



North Yorkshire and York



**Quality Account for North Yorkshire and York Primary Care Trust
Mental Health and Learning Disability Services
2010 - 2011**

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Part 1

Our statement on quality

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of Quality Accounts is to encourage services to assess the quality of the care and treatment they deliver. They allow staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

By putting information about the quality of North Yorkshire and York Primary Care Trust's mental health services into the public domain we are offering our approach to quality up for scrutiny, debate and reflection. We hope that this Quality Account assures commissioners, patients and the public that our services are of high quality and continue to develop and improve: all providers of NHS services, no matter how large or small, or what services they provide, should be striving to achieve high quality care for all.

The year of 2010 – 2011 was very much a year of transition. Our colleagues in community services left North Yorkshire and York Primary Care Trust to join forces with neighbouring acute hospital trusts and we welcomed our Learning Disability colleagues and services into our mental health service. More recently, our mental health services in Harrogate and Northallerton have joined Tees and Esk Wear Valleys NHS Foundation Trust. York and Selby mental health services is expected to join Leeds Partnerships NHS Foundation Trust in November this year. The NHS overall is also undergoing substantial change as a result of the publication of the Health and Social Care Bill 2011.

Therefore, with the above changes in mind, it is particularly gratifying to find that our patients, the people that best know our services, continue to rate them very highly. Provisional results from the National NHS Community Mental Health Survey show high levels of satisfaction in comparison with our peers. Our local inpatient satisfaction questionnaire show similar high levels of patient satisfaction.

We hope that you find our second and final Quality Account of interest and we look forward to a new era in delivering mental health services for our population.

Our statement of accuracy of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

30.06.11.....Date..... *Kari Mott*Chairman
29.06.11.....Date..... *MJ. Brown*Chief Executive

Part 2

Priorities for improvement

Ordinarily, and as stated in the regulations, we would provide at least three priorities for improvement in the quality of our services. This year, however, is not an ordinary time. Our Harrogate and Northallerton mental health services joined Tees and Esk Wear Valleys NHS Foundation Trust on 1 June 2011 and it is planned that our York and Selby services will be joining Leeds Partnerships NHS Foundation Trust in November 2011. Therefore any changes to service must take this context into account. Indeed the Department of Health is mindful that Primary Care Trusts are expected to transfer their provider services to other organisations and has said that these services do not have to produce priorities for improvement. We remain, however, committed to maintaining high quality and our priorities are:

1. To continue to deliver services that meet the Care Quality Commission's Essential Standards of Quality and Safety.
2. To ensure that there is safe handover of services and care of service users to the two Foundation Trusts.
3. In collaboration with partners to continue to develop and add value to our services.

Monitoring and reporting progress with our priorities

Our Mental Health Management Board will regularly review our Quality and Risk Profile, identifying any areas of care that require remedial action in order to improve delivery and maintain safety. North Yorkshire and York Primary Care Trust has direct access to our Quality and Risk Profile Progress and therefore can gauge our progress by appraising our rating for each outcome.

The Mental Health and Learning Disability Governance Committee, chaired by our Medical Director will meet monthly to monitor, manage and improving the governance structures and processes that support the safe and effective delivery of our services. The above priorities are reflected in its Terms of Reference.

The Associate Director for Mental Health will also furnish the Trust Board every month with a report that updates the Board on North Yorkshire and York Primary Care Trust's mental health services. This report will include information on the quality of our care and progress in meeting our three priorities.

Our statements of assurance

Finance

The income generated by the NHS services reviewed in 2010/11 represents 14 per cent of the total income generated from the provision of NHS services by North Yorkshire and York Primary Care Trust's mental health services for 2010/11

North Yorkshire and York Primary Care Trust's mental health services' received £7.06 million in addition to the £51.12 million received from North Yorkshire and York commissioners.

Participation in clinical audits

During 2010/2011, three national clinical audits and one national confidential enquiry covered North Yorkshire and York Primary Care Trust's mental health services.

During that period North Yorkshire and York Primary Care Trust's mental health services participated in 66% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North Yorkshire and York Primary Care Trust's mental health services were eligible to participate in during 2010/11 are as follows:

Audit / Inquiry
National audit of psychological therapies
Prescribing in mental health services
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 North Yorkshire and York Primary Care Trust's mental health services participated in during 2010/11 are as follows:

Audit / Inquiry
National audit of psychological therapies
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 North Yorkshire and York Primary Care Trust's mental health services participated in, and for which data collection was completed during 2010/11 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 / Inquiry	Participation	% Cases Submitted
National audit of psychological therapies	Yes	100
Prescribing in mental health services	No	N/A
National audit of schizophrenia	Yes	N/A
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	100

The national audit of schizophrenia is not yet completed therefore can not be reported.

No reports of national clinical audits were reviewed by the provider in 2010/11.

The reports of 67 local clinical audits were reviewed by the provider in 2010/11 and North Yorkshire and York Primary Care Trust's mental health services and intends to take the following actions to improve the quality of healthcare provided.

Actions following mental health and learning disabilities services' clinical audits

Child & Adolescent
Changes made to diary pages of EDT appointment book.
Completed audit reports discussed in CAMHS audit group meeting
Forensic
Develop emergency contact forms specific to individual patients
Carers liaison role on all wards to ensure that literature is kept up to date & accessible
All professionals to ensure that service users have access to their reports at least 48 hours prior to their CPA review.
Supervisors to utilise the "Principles of good record keeping" aide-memoir with their supervisees.
Ward managers to remind qualified staff that the dose and name of depots and prn medication should be entered in the notes.
Mini physical checks to be completed monthly by nursing staff with full physical examination by junior doctor at least before CPA review meetings and on admission.
CPA paper work to include physical section. Where patient receive care through specialist or primary care services this must be cross referenced rather than replicated.
Ward managers and clinical leads to ensure outstanding SAMP and HONOS assessments are completed and placed on IMHER by the end October 2010 in order to reach targets and recommendations.

Clinical staff to begin the process of completing HCR-20 reports prior to the service user being admitted, where possible, to speed up the process, and ensure the full assessment is complete within the 4 week timeframe.
Ensure systems are in place to identify appropriate individuals as carers and that they receive a welcome pack and an invite to Carers' Group.
Learning Disabilities
All leads from each discipline to have copy of report
All outstanding assessments to be completed within one month
Working group to review and update single assessment forms and procedure to reduce delays in future
Older People
Completed audit reports discussed in Older people audit group meeting
Patients who require palliative care are to be transferred to a medical ward.
Ensure SAMPs are locked after completion
Ensure prompt completion of SAMPs after all initial assessments
Laminated copies regarding psychotropic monitoring would be handed out as a reminder to all clinical staff.
Consent to treatment should be assessed for all patients without delay (within 72 hours as per DOH and not within the 48 hours as suggested by the PCT). Further detailed assessment can follow when necessary.
For patients who lack capacity, all efforts should be made to clarify legal arrangements and to always act in the patient's best interest. At this point MCA2 can be filled.
MCA 2 (best interest form) can be filled if patient in hospital for >28 days or if patient being transferred to long term facility and deemed incapacities.
Key reminders sent to wards about how to reduce drug errors
Ensure that new trainees are able to take thorough psychiatric histories and conduct risk assessments. This should be achieved through the induction process and supervision.
Trial electronic discharge letter on EAY, which could be transmitted to GPs on the day of discharge.
Notes to go straight to secretaries instead of via medical records for discharge letters to be completed before coding.
Proforma to be developed by trainees, to guide them in their assessments.
New drug chart in process of being developed which should be more mental health specific for patients.
A form should be developed based on NICE guidelines, with prompts and space for descriptive comments for use of antipsychotics in BPSD
Devise an improved ABC chart with clearer guidance on antecedents.
Psychology
Report with recommendations forwarded to commissioning service
Rehabilitation & Recovery
Completed audit reports discussed in Recovery Managers' meeting
Working Age
Completed audit reports discussed in Working age audit group meeting
A survey of current IHTT staff to assess level of competency, confidence and barriers to change in implementing screening and brief interventions.
Proforma to be amended to include section on PMH/medication.
ICD 10 diagnosis should be recorded at an MDT meeting prior to discharge and that

this code should be recorded by the SHO on the PDL
Need to continue to offer ECGs to patients prior to starting treatment, and need to offer ECGs to those patients who have no documented previous ECG.
Need to improve documentation of informing patients that they have been prescribed multiple antipsychotics.
All relevant parties to be informed prior to transfer of care to IHTT, and documentation completed to reflect this.
For all CPA plans to be updated prior to discharge or transfer.
For all assessments to include formulation.
For all assessments to be completed fully, leading to identified need and care planning.
North Yorkshire and York Wide
Completed audit reports discussed in Clinical Effectiveness Committee and services audit group meetings
Better use of NICE guidelines in care planning, more specific in detail of who does what, when and where and outcomes/objectives.
It is decided whether the MCA1 form is the only document used to record formal assessments of capacity.
It is decided whether all patients admitted to hospital should receive a formal assessment of capacity.
It is decided whether admission to hospital should be included in the list of serious medical treatment.
Ensure prompt completion of SAMPs after all initial assessments
For all CPA plans to be updated prior to discharge or transfer.
All Medical Records folders to be marked confidential.
Documentation to have identified space to write the patients' name, NHS number and ward name of every page. This will ensure that documentation is accurately filed.
To produce a set of local procedures for ensuring confidentiality controls are in place. It may be appropriate for these procedures to concentrate on the basic requirements at this stage and be expanded as the detailed requirements under Leeds Partnerships FT emerge.
To ensure staff abide by the current requirements to write "private and confidential – to be opened by addressee only" on outgoing mail containing patient data and to include this requirement in the set of local procedures

Every speciality organises its own clinical audit meetings where completed audits are presented, discussed and actions agreed.

Breakdown of clinical audits by specialities

Child & Adolescent	5
Forensic	10
Learning Disabilities	3
Older People	19
Working Age	14
NYY wide	8

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by North Yorkshire and York Primary Care Trust's mental health services in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 876.

Approximately 52 % of active research projects in the Trust were part of the NIHR Clinical Research Portfolio and thus eligible for financial or other support from the North and East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL-CLRN).

Below are examples of mental health research projects involving Trust staff. All Care Groups are represented.

Hospital management of self-harm in England	Alan Coates
Folate metabolism and depression	Dr Paul Blenkiron
Hallucinations and Illusions in Children Associated with Migraine	Dr Barry Wright
Leading in Quality: Leadership & Teamwork in Mental Health Provision	Nick Turner
Key components of effective psychological wellbeing practitioners	Rita Baker
Challenge FamCare	Dr Chris Clarke
Rehabilitation Effectiveness & Activities for Life (REAL):	Dr Andrew Elmslie
Long Term Outcomes Following a First Episode of Psychosis	Dr Claire Robinson
Quality of life in Schizophrenia	Richard Allan
Psychotic symptoms in BPD	Teri Sanders
Exploring how older people and their families view memory changes	Veronica Mackley

Use of the CQUIN payment framework

The CQUIN payment framework is a national framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and Provider, with active clinical engagement. The CQUIN framework is intended to reward genuine ambition and stretch, encouraging a culture of continuous quality improvement in all providers.

The CQUIN payment framework is one of a range of commitments in *High Quality Care for All* designed to support the cultural shift to put quality at the heart of the NHS.

A proportion of North Yorkshire and York Primary Care Trust's mental health services income in 2010/11 (1.5%) was conditional on achieving quality improvement and innovation goals agreed between the Primary Care 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.

CQUIN goals and targets have been agreed with our commissioners and are reported to the commissioners and then the Strategic Health Authority.

The Mental Health Management Board monitors our performance in achieving our CQUINs in each of its meetings. Below is a summary of our position for the last quarter of 2010/11.

CQUIN	NYYPCT	SHA average
IHTT assessments seen within 4 hours	88%	79%
Non-urgent referrals seen within 14 days	33%	46%
Admitted patients screened using nutritional tool	58%	84%
Discharged patients screened using nutritional tool	42%	77%
Patients acquiring a pressure ulcer during admission	0%	0%

It can be seen that we must improve our performance for some CQUINs. We believe that some of the results are because of problems in data collection and not due to quality of services.

An overview of our CQUIN performance is in Appendix 1.

Statements from the CQC

North Yorkshire and York Primary Care Trust's mental health services were required to register with the Care Quality Commission and its current registration status is without conditions. North Yorkshire and York Primary Care Trust's mental health services are registered to provide:

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

The Care Quality Commission has not taken enforcement action against North Yorkshire and York Primary Care Trust's mental health services during 2010/11.

North Yorkshire and York Primary Care Trust's mental health services have not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money.

North Yorkshire and York Primary Care Trust's mental health services will be taking the following actions to improve data quality.

- Continue to implement the audit programme of clinical records to monitor whether record keeping is maintained to the standards in our local policy.
- Establish a programme of auditing the electronic Care Programme Approach (CPA) records to monitor data entry of the components CPA
- Continue to use the newly-established Clinical Records Working Group as a forum where issues of record keeping, including data quality, can be discussed and resolved.

NHS Number and General Medical Practice Code Validity

The completeness of patient data is reflected in how widely NHS numbers and GP Codes are used.

North Yorkshire and York Primary Care Trust's mental health services submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number was:

- 92.02% for admitted patient care; and
- 96.95% for out patient care.

The percentage of records in the published data, which included the patient's valid General Medical Practice Code was:

- 99.86% for admitted patient care; and
- 99.48% for out patient care.

The NHS Information Centre publishes organisation level data quality reports for a selection of data items in the Mental Health Minimum Data Set. The report for 2010/11 shows that North Yorkshire and York Primary Care Trust's mental health services data quality is comparable with other services.

Information Governance Toolkit attainment levels

North Yorkshire and York Primary Care Trust's mental health services Information Governance Assessment Report score overall score for 2010/11 was 70% and was graded amber (not satisfactory). This is an improvement from our attainment level in 2009/10, which achieved an overall score of 63%.

Clinical coding error rate

North Yorkshire and York Primary Care Trust's mental health services were not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

Part 3

Review of services

During 2010/2011 North Yorkshire and York Primary Care Trust's mental health services provided a range of services across the localities of Harrogate, Northallerton and York:

- Older People mental health service, both community and inpatient
- Working Age mental health service, both community and inpatient
- Young People mental health service, both community and inpatient
- Learning disability service, both community and inpatient
- Forensic mental health service, both community and inpatient (this service also serves the population of North Yorkshire)
- Drug and alcohol community service.

On 1 April 2010 we were given unconditional registration for all our services by the Care Quality Commission. Internal audit examined the robustness of systems and processes that provided assurance to the Board of the self-assessment processes underpinning the application for CQC registration in January 2010, and provided CMHS with significant assurance.

North Yorkshire and York Primary Care Trust's mental health services have reviewed the information available to them on the quality of care delivered by its services. The results are summarised below using the three dimension of quality: safety, effectiveness and patient experience.

Safety

In our first Quality Account we gave our commitment to deliver the highest standards of care, and to ensure the safety of our patients, visitors and staff by building on our risk management processes. Below are some examples of how we put this into practice.

Governance and risk management processes and structures have been further embedded and tested throughout 2010/11.

Our services are consistently in the top 25-50% of highest reporters (Yorkshire and Humber SHA: reporting rate/1000 bed days for providers with inpatient facilities).

Learning from incidents is shared through governance committees and changes in practice are made where indicated. In September 2010 the Mental Health and Learning Disability Governance Committee reviewed progress in implementing

the recommendations from the 14 completed Serious Incident Investigations completed in 2009. The review showed that all recommendations had been implemented. The review also analysed the various factors that were found to contribute to the serious incidents. The patient's clinical condition was the contributory factor most identified as a root cause. This is both a reminder of the limited effectiveness of mental health services in managing patients who are reluctant to disclose their thoughts and intentions and reassurance that within that limitation, service delivery was often appropriate. The second most cited category was the 'task' contributory factor, which included not adhering to policy, predominantly the record keeping and risk assessment policies.

In 2010, the North Yorkshire and York Community and Mental Health Services Shadow Board made a public commitment to implementing the principles of Being Open and has evidence that findings of incident investigations are shared with patients and families as part of this commitment. The Serious (untoward) Incident Policy has been updated to reflect new NPSA guidance.

North Yorkshire and York Primary Care Trust attained NHS Litigation Authority Risk Management Standards Level 1.

A number of Independent Investigations have reached fruition. All recommendations from these Investigations have been taken forward in action plans and have resulted in changes to policy, staff training and audit of practices.

The regular programme of unannounced Infection Prevention and Control audits has continued successfully, and by year end there were no inpatient units which had an unsatisfactory rating for adherence to infection prevention measures.

There has been a £3 million refurbishment of the two working age acute wards in Bootham Park Hospital. A large proportion of this sum was spent on reducing all the anti-ligature risks, installing a more robust alarm system and over 100,000 on new safety glass. The last report summarising the results from the inpatient satisfaction questionnaire showed that 93% of patients felt safe whilst on the wards.

Clifton House, our low secure unit, has enhanced its security. The work, which complies with new national standards, includes improved fencing and a staircase which gives access to the garden to service users on the first floor.

Types and rates of drug errors reported using the Trust's adverse incident reporting system, *Ulysses*, are regularly reviewed by the Mental Health and Learning Disability Governance Committee. Units have been required to complete a root cause analysis (RCA) of any drug error reported on *Ulysses*. In November 2010 the RCAs were reviewed to identify the main contributory factors causing drug errors – these were found to be task factors. As a consequence guidelines on safe drug administration had been produced and circulated to

services, including the essential points, which could be posted on drug trolleys to highlight the importance of carefully checking and signing drug charts, and witnessing administration when carrying out the drug rounds. Additionally, the Older People's service undertakes monthly audit of drug charts to reduce potential errors relating to prescribing.

The Older People's service has a Falls Pathway to minimise the risk of falls. This is subject to an annual audit. Results from the audit have led to a review of the falls pathway and each unit has been asked to review compliance with the standards every time a patient falls.

Following a clinical review after a patient's death at home caused by a chip pan fire community staff in the Older People's service have been asked to undertake a fire safety check as part of a home assessment. Teams now involve the local fire service to fit smoke alarms.

The Forensic service has adopted the HCR-20 risk assessment tool for use in Clifton House. An audit completed in March 2011 has shown an overall improvement within the service of completed HCR-20 reports, with most of these being completed within the last 6 months. There was evidence of greater involvement by the multi disciplinary team in completing individual HCR-20 assessments but scope for improving patients' involvement in the assessments was identified. This has been taken forward by the service who will be using the opportunities within the Care Programme Approach to improve patient involvement. The Forensic service has also audited its use of the local risk assessment tool, the SAMP. This found that these assessments were all up to date and properly recorded on the clinical IT system, IMHER.

Patient experience

In our first Quality Account we said we would develop our mechanisms for receiving patient feedback. Below are some examples of how we put this into practice.

Our results from the 2010 national community mental health services survey were very positive and put our services in the top 20% providers. Our results had also improved from the previous year. Of particular note were that a higher percentage of patients said the purpose of their medication was explained, more knew who their care co-ordinator was and more had a number to contact out of hours.

We now have an Engagement Officer for mental health services who is beginning to support our endeavours to improve patient feedback. For example, she attends the community meetings on Rowan Ward to ensure that patients' views are heard and acted upon.

The mental health acute inpatient wards have introduced a patient satisfaction exit questionnaire. Detailed reports are produced quarterly to identify areas of good practice and areas that require further attention.

In Working Age services the inpatient experience has been enhanced by the refurbishment of the two working age acute wards in Bootham Park Hospital. Inpatients now have en suite facilities in their bedrooms to improve patients' privacy and dignity and the wards are single-sex. Results from the inpatient satisfaction questionnaire demonstrate that 92% of patients rated their stay in hospital as between good and excellent.

The St Andrew's intensive group therapy programme works as a therapeutic community, where important decisions are made and responsibilities are shared between community members. In July 2010 the programme was accredited through the Royal College of Psychiatrists Community of Communities accreditation scheme. This makes the programme one of only nine operational adult democratic therapeutic communities nationally to meet this standard.

The Forensic service holds a monthly working lunch for its inpatients where their views can be heard and where possible responded to by staff in order to improve services. The working lunch is a step-up from the ward based community meetings, which are held on a weekly basis on both the Clifton House wards and on a monthly basis at the two community rehabilitation houses. The minutes/record books from each ward community meetings are taken to the working lunch meeting and salient points are raised for wider discussion amongst the patients attending. In addition the minutes from the monthly care group/service meetings are taken so that any issues sent to the care group meeting and which have been discussed can be fed back to the patients at the working lunch meeting. The number of attendees varies from eight to fifteen and generally includes a range of patients from each of the ward areas and staff and students. Meetings are planned in advance allowing everyone the opportunity to plan their time accordingly and attend if they wish. The minutes from each of the minutes are displayed on each of the ward notice boards.

The Forensic service also uses the Essen Climate Evaluation Schema, a short 15 item questionnaire, to assess the social and therapeutic atmosphere of its wards. Between January and February 2011, 23 patients (100%) and 18 staff (43%) completed the questionnaire. The results from patients was generally positive: on average patients felt they could talk openly to staff about their problems and that staff take an interest in their progress and care that they succeed in treatment.

The maintenance of privacy and dignity within the Older People's service is crucial. Inpatient units complete a 'This is me' document with patients and carers

to ensure that staff have an understanding of each patient's life history and what is important to them to enable staff to develop personalised approaches to care. In York students from the University of York visit the inpatient units during term time to engage patients in recreational and social activities – a project called Minds in Motion. Their involvement is welcomed by staff and patients alike as they provide additional opportunities for patients to be involved in a range of enjoyable and stimulating activities.

Meadowfields Community Unit has recently completed a project to develop the dining area of the unit as part of the Enhancing the Healing Environment programme delivered by the King's Fund. Patients' meals are now served in a redesigned room which is also available for carers to use when visiting. Hot drinks can be made and patients are able to bake with staff.

In March 2011 our services reaffirmed their commitment to deliver single sex accommodation and we confirmed that we were compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. If our care should fall short of the required standard, we will report it; to date there have been no breaches in delivering single-sex accommodation.

Effectiveness of care

In our first Quality Account we said we would continue to assess and adopt best practice as defined in National Institute for Health and Clinical Excellence (NICE) guidance and relevant learning from the recommendations which emerge from National Confidential Enquiries/Inquiries. Below are some examples of how we put this into practice.

We have successfully tested the Productive Community Series with the Assertive Outreach team in York. Changes to working practices tried through PCS have been mainstreamed into the team's day to day working lives.

Baseline assessments of NICE guidance and national inquiries e.g. Mid staffs, Airedale, Norris) have been conducted and action plans agreed where relevant. These have been monitored through our governance committees.

The Governance Team has supported a variety of audits in response to both national and local drivers, these have included:

- Clinical Record Keeping and Records Management (NHSLA Risk Management Standards)
- Maternal Mental Health and use of the Edinburgh Post Natal Depression Scale (policy and risk)
- Assessment of capacity to consent

- Medicines Management and Controlled Drugs audits
- Resuscitation Equipment
- Clinical risk assessment

The Forensic service has introduced the use of the Recovery Star. This is a tool for supporting and measuring change with patients using mental health services. It is also an effective key working tool, designed to support patients in understanding where they are in terms of recovery and the progress they are making. The Recovery Star now forms part of the admission and CPA process in Clifton House and its use is subject to internal audit. Information packs have been put together for patients and staff and information and resources are available via the internet and are displayed on the wards.

The Working Age service has remodelled its inpatient services to improve care delivery. The inpatient wards now have a single inpatient consultant psychiatrist, which enhances medical review of inpatients and reduces delays in discharge.

The Older People's service has introduced a venous thromboembolism (VTE) flowchart for use by medical staff on admission to aid decision making and the instigation of prophylactic treatment.

The Older People's Hambleton and Richmondshire Memory Service has been enrolled in the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) since 2009. This programme is run by the Royal College of Psychiatrists Centre for Quality Improvement and assesses the quality of Memory Services against 149 nationally agreed standards. In 2010 the service completed and submitted a three-month period of self-review when staff collected data from a variety of sources; members of staff, patients, carers, referrers and health records. This was followed-up by a visit from an inspection team who validated the submitted evidence. Following this, the service was accredited as 'excellent', the highest accreditation rating available in the programme. This result demonstrates the quality of service provision for our patients and their carers, as well as the commitment and hard work of the staff involved in the service and project group. The service remains enrolled in the programme and the standards are updated annually, with new standards developed to extend the breadth and detail of the scrutiny of the services provided.

Comments by the Primary Care Trust and York and North York LINK

We have shared this Quality Account with our lead commissioner, NHS North Yorkshire and York and the York Local Involvement Network and the North Yorkshire Local Involvement Network. Below are the comments from NHS North Yorkshire and York.

NHS North Yorkshire and York is the lead Commissioner for North Yorkshire and York Primary Care Trust Mental Health and Learning Disability Services and we are pleased to have the opportunity to review and comment on their second, and final, Quality Account for 2010/11.

The past 12 months has been one of change and it is reassuring to know that throughout these changes there have remained high levels of satisfaction amongst the users of the services provided by NHS North Yorkshire and York Primary Care Trust Mental Health and Learning Disability Services.

Although these services are being redistributed to two major NHS Foundation Trusts, already providing Mental Health Services, we are pleased that there will be a continued focus to:

- 1. deliver services that meet the Care for Quality Commission Essential Standards of Quality and Safety*
- 2. ensure that there is a safe handover of services and care of service users to the two Foundation Trusts*
- 3. Continue to develop and add value to the services in collaboration with partners.*

The Quality Account for NHS North Yorkshire and York Primary Care Trust Mental Health and Learning Disability Services provides a clear, accurate, open and positive reflection of the quality of patient care provided. Clinicians and management alike have played a wider role in influencing the agenda around quality and this is evident from the comprehensive examples given of actions that are to be taken following the results of several clinical audits. All of these actions continue to provide the reassurance that the three domains of quality, (patient safety, clinical effectiveness and patient experience) are actively being driven forward.

We are especially pleased to note that:

- the 2010 National Community Mental Health services survey placed NHS North Yorkshire and York PCT Mental Health Services in the top 20% of providers*
- 92% of patients rated their stay in hospital as either good or excellent*
- the Productive Community Series was successfully tested and positive changes to work practices have been mainstreamed into the teams day to day working lives*
- Older People's Hambleton and Richmondshire Memory Service has been accredited as 'excellent' (the highest rating possible) by the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP)*

NHS North Yorkshire and York PCT Mental Health and Learning Disability Services has also demonstrated significant improvements across the CQUIN indicators for 2010/11 although not all agreed targets were achieved. .

As lead commissioner we commend this Quality Account for its accuracy, honesty, and openness and recognise that NHS North Yorkshire and York PCT Mental Health and Learning Disability Services deliver high quality patient care.



Bill Redlin
Director of Standards
NHS North Yorkshire and York

The York Local Involvement Network (LINK) had no comments to make.

The North Yorkshire LINK was very pleased to have been invited to comment on the second and final Quality Account for North Yorkshire and York Primary Care Trust Mental Health and Learning Disability Services 2010 – 2011 and had the following comments to make:

The 2010 – 2011 Quality Account document is perceived as an improvement on that provided for 2009 – 2010.

The Account demonstrates commitment to improving the patient experience as shown in the review of services.

The Account does not outline how public and patient involvement featured in the production of the Account.

The LINK would have liked to have seen more data from Learning Disabilities services.

In respect of accessibility the LINK feels that the document would benefit from a list of acronyms and jargon busters to ensure that the document can be easily understood by members of the public.

The LINK welcomes, and endorses the three priorities for improvement that will steer the successful conclusion of the transfer of services to Tees Esk and Wear Valleys NHS Foundation Trust and Leeds Partnerships NHS Foundation Trust.

North Yorkshire LINK looks forward to working with the new providers in the months and years ahead.

Appendix 1

Commissioning for Quality and Innovation (CQUIN) – 2010/11 Performance - Mental Health Services

1: Access for Adult Acute MH				
Item	Q1	Q2	Q3	Q4
Referrals to Intensive Home Treatment for face to face assessment - % Seen Within 4 Hours	90%	90%	89%	88%

2.1: Non-Urgent Referrals - Seen Within 14 Calendar Days				
Item	Q1	Q2	Q3	Q4
Learning Disability	31%	38%	42%	33%
Adult	25%	43%	49%	59%
Older People	26%	43%	35%	40%

2.2: Non-Urgent - % Referrals Treatment Within 8 Cal Weeks				
Item	Q1	Q2	Q3	Q4
Learning Disability	56%	77%	72%	69%
Adult	34%	87%	83%	98%
Older People	29%	80%	79%	67%

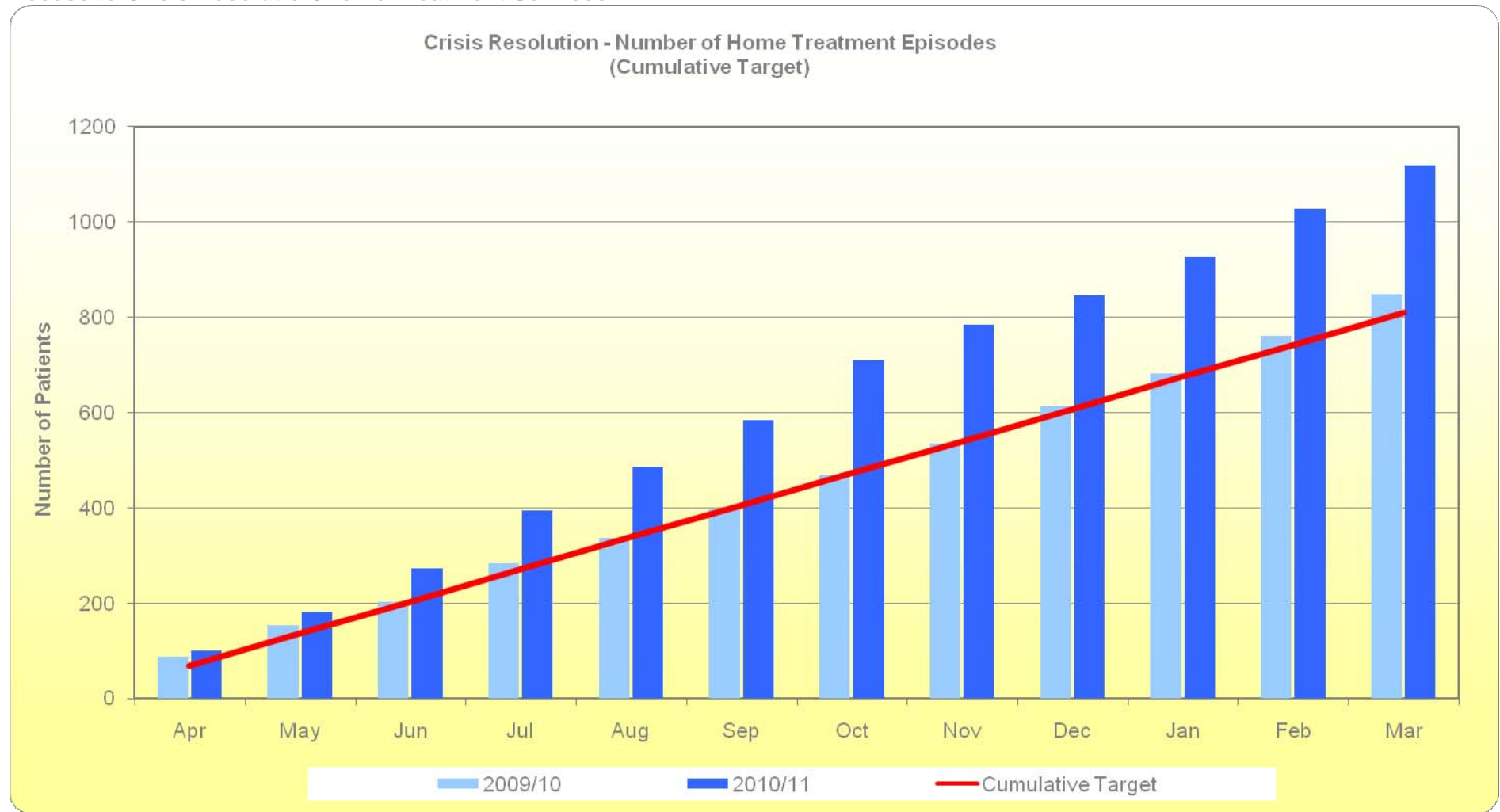
3: Improving Outcomes for BME Clients				
Item	Q1	Q2	Q3	Q4
Average Length of Stay (Days) - White British within acute care pathway	38	34	37	29
Average Length of Stay (Days) - BME within acute care pathway	54	28	23	27
Patients Detained Under MH Act - White British within acute care pathway	54	65	39	34
Patients Detained Under MH Act - BME within acute care pathway	8	16	10	15
Patients Subjected to Any Period of Seclusion - White British patients with any period of seclusion	6	5	2	3
Patients Subjected to Any Period of Seclusion - BME patients with any period of seclusion	0	0	1	0

4: Nutrition				
Item	Q1	Q2	Q3	Q4
% of Admitted Patients Screened Using Appropriate Screening Tool	80%	93%	84%	58%
% of Patients Screened Using Appropriate Screening Tool at Discharge	12%	57%	48%	42%

5: Pressure Ulcers				
Item	Q1	Q2	Q3	Q4
An action plan is in place which demonstrates how indicators 1 - 6 will be met to best practice standards in "Essence of Care"pp75-84 DH June 2009	√	√	√	√

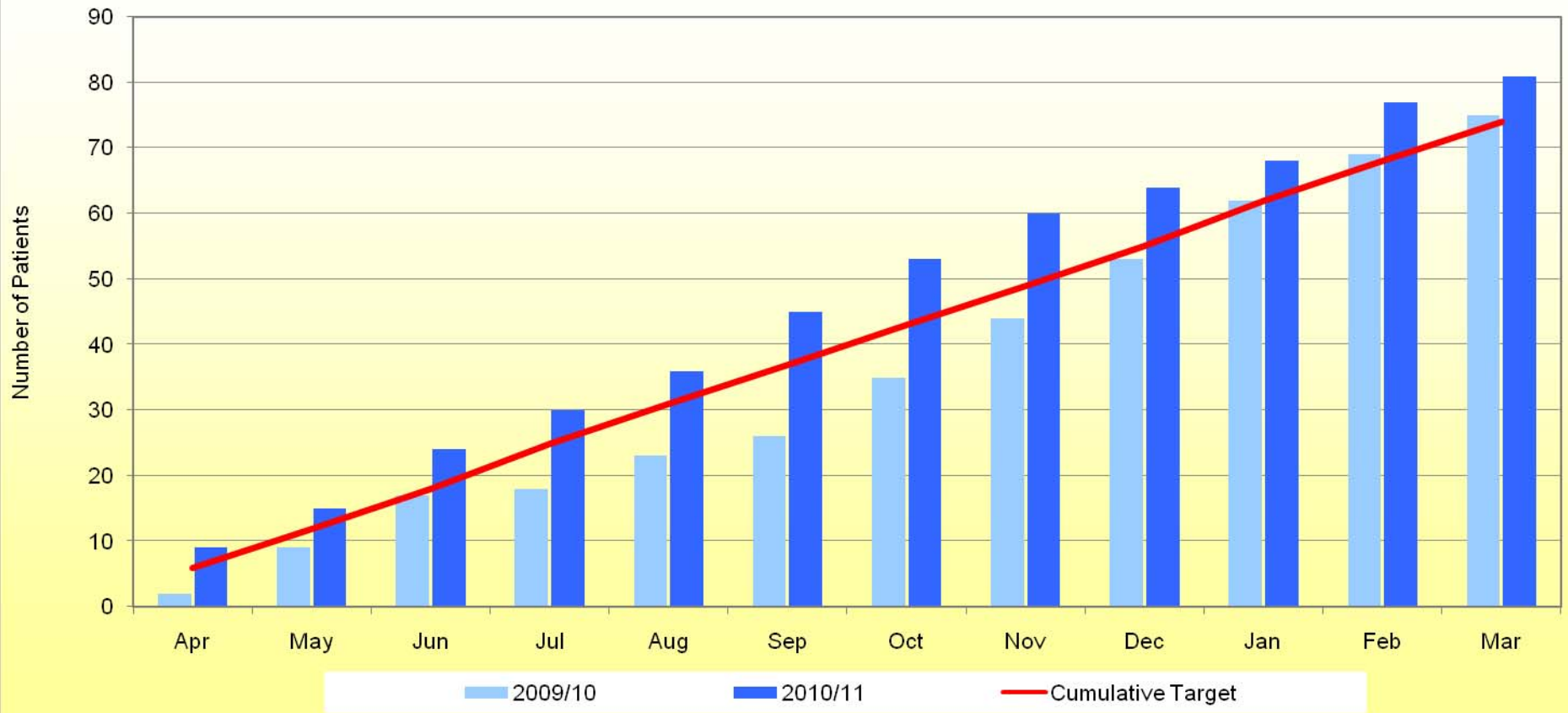
Mental Health Services Performance

Access to Crisis Resolution/Home Treatment Services

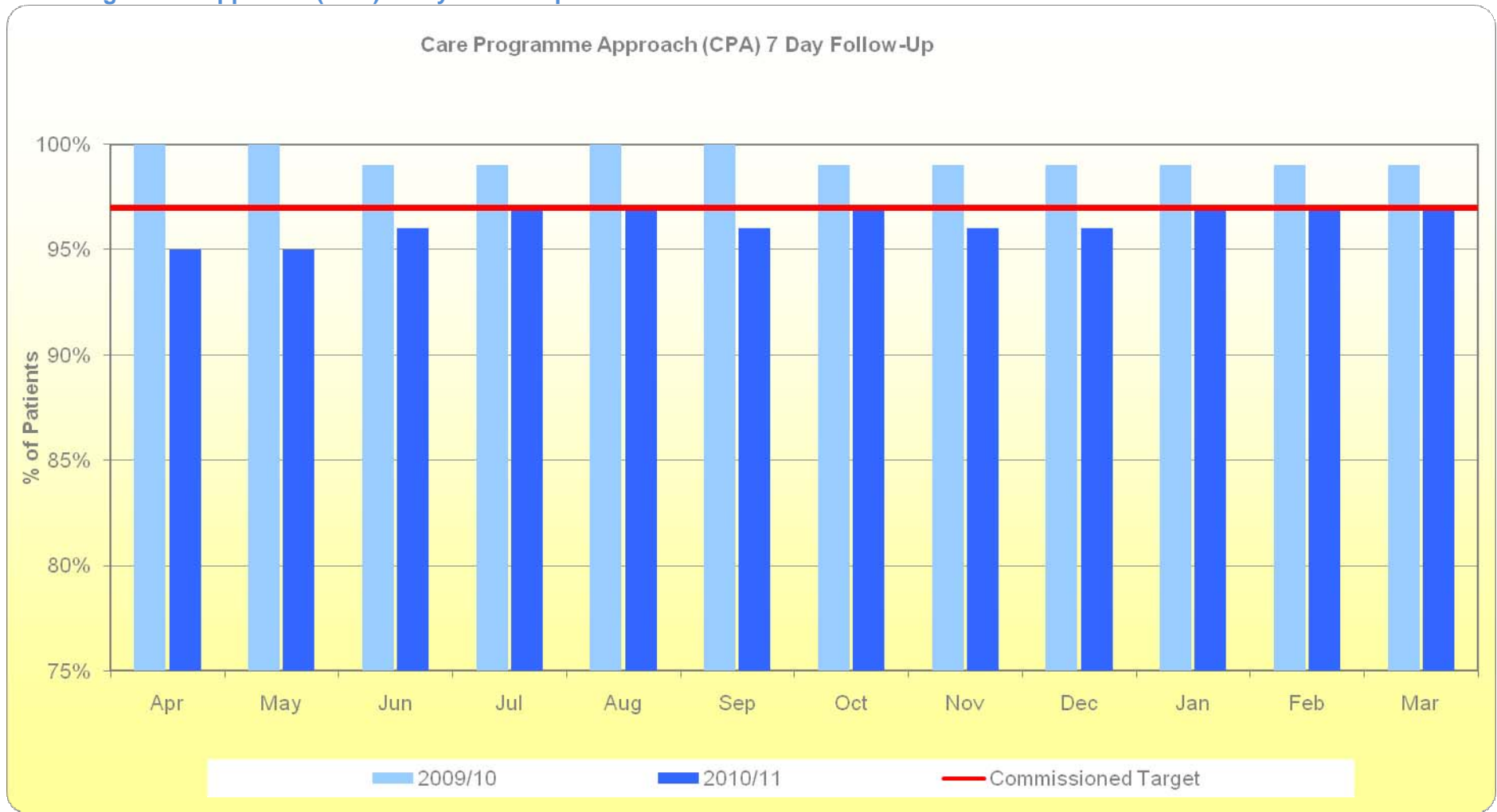


Early Intervention in Psychosis Services

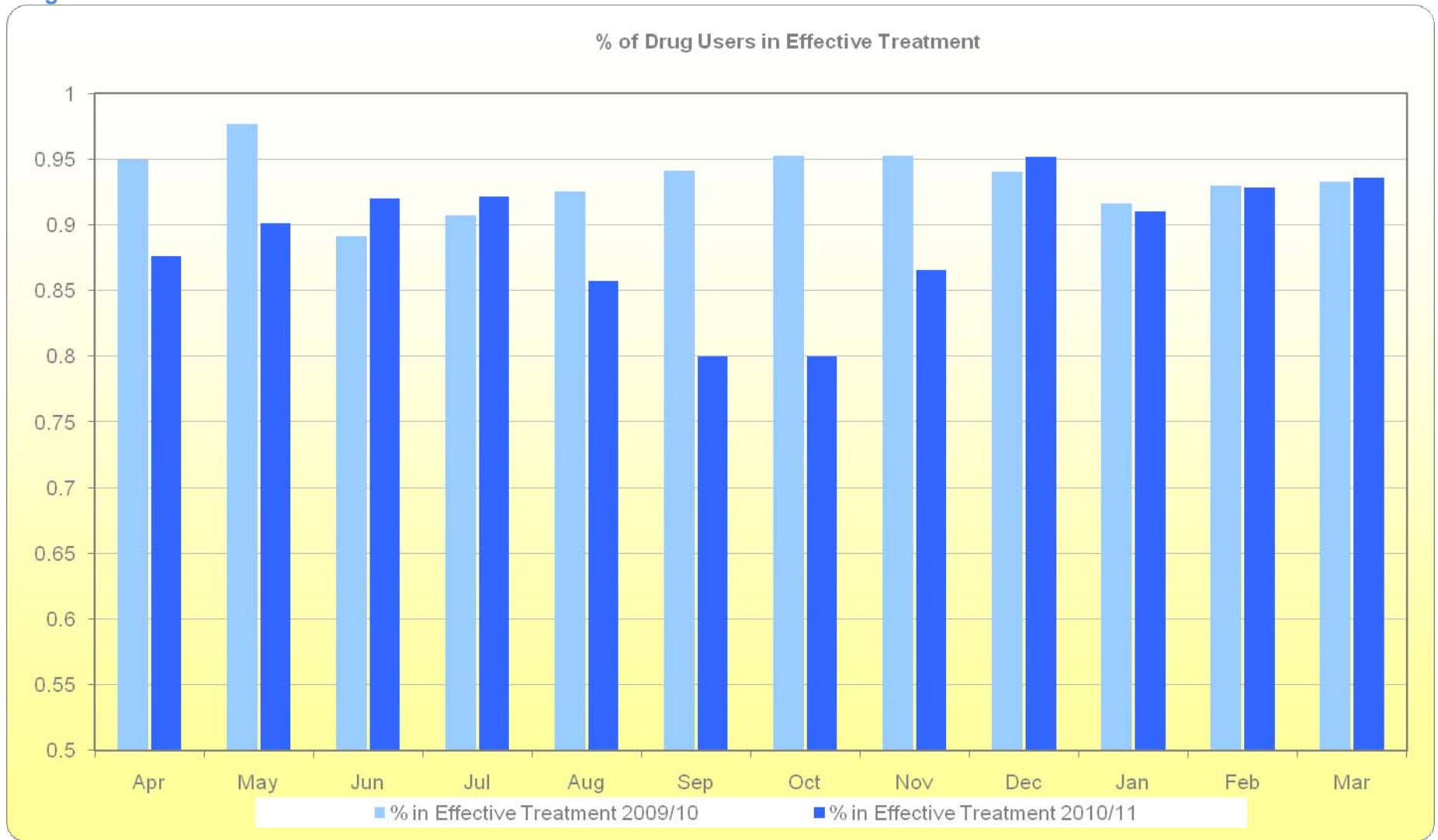
Number of New Cases of Psychosis Supported by Early Intervention
(Cumulative Target)



Care Programme Approach (CPA) 7 Day Follow-Up



Drug Users in Treatment



MENTAL HEALTH SERVICES - CAMHS (Child Adolescent Mental Health Service)

		2009/10			2010/11 Q1	Commissioned Target	Rating
		Q2	Q3	Q4			
Domain 1	There is full provision for children and young people with mild to moderate learning disabilities. This is not the case for children with moderate to severe LD. There are plans to develop this service within the PCT strategic plan. Subject to new revenue	3	3	3	3	Score level 4 across all 6 domains of CAMHS care as set out in Care Quality Commission's Annual Health Check for 2010/11	G
Domain 2	Current services are age appropriate. The PCT is working with providers to assurance compliance with the MHA 1883 2007 amendment act. This assurance by providers will form part of commissioner assurance that this requirement is fully met. The plan is to	3	3	3	3		G
Domain 3	There is 24 hour cover in all parts of North Yorkshire except the Scarborough, Whitby, Ryedale areas. Commissioners are discussion with MH providers to resolve this. It is possible that new revenue will be required to rectify the problem.	4	4	4	4		G
Domain 4	Development of a commissioning strategy in partnership with the two local authorities is required as the key to improving performance through the partnership boards. It is not possible to forecast when level 4 can be attained as this target has external p	3	3	3	3		G
Domain 5	CAMHS form part of the multi agency partnership groups in both the City Of York Council and North Yorkshire County Council. The focus of those groups is to agree actions based on a comprehensive CAMHS service, evidence based practice and joint working. In	3	3	3	3		G
Domain 6	CAMHS services provide a good level of service for young people with a Learning Disability at tiers 1, 2 and 3 however there is a lack of local in patient services. People requiring in patient services with a LD would need to be placed out of area. The Po	3	3	3	3		G

Narrative

The commissioned target for this service area is level 4 across all 6 domains. Current CMHS rating is 3 in 5 domain areas. Some areas are within the gift of CMHS to develop, with other areas reliant on key stakeholders. An action plan is being refreshed w

1 = Protocols/mechanisms are not in place

2 = Protocols/mechanisms are in place but have not yet been implemented

3 = Protocols/mechanisms are in place but are only partially implemented

4 = Protocols/mechanisms are in place and are fully implemented

Item		Commissioned Target	2008/09	2009/10	Narrative	
Best practice in MH Services for people with a Learning Disability (Greenlight Toolkit)	Local Partnerships	Local Partnerships with primary care service	NA	G	There are agreed protocols for Primary Care to refer into the service either to Mental Health or Learning Disability. This system works well and does not require any further development.	
		Local partnerships with people with learning difficulties	A	G	A Protocol has been agreed and developed with key stakeholders during 2009/10. Formally ratified in June 2010.	
		Local partnerships with carers of people with learning disabilities	A	G	Carers are members of the LD Partnership Boards, they will be invited to the newly formed Modernisation Boards and there is a clear pathway from the LD Partnership Boards.	
	Access to Services	Agreed criteria and boundaries between services	Assess outcome of 2009-10 toolkit scores, and agree action plan for improving scores in 2010/11	A	G	A Protocol has been agreed and developed with key stakeholders during 2009/10. Formally ratified in June 2010.
		Transition Protocols		A	G	The transition protocols are clearly defined in the CPA policy.
	Key Services	Police and criminal justice services		A	A	The Appropriate Adult policy and agreements are in place but consistency needs testing. Auditing of policy and agreements continue to be developed.
	Care Planning	CPA - Sharing information and accessing Care Plans		A	G	All care plans can be accessed 24 hours by IHTT.
		CPA - Person-centred and whole life		A	G	Care Plans are person centred
	Diversity of Provision	Culturally specific services		A	R	We provide services which are culturally specific and meet assessed need. The wider objectives for this area require an overall patch analysis from the commissioning function, which continues to be a developmental area.
		Workforce Planning		A	R	CMHS contributes to cross agency workforce planning, which link to our own strategies and protocols we have in place. To establish a green rating this objective requires a cross-agency workforce strategy to be in place across NYY, which is a developmental area for the commissioning function.
		Representative Workforce		A	G	2008/09 assessments was based on a misinterpretation of the criteria.
	Other Priorities	Mental Health Promotion		R	R	There is no current Mental Health Promotion strategy that addresses the requirements of people with a learning disability. This is a developmental area for Public Health. CMHS does however support the principles and ensure we meet the needs of people with a learning disability.