



Leeds Community
Healthcare
NHS Trust

Quality Account

2021/2022



About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvement.
- Progress against quality priorities set previously and new priorities for the following year.
- How the public, patients, carers and staff were involved in decisions on these priorities.

Contents

| | |
|---|-----------|
| Part 1: Introduction | 3 |
| Part 2: Review of Quality Performance 2021/22 | 16 |
| Part 3: Priorities for Quality Improvement 2022/23 | 38 |
| Part 4: Other Quality Improvements | 39 |
| Part 5: Health Equity, Inclusion and Wellbeing | 53 |
| Part 6: Celebrating Success | 64 |
| Part 7: Board Assurance | 69 |
| Part 8: Appendices | 87 |

Part 1: Introduction

Introduction from the Chief Executive and Chair of Leeds Community Healthcare NHS Trust

Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2021/22. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

Our response to the COVID-19 pandemic has continued to be a major part of our work in 2021/22. We have focussed on how we build our services back better and ensured the learning from how we had to change, and adapt our services is used, to make our services even better than before. We have been able to combine the great work that has been, and continues, as we now move to work alongside one of the greatest challenges the NHS has ever faced, the COVID-19 pandemic.

A particular area of focus has been how we work, and seek to work, with those communities who we know do not access healthcare easily or when needed. Our seldom heard communities are central to how we make our services outstanding for everyone. We have progressed our journey to address health inequity through smarter use of the data we have available, and through the work of our Engagement Champions.

We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the most challenging of circumstances.

We would like to recognise and thank our staff publicly for their continued hard work, dedication, and resilience during this difficult period. It is through their commitment to safe, effective, responsive, care, that we have been able to continue to deliver the high-quality care that is demonstrated throughout this Quality Account.



A handwritten signature in black ink that reads "Brodie Clark". Below the signature is a horizontal line with a small tick mark at its right end.

Brodie Clark CBE
Chair



A handwritten signature in black ink, appearing to read "Thea Stein".

Thea Stein
Chief Executive

About Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare NHS Trust (LCH) is proud to provide great care to our communities. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, although we also provide some services across the region.

The most recent Care Quality Commission Inspection in 2019 rated LCH as 'Good' overall with Community Sexual Health Services rated as 'Outstanding', an improvement from the last inspection. Our aim is to build on our overall rating of good and share learning and excellence in practice across each of our services as we strive to become an outstanding organisation.

[This video tells you more about who we are](#)

[This video tells you more about community working and what it means to us](#)

Vision and values

Our vision, values and behaviours guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. 'Our Eleven' of our vision is that 'we provide the best possible care to every community' and is underpinned by our values and implemented through our behaviours.

[This video shows how we work at LCH](#)

11 Our Eleven

- 1 vision:** We provide the best possible care to every community we serve
- 3 values:**
 - We are open and honest and do what we say we will
 - We treat everyone as an individual
 - We are continuously listening, learning and improving
- 7 magnificent behaviours (how we work):**

| | |
|---|---|
|  Caring for our patients |  |
|  Making the best decisions |  |
|  Leading by example |  |
|  Caring for one another |  |
|  Adapting to change and delivering improvements |  |
|  Working together |  |
|  Finding solutions |  |

Our Board frequently hear stories and case studies from our patients and services. Patrick and Hilary's stories have been chosen to share as they highlight how our Vision, Values and Behaviours were exemplified in the care delivered by LCH:

Patrick's Story, Homeless and Health Inclusion Team, November 2021

Patrick accesses our Homeless and Health Inclusion Team (HHIT). He was introduced to a support worker from the Service whilst in hospital for a head injury he sustained. Patrick relays how the Service, and his support worker in particular, has helped him find accommodation, provided support to improve his mental wellbeing and helped him to devise a plan to control his alcohol addiction.

[Patrick's story](#)

Hilary's Story, Musculoskeletal Service, February 2022

Hilary is 81 and following a road accident in 2018, has received care from both the Neighbourhood Teams and the Musculoskeletal Service (MSK). In her story she tells us about her experience of accessing the MSK Service; how her steroid injections have kept her free from knee surgery, how exercises have kept her walking and how being treated with dignity and compassion makes her experience positive every time.

[Hilary's story](#)

Our Response to the COVID-19 Pandemic

The last 12 months have continued to see LCH react effectively and responsively to the COVID-19 pandemic. We have continued to adapt and make changes in how our services have been delivered to meet the challenges the pandemic has presented.

[Watch this video on our experience of nursing in the community during the pandemic, Today I Cried](#)

The Leeds COVID-19 Vaccination Programme – a complete multi agency 'Team Leeds Approach' to a pandemic

The Leeds COVID-19 Vaccination Programme continued throughout 2021/22. Working with partners across the city, Leeds Community Healthcare's Executive Director of Operations Sam Prince continued to lead the response as the appointed Senior Responsible Officer and responded to the challenges faced by the mutations of the virus. In addition to the core vaccination programme the booster programme was started, and LCH have supported the stages of the delivery programme as it has been released nationally.

The figures for Leeds are as follows*:

- Over 609,000 people have had a 1st vaccination (77% of eligible GP registered).
- Over 572,000 people have had a 2nd vaccination (72.4% of GP registered).
- Over 439,000 people have had a 3rd/Booster vaccination, 80% of ~549k current eligible.
- Resulting in total of 1st 2nd and booster vaccinations given to Leeds GP registered citizens to an impressive 1,621,552.

We recruited three dedicated Project Managers and a Project Support Officer to ensure timely delivery of the vaccination programme and to support our commitment to our 'no-one left behind' pathway to promote vaccine equity. An innovative and flexible programme has been developed for vaccine deliveries from both static and pop-up sites. The Leeds Festival in 2021 being just one positive example of how the vaccine programme is responding to local needs with nearly 200 young people vaccinated at the event over the August bank holiday weekend, and many more choosing to subsequently have their vaccine afterwards following positive encouragement from healthcare staff who attended the festival.

Phase Three included the adult booster programme and school children aged 12-15 years of age. Phase Four Spring booster programme for the over 75s and clinically vulnerable immune suppressed individuals has recently commenced, as has the vaccination offer to healthy 5-11 year olds should their parents/guardians wish and consent. Dynamic plans are being rapidly progressed in response to national directives by building on local health and social care partnerships across the city.

The programme team are currently looking and planning ahead in response to the national request for an ongoing provider collaborative programme of delivery for both the children and adults vaccination programme expected for the Autumn or earlier dependent on national guidance.

A key response to the pandemic has been to focus on care closer to home to ensure that there are beds available in hospital for those in greatest need. To support this approach LCH have developed and adapted services to provide care in a way that meets the needs of our patients and means that they receive care in the most appropriate setting. We have worked with partners to develop and strengthen initiatives across the

city to support a wider response to the pandemic and support reduced admission and improve discharge from Leeds Teaching Hospitals Trust.

*The data is correct as of 28 March 2022

Pandemic response

A further key response to the pandemic has been to focus on care closer to home to ensure that there are beds available in hospital for those in greatest need. To support this approach LCH have developed and adapted services to provide care in a way that meets the needs of our patients and means that they receive care in the most appropriate setting. We have worked with partners to develop and strengthen initiatives across the city to support a wider response to the pandemic and support reduced admission and improve discharge from Leeds Teaching Hospitals Trust.

Long-COVID Rehabilitation Pathway

In 2020/21, amazing teamwork in Leeds was achieved in response to the rehabilitation needs of people recovering from COVID-19 as a cross city multi-organisation team; researched, created and developed a unique, integrated rehabilitation pathway that focussed on and is responsive to patient's needs. Team members represented Primary Care, two NHS Trusts, the University of Leeds, Leeds City Council and Leeds Clinical Commissioning Group. The clinical team led by LCH provide specialist, multidisciplinary rehabilitation, assessment, and intervention, with support from an in-house research team. Together they provide a one stop assessment and rehabilitation service for people with Long COVID.

Throughout 2021/22, the service has remained at the national and international cutting edge of the evolving story of Long

COVID. They continue to shape national guidance and international policy through the support of strong multi-disciplinary leadership.

In August 2021, the Office of National Statistics estimated that 1.5% of the UK population were experiencing symptoms of Long COVID, this equated to 12,807 people in Leeds. By November 2021, Public Health England suggested that 32,280 people in Leeds would experience Long COVID up to January 2022.

To support the continued increase in infection rates and Long COVID symptoms the service revised the pathway. They introduced a hybrid model to include clinic and virtual visits in addition to the established home visiting model. The service produced booklets for patients to read and they included digital options to support the triage of patients for a more responsive approach. The service continues to contribute and lead the national learning for Long COVID and has introduced an inequality working group and ongoing evaluation to ensure the service is meeting the needs of Long COVID patients in the best possible way.

The service has also secured, a £3.4 million research project which aims to identify the best way to treat and support the one million people in the UK now living with Long COVID. Led by the University of Leeds and LCH, and funded by the National Institute for Health Research, the study aims to create a 'gold standard' approach for the treatment of Long COVID.

This research, titled LOCOMOTION, will identify best practice in providing services, ensuring people are supported quickly, and receive the right treatments from the right healthcare professionals in their own home, through their GP, or at specialist Long COVID clinics. It will investigate how many people are unable to work due to Long COVID and look at developing a vocational rehabilitation programme to support them back into employment.

Patients have shared the impact Long COVID has had on them:

'Long COVID came totally out of the blue. I wasn't very sick when I caught COVID, but this has turned my life upside down, and I can't do any of the normal things I used to do.'

'I'm a ultra marathon runner and I'm now struggling to just get up the stairs.'

'Before Long COVID I worked full time, was a carer for my mother and also was raising my children as a single parent. I now can't do any of these roles properly, I'm off work, other family members have to support my mother and I struggle to just get the children to and from school.'

'I normally work in an academic role, functioning at a high level. At the moment I can't even have a conversation without forgetting what I'm talking about, losing concentration or struggling to find the words to make any sense.'

'I can't do anything I used to, I want my old life back.'

'I'm not me anymore. I want to be me again.'

Feedback for the service has included:

'When there was so much to do with COVID that I couldn't control you gave me something to do that I could. Eating healthily and giving my body the right nutrients felt like the one good thing I can do for myself. Making these changes has benefitted my physical and mental health. Thank you.'

'I just wanted you to know how helpful it is talking to you. I know I ask a lot of questions!! I just wanted to thank you for discussing everything with me. I really appreciate it'.

'Thank you, the past 10 weeks have given me a massive boost and belief that I can get back to normal – Thanks for all your help'.

'I just wanted to share some wonderful feedback I just received from a personal friend (**). She said she spoke to you today and she said and I quote 'you were absolutely brilliant'. She said you gave her loads of ideas and really cheered her up with the practical stuff she can be doing. She is very appreciative of all the help!'

Feedback from Dr Bryan Power, GP, Long Term Conditions Clinical Lead, Leeds Clinical Commissioning Group (CCG):

'The pathway and guidance has enabled primary care to confidently assess, investigate and manage patients and refer appropriately to the COVID Rehab service. The key advantage is that it's not just as assessment service but it continues to manage and support patients in the longer term in a holistic, rehabilitation manner. It's been a great success story for Leeds and not something I could have envisaged in the pre-COVID era.'

Engagement

Listening to patient, user, and staff voices



We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year our Patient Experience Team supported services to develop service focused patient and carer surveys to gather feedback. We have aimed to understand what has worked well during the previous twelve months and what areas we can continue to improve. Examples of this work has included:

Friends and Family Test

The online Friends and Family Test (FFT) can be accessed via a website and a QR (Quick Response) Code. It is available in an easy read format, a children's and young people's format, and has now been translated into the top five spoken languages in Leeds which are: Polish, Urdu, Punjabi, Romanian and Slovak. This has been developed to make giving feedback more accessible to people whose first language is not English, or who may have additional communication needs. FFT paper postcards are still available, and these have also been created in a standard easy-read format.

We aim to make meaningful changes from our feedback, this year's improvements from feedback have included:

Community Diabetes – feedback highlighted some of the difficulties people were having in accessing the virtual offer from the service when using a smartphone, including the structured education programme, which provides support and self-management guidance to patients with Type 2 Diabetes.

The service developed a troubleshooting guide to support people in accessing the programme virtually. This guide advised people to join using a laptop, PC, or tablet wherever possible to enable a better experience. However, if people are only able to access using a smartphone, where there is no question-and-answer facility, they are encouraged to email any questions after the session and the service can ensure these are answered and resolved.



Homeless Health Inclusion Team - adapted their Friends and Family Test to include additional questions on being treated with kindness, respect and how the service could ensure this happens for all patients. Feedback in Q2 in response to this question included: **“Gave me different options and made me feel like I’ll be safe.”** **“Loyalty and listening and with very much care.”** and **“So much respect and honesty.”**

Morley Neighbourhood Team – feedback was received relating to poor communication. There was a suggestion that a telephone call to advise when nurses are running late, would make a big difference to the experience of care. This was discussed at team meetings and the importance of advising patient’s when a timed visit may be delayed. A process has been developed to ensure that patients are always contacted to assess if the visit is required.

Musculoskeletal Service - the service engaged with patients to gain their feedback on topics such as whether consultations should be virtual or face to face, how consultations had gone and what could be improved, or what the service should offer. Questionnaires were sent out electronically and by telephone with almost 300 responses.

The service also arranged a focus group to support the website development. Questions focussed on the content and layout of the website to ensure it was informative and easy to use. Additional feedback was gained by the Trusts Reader Group and feedback acted upon. The website is now live.

Nutrition and Dietetics - changed their invitation letter to clearly explain how to remain anonymous in their sessions to support privacy and confidentiality because of the following feedback:

“I hate the idea of having a confidential medical appointment, talking about something very personal and embarrassing, with a group. I saw somebody I knew on there which was embarrassing too. It is obviously very generic, which I understand as most people may not have tried to help themselves and may benefit, but what it means for me is I now have another 8 weeks to wait to receive any help. It would have been better to just send the material with no Teams meeting.”

Leeds Community Pain Service (LCPS) are now running a missed appointments survey for patients who have missed appointments, to find out the reasons behind this and learn what improvements need to be made to better support access for patients.

Feedback showed that often people were not aware they had an appointment, or they felt a telephone appointment was not beneficial when assessing physical pain. There were also suggestions around more flexible appointment times and the need for support when accessing online appointments.

As a result of listening to both patients and staff, LCPS has begun making changes to their appointment processes. They are now piloting an initial appointment process that is

clearer for patients, so they know what to expect during the appointment.

Pulmonary Rehabilitation Virtual Programme - the Respiratory Service wanted to learn more about barriers and reasons that some patients are not choosing to take up the offer of the Pulmonary Rehabilitation programme, which is currently being offered virtually due to the COVID-19 pandemic.

Feedback showed that most patients (86%) felt they had a good understanding of Pulmonary Rehabilitation, and their reasons for not wanting to attend related to preferring face to face classes and concerns about digital technology. The service is now beginning to re-offer face to face sessions and information booklets are being provided to explain the expectations of the rehabilitation. Virtual classes and home exercise programmes are continuing to be offered and the service are ensuring feedback is being collated from the post-virtual rehab groups to help shape future programmes.

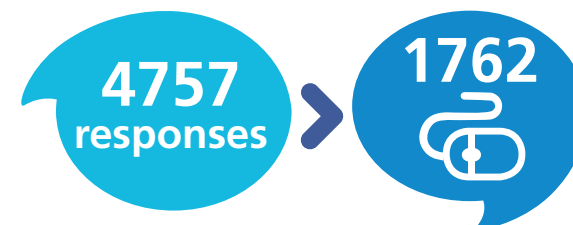
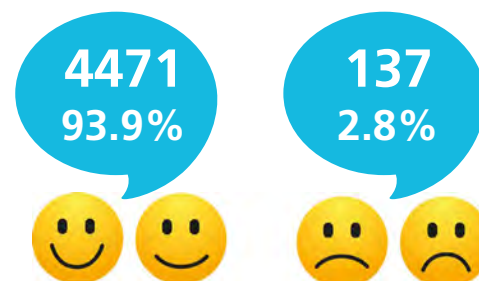
Tier Three Weight Management Service - a service user shared that they had difficulties in joining an online session with the service. The service user suggested the development of a step-by-step guide to help people who are not as familiar with digital appointments and sessions. The service developed a guide which will be sent to all patients who are offered a virtual session. The guide also contains information on the six Digital Inclusion Hubs in Leeds that patients can access for technical support if needed.

Patient and service user satisfaction

(The data was extracted from a live system on 9 May 2022 for 6 April 2021 to 5 April 2022)

We continually seek feedback from our patients and service users of their experience. In 2021/22, 4757 Friends and Family Test (FFT) responses were given. Of those, 1762 using the online survey, this is around 37% of all responses to the FFT showing that this is proving a popular option for people to provide feedback. Prior to 2021, the FFT was delivered in paper format only.

Survey results showed that 4471 or 93.9% of



our patients/service users felt our services are good or very good, with 3817 or 80.24% rating the service as very good, 137 or 2.8% rated the service as poor or very poor, with 76 or 1.6% rating the service as very poor.

Feedback included:

Musculoskeletal Service - 'very thorough and very reassuring. Exercise regime well explained and easy to remember'.

Children's Community Nursing Team - 'well explained info, friendly [.]'

Neighbourhood Teams - 'poor with getting here but good from nurses when they arrive,' and 'every nurse was caring, friendly and very professional'.

Weight Management Service - 'every person I have spoken to during my short time with you so far have been amazing so supporting and understanding, I could not ask for a better team to be with'.

Satisfaction within groups

Leeds Community Healthcare NHS Trust are committed to addressing inequity. It is important to us to ensure that we are meeting the needs of all patients and service users including those with protected characteristics under the Equality Act 2010. In consideration of the low percentage of responses of demographic diversity in 2020/21, our Engagement Team reviewed how feedback could be more accessible with services and our Health Equity Lead. Initial improvements included broadening our standard questions which now include age, disability, ethnic group, gender, and sexual orientation. In addition, the Trust Health Equity Lead is a core member of the Patient Engagement Champion network and has worked with the Champions to provide an introductory session on Health Equity, to consider how to improve diverse groups' access, experience, and outcomes. Responses remained low and we will continue to encourage reporting.

Complaints, concerns and compliments

(The data is taken from a live system and was retrieved on 6 April 2022)

Every time someone chooses to tell us about their experience of our services or staff, it is a unique opportunity for learning and improvement. As an organisation LCH seeks to share and celebrate good practice while appreciating the courage of those who speak up when the expected levels of service are not met.

In 2021/22 the Trust received 1624 compliments, concerns, and complaints. This was an overall increase in feedback from the previous year, there has been a notable increase in concerns and reduction in compliments.

| | 2019-20 | 2020-21 | 2021-22 |
|-------------|---------|---------|---------|
| Compliments | 1564 | 982 | 929 |
| Concerns | 431 | 366 | 594 |
| Complaints | 174 | 103 | 101 |

Complaints

A complaint is an expression of dissatisfaction made to LCH either verbally or in writing that requires an investigation and whether found to be justified or not, must be responded to in writing.

A review of the complaints process was initiated in 2021/22 with an aim to increase patient involvement, the new process is being piloted currently. This work will continue during 2022/23.

As a learning organisation, Leeds Community Healthcare NHS Trust is proud about how it ensures our patients and services users experience of care delivery is used to support service improvement. When care is not positive, we act and learn from our patient's feedback.

Complaints have remained stable this year, with 101 new complaints received in 2021/22. Of the 101, 74 related to LCH services only, 21 related to LCH and other organisations (multi-sector complaints), five were withdrawn, and one was rejected.

LCH is a provider of NHS funded services and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2021/22 the Ombudsman received one complaint by Leeds Community Healthcare NHS Trust which is ongoing.

Complaints received within the year by Team/Service:

The teams with the highest complaints have been included, the remaining complaints were received across 45 teams with three or less per team.

| Service | Complaints |
|---|------------|
| Leeds Sexual Health | 10 |
| Patient Experience Team | 5 |
| Health Case Management | 4 |
| Leeds Mental Health and Wellbeing Service | 4 |
| Musculoskeletal Service | 4 |

Nine of the ten complaints for Leeds Sexual Health related to patients having difficulty accessing the service. The telephone system in Leeds Sexual Health was not initially designed to support telephone contact as the primary contact method. When drop-in appointments could not be offered due to COVID-19 restrictions, the telephone lines struggled with the increase in demand. This has now been resolved with a new telephone system and complaints and concerns have reduced.

Complaints received within the year by subject for five and above:

| Subject | Complaints |
|--------------------------------------|------------|
| Clinical judgement/treatment | 36 |
| Attitude, conduct, cultural, dignity | 20 |
| Communication issues | 18 |
| Access and availability | 7 |

This is a similar picture to last year as the highest areas of complaint subject. Last year the appointment category was third with 16 complaints. There were three complaints relating to appointments this year which may relate to a difference in how the complaints have been categorised.

The 36 complaints relating to clinical judgement were evenly spread across 26 teams. The highest concentration related to MSK where there were three complaints, there were no themes. The 20 complaints relating to attitude were spread across 17 teams and the 18 communication complaints related to 14 teams, the highest team being Leeds Sexual Health with four complaints, three relating to the telephone line. An overall emerging theme this year has related to patient's experience of end-of-life care at home. Work is ongoing to understand how LCH can better support end of life patients with our hospital and hospice partners.

We continue to share learning from complaints and develop learning posters for learning that applies to the wider organisation.

Learning from complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below. Where complaints relate to attitude of staff, reflective conversations are completed with those staff members involved and appropriate next steps agreed to promote learning.

| Issues raised | Key changes identified | What difference will this make? |
|--|---|---|
| Differences in skin and hair care for a child of Black background were not considered during care provision. | A need for staff to have access to training materials and support to look after children's hair and skin, especially for children from Black or minority backgrounds. | An information library is being developed to support staff better support children. |
| A referral from Children's to Adult services was not completed. | Review of a pathway or process to ensure referrals are completed. | This will ensure continuity of care for children during transition to adult services. |
| Regular contact was not completed with a patient as promised whilst the patient remained on a waiting list. | Review of processes to ensure patient contact is maintained during periods of unplanned staff absence. | There will be continuity of care for patients and care will be provided in a way that has been agreed. |
| LCH received a trend of complaints relating to patients being unable to access Leeds Sexual Health by telephone. | The organisation worked closely with providers to develop a new telephone system that could manage the increased volume of calls to the service. | Patients are now able to contact the service and calls are triaged by the system to the most appropriate place. |
| A patient visit was cancelled without consultation with the patient or family. | We will ensure we communicate with patients prior to rescheduling a planned visit. | This will ensure patients are partners in their care. It will also ensure an assessment is completed to ensure the visit is safe to reschedule. |

Concerns

A concern is a request for the resolution of a problem or difficulty with an LCH service, facility or staff that requires minimal investigation and can be resolved verbally. When a concern cannot be resolved to an individual's satisfaction, a further plan is agreed to reach a resolution.

There were 594 new concerns received in 2021/22.

All concerns are shared with the service. Concerns are responded to directly wherever possible, and services utilise the feedback to create service improvements where possible.

Concerns received within the year by service:

| Service | Concerns |
|---|----------|
| Leeds Sexual Health | 135 |
| Podiatry | 57 |
| MSK | 43 |
| Leeds Mental Health and Wellbeing Service | 38 |
| Patient Experience Team | 31 |

The key theme for Leeds Sexual Health related to the telephone system and patients not being able to contact the service at first attempt. A theme within the Podiatry service

concerns related to delayed appointments and reduced visiting. Podiatry and MSK were services that were paused or partially paused under national direction to support the COVID-19 response, and staff redeployed to other areas that meant some non-urgent visits were delayed. Leeds Mental Health and Wellbeing Service has seen a significant increase in demand for the service with an associated increase in waiting lists. Feedback suggests some of the increase relates to the impact of the pandemic and lockdown on mental health. As an organisation, LCH has prioritised safety and management of waiting lists as can be seen from next year's Trust Priorities in Part Three.

There were no themes in the concerns recorded for the Patient Experience Team, the concerns did not relate to the team specifically, and included signposting queries for example.

Concerns received in year by subject:

| Subject | |
|--|-----|
| Clinical judgement/treatment | 131 |
| Communication issues | 121 |
| Appointments | 105 |
| Access and availability | 59 |
| Attitude, conduct, cultural and dignity issues | 39 |

The category areas for concerns are reflective of the impact of the pandemic.

Compliments

A compliment is any positive or appreciative statement about LCH staff, services or facilities based on the experience of the person making the compliment.

There were 929 compliments received during 2021/22, an 5.4% reduction from the previous year, and a 40.6% reduction on 2019/20. Feedback suggests that although the numbers of recorded compliments are less, the teams are receiving similar numbers. Due to reduced staffing in teams and increased demand resulting from the impact of the pandemic, teams have not recorded all compliments in the system.

Compliments by service above 30:

| Service | Compliments |
|--------------------------------|-------------|
| Children's Speech and Language | 70 |
| Morley Neighbourhood Team | 69 |
| Health Case Management | 47 |
| Community Falls Service | 40 |
| Yeadon Neighbourhood Team | 33 |
| Homeless Health Inclusion Team | 33 |
| Podiatry | 32 |

Compliments included:

Adult Services

'We (are) so lucky to have such a wonderful team in our neighbourhood team. Thank you once again. Thank you so much for the care and kindness given to me during my recent illness it was greatly appreciated'.

Meanwood Neighbourhood Team, April 2021.

'You can't begin to understand what it meant to us to have such wonderful support. I will always be grateful. You treated him with such care, dignity and respect and enabled him to stay at home with his family in the final stages of his illness. I Could never have done it without you'.

Chapelton Neighbourhood Team, July 2021.

'Thank you for everything you have done. We really couldn't have done it without you'.

Health Case Management Team, November 2021.

Children's Services

'Thank you for all your help and support'.

Children's Continuing Care Short Breaks, May 2021

'Thank you so much from the bottom of my heart for all the help you have given me over these last few months. You have helped me loads in loads of ways'.

Infant Mental Health Service, July 2021.

'Discharging a patient, who had been transferred to the adult services....Mum wanted to pass her thanks to staff who had been involved over the years in caring for her son and myself for my involvement during the last 4 years'.

Children's Community Nursing Team, April 2021.

Specialist Services

'Can you pass on my thanks to the ladies that I saw yesterday at woodhouse health centre. I just want to say how brilliant they were with me. It was something I was dreading having to have done. But honestly they were absolutely amazing, (...), they put me at ease and if I had known I would have had this done ages ago'.

Podiatry Service, April 2021.

'Thank you so so much for everything you have done for me, I really appreciate it. You've really helped and reassured me during a distressing time and given me a bit of hope for help!'

Leeds Mental Wellbeing Service, June 2021.

'Thank you for high level of support and help I have received from the TB Team. I cannot thank you enough for your kindness. The treatment was very hard at times but you helped by always being so friendly and supportive'.

TB Service, March 2022.

Part 2: Review of Quality Performance 2021/22

This section reviews the priorities we set for 2021/22 and describes what we have achieved during the year. There is further evidence of achievement of the priorities across the wider Quality Account.

Priority 1: Build our services back better.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|--|
| <p>Reducing COVID-19 related backlogs as part of a wider programme of work to develop and embed standardised sustainable approaches to measuring, recording, reporting and managing waiting lists led by clinical assessment of need.</p> | <p>Improving Patient Flow and Prioritisation Programme (IPFP Programme)</p> <p>The aim of the programme was to ensure that all our services are doing the right things, at the right time, in the right ways to make sure that we look after the patients waiting for our care in a sustainable and safe way.</p> <p>We have developed new predictive models that our services can use to visualise when their waiting list would reach a sustainable size. We have also supported teams to recruit new staff to help see more patients that are waiting, including using evening and weekend appointments in some services. Our next steps will be to focus on training and empowerment for operational services to use this more regularly and with confidence.</p> <p>Work has continued to scope out the required changes to SystemOne to ensure that all services are using standardised approaches, but this work is still in its early stages. To support the learning for what design solutions would best meet organisational requirements, a series of workshops will take place during Q1 2022/2023 to explore the most suitable solutions. All other project areas remain on pause and conversations are ongoing regarding the future of this programme throughout the next financial year.</p> <p>Backlogs do remain in several services, and the position during Q4 has worsened in some services following the impact of COVID-19. LCH has prioritised the focus on waiting lists in next year's Priority 'We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement'.</p> |

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|--|---|
| <p>Developing and embedding new ways of working that offer different means of accessing and experiencing our services dependent on need and suitability for the patient:</p> <ul style="list-style-type: none"> • Digital approaches. • Establishing infrastructure and processes that enable services to produce appropriate and effective self-management materials. | <p>The Digital Clinical Enablers Steering Group was established in April 2021 to drive forward the agenda around digital clinical tools to improve both the patient and clinician experience alongside improvements to the city-wide system. Workstreams included:</p> <p>Pathology/Radiology Requesting and Results (ICE) - during 2021/22, an ICE Pathology Toolkit was developed to guide services through the process of using ICE to request and receive Pathology investigations electronically through SystemOne. ICE Pathology has been implemented for ICAN during 2021/22 and a joint LCH/LTHT (Leeds Teaching Hospitals Trust) group has been initiated for the ICE implementation over the coming year for further services.</p> <p>Electronic Prescribing (EPS) - a service e-Prescribing readiness checklist has been developed for the organisation. In 2021, the system was fully implemented in ICAN, Cardiac, Virtual Ward for Frailty in Seacroft Neighbourhood Team and the Palliative Care Team.</p> <p>Digital Dictation - digital dictation was implemented in ICAN and Community Gynaecology and implementation in CAMHS is underway.</p> <p>Self-Management - the aims of the self-management project are:</p> <ul style="list-style-type: none"> • Enhance patient experience by providing greater choice, and timely information. • Augment treatment options available to patients through the provision of self-management materials. • Increase service delivery capacity through enabling appropriate self-management of conditions by patients. • Improve waiting list management for services by increasing efficiency of patient flow from point of referral to treatment. <p>Digital Engagement and Inclusion</p> <p>Community Diabetes – the team have used feedback to improve the accessibility and functionality of their virtual offer. Additional support was specifically targeted at smartphone users to ensure they receive an optimal virtual offer.</p> <p>Digital Access for Carers initiative – this is an initiative that funded 20 Samsung tablets with Charitable Funds. The tablets, along with pre-loaded sim cards are being gifted to unpaid carers accessing LCH services to allow virtual access to services, appointments, and healthcare information.</p> <p>100% Digital Leeds – LCH is working in partnership with 100% Digital Leeds, who provide Digital Champion training. Several LCH staff have attended. The service also loans digital equipment to support people across Leeds with access to digital equipment that LCH can refer our patients and carers to.</p> <p>All projects are continuing in 2022/23.</p> |


| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|--|
| <p>Embedding use of Quality Impact Assessments to assess the impact of new ways of working / changes on health inequalities and ensure that mitigations are in place.</p> | <p>The Equity and Quality Impact Assessment (EQIA) process continued to embed across the year. Business Units developed internal governance processes to support the development and progression of EQIAs. EQIA panel meetings are held monthly with exception meetings arranged as required.</p> <p>A local internal audit was completed in Q4 by the Clinical Governance Team that identified areas to strengthen in the post panel review stage. Changes were implemented and re audit will be completed.</p> <p>Awareness raising of the requirement to complete an EQIA continues.</p> <p>Feedback from the panel meetings included 'what I really enjoyed was the EQIA panel, being able to talk through the change implemented, the benefits and the negatives (if any). It was a good opportunity to showcase how innovative the service had been during a global pandemic and that patients had welcomed these new services' and that 'the panel was very engaged in the process, asked relevant and valid questions which I was able to respond to'.</p> |

Priority 2: Play a full part in #TeamLeeds' ongoing response to COVID-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|--|
| <p>Maintaining leadership and support for the vaccination programme.</p> | <p>Please see our introduction.</p> |
| <p>Maintaining 'mutual aid' staffing arrangements that support provision of essential Trust and partner services.</p> | <p>A workshop was held in Q1 with key stakeholders to develop a culture and engagement plan to support mutual support as an approach across the organisation to improve our resilience. This was launched at the end of July. Throughout the remainder of 2021/2022, the Resourcing Team's focus has continued to be on maximising capacity across Leeds.</p> <p>Colleagues from teams across the organisation supported clinical teams in need throughout the year, feedback was positive and included 'whilst spending time with teams is critically important and a monthly diary commitment in my role as Assistant Director of Nursing, the last 2 years of escalated operational pressures and COVID-19 related sickness provided an opportunity to provide mutual aid in a truly clinical capacity. It is always a privilege to provide nursing care to our patients in the community and a reminder of the daily challenges our clinical colleagues face in doing so, whilst considering ways we can further enhance our systems and processes. This also gave a great opportunity to provide on-the-job supervision at an exceptionally difficult time for our workforce'.</p> <p>Sheila Sorby, Assistant Director of Nursing.</p> |

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|--|--|
| <p>Working with partners to develop / further develop and implement service developments and initiatives in the city plan that prevent admission and improve discharge from LTHT – COVID-19 rehab, Stroke, Virtual Ward (Frailty), Virtual Respiratory Ward, HHIT, Therapy Supported Discharge, CIVAS, Night Care Home Response Pilot.</p> | <p>Enhanced Community Response – there has been continued progress with partners over the year to increase the caseload capacity of the Virtual Ward (Frailty) to 60 by 2022/23 Q3. The average daily caseload in February 2021 was 31 and 44 at the end of January 2022.</p> <p>Several key improvements have and will support the ongoing increase in intended capacity, including electronic prescribing and use of ICE for Pathology results.</p> <p>System discharge flow work - The transfer of care hub is now in operation; this is the local health and social care system-level coordinating centre based in St James' University Hospital that links all relevant services across sectors to aid discharge and recovery in Leeds.</p> <p>The hub works at system-level whereby all relevant services coordinate care and support for people who need it. It is responsible for developing timely and person-centred 'step-down' or 'step-up' plans for people based on the principle of 'no place like home'.</p> |

Priority 3: Promote and support the health and wellbeing of our workforce.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|--|
| <p>Explore the health and wellbeing needs of diverse communities and groups within the Trust.</p> | <p>The LCH Health and Wellbeing Group, with the support of the Trust’s Non-Executive Health and Wellbeing Guardian, continues to anticipate and respond to the needs of the workforce, with recent focus on Menopause and ongoing attention to supporting Mental Health in the workplace.</p> <p>Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.</p> <p>The Board’s development workshops in 2021/22 included Cultural change and the impact of the first two cohorts of the LCH Allyship Programme and group discussion around ‘white privilege’.</p> <p>LCH has received accreditation as a Disability Confident Leader, one of only 22 NHS Trusts, in recognition of the public commitment shown, and progress being made in Equality and Diversity.</p> <p>The Board receives in-depth analysis and regular updates on a range of proactive work around this wider agenda, through the Workforce Strategy. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan.</p> <p>A new Equality, Diversity and Inclusion Forum launched in October 2021, chaired by the LCH Chair, which aims to bring employee perspectives, experiences, and ideas in pursuit of our ambition to be much more representative of our communities and to further tackle and reduce outstanding issues of disparity in staff experience.</p> <p>Our Allyship Programme continues to grow with 35 Allies who want to support and speak up for their BAME colleagues and currently advertising a fourth cohort. Another NHS trust commissioned us to deliver the Programme, with the second cohort starting shortly. Our Reverse Mentoring scheme has continued at pace bringing the total number of participants who have benefitted from having a BAME mentor to 38.</p> <p>LCH believes in workplaces where all LGBTQ+ people are accepted without exception and promotes this through the NHS Rainbow badge, which currently has over 600 staff members, who are Rainbow Ambassadors. LCH secured one of only 40 places, to be involved with Phase II of the Rainbow Badge initiative, moving away from pledge based towards an assessment model: Bronze, Silver or Gold. A Rainbow Ambassadors Group actively participates in LGBT History Month and Pride Month.</p>  |

What we said we would do:

Provide and expand a comprehensive Health and Wellbeing offer to our staff.

What we achieved and how we will continue to work towards the priorities:

Over 40 different types of emotional, psychological, physical, and social interventions have been designed, developed and implemented in response to the health and wellbeing need of our LCH colleagues and create a more compassionate culture. LCH has targeted support to individuals and delivered over 60 sessions as well as working with a range of teams experiencing significant trauma such as end of life care and the Sudden Unexpected Death in Childhood Team.

Other interventions include:

- Appointment of an additional Clinical Psychologist role focused on workplace wellbeing.
- Improved communications and promotion of broad range of health and wellbeing interventions and support available for staff.
- Continued focus on Employee Voice, including regular Team LCH and cohort-specific discussion and feedback sessions, weekly engagement with Trade Union colleagues, and additional promotion of our award-winning Freedom to Speak Up service.
- Introduction of Schwartz Rounds.
- Space to support staff who were shielding, which led to the establishment of the shielding staff reference group.
- Continuation of a fortnightly Men's Health forum which started in July 2020.
- Introduction of clinical support to staff after serious incidents and psychological trauma.
- Establishment of a working parent's group to deal with challenges during lockdown which was attended by over 200 parents.
- Weekly clinical drop-in sessions which supported staff and created space to talk about work pressures and emotional challenges.
- Our Freedom to Speak up Guardian and Clinical Psychologist supported staff suffering from domestic abuse and violence. Some aspects delivered by our Clinical Psychologist were supported through face-to-face visits with staff working in the community and this aided a more tailored response to those staff.
- Development of educational resources to support staff. These included Mindfulness bite-sized sessions and Acceptance and Commitment Training/Therapy. Sessions were designed and delivered to staff facing significant challenges on stress and burnout with sign posting to further support as required.
- Development of a Facebook page dedicated to Health and wellbeing with over 500 members. This continues to move from strength to strength as more staff hear about it and access the materials, resources, and signposting.

Our culture of engagement was fundamental to our approach to looking after our people during the pandemic. This included but not limited to 50 Voices group (approx. 80 staff participated), the Shielding Group, which offered support to our 130 staff who were shielding, the Race Equality Network Group with over 145 members, Rainbow Ambassadors with over 170 members and Leaders Network. In addition we maintained informal and formal engagement mechanisms with Trade Unions.

This year, a new cohort of prospective Mental Health First Aiders (MHFA) has expressed interest in being trained through a city MHFA scheme.

As living costs rise, a closer focus is being paid to Financial Wellbeing, with work on promoting pensions uptake, a review of the InstantPay initiative introduced for bank workers, and access to financial advice available via the Employee Assistance Programme.




| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|---|
| <p>Equip leaders with the appropriate skills, knowledge and confidence to hold effective health and wellbeing conversations and risk assessments as a regular part of 1:1s, appraisals and other conversations with their team members.</p> | <p>Support for leaders across the organisation included creating space to talk about the challenges of managers leading staff during COVID-19. Children's Services were particularly affected with safeguarding issues, and this was supported with space to listen to and support staff. Wellbeing conversations have become integral to the appraisal process and the ongoing support of staff and teams, including during supervision.</p> <p>Health and wellbeing conversations are part of the line manager/employee relationship, with individual, sensitive conversations practised throughout the pandemic as part of the Individual Risk Assessment process and extending into regular line manager/employee discussions as well as into appraisals.</p> <p>Specific health and wellbeing questions have been introduced as part of an Appraisal project in ABU. Learning from this project will be considered as part of an LCH review of Appraisal processes taking place in the early part of 2022/23.</p> <p>The HR Business Partners continue to provide support to Service Managers deal with often sensitive and difficult wellbeing conversations with staff.</p> <p>LCH's new Disability Confident Leader accreditation is evidence of its comprehensive approach to supporting employees and prospective employees with a disability or long-term condition</p> <p>The LCH Leadership Programme, including in particular its Manager As Coach module, continues to equip leaders with additional skills to support staff. Up to date guidance and briefing notes on key topics are shared with leaders through leaders' network or via Midday Briefing to ensure they are kept up to date with the latest local and governmental guidance.</p> <div data-bbox="1563 754 2060 986" data-label="Image"> </div> |

Our colleagues shared their experiences of their diverse roles and of how supportive LCH is as an employer. Here are some examples:

[Watch our video on Health and Justice Nursing and the impact LCH makes in supporting patients](#)

[Watch our video Making a Difference by our 0-19 Team](#)

Priority 4: Develop integrated provision with a stronger focus on prevention, self-management and pro-active care.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|---|
| <p>Playing a full part in the Integrated Care Partnership, develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city.</p> | <p>The Trust continues to be involved in several workstreams to support the formation of the Leeds Committee of the West Yorkshire Integrated Care Board.</p> <p>Steered by the Integrated Care Partnership (ICP) Development Board, of which the LCH Chief Executive is an active member, the Trust is involved in several workstreams to support the formation of the ICP, as detailed in the earlier Priorities.</p> <p>A Place Based Partnership operating model is being finalised alongside communication and engagement tools which will be used to help describe the main commissioning changes to staff and people before they come into effect in 2022. The Leeds Health and Care Partnership is meeting in shadow form and are making the move towards more place based, population focussed commissioning.</p> <p>NHS England and the Local Government Association are supporting Leeds' participation in a Place Development Programme which will support us in transforming our partnership arrangements to becoming even stronger as we move into the new arrangements from July 2022.</p> |
| <p>Developing community offers that support people to keep well / stay at home or in the community maximising partnership working with primary care, the 3rd sector and other healthcare partners e.g. Care Home Support development (EHCH), development of integrated nursing clinics with primary care, Urgent Community Response developments, Integrated rehabilitation and reablement local offer, Community Cancer Support Service.</p> | <p>Work continues under this overall ambition and is evidenced throughout the Account.</p> <div data-bbox="705 1002 1227 1264" style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 10px;"> <p>Leeds Cancer Programme</p> </div> </div> <div data-bbox="705 1209 1227 1264" style="display: flex; align-items: center; justify-content: center; margin-top: 10px;">    </div> <p>The Community Cancer Support Service has been successfully rolled out to seven Primary Care Networks (PCNs) in Leeds, providing personalised care and support for patients living with and beyond cancer. It evaluated very positively with both patients and professionals in November 2021 and in 2022 has secured an additional year's funding from Macmillan Cancer Support to continue the development of the service. Since September 2020 the Service has received 488 referrals, 42% of these have been for patients at the end of their treatment.</p> |

Patient feedback:

"This service is an excellent way to bridge a gap in support that is very clearly there. It has really helped me. I hope it can be accessed across Leeds now as I met some patients who couldn't access it because of postcode and whom I felt needed it more than me."

"To be able to chat to a specialist nurse about anything treatment or personally related was really helpful, as it felt like a gap was being filled by someone who had the time and expertise to do it."

"Being diagnosed with cancer is a massive shock. I just got on with getting through treatment etc. wanting it to be all over. I didn't realise the effects of the trauma might continue for months. So really good to have your support through the ups and downs."

Professional feedback:

"Very positive experience of the team very prompt to see patients and relay back if any patient needs. Patients have valued the support closer to home. As a community service [it] provides that continuity and link for us as hospital practitioners. Only thing to improve is widening their scope to city wide." **Feedback from Hospital Clinical Nurse Specialist.**

"I feel that the CCS service has had an incredible impact, it has helped keep a patient engaged with the chemotherapy. Without this service I think the outcome would have been different. The working together across primary and secondary care is very effective in giving good care to the patient and using health resources well." **Feedback from Hospital Clinical Nurse Specialist.**

The Neighbourhood Model Transformation Programme:

Work has been undertaken to align the Virtual Ward (Frailty) with the urgent community 2-hour crisis response service. Virtual Ward (Frailty) commenced 8am-8pm working and referral acceptance, 7 days a week in September 2021.

- **Virtual Ward** development continues, for example by aligning/sharing processes between Frailty and Respiratory wards and a future model for a Cardiac pathway is in development.
- **Enhanced Community Response Service** development commenced that involved integrated working with the Virtual Respiratory Ward and Cardiac Services to adopt shared processes.
- Work is ongoing between LCH, Primary Care and the local hospices to improve communication between the services to manage patient care. This has included enhancing our digital communication pathways with emphasis on developing distinct routes defined for managing the priority of care to support patients to be cared for in partnership in their homes. A new digital referral has also been developed between Primary care and the Neighbourhood Teams.
- The Transformation programme is currently redesigning the pathways for referral management and triage of existing patients within LCH and the community. The revised process will ensure that patients are triaged to be seen by the most appropriate professional in the most appropriate setting. One ambition of this is to maximise the independence of patients by providing care where appropriate in the integrated clinics.
- The Transformation programme is also progressing a pilot to manage planned and unplanned care separately to assure

responsiveness by maintaining system flow and keeping patients at home. Both teams will be multi-disciplinary and continue to work in an integrated way with each other and system partners. The delivery of planned care will allow the services to maximise the proactive management of care and have access to step up care for patients who may be sub-acutely unwell.

- Our rehabilitation offer is being transformed to account for the changing needs of our population, national strategy and to work more cohesively as a system.
- Work has continued to develop the integrated citywide falls offer with close working between LCH and LTHT, including the development of a virtual MDT clinic and refresh of acceptance criteria and an integrated falls pathway to ensure consistency of assessment and care for complex falls risk patients.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|--|---|
| <p>Develop more integrated working and pathways between services within and across BUs and with partners e.g. engagement in LCP development and initiatives across all 3 BUs, integration between NTs and both ABU city-wide and SBU services, development of CBU 'offers' and transition pathways from children's services to adult services.</p> | <p>LCH's Director of Nursing and AHPs has engaged extensively with GP Confederation, PCN Clinical Directors and other primary care stakeholders about a draft Integrated Care proposal. The proposal sets out a shared commitment to progressing and accelerating our vision of a single team working across a PCN area to care for the population. It defines how we will shift to ensure we are working as one team to serve the population.</p> <p>LCH attends the Mental Health Board. The delivery plan is currently focussed on adults but will be extended to incorporate children.</p> <p>First Contact Physiotherapy - LCH are currently delivering MSK first contact physiotherapy services in seven Primary Care Networks. Face to face appointments have resumed in most clinics at the request of PCNs.</p> <p>Children's Communication Offer – the Communication Offer has now completed its mapping, and a full pathway is being launched at the end of March 2022, alongside the refreshed Children's Business Unit Strategy for 2022-2055. This Offer brings together services that currently support children, young people and families with communication difficulties, across three levels of intensity: Universal, Universal Plus/Targeted and Specialist interventions.</p> <p>Pressure Ulcer Group - the citywide pressure ulcer group is now working with the Health and Care Academy to scope a Leeds wide pressure prevention training offer for all sectors. A working group of subject matter experts has been established and having agreed the content are now working on an implementation plan across all sectors.</p> |

The Growth and Nutrition Service highlighted great integrated working within LCH and with wider partners. They also focus on maximising the health and independence of their patients and families:

Growth and Nutrition Service, October 2021 Board Story

The case relates to a child with complex health needs who is under the care of the Growth and Nutrition Service in ICAN.

The child was referred to the service with complex feeding issues and faltering weight and was seen by a paediatrician, and clinical psychologist. There was initially professional and parental anxiety about her weight gain. Due to further weight loss from illness, a nasogastric tube had been placed for artificial feeding. At the time of the first appointment, the family's journey had been incredibly challenging.

At the initial appointment with the service, the family's goals were for her to be able to feed orally rather than artificially; to understand the cause of the eating difficulties and clarify any underlying medical conditions. By working together, family and professionals were able to achieve this in a relatively short period. Despite the challenges of COVID-19, the child progressed well with her eating and the nasogastric tube was removed in August 2020.

The service works across many teams in LCH and is one of only a handful of similar services in the country. They are passionate about their work because they know that if parents are really worried about a child's eating it can impact on the whole family – and that they all gain from a successful outcome.



Priority 5: Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity.

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|--|--|
| <p>Develop focus and competencies in all services and corporate functions to understand, mitigate and reduce health inequalities in existing delivery and service change, including the robust use and review of EQIA processes.</p> | <p>Equity will be embedded in proactive approaches within our services and corporate functions of quality, including research, evidence-based guidance and outcomes. It will be part of the review of incidents and within patient experience to understand any inequalities affecting specific communities or communities we are not hearing from and why, and act to address these.</p> <p>The implementation of the combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process.</p> <p>Each EQIA is reviewed by a monthly panel to ensure risks and opportunities are identified and action taken. This includes a strong focus on equity to ensure change in practice do not cause any inadvertent disadvantage.</p> <p>Recent EQIAs have considered greater access to services including an EQIA from Health and Homeless Team to relocate and increase the beds in the bedded unit to improve access to healthcare for a known vulnerable population.</p> <p>Leeds Sexual Health Service made changes to improve access to treatments and increased patient choice. The new option for treatments to be posted can benefit people living in poverty by removing the cost of travel to clinic.</p> <p>A new clinic for sex workers and other vulnerable groups offers TB screening, COVID-19 vaccination and can also fit IUD contraception as well provide sexual health assessment and treatment.</p> |
| <p>Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities.</p> | <p>As our Health Equity Strategy progresses, all services will review data and other sources of information that tell us about access, experience and service impact on diverse communities' health. We will share what we find out and work with communities and partners to make improvements. We will continue to improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements.</p> <p>Our health equity dashboard now gives services access to their own data, this can currently be broken down by ethnicity and deprivation (IMD) for referrals, appointment and visit outcomes, and Therapeutic Outcome Measures. Further bespoke reports have also been developed to better understand our waiting lists, by ethnicity, deprivation and interpreter requirement.</p> <p>Population equity data is being considered within our governance reports and includes mortality review and reporting and patient safety incident review and reporting.</p> |

| What we said we would do: | What we achieved and how we will continue to work towards the priorities: |
|---|---|
| <p>Improve communication and access to services through implementation of Accessible Information Standards.</p> | <p>The mandatory communication template update as part of the Accessible Information Standard implementation is live in SystmOne. This will enable us to understand, flag and share people's communication needs and put actions in place to address those needs to improve access, experience, and outcomes for people with additional communication needs.</p> <p>The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages.</p> |
| <p>Test new partnership approaches with the third sector that drive reduction of health inequalities</p> | <p>In 2021/22 LCH and third sector partners developed and started implementing a Third Sector Strategy. This was paused from November to March because of COVID-19 pressures on services and third sector partners.</p> <p>LCH supported six third sector partner bids for NHS Charities Together funding. Both BASIS and BID were successful. BASIS have been working with LCH services to improve access to services for female sex workers and/or women who are sexually exploited. BID have been working with LCH services to support people with sensory impairments.</p> <p>We are pleased to work with and fund the Leeds Older People Forum to launch the Enhance Programme. The Programme is making £25 - £100,000 available to third sector organisations to test and develop partnership approaches. The approaches should support safe and sustainable discharge from hospital and Neighbourhood Teams into a secure home environment, link Neighbourhood Teams with third sector organisations to enhance capacity in both sectors and avoid both delayed discharges and readmissions.</p> |

Moving into 2022/23, several workstreams will continue due to their ongoing importance. This includes our continual commitment to support the health and wellbeing of our workforce, our aim to move from intent to action in identifying and addressing inequity, and our commitment to work with our system and third sector partners. Each of these areas for continued development are reflected in the 2022/23 Trust Priorities. A number of projects will continue into the new year in addition to a number of planned new projects.

Supporting Quality Improvements

Adult Business Unit

Night Care Pilot - our Community Night Nursing Service is working in partnership with Age UK's Home Comfort Service to provide registered nursing support to the Age UK team working in the evening and night times. The aim is to improve patient and staff experience during evening and night-time hours, to promote effective joint working to make the best use of skills available to meet people's needs, and to ensure more people are supported during the evening and overnight. This includes people with end-of-life care and support needs, and people on Virtual Ward caseloads. The pilot is being evaluated and it is hoped it will become a permanent offer.

Therapy Supported Discharge - working jointly with the hospital, LCH developed the pathway which is a therapy supported discharge at St James's Emergency Department. The team have proactively managed a small number of patients to assess them in their own homes and provide them with extra support to enable patients to transition through the hospital and community system in a smooth and effective way.

The team, made up of therapists and therapy assistant practitioners, aim to facilitate patients to return home from hospital as soon and as safely as possible, and with the appropriate level of support in place, reducing the length of stay and optimising patient outcomes. The pilot involves joint working between LCH, the hospital and Leeds City Council (Adult Social Care).

Virtual Ward Frailty (VWF) - in response to the requirements of the Urgent Community Response aspect of the NHS Long

Term Plan this year, LCH has extended the hours of the Virtual Ward Frailty (VWF) to 8am to 8pm. The VWF is a collaboration between LCH, the hospital, Adult Social Care and the third sector and Primary Care Networks across the city. It provides co-ordinated care to sub-acutely ill patients, and responsive assessment and treatment of patients in their homes who are living with moderate or severe frailty and who experience an acute medical episode. The team consists of Consultant Geriatricians, Community Matrons who are Advanced Clinical Practitioners, Pharmacists, Nurses, Physiotherapists and Occupational Therapists and Support Staff.

Children's Business Unit

Bath Time Ducks (Safe Bath Times) - Bath Time Duck stickers were developed to make bath time as safe as possible. They will be stuck on the inside of each Parent Held Record as a reminder of key safety messages for bath times. The Youth Board and the Parent Forum have reviewed and provided positive feedback on the stickers that are also in line with the safety messages from Leeds Children's Safeguarding Board.



CBU Festival - this year the Children's Business Unit held a celebration event to share the great work across their services and teams. A father shared his experiences of working with the Infant Mental Health Team and accessing support around his relationship with his infant son. He highlighted the

struggles of often feeling ignored as a father, and what he wanted professionals to consider when thinking about dads and shared what helped him to build a better bond with his child.

The ICAN service sang a Sea Shanty that highlighted their great work in developing digital pathways to support different ways of working during the pandemic and lifted everyone's spirits at the same time!

A Digital Revolution

1. A sea captain there once was,
Lisa was her name, they say
the tightest ship, she did run
I CAN not re-call the name
2. Alongside a crew of remarkable fame
The ship encountered a mighty storm
The craft lay adrift on a turbulent sea
Buoyed on, they set to work
3. The ships' crew toiled hard night and day
With sweat and tears along the way
They rebuilt the ship that had almost sunk
Using digital inno va tion
4. Shipmate Nicola cried, 'I've got an idea',
Let's patch up the CC A pathway!
We'll use old skipper, we called her Jane,
An expert SystmOne grafter!

Heave ho, lets get the job done
No time to natter, drink gin or rum
Wey hey we are onward bound
It's a Digital Revolution



Recruitment - young people have taken part in numerous staff recruitment panels across the Children's Business Unit in 2021/22. The young people from the LCH Youth Board have been involved in developing this process. They have developed a guide for staff, assessment sheets and certificates for young people who take part. This approach gives another opportunity to involve young people, hear their opinions and views, and be responsive to the needs of young people from our communities.



It also gives young people the opportunity to ask their own questions such as 'I always get really anxious prior to attending appointments, what would you do to help reduce my anxiety to ensure that I attend?' and 'fun' questions as well such as 'if you won a million pounds, how would you spend the money?'

The Youth Board were involved in a recent interview panel for the role of Head of Service in PHINS. The Youth Board asked their own questions. They also developed a role play exercise and planned a presentation subject for the candidates.

Two members of the Youth Board, Abbey and Sneha, gave the following feedback after taking part in a recruitment panel.

Abbey wrote – "Being involved in a recruitment panel was an amazing experience and I never imagined that I would be doing something like this. It was so rewarding being involved and I felt that my contribution was valued. I also learnt a lot about the recruitment process which will help me in the future

when I apply for jobs."

Sneha wrote (pictured) – "Helping out with interviews is an amazing experience, since not only do you get to be on the other side of the panel judging answers, you can also better understand what a good answer looks like - very useful for the future. We discuss the candidate afterwards, and it's really nice to hear other people's views and talk about what was good and if anything wasn't."



Candidates have also given the following feedback around their experiences of being interviewed by young people.

'I was really nervous, but it was an amazing experience and the questions so different. I wasn't too sure what to expect but felt at ease straight away, the young people were lovely and I really enjoyed it.

Brilliant questions and the fun questions are great as well. This panel was just before the formal panel and I felt more relaxed going into the formal panel.

We should always do this, being asked if you were a Dinosaur and which one would you be and why? was brilliant and being able to introduce some humour with young people was great'.

PHINS 0-19 New Mums Facebook Group – Facemums -

Facemums was a research project where ladies who were pregnant joined a private Facebook group and had dedicated midwives throughout their pregnancy from 16 weeks gestation to six weeks postnatal via the Facemums group. As a service, 0-19 PHINS had the opportunity to be involved in

the research project and were the only 0-19 (Health Visiting) service to carry on the support in the group after the midwives left the Facemum groups when the babies were six weeks old.

Each group had one Health Visitor and one Family Health Worker, there were four groups. The project ran for six months and ensured that the mums in the groups had support until their babies were at least six months old.

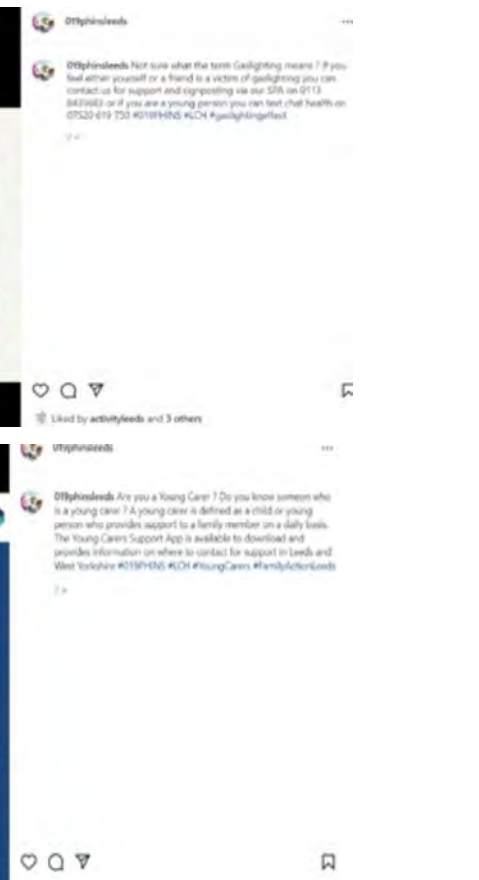
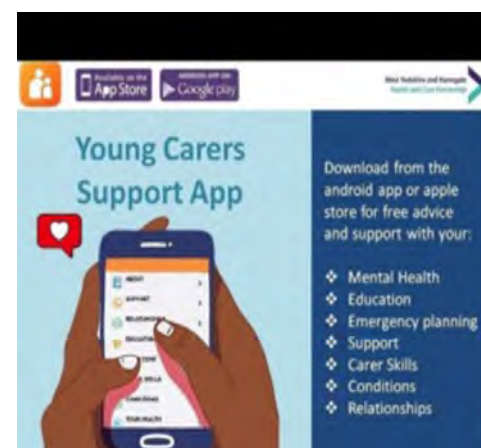
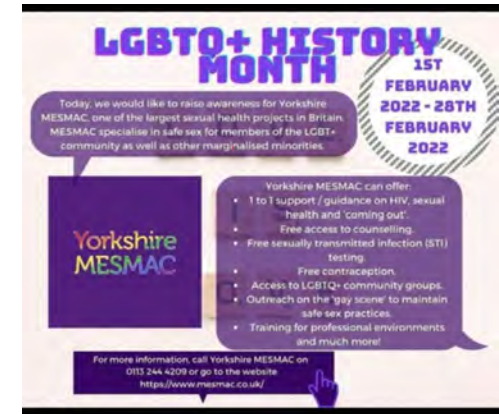
Due to COVID-19 our service had to adjust its service offer. Parents of babies and toddlers who usually found support through peer support groups felt isolated as baby clinics were paused. Through Facemums, parents in these groups were able to find support in relation to their baby's health, development, and wellbeing.

The service posted daily public health messages to share evidence-based information or ask how everyone was feeling. Practitioners made sure that every single Facemum was supported alongside the 0-19 service offer. The practitioners were inspirational, and we are extremely proud of them.

The feedback from the Facemums was extremely positive, with all the participants feeling their understanding of our 0-19 service had increased and that they felt the support provided was useful and relevant. Moving forward this year we hope to recreate Facemums working in conjunction with Midwifery in Leeds Teaching Hospitals Trust.

Instagram - the service also started a six-month pilot to use Instagram as an additional method to send out key public health messages for young people. The 0-19 PHINS service launched Instagram in July 2021. This runs alongside the existing Facebook page. The team have fortnightly meetings where content is discussed across both Facebook and Instagram platforms and they ensure that they post once or

twice a day and that the content is engaging, and evidence based. Examples of posts:



Specialist Business Unit

Community Intravenous Antibiotic Service - the service continued to build partnerships and support a wider COVID-19 response. The team are working with the Out Patient Antibiotic Therapy Team to consider new ways of working during the pandemic and to establish a new, partnership vision. The team are working closely with the new OPAT service manager to ensure a seamless service.

The service received a total of 1110* referrals for patients in 2021/22, many of those patients would otherwise have stayed longer in hospital or been admitted to hospital without the support of the service.

For example, the team started a new pathway in 2021/22 for patients with bone disease who require an intravenous infusion who would usually be treated in hospital, there were 183 patients treated on this pathway in their own home which is more appropriate and more supportive of this vulnerable patient group.

The team have also extended their offer of delivering intravenous diuretics to support the Virtual Frailty Ward.

During the past 12 months, CIVAS have supported our Neighbourhood Teams in addition to their commissioned work. They have cared for over 626* intravenous line cares and chemotherapy disconnections for patients. Carried out wound dressings, medication administrations, as well as other tasks usually carried out by the Neighbourhood Teams.

The team have gone above and beyond to be flexible and deliver work outside of their current pathway if they have had capacity to do so. As an example, the team support a

vulnerable patient with dementia, the joined up approach meant she could remain safe and cared for at home whilst receiving treatment until her symptoms improved. Without the service, this patient would have been admitted to hospital.

*Data correct as of 31 March 2022

Diabetes Leeds are working with three Primary Care Networks (Morley, Chapeltown and LS25/27) to improve the three diabetes treatment targets (blood pressure, cholesterol, and glycaemic control) to reduce diabetes complications. New approaches being tested include:

- A clinical team (CCG and LCH) supporting integration between primary care and specialist diabetes services.
- Training offers to support PCNs develop 'diabetes support teams' at PCN level.
- Utilisation of population health management data to proactively identify cohorts.
- Providing advice and guidance between primary care and specialist service to support timely care.
- Connecting with local and national prevention and self-management offers and, tailoring approaches to population need to address health inequity.

The clinical arm of project is funded by NHSE and the community arm of the project is supported by the Local Care Partnership development team.

Homeless Health Inclusion Team - following a successful joint bid, the team are one of several partners across the city, in delivering a new enhanced out of hospital care model for people experiencing or at risk of homelessness. People at risk of, or who are experiencing homelessness, often have

several long-term conditions and high levels of frailty. They would historically not be suitable for traditional models of intermediate care. Our LCH colleague, Liz Keat was appointed as the Integration Lead across the whole partnership.

The model includes step up/step down accommodation for people to reduce unnecessary hospital stays, and to work holistically with people in a new model of intermediate care to enable the recipients to achieve their goals. Since May, the team have received 57 referrals to the Health Intervention beds. 27 have been accepted and all nine flats are currently full with an even mix of step up/ step down from hospital. All people discharged to date are showing positive outcomes. There have been unexpected outcomes such as people choosing to have this accommodation as their preferred place of death.

Many of the people we have invited to be part of the project have been identified by the city as being in the most need, of experiencing the most chaos, and other services have not been able to engage them.

Our patients have feedback a sense of hope which they did not have before, that they are looking forward, making plans and not stuck in a crisis response. The support has been creative; facilitating people to have contact with their families, be involved in meaningful activity, find fun and enjoyment as well as meeting health needs. The team are providing education to Emergency Departments and hospital discharge teams on; 'Homelessness, duty to refer, and the role of HHIT team'.

Virtual Ward Respiratory - the service continued to work in an integrated way with the hospital, the ward consistently reaches its maximum capacity. In Q1 alone the service received 128 referrals compared to 45 in the same quarter

last year. Sixteen of those referrals were for the Oxygen at Home Pathway where patients are supported with oxygen at home. Twenty-seven referrals meant a hospital admission was avoided and 55 referrals facilitated a hospital discharge. This meant that there were more hospital beds available for patients who were in greater need.

What our patient's thought about our services:

Feedback received via Friends and Family for services such as CIVAS, Homeless and Health Inclusion, Virtual Frailty Ward and Virtual Respiratory Wards clearly demonstrate how valued these services are by patients and carers, particularly as they allow for treatment at home. People report they are able to make contact easily with these services to ask questions and seek reassurance.

"All team members were professional, friendly and very accommodating. NHS at its best!"

"As a system, for me at least, it was seamless."

"Friendly and helpful. Good opportunity to seek reassurance/check info post-hospitalisation."

"It's the way you do things. Having this service at home, really important."

"I have received a great service from each member of the team that have visited me. If it hadn't been for this service, I would still be in hospital and would have missed my son's wedding. Thank you very much CIVAS."

"My treatment has been very good and reliable, there is a big improvement where the nurses have kept me up to date and have been very supportive."

“I have no words to show my gratitude, so I’ll just say thank you.”

“Thank you for setting up the interview. I think I am going to enjoy the experience and knowing that I can help somebody in difficulty just like all your help with me which I really appreciate.”

Primary Care Network and Integrated Services

Co-Chaired by the Executive Director of Nursing and Allied Health Professional’s for LCH and the GP Confederation and Kim Adams Programme Director Local Care Partnerships Development Programme, the Integrated Care Steering Group had been established to look at working in a more integrated way across the system in Leeds, with a particular focus on the integration between community and primary care; the group also included partners from LTHT and LYPFT. This year Public Health colleagues and Local Authority colleagues have also joined the group to enhance the health equity lens on integration. Whilst the pandemic has paused some of the steering group activity over the past 12 months, other initiatives have continued to progress.

Although the Steering Group and work across several workstreams were paused for much of 2021/22 due to the pressures of the pandemic, there have been some exciting developments to test new integrated models and ways of working. The Steering Group’s membership has been extended to include key partners in developing innovative integrated healthcare models and ways of working, including the Local Care Partnership Programme Director (co-chair), Primary Care Network Clinical Directors, Public Health and additional third sector representation.

Morley and West Primary Care Network Integration Initiatives

In 2021/22 LCH worked with Morley PCN and West PCN to pilot two integrated nursing models over a 12 month period:

Morley PCN - evidence suggests that care home residents often have the most complex needs and are at higher risk of hospital admission: in 2019 the Health Foundation reported that one in twelve emergency admissions were care home residents and that 41% of these were potentially avoidable. LCH is funding a Community Matron and Senior Nurse to lead a dedicated Integrated Care Home Team supporting residents in Care Homes across Morley PCN locality and working very closely with the PCN Pharmacist. Previously care was provided by different general practices and multiple members of the health care team.

The team is based within the Neighbourhood Team and established in delivering all visits to the residents within care homes. The team aims to ensure continuity of care, a streamlined referral process, strong clinical leadership, and an integrated approach. Each resident has a full assessment by the Community Matron or senior nurse on admission. If a need for NT support is identified, appropriate referrals can be made in a seamless way at this stage and avoiding a duplicate assessment. Reviews by either the Care Home Team or Neighbourhood Team are scheduled at this time.

The Community Matron or senior nurse lead weekly ward rounds in each care home and are the first point of contact for the care homes, supporting development of strong relationships with care homes, service users and their families.

The team has high levels of staff satisfaction and has reduced

input from Neighbourhood Teams. The team plans to provide care to adults with learning disabilities resident in Care Homes in future.

West PCN - LCH has recruited an Advanced Clinical Practitioner (ACP) nurse to work across West Leeds PCN and its seven practices as part of a new PCN integrated Frailty Home Visiting service. The service supports older people living with complex needs and frailty, to live independently as long as possible by providing pro-active and responsive care. The service comprises two Advanced Clinical Practitioners, one Associate Clinical Practitioner, two Paramedics, a Clinical Pharmacist and Health Care Support Workers working as a multi-disciplinary team alongside GPs and Community Geriatricians.

Patients have a full assessment by an ACP who plan care, order, and act upon diagnostic tests. They make referrals to other members of the wider Primary Care Team, Neighbourhood Teams and other LCH services seamlessly, and schedule reviews, ensuring the right care is provided by the right person, in the right place, at the right time. This approach prevents avoidable deterioration and admission to hospital, unnecessary visits and duplication of assessment. Both ACPs will work closely with Neighbourhood Teams in the PCN footprint to develop cohesive teamwork and innovative new ways of integrated working and caseload sharing.

Both PCN initiatives support a better experience and outcomes for patients with more effective use of resource by:

- Providing pro-active care and continuity of care.
- Clinicians with high levels of skills assessing patients and providing clinical leadership.
- Clinicians working as part of a wider multi-disciplinary

primary care team that includes GPs and working closely with community geriatricians.

- Avoiding duplication of appointments, assessment, and interventions with NTs.
- Enabling appropriate and timely referrals to LCH services e.g. Virtual Ward Frailty, the Falls service.
- Developing new ways of integrated working with NTs, the Virtual Ward.

The learning from these pilots will be shared with PCNs and LCPs and wider healthcare partners through city-wide forums.

Integrated Wound Clinics – integrated wound care clinics have been established in eight locations across the city. Clinics were initially to run between January and March 2022 but have been extended until September 2022 in recognition of the contribution they are making. A remote booking platform has been developed so patients can be booked into any of the sites by primary and community care colleagues. Integrated wound care colleagues are operating an active ‘pull’ process for those patients typically seen by Neighbourhood Teams but can access primary care. FFT feedback confirms positive patient satisfaction and staff satisfaction is also high.

Integrated Wound Care Templates - following an integrated workshop and including lessons learned from an earlier programme, a shared template within the electronic patient record has been developed in SystmOne and Emis. It is aligned to the national wound care strategy and addresses Commissioning for Quality and Innovation (CQUIN) and Community Services Data Set (CSDS) requirements. The template evaluated well following a period of testing with Primary Care, LCH Clinical Practitioners and wider partners. It

was launched by Primary and Community Care Clinical systems in March 2022.

Preceptorship and Training – an Integrated Preceptorship proposal is looking at combining and expanding the Primary Care and LCH Preceptorship pathways to create an Integrated Preceptorship Programme. Applicants would be recruited as a Preceptee, and not recruited to a specific role. The Preceptee would rotate around services for twelve months, across both community and Primary Care and would be guaranteed a job at the end of the twelve-month period if they have met all performance and development criterion. The posts will be open to both nursing and AHP professionals, although an initial proof of concept will focus on registered nurses.

Integrated Falls Pathway - a six-month fixed-term contract was established to test a new Falls Advanced Clinical Practitioner (ACP) / Falls Pathway Lead role, developing, and progressing the Integrated Falls Pathway. As part of the vision for, and development of an Integrated Falls Service providing care closer to home, virtual falls multi-disciplinary team meetings were set up and have been running twice a month since November 2021 with a Falls Clinic Geriatrician, Community Falls Service, and temporary Pharmacist support. This has supported more complex falls patients in the community, reducing the need for patients to attend a hospital outpatient clinic.

This current role and service model has supported approximately a 70% reduction in referrals from the Community Falls Service to the hospital Falls Clinic for a face to face appointment with a Geriatrician, as the majority of patients have been able to be provided with care closer to home. Pharmacy support and input to the virtual falls multi-

disciplinary team meetings has enabled timely medication reviews and medication changes for high risk falls patients, also reducing pressure on GP time. This model has also contributed to a reduction in waiting times for patients to be assessed by the Community Falls Service, as well as receiving positive feedback from patients.

As part of the falls pathway development, the Falls ACP/ Pathway Lead is working with hospital colleagues to review and develop the falls referral pathway for patients attending the emergency department and for patients admitted to the acute assessment wards following a fall, encouraging a proactive approach to falls assessment, prevention and management for these patients on discharge home.

This pilot has tested the case for change for an ACP Physiotherapy Practitioner within this role. A business case has been completed for a permanent Falls ACP/Pathway Lead role, and a permanent Pharmacy role within the Community Falls Service, to support the service patients and virtual falls multi-disciplinary tea, meetings.

Digital Project in Beeston and Middleton – the aim was to train up a network of Digital Health Champions to test if there were services that could access digital appointments and support those that did not have access. There are now six Digital Hubs in Leeds supporting patients.

Part 3: Priorities for Quality Improvement 2022/23

The Quality Account looks forward to 2022/23 as well as looking back on 2021/22.

How we agreed the priorities

This year there are four Key Priorities and we have aligned them to our four Strategic Goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. Whilst the Priorities are now directly aligned, they are also cross cutting and will contribute to the achievement of the other Strategic Goals.

As our Strategic Goals are aligned to our Board Assurance Framework, progress against the Key Priorities will now also evidence how we are mitigating our organisational risks. We intend to align our LCH workstream Strategies in addition, for example the Engagement Strategy, Third Sector Strategy or Workforce Strategy.

The Priorities for quality improvement were considered within the national, regional, and local context and are also informed by our commissioning and regulatory requirements and build on our key initiatives aligned to the NHS Long Term Plan and NHS Constitution.

They were developed with the support and feedback of our staff and patient engagement champions. We have developed a plan for development of our 2023/24 priorities that increases our engagement with staff and patients in the development of the priorities.

Our 2022/23 priorities are:

Strategic Goal - To deliver outstanding care.

We will be responsive to the needs of our populations as we continue to rebuild our services back better.

Strategic Goal - Use our resources wisely and efficiently.

We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement.

Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with.

We will support our workforce to recover and flourish, with enhanced focus on resourcing and health and wellbeing.

Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities.

We will work pro-actively across all the communities we serve to improve health outcomes.

Part 4: Other Quality Improvements

Leeds Community Healthcare NHS Charity

The Leeds Community Healthcare NHS Charity has continued to raise money and review applications in 2021/22. The Charitable Funds Administrator post has been made a permanent position during this time.



An Operational Group for the charity meets regularly to discuss and oversee

work on the priorities of the charity. The group comprises of both clinical and corporate staff and includes representation from the Youth Board. The group is chaired by the Executive Director of Nursing and AHPs and feeds directly into the Charitable Funds Committee. The following are some of the projects that have been supported this year:

Digital Inclusion

Applications continue to be approved to provide tablets with internet access to unpaid carers who access/support others to access Trust services. We hope that this funding will help to promote digital inclusion for carers, support digital healthcare access and help to reduce social isolation in the unpaid carers group. This funding is being delivered alongside ongoing partnership work with Carers Leeds and 100% Digital Leeds. So far twenty tablets have been shared and a further twenty are on order.

Pauline kindly shared her experience of receiving a tablet and the difference it made. [Pauline's Story](#)

Homeless Health Inclusion Team

Feedback from a colleague in the Service: I arrived to see my patient, who is elderly, has no literacy and [had] never used a mobile phone [and] was face-timing her brother in Ireland! She was so delighted, thought it was quite magical to be able to see and hear relatives she hasn't seen for years and has been so isolated due to COVID-19.

Her son has used it to read messages and have GP appointments. Another brother has used it for his universal benefit claim, [who] had been sanctioned previously for not engaging with the online process of looking for work and not wanting to get help at the job centre, so huge success!

Support has been provided through funds to purchase warm clothing and personal hygiene items. Feedback has included:

"[Charitable funds have] been hugely beneficial already in providing our patients with much needed basics, but also dignity and respect in allowing them to request items that are size appropriate ..." and "I applied for the funding so that we could provide essential items to our homeless and vulnerable population. We decided to convert the donation received into vouchers so we could purchase the basics, examples include food/drink, sweet/snacks, toiletries, and sanitary items alongside basic clothing such as underwear, shoes, warm layers and hats/gloves [...]".
Amanda Chakraborty, Lead Nurse - Homeless and Health Inclusion Team.

The World Mental Health Dress Down Day



This project was supported by schools across Leeds and raised money for the Charity.

Hannah House

The charity continues to administer a fund for Hannah House which covers the costs of running a minibus for outings and maintaining a sensory aquarium for children with additional needs.

Yorkshire Three Peaks

The charity organised a fundraising event that was well attended and raised money for the charity, our Executive Director of Nursing, Medical

Director and the Patient Experience Team supported the event as walkers and helpers.

Morrisons were very supportive by donating 200 t-shirts that we had printed with the charity logo for the Three Peaks and for future fundraising events. They also did some fundraising for the Big Tea Event at Morley Morrisons and the plan is to continue developing this partnership.

Additional applications granted included:

- Lifting Equipment for a community patient with a disability, to help them get up after a fall to support independence.

- A refrigerator for a service user in need.
- A sensory pod for CAMHS patients.
- Furniture for a 'Take 5' room for Meanwood Neighbour Team.
- Summer activities equipment for the children at Hannah House.
- Wellbeing packs for staff in the Podiatry Service.

Patient Engagement Champions

LCH Engagement Champions have continued to meet bi-monthly during 2021 and have used the network to share and celebrate their engagement work.

Following training on how to run a focus group, the **Children's Speech and Language Therapy** service hosted a focus group, to discuss their current care model, whether digital appointments are accessible enough, and whether follow up support is satisfactory. Twelve parents from the Children's Speech and Language Therapy Service were invited and seven attended.

Parents shared that there was a lack of support between appointments and that the service could feel difficult to navigate. They felt that when a child is re-referred to the service the wait for an appointment could be lengthy, which is particularly concerning if the child has complex needs. They also shared that schools do not always inform parents of appointments that have been booked in school time.

The service is now implementing the following this feedback:

- Developing a letter/leaflet for all parents/carers/guardians to introduce the service, explain how the service works and provide contact details.

- Text messages are now sent when an appointment in school has been booked, notifying them of date and time their child will be seen.
- A summary letter is now sent home in children's book bags following an appointment in school time, outlining the care and support given, any targets and next steps.
- The service is reviewing how they can develop and implement a telephone advice service for parents/carers and schools to make contact more efficiently for any support and advice following or between appointments.

A number of Patient Engagement Champions attended bespoke training sessions offered by 100% Digital Leeds in July and August 2021. The training was focussed on supporting staff in having positive conversations with patients and carers around digital access and signposting to citywide support.

CAMHS have recently updated their Autism Assessment Pathway information leaflet to an easy read document to help improve accessibility. Lisa Smith, Learning Disability Lead, supported these projects and ran a session for Champions on creating accessible documentation, in particular tips and steps for creating easy-read information.

The **MSK** service ran a focus group in June 2021, to review the content and the layout of the new service website. The service user focus group worked with the service to ensure the website content was accessible, informative, and aimed at the right level for people. They also gave feedback so the service could ensure the web pages are easy to navigate. Some of the content was also read through by the by a reader group of MSK service users. The final pages were reviewed by patient volunteers for any final feedback as well as members of MSK staff.

The **Self-Management Facilitator** for Yeadon and Otley has recently joined the Engagement Champion network. This service are now completing a piece of work engaging with staff and patients within the hospitals. The aim is to work alongside patients prior to discharge to build competence and independence in self-care. These patients would normally have been referred to one of the 13 Neighbourhood Teams, however, this piece of work has so far prevented over 700 referrals for patients who are now able to self-manage at home.

The Self-Management Facilitator is also working within the third sector to build and develop some resilience for the teams. Patients are often physically able to get out but still require an element of care from District Nurses. The team has found this a valuable way of networking within local communities. Service users under the new Self-Management Facilitation team have feedback that they find it helpful having one person to help coordinate their care and they really benefit from the consistency of this approach.

Other notable work from the Engagement Champion Network includes:

- Developed patient and carer surveys to listen to the voices of our service users and make changes to the way our services are delivered, including Leeds Sexual Health, Cardiac Service, Respiratory Service, Leeds Community Pain Service, and Community Diabetes.
- Updating patient information to align with the Accessible Information Standards from CAMHS, Children's Continence Service and the TB Service.
- The ICAN service have been working on how they link better with third sector providers to offer additional support and signposting to parents, carers and families.

- Health Case Management Service involved a service user on a recruitment panel to support interviews for recruitment.

Carers

LCH continues to develop its commitment to carers. We aim to ensure that all staff across LCH have an awareness and understanding of the needs of carers and to work to ensure effective systems are in place and used across the organisation for the identification and support of unpaid carers and working carers.

Some recent highlights include:

- **The LCH Carers Steering Group** are currently reviewing the Communications Template on SystmOne to ensure this is inclusive of Carers and recording communication needs of carers.
- The **Community Neurology Team** have started including a link to Carers Leeds to highlight support available for carers to ensure every contact counts. The Carers Steering Group are reviewing how this can be shared as good practice across all LCH services.
- LCH continues to work in partnership with **Carers Leeds** and **Leeds Young Carers**; these organisations continue to provide practice development sessions that are available to all LCH staff. The sessions equip them with the skills and knowledge to identify and support carers and young carers who access our services. The training also focuses on helping staff understand the vital role that carers and young carers play in healthcare, the barriers, and challenges they face, and an overview of the services that Carers Leeds and Leeds Young Carers Support Service can offer.

Throughout 2021, over 80 staff attended the Carers Awareness training with Carers Leeds and Leeds Young Carers. Following the success of the training sessions in 2021, further training sessions are now planned for 2022.

Staff testimonials:

“Everything I needed was there, hopefully I can work with colleagues to enhance the Trust’s recognition and support for young carers.”

“I truly enjoyed the Practice Development session, it had enough content, the information was clear and concise and highlighted the plight of Young Carers in today’s society, the opportunity to have interactive participation and there was good time management.”

“I hadn’t realised how much there is on offer for carers in Leeds.” “The training gave a good insight into what Carers Leeds has to offer.”

Big Leeds Chat

The Big Leeds Chat is a city-wide partnership project that started in 2018 as a means of hearing what matters most to the people of Leeds about their health and wellbeing. The Chat has a particular focus on hearing the voices of people with the greatest health inequalities.

The Big Leeds Chat 2021 ‘roadshow’ held a Local Chat event in each of the 15 Local Care Partnership areas. Additional events were hosted with specific communities, for example Leeds Dads, LGBTQ groups, sheltered housing complexes and St George’s Crypt. The chats were supported by the Patient Engagement and Experience Officer from LCH, a core member of the Big Leeds Chat Working Group.

In total, 40 local chats took place between September and November 2021 and a report from the Big Leeds Chat Working Group will be available in 2022. The report will inform the Patient Experience Team and other parts of the organisation as we continue to implement change and improve services across the organisation.

Always Events®

Due to ongoing pressures across all services, Always Event® projects within Adults Business Unit and Specialist Business Unit were paused between November 2021 and April 2022. The Children's Business Unit have continued with their Always Event project looking at transitions from Children's Services to Adult Services, and how communication and information provided can be improved during this time for families.

A survey of 46 families identified that parents and young people see clear and timely communication is hugely important. 50% of respondents also reported that having a single point of contact would make a big difference to their experience of transitions.

The results of the patient survey were shared with staff at the November CMT meeting and at the CBU Festival in December 2021 to present the work done so far, and to discuss how we ensure this project is included in CBU Business plans for 2022, how we ensure this project is accredited by NHS England and Improvement, and how we ensure we communicate to families involved the impact their involvement has had and what has happened as a result of their feedback.

Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 6 April 2022)

There were 7632 incidents reported within the Trust during 2021/22, a 19.2% reduction on the 9440 in 2020/21. Of these, 5146 were reported as an incident relating to receiving care from the Trust. Of those 4409 were patient safety incidents, this is a 17.1% reduction in patient safety incidents from 2020/21 when there were 5315.

There was a significant increase in reported incidents for Adult Services at the beginning of the pandemic in 2020. These included unexpected deaths from COVID-19 and an increase in deteriorating pressure ulcers, which was also seen nationally. The incidents reduced towards the end of 2020 and the incidents have remained stable into 2021/22. In April 2021, Little Woodhouse Hall transferred to another provider which significantly reduced the number of incidents being reported for the Children's Business Unit in 2021/22.

Most patient safety incidents result in no injury or minimal harm. There were 414 incidents reported as moderate harm and there were 59 major harm incidents reported, a 4.6% and 42.7% decrease on the previous year respectively. The significant reduction in major harm incidents relates to a 43.2% reduction in major harm falls incidents and a 38.5% reduction in major harm skin damage from the previous year.

Our focus on learning has been strengthened this year and the Trust has worked diligently to embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients.

For example, we have embedded key learning regarding the assessment of patients who may be at risk of their blood pressure dropping when they stand up, which can result in a fall. Early identification of this risk often results in a reassessment of any medications that can contribute to lowering blood pressure by a GP and reduces the risk of falling. We have also introduced a Falls Risk Management template for use in SystmOne when a patient is identified as being at risk of falling, this has improved our ability to pro-actively plan care to prevent and reduce a patient's risk of falling.

In recognition of the skills that our unregistered colleagues bring to our teams, and to support effective wound management we have enhanced the training of our unregistered workforce. This has resulted in the earlier identification and earlier intervention of deteriorating wounds in situations when a pressure ulcer deteriorates in between registered nurse visits. Improvements in our Pressure Ulcer Risk Management template has also supported robust care planning for patients with pressure ulcers.

All incidents are reviewed by an incident handler (usually a line manager) to determine any causation factors, share positive practice and identify any learning. All incidents resulting in moderate and major harm are reviewed in detail at our weekly Rapid Review Meetings where there is a positive and open learning culture. The aim of the meeting is to understand where the Trust can learn from incidents. Positive practice is shared with the teams and any learning that is identified is shared with the organisation at an appropriate level to gain the most benefit from learning.

The meeting also identifies any incidents that require external

reporting as a serious incident. An in-depth review of the incident is then completed to understand how the incident occurred, what the causation and contributing factors were and how we can reduce the likelihood of recurrence by learning from the findings.

Falls and skin damage are our most frequent areas of harm to patients and where we have seen the greatest reduction in major harm incidents being reported from 2020/21 to 2021/22. In 2021/22 overall, Serious Incident investigations were completed for fifteen falls and skin damage incidents. This compares to 51 in 2020/21. When looking specifically at major harm falls and skin damage there were seventeen Serious Incident investigations completed in 2020/21 compared to two in 2021/22. This highlights that in addition to the significant reduction in the number of major harm incidents for these categories, there was also a significant reduction those incidents requiring further detailed review to assess for any lapses in care.

It has to be noted that the reduction in completing Serious Incident investigations is also in line with our progress towards implementation of the Patient Safety Incident Response Framework as part of the Patient Safety Strategy. The Trust has continued the journey to implementation of the national Patient Safety Strategy that aims investigate incidents in a more meaningful way to gain the most learning. The Trust has and continues to investigate incidents in a way that delivers the most learning in line with the national Strategy.

This year we have commissioned a project to redesign our Datix system to ensure it fully aligns with the shift in focus of the Patient Safety Strategy. We have made ongoing iterative changes to our Rapid Review templates to ensure we have

the most amount of information about incidents as early as possible, this promotes appropriate decision making about the level of investigation required and includes colleagues' memory of the episodes of care being discussed.

Infection Prevention and Control



LCH continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a 'zero tolerance' approach to preventable healthcare associated

infection. Throughout 2021/22 the Infection Prevention and Control (IPC) Team have worked tirelessly in response to the COVID-19 pandemic and the waves of infection that were experienced with reference to Omicron.

Alongside many of the normal activities we undertake we have continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for.

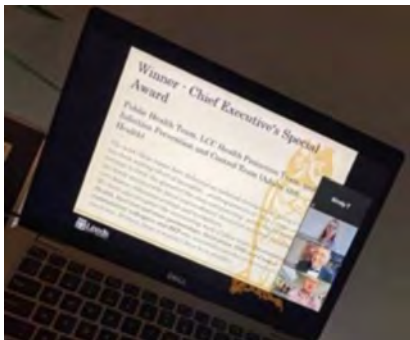
Throughout the past year the team have mobilised a seven day service to support and work with care delivery staff both working within LCH and the wider health economy, to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic.

We introduced an electronic auditing platform called MEG to improve and enhance assurances around IPC environmental auditing.

Throughout the year we have supported and provided specialist advice to LCH staff as well as other providers throughout the Leeds economy such as schools nurseries, care homes, workplaces and many more. We have continued to build the strong foundation we had in place prior to the pandemic around collaborative working, in response to testing, providing COVID-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to outbreaks. The team supported with ad hoc vaccination events such as 'Women's Only' events and a 'Taxi Driver' initiative.

The IPC team celebrated national Hand Hygiene in May where the team met with members of staff and patients across the trust to share positive messaging around the effectiveness

of hand hygiene. In October we launched National IPC Week covering many topics including; sharp safety, sepsis, flu and the gram negative blood stream infection (GNBSIs) agenda and improved hydration.



In December 2021 the IPC Team won the Chief Executive Special Award from Tom Riordan at Leeds City Council. This was an award presented jointly to the LCH IPC Team and Health Protection Team at LCC for the partnership work throughout 2021.

In January 2022 the IPC team vaccinated 62% frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

Other key focuses:

- Hand hygiene.
- Reinforce that IPC is 'everyone's responsibility' across the healthcare economy.
- Hydration Awareness.
- Promote the I-Spy E.coli Campaign and overall strategy around GNBSI's reduction.
- Sepsis and Deterioration.
- Address seasonally important issues such as influenza and Norovirus.
- Highlight sharps safety compliance, both organisationally and with the general public.
- PPE and Fit testing provision.
- Resetting training to support services during the pandemic.

The prevention of Healthcare Acquired Infection is a key priority for Leeds Community Healthcare IPC Team. It will remain a priority to continue to enhance the partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with LCC. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders and keeping the patient at the centre of healthcare delivery.

Safety Summit

The LCH Safety Summit continued quarterly in 2021/22 and is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience. The Summits are attended by colleagues from each of our Business Units and our Corporate Teams.

At the summit each Business Unit identifies a case or situation to discuss where there is potential for learning and then all cases are captured and shared across the organisation in the **Safety Snapshot Newsletter**. This year the following cases have been shared:



A thematic trend identified incidents that related to processing of blood samples sent from Integrated Children's Additional Needs Service for pathology assessment.

In all cases the children had to have a further blood taken putting them through unnecessary distress.

A new integrated pathway was developed between organisations.

A case study for a child with complex needs known to be Community Paediatric Service and Inclusion Nursing Service highlighted learning around the importance of working together to secure multi-agency discharge planning.

This included the importance of effective communication across services and organisations.

A review related to a community follow up after a difficult hospital discharge. An elderly patient known to the LCH Cardiac Service with end stage heart failure, passed away following a fall and a fractured neck of femur.

The case was reviewed through two separate processes: the organisation's mortality review and the incident review processes.

Both reviews identified good practices from LCH.

A patient safety incident was shared regarding a fall that resulted in a subdural haematoma.

The patient was under the care of both an LCH Neighbourhood Team and the LCH Stroke Service.

A case was shared where there were missed opportunities for an elderly gentleman, living in residential care.

There were opportunities to better support end of life care following miscommunication between services.

A trend analysis of patient who experienced a fall was shared following an internal in depth review of a sample of incidents identified.

There was some good practise that highlighted learning from previous falls had been utilised.

The case of a patient whose diabetes worsened and resulted in hospital admission was shared. Strategies to ensure joint working across citywide partners was discussed and how all partners could work together to consider whether patient's have true capacity to make treatment decisions.

Learning was shared on the importance of ensuring our Podiatry Team are involved when a foot wound develops. Improvements in how the clinical record signposts practitioners to make the referral were shared.

The Summit heard about the importance of recognising Modern Slavery and the impact it can have on the people involved.

Information was shared about the role of health in identifying and escalating concerns.

National Patient Safety Strategy

A journey of continuous improvement is the key vision of the Patient Safety Strategy. Its success will be determined by the impact from improved incident reporting, more appropriate investigation of incidents, greater understanding of our areas of risk, better-quality learning, and by having dedicated patient safety specialists and forums for sharing learning at scale. This will result in a reduction in patient harm and an increase in our ability to deliver high-quality care.

Progress is being made in ensuring we involve our patient's; we have developed our Patient Safety Partner policy and pathway and are discussing the role with a potential Partner. We have implemented level one of the nationally mandated

education programme. We have made good progress in how we involve our staff in incident reviews and ensure that they are supported during the process with a Just Culture approach. We have initiated improvements in our Incident Reporting, and are working more in line with the Healthcare Safety Investigation Branch's approach to investigation methodology, that aligns with the Strategy and the planned Patient Safety Incident Response Framework.

LCH has developed and led a Leeds Place forum for Patient Safety Specialists to meet monthly to share understanding and progress against the Strategy. This includes the Clinical Commissioning Group, South West Yorkshire Partnership Trust (who provide CAMHS to LCH Services of HM Wetherby Youth Offenders Institute and Adel Beck Secure Children's Home), Leeds and York Partnership Foundation Trust and Leeds Teaching Hospitals Trust (LTHT). The group aims to bring some standardisation across the Leeds Place to support our patients though joined up approaches to safety culture and systems.

Learning from Deaths

Adults

The Trust has continued to work with colleagues in primary and secondary care. Whilst the implementation of the Medical Examiner role continues to be developed across the city, the Trust has clear processes in order to ensure learning is shared across the organisation and between the Trusts in order to better facilitate shared learning.

The Trust continues to work with colleagues in primary care to improve coordinated reviews of deaths in the community. Where possible, Neighbourhood Teams are present when deaths are discussed at some GP meetings, and a letter has now been designed inviting primary care to attend or

contribute to Level 2 review meetings when their patients are being discussed.

As a Trust we have supported an average of 78% of our patients to pass away in their preferred place of death, with 82% being supported to pass away in either their first or second choice of preferred place*. This follows a continued increasing trend of patients on our caseload choosing to die at home rather than in hospital or hospice. This links to a key theme of learning from deaths this year regarding the increasing complexity of managing people who are dying at home, work is ongoing to understand how we can better support our patients with complex health and social care needs.

The second key theme from the Mortality Review meetings is how we recognise that a patient is deteriorating towards the very end of life soon enough to ensure the best possible care can be delivered in a planned and supportive way. We continue to embed our RESPECT advanced care planning processes to ensure we can best support our patients and families at this time. Learning relates to starting conversations about advanced care planning earlier with patients.

*This information is accurate up to February 2022 due to reporting timescales.

Children

There are established robust processes within Children's Services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).

The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. The Trust is an integral partner of these panels. For each possible scenario there is a designated primary organisation to arrange the

Child Death Review Meeting (CDRM) and notify CDOP. The Trust would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

The LCH Mortality Surveillance Group intends to meet bi-monthly, this did not continue regularly during 2021/22. Plans are in place to routinely resume the meetings and a new agenda is in place that will incorporate early learning from reviews and good practice.

Learning continues to be shared organisationally via the SUDIC and CDOP process and via the Mortality Governance Reports.

Learning

Key learning this year has included:

Following an expected death of a baby, the review process found good multi-disciplinary working between the teams involved. The baby passed away surrounded by family.

A review following the death of a child found not all clinical records were fully up to date as the child was born prior to the electronic care record being in place. This had not contributed to the death.

An internal learning event was held following the death of a child.

Learning identified that missed appointments were unusual for the child and the child's progress and development were potentially compromised by the change in engagement. Small opportunities to explore the change could have been taken.

The death of a child awaiting post-mortem has identified early learning that the SUDIC process was not followed by some agencies. Reminders have been sent that the process applies to all children and young people under 18 unless there is an expected death.

Learning Disabilities

Learning from lives and deaths - People with a learning disability and autistic people - LeDeR

From 1 July 2022 the responsibility and accountability for LeDeR will move to the West Yorkshire Integrated Care Systems (ICS) from the West Yorkshire Clinical Commissioning Groups, in line with the new national LeDeR policy. The reviews and learning have continued this year and any learning, and best practice has been shared by the Learning Disability Lead.

A key theme for learning for all care providers including LCH related to the appropriate and timely completion of mental capacity assessments. There were also two related cases for LCH, one in relation to weight management, and one that involved a patient declining a vaccination where the review also found the patient was prescribed a high number of antibiotics without a full review of why they were required.

Medicines Optimisation

The Medicines Optimisation Team continued to work closely with teams this year to improve safe medicine use and optimise the use of medicines for our patients.

Neighbourhood Teams: Improving the Safety of Insulin - a variable dose insulin chart has been developed to support the

safe delivery of diabetes care by Neighbourhood Teams for patients with complex treatment regimens.

As a result of the review of the Neighbourhood Pharmacy Technician Team, increased funding has been identified for the role, to enable one technician per Neighbourhood Team (previously one technician worked across two neighbourhoods) and the agreement of an extended role, including supporting the safe use of insulin.

Feedback from clinical teams on the extended Pharmacy Technician role has been positive, especially in relation to the use of Insulin Medication Administration Records (PMi Chart), with one nurse reporting “the insulin chart is now clear and understandable since the Pharmacy Technicians started regular review of patients receiving insulin support”.

Virtual Ward (Frailty): Enhanced Medicines Management Support Pathways - an orthostatic hypertension treatment guideline is in development for use by the Virtual Ward (Frailty) and the Falls Team.

In conjunction with the Cardiac Service the Virtual Ward (Frailty) have been supported to develop a pathway for the use of oral diuretics to manage fluid overload in the community, which will contribute to reducing admission to hospital.

Children’s Continuing Care: Transcription of Medicines Administration Charts - training has been provided to the Children’s Continuing Care Nursing (CCN) Team in the transcribing of Medicines Administration Record (MAR) charts. This complements the work undertaken by the Hannah House team during 2020, and will enable the CCN Team to transcribe MAR Charts themselves, freeing up time requesting charts

from GP practices, and potentially refusing admission if a chart is not available to support safe medicines administration

Tier 3 Weight Management: Liraglutide Pathway - the pathway for provision of liraglutide in line with NICE TA 664 by the Tier 3 Weight Management Service was agreed by Commissioners. Up to 60 patients will access treatment over the course of the year. Supply of the specialist medicine will be made through the service for the entire 12-month treatment period.

Working in conjunction with other corporate teams, a provider for supply and delivery of the medication to patients over the treatment period has been identified, with prescriptions to be issued electronically, and repeat prescription supplies to be delivered directly to the patient.

Implementation of Safety Alerts - in response to a MHRA safety alert on the recognition of adrenal crisis in patients taking long term steroids (oral, topical or inhaled), the Police Custody Service reviewed their framework for the management of patients taking essential medicines to include advice on minimising the risk to steroid dependent patients. The team at HMYOI have agreed a process to ensure steroid cards are issued as appropriate.

In August 2021, a National Patient Safety alert on the elimination of bottles of liquefied phenol 80% was published. The Podiatry Service have been supported to implement the alert, identifying a safer product to use (phenol impregnated swabs), amending ordering systems to ensure that 80% phenol cannot be ordered and safe disposal of all remaining stock bottles ahead of the February 2022 deadline for completion of actions.

Introduction of e-Prescribing - the Digital Clinical Enablers Task and Finish Group was established in April 2021 to drive forward the electronic prescribing agenda. Building on the exploratory work undertaken by ICAN during 2020, a service e-Prescribing readiness checklist has been implemented. Development of the ICAN e-Prescribing formulary continues, with additional templates for the management of epilepsy and gastro-oesophageal disease.

The Cardiac Service became the second service to onboard onto the e-Prescribing project. Following the issuing of their first e-Prescription in September 2021, the service described e-Prescribing as 'life-saving' for their clinical practice.

Services onboarded during 2021/22: Cardiac Service, Virtual Frailty and the End of Life Team.

Safeguarding

The Safeguarding Team have worked incredibly hard this year and have been successful in gaining substantial assurance from our children's safeguarding audit in April 2020. The team have obtained the Quality Mark for LCH for Domestic Abuse from Safer Stronger Communities (formerly known as Safer Leeds) and have developed a new Domestic Violence champions group. The team jointly authored a journal article for the Journal of Community Nursing Domestic Violence, Our Staff and Our Services JCN 2021, Vol35, No6.

As the organisation faced significant challenges from the pandemic, the safeguarding team supported local clinical teams and completed visits for the Neighbourhood Teams. In addition to the significant support they have been to teams, they also assisted Leeds Safeguarding Adults Board partners with the development of the Exceptional Risk Forum and

have a presence on the panel and assisted Leeds Safeguarding Adults Board partners with the development of the 'ALWAYS' tools supporting the self-neglect agenda. A SUDIC teaching package, developed by the team, is now available on the Leeds Safeguarding Children's Partnership website. In recognition of her support for the team, Jane, the team's administrator received a 'thanks a bunch' for all her hard work and support across the whole team

Clinical Education

During the year 2021/22 the Clinical Education Team continued to support the Trust in its COVID-19 response. Staff within the team supported the vaccination roll out across the city and worked in the Neighbourhood Teams to support the pressures in the Adult Business unit.

A programme of training and education was developed to support Trust wide staff to provide Mutual Aid to clinical teams impacted by the COVID-19 pandemic and annual winter pressures. The Clinical Education Team responded quickly to develop training packages to ensure our wider workforce, including clinically registered corporate colleagues, could be effectively mobilised as required and were confident and competent to support our patients and community.

The Team have continuously worked to re-establish, support and secure clinical placements in the last year following some placement pauses in the previous year. Almost all placements have been re-established to ensure our students and future workforce receive the best possible learning experience.

The Team took an innovative approach and considered how a placement takes shape and worked closely with children's services to develop a blended placement offer. This alternative

offer has been captured in an article and accepted for publication in the British Journal of Child Health, 'Blended Learning: Maintaining clinical placements for child nursing students during the COVID-19 pandemic' February/March 2022 Vol 3 No 1.

Work on the new T level qualifications has continued with LCH collaborating with Leeds City College and Notre Dame Sixth Form College to offer a new programme of study to provide industry placements from September 2022.

We have ten Degree Nurse apprentices who are coming towards the end of their studies. Six are due for completion this year with the remaining four due for completion next year.



Part 5: Health Equity, Inclusion and Wellbeing

In LCH we are committed to improving health equity and inclusion both for our communities and the people we serve but also for our staff and colleagues. It is crucial that our staff feel supported and included to ensure they have a voice, to support good morale and ensure we are living our values. As an organisation we are working hard to secure equitable health for our communities and colleagues and have dedicated a chapter in the Account to demonstrate that commitment.

Improving Health Equity



In May 2021 LCH formally committed, through approval of our first Health Equity strategy, to address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways.

The development and delivery of the strategy is the first stage in our long-term commitment to taking action to address what is a long-term problem of inequities in health across our population and delivery. Nationally and across regional and local systems, focus on addressing health inequalities continues. Our strategy supports us to move from intent to action, identifying and addressing inequities within our own provision of care as well as contributing to cross-system action to address wider determinants.

Statutory Duties

We have a statutory duty under the Equality Act 2010 that focusses on opposing discrimination on the grounds of protected characteristics. Our Health Equity strategy goes further than this to both broaden the groups with a focus on deprivation and health inclusion groups; consider the intersectional nature of a combination of characteristics and most importantly focus on equity rather than equality. Through this, we continue to deliver on our statutory duties relating to health equity:

The Public Sector Equality Duty requires us to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Our Equity and Quality Impact Assessment process is core to how we remove or minimise disadvantages suffered by people due to their protected characteristics and take steps to meet the needs of people from protected groups where these are different from the needs of other people. Following the first six months of our new EQIA process we reviewed the 15 EQIAs brought to panel to refine the process and tools that support it and understand the cumulative impact of changes.

Example:

Cardiac Rehab

The Cardiac Activity Programme has been redeveloped to offer increased choice to patients in both delivery method and location. They have changed from a six week exercise and education programme that, while evaluated well by people who attended, identified through feedback from people who did not access the course that waiting times were too long, timings and location of sessions were not flexible, and the groups were not always appropriate for different people specifically in relation to age, gender and ethnicity. The new offer is a menu-based approach including:

- Personalised home activity programmes with the option of easy-read information for the exercises.
- Digital myheart app with the option to provide tablet devices to access digital exclusion.
- Flexible, personalised face-to-face physical activity sessions in local leisure centres (reduces time and cost of travel) of an activity to be chosen by the individual. Due to the change in delivery from group to a one-to-one basis, carers can now also be included and on completion of the sessions, patients are re-assessed and invited to continue their preferred activity at a discounted rate, which they can then continue with their carer or other social contacts.

For more information, contact Caroline Stocks, Diane Burke or Nicky Simpson.

Positive impact on:

- ✓ 21 quality measures.

1 risk identified:

- ✓ Access in other languages - myheart app developers approached, information available in other languages.

Changes benefitting people:

- ✓ Living in deprivation.
- ✓ With physical disabilities.
- ✓ With learning disabilities.
- ✓ From Black, Asian and minority ethnic communities.

Intended to make a difference by:

- ✓ Increasing choice.
- ✓ Reducing waiting times.
- ✓ Increasing uptake.
- ✓ Improved self-management and outcomes.

The NHS **Equality Delivery System (EDS2)** is a mandatory performance framework that aims to improve equality performance within the NHS and embed equality into mainstream business planning. The framework includes 18 outcomes around both patient care and diverse and inclusive workforce, grouped under the four goals:

- Better health outcomes for all.
- Improved patient and carer access and experience.
- Empowered, engaged and included staff.
- Inclusive leadership at all levels.

Leeds health partners have a 3-yearly cycle to focus on these goals with a focus in 2021/2 on better health outcomes for all, pending the outcome of the national review of EDS2 and implementation of EDS3.

In LCH, work to make improvements has included:

| EDS2 outcome | Example in 2021/22 |
|--|---|
| 1.1 Designed and delivered to meet local community health needs. | A new partnership role between Basis and LCH has been funded through NHS Charities Together and will increase awareness and good practice within LCH services around the health needs of sex workers and people who are sexually exploited. Within this community, there is intersectionality with vulnerable migrants, including people who are trafficked. Priority health needs that have been identified include mental health, trauma-informed practice in all services and continence/colorectal as well as continued engagement and partnership working with Leeds Sexual Health. |
| 1.2 Individual health needs are assessed and met. | Our Communications template for clinical records was updated in July 2021, with additional focus on a range of communication needs as well as digital inclusion supporting delivery of the Accessible Information Standard. This informs our communication methods with patients (language, format etc) about appointments and in the delivery of care. We are now also able to analyse other data with this lens, to identify and address potential inequity in access for people with different communication requirements. This work is also supported by the partnership with BID around improving physical access to services for people with sensory impairments. |
| 1.3 Transitions are made smoothly with everyone well-informed. | Children's and adult services are working together to consider the needs of children transitioning to adult services to improve communication, patient and carer experience. |

| EDS2 outcome | Example in 2021/22 |
|--|--|
| 1.4 Safety is prioritised and free from mistakes, mistreatment and abuse | Our Health Equity strategy includes an objective around equity in quality and safety, with the development of data sources and analysis to help us understand: if the risk of harm from healthcare is experienced unequally across different groups of patients (are some patients less safe than others); if so, what are the mechanisms that drive these differences in risk; what are some of the possible solutions to mitigating these risks. Actions responding to this has included work to ensure training and guidance relating to wounds, clinical indications and symptoms reflect the skin pigmentation of all our communities, such as reference to Mongolian Bluespot in our bruising policy, infection indications and pulse oximeter readings on different skin tones. |
| 1.5 Screening, vaccination, and other health promotion services | COVID-19 vaccination planning, and delivery has included understanding which diverse communities had lower uptake of the vaccine from the beginning. This meant that as soon as potential health inequalities were identified, insight work was undertaken with communities and action taken to deliver in alternative community spaces increasing uptake from 30 to 80% in over 80s in those communities. Examples of inclusive practice includes work in partnership with Leeds GATE, a third sector organisation supporting Gypsies and Travellers to develop a short film to provide accurate information to the community about the COVID-19 vaccine and the delivery of the vaccine in sexual health outreach clinics. |

Equipping the organisation to make fundamental, sustainable change

To increase understanding of health equity in our services, in year 1 of our strategy we have developed an equity dashboard of performance reports relating to access, experience and outcomes within our services, broken down by deprivation (IMD decile) and ethnicity. This is supported by data quality reports on ethnicity recording and communication template entries, including language and interpreter requirements. Additional bespoke reports have also been developed to support analysis of waiting lists by ethnicity, deprivation, and interpreter requirements. These provide us with the data to undertake analysis recommended within the Healthcare Inequalities 2022/23 Planning Guidance Advisory Note, and

the opportunity to learn from and respond to engagement and feedback such as Healthwatch Leeds' report on barriers to healthcare experienced by people with English as a second language.

Health Equity Fellowship

LCH is working across the Integrated Care System and Place of Leeds in addressing health inequalities. This requires a whole system approach from strategic planning and leadership to community level service delivery. The Health Equity Fellowship Programme was launched in November 2021 and is part of the [West Yorkshire Health and Care Partnership Health Inequalities Academy](#), working towards the ambition to equip all staff with an understanding of the individual and collective action we can take to create a more equitable

health and care system. This fellowship programme seeks to develop colleagues across West Yorkshire who understand the foundations of health inequity and have the knowledge, skills, and courage to build more equitable organisations and communities. Thirty fellowships are planned to start in March 2022.

Learning Disabilities

During 2021/22 the Learning Disability Lead continued to provide clinical consultancy to individuals and teams. This has supported quicker access to the correct services for people with learning disabilities. Our Lead has provided expert insight and understanding of the most appropriate services and how they can be accessed most effectively. As an organisation we have developed areas of excellent practice to support our communities, these include:

- The Cardiac Team who are producing easy read material for education, on what is a healthy heart, and exercise.
- The PHINS 0-19 Team are ensuring parents with a learning disability are receiving their enhanced offer. They are also leading the work across the Integrated Care System to review parenting resources.
- The Dietetic Team have reviewed what reasonable adjustments they can offer to people.
- The Continence Team are providing an easy read outcome letter
- Recognition that physical health has an impact on capacity.
- A visual action plan that is sent out after an appointment in ICAN, has been added to SystmOne and is now being used by the Continence Team for all children with a neurological disability and/or a learning need.

- Easy read clinical outcomes measure can now be found on the external website for use.
- Work continues to develop a visual appointment letter.
- Discussion regarding terminology; Learning Disability versus Intellectual Disability. Discussion includes diagnostic consideration, the views of families and people with a learning disability and current branding that will be used across the Integrated Care System.

Staff Health and Wellbeing

Staff Health and Wellbeing Engagement Group

The Staff health and Wellbeing Engagement Group continued to meet regularly during the pandemic and flexed and responded to support the health and wellbeing needs of staff.

Key work during this time included:

- Targeted support for teams identified as particularly under pressure or experiencing the impact of the COVID-19 pandemic.
- Improved communications and promotion of a broad range of health and wellbeing interventions and support available for staff. This included a blog from the CEO and the production of a health and wellbeing booklet delivered to every staff members home address containing details of the full range of health and wellbeing support they could access.



- The group were consulted as a key stakeholder in developing the content for the Workforce Disability Equality Standards (WDES) Action Plan and the Wellbeing section of the new Workforce Strategy 2021-25.
- Staff personal stories were promoted, often around national days, such as Menopause, Working Carers, Dyslexia, Endometriosis and working and living with a disability (M.E.) This continues to embed an open culture where often taboo subjects are openly shared, with the purpose of raising awareness of health conditions and what support LCH can offer and the wider support that is available.
- Members of the group also feed in from the various support groups such as Men's Health, Shielding Group, Working Parents and HWB closed Facebook, to ensure connectivity with wider HWB agenda.
- During this time LCH received accreditation as a Disability Confident Leader, one of only 22 NHS Trusts, in recognition of the public commitment shown and progress made around disability.

As we are coming out of the pandemic, it was timely to re-engage with staff to hear about the best ways to shape the ongoing health and wellbeing support. We therefore took the opportunity to refresh the Terms of Reference and membership of the group. The newly reformed group recently met and consists of the Trust Wellbeing Guardian, representatives from staff who have a disability or long-term condition (hidden or otherwise), staff who have a passion for making a difference and management and trade union representatives.

We will work together in partnership to look at what the future health and wellbeing support will be, as well as using

the commitment of the members to progress the key actions within the Workforce Disability Equality Standards (WDES) Action Plan and Health and Wellbeing plan.

Dyslexia and LCH, Keziah's Story

As an organisation we have had a focus on Dyslexia this year to better support our colleagues. Our Executive Director of Nursing and Allied Health Professionals, Steph Lawrence, introduced an update by our colleague Keziah Prince who shared her insights of living and working with Dyslexia.

'I am writing an introduction to this blog from Keziah to try and help raise awareness of Dyslexia. It is a complex issue as Keziah describes below and it is important that everyone understands it in order that we can all support our colleagues across the Trust. I don't want anyone feeling that they are unable to talk to people about this and would urge anyone to speak to their line manager about what adjustments and support they might need if you have Dyslexia and please do not suffer in silence. We are about to embark on some training around raising awareness of Dyslexia in our department and we will look to roll this out more widely across the Trust'.

'I am a person living with Dyslexia.'

I struggled for the first couple of years within my role with sharing about openly, my Dyslexia. I feared being judged. As a result, I developed coping mechanisms which in turn impacted on the severity of my Dyslexia until one day I decided to share my challenges and difficulties with a senior member of the Trust and they immediately took action to address this.



Before that, I would not speak in meetings, avoided some conversations and had anxiety about new changes and tasks as this affected my mental health and wellbeing. I struggled with meeting deadlines as I require extra time to do tasks which meant I must carry on working after my working hours to ensure deadlines are met. This impacted significantly on my health and confidence.

After gathering the courage to speak up, I have had good support to manage my work at Leeds Community Healthcare. This included the several hours of coping strategy sessions, Grammarly, read and write and Dragon Software. At LCH we want to support all staff who are dyslexic. Please speak to your manager about the next steps with support for Dyslexia'.

Race Equality Network @LCH I Can Be Me

The Race Equality Network are a group of LCH employees who have a shared common purpose, to work with the Trust to eliminate discrimination, create supportive working environments, whilst also encouraging better understanding of the needs of Black, Asian and Minority Ethnic individuals within LCH and the community.

The Race Equality Network (REN) has increased its membership by around 10%, to approximately half the staff who identify as being from Black or Minority Ethnic backgrounds within LCH.



We have invited senior guests from the organisation including the Senior Management Team and the Non-Executive Director's to discuss issues directly with REN members. The Network has become part of the conversation, and a key agent of making positive changes and improving experiences of colleagues. Members have been involved in the Freedom to Speak Up campaign, recruitment and new starter panels.

In the last 12 months, the network has focussed on celebrating our diverse cultural heritages and shared many personal stories from Network members from different backgrounds. We found that sharing personal stories made our collective struggles more relatable and this was demonstrated by discussions that these articles triggered among staff across the Trust. Many of these articles featured on the Network's communication channels and the LCH daily bulletins during 2021. These articles also helped shape some positive conversations and helped educate the wider LCH family on our collective journey to becoming a more inclusive, anti-racist organisation.

Additional REN activities in 2021/22 include:

- Significant focus on staff health and wellbeing including open discussion about issues exacerbated by the COVID-19 pandemic.
- Discussions regarding vaccine hesitancy and signposting staff to materials to make help them make better informed decisions based on best available information.
- Increased Freedom to speak up (FTSU) activity, staff feeling more empowered to call out racially prejudiced behaviours and practices.
- Launching 'Space to heal' pilot programmes.

- Joint work with partners to co-deliver a series of seminars in the Autumn 2021 and a local radio discussing the power of networks.
- Peterborough and Cambridge NHS trust: Consulted with about starting their own network and reverse mentorship and starting their own programmes.
- **Root out racism campaign** - launched alongside West Yorkshire and Harrogate partnership.

The REN has also developed, is helping to educate, and share experiences of staff members from Black, Asian and Ethnic Minority backgrounds through the Allyship and Reverse Mentorship programmes.

Reverse Mentoring Scheme and Allyship Programmes

LCH offers employees two distinct programmes, the Reverse Mentoring scheme and an Allyship programme, they are two important steps the Trust has taken in moving forward, focusing on enabling the workforce to comfortably interact with race, engaging in the changing of the deep-rooted cultures of race inequalities within the system.

The impetus for both programmes came from NHS Staff Survey Results showing a need for Trusts to renew focus on equality, diversity and inclusion and uphold the NHS Workforce Race Equality Standard (WRES). Both initiatives recognise the importance of clearly understanding privilege, of relationship building, and the power of personal testimonies

The Reverse Mentoring Scheme is a 12-month pairing of two employees (mentor/mentee), who meet on a regular

basis during that period. The initial emphasis is on nurturing, respectful, open, honest conversations between the two allowing the mentor to feel able to authentically share and express experiences of their working environment and beyond. Mentors, who are colleagues from a Black of Minority Ethnic background can build empathy for their world view, helping the mentee develop self-awareness.

The mentee's position is of listening, learning, and to attempting to view life through the lens of their mentor. The relationship often flourishes into a challenging yet rewarding sharing of perspectives and has led on several occasions to opportunities within the organisation for the mentor.

Allyship is about building relationships of trust, consistency, and accountability with marginalised individuals and/or groups of people. Being part of the LCH Allyship Programme is a continuous process in which someone with privilege and power seeks to first learn about the experiences of Black, and Minority Ethnic groups (as a whole), empathise with their challenges, and build relationships with them, adding your voice to that of your Other than White colleagues.

The Programme is offered by LCH to non-Black and Minority Ethnic colleagues and is an in-depth, deep dive exploratory programme. It comprises of six half day interactive sessions tailored to pertinent topics. The programme is designed to be a safe space for open honest dialogue and challenge. It requires delegates to undertake preparatory reading/viewing or exercises before each session. It is delivered over a six-month period to allow delegates to absorb and reflect on upon the material and to begin to construct their own 'Good Allyship Plan'. The Programme's fourth cohort started in March 2022.

Rainbow Ambassadors

In Leeds Community Healthcare, 300 people with lived experience, and their allies, have joined together through the 'Rainbow Ambassadors'. The group brings together diverse voices and strengthens partnership working in support of the LGBTQIA+ agenda. Alongside the Equality, Diversity, and Inclusion (EDI) team; the group have shared experiences; promoted the Rainbow Badges; created a book club; blogged during Pride week; supported inclusion on the Trust's staff Facebook wellbeing page and have reflected on LGBTQIA+ data at Trust level.

LGBTQIA+ issues: the Importance of change

Equality, Diversity and Inclusion Project Officer and Rainbow Ambassador, Carla Primmer (she/her) shares the work of two projects she has led with the Rainbow Ambassadors group:

Accessible and inclusive communication on SystemOne - we recognise language has the power to affirm identity, and we are revising how we record pronouns, gender identity and sexual orientation on our clinical systems. We are aiming to move away from assumptions to ensure that we refer to people in ways that make them feel respected.

Sanitary bin provision - our bathroom needs are as individual as we are, and access should not just be based on the physical form. Bathrooms are one of the few areas in a workplace where gender identity plays a central role and can affect a person's feeling of belonging. Sanitary bins are now provided in all washroom facilities of the Trust Headquarters. The aim is to replicate this in our health centres.

Influencing Change: Podiatry and Dental in the Spotlight

Podiatry and Dental Operational Head of Service, Gail Fort has been leading on LGBTQIA+ inclusivity. Both teams have promoted the Rainbow Ambassadors group, the use of pronouns and the LGBTQIA+ flags and badges across the services and on Twitter and Facebook. Podiatry are proud to have Paul Heathfield Jones, with lived experience, and value his contributions at LCH's Equality, Inclusion and Diversity Forum.

Our colleague Efstathia shared her thoughts on the use of pronouns:

"Hi, my name is Efstathia, my pronouns are she/her. The Dental Team in LCH have promoted the use of pronouns in email signatures. We have brought LGBTQIA+ discussions to the team and wider to the Trust, as part of a blog. It has been great to see members of staff feeling confident to approach the dental rainbow ambassadors with questions on how we can better support the LGBTQIA+ community we serve. Over the next 12 months we will support the second phase of the rainbow ambassador initiative and keep equality on our team agenda."



Workplace Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable the Trust to compare the employment experiences of disabled and non-disabled staff. The Trust is committed to promoting fairness and equality of opportunity for the diverse workforce it employs and we have made some progress within the WDES arena in the last year, notably that the Trust has achieved the Disability Confident Leaders accreditation.

We continue to work with the Department of Work and Pensions and Leeds One Workforce to reduce barriers in our recruitment process for future employees with disabilities and improve the experience of staff with disabilities through the Health and Wellbeing Engagement group.

We believe a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for.

Workplace Race Equality Standard (WRES)

The WRES, launched in April 2015, designed to ensure staff from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included, and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to.

To this end, during the last year we have continued work to build knowledge, skills and behaviours within the

healthcare community. In common with other public service organisations, we have policies to guide us in achieving this aim; however, it is the way we implement our policies that makes a difference.

The Trust continues to make progress, delivering the WRES action plan. In particular in March 2022 the launching of the cohort 4 of the Reverse Mentoring programme between Black and Asian staff and Trust Board members/senior managers and cohort 4 of the LCH (Race equality) Allyship Programme: a continuous process in which someone with privilege and power seeks to first learn about the experiences of black ethnic groups (as a whole), empathise with their challenges and build relationships with them, adding their voice to that of your other than white colleagues.

We continue to support, in partnership with the LCH staff Race Equality Network, the West Yorkshire Health and Care Partnership anti racist campaign, #WYHRootOutRacism as part of our wider work to create an inclusive environment for patients and staff.

Freedom to Speak Up

[Watch our F2SU Trust Video](#)

At Leeds Community Healthcare the work of Freedom To Speak Up has continued in the last year. We continue to focus on building an effective and caring speaking up culture.

In the 2021 Freedom To Speak Up Index Report we rated joint eighth of all the NHS Trusts nationally for good speaking culture. This is a strong achievement for all involved in this work, those who speak up, the Speaking Up Champions, the



LCH Board, the Chief Executive, the Non-Executive Director who leads on Speaking Up, the Chair and the managers who work with concerns. It expresses how we as an organisation try to hear and understand our staff and their voices.

Our approach to culture is called 'Speaking Up is a practice not a position'. This means that at Leeds Community Healthcare there are a number of portals to enable speaking up. These organisational doorways include managers, HR, Staffside, Ask Thea, easy access to directors and the Freedom to Speak Up Guardian/Champions. This approach seeks to embody speaking up across the trust and create a positive speaking up culture.

The Freedom to Speak Up Guardian reports to the board at Leeds Community Healthcare and to the National Guardian Office. Assurances are given to Leeds Community Healthcare regarding Freedom to Speak Up coverage across all four business units, from all occupations in the trust. Assurance is also provided that LCH are benchmarked to other trusts in relation to numbers of cases reported, and to ensure we are fully involved in national and regional work.

The work contributes to patient care, staff wellbeing, culture change and best practice. There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support.

The ten Race Equality Network Speaking Up Champions are offering quality work supporting colleagues from different ethnic communities. The Freedom To Speak Up Guardian facilitates the support group for staff who are Clinically Extremely Vulnerable. This group meets fortnightly offering peer support for staff and for the trust acts as an expert reference group.

Work with Leeds GP Confederation and Leeds Clinical

Commissioning Group to build speaking up work in Leeds General Practice continues. We are also working with Leeds City Council to support their development of Freedom To Speak Up work. This work is progressing to the appointment of a Freedom To Speak Up Guardian for local authority services and staff.

Other features of the work this year have included:

- We have presented to universities and other NHS trusts about our work and approach.
- We supported NHS Digital to establish and recruit Freedom To Speak Guardians for their organisation.
- The Guardian was invited to sit on the national Staff Experience Steering Group for NHS Employers to work with other disciplines across the country about staff welfare and best culture.
- The Guardian was invited to sit on the national NHS Race and Health Observatory Stakeholder and Engagement Group to support the work on inclusion and equality.
- We have mentored and supported Guardians in other trusts.
- We ran two successful 'Speaking Up and Leadership' online modules for managers in our trust.
- Vlogs and blogs sharing our work and values have appeared on national platforms of the NHS Leadership Academy and the NHS Confederation.
- The Guardian was Highly Commended in the 'Making a Positive Difference' Race Equality Award from the West Yorkshire and Harrogate Partnership.

The work continues to evolve and grow. It is a sign of the trust's strong commitment to our people and their needs.

Part 6: Celebrating Success



Awards

Our colleagues, teams and services in LCH are committed to safe, effective and responsive care and we are proud of the hard work they do daily. Their hard work and commitment is evidenced throughout the organisation and throughout our services. Despite the continuing global pandemic, our colleagues always shine and 2021/2022 saw the following achievements for our colleagues:

External Awards

Chief Executive's Special Award win at the Leeds City Council (LCC) Awards for Excellence

The Public Health Team, LCC Health Protection Team and Infection Prevention and Control Team (Adults and Health) won the LCC Chief Executive's Special Award at the Leeds City Council Awards for Excellence event, for their work on the COVID-19 outbreak management. They worked with a range of settings to limit the spread of the virus and provide public health support to many services who faced disruption, including social care, care homes, education settings and workplaces.

Teams shortlisted at the Leeds City Council Awards for Excellence

The Infection Prevention and Control team were shortlisted for the Partner of the Year Award.

The Homeless and Health Inclusion Team were shortlisted for the Partner of the Year Award for their multi-agency partnership work to support rough sleepers during the COVID-19 Pandemic.

Team of the Year success at the Nursing Times Awards

The teams from St Gemma's Hospice, Leeds Community Healthcare, Bevan Healthcare, Leeds Street Outreach, and BARCA-Leeds were awarded Team of the Year for its collaborative work widening access to palliative and end-of-life care for homeless and vulnerably housed people in Leeds.

Finance Student of the Year Award

Marcel Manners won the Finance Student of the Year Award at the annual awards ceremony of the Yorkshire and Humber Branch of the Healthcare Financial Management Association. Marcel joined Leeds Community Healthcare as a Finance Apprentice in October 2020. During this time, he has been part of the Financial Accounting team where has made an extremely positive impact on the services provided by the team.

Close Partnering and Collaboration Award

Rachel Tarrant and Jenny Davison, the joint coordinators of the Leeds Long COVID-19 Community Rehabilitation Service (LLCCRS) won the Healthcare Financial Management Association Close Partnering and Collaboration Award.

British Medical Journal Awards 2021: Clinical leadership team of the year award

The **Leeds Long COVID-19 Community Rehabilitation Service** won the Clinical Leadership Team award at the British Medical Journal Awards 2021.

The Leeds Long COVID-19 Community Rehabilitation Service support people in Leeds experiencing new, long lasting problems 12 weeks or more after a confirmed or suspected COVID-19 infection which are significantly impacting how they are able to function in day-to-day life.

Medipex NHS Innovation Awards 2021

The **Leeds Long COVID-19 Community Rehabilitation Service** were joint winners in the Management of Long Term Conditions category at the Medipex NHS Innovation Awards 2021 awards.

Royal College of Podiatry Diamond Award

Nina Davies, Clinical Systems Pathway Development Lead, was awarded a prestigious Diamond Award by the Royal College of Podiatry at the House of Lords.

Some of Nina's contributions to the field include being actively involved in National Institute for Health Research: funded research and equipping the next generation of Podiatrists as a visiting lecturer at Staffordshire University, working with the University of Plymouth on apprenticeship training and leading collaborative publications to raise awareness and consistency.

Shortlisted for Best Use of Integrated Care and Partnership Working in Patient Safety Award

Our **Leeds Virtual Ward (Frailty)** was shortlisted at the Patient Safety Awards 2021 in the Best Use of Integrated Care and Partnership Working in Patient Safety category.

The Leeds Virtual Ward (Frailty) is a collaborative service offer between Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds Clinical Commissioning Group and other local partners including Adult Social Care and Leeds Oak Alliance. The service aims to provide coordinated rapid care to people with an urgent medical need who can be safely managed in their own to provide an appropriate alternative to a stay in hospital.

Compassionate and Inclusive Leader – Role Model

Kulvant Sandhu, Named Nurse for Mental Capacity Act and Dementia won the Compassionate and Inclusive Leader – Role Model award at the National Health and Care BAME Awards for the 'significant difference made to the trust BAME network, recruitment, selection processes, and talent management action plan'.

Queens Nursing Institute

This year five of our nurses achieved the honour of becoming Queen's Nurses through their high level of commitment to learning, leadership and excellence in patient care. They are:

- Jane Brauholtz-Speight, Sexual Health Nurse.
- Bev Calvert, Clinical lead, Cardiac Service.
- Rachael Lee, Clinical Pathway Lead.
- Christine Pearson, 0-19 Clinical Team Manager.
- Kulvant Sandhu, Named Nurse for MCA and Dementia, Safeguarding Team.

The Good Governance Institute – The Julie Bolus Rising Start Nursing Award

This year the Julie Bolus, a highly experienced and respected nurse passed away following a short illness. To celebrate and sustain her energy and passion for nursing the Good Governance Institute launched the award in 2021 to recognise a nurse who is seen to be a rising star. This year the following colleagues were nominated for the award:

- Lynne Chambers – Head of Safeguarding.
- Claire Gray-Sharpe – Head of Clinical Governance.
- Karen Otway – Quality Lead.
- Claudia Poynton – Nurse for the Community Intravenous Service.

Internal Awards

The LCH Thank You Event - [Please watch our video showing an overview from our Thank You Event](#)

Leader of the Year - Joint Winner: Deputy Director of Finance Cherrine Hawkins

Cherrine's leadership, commitment to excellence and her work ethic identify her as an exceptional leader. This year, with the support of Richard Stephenson, Cherrine has led the Finance team to achieve Level 1 in the national 'Towards Excellence' finance accreditation standards.

Leader of the Year - Joint Winner: Tessa Knowles, Community Dietitian

Tessa has provided leadership overseeing the Adult Dietetic Home Enteral Feeding Team for the last two years. She has worked in an integrated way to develop pathways for diabetic tube fed patients and neurological patients and has supported the tender process. Her ability to communicate effectively and make proactive decisions has created successful results for the team and patients. Her inclusive leadership style has meant the team and wider multidisciplinary teams are endlessly supported both clinically and personally and continue to progress.

Team of the Year: Front of House Administration Team

The Front of House Administration Team is the first point of contact for most services users, staff visiting sites and external contactors and partners. They are a team of 65 staff covering 29 sites Monday to Friday, greeting everyone with smiling faces and a willingness to help.

They demonstrate our vision and values every day. They support each other, communicate brilliantly, get involved with team meetings and bring ideas to share and try. The line

managers are integral to the team and spend time listening and supporting their staff, working alongside them. "(...) I am constantly amazed by these staff and I'm so grateful to them for doing that each and every day."

Team of the Year – Highly Commended: The Cardiac Service

The Cardiac Service have worked as a team to maintain an excellent service for their vulnerable patient group and looked after each other in the process. During the pandemic, the level of complexity they manage increased as patients with heart failure often wanted to avoid admission to hospital due to the high risk of catching COVID-19. This meant they were managing patients at home who ideally required acute care and were often in the palliative stages of their condition.

Project of the Year – Winner: LCH NHS Your Health and Wellbeing: Caring for Each Other Facebook group, run by Emma Coupland, Chris Farquhar, Grace Stewart-Hanson, and Karen Lai.

In response to the COVID-19 pandemic, the need to support staff health and wellbeing and enabling interaction became even greater and a staff Facebook group was developed. 'LCH NHS Your Health and Wellbeing: Caring for Each Other' is a closed group available exclusively to LCH staff. The group was launched in January 2021, and through various methods of promotion, membership has steadily increased to over 600 staff members.

The purpose of the group is to share health and wellbeing resources, promote Trust initiatives such as the Winter Arts for Wellbeing event, and be a forum for colleagues to connect and support each other. The group has successfully fostered a friendly, inclusive community feel where people are free to contribute their ideas and experiences.

The small team of staff volunteers who manage the page, Emma Coupland, Chris Farquhar, Grace Stewart-Hanson, and Karen Lai, do a fantastic job of keeping it running, organising regular engaging activities to enable staff to join in and have some fun. These have included a virtual bake-off competition, a Halloween decoration competition and a pet mascot competition. An LCH netball team is also being set up as a result of posts within the group!

Business Manager, Lyndsay Hamilton nominated the Facebook group saying, "The ongoing achievement of this group should be celebrated and supported, to enable this positive forum to continue to flourish."

Feedback about the group included: "I have connected with so many colleagues on this group who I would never have previously met or spoken to...it's brilliant!", "It is nice to have a platform away from work to talk open and honest about life," and "It is a really positive way to interact with colleagues with non work-related activities – which builds relationships across the trust in a more relaxed and healthy forum!"

Project of the Year – Highly Commended: Community Cancer Support Service

The Community Cancer Support Service is a new service that launched in September 2020 and is funded jointly by the CCG and Macmillan. The service is one of the first community-based cancer teams in the UK. It offers personalised care and support to patients from diagnosis to end of treatment, living with and beyond cancer, or early palliative care.

Colleague of the Year – Joint Winner: Ruth Mercer, Speech and Language Therapist

Speech and Language Therapist Ruth Mercer has ardently supported students with their development and passionately

helped them to build their confidence by being 'the perfect mentor'. Her relentless support for her colleagues and enthusiasm for her work is a highlight of her nomination. Passionate about her specialism, Ruth also runs groups for 'Sunshine and Smiles' for children with Down Syndrome and their families.

Making Stuff Better - Winner: Sarah McDermott, Palliative and End of Life Care Lead

The winner of the Making Stuff Better award is Sarah McDermott, Palliative and End of Life Care Lead. Sarah has been pivotal in the development and implementation of new teams to the Trust. She manages three teams for Leeds Community Healthcare (LCH).

She leads the work of the Palliative Care Leads in all neighbourhoods across the city to deliver training to staff who support with palliative care, the End of Life Care in Care Homes Facilitators team who support with education and training of nursing home staff to ensure high quality end of life care, she also leads the development of the Community Cancer Support Service. With Sarah's support, encouragement and guidance, the service has been receiving excellent feedback from patients and healthcare professionals alike.

Making Stuff Better - Highly Commended: Dr Alison Share, Consultant for Integrated Childrens Additional Needs South

Dr Alison Share, a Consultant at Integrated Children's Additional Needs South has been the Designated Doctor for the Children Looked After Team for the past fourteen years. Alison has implemented pathways to minimise unnecessary appointments for young people. Alison advocates for young people locally, regionally, and nationally, to ensure the best outcomes.

Kate Granger Patient Care - Winner: Jo Littlewood, Staff Nurse

Jo Littlewood is a Staff Nurse at Wortley Beck Health Centre and has worked for the Trust for eight years. She is organised, compassionate, and very intuitive. She communicates well, is team orientated and supports and encourages other team members.

She is recognised for her inclusive approach, her warm and welcoming smile and bubbly personality which helps the diverse families she works with feel relaxed enough to understand care and treatment. Her compassion and perceptiveness means she is quick to understand when a family member needs support, even when they are not vocalising it.

Jo has developed pathways for children who have Down syndrome, especially during the pandemic, to ensure that they had their annual growth measurements and blood tests to optimise their healthcare.

Kate Granger Patient Care Award – Highly Commended: Maxine Bound, Community Staff Nurse

Maxine Bound is a Community Staff Nurse in the Armley Neighbourhood Team who always maintains excellent patient care, the visions and values of the Trust and the Six Cs of the Nursing and Midwifery Council. She is a compassionate, genuine nurse who cares deeply about her patients. Whether it's someone who has been receiving care for years or someone who is having fleeting visits or treatment; she gives them all her full attention and care.

Part 7: Board Assurance

This section of the Quality Account contains all the statements that we are required to make. These statements enable our services to be compared directly with other organisations and services submitting a quality account.

Statement of Assurance from the Board

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and in particular, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality. These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance. This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual quality account priorities which are monitored on a quarterly basis. The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

Review of Services

Cherrine Hawkins – after QC due to date data available

During 2021/22 the Trust provided and/or sub-contracted 68 NHS services with £182.6m of income. The income generated by NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by the Trust for the year. In addition, the Trust also provided £1.1m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

Clinical Audit

All clinical audits that are planned to be undertaken within LCH must be registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and improvement/action plans.

National clinical audits

During 2021/22 four (4) national clinical audits and one (1) national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

Eligible National Audits:

| Eligible National Clinical Audits |
|---|
| National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme |
| Sentinel Stroke National Audit Programme |
| National Diabetes Audit – Diabetic Foot Care Audit |
| National Audit of Cardiac Rehabilitation |
| Eligible National Confidential Enquiries |
| Learning Disabilities Mortality Review Programme (LeDeR) |

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2021/22 are listed below alongside the percentage 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 and the learning.

| National Audit | Number of cases submitted | Percentage |
|---|---|--|
| Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services) | This audit was paused in October 2021. There are plans to restart this audit in 2022/23. Face to face pulmonary rehabilitation was paused and information was submitted only from virtual intervention. Due to a limited number of patients participating in the virtual offer, the service was not able to extract a report. | 100% of patients who participated in virtual offer |
| Sentinel Stroke National Audit Programme | The team is continuing to provide data to Leeds Teaching Hospital Trust for update on the system. The 2021/22 report highlighted that there were a high number of patients requiring rehabilitation when compared to the national average and there were large numbers requiring Occupational Therapy. The number of sessions offered and length of stay on caseload were longer and the waiting times were also longer, when compared to the national average. The service is exploring possible reasons for these discrepancies. | 100% patient identified |
| National Diabetes Audit – Diabetic Foot Care Audit | This audit considers the timely recognition of foot ulceration and the severity and monitors the progress over the 12 week period. There were 44 cases included for participation in this national audit. The service has identified that some of the patients were missed when they accessed acute care and are liaising with the hospital to include these cases for in the data collection. The service are exploring strategies to upload all cases from the electronic health record to reduce data errors and improve efficiency. Due to the limited numbers, the service were not able to extract learning in 2021/22. The service is continuing to partake in this national audit in 2022/23. | 100% of all cases identified |
| National Audit of Cardiac Rehabilitation | Due to the pandemic, this national audit was paused in 2021/22. The service is planning to restart inputting the data when the national audit restarts in 2022/23. Currently the service offer for cardiac rehabilitation has changed from face to face to a virtual option to improve participation and this is monitored by the service. | Paused in 2021/22 |

| National Confidential Enquiries | Number of cases submitted | Percentage |
|--|---|-------------------|
| Learning Disabilities Mortality Review Programme (LeDeR) | <p>The organisation takes part in the NHS England (NHSE) and NHS Improvement (NHSI) – Learning Disability Improvement Standards review. This is a national data collection, commissioned by NHSE and NHSI and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSE and NHSI Learning Disability Improvement Standards and identify improvement opportunities. Within LCH, we take part in this data collection and our Learning Disability Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a Learning Disability.</p> <p>As part of this we have sent out questionnaires to people with a learning disability. Some of the action plans the trust is working towards are:</p> <ul style="list-style-type: none"> • Consistent flags in electronic patient record for patients who have Learning Disability as a diagnosis. • Strategies to highlight the learning from Serious Investigation and Mortality, specific to the patients with Leading disability. • Explore strategies to extract waiting list data for this population. | 100% of all cases |

Local Clinical Audit

The reports of 88 local clinical audits were reviewed by the Trust in 2021/22. Some of the audit actions planned to improve the quality of healthcare provided by the Trust is highlighted below:

- An audit was completed in the Dental Service for controlled drugs, to provide assurance that all requirements of the Controlled Drug Regulations are met, and the service are compliant with LCH Controlled Drug Policy on the management of the controlled drugs within the local service area. The audit identified that the drug was stored and managed as per the Policy. Three key areas were identified to provide further assurance, recording the supplier's name clearly, updating the front index page and to reorder stocks prior to expiry dates. A re-audit is planned for 2022/23.
- An audit was undertaken by Children's Speech and Language Therapy to evaluate the time between receipt of referral and initial assessment. The audit indicated that 97% of the referrals to the dysphagia service were seen within four weeks of the referral as indicated in the service specification. As per the audit only 45% to 50% of referrals to the Child Development Service and Learning Disability Service were seen within four weeks of referral, however the service felt that this is not accurate and has identified concerns around data recording and analysis. The service

identified learning around formulating guidelines for recording these activities and sharing the learning with the team.

- An audit was completed by CAMHS to understand the scope of prescribing and compared this with National benchmarks. The results assured that when prescribing antipsychotic and stimulant medication, there is documented evidence of relevant baseline assessments, and this was reviewed between three to six months, and documented in the record. There are plans to re-audit in April 2022 to enhance appreciation and awareness of monitoring physical health when young people with intellectual disability are prescribed medications.
- Homeless and Health Inclusion Team completed an audit sample of records to review best practice to the standards. The audit highlighted scope of improvement in training all staff in completing the holistic health assessment, updating the assessment template and to review the staff roles within the team. A re-audit was completed in January 2022 to review whether the action plan was embedding. This audit assured 100% completion of holistic assessment for all patients, demonstrated effectiveness of the training and competency of the nurses in the team to effectively assess the wider health needs of the patients and develop a relevant care plan to ensure their health and housing needs are met. The records also demonstrated good liaison with other professionals, utilising a multi-agency approach whilst remaining patient focused.
- The team also audited the safe discharge process, this audit indicated that only 54% of patients were discharged to a safe destination. The majority of the patients who did not have safe discharge plan, had self-discharged from hospital.

The service is working with multiagency to ensure that patients have access to safe discharge plan.

- An audit was undertaken in the Community Dental Service to evaluate if the incoming referrals are appropriate and referred with adequate information in March 2022. The audit demonstrated that 26% of the rejected referrals were because of a lack of information and 28% of the rejected referrals were because the referral was deemed inappropriate and did not meet the service criteria. The service has created an action to engage with stakeholders and to review the referral form to improve the referral process.
- An audit of the waiting times for neurodevelopmental assessment in CAMHS was completed in November 2021. The audit highlighted that despite difficulties with reduced staff capacity, the team has managed to complete a total of 110 diagnostic assessments in six months, was able to meet the service target completion of assessment (12 weeks) in 13% of cases and the average time taken to complete an assessment was 23.9 weeks. The analysis showed that there is a gap from date of diagnosis, to feedback which can prolong the time of assessment to many weeks. On discussion, the service noted that some of these assessments were disrupted by the COVID-19 pandemic or difficulties in collecting information and/or in bringing the patients to a base for assessment due to sensory difficulties (for example, attending different environments, seeing different people, etc). The service has created an action plan to improve the process of assessment stages.
- A new template was used for the record keeping audit in 2020/21 which did not allow a direct comparison to be made against 2019/20. There were 710 records audited from 13

Neighbourhood Teams. Standards for general information, patient assessment, triage, pressure ulcer management and medications, scored at the expected national level. End of life care, patient experience and safeguarding documentation standards, scored as excellent. Falls documentation scored at 69% which is below the expected national and local standard. A deep dive noted that the existing falls template on the SystmOne patient record did not prompt a risk management plan for patients identified as to be at risk from falls or to manage symptoms for example of postural hypotension which could increase the risk for patient falls. There has been a review of SystmOne templates, and a new falls risk management template has been initiated to be completed when any patient on LCH caseload suffers a fall. There is a further audit relating to the impact and effectiveness of this template planned in six months.

- The Infection Prevention and Control Team undertake a range of local audits. These include: environmental audits, Essential Steps to Safe, Clean Care audits, and audits that have been developed in light of the COVID-19 pandemic. These audits aim to reduce the risk of microbial contamination in everyday practice and to ensure our environment is managed in a way that minimises the risk of infections to patients, staff and visitors.

It should be noted that due to capacity and demand difficulties across the services, the Trust paused low risk audits in November 2021. All high-risk audits and low risk audits where resources allowed were completed in 2021/22.

Local Clinical Audits completed during 2021/22 - by Business Unit

Adult Services

- Quality Challenge+
- Environment Audit
- Infection Control Audits relating to the use of PPE
- Record Keeping Audit
- Hand Hygiene Audits

Children's Services

- Record Keeping Audit
- Quality Challenge+
- Environmental Audit
- NICE guidance for prescribing in CAMHS for patients with Learning Disabilities
- Responsiveness of service in Children's Speech and Language Therapy
- Audiology Results Scanning Audit
- Mattress audit in Hannah House
- Infection control and prevention audit at Hannah House
- Audit of prescribing practice in CAMHS Intellectual Disability Service
- Audiology clinical calibration audit
- Audit of time taken to complete neurodevelopmental assessments

Specialist Services

- Record Keeping Audit
- Quality Challenge+
- Environment Audit
- IPC Environmental Audit
- Audit of Hep B vaccination in Leeds Sexual Health
- Documentation of HIV partner notification outcomes
- Annual gonorrhoea and chlamydia partner notification audit
- Safeguarding Audit in Liaison and Diversion
- Patient Group Directive audit in Musculoskeletal Service
- PPE and Hand Hygiene audit
- Radiology audit of non-medical requests clinical imaging log
- Outcomes of patient discussed at MDT
- MRI referrals in Musculoskeletal service
- Follow up of patients who have positive quantiferon blood test
- RESS-Q reducing errors in sexual health samples – A quality improvement project
- Stroke team low priority patient's pathway
- Snapshot audit of patient's preferences for consultation in Musculoskeletal service
- Latent TB screening for women who are sex working
- Care planning audit
- Audit of IUC fittings and removals in sexual health
- Discharge planning
- Audit of GP LARC access

- Quality of dental referrals
- Antipsychotic monitoring audit in Young Offenders Institute
- Antimicrobial prescribing audit in Young Offenders Institute
- Sharps audit in Podiatry

Corporate Services

- Controlled drug audit in Dental
- Serious incidents actions
- Learning disabilities mortality review programme (LeDeR)
- Health needs assessment (monthly quality audit)
- Audit of safeguarding referrals copied to LCH safeguarding team
- Quality of mental capacity assessments within electronic patient record

Clinical Research

Clinical Research generates new knowledge and improved understanding of new and existing medical problems, treatments and interventions enabling effective diagnosis, treatment and outcomes. Services that are engaged in research are known to have better patient outcomes and LCH is committed to ensuring that research is embedded at the heart of patient care across the Leeds system as it adapts and responds to the changing needs of people living in Leeds post pandemic.

LCH is a contractual partner of the National Institute for Health and Care Research, Clinical Research Network, Yorkshire and Humber (NIHR CRN Y&H) who commission our core Research and Development function to assess, set up, manage and deliver the highest quality research studies available in the UK, these are referred to as 'portfolio studies'. We also provide assessment and approval for studies that are non-portfolio to assure that they have received ethical approval where required and provide ongoing monitoring to ensure that they are delivered to a high standard.

During 2021/22 limitations to front line ability to deliver research due to COVID-19 meant that recruitment opportunities were difficult to provide in the community, however we were still able to open 21 studies during this time. The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2021/22 participating in research approved by a research ethics committee was 317, and an additional 93 participants were recruited to studies that were exempt from ethics approval.

LCH has sponsored and successfully achieved portfolio status for a study delivered by one of our Advanced Physiotherapists.

The study is exploring the confidence and research skills of the NHS Allied Health Professional workforce, the results of which will provide crucial direction for future development and planning. The study has been adopted across the UK and has recruited 3,344 participants from over 250 organisations.

In addition to our direct recruitment activities, the core Research and Development team has provided 429 hours of support to LTHT in the delivery of COVID-19 vaccine trials.

LCH continues to develop its strategic priorities and the LCH COVID-19 rehabilitation service has been at the forefront of service evaluation and study development around Long COVID. The Leeds led cross-organisational team were successful in a £3.4 million research project grant application for a multi-centre Long-COVID study called LOCOMOTION (Long COVID Multidisciplinary Consortium: Optimising Treatments and Services across the NHS), which is now underway at the Trust and aims to create a "gold standard" approach for the treatment of Long COVID.

A physiotherapist from our MSK Service has been successful in their application for funding from the NIHR Pre-doctoral fellowship programme. The funding will support work exploring patient experience of Greater Trochanteric Pain Syndrome (GTPS) rehabilitation and a survey of clinicians' perspectives of managing GTPS during COVID-19.

With our strength and position as champion and leader for community services, LCH has been best placed to develop and evaluate a community research model in alignment with NHSE plans for moving patient care out of acute settings and into the community. Our proposal for this work was successful in gaining funding from the NIHR CRN Y&H and has successfully developed an integrated model for the governance and

management of research. The CRN are considering funding a continuance of this work which proposes to develop community research capacity further by enabling innovative ways of working such as self-screening and referral, and remote recruitment and consultation.

The project enabled two GP practices to participate in the BASIL+ (Behavioural Activation in Social Isolation) study, which aims to prevent or mitigate depression and loneliness among older adults with multiple health conditions, during the COVID-19 pandemic, and nine practices to participate in the ALABAMA (Allergy Antibiotics and Microbial Resistance) study, which is evaluating whether the penicillin allergy assessment pathway intervention is effective in improving patient health outcomes. A total of 86 participants were recruited through these trials in Leeds GP practices that operated under the new model compared with 12 patients recruited under the previous model, evidencing our achievement and the need to continue our work in integration.

As a proud and committed champion for the diverse healthcare needs of all Leeds communities, LCH is dedicated to ensuring that research systems continue to develop alongside NHSE plans for integration and collaboration and continue to work hard in 2022/23 to deliver high quality research options relevant for all communities in Leeds.

CQC Statements

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-

June 2019. The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

Sexual Health services were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well-led. This was an improvement on the last inspection.

Children and young people's services were rated good for safe, effective, caring, responsive and well-led. This was an improvement on the last inspection.

Community CAMHS was rated good for effective and caring, requires improvement for safe, responsive and well-led.

Dental services were rated good for safe, effective, caring, responsive and well-led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement but actions the Trust should take.

The Trust has developed robust action plans to address the

findings and these are monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2019 and acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

Wetherby Young Offenders Institute was inspected in December 2021, the CQC element of the HM Chief Inspector of Prisons Report found no regulatory breaches and said 'The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations'.

Secondary Uses and Hospital Episode Data

The Trust submitted records during 2021/22 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: that included the patients valid NHS Number was 99.87% for outpatient care that included the patient's valid General Medical Practice Code was 99.17%.

The above confirms data available for 1 April 2021 to 31 January 2022.

The Trust did not submit any 'admitted care' data into SUS during 2021/22 due to CRU ward closure (COVID-19).

Data Accuracy

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs and is fully committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant Information Legislation(s) and national codes of practice actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by engaging with a Data Protection Officer (DPO). The DPO duties include promoting the accountability principle within the Regulation, which empowers the organisation to be compliant with the Data Protection Act 2018. Ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities. Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, who works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms, including education, policies and procedures, IT/information security controls, IT vulnerability

testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians – Review of data security, consent and opt outs report, via a self-assessment within the Data Security and Protection Toolkit (DSPT). During the 2020-2021 reporting year an extension was granted to the 30 September 2020 for Trust to comply with all 10 Data Security Standards due to supporting the COVID-19 pandemic response, compliance has been achieved by the extended deadline date.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

Information Governance

The Data Protection Act (DPA) 2018 and its embedded UK General Data Protection Regulations (GDPR) guide the Trust in ensuring a robust data protection and cyber security framework is in place to educate the workforce and mitigate threats to the organisation in cyber space. Within the NHS this is known technically as Information Governance (IG).

The DPA 2018 solidifies [individual's eight rights](#) who are referred to as 'data subjects' within the law and increases organisations responsibility to ensure constant maintaining of the [Confidentiality, Integrity and Availability \(CIA\) triad](#) across its assets and data processing.

The CIA essentially ensures that systems the organisation uses to process data, such as SystmOne or artefacts such as the Network Drives is kept confidential, of primarily good quality and unauthorised alteration and is always available for it to undertake its business. If any one of these elements are interrupted, these are technically known as a breach; Breach of Confidentiality, Integrity or Availability.

Towards the end of this period a new **Information Governance Management Framework (IGMF)** and **Information Security Management Framework (ISMF)**, utilising existing/new/ revised policies, had started to be developed to cover both the expanding and increasingly complex areas of both Information Governance and Information Security. In practical terms this transposes into what is known as Data Protection and Cyber Security. These frameworks will underpin a modern, flexible, and creative approach to improving these functions throughout 2022/23. Cyber Security and the ever-increasing threats to the organisation will require careful mitigation to the best defences we can maintain to protect ourselves and improve our preparedness if such an incident occurs to restore the CIA triad as soon as possible to continue the business function.

In summary the work undertaken:

Data Protection

- Data Protection Officer (DPO) is employed to support the monitoring of data protection compliance and breaches.
- Incidents calculated as externally reportable must be reported to the Information Commissioner's Office (ICO), through the NHS Digital's Data Security and Protection Toolkit (DS&PT).

- Where there has been a personal data related incident that would likely result in a high risk to the rights and freedoms of the person affected have been communicated with.
- There were 570 Data Requests that have been processed this period, for example Subject Access Requests and Freedom of Information Requests.
- **There were two incidents reported to the ICO during this period, all incidents relating to potential breaches are reported, investigated and where appropriate remedial actions implemented.** In summary the first breach occurred via confidential information being shared through an email to a third party incorrectly and lessons learnt have been logged within the trust and no further action from the ICO. The second incident was in relation to a letter being sent to a parent of a child incorrectly which was part of a Safeguarding Enquiry that could potentially have caused harm. At the time of writing this report the incident was awaiting an ICO response.



Cyber Security

Key focuses this year have included:

- An Information Security Officer is employed to support the monitoring of threats, compliance, and breaches.
- Development and support of the new ISMF and culture of Cyber Awareness through practical exercises and campaigns.
- Increasing strict adherence to the completion of the compulsory Data Security and Awareness e-Learning.
- Commitment to begin the process of attaining Cyber Essentials+, a recognised certification recommended by the National Cyber Security Centre (NCSC) to guard against the most common cyber threats and demonstrate the organisations commitment to Cyber Security.
- No cyber security CIA breaches was reported during this period.

CQUIN

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH 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.

All CQUIN were stood down for 2021/22 as per national guidance. Services were allowed to continue delivering them should they choose to, and our Liaison and Diversion Service did continue on a voluntary basis.

Core Indicators

Safe – Year End 2021/22

By safe, we mean that people are protected from abuse and avoidable harm.

| Safe - people are protected from abuse and avoidable harm | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|--|----------------------|--------------|----------------|------|------|------|------|
| Patient Safety Incidents Reported in Month Reported as Harmful | SL | 1.42 to 2.09 | 2021/22 | 1.74 | 1.96 | 1.83 | 1.98 |
| | | | 2020/21 | 2.12 | 1.97 | 1.83 | 1.95 |
| Serious Incident Rate | SL | 0 to 0.1 | 2021/22 | 0.01 | 0.00 | 0.00 | 0.00 |
| | | | 2020/21 | 0.05 | 0.06 | 0.05 | 0.04 |
| Validated number of Patients with Avoidable Category 3 Pressure Ulcers | SL | 0.67 | 2021/22 | 0 | 1 | 1 | 0.00 |
| | | | 2020/21 | 3 | 5 | 1 | 2 |
| Validated number of Patients with Avoidable Category 4 Pressure Ulcers | SL | 0 | 2021/22 | 0 | 0 | 1 | 0.00 |
| | | | 2020/21 | 1 | 1 | 0 | 2 |
| Validated number of Patients with Avoidable Unstageable Pressure Ulcers | SL | 0.83 | 2021/22 | 4 | 1 | 2 | 2.00 |
| | | | 2020/21 | 4 | 4 | 3 | 3 |
| Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns | RB | No Target | 2021/22 | 63% | 73% | 83% | 98% |

Caring – Year End 2021/22

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

| Caring - staff involve and treat people with compassion, kindness, dignity and respect | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|--|----------------------|-----------|----------------|-------|-------|-------|-------|
| Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT) | SL | ≥95% | 2021/22 | 95.7% | 92.1% | 91.3% | 91.8% |
| | | | 2020/21 | - | - | 95.7% | 97.1% |
| Total Number of Formal Complaints Received | SL | No Target | 2021/22 | 23 | 25 | 20 | 24 |
| | | | 2020/21 | 19 | 35 | 29 | 14 |
| Number of Compliments Received | SL | No Target | 2021/22 | 237 | 180 | 216 | 218 |
| | | | 2020/21 | 148 | 244 | 261 | 249 |

Effective – Year End 2021/22

By effective, we mean that care, treatment and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.

| Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|--|----------------------|-----------|----------------|------|------|-----|-----|
| Number of NICE guidelines with full compliance versus number of guidelines published in 2018/19 applicable to LCH | RB | 100%* | 2021/22 | | 81% | 81% | 93% |
| | | | 2020/21 | 85% | 87% | 87% | 87% |
| Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH | RB | No Target | 2021/22 | | 90% | 96% | 96% |
| | | | 2020/21 | 54% | 56% | 56% | 57% |
| Number of Unexpected Deaths in Bed Bases | RB | No Target | 2021/22 | 0 | 0 | 1 | 2 |
| | | | 2020/21 | 1 | 0 | 2 | 1 |
| Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload | RB | No Target | 2021/22 | 0 | 1 | 2 | 2 |
| | | | 2020/21 | 1 | 1 | 1 | 2 |
| NCAPOP audits: number started year to date versus number applicable to LCH | RB | 100%* | 2021/22 | 100% | 100% | | |
| | | | 2020/21 | 0% | 0% | 33% | 33% |
| Priority 2 audits: number completed year to date versus number expected to be completed in 2020/21 | RB | 100%* | 2021/22 | 100% | 100% | | |
| | | | 2020/21 | 7% | 19% | 21% | 31% |
| Total number of audits completed in quarter | RB | No Target | 2021/22 | 100% | 100% | | |
| | | | 2020/21 | 4% | 9% | 36% | 33% |
| Percentage of patients recruited into NIHR portfolio studies (CRN Target 700) | RB | 100%* | 2021/22 | 2% | 33% | 45% | 64% |
| | | | 2020/21 | - | | | |

Responsive – Year End 2021/22

By responsive, we mean that services are organised so that they meet people's needs.

| Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|---|----------------------|-----------|----------------|-------|-------|-------|-------|
| Percentage of patients currently waiting under 18 weeks (Consultant-Led) | SP | ≥92% | 2021/22 | 88.3% | 83.6% | 87.2% | 84.0% |
| | | | 2020/21 | 88.7% | 76.5% | 80.6% | 82.1% |
| Number of patients waiting more than 52 Weeks (Consultant-Led) | SP | 0 | 2021/22 | 0 | 0 | 0 | 2 |
| | | | 2020/21 | 0 | 0 | 0 | 2 |
| Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01) | SP | ≥99% | 2021/22 | 43.7% | 38.8% | 44.7% | 39.0% |
| | | | 2020/21 | 24.1% | 19.4% | 33.4% | 34.1% |
| % Patients waiting under 18 weeks (non reportable) | SP | ≥95% | 2021/22 | 76.1% | 85.4% | 85.3% | 88.4% |
| | | | 2020/21 | 69.2% | 71.9% | 71.7% | 74.7% |
| LMWS - Access Target; Local Measure (including PCMH) | SP | 24456 | 2021/22 | 7610 | 7473 | 7380 | 6505 |
| | | | 2020/21 | | | | |
| IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral | SP | No Target | 2021/22 | 73.8% | 66.3% | 57.7% | 64.0% |
| | | | 2020/21 | | | | |
| IAPT - Percentage of people referred should begin treatment within 18 weeks of referral | SP | ≥95% | 2021/22 | 99.5% | 99.8% | 99.6% | 99.4% |
| | | | 2020/21 | 99.3% | 99.3% | 99.1% | 99.4% |
| IAPT - Percentage of people referred should begin treatment within 6 weeks of referral | SP | ≥75% | 2021/22 | 89.6% | 93.6% | 95.3% | 95.1% |
| | | | 2020/21 | 37.9% | 58.1% | 73.2% | 81.1% |

Well-led – Year End 2021/22

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, encourages learning and innovation, and promotes an open and fair culture.

| Well-led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|--|----------------------|-----------|----------------|-------|-------|-------|-------|
| Staff turnover | LS/JA | <=14.5% | 2021/22 | 11.7% | 13.5% | 14.2% | 13.9% |
| | | | 2020/21 | 11.4% | 10.0% | 9.1% | 10.2% |
| Reduce the number of staff leaving the organisation within 12 months | LS/JA | <=20.0% | 2021/22 | 18.8% | 19.9% | 21.9% | 20.1% |
| | | | 2020/21 | 21.6% | 24.9% | 15.1% | 13.0% |
| Stability Index | LS/JA | >=85% | 2021/22 | 85.8% | 83.8% | 75.5% | 85.1% |
| | | | 2020/21 | 88.6% | 89.9% | 90.2% | 88.2% |
| Short term sickness absence rate (%) | LS/JA | <=2.2% | 2021/22 | 1.4% | 1.8% | 2.5% | 2.8% |
| | | | 2020/21 | 1.0% | 1.4% | 1.5% | 1.3% |
| Long term sickness absence rate (%) | LS/JA | <=3.6% | 2021/22 | 3.7% | 4.9% | 5.3% | 4.6% |
| | | | 2020/21 | 3.9% | 3.4% | 3.8% | 4.0% |
| Total sickness absence rate (monthly) (%) | LS/JA | <=5.8% | 2021/22 | 5.1% | 6.7% | 7.8% | 7.4% |
| | | | 2020/21 | 4.3% | 4.9% | 5.5% | 4.7% |
| AfC staff appraisal rate | LS/JA | >=90% | 2021/22 | 72.9% | 70.6% | 74.8% | 78.5% |
| | | | 2020/21 | 81.8% | 83.6% | 79.6% | 75.4% |
| Statutory and Mandatory training compliance | LS/JA | >=90% | 2021/22 | 89.2% | 88.6% | 87.2% | 88.0% |
| | | | 2020/21 | - | - | - | - |
| 'RIDDOR' incidents reported to Health and Safety Executive | BM | No Target | 2021/22 | 5 | 1 | 2 | 2 |
| | | | 2020/21 | 2 | 2 | 1 | 0 |
| WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM | LS/JA | No Target | 2021/22 | 5.5% | 6.3% | 8.4% | 7.6% |
| | | | 2020/21 | 10.9% | 10.7% | 11.1% | 11.1% |
| Total agency cap (£k) | BM | No Target | 2021/22 | 690 | 705 | 938 | 1303 |
| | | | 2020/21 | 2546 | 550 | 557 | 689 |
| Percentage Spend on Temporary Staff | BM | No Target | 2021/22 | 4.8% | 4.5% | 5.2% | 6.6% |
| | | | 2020/21 | 5.0% | 3.9% | 4.0% | 4.4% |

Finance – Year End 2021/22

By finance, we mean the Trust's financial position is well managed. This is not a CQC Domain.

| Finance | Responsible Director | Target | Financial Year | Q1 | Q2 | Q3 | Q4 |
|--|----------------------|--------|----------------|------|-----|------|------|
| Net surplus (-)/Deficit (+) (£m) - YTD | BM | 0.0 | 2021/22 | -2.0 | 0.0 | -0.4 | -0.5 |
| Capital expenditure in comparison to plan (£k) | BM | 3700 | 2021/22 | 228 | 75 | 399 | 2485 |
| CIP delivery (£k) | BM | 1065 | 2021/22 | 132 | 133 | 400 | 400 |

Part 8: Appendices

What people think of our quality account

Appendix 1 – Comments from our Partners

Healthwatch Leeds



Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative.

The report clearly demonstrates the great work that has been undertaken in response to the Covid Pandemic and the comments from members of the public in relation to the Long Covid Rehabilitation Pathway highlights how useful this service has been.

We were particularly pleased to see the levels of public/service user engagement and that the report gives examples of where this has happened and where learning from this feedback has led to changes to services within the Trust (some good examples of this are on page 12). As a Healthwatch we have worked closely with the LCH Engagement/Patient Experience team as part of the citywide Peoples Voices Partnership and the Inclusion for All Hub.

LCH have also been actively involved in the citywide work to listen and act on the feedback from people through the Big Leeds Chat, How Does it Feel for me? Work (gathering people's experiences of joined up care in Leeds), and the Digital Inclusion Peoples Voices Group, so it is pleasing to see

the work carried out around Equality/Accessibility and the continued work proposed in Priority 5.

As with last year's report, there is still quite an emphasis upon virtual and online resources. There is some feedback from people that have struggled with digital as well as some information in Priority 1 about Digital Engagement and Exclusion. It would be good to see how the Trust are measuring the effectiveness of digital services and how their service users feel about this.

With regards to Complaints, Concerns and Compliments. We mentioned in last years report that it's not really clear on how you differentiate between Concerns and Complaints in your terminology, it would be helpful in the Quality Account to describe the difference. **Added.**

There are a lot of positives to take from this report, such as the views of families being included in work such as the discussion regarding the terminology or Learning Disability versus Intellectual Disability and all the great work around your staff's health and wellbeing.

Overall, we think this is a good Quality Account and we look forward to continuing working in partnership with Leeds Community Healthcare over the next year.

Clinical Commissioning Group

The CCG is pleased to review the draft LCH Quality Account 2021/22, acknowledging that this is not a finalised version and that additional information may need to be added prior to submission.

Overall, this is a comprehensive account that demonstrates a strong focus on the communities it serves. It describes what the services did well over the last year and how intelligence from patients/service users remained at the forefront of improvement work across the vast array of services the Trust provides. The CCG very much supported the quality priorities in 2020/21 as we started to emerge from the pandemic, to; build back stronger, focus on prevention and self-care and reduce health inequalities whilst at the same time, supporting the system response to the pandemic and emphasising the health and wellbeing of the workforce. We recognise the enormity of this challenge and wholeheartedly thank LCH for relentlessly working towards these priorities in circumstances that continued to challenge the local health and care system throughout. The CCG acknowledges that these priorities contributed towards the Leeds Health and Care Plan (2020/21) for better integrated partnerships to improve health and wellbeing for all ages and for all people in Leeds to:

- Protect vulnerable people and reduce inequalities.
- Improve quality and reduce inconsistency.
- Build a sustainable health and care system with the resources that we have.

And supports the work to address inequity and inequalities articulated in the CCG's Health Inequalities Framework for Action.

Whilst the account does not highlight any key areas the Trust feels that needs to be improved, there are many examples of proactive leadership that changed systems and processes on the back of listening to people's experiences. This helps to demonstrate a culture of learning and continuous improvement. The additional quality improvement work referenced also serves to demonstrate responsiveness to the needs of the local population in any given context e.g. developing virtual frailty wards.

It is felt that Information presented around compliments, complaints, and concerns could be enhanced by the use of graphs and/or percentages and highlighting the differences between complaints and concerns; this may help the reader's understanding of performance and how improvement work has influenced this. However, it is encouraging to note that learning from all this feedback is shared with relevant teams and across the organisation.

The High-level priorities for 2022/23 are well stated. It is not described how patients and system partners were engaged in helping to shape these, however key themes do align with system integration priorities in terms of using resources wisely and focus on waiting list backlogs through continuous improvement, which remains a system wide issue. **Added.**

We thank you for sharing the draft copy of the Quality Account 2021/22. We look forward to working with the Trust over the coming months as we continue the journey of recovery post pandemic and transition into the new world of integrated care systems.

Angela Edmunds
Head of Quality Improvement and Patient Safety, Leeds CCG
25/04/22

Appendix 2 - Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

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

The content of the Quality Account meets the requirements set out in the Regulations and supporting guidance.

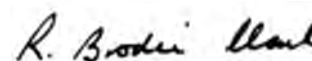
The content of the Quality Account is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2021 to May 2022.
- Papers relating to quality reported to the Board over the period April 2021 to May 2022.
- Feedback from Leeds Clinical Commissioning Group on 25 April 2022 and Healthwatch Leeds received on 6 May 2022.
- The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- The external auditors opinion of the Trust's control environment, from the internal audit report dated October 2021.
- CQC inspection report dated 28/10/2019.
- The Quality Account presents a balanced picture of the Trust's performance over the period covered.

- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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.
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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:



Signed Date: 31 May 2021

Brodie Clark CBE, Chair



Signed..... Date: 31 May 2021

Thea Stein, Chief Executive

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2020/21 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at www.leedscommunityhealthcare.nhs.uk



How to comment

If you would like to comment on this document contact us:

By email to lch.pet@nhs.net

Please ensure you include 'Quality Account 2021/22 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance
Quality Account 2021/22 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
1st Floor, Stockdale House
Headingley Office Park
Victoria Road
Headingley
Leeds LS6 1PF

Glossary

Always Events® – Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.” Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an ‘Always Experience.’

Audit – a review or examination and verification of accounts and records (including clinical records).

Children and Adolescent Mental Health Services (CAHMS) – a service specifically designed to look at the needs of children with mental health problems.

Care Quality Commission (CQC) – Health and Social Care regulator for England.

Clinical Audit – a review or examination and verification of accounts and records (including clinical records).

Clinical coding – an electronic coded format that describes the condition and treatment given to a patient.

Commissioners – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

CQUIN (Commissioning for Quality and Innovation) – a financial incentive encouraging Trusts to improve the quality of care provided.

Datix – an electronic risk management system (database) used to record incidents, complaints and risks for example.

Friends and Family Test (FFT) – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

ICAN – Integrated Services for Children with Additional Needs.

ICE - Integrated Clinical Environment that support pathology teams to communicate patient results to clinicians.

Information Governance – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

Innovation and Research Council – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

Inquest – a judicial inquiry to ascertain the facts relating to an incident.

Leeds Safeguarding Children’s Board (LSCB) – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

Medicines Management – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

Methodology – a system of methods used in a particular area of study or activity.

NHS England (NHSE) – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

NHS Digital – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

National Institute for Health and Care Excellence (NICE) – an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

National NHS staff survey – a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

National Reporting and Learning System (NRLS) – a central database of patient safety incident reports.

OFSTED is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

Outcome Measures – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress related to a specific condition or issue.

Patient Experience Team – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

Patient experience – feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

Patient engagement – methods for patients to take part in service improvement and service reviews.

Patient satisfaction – a measurement of how satisfied a person felt about their care or treatment.

Payment by results – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

Pressure ulcer – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

Risk Assessment – a process to identify risks and analyse what could happen as a result of them.

Root Cause Analysis (RCA) – a method of investigating and analysing a problem that has occurred to establish the root cause.

Safety Huddle – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

Serious Incident (SI) – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Strategy – the overall plan an organisation has to achieve its goals over a period of time.

SUDIC – a review of progress of unexpected child death.

Trust Board – the team of executives and non executives that are responsible for the day to day running of an organisation.

WRES – Workforce Race Equality Standard.

WDES – Workforce Disability Equality Standard.

Thank you for taking the time to read our Quality Account for 2020/21.
You can also view this document via our website at
www.leedscommunityhealthcare.nhs.uk

If you would like any of our reports in an alternative format or large
print please email lch.pet@nhs.net or call **0113 220 8585**.

