (CPA) training has been revised to support personal goal setting and measurement - Quality of care planning is to be monitored via case load management. - Post review questionnaire results compare favourably with the Trusts 2011 National Service User Survey Results with 75% of service users reporting that their care plan definitely sets out their goals.
2.	Staff job satisfaction	Strategy Measure / National NHS Staff Survey (2011)	Graph to be included showing 2009-2011 performance	<p>Feedback from staff continues to be collected through a variety of means including barometer polls and on-line surveys for volunteers and temporary staff. A review is taking place on implementing local quarterly staff surveys to enable this information to be collected on a more frequent basis.</p> <p>A Health and Well being Action Plan has been developed and implemented across the Trust.</p>

Measure		Source	Performance	Comments																										
3.	All patients with a learning disability will have their clinical outcomes measured by a validated outcome measurement tool to improve patient care	CQUIN	<div><p>TOMs completed by month</p><table><caption>TOMs completed by month</caption><thead><tr><th>Month</th><th>TOMs Completed</th></tr></thead><tbody><tr><td>Apr-11</td><td>25</td></tr><tr><td>May-11</td><td>45</td></tr><tr><td>Jun-11</td><td>75</td></tr><tr><td>Jul-11</td><td>50</td></tr><tr><td>Aug-11</td><td>65</td></tr><tr><td>Sep-11</td><td>80</td></tr><tr><td>Oct-11</td><td>95</td></tr><tr><td>Nov-11</td><td>110</td></tr><tr><td>Dec-11</td><td>85</td></tr><tr><td>Jan-12</td><td>85</td></tr><tr><td>Feb-12</td><td>60</td></tr><tr><td>Mar-12</td><td>85</td></tr></tbody></table><p>The number of TOM's completed by month during 2011/2012</p></div>	Month	TOMs Completed	Apr-11	25	May-11	45	Jun-11	75	Jul-11	50	Aug-11	65	Sep-11	80	Oct-11	95	Nov-11	110	Dec-11	85	Jan-12	85	Feb-12	60	Mar-12	85	<p>The 2010/2011 measure focused on implementation of the Therapy Outcome Measure (TOM's) tool within Learning Disability Services. The graph demonstrates a significant increase in the amount of TOM's that have been completed over 2010/2011.</p> <p>The 2011/2012 CQUIN will further develop this measure to focus on capturing and reporting outcomes for service users within our Community Learning Disability Services.</p>
Month	TOMs Completed																													
Apr-11	25																													
May-11	45																													
Jun-11	75																													
Jul-11	50																													
Aug-11	65																													
Sep-11	80																													
Oct-11	95																													
Nov-11	110																													
Dec-11	85																													
Jan-12	85																													
Feb-12	60																													
Mar-12	85																													
4.	To improve the health and wellbeing of service users in adult rehabilitation community units in the following health domains: smoking cessation, weight management and substance misuse (alcohol)	CQUIN	2012/2013 will be the baseline year	A questionnaire will be developed with service users which will ask about current need in the areas of smoking cessation, weight management and substance misuse (alcohol) and if people's needs are being met. Recommendations from the results of the questionnaire will be implemented across the services.																										
5.	Carers report that their own health needs are recognised and they are supported to maintain their physical, mental and emotional health and well-being	Strategy Measure	To be determined by April 2012	A carers questionnaire is in place, which asks carers for feedback in relation to the Leeds Carers Charter. Initial response rates to the questionnaire have been too low to use for baseline setting. To improve response rates the questionnaire will now be included in the same pack as the patient experience survey for any carers to complete.																										

Priority 2: People experience safe care

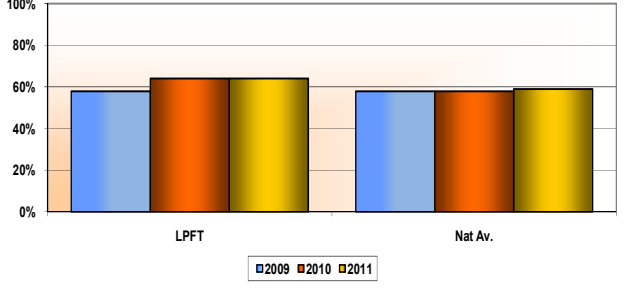
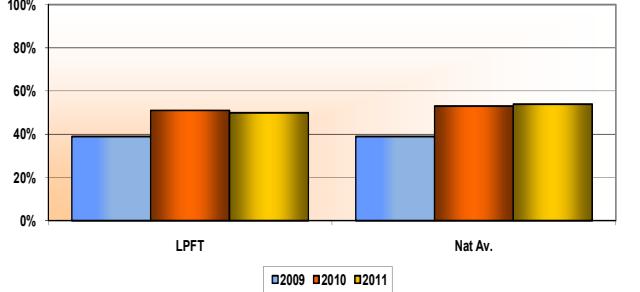
Performance of Trust against selected measures:

Measure		Source	Performance	Comments
1.	People who use our services report that they experienced safe care	Strategy Measure	To be determined by April 2012	We are currently putting internal systems in place to regularly survey our service users on this measure.
2.	Number of 'no harm' or 'low harm' incidents increases as % of total: <ul style="list-style-type: none"> % where 'no harm' has occurred (NPSA score 1). % where 'low harm' has occurred (NPSA score 2). 	Strategy Measure / NPSA	<p>Number of 'no harm' or 'low harm' incidents increases as % of total</p>  <p>All service user incidents – inpatient & community</p>	The "First Do No Harm" document continues to outline our direction and aspirations in the delivery of safer therapeutic care. On review of incidents, we have a high level of reporting and a low degree of harm when incidents occur. Organisations with a high rate of reporting indicate a mature safety culture. This maturity enhances openness and provides a truer reflection of current practice which allows for more robust action planning
3.	Staff views of the fairness and effectiveness of incident reporting procedures	Strategy Measure / National NHS Staff Survey (2011)	<p>Staff views of the fairness and effectiveness of incident reporting procedures</p>  <p>Trust score is based on 425 staff who took part in the 2011 National NHS Staff Survey</p>	Feedback from staff continues to be collected through a variety of means including barometer polls. A review is taking place on implementing local quarterly staff surveys to enable this information to be collected on a more frequent basis.

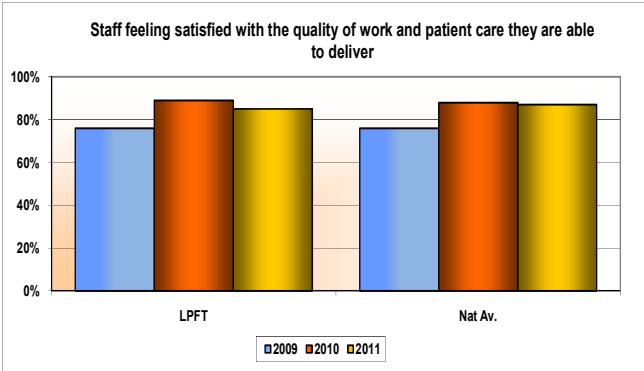
Measure		Source	Performance	Comments
4.	Evidence that we meet national guidelines for clinical care and treatment relevant to our Trust within 2 years of publication	Strategy Measure	In 2011/2012 the Trust achieved this target for 100% of newly published clinical guidelines.	Current performance will be maintained by continuing to receive national guidance through the Clinical Guidelines and Clinical Outcomes Standing Support Group which considers relevance and assesses compliance with the guideline including consideration of the evidence to support compliance. Adherence to NICE Guidance is a central part of the Trust's Clinical Audit Plan
5.	NHS Safety Thermometer: Improve the collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and Venous thromboembolism (VTE)	CQUIN	To be determined by end of April 2012	The Trust will revise our current data collection systems and implement the NHS Safety Thermometer to contribute towards establishing a national baseline of performance on the four identified areas of pressure ulcers, falls, urinary tract infection in patients with catheters and VTE.
6.	Improving the implementation of action plan goals following a serious untoward incident which relates to a community patient suspected suicide	CQUIN	To be determined by end of April 2012	A quarterly trajectory of achievement will be set in Quarter 1 and quarterly reports will be produced detailing compliance and exception reporting.

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

Performance of Trust against selected measures:

Measure	Source	Performance	Comments
1. People who use our services report overall rating of care in the last 12 months very good/excellent	Strategy Measure / Mental Health Community Service User Survey	<p>People who use our services report overall rating of care in the last 12 months very good/excellent</p>  <p>586 service users from our Trust responded to the 2011 national community service user survey</p>	<p>The 2012 national community mental health service user survey is underway.</p> <p>We are currently putting internal systems in place to regularly survey our service users on this measure.</p> <p>Mental health data is triangulated through service user feedback tools and people's stories that provide in-depth feedback about their experiences of our services.</p>
2. People who use our services report that their views were definitely taken into account when deciding what was in their care plan	Strategy Measure / Mental Health Community Service User Survey	<p>People who use our services report that their views were definitely taken into account when deciding what was in their care plan</p>  <p>586 service users from our Trust responded to the 2011 national community service user survey.</p>	<p>The 2012 national community mental health service user survey is underway.</p> <p>We are currently putting internal systems in place to regularly survey our service users on this measure.</p> <p>In order for the Trust to improve in this area, the following supports collaborative working with service users and co-production of care plans:-</p> <ul style="list-style-type: none"> • City Wide Care Programme Approach (CPA) policy • Trustwide CPA training available as well as directorate specific • CPA documentation revised and implemented August 2011

Measure		Source	Performance	Comments
3.	Engaging service users in older people inpatient settings in structured activity	CQUIN	2012/2013 will be the baseline year where a programme of structured activity will be further developed in Older People inpatient settings. Uptake of structured activity and service user feedback will be gathered and monitored.	A programme will be established in Q1 and implemented during Q2. A report on uptake will be produced in Q3 and a report of patient experience produced in Q4.
4.	Improving the service user experience at Care Programme Approach (CPA) reviews	CQUIN	<p>Results from the local survey showed:</p> <ul style="list-style-type: none"> • 52% of people said they were definitely given a choice about how their review would be held • 80% of people said they were given a chance to talk to their care co-ordinator before the review about what would happen. • 69% of people said they were told they could bring a friend, relative or advocate to their review • 80% of people said they were given a chance to express their views at the review • 75% of people said they were definitely involved in agreeing the goals in their care plan • 84% of people said everything was said in a straightforward way at the review. • 85% of people reported they were asked how they were feeling at the review • 65% of people reported they definitely found the review helpful 	<p>The questionnaire is being extended across all appropriate community teams during 2012/2013.</p> <p>Action plans have been developed and implemented based on the 2011/2012 local survey results.</p>

Measure		Source	Performance	Comments
5.	Staff feeling satisfied with the quality of work and patient care they are able to deliver	Strategy Measure / National NHS Staff Survey (2011)	 <p>Staff feeling satisfied with the quality of work and patient care they are able to deliver</p> <p>Trust score is based on 425 staff who took part in the 2011 National NHS Staff Survey</p>	Feedback from staff continues to be collected through a variety of means including barometer polls. A review is taking place on implementing local quarterly staff surveys to enable this information to be collected on a more frequent basis.

3.1 Performance Against Key National Priorities

Performance Monitoring

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

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

Our five year Trust Strategy sets out our Trust end goals, our means goals and our stretch quality measures for quality improvement. Progress against the strategy action plan and performance against milestones and measures is reported to the Trust Board of Directors on a quarterly basis through the performance report.

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

Infection Prevention and Control

We are fully registered with the Care Quality Commission across both our health and social care services for Regulation 12: Cleanliness and Infection Control

The Trust's 2011-2012 C.difficile threshold agreed with our main commissioner is not to exceed nine new cases of C.difficile infections during the year. The table below demonstrates that Leeds services performed well below the threshold with one new case of C.difficile infection reported during 2011-2012. The figures also demonstrate an improvement since 2010/2011. For every C.difficile infection that takes place a full root cause analysis investigation is carried out

We have clear procedural guidance in place to direct staff with implementing the effective management of service users who are suspected or confirmed of having a C.difficile infection. The monitoring of "Essential Steps" is expected to further raise the Infection Prevention and Control standards across the Trust and reduce further the likelihood of such infections occurring.

Our Infection Prevention Control Team (IPCT) continues to facilitate an increased focus on practice, improving education and assessment standards, as well as a continuing improvement of environmental cleaning.

To date there have been zero cases of MRSA, MSSA (Methicillin-sensitive *Staphylococcus aureus*) or E.Coli bacteraemia within our Trust. Our IPCT closely monitor MRSA colonisation results, feeding back to both the Infection Prevention and Control Committee and the Professional Advisory Forum on a monthly basis. The IPCT is working closely with our Pharmacy Department to ensure that the treatment is completed in order to further reduce the risk of MRSA in all of the Trust's inpatient areas.

Healthcare Associated Infections:	2009-2010	2010-2011	2011-2012
Number of cases of MRSA Bacteraemia	0	0	0
Number of new cases of Clostridium Difficile	5	2	1

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

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

We collect key performance data on infection prevention and control which enables us to observe trends, benchmark our performance, monitor improvements and compare ourselves against national standards. We undertake monthly mini-audits to ensure that our standards of infection control remain high within our clinical areas and are continually reviewing our processes to ensure these remain robust and effective.

Improving Access:

We have maintained a position of compliance throughout 2011/2012 with the Monitor targets, admission to inpatient services having access to Crisis Resolution and Access to Healthcare for people with a learning disability. We have also exceeded our milestones on our strategy measures; assessments carried out by our Crisis Resolution team within 4 hours and the number of non acute adult patients seen within 14 calendar days of referral.

Safeguarding Adults

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

We have further built on our staff awareness with safeguarding adults by continuing to provide level1 training in the classroom and also establishing an online training programme. A key important aspect of improving awareness is also through the learning which comes from staff actively participating in the safeguarding processes. Our Safeguarding Enquiry

Coordinators and Safeguarding Leads guide teams through the safeguarding processes and their relationships with the Mental Capacity Act and Deprivation of Liberty Safeguards. Through this support the quality of referrals and the understanding demonstrated by staff has further improved.

Our integrated Trust now incorporates a geographical area embracing three Safeguarding Adults Boards, which we have representation upon. We are in the final stages of recruiting a safeguarding officer to further strengthen the integrated safeguarding service across our whole organisation.

Safeguarding Children

We have contributed extensively over the past year to the OFSTED inspection process. This work took place over the summer period during which we supported our health colleagues within Leeds Teaching Hospital Trust and NHS Leeds in contributing to the health component of the review process. We were very pleased with the OFSTED report which indicated a move forward and overall demonstrated a marked improvement on the previous year's report.

The Named Nurse Safeguarding Children contributes to a number of Leeds Safeguarding Children Board Sub-Groups within the city and with the integration of services from North Yorkshire and York we now have representation on three Safeguarding Children's Boards across the geographical patch. The Named Nurse Safeguarding Children has also assumed the role of Domestic Violence Lead for the Trust. We have achieved the Domestic Violence Quality Mark Level 1 and we are currently working towards Level 2.

A network of named nurses from mental health trusts has been established to share and improve practice. The Named Nurse for Safeguarding Children for LYPFT is a member of this group. The focus of 2012 is to work together on standards for training and supervision.

The Care Programme Approach (CPA) has been adapted to encourage staff to 'think family' and consider the needs of the child and this won a National CPA award in 2011. The Safeguarding Children team continue to work closely with the CPA team within the Trust ensuring there is a formal record of child safeguarding concerns, when appropriate, within this process.

A care pathway on safeguarding children is currently being developed in line with the Transformation process which will further ensure staff receive clear guidance in relation to safeguarding children.

Safeguarding children sections have been added to the record keeping and supervision audits and 2 separate audits have been undertaken this year on quality of referrals to social care and attendance at case conferences. Action plans are put in place as a result of audits to further improve the quality of our services.

Over the last year we have strengthened our training delivery with the provision of an in house monthly level 1 classroom based session together with an e-learning option. Specific teams have also received training delivered in their own areas to ensure we continue to maintain a high standard of compliance with basic awareness training.

Eliminating Mixed Sex Accommodation

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

Service users admitted to any of our inpatient facilities will have their own room and if rooms do not have en-suite facilities then same-sex toilets and same-sex bathrooms will be close to their bed areas. The sharing of bathroom facilities with members of the opposite sex will only happen when clinically necessary, for example where patients need specialist equipment such as in our Learning Disabilities Respite Service for people with Complex Multiple Impairment. In our mixed sex wards female service users have access to female only areas.

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

Patient Environment Action Team Assessment (PEAT)

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

Leeds Services

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

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

North Yorkshire & York Services

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

2010			
Site Name	Environment Score	Food Score	Privacy & Dignity Score
Bootham Park Hospital	Acceptable	Good	Acceptable

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

Service User and Carer Involvement

Involving the people who use our services, their families and friends, is something that is at the heart of our strategy. We have made the commitment to improve health and improve lives, and this can only be done through working in partnership. Through a wide variety of involvement opportunities we encourage people to share their experiences of our organisation, and we are committed to learning from listening to their stories. Carers are considered as vital partners helping to influence the provision of services, and as a commitment to carers we have developed 4 new constituencies of foundation trust membership to ensure that the carer's voice is heard. People who have used our services and carers are involved, consulted and encouraged to work in partnership with us across the organisation, through the recruitment of staff, the development of services and policies, and the monitoring of our strategy. We are currently exploring new social media ways of communicating with our partners, and are rolling out a trust wide experience questionnaire to ensure we receive the best kind of feedback possible.

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

- Our Transformation project has had a large amount of discussion, consultation, imagination and engagement with both service user and carer involvement. This has significantly influenced the different elements of the project moving forward into the future.
- "Your Views" meetings in the in-patient ward areas continue to provide a rich source of views and ideas for service improvement. Daily activities and patient facilities are regularly reviewed in these meetings and any changes which take place are fed back at each meeting.
- The Trust Board of Directors continues to invite people to come along and tell their stories as part of the Boards' development. The directors have heard stories from service users and carers over the last twelve months, and have found these to be an extremely helpful source of feedback.
- The Patient Opinion Website continues to be a useful forum for feedback and postings. Over this year the Organisation has been acknowledged by Patient Opinion for its commitment to responding in a personal and timely fashion to every posting.

- The expansion of our services into North Yorkshire and York (NY&Y) has involved service users, carers and members of the public in consultations on the appropriate direction of travel for the organisation. The Board of Directors consulted on the name of the new organisation and the future development of partnership working across the wider patch.
- Our quarterly corporate involvement events “Building Your Trust”, “Everything you need to know about...” and the “Diversity and Social Inclusion Forum” continue to generate feedback. These events are evaluated and the findings are reported regularly in our membership newsletter “Building New Foundations”, and on the Trust website. We are looking for opportunities to develop these initiatives in NY&Y
- Working in partnership with people who have used services in NY&Y an initial involvement meeting has been set up for the establishment of an involvement network.
- Our procedures for Involvement have been revised in line with the new governance arrangements and an Involvement Leaders Forum takes place regularly. This forum ensures that service improvement ideas and feedback are all facilitated appropriately, and provides an arena for those with involvement responsibility to share good practice and support each other. This will be rolled out across NY&Y services over the next few months.

NHS Litigation Authority (NHSLA) Risk Management Standards

Prior to the date of transfer of services in North Yorkshire and York both organisations had achieved a Level 1 in relation to the NHS Litigation Authority (NHSLA) Risk Management Standards assessment. On the basis that both organisations were at a Level 1 the integrated organisation’s current position is a Level 1.

An informal visit by the NHSLA assessor was carried out to the Trust on the 23rd February 2012 and a formal re-assessment at level 1 has been arranged for the 12th and 13th February 2013. In preparation for the formal reassessment an action plan will be developed and implemented.

Serious Untoward Incidents

Serious Untoward Incidents are investigated using Root Cause Analysis methodology and reports are presented to the Trust Incident Review Group (TIRG).

Monthly reports are presented to the Trust Board of Directors following each meeting of the Trust Incident Review Group which provide an overview of the incidents, investigation and any lessons learnt.

Systems and process have been introduced by the Risk Management Team through 2011/12 to improve communication with the Coroners office and working closely with NHS Airedale, Bradford and Leeds to improve the timescales for the completion of investigation and learning from serious incidents.

Monitor Assessments

Monitor is the independent regulator of Foundation Trusts. Using its assessment framework the Trust's overall 2011-2012 performance (to Quarter 3 to date) is shown below along with the Trust's previous performance.

Prior to 2011-2012 for both annual risk assessment and in-year monitoring, Monitor assigned a risk rating in three areas - finance, governance and mandatory goods and services. From 2010 onwards the provision of mandatory goods and services is included in the governance risk rating.

Risk ratings	Annual Plan 09/10	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Financial	4	4	4	4	4
Governance	Green	Green	Green	Green	Green
Mandatory services	Green	Green	Green	Green	Green

Risk ratings	Annual Plan 10/11	Q1 10/11	Q2 10/11	Q3 10/11	Q4 10/11
Financial	4	4	5	5	4
Governance	Green	Green	Green	Green	Green

Risk ratings	Annual Plan 11/12	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12
Financial	4	4	4	4	
Governance	Green	Amber-Red	Amber-Red	Amber-Red	

The Trust is currently maintaining a Monitor amber-red governance risk rating and a financial risk rating of 4. The amber-red risk ratings have been due to compliance actions being received by the CQC as a result of inspections. The Trust currently has 2 compliance actions in place as a result of the recent CQC inspection to Ward 3 Newsam Centre. An action plan has been implemented to address the actions required and has been submitted to the CQC. To ensure that our compliance actions are removed as quickly as possible all actions are due to be completed by the end of April. Work is on track to achieve this timescale and once these actions have been completed and the CQC confirm compliance the Trust will return to a governance risk rating of 'Green'.

MONITOR TARGETS

The table below shows the Trust's performance against Monitor targets. Due to the successful transfer of services from North Yorkshire and York on the 1st February 2012 performance is shown separately by Leeds services and as an integrated organisation from the 1st February onwards. (LYPFT).

Monitor Target	2011-12	Threshold
7 day follow up achieved: We must achieve 95% follow up of all discharges under adult mental illness specialities on Care Programme Approach (CPA) (by phone or face to face contact) within seven days of discharge from psychiatric inpatient care.	<p>We have maintained a position of compliance throughout 2011-2012.</p> <p>Leeds Services –Performance remains compliant for February 2012 at 96.6%</p> <p>LYPFT –LYPFT is compliant with the Monitor target for February 2012 with performance at 96.2%.</p>	95%
Care Programme Approach (CPA) patients having formal review within 12 months: We must ensure that at least 95% of adult mental health service users on Care Programme Approach (CPA) have had a formal review of their care within the last 12 months.	<p>We have maintained a position of compliance throughout 2011-2012</p> <p>Leeds Services – Performance remains compliant for February 2012 at 96.3%.</p> <p>LYPFT – Performance at the end of February 2012 is at 77.9%.The Trust agreed a trajectory with Monitor that we would be compliant with the target by the end of June 2012. Work is underway to ensure this trajectory is achieved. .</p>	95%
Minimising delayed transfers of care: We must achieve no more than 7.5% of delays across the year. Monitor excludes delays attributable to social care.	<p>We have maintained a position of compliance throughout 2011-2012.</p> <p>Leeds Services - we have continued to maintain compliance for February 2012 with a cumulative average of 0.6%.</p> <p>LYPFT – At 5 March 2012 LYPFT is compliant with the Monitor target with estimated performance at 3.3%.</p>	No more than 7.5%
Access to Crisis Resolution: We 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.	<p>We have maintained a position of compliance throughout 2011-2012</p> <p>Leeds Services –February 2012 figures demonstrate a 92.9% compliance rate.</p> <p>LYPFT –LYPFT is compliant with the Monitor target for February 2012 with performance at 91%</p>	90%
Data Completeness: Identifiers: We must ensure that 99% of our mental health service users have valid recordings of NHS Number, Date of Birth, Postcode, Current gender, Registered General Practitioner organisational code and Commissioner organisational code.	<p>We have maintained a position of compliance throughout 2011-2012</p> <p>Leeds Services - we have continued to maintain compliance for February 2012 with performance above the threshold at 99.9%.</p> <p>LYPFT – LYPFT is compliant with the Monitor target for February 2012 with performance at 99.9%.</p>	99%

Monitor Target	2011-12	Threshold
Data Completeness: Outcomes: We must ensure that 50% of adult mental health service users on Care Programme Approach (CPA) have had at least one Health of the Nation Outcome Scale (HoNOS) assessment in the past 12 months along with valid recordings of employment and accommodation.	<p>We have maintained a position of compliance throughout 2011-2012</p> <p>Leeds Services - We have continued to maintain compliance for February 2012 with performance above the threshold at 80%.</p> <p>LYPFT – LYPFT is compliant with the Monitor target for February 2012 with performance at 55%.</p>	50%
Access to healthcare for people with a learning disability: We must self certify on a quarterly basis whether we are meeting six criteria based on recommendations set out in Healthcare for All (2008) from 1-4 (with 4 being the highest score)	<p>Leeds Services - for the 6 recommendations 5 have been assessed as a level '4' (the highest rating) and 1 at a level '3'.</p> <p>North Yorkshire & York LD Services - for the 6 recommendations 3 have been assessed as a level '4' (the highest rating) and 3 at a level '3'.</p>	Not Applicable as set out in the Compliance Framework 2011/2012
Meeting Commitment to Serve New Psychosis Cases by Early Intervention Teams	The Monitor target 'Meeting Commitment to Serve New Psychosis Cases by Early Intervention' is only applicable to NY&Y services as Early Intervention is provided by Aspire within Leeds. The Monitor target sets out that Trusts must meet 95% of the commissioner contract value, which is 34 new cases of psychosis supported by Early Intervention Teams for NY&Y services. Data provided for April 2011 – February 2012 demonstrates LYPFT has exceeded the contract target and is compliant with the Monitor target, with 47 new cases of psychosis supported by the Early Intervention Team year to date.	95%

Annex: Statements from Primary Care Trusts, Local Involvement Networks and Overview and Scrutiny Committees

Annex: Statement of directors' responsibilities in respect of the quality report