

QUALITY ACCOUNTS 2011/2012 – UPDATE ON PRIORITIES & TARGETS

Leeds & York Partnership NHS Foundation Trust's Quality Accounts have been developed and are available on our Trust website and on NHS Choices website. Progress against each of our three Quality Accounts priorities, initiatives, selected measures and progress against Monitor targets are reported within our monthly Performance Report to the Trust's Board of Directors. These reports are all available on the Trust's website.

Below is an update against the Trust's three Priorities, Initiatives, Selected Measures and progress against Monitor targets as published within the Trust's Quality Accounts 2011/2012.

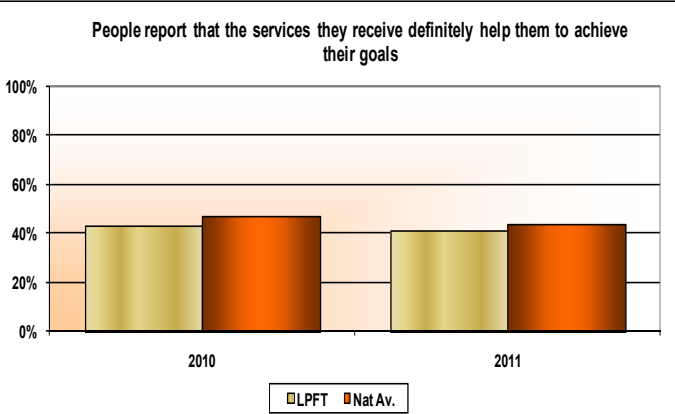
PRIORITY 1: PEOPLE ACHIEVE THEIR AGREED GOALS FOR IMPROVING HEALTH AND IMPROVING LIVES

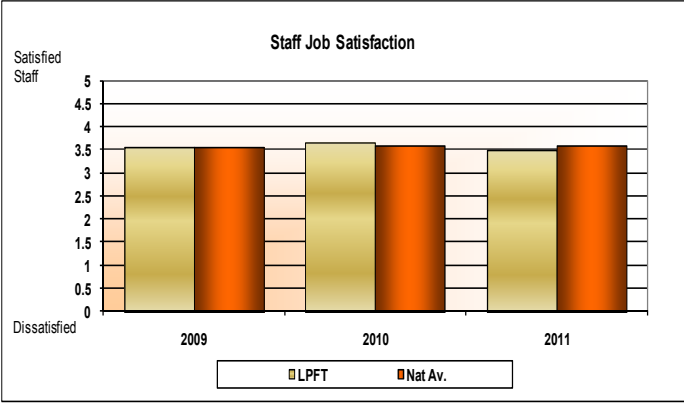
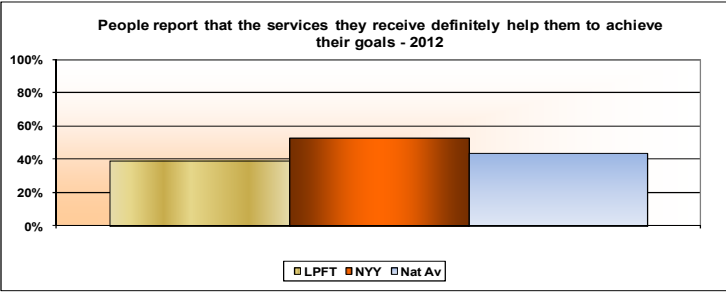
Initiatives for implementation in 2012/2013

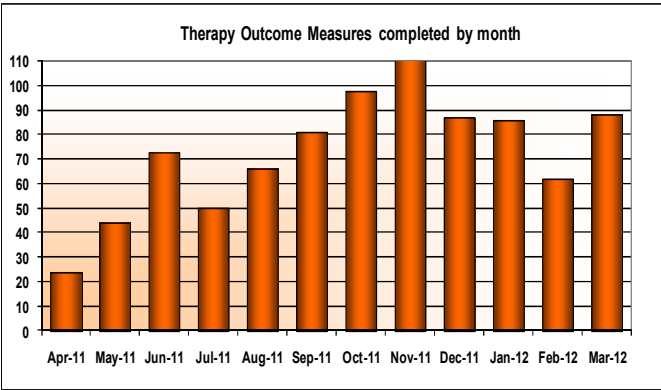
Initiatives	Comments/Updates
<p>We are involved in an exciting new research project examining the impact of leadership and culture on the effectiveness of teams and the quality of care received by adults who receive mental health services in the community. The research project, "Leading to Quality", 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.</p>	<p>The customised reports from the "Leading to Quality" project for Leeds and York mental health services (dealt with separately as data was collected prior to 1 February 2012) have been issued directly to the relevant teams to maintain confidentiality. Overall reports for Leeds and York are expected in early 2013. Funding is secured to resource the evaluation of our Trust-wide Transformation Project which involves collaborative work with both Universities of York (via the Collaboration for Leadership in Applied Health Research and Care and Translating Research into Practice – Leeds and Bradford theme) and Leeds, as well as the "Leading to Quality" team.</p> <p>Additionally, the Academic Health Science Network in Yorkshire and the Humber will come into being from 1st April 2013. LYPFT intends to be a partner organisation and has been involved in the successful bid proposal that will result in £10m per year for a five year period. The intention is to create a step improvement in the health of the region's population and transform the quality and efficiency of health care by: generating evidence, testing and delivering new service models and accelerating the translation, adoption and spread of innovation and research, creating a workforce trained for new ways of working, and partnering with industry. Specific to LYPFT, this incorporates prioritising areas for service development that reflect the NHS Outcomes Framework and research strengths including mental health, dementia, depression, self harm and patient safety. A key goal is to promote independence, self-management and care for people with current, emerging and complex long-term conditions through the implementation of evidence-based innovation in assistive technologies, telehealth, new drugs and therapies, including a full economic assessment of new systems.</p>
<p>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 to identify service user</p>	<p>The Outcome Measures Project has begun to take shape within the Transformation Programme. The aim of the project is to increase the systematic use of outcome measures to improve the quality of care for service users and meet commissioning requirements. The project will further develop reports on data completeness and recovery rates for Payment by Results (PbR) Clusters and will inform the setting of the Trust Strategy Measures on data completeness and recovery. A Project Initiative Document and Project Plan were presented and accepted at the Transformation Programme Board on 28th November 2012.</p>

<p>needs at the beginning of the care episode, and will use these to measure progress over time:</p> <ul style="list-style-type: none"> - Clinical Outcomes in Routine Evaluation - Health of the Nation Outcome Scales - Therapy Outcome Measures 	<p>The Transformation Project Board agreed additional project management resource to ensure the project is completed in line with the timescales outlined in the plan.</p> <p>A number of outcome measures are currently being used on PARIS. These include the Health of the Nation Outcome Scale (HoNOS), Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM), Therapy Outcome Measure (TOM), and Recovery Star. In October 2012, the Clinical Guidelines and Clinical Outcomes Standing Support Group agreed to include the</p>
Initiatives	Comments/Updates
<p>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.</p>	<p>Clinical Outcomes in Routine Evaluation for Learning Disabilities (CORE-LD) on the Trust's Outcome Measures Framework as a patient-reported outcome measure for learning disability services.</p> <p>The Trust's Payment By Results (PbR) project is linked to and supported by the Trust's outcome measures work.</p>
<p>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.</p>	<p>The tracking system continues to be piloted on paper within Multi-Disciplinary Teams to ensure its relevance and effectiveness for teams and service users. Separate IT support for this project is not currently feasible due to Information Governance issues. The team are currently utilising anonymised paper summaries to complete the audit of service users progressing through their pathway.</p>
<p>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.</p>	<p>This membership campaign has significantly progressed since its launch in February 2012. The campaign comes to an end in November and we have held over 80 events across the region which have encouraged staff, service users, carers and members to get physically healthy and to think about the relationship between physical activity and wellbeing. We have also raised over £24,000 with sponsorship, fundraising and goodwill gestures.</p> <p>To date, 15,154 pieces of bunting have been made with this number increasing on a daily basis. We are now well over our target as well as the current world record. We are now tasked with facilitating volunteer sewing sessions to compile the bunting into one continuous line. On Saturday 15 December the bunting, with each of the 15,000 pieces, will be measured as part of our World Record attempt. The bunting will be measured at Leeds United Football Club, at their home game to Ipswich and will be measured by independent witnesses. An announcement will be made within the stadium and Leeds United Football Club will include an article in their match programme. Once measured the bunting will be displayed at the St John's Shopping Centre for a week for members of the public to view.</p> <p>Over 1187 members have been recruited to our Foundation Trust membership and we have received positive media coverage reporting on our campaign. This has included articles in the Yorkshire Evening Post, the Yorkshire Post, the York Press, About Leeds, The Telegraph and Argos, The Guardian, One and Other and much more. There have also been radio features on BBC Radio Leeds, Yorkshire Radio and BBC Radio York.</p>

<p>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.</p>	<p>A current project plan for Recovery strategies within LYPFT for 2012 -2014 has been submitted for approval.</p> <p>A successful proposal from LYPFT and Adult Social Care has been approved with six posts for peer support workers and two Social work posts will be recruited within the community hubs. This project will focus on raising awareness of Recovery focussed practices and develop more self directed assessments to enable service users to develop their own care packages. These 11 month contracts will be evaluated in Spring 2014 to determine their effectiveness.</p> <p>A “lived experience network “is being set up for staff who work within our services to determine how LYPFT can better support our staff . A conference is planned for late 2013 in conjunction with the voluntary sector and the Andrew Simms centre.</p>
<p>Initiatives</p>	<p>Comments/Updates</p>
	<p>The recovery module continues to be accredited by Leeds Metropolitan University and sessions are run in house at St Mary’s Hospital – this forms the start of the Recovery Education centre and runs on a yearly basis for staff, service users and carers. Recovery sessions for all staff within the Trust continues on a monthly basis and will be focussed on the community hubs in 2013.</p>

<p>Performance of Trust against selected measures against Priority 1</p>											
<p>Selected Measures</p>	<p>2011/2012</p>	<p>Current Status</p>									
<p>People report that the services they receive definitely help them to achieve their goals.</p> <p>Source: Strategy Measure from the National Community Service User Survey</p>	<p style="text-align: center;">People report that the services they receive definitely help them to achieve their goals</p>  <table border="1" data-bbox="672 702 1344 1117"> <caption>Bar Chart Data: People report that the services they receive definitely help them to achieve their goals</caption> <thead> <tr> <th>Year</th> <th>LYPFT (%)</th> <th>Nat Av. (%)</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>45</td> <td>48</td> </tr> <tr> <td>2011</td> <td>42</td> <td>45</td> </tr> </tbody> </table> <p>586 service users from our Trust (Leeds) responded to the 2011 national community user survey</p>	Year	LYPFT (%)	Nat Av. (%)	2010	45	48	2011	42	45	<p>The annual national service users survey was conducted in January 2012 and therefore preceded the merger of Leeds and York services. Question 25 of the community survey asks ‘Have NHS Mental Health services helped you start achieving your goals?’. Responses to this question showed that service user experience had reduced slightly in Leeds but had significantly improved in York with 53% of service users responding ‘Yes, Definitely’ to the question.</p> <p>The Trust has in the last year introduced new and improved CPA documentation in Leeds which is more goal orientated and in the next year will be introducing Integrated Care Pathways which will further improve care planning and delivery. An action plan has also been developed across the Trust building on the existing work of the Planning Care Standing Support Group to better understand how we can improve the service user experience and measure this on a continual basis.’</p>
Year	LYPFT (%)	Nat Av. (%)									
2010	45	48									
2011	42	45									

Selected Measures	2011/2012	Current Status
<p>Staff job satisfaction.</p> <p>Source: Strategy Measure from the National NHS Staff Survey</p>	<p>2011/2012</p>  <p>Trust score is based on 425 staff (Leeds) who took part in the 2011 National NHS Staff Survey</p>	 <p>(Nat Av is based on the results of all Trusts with Mental Health Services surveyed by Quality Health 2012)</p> <p>It has been agreed through the Trust's Means Goal 4 Standing Group that future local staff surveys should be based around specific themes and it is anticipated that the first survey will focus on staff's health and well-being. This has been delayed due to the development of the action plan which is now complete. However, other initiatives on improving the appraisal scheme, internal communication, employee engagement, staff achievement & recognition scheme and health and wellbeing initiatives should contribute to this measure. We are in the process of starting the 2012 survey which will give an indication of whether there has been any improvement.</p>

<p>All patients with a learning disability will have their clinical outcomes measured by a validated outcome measurement tool to improve patient care.</p> <p>Source: CQUIN</p>	 <p>The chart above shows the number of Therapy Outcome Measure's completed by month during 2011-2012</p>	<p>Data at the end of Q2 demonstrated that during Quarter 2 63.3% of new allocations had a TOMs completed within the 8 week timeframe. At the end of quarter 2 there were 101 allocations still within the 8 week timeframe, therefore updated Quarter 2 figures will be available at the end of December.</p> <p>A review took place of a sample of 10 service users discharged from the service during quarter 2 to evaluate changes in TOMs scores from admission to discharge. There was a 10% of TOM scores recorded as being reduced upon discharge. This related to one service user who experienced a decline in physical health needs which impacted on their TOMs scores for impairment, activity and carer wellbeing.</p>
<p>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).</p> <p>Source: CQUIN</p>	<p>2012/13 will be the baseline year.</p>	<p>During Q2 questionnaires were distributed to 51 current inpatients. 44 responses were received which is a positive return rate of 86%. Initial results of the questionnaire are detailed in the Q2 report.</p> <p>In Q3 the results will be discussed and analysed by the Rehabilitation and Recovery Management Group. An action plan will be developed as a result of the findings. The Clinical Team Managers will discuss the results with their staff teams to identify any training needs.</p>
<p>Selected Measures</p> <p>Carers report that their own health needs are recognised and they are supported to maintain their physical, mental and emotional health and well-being.</p> <p>Source: Strategy Measure</p>	<p>2011/2012</p> <p>64% of carers who responded to the questionnaire stated that they were "very satisfied" (29%) or "satisfied" (35%) that their own health needs are recognised and they are supported to maintain their physical, mental and emotional health and well-being. This figure has now established the Trust's baseline score.</p>	<p>Current Status</p> <p>As part of the pilot with Psychological Therapies Services, a total of 550 carers questionnaires were issued (27 returned, 4.9% response rate) via the automated postal survey system generated from the PARIS information system. The findings were presented to the Clinical Outcomes & Clinical Guidelines Standing Support Group in November. 68% of respondents reported that they were "satisfied" or "very satisfied" that their health needs were recognised and that they were supported to maintain their physical, mental and emotional well-being.</p> <p>Due to difficulties experienced with the analysis software (SNAP), work is currently being undertaken internally to identify data collection options for roll-out across all services. A meeting with service leads is scheduled to take place and the outcome of that meeting will be reported to the Planning Care Standing Support</p>

		Group in December 2012 for a decision to be made on moving this work forward.
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PRIORITY 2: PEOPLE EXPERIENCE SAFE CARE

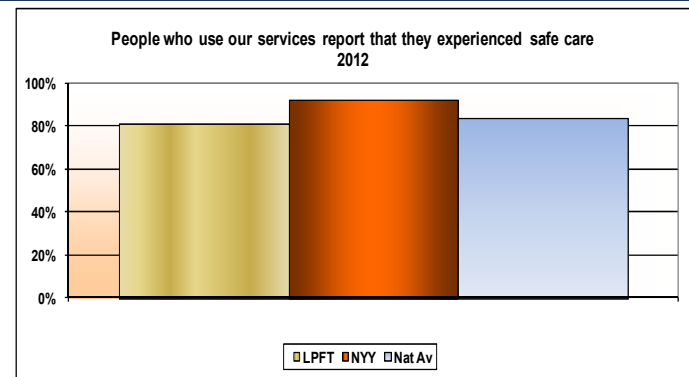
Initiatives for implementation in 2012/2013

Initiatives	Comments/Updates
<p>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.</p>	<p><u>Infection Control</u></p> <p>The Infection Prevention and Control environmental audit and Performance Monitoring Framework is fully established in Leeds services, with information now being received from North Yorkshire and York services. The audits and framework support a continual process of improvement across all areas leading to improved service user experience. Outbreaks have been controlled, monitoring of trends occurs and advice is provided where infection control input will minimise risks to patients, staff and visitors.</p> <p><u>Safeguarding</u></p> <p>A specific safeguarding section in PARIS has been written and will go live in early November. This requires staff to give a précis of incidents which may relate to a service user or their family. Guidance has been generated for staff and a desktop banner will publicise the changes.</p> <p>The governance agenda has been updated to incorporate a standing support group and supporting operational groups covering both Leeds and NYY services. This group will continue to build on the efficacy of safeguarding work and ensure continued assurance and monitoring of safeguarding issues.</p> <p>Trust representation to the 2 Local Safeguarding Children Boards within the NYY area has been established</p> <p>Record keeping is a priority and work has taken place to improve safeguarding information and consideration of the children of service users on PARIS, including information on the children and information on the care pathway/holistic assessment specific to children</p> <p>The Safeguarding Board in Leeds is undergoing a review with a view to merging Safeguarding Boards and protocols for the West Yorkshire region. Consideration is also being given to the upcoming Care and Support Bill currently progressing through parliament. The new Act will put the Boards on a statutory footing and any implications for the Trust with regard to safeguarding will need to be reviewed once the Act had been passed.</p> <p>Domestic violence awareness remains a priority and the Trust safeguarding team now replicate the MARAC attendance established in Leeds to the NYY localities. A draft policy has been written in preparation for achieving the level 2 Quality mark.</p> <p><u>Essence of Care</u></p> <p>The Essence of Care Steering Group continues to lead on this work. Following a Trust-wide audit in 2011, specific action plans have been developed at a team, service and Directorate level to address areas for further improvement, as well as to support the sustainability of good practice. The Steering Group is planning a re-audit of the 12 benchmarks in November 2012 across all inpatient areas within the Trust.</p>

Initiatives	Comments/Updates
	<p><u>Medicines Management</u></p> <p>All nursing staff within Leeds Care Services have successfully completed the Biennial Support Framework for the Safe Administration of Medicines and work is being progressed to ensure nursing staff remain up-to-date with this requirement. The framework has been introduced to services in North Yorkshire and York and this is being progressed within each team with oversight from the newly established Lead Nurse for North Yorkshire and York.</p> <p>The monitoring of medicines management related matters is undertaken on a monthly basis through the Professional Nurse Advisory Forum, as well as the Multi-professional Medicines Management Sub-Group. Medicines Talks for Nurses continue to be delivered by the Lead Nurses in collaboration with pharmacy colleagues to support the ongoing developments in medicines management. Bespoke training has been delivered within the Community hubs to address training needs relating to medicines management following Transformation.</p>
<p>Development and extension of the Section 136 service in Leeds 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 in Leeds and receive care whilst they are waiting for assessment. This may be for short periods and will be beneficial for service users who may struggle to maintain their safety during this period.</p>	<p>The expansion of the Section 136 suite was paused in order for the Chronic Fatigue Service to be temporarily relocated into this area whilst work was undertaken on Ward 5 at Newsam Centre. This work is now complete and plans are in place for the Chronic Fatigue Service to move back to the Newsam Centre by the end of October 2012.</p> <p>Given the changes to the Trust's Single Point of Access, previous plans for the Section 136 suite will be revisited to ensure the whole of the expansion is fit for purpose.</p>
<p>Narrowing of the Board to Ward Experience: Expansion of the "Quality Walk Arouns" program for Board Members to include North Yorkshire and York services. As in 2011/2012 an additional 12 "walk arounds" will be scheduled across the Trust and reported to our Board of Directors.</p>	<p>Since the "Quality Walkarounds" began in September 2011, ten visits have taken place across a variety of Leeds clinical services. A further "Quality Walkaround" within Leeds Adult services is planned for the end of October 2012. Future "Quality Walkarounds" will include North Yorkshire and York clinical services. All of the "Quality Walkarounds" are open to all Non Executive Directors and Executive Directors to participate in.</p>
<p>Further enhancement to the role of the Patient Safety Champion from Doctors in Training in</p>	<p>A new Patient Safety Champion from Doctors in Training has been appointed for 2012-2013 and will take up the post at the end of October 2012.</p>

the pursuit of safer care delivery.	
Initiatives	Comments/Updates
Expansion of our previous benchmarking for Patient Safety on a local, regional and national level to include North Yorkshire & York services.	<p>We continue to use and enhance a variety of national and locally generated benchmark indicators for quality and patient safety, which includes:</p> <ul style="list-style-type: none"> • NPSA “How do you compare to your peers” national and regional statistics of patient safety incidents. • Statistical Process Control on unexpected deaths of service 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. <p>The North Yorkshire and York services data sets are currently being integrated into the Trust’s benchmarkers.</p>
Continued expansion of proactive Patient Safety initiatives across the Trust.	<p>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:</p> <ol style="list-style-type: none"> 1. Promotion of Best Practice. 2. Benchmarking standard of care. 3. Striving to be “An Organisation with a Memory”, through the lessons learned process

Performance of Trust against selected measures against Priority 2		
Selected Measures	2011/2012	Current Status
<p>People who use our services report that they experienced safe care</p> <p>Source: Strategy Measure</p>	Baseline to be set at end of June 2012 from local survey results	A pilot commenced in July using the Psychological Therapies Service questionnaire in order to fully ensure that the process works. The pilot will be completed in October 2012. A phased roll out across services will commence in November 2012 and roll out across all services with access to the electronic records system PARIS will be completed by January 2013.



Results from the 2012 Mental Health Inpatient Service User Survey

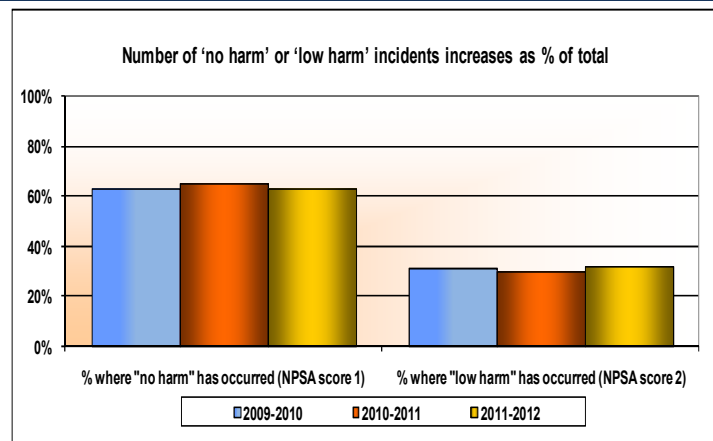
Selected Measures

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

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

Source: Strategy Measure

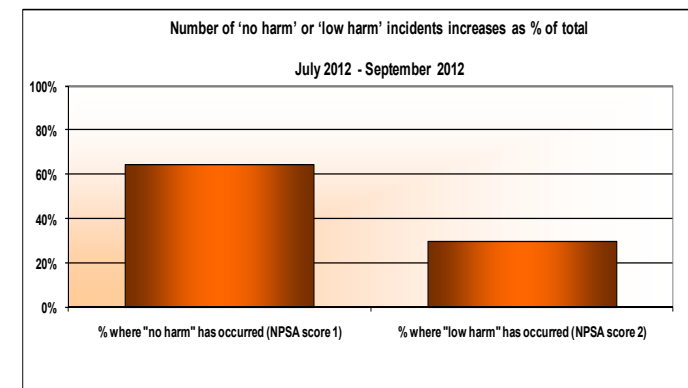
2011/2012

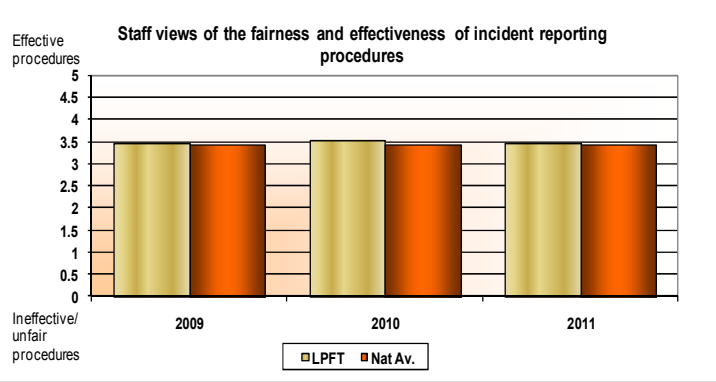


All service user incidents – inpatient & community

Current Status

The graph below shows the number of 'no harm' or 'low harm' incidents from July 2012 – September 2012 as % of total:



<p>Staff views of the fairness and effectiveness of incident reporting procedures</p> <p>Source: Strategy Measure from National NHS Staff Survey</p>	 <p>Trust score is based on 425 staff (Leeds) who took part in the 2011 National NHS Staff Survey</p>	<p>This measure has been discussed at the Trust Security Management Committee. It was agreed that further work will be undertaken to understand staff's perceptions regarding this question through either a short survey question or through a barometer survey.</p>
<p>Evidence that we meet national guidelines for clinical care and treatment relevant to our Trust within 2 years of publication</p> <p>Source: Strategy Measure</p>	<p>In 2011-2012 the Trust achieved this target for 100% of newly published clinical guidelines.</p>	<p>The Trust continues to achieve this target for 100% of newly published clinical guidelines.</p>
<p>Selected Measures</p>	<p>2011/2012</p>	<p>Current Status</p>
<p>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)</p> <p>Source: Commissioning for Quality and Innovation Measure</p>	<p>To be determined by end of July 2012 in line with national requirements.</p>	<p>Processes are in place to ensure that the required data is collected on a monthly basis and reported to the Information Centre on a quarterly basis. Data has been collected relating to July, August and September in the relevant areas. Information is presented to the Professional Nurse Advisory Forum and to the Clinical Quality and Risk Standing Support Group. A 6 monthly update will be provided to the Trust Board.</p>
<p>Improving the implementation of action plan goals following a serious untoward incident which relates to a community patient suspected suicide</p> <p>Source: Commissioning for Quality and Innovation Measure</p>	<p>70% of community suspected suicides for Leeds Services reported to NHS Leeds within 1 working day of the incident being reported to the Trust and the initial action plan submitted within 5 working days, which describes the immediate action taken.</p>	<p>One community suspected suicide was reported to NHS Airedale, Bradford & Leeds in Quarter 2 for Leeds Services. This was reported within one working day of the incident being reported to the Trust and the initial action plan was submitted within five working days, which describes the immediate action taken. Performance for Quarter 2 is therefore at 100% for both measures and above the Quarter 2 trajectory.</p>

PRIORITY 3: PEOPLE HAVE A POSITIVE EXPERIENCE OF THEIR CARE AND SUPPORT

Initiatives for implementation in 2012/2013

Initiatives	Comments/Updates
<p>Through our Transformation Project our aim continues to achieve a pathway model for services that eliminates inequality and age discrimination and improves access to services.</p>	<p>A new model for community services was introduced through the Transformation Programme in June 2012.</p> <p>Community Care is delivered through three locality teams who provide services accessible to service users of all ages. Experienced staff are working in a range of services in the locality teams which are available through the care pathway based on individual needs and not limited by the age of those using our services.</p> <p>Performance data continues to show that all referrals are being handled through the single point of access. Response times to telephone contact and subsequent assessments are meeting performance targets.</p> <p>An initial review of the community work has been undertaken and will make recommendations to the Trust's Transformation Programme Board for further refinements to the new model. Operational managers and corporate services continue to support community teams in addressing local training and capacity requirements to ensure that the model continues to deliver safe and effective care.</p>
<p>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 inpatient facility in Leeds. Historically services users who have required this service have been placed in out of area units meaning they are not receiving 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 key focus on recovery.</p>	<p>Following the opening of the ward on 25 June 2012, the service has successfully engaged service users in psychological work e.g. voice narratives, mindfulness and emotional regulation skills. The service are also about to start delivering substance misuse interventions and work with those service users who are hearing voices.</p> <p>The first "carers group" was held in September and following the success of this group it has been agreed that these will be held on a monthly basis.</p>
<p>We are aiming to improve outside space for all service users at our older peoples in patient unit in Leeds that will enable therapeutic services.</p>	<p>Service users at the Mount are now gaining the benefits of significant improved outside space (gardens) as a direct consequence of service user and carer feedback. Three gardens have been developed, one specifically for service users with dementia, a working garden and a garden for reflection. These were formally opened during summer 2012 and are an important component of care delivery. The openings were also covered by the local media.</p>
<p>Through our implementation of our equality objectives we aim to further develop our equality performance:</p> <p>1) We aim to undertake further analysis of the service user survey results by protected characteristics to identify and address any variation in satisfaction</p>	<p>1) Analysis of our results from the national community mental health service user survey by protected characteristics has been completed. This data will be triangulated with responses from our service user "Your Views" survey which is planned to be rolled out across our services from January 2013.</p>

results.	
Initiatives	Comments/Updates
<p>2) We will develop a consistent approach across the local NHS economy in respect of equality leadership, staff empowerment and access to development opportunities.</p> <p>3) We will further develop the improvement and engagement of protected groups and our “local interests” including service users, carers, staff, third sector, clinical commissioning groups and the local authority.</p> <p>4) We aim to improve access, experience and choice for service users from black and minority ethnic communities through the implementation of a joint action plan with Touchstone Community Development Service.+</p>	<p>2) LYPFT is one of five Trusts within the region signed up to the Innov8 NHS programme which aims to reshape how senior leaders appreciate and develop diverse talent in NHS organisations in the Yorkshire and Humber region. A joint workforce research study between NHS Airedale, Bradford & Leeds, the Yorkshire & the Humber Strategic Health Authority and LYPFT was undertaken and the research report was disseminated in November 2012. A national conference based on the findings from the research is planned for February 2013.</p> <p>3) Work to improve engagement with protected groups and our “local interests” is ongoing. Examples of work over the last quarter includes:-</p> <ul style="list-style-type: none"> - Extending membership of the Leeds NHS Equality Advisory Panel comprised of organisations representing the interests of protected groups. The role of the panel is to review and challenge LYPFT equality performance and to inform future equality priorities. A mid-year progress review event was held in October 2012. - Dissemination and analysis of research work undertaken in Leeds by the University of Central Lancashire using a co-production model to engage with protected groups to understand their experiences of using NHS services in Leeds. Planning of further targeted research work with lesbian, gay and bisexual people and people with physical and sensory impairments is to be completed by March 2013. - Diversity and Inclusion Forum was held in York in November 2012 to increase engagement with our “local interests” and to identify current equality priorities in relation to service user and carer access to and experience of our services within North Yorkshire and York. <p>4) Partnership work to improve access, experience and choice for service users from black and minority ethnic (BME) communities within our Leeds services is ongoing. A progress report was presented to the Trust’s Planning Care Standing Support Group in October 2012. Analysis of BME service user data for North Yorkshire and York services has been undertaken to support the implementation of a partnership project, led by York Mind to improve access and outcomes for BME communities across North Yorkshire and York.</p>

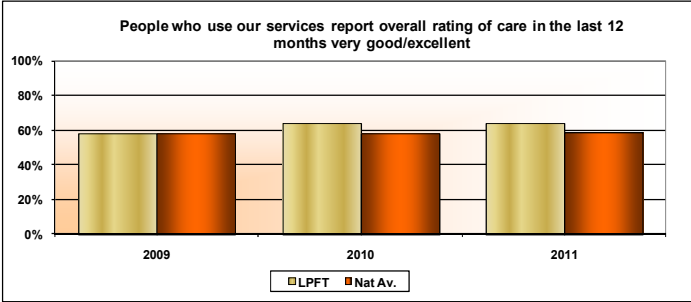
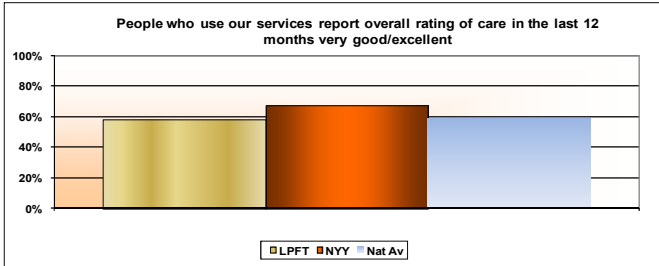
We aim to continue to develop The Mount in Leeds as a centre of excellence for acute inpatient care and treatment for older people with dementia and older people with acute and complex mental health needs

The Mental Health wards (Mount wards 3 and 4) continue to be accredited to the AIM's initiative and this work has helped to significantly improve service delivery and outcomes

A reconfiguration of the dementia inpatient services has allowed a significant enhancement to staffing on both dementia wards at the Mount and bank and agency usage has decreased appropriately. The dementia wards have also engaged significantly in the Dementia Care Mapping initiative which has allowed baseline observations of numerous care interventions that are delivered to service users. Recommendations and actions are consequently being made to further improve care. A particularly successful example of an external partnership initiative was the 'Give and Gain day' when employees from the Lloyds Banking Group gave their day to make a difference to the usual routine of the ward. This helped to raise awareness of dementia and provided a valuable insight into the value and possible future use of volunteers.

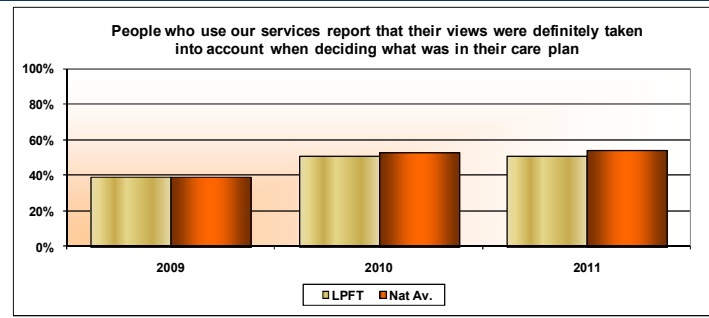
There is clear evidence that all service users in the Mount are now receiving increased structured activity and that this is being delivered on a needs led basis. Utilising outcome measures, the group and individual activities are constantly reviewed for effectiveness and changed wherever appropriate

Performance of Trust against selected measures against Priority 3

Selected Measures	2011/2012	Current Status
<p>People who use our services report overall rating of care in the last 12 months very good/excellent.</p> <p>Source Strategy Measure from Mental Health Community Survey</p>	 <p>586 service users from our Trust (Leeds) responded to the 2011 national community service user survey</p>	<p>58% of services users reported that the overall rating of care was very good or excellent in Leeds Services</p> <p>67% of services users reported that the overall rating of care was very good or excellent in NYY Services</p>  <p>(Nat Av is based on the results of all Trusts with Mental Health Services surveyed by Quality Health)</p>

People who use our services report their views are definitely taken into account when deciding what was in their care plan

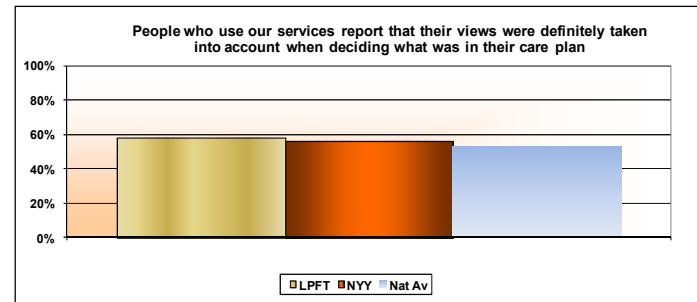
Source Strategy Measure from Mental Health Community Survey



586 service users from our Trust (Leeds) responded to the 2011 national community service user survey.

Service user involvement in planning their care is fundamental to good CPA and the recovery approach. These two elements are central to the next stage of CPA training that is planned for launch across all service areas by November 2012. The training is currently in planning stage; development and content is being agreed via the Planning Care Standing Support Group.

An E-Learning package, incorporating both CPA and recovery, is intended as a 'foundation' level of awareness and is augmented by classroom learning – as above. The e-learning is due for launch by the end of November 2012.



(Nat Av is based on the results of all Trusts with Mental Health Services surveyed by Quality Health)

Selected Measures

2011/2012

Current Status

Engaging service users in acute adult inpatient settings in structured activity

2012-2013 will be the baseline year where a programme of structured activity will be further developed in Older Peoples inpatient settings.

Through Quarter 2 work has continued to embed therapeutic group activities at The Mount (mental health & dementia wards). All areas have completed a baseline review, utilising care plans/case notes to ensure every service user has an individualised activity programme which has been formulated through the use of the appropriate tools.

Source Commissioning for Quality and Innovation Measure

Uptake of structured activity and service user feedback will be gathered and monitored.

The Quarter 3 CQUIN report will provide information on the uptake of the individual groups and feedback from service users in relation to outcomes and effectiveness.

Improving service user experience at Care Programme Approach (CPA) Reviews.

A total of 97 completed questionnaires were received giving a response rate of 21.7%, which is broadly in line with response rates to National Service User Surveys.

An action plan was developed following analysis of questionnaire results as part of the 2011/12 CPA CQUIN. This has been implemented alongside a range of other initiatives that are intended to support/guide practice and enhance the service user's overall experience of mental health services.

Source Commissioning for Quality and Innovation Measure

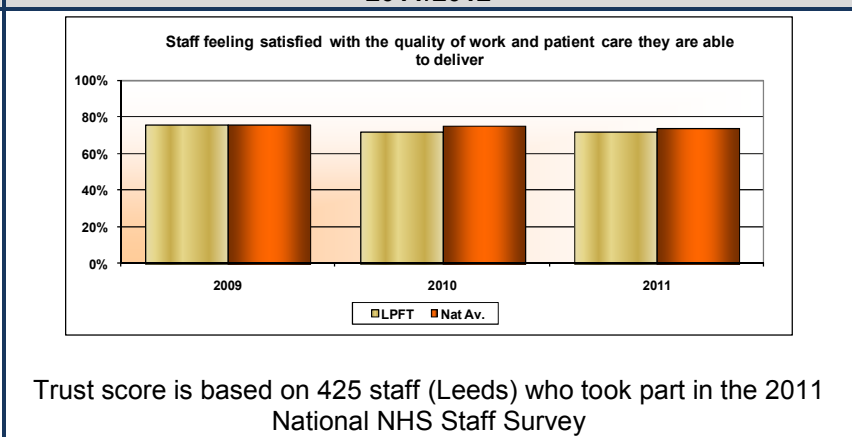
Results from the local survey showed:

	<ul style="list-style-type: none"> • 52% of people said they were definitely given a choice about how their review would be held • 79% 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>Progress against the action plan was included with the Quarter 2 CQUIN report and will continue to be monitored.</p> <p>The data collection period for 2012/2013 will span the full 3 months of quarter 3 and questionnaires will be sent to service users who have had a CPA in this period. The results will be generated and collated by the SNAP software and presented to the Planning Care Standing Support Group for consideration and action planning.</p>
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Selected Measures	2011/2012	Current Status
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Staff feeling satisfied with the quality of work and patient care they are able to deliver

Source Strategy Measure/National NHS Staff Survey (2011)



The Trust has implemented a new appraisal & development scheme based on setting 5 SMART objectives which will support staff to improve their own performance. A review of this has taken place and further improvements are being developed with these being road tested in adult/older peoples services and in CAMHS, The Procedure to support the revised scheme is currently being developed. Through the implementation of the transformation programme & new ways of working for staff aimed at improving the patient journey, integrated care pathways and eliminating non valuing activity will further improve patient care. A 3 month review of the first two tranches of the transformation programme is currently near completion which will look at service user and staff feedback to ensure that improvements are taking place.

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	Current Position	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>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p> <p>Leeds Services – October 2012 figures demonstrate a 98% follow up rate.</p> <p>LYPFT – October 2012 figures demonstrate a 97% follow up rate.</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>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p> <p>Leeds Services – October 2012 figures demonstrate performance at 95.1%</p> <p>LYPFT – October 2012 figures demonstrate performance at 95.3%</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>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p> <p>Leeds Services – October 2012 figures demonstrate a cumulative average of 1%.</p> <p>LYPFT – October 2012 figures demonstrate a cumulative average of 4.9%.</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>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p> <p>Leeds Services – October 2012 figures demonstrate a 98.1% compliance rate.</p> <p>LYPFT – October 2012 figures demonstrate a 96.2% compliance rate.</p>	95%
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>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p> <p>Leeds Services – October 2012 figures demonstrate performance at 99.8%.</p> <p>LYPFT – October 2012 figures demonstrate performance at 99.8%.</p>	99%
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	<p>LYPFT have maintained a position of compliance to date throughout 2012-2013.</p>	50%

Monitor Target	Current Position	Threshold
(HoNOS) assessment in the past 12 months along with valid recordings of employment and accommodation.	<p>Leeds Services - October 2012 figures demonstrate performance at 65%.</p> <p>LYPFT – October 2012 figures demonstrate performance at 60.1%.</p>	
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 and York Services - for the 6 recommendations 4 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 2012-2013
Meeting Commitment to Serve New Psychosis Cases by Early Intervention Teams. This target is only applicable to North Yorkshire and York services as Early Intervention is provided by Aspire within Leeds.	Performance for April 2012 – October 2012 demonstrates LYPFT has exceeded the contract target, with 37 new cases of psychosis supported by the Early Intervention Team.	95% of contract value (contract value is 34 new cases)