

Quality Account

2023-2024



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.

If you would like this information in another language or format such as large print, please contact Leeds Community Healthcare NHS Trust.

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Part 1: Introduction

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

Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2023/24. The Account demonstrates how we strive to continuously improve the quality of care and people's experience throughout this organisation for the absolute benefit of the communities we serve. Providing great care for our communities is at the heart of everything we do, and I am proud to present this year's Quality Account.

We work hard to deliver high quality care that is compassionate and responsive to the needs of our populations. Our achievements in the last twelve months have been significant. Good experiences of healthcare are often dependent on partnership working and we are especially proud of the partnership work we have and continue to develop across the place of Leeds and wider. Working together we can enable a system wide approach to high quality care delivery.

This year we have started the pilot for a health and social care model for short term community rehabilitation and reablement service for Leeds with our Adult Social Care partners, initiated transformation of two of our key services into partnership models for Leeds Sexual Health and Leeds Mental Health and Wellbeing Service and we are working with our colleagues in Locala Health and Wellbeing (a neighbouring NHS provider) to deliver childhood immunisations.

We have also launched our Patient Safety Incident Response Plan which means as a Trust we can focus our resources on

Trust and system wide improvements to make care safer for patients in line with NHS England's Patient Safety Strategy. We are also preparing for the full introduction of the CQC's Single Assessment Framework. Each of these Trust wide changes will enhance how we deliver and evidence high quality care.

As always, we would like to recognise and thank our staff publicly for their continued hard work and dedication. 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".

Brodie Clark CBE
Chair



A handwritten signature in black ink that reads "Sam Prince".

Sam Prince
Interim 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.

Team LCH

[Watch the Join Team LCH Nursing video, introduced by our Director of Nursing and Allied Health Professionals, Steph Lawrence](#)

[Watch the Leeds Community Healthcare NHS Trust children, young people and family service video](#)

Vision and values

Our vision, values and behaviours (Our Eleven), shown opposite, guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. Our vision 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 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** 

Patient Stories

Patient stories and case studies are shared with our Board from our patients and services. These have been shared within the Account and highlight how our vision, values and behaviours were exemplified in the care delivered by LCH. Some examples include:

Sue's Story - Community Diabetes Team

Sue has been living with Type 2 diabetes since 2014. Medication doses, including insulin, have been increased over the years to try to control her blood glucose levels. Sue was referred to Community Diabetes Team in 2019, and, during the following 18 months, was regularly reviewed by Diabetes Nurse Specialists and was also assessed by the Diabetes Specialist Dietitian.



Sue was referred again to the Community Diabetes Service in October 2022 due to worsening blood glucose levels that were resulting in her experiencing symptoms. She was assessed by the Consultant Pharmacist in the team in March 2023 and subsequently had a Continuous Glucose Monitoring Sensor fitted by the Diabetes Facilitator who also suggested Sue attend the LEEDS Programme (Learning, Empowering, Enabling, Diabetes Self-Management). This is a quality assured Structured Education Programme for people living with Type 2 Diabetes that has been developed by Diabetes Specialist Dietitians in Leeds Community Healthcare Trust and is delivered by

Diabetes Facilitators in the team. People can choose to attend face to face sessions that are delivered at a choice of venues across the city (either as a whole day session or 3 x weekly sessions), or alternatively, a virtual course is offered (delivered via MS Teams Live Events).



Sue attended the three sessions of the LEEDS Programme. The programme was designed to be very flexible and is delivered across the city during the day or evening to ensure people can attend.

Sue's care with the Community Diabetes service is ongoing. Sue said that since joining the programme she had seen a significant improvement in her condition and overall health and wellbeing. Sue said that she felt more educated about her condition and more confident in controlling her condition with medication. She had learnt more about a healthy lifestyle, diet and alcohol consumption and the programme helped her set individual goals.

Gillian's Story - Community Neurological Rehabilitation Service

Gillian was referred to Community Neurological Rehabilitation Service (CNRS) following a stroke in 2014 aged 49. An Occupational Therapy initial assessment was completed.

Gillian experienced cognitive multi-tasking issues, some word finding difficulties at times and reported that her processing was much slower. Gillian felt that she was finding herself being irritable, with 'a lot going on' and struggling to multi-task and was uncertain how CNRS could help her.

Gillian had not returned to work following her stroke due to being unable to meet work role requirements because of



the cognitive multi-tasking required. Gillian used to enjoy running and walking, however, had not participated in these meaningful pastimes since having the stroke. Gillian did have some positive strategies in place including a whiteboard for timetables for the family; however, was very rigid with plans and found being flexible challenging.

Gillian's goal for intervention was to explore health, wellbeing and have a more active lifestyle as this had diminished since having the stroke. She was becoming increasingly frustrated with the limited long-term support available for stroke patients. Gillian's GP referred her back to the CNRS in 2022 and an Occupational Therapy initial assessment was completed.

Gillian's goal for intervention was to explore health, wellbeing and have a more active lifestyle as this had diminished since having the stroke. She described her experience of the Kawa model, a therapeutic method developed in Japan. The model emphasised the harmony between the person and environmental factors and believed that the harmony would enhance well-being. Occupational Therapists can use the Kawa model to understand the context of the patients, help to prioritise the problems, and provide relative intervention. Gillian explained that using the model had helped to improve her processing of information, coping strategies and have a more balanced routine and structure. The Board reflected the model may not be suitable for everyone, but it was good to hear the service had responded to Gillian's needs with an individualised approach.

Laura's Story (a Healthwatch story) - ICAN

Laura lived on the border between Leeds and Wakefield and had two children. Her little boy, aged six had a rare genetic condition which had resulted in him having a range of complex medical conditions. He was unable to speak and had mobility issues. Laura was keen to explain the difficulties she had encountered to ensure he had the appropriate school support and explained the obstacles she had to overcome to make sure an Education, Health, and Care Plan (EHCP) was in place.



Laura explained that the process was supposed to take a total of 20 weeks but had taken over a year. Her son was now attending a Specialist Inclusive Learning Centre (SILC) over 40 minutes away from home as this was the only centre available which could meet his needs.

The Trust Board said that this story highlighted the difficulties parents and carers encountered in working within the two systems of health and education, which did not always communicate effectively.

The Interim Chief Executive acknowledged the problems related to working within a system which was not easy to navigate and currently did not support children in the best possible way. She said that the West Yorkshire Integrated Care Board was undertaking a project to enable better integration between education and healthcare providers and link professionals more closely through the introduction of effective digital platforms.

The Executive Director of Nursing and AHPs explained that the Local Authority Director of Children's Services had lead responsibility for this but the Trust had a voice in influencing developments in the service to ensure improvements were made. She believed that this could be achieved through representation on the SEND (Special Educational Needs and Disabilities) Partnership Board.

Kully's Story - Speech and Language



Kully was being seen for support with swallowing following a stroke. At the point of her discharge from hospital Kully spoke about her anxiety and uncertainty about the plans for her care and rehabilitation and the lack of communication between the hospital and community services who she felt were not prepared with enough information when she was discharged. She spoke about the relief she felt when she received a letter which explained what would happen next, but she felt this could have been done via a telephone call much earlier to alleviate some of her initial anxiety.

Kully said that she was a strong person with a determination to do all that she could to recover her physical and mental health and wellbeing, but she acknowledged that everyone would not have the same tenacity.

Kully praised the services provided by the Trust once a plan had been agreed and put in place. Input from the Speech and Language Therapy Team had been crucial in improving her speech fluency, facial weakness, altered sensation and increasing her confidence. The Service had provided a good foundation for her long-term recovery, but Kully felt that

a longer-term service was needed particularly for younger people who suffered strokes. After the first few weeks the frequency of contact was irregular with appointments cancelled at short notice.

The Trust Board thanked Kully for agreeing to share her thoughtful and insightful story and said the way she had been able to speak to the Board reflected the excellent progress she was making and her determination to achieve the goals she set for herself.

Part 2: Review of Quality

Our Review of Quality starts with the work we have completed with our partners to keep patients at the centre of joined up approaches to care to better meet their health needs. This section supports and leads into our achievement against our Trust Priorities 2023/24.

Integrated Approaches - our integrated and partnership working across the NHS system

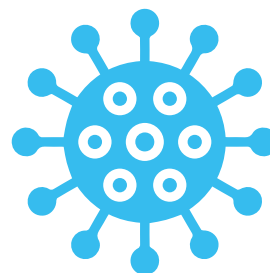
LCH continues to be an integral partner in the delivery of services across Leeds and beyond. We have established and sustained our considerable contribution to the development of system wide integrated ways of working to benefit our communities. As we continue our journey to achieve the vision of the NHS Long Term Plan through a fully integrated approach to care delivery we will continue to learn and evolve our services to meet the needs of those communities.

We have made significant contributions to ensuring patients flow through the healthcare system by mobilising and delivering out of hospital care that reduces admissions into hospital, whilst effectively supporting our workforce to deliver high quality care in the community to support hospital discharge at the earliest opportunity.

The Integrated Care Steering Group has continued and is Co-Chaired by the Executive Director of Nursing and Allied Health Professionals for LCH and the GP Confederation Steph Lawrence and Kim Adams Programme Director Local Care Partnerships Development Programme. The group met regularly to oversee the work below as well as considering new integrated working initiatives. In addition, LCH are working closely with our Primary Care Networks (PCN) in Leeds to build on existing services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. There are currently 18 PCNs in Leeds.

Our response to the COVID-19 pandemic

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



The Leeds COVID-19 Vaccination Programme has continued throughout 2023 albeit with some changes to its delivery. Working with partners across the city, Leeds Community Healthcare's Interim Chief Executive, Sam Prince, has continued to lead the response as the appointed

Senior Responsible Officer and has responded to the challenges faced by the mutations of the virus and most recently a request to accelerate the Autumn 2023 campaign in response to a new variant of concern. The programme continues to deliver seasonal campaign-based vaccinations from over 80 GP, Hospital Hub and Community Pharmacy sites in the city.

The figures for Leeds are as follows*:

- Over 612,000 people have had a 1st vaccination (70.3% of eligible GP registered 5+).
- Over 582,000 people have had a 2nd vaccination (66.9% of GP registered 5+).
- Over 420,000 people have had a 3rd / booster vaccination, (72% of eligible).

- Over 50,000 people have had the spring 2022 booster vaccination (80.6% of eligible).
- Over 211,000 people have had an autumn 2022 booster, (65% of eligible).
- Over 49,000 people have had a spring 2023 booster (70.1% of eligible).
- Over 111,000 people have had an autumn 2023 booster (52.9% of eligible).
- Resulting in the total number of 1st, 2nd and booster vaccinations given to Leeds GP registered citizens to reaching over two million to date and counting.

*Data provided 21 February 2024

LCH took over the role of Lead Employer for the Leeds COVID-19 Vaccination Programme in September 2022 from Leeds Teaching Hospitals NHS Trust (LTHT), helping the programme to move towards a more business as usual outreach community model. LCH continues to drive the delivery model forward in line with national direction and whilst we no longer have a core team, LCH still coordinates the programme logistics for the city, working closely with PCN and Community Pharmacy providers. LCH works in partnership with Public Health to support the 'no-one left behind' pathway to promote vaccine equity via an innovative and flexible programme that has been developed for vaccine delivery from both static and pop-up sites. The LCH Infection Prevention and Control (IPC) team has coordinated the staff flu and COVID-19 campaign this autumn 2023, continuing the excellent collaborative relationships built between themselves, LTHT and Leeds and York Partnership Foundation Trust (LYPFT) to ensure consistency in best practice and to share knowledge and learning.

Where there have been gaps in provision, LCH has worked to ensure provision via alternative routes, in some cases outsourcing to providers outside of Leeds to enable all eligible cohorts receive an offer of vaccination.

Plans are beginning to take shape for the spring 2024 model with the campaign start date being confirmed as 15 April 2024 for eligible care homes and 22 April 2024 for the remaining eligible cohorts, finishing on 30 June 2024.

Long COVID Rehabilitation Pathway

In March 2023, the final Office of National Statistics (ONS) report estimated that 1.9 million people living in private households (2.9% of the UK population) were experiencing self-reported Long COVID, defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else. This equates to 25,053 people in Leeds based on GP recorded resident data, January 2023 (863,901). There are an estimated 17,100 people in Leeds who have had Long COVID for over one year (March 2023).

There is emerging evidence that Long COVID is now for many a long-term condition (LTC). A recently released national evaluation of outcomes from 14 NHS Long COVID services found from a sample of 3438 patients that the impact on health-related quality of life in Long COVID was worse than that reported in the literature for conditions such as Chronic Obstructive Pulmonary Disease, Heart Failure, and Multiple Sclerosis.

Longitudinal analysis in this evaluation showed no improvement at follow up and concluded that Long COVID had become a long-term condition (LTC) for some people, causing disability and significant deterioration of their overall health status even after 18 months or longer.

The service is currently providing treatment to 733 patients, and this is in addition to 2138 patients we have already treated and discharged.

We continue to offer the ten-week virtual therapy course, which is continuously evaluated and adapted as needed. In addition to this, new groups have been developed such as a Managing Emotional Challenges group and a Weight Management group.

Initial assessment is now offered via Video Group Assessment (VGA) where appropriate, or 1:1 telephone appointment. This has enabled us to significantly reduce our waiting times and now are meeting the NHSE target for referral to initial assessment within six weeks.

The heavy impact of Long COVID on employment is demonstrated in our local data. Routine initial assessment using the C19-YRS (a disease-specific measure) includes an item on how Long COVID has affected work status.

When we looked at 1000 new patient assessments, in over 75% of patients there had been a negative change in employment status due to Long COVID:

Impact of Long COVID on work status at first assessment	Number	%
No change	233	23.3
Changes made to role/ working arrangements (such as working from home or lighter duties)	258	25.8
Had to retire/change job	72	7.2
Lost job	42	4.2
On reduced working hours	148	14.8
On sickness leave	247	24.7

It has however, been recognised in national research by the Trade Union Congress, that one in seven people (14%) had lost their job because of reasons connected to Long COVID [1]. This is a much higher figure compared to Leeds data (4.2%) is likely to reflect the lengthy employment law process, meaning that people may still have a job when referred into the service when this data is collected, but as time progresses may lose their job. A big focus of the team has been to evaluate and improve our vocational rehab offer to support patients back into work as able.

A service review has been completed this year. Final health needs assessment and options appraisal papers have been presented to the Long-Term Conditions board and option 2 has been taken forward (due to the current financial climate) as the recommendation for 2023/24. Option 2 is the service model continues but working within the NHSE financial envelope. LCH provided an uplift to the NHSE funding over the past three years which is now not available for 2023/24, so an approximate 30% reduction in staffing, and downscaling of the service will now be required.

Long COVID Research Team

The research team have been extremely busy and productive supporting the service and the Long COVID community and have now published sixteen journal articles.

Ongoing research studies currently are:

1. PACE-LOC, which explores pacing and active rest to prevent post exertional symptom exacerbation.
2. Exploring needs and clinical outcomes of patients post discharge.

The Leeds PCPI (Patient, Carer and Public Involvement) group continue to support the ongoing work we are doing in this new and evolving area of clinical practice, keeping the service at the cutting edge. This group have also been actively involved in supporting the service review.

We continue our Inequities work and are currently piloting a referral form to support direct referrals from the Third Sector. We also continue to partnership work with Third Sector organisations.

Patient feedback the team have received:

'Hi, just wanted to let you know that I achieved an A in my maths. Very happy and once again proving that I overthink a bit too much. Thanks for all the support, I believe it would have been virtually impossible without the help of the Long COVID team.'

'Every single person I have met from the team shared invaluable information that changed my life and given me my quality of life back. The virtual course was completely life changing.'

'All staff members knowledgeable and helpful. I particularly found the course excellent, offering practical advice during a difficult time. I had input from psychologist and dietician too. I liked that every staff member was focused on holistic care that was personalised to me and my needs, unlike other NHS services I have experienced where I felt like I was on a factory line.'

'It's always so helpful to have the part at the end to chat and listen to others who are in similar situations. Makes me feel less isolated. Thank you!'

'My experience has been 100% fantastic and the Long COVID team is a credit to the Trust.'

'I felt really looked after in the Video Group Assessment, taken seriously. It was a real relief, a really important experience for me.'

'I realised I was not alone – other people having similar issues. Definitely benefitted from being assessed by an experienced team.'

'The fact that others spoke up on the course or put in the chat how they managed their condition was extremely helpful and knowing it wasn't just me with the symptoms, I am not alone.'

'Staff were supportive and knowledgeable. Lots of input from a range of specialists.'

Wharfedale Recovery Hubs

Heather and Bilberry Recovery Hubs at Wharfedale hospital transferred to LCH in November 2022. As part of our Intermediate Care Strategy, our aim remains to make sure people receive high-quality care during their stay and that they are supported to return home safely as soon as possible. We have also continued to support our colleagues and ensure a smooth transition for staff. It is expected the full transfer of staff contracts will be completed by 1 April 2024.

We have been working closely with the Home First Programme to optimise a patient's length of stay and the rehabilitation offer in the Hubs. We are now able to track length of stay and no reason to reside on the system visibility dashboard. We have recently introduced weekly improvement in order to interrogate the data and understand what factors influence length of stay and introduce improvements when required. This work has started to establish the units Key Performance Indicators. An example of a recent improvement is the Recovery Hub which now has a dedicated social work resource.

The migration to a new LCH owned SystmOne unit has been another key project that has been running over the last year requiring collaborative working with partners, in particular Co-Formation, the general practice who are commissioned to provide medical cover to the Recovery Hub. The migration to the new unit will result in all patient records being electronic. We will then review our clinical record templates which will improve patient care, safety and reporting.

Patient Flow

To support and respond to the city-wide demand and pressures in patient flow through the system, an additional four beds were opened on the unit in February 2024 supported by the

ICB. This is a short-term measure increasing the bed base to 34.

We constantly review and embed a proactive rehabilitation approach that includes patient led goals and rehabilitation diaries. Patients are actively encouraged to wear their own clothes and the activities co-ordinator's role has become established and supports patients to maintain an independent focus.

Feedback

Staff feedback has focused on an appreciation of the support and training that is being provided and that communication has continued to improve due to the established fortnightly team meetings for both day staff and separately at night for the night staff. Staff have also fed back that they have felt listened to and supported. Patient feedback is in general positive regarding the care received and we are committed to learning through complaints and incidents to improve experience, safety, and quality by embedding a learning culture into the unit.

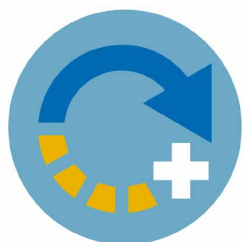
HomeFirst Programme



LCH is an active partner of the Leeds Health and Care Partnership and part of the delivery team for HomeFirst Programme. HomeFirst brings services including LCH together to improve people's experience of care. It aims to support them to receive care in the most appropriate place at the right time for them, and from the best service to meet their needs and live as independently as possible. Our Neighbourhood

Teams support people to stay well at home, our Rehabilitation and Recovery Beds support people to recover and rehabilitate after a hospital stay to be as independent as possible when they return home, and our Virtual Home Ward provides multi-disciplinary care at home when people become unwell but can remain at home.

Active Recovery



The aim of Active Recovery is to create a health and social care short term community rehabilitation and reablement service for Leeds. This involves combining the resources of Leeds City Council Skills for Independent Living Reablement Service and LCH Neighbourhood Teams to create a multi-disciplinary service delivery model.

Active Recovery will provide responsive home-based, person-centred, co-ordinated care and treatment to enable people to maximise their independence and/or recover from illness or injury and improve people's outcomes so they can live at home, safe and well in their communities for longer. The initiative will also reduce dependency on long term services, delay the potential need for term care and reduce hospital admissions and A&E attendance.

The single point of access was implemented in October 2022 and following this a single route for referrals was established in July 2023. As a result, all referrals for Neighbourhood Teams and Reablement now go via SystemOne to the relevant Triage Hub. This facilitates the opportunity to truly work together to consider how best to support individuals with better coordination and sharing of information.

A model of care for Active Recovery has been designed and a pilot started in August 2023. The area for the pilot is covered by Seacroft Neighbourhood Team and East B Reablement.

The pilot has demonstrated the benefit, for the individuals receiving care, of bringing Neighbourhood Teams and Reablement together. There has been a 27% increase in the pilot area of the number of individuals who are independent following their episode of care. There has also been a reduction in the time required to achieve independence. This has increased capacity to accept more people onto the caseload. Feedback from individuals receiving care and staff is positive.

The model is evolving in the pilot area with developments required to include a shared care record and delegation of duties both of which would create a more effective and efficient way of working. Both are part of the next phase of work.

The focus for the next phase of work in 2024/25 is to continue to evolve the model in the pilot area and to agree the actions required to ensure a successful roll out across the city.

Integrated Wound Clinics

The Integrated Wound Clinics shifted to a permanent service and alignment with the Neighbourhood Teams has allowed the continued development of the service over the last year. The service has expanded from 28 clinic days per week in 16 clinic locations to 41 clinic days per week in 24 clinic locations. The service is now consistently providing a wider range of care, including Peripherally Inserted Central Catheter lines and catheter care. This progression over the last year has assured that in the six month period from April-September 2023, 1549

patients were seen, with 10,607 appointments provided. The cancellation rate and did not attend rate is also improving, the clinics are becoming an efficient and effective approach to relieve Neighbourhood Team pressures and increase capacity to treat patients in their own homes. GP practices will have also benefited as 60% of clinic patients are referred from GPs creating more capacity in their practice nurse clinics. A model of providing the clinics in a social setting to address social isolation whilst providing care has been developed with our Third Sector partners, the first clinic opened in January 2023. Now that Self-management is organisationally aligned with the integrated clinics, there is the aim to pilot a collaboration that would focus on increasing patient attendance to clinic, reducing social isolation and promoting independence. Working in partnership with Enhance and Third Sector parties we aim to create a more holistic approach to some clinics.

Over the last three months there has been a major change in leadership resulting in structural change for staffing within the clinics. Staffing was a challenge prior to this change, taking a large demand on leadership time. As each clinic is aligned to its local Neighbourhood Team, sickness and clinic cover has been a notable challenge. The reactive cover has led to inconsistency in care and staff development. Moving forward the Leadership team is aiming to create a staff environment that is focussed on development, support, and retention, as we recognise the positive effect this has on patient care.

Review of Quality Performance 2023/24 and Priorities for Quality Improvement 2024/25

This section reviews the priorities we set for 2023/24 and describes what we have achieved during the year in addition to highlighting areas where we have experienced challenges to achieving our aims. There is further evidence of achievement of the priorities across the wider Quality Account. We will continue to work towards these Priorities in 2024/25. Progress against the Priorities and any escalation of concerns are reported to the Trust Leadership Team and Board three times a year.

Strategic Goal One: To deliver outstanding care.

Trust Priority: We will be responsive to the needs of our populations as we deliver safe and effective care on our journey to outstanding care.

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be developed and ratified this year by LCH Board.</p>	Met	<p>The Engagement Principles have been developed and ratified by Board.</p> <p>CBU Involvement Group (was Parent Forum) has been redesigned to be more inclusive.</p> <p>Youth Board have supported various projects and services this year including a Patient-Led Assessment of the Care Environment (PLACE) at Hannah House.</p>
<p>Key focus 2: We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/ clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12 – 18 months.</p>	Met	<p>The LCH Patient Safety Incident Response Plan was finalised and launched on 2 January 2024. Quarter Four was protected for transition from the previous processes. A joint Quality Committee and Quality Assurance and Improvement Group (QAIG) workshop was held in 2023/24 and an action plan developed to better identify, share and embed learning.</p> <p>Planned and Unplanned Care: the initial testing phase of the unplanned care project commenced on 4th March with a 'go live' in the North Neighbourhood Teams.</p> <p>A 'perfect week' was held in Yeadon Neighbourhood Team in March 2024, following the quality walk and feedback from staff.</p> <p>The National Quick Response Standard continues to be met.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 2 continued: The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.</p>	Met	<p>The Community Gynaecological project to move secondary care interventions into the community has been indefinitely paused in agreement with commissioners.</p> <p>Leeds Sexual Health Specialist Business Unit were successful in retaining the Leeds Sexual Health service.</p>
<p>Key focus 3: We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% two hour urgent community response standard.</p>	Met	<p>Quick Response (UCR): a 'pull model' with Yorkshire Ambulance Service and Local Care Direct has been piloted in the Neighbourhood Teams, supported by the ICB. We can demonstrate that this is 76% for the period November 2023 to January 2024 which benchmarks in line with other providers across West Yorkshire.</p> <p>The unplanned care project has progressed at pace. A pilot separating out nursing planned and unplanned care in the North Neighbourhood Teams aims to improve the allocation of work and have a positive impact on patient care and staff satisfaction..</p>

Strategic Goal Two: Use our resources wisely and efficiently.

Trust Priority: We will aim to use our resources wisely, delivering efficiencies required to meet our financial targets or to reinvest in our services, while ensuring we maintain a focus on quality and safety.

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.</p>	Met	<p>Wharfedale Recovery Hub successfully moved to a new LCH owned SystemOne unit on 6 March 2024.</p> <p>The digital allocation project, aiming to introduce allocation software into the Neighbourhood Teams, has entered a testing phase following successful integration between SystemOne and e-Community software.</p> <p>Leeds Long COVID Rehab Service: following an options appraisal and EQIA process with the ICB, the Long-Term Conditions Board supported the recommendation of Option 2 (reduction of 30% budget) which brings the service in line with ICB funding and removes the £340k cost pressure met by LCH in previous years.</p> <p>Demobilisation of the North Yorks Police Custody service is complete; PHL took over the service on 25 March 2024. LCH ceased to run the service following careful consideration of the financial envelope which was felt to be insufficient to deliver a safe and effective service.</p> <p>Liaison and Diversion and WYOI and Adel Beck: pre-tender work has started with the service supported by BCDS ahead of tender process in 2024-25.</p> <p>Children’s Community Eye Service: the service review has now concluded and options will be presented to TLT and Business Committee regarding a revised service model.</p> <p>CYPMHS SystemOne: SystemOne EPR has been deployed to a very large and complex service in short time frame and significant steps have been undertaken on the road to recovery after the CareNotes outage.</p>
<p>Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme.</p>	Met	<p>IPFP has closed as a Programme and each Business Unit is working alongside Business Intelligence to provide updates on performance.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 3: Establish and deliver an efficiency programme that contributes to Trust, place and system financial sustainability whilst maintaining safe and effective care and, through Equality Impact Assessments, ensures no detriment to health inequalities.</p>	Met	<p>The Trust has delivered the 2023/24 efficiency programme and a strategic Quality and Value programme has been developed.</p> <p>Our Finance team have been working with services to review budgets and to maximise the delivery of efficiency savings.</p> <p>The Director of Finance has maintained a strong approach to partnership working and system financial sustainability. During 2023/24 the Trust agreed the non-recurrent return of growth monies (£1.4m) and slippage against community capacity funding (£1m) in support of system financial sustainability.</p> <p>The HomeFirst Programme continues to see progress across the system against its aims of improving access to intermediate care and the outcomes for Leeds residents using these services. The Finance and Benefits Realisation Group (FBRG) has developed a methodology to value the financial benefit to the system as a result of the programme. This is now reported to the HomeFirst Programme Board on a monthly basis.</p> <p>Equity and Quality Impact Assessments (EQIA) are in use to ensure there was no detriment to health inequalities through the efficiency programme. The focus on EQIA will be further strengthened in 2024/25.</p>

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

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: We will focus on the retention of our existing talent.</p>	Met	<p>Overview: Staff Trained and Ready: STaR increased the number of volunteers by widening the scope, whilst working closely with Workforce to identify where the best place for STaR would be to sit post March 2024.</p>
<p>Key focus 2: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.</p>	Met	<p>A significant Talent Development programme for LCH BAME staff is being launched Mid-January which includes leadership training programme and an accredited Coaching and Mentoring course. 5 x Neurodiversity and Wellbeing awareness sessions are being run “virtually” by an external provider – over 400 staff have joined the first 2 sessions, with positive feedback.</p>
<p>Key focus 3: We will induct our second cohort of international community nurses.</p>	Met	<p>BME Diverse recruitment panels: over 20 staff have come forward to be part of a pool of people who would like to be actively involved in the full recruitment and selection process for all posts at Band 7+.</p> <p>Hyper local recruitment continues to be an area of focus and success for the Trust, and we are up to almost 200 recruits from our hyper local approach in the 18 months of this initiative running.</p>
<p>Key focus 4: We will continue to use our workforce data and planning methodology to both understand our longer-term workforce gaps and develop interventions to address our future needs.</p>	Met	<p>Business unit examples: Uniform Store: the ABU resourcing project continues to demonstrate significant progress and success including further development of the central uniform store.</p> <p>An ABU welcome booklet now being sent to new starters, and the development of the final year pathway with 6 students so far interviewed and successful.</p> <p>Driving lessons for international nurses have also commenced in ABU.</p> <p>Nursing career pathways: a new process has been put in place to uplift Trainee Community Matrons (TCM) to Community Matrons.</p> <p>Scope of practice work continues for Therapy Assistant Practitioners (TAP).</p> <p>Apprenticeships: CBU have supported and encouraged several colleagues including those from our Black and Minority Ethnic (BME) workforce to participate on the BME mentoring programme. We have recruited to two trainee Advanced Clinical Practitioners (ACPs).</p> <p>All services in the CBU are working on a A Fair Day’s Work - Phase 2, which will support services as we undertake the Quality and Value Programme.</p> <p>Recruitment: Trust wide we have experienced enormous success in recruitment. Our International Nurse recruitment is highlighted within the wider Account.</p>

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

Trust Priority: We will work pro-actively across the system with all the communities we serve to improve health outcomes, improve patient flow and continue to drive integration.

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.</p>	<p>Met</p>	<p>LCH are proceeding with plans to utilise the National Frontline Digitisation funding for 2023/24 to support projects identified in the LCH Digital Strategy 2023/24 to 2025/26. This will support the path to digital transformation enabling staff and patients to take advantage of new digital products and service to deliver care in more productive, effective and safer ways.</p> <p>One of these projects is implementation of the HEARTT algorithm. This is a patient prioritisation tool based on health equity to enable active waiting list management It allows a broader range of factors to be taken into consideration when deciding how to prioritise long waiting lists based on needs.</p> <p>Development on the Community Falls Pathway including partnership working with the LYPFT falls lead to coordinate and streamline the citywide falls pathway across mental health services.</p> <p>The Community Cancer Support Service is in the final stages of demobilisation following its decommissioning from April 2024.</p> <p>The Colorectal and Urinary Continence Service have worked with LTHT on improvements to the catheter pathway, driven by historically poor referrals.</p> <p>A further year of Enhance funding for 2024/25 was approved in December, with agreement to develop a business case for longer term funding focused on evidencing cost benefit.</p> <p>Collaborative LCH and Primary Care roles: a more consistent and coordinated approach has been developed to manage these roles.</p> <p>New ways of working tested in the Active Recovery pilot team (East B SKiLs Reablement team and Seacroft NT) have now been rolled out to the entire city.</p> <p>The Active Recovery and Proactive Care programmes are driving work to develop a Recovery Plan on LTHT's PPM system for people post discharge from hospital which will enable info sharing initially across LCH and LTHT.</p> <p>The Home Ward (Frailty) continues with positive feedback from patients and families.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1 continued: Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.</p>	Met	<p>The system wide work on rehabilitation and recovery beds and transfers of care has shown positive impact - 24 fewer people are starting long-term bedded placements each month.</p> <p>Co-producing Leeds Sexual Health service: we engaged with 18+ Third Sector organisations both ahead of and following release of the specification to explore opportunities to develop links and how best to work together.</p> <p>Work is progressing on development of a Recovery Plan on LTHT's PPM system for people post discharge from hospital which will enable information sharing initially across LCH and LTHT.</p> <p>LCH's first Third Sector Networking Event took place in November at John Charles Centre.</p> <p>CIVAS: a community led children's CIVAS service has been successfully mobilised.</p> <p>The School Aged Immunisation Service is now delivered as a West Yorkshire Vaccinations and Immunisations Collaborative (WYVIC).</p> <p>Infant Mental Health (IMH) has produced a video to help reduce families' anxieties when referred into the service.</p>
<p>Key focus 2: Continue to engage with and support the intermediate care redesign.</p>	Met	<p>Home Ward is the collective name for our Home Ward (Frailty) and Home Ward (Respiratory). Both provide support and care to people who become suddenly unwell but can be safely cared for in their own home. The Home Wards have consistently performed above national expectations over 2023/24.</p> <p>Home Ward (Respiratory): the ward has increased capacity since April 2023 from 10 to 12 bed places and consistently achieves 80% utilisation working efficiently to admit and discharge patients in a timely manner.</p> <p>Home Ward (Frailty): the number of people supported on the Home Ward (frailty) has increased markedly over the last 12 months with focussed effort to promote the offer and enable access.</p> <p>A Point of Care Testing Development Group has been working together since January 2023 to implement a more effective and efficient Home Ward (frailty) pathology process through a pilot of Point of Care blood testing devices.</p> <p>The Home Ward (Frailty) has implemented roll out of ICE (clinical system to request pathology and radiology results) to the North and West Neighbourhood Areas with plans to go live in the South area in later April.</p> <p>Remote Health Monitoring uses digital equipment to remotely check a patient's vital signs from the comfort of their own home and alert them and healthcare professionals when needed. It can support those who would benefit from having their health monitored but who do not need to be in hospital.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 3: Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.</p>	<p>Met</p>	<p>CDS Time to Shine Project: BCDS have provided project management support to the West Yorkshire Community Dental Service Collaborative to drive forward how we work together across West Yorkshire to enhance community dental services.</p> <p>MindMate Support Team: eight trainees were approved to primarily work with the South Leeds schools.</p> <p>Leeds Sexual Health are working with partners for an integrated service from their recent tender.</p>

Supporting Quality Improvements

Quality improvements have continued across our services throughout 2023/24. We have continued our journey to build our service back better as we recover from the impact COVID-19 and the impact the COVID-19 response had on services.

Adult Business Unit

Falls Prevention Improvement Work

Community Falls Service: Partnership working with Primary Care Network colleagues has supported the establishment of a new falls pathway across Primary and Community care. This pathway, developed in conjunction with the World Falls Guidelines (2022), has enabled a more standardised approach to identifying older people at risk of falling, and defining an intervention pathway to support evidence-based falls prevention in the community, providing care closer to home.

The integrated falls service is a collaborative partnership between the Community Falls Service and LTHT Falls Clinic Geriatricians, providing twice monthly virtual Multidisciplinary Team (MDT) meetings and reducing the need for complex high risk falls patients to attend a face to face hospital out-patient clinic. The recent introduction of a permanent Pharmacy role within the Community Falls Service has enabled continuity of Pharmacy input to the virtual falls MDT meetings, and also the provision of a new Pharmacy role to provide and support more timely structured medication reviews to Community Falls Service patients in their own homes to reduce their falls risk.

Falls Prevention Improvement Work: The Leeds Integrated Falls Service, incorporating the Virtual Falls Multidisciplinary Team (MDT) meetings running twice a month, has continued to develop and support more complex high risk falls patients in the community setting to reduce the need for patients

to attend a hospital outpatient clinic. Following successful evaluation and evidence of positive impact of the Advanced Clinical Practitioner (ACP) role, the ACP role has been made permanent, continuing to support the assessment and management of complex falls patients in the community, with support from the Falls Clinic Geriatricians.

There continues to be only a few patients discussed at the meetings who have been identified as requiring referral to the hospital Falls Clinic for a face-to-face assessment by the Geriatrician. This has further reduced since the introduction of the permanent Pharmacy role into the Community Falls Service, as high risk falls patients have been able to receive timely structured medication reviews and medication changes, contributing to improved patient outcomes, a reduction in avoidable falls and reducing pressure on GP time. This approach has also supported reducing the waiting times for patients to be assessed by the Community Falls Service, as given the diversity of roles within the service now, the patient is seen by the right person in the right place at the right time.

The Falls Advanced Clinical Practitioner is also representing LCH at the NICE Falls Guideline scoping workshops, raising the profile of the Trust and ensuring the most up to date clinical information is applied locally. In addition, referral pathways are being explored with Yorkshire Ambulance Service (YAS) and the LGI Emergency Department directly to the Community Falls Service.

Education sessions have been jointly provided with YAS to care homes across Leeds on falls prevention and management, with the aim of reducing the risk of falls and reducing inappropriate YAS call outs. Further work is also taking place working with the Integrated Care System and YAS to promote the iStumble algorithm. This has been piloted in certain care homes in Leeds who have been highlighted as high callers to YAS and Community Falls Service due to falls. The Community Falls Team are working with West Leeds PCN to standardise the assessment and management of falls risk within the Falls Pathway for Older Adults.

Self-Management

Self-management as an ethos has continued to be a key area of work and development in 2024. This year the Self-Management Team has grown as a team to 41 staff which has allowed LCH to have a greater impact on patient flow and capacity. On average the team discharge around 130 individuals a month which equates to around 3000 plus visits a month saved for wider service and have expanded the clinical tasks we can now support with.

Hospital rotation: We now have permanent staff in the transfer of care hub working closely with medically fit individuals helping with patient flow and impacting quality of care by keeping the individual involved in their discharge planning process.

Primary care: We are in close talks with the South PCN to set up a new Health Hub that will include primary care staff to promote collaborative working for the community, taking into consideration health inequalities.

Community Health Hubs: Continue to grow and our partnership working with Third Sectors are growing from strength to strength – we are looking at ways to bring the

Health Hub model into the acute setting to impact the sustainable approach to health.

Development: Self-Management will be exploring how we can support our specialist business units over the next year.

Trainee Community Matrons

Staff will be assessed on the four pillars of advanced practice which are clinical practice, leadership and management, education and research before being eligible for a Community Matron position. There will be a formal panel to assess and trainees who do not meet the criteria will have a supported improvement plan for further development. This will help assure that our most senior staff have a more consistent skill level across the city.

Neighbourhood Response Team

A dedicated resource has been implemented to manage the nursing element of unplanned care, work that is urgent and unplanned on the day of work, and for assessments which need to be completed within 24 hours. This is in the testing phase with a planned pilot site and is due to commence in February 2024. Staff engagement has been positive for the proposal.

Patients will remain under the Neighbourhood Response Team for approximately three visits to assess the most suitable plan/ place for care and to ensure a robust assessment process is completed. Further work is ongoing to explore the operational process, the allocation of visits, and for how to support from citywide services and palliative care patients will be included in this offer.

New Colorectal and Urinary Continence referral pathway

A separate catheter pathway and trial without catheter pathway have been developed alongside our Urology

colleagues in Leeds Teaching Hospitals Trust. This includes a new joint catheter passport that has been created which will follow the patient in and out of hospital to ensure there is a continuity of care and improve patient outcomes and experience of having a catheter insitu.

Children's Business Unit

0-19 Staff Nurses

The Service extended the Staff Nurse role to embed the 0-19 one team approach; enhance the staff nurse role; support capacity within the 0-19 Public Health Integrated Nursing Service (0-19 PHINS); ensure that families across our city receive a consistent service. This included completing various contacts within the Healthy Child Programme. All of these children continued to have their care overseen by a Specialist Community Public Health Nurse (formerly Health Visitor or School Nurse) who was also available to support the staff nurses when needed. SCPHNs continue to complete the mandated contacts of the Healthy Child Programme and work with the most vulnerable children and their families. The change in practice means more of our families will receive support from the Service as a whole.

Infant Mental Health Service - 2+ Pilot Evaluation

The Infant Mental Health Service (IMHS) received additional investment into the service to expand the offer for children from conception to school age. This included their caregivers when relational difficulties affect the child's mental health. The IMHS undertook a pilot of the proposed offer of direct work with children and their families and an options appraisal for the future overall plus 2 offer.

In addition to extending the training and consultation to support health and social care professionals to offer mental health they developed a core offer of direct work to families named 'Understanding Your Toddler' to help parents and caregivers understand the emotional world of their toddler.

During the pilot, 16 families were referred and accepted, eight families were offered direct clinical work, and eight families were offered a consultation to support the professional network around the child to offer support. From the children offered direct work, six children were between the ages of two and three, with two children aged between three and five years of age.

The effectiveness of the offer was measured using Goal Based Outcomes. Data indicated approximately 50% of goals revolved around enhancing caregiver confidence. Analysing the data indicated significant positive progress. Increased confidence in the parenting relationship was also observed.

The Mother's Object Relation Scale (MORS) was also used. Scores showed that 100% of primary caregivers reported either maintained or increased feelings of warmth towards their infants following the Understanding Your Toddler offer. Scores also indicated that 100% of primary caregivers reported decreased feelings of invasion.

At discharge, a family service evaluation captured families' high levels of satisfaction with the input they received, with one family reporting it had 'changed my life'. In addition, three families were interviewed to explore in greater depth the impact of the offer, alongside IMH practitioner reflections on the delivering the offer.

Every Sleep a Safe Sleep

Every Sleep a Safe Sleep is a regional initiative to improve the safe sleeping environments of all children, specifically those under 12 months of age. The regional approach was to standardise the assessment and delivery of all messages and suggestions to parents to help improve the safe sleeping environments of all children. This is in response to a gradual increase in Sudden Unexpected Deaths in Childhood (SUDIC) across the Northern region and it was identified that varying practice was being implemented specifically by 0-19 PHINs in the community across the region. Public health messages to parents were not understood or delivered in a personalised context that encouraged adoption of advice or a change in their behaviour. The biggest change for staff is viewing the sleeping space for baby to encourage personalised discussion. The outcome is that parents have personalised information in a way that encourages change where required and this in turn supports the reduction of SUDICs.

The initiative ensures that standardised information is shared with a focus on every sleep, not just nighttime, viewing the sleeping space for the baby allows for personalised discussion and supports parents / carers in the choices that they make.

Breeze Events

Breeze is a young person focused brand for 0 to 19 year olds in Leeds. It offers opportunities, information and discounted access to a broad range of cultural and sporting activities, events and services in an inclusive, safe, fun, creative, and



inspiring way. Delivering programmes and events since 2004, Breeze has built a quality assured service, recognised as a safe and reliable provider, and is a staple of Leeds's young people's offering.

Our PHINS colleagues joined seven events in July and August 2023, with attendance of 3256 children and young people. The team had conversations about sleep, nutrition, behaviour, oral health, puberty, chat health and many more topics with families.

Speech and Language

Respiratory care burden in children with aspiration | European Respiratory Society (ersjournals.com)

Liz Franklin from the Community Feeding Team has been involved in a research project that has resulted in an article [Respiratory Care Burden in Children with Aspiration](#) being published in the European Respiratory Journal. Videofluoroscopy data was used from one of Liz's patients. The findings were presented at a Medics Conference in Madrid.

[Click here for a summary Respiratory care burden in children with aspiration | European Respiratory Society \(ersjournals.com\)](#)

Leeds Communication Offer

A showcase event was held in November 2023 and brought together education practitioners, healthcare professionals, and individuals passionate about supporting children's speech, language, and communication. It was a unique opportunity to connect and discover the wealth of services available in Leeds that can make a positive difference in children's lives.

At this event we took the opportunity to spotlight good practice at the Focused Support (targeted) level of support. As The Communication Offer becomes embedded, we continue to work and progress improvements that have been highlighted for greater focus.

There were 67 people who attended three events.

Communication Offer: Better Together had good partnership representation including our Third Sector colleagues from Family Action and Women's Health Matters. The event covered topics such as Family Support and signposting.

Children's Community Intravenous Antibiotic Service (CIVAS)

We officially commenced our CIVAS service this year and are awaiting our first referral. Following a year of work, collaborating with Leeds Children's Hospital, we are finally launching. This will provide a number of benefits to patients and families including:

- Targeted Sepsis treatment.
- Home IV antibiotic therapy allows patients to receive treatment in the comfort of their own homes, eliminating the need for extended hospital stays.
- Reduced risk of hospital-acquired infections, home care can lower the risk of acquiring infections associated with healthcare settings.
- Improved quality of life, home-based IV antibiotic therapy allows patients to maintain a more normal routine, stay close to family and friends, and engage in familiar activities. This can contribute to an improved overall quality of life during the treatment period.

- Decreased healthcare burden, home-based care can help alleviate the burden on healthcare facilities, freeing up hospital beds.
- Personalised care, home care allows for a more personalised and individualised approach to treatment, taking into account the patient's specific needs and preferences. This can contribute to a more positive treatment experience.

Hannah House Playground and Minibus

In autumn the playground restoration (pictured below) and a new minibus (pictured left) was funded by the LCH Charity. The previous minibus was auctioned to raise money towards the new minibus. The restoration has ensured the children can enjoy the outside space, and the minibus has supported outings



such as Lotherton Hall, Thackray Museum, Roundhay Park and various garden centres whilst the children are at Hannah House. One of the children, a seven year old boy has said he especially enjoyed the trips out.

CBU Involvement



We are now able to promote the [Youth Board on our webpage](#) (Patient Experience and Engagement - Get Involved). This includes information on how to join, a video about the Youth Board and some information from Caitlin and Maddison about

why they joined. The video can also be found on YouTube.

The Youth Board have been involved in various initiatives and events this year:

Members of the Youth Board took part in planning the CBU Celebration Event and attended on the day. The photograph opposite shows Amarah and Saleem facilitating an activity.



Caitlin and Maddison from the Youth Board (pictured left) delivered audio players and audio story books to Hannah House. The Youth Board raised money by organising a raffle at the children's business unit celebration event raising an amazing £227. Caitlin and Maddison commented that Hannah House is amazing.



Later in the year, members of the Youth Board took part in a PLACE assessment at Hannah House. Charlotte and Sami joined Denise (Healthwatch) and Pam (LCH friend) in undertaking this assessment supported by David and Chris.

Charlotte and Sami (pictured right) added something different to the assessment from a young person's perspective. We would like to thank David who did an amazing job providing training and supporting them.



Members of the Youth Board have been involved in developing a job shadowing scheme where Youth Board members can shadow staff in various roles. This gives an insight into these roles helping young people with their career choices. We piloted this in August and September 2023 and hope to extend this opportunity across our services.

The picture opposite shows Caitlin meeting members of the nursing team whilst shadowing in ICAN.



We have been working with some of our colleagues from LHTT in helping to design a career development tool. This will be an application providing information around career choices in health and social care for young people in Leeds.

Members of the Youth Board joined staff from 0-19 Public Health Integrated Nursing Service taking over their social media account and submitting their own posts.

Their posts gave advice and information about firework safety, managing stress around exams, myths and facts about vaping and mental health support.

These posts were posted on 0-19 Public Health Integrated Nursing service Facebook page.

A big thankyou to Leeds City Council who have kindly offered the use of a room at the central library for our Youth Board meetings. We will now be using this room during school holidays and meet virtually during term time.

Involvement Charter

Members of the Youth Board developed an involvement charter that demonstrates our commitment to involving children, young people and their parents and carers in shaping our children's healthcare services.

We will:

- Listen to children, young people, parents and carers and ensure that they can have their say in developing the services that they access.
- Use the information and feedback provided to support the development of our children and young people's healthcare services.
- Always ensure that when children, young people, parents and carers who are involved in consultation about our services are updated about changes made following the consultation or feedback.

- Link in with Third Sector group and voluntary organisations throughout Leeds.
- Ensure that our Youth Board and Involvement group continue to be embedded within our Trust, providing opportunities for those who access our services to get involved.



Specialist Business Unit

Leeds Mental Health Wellbeing Service

Health Inclusion: the team developed a Health Equality Action Plan that includes leadership and accountability, service delivery, population health, and workforce. They are currently focussing on how to outreach to specific groups and translation of service communication and are commissioning training to address client experiences of racism in therapy formulations and ongoing treatment. This has included resuming a specific group intervention tailored to our Muslim clients and exploring ways to increase the diversity in our workforce.

Helpful Conversations: Helpful Conversations started as a pilot to address the issue of people being referred for Talking Therapy and added to a waiting list when elements of their problem could be addressed through helpful conversations prior to waiting list allocation. This has resulted in fewer inappropriate referrals to therapy and more people getting the help they need at an earlier stage. The approach is now being rolled out into screening reviews.

Podiatry

The Leeds Health Pathway directs people with diabetes related foot wounds to the hospital Diabetes Limb Salvage Service or community podiatry (Foot Protection Service) teams as the first contact within 24 hours of finding the wound.

Despite the launch of this pathway in 2018, GPs and nurses continue to refer patients with foot wounds to the Neighbourhood Team as the first line. Since the launch, the Neighbourhood Team accepted all referrals and allocated treatments before considering onward referral and this was leading to delays in care.

To optimise care, the electronic referral process was changed to allow NT administrators to forward all referrals to Leeds Diabetic Limb Salvage Service (Diabetic Foot Team) and Podiatry immediately. In addition, a wound template alert was added to support clinicians, this alert occurred when a foot ulcer code was submitted and there was no open referral to Podiatry.

Audit data showed that incidents relating to delays in care and referral pathway have reduced, the long waiting times to referral have reduced and there was minimal impact on referral numbers to the service.

Children's Secure Estate

Collaboration with Acute Trusts: within HMP Wetherby Young Offenders Institute we have had multiple hospital attendances due to incidents of self-harm requiring further medical assessment. The children often present with a wide range of complexities and require bespoke tailored care to avoid escalation in risk to themselves and others.

This has been a complex piece of work where we have collaborated with Harrogate District Hospital and Leeds Teaching Hospitals to ensure that the appropriate sharing of information in a timely way. This has included a template under development which will go with the child to and from hospital, and will allow the healthcare team within HMYOI Wetherby to document the rationale behind admission to hospital, any current risks / needs and vulnerabilities, and clearly evidence treatment that has been administered at HMYOI Wetherby. This then allows the discharging clinician at the hospital to complete the reverse side with any relevant information on treatment administered in hospital and this is then returned to the healthcare team at HMYOI Wetherby with the child.

This is to avoid miscommunication as there are often delays in receiving the official discharge letters from hospital. Further work has been undertaken where HDH and LTHT have visited HMYOI Wetherby to gain a better understanding of the environment and the complexities, both visits have received positive feedback and relationships have been developed.

Furthermore, we have been asked to deliver training on an 'Introduction to HMYOI Wetherby' for both LTHT and HDH which is being arranged. We are also developing a leaflet with HDH to provide the children on what the environment in A&E looks like to help relieve anxieties when attending hospital. Finally, we are developing a non-acute gynaecology pathway to avoid children attending A&E for non-acute presentations.

Custodial Manager – Health and Wellbeing: we successfully recruited into a shared post across LCH and HM Prison and Probation Service of a Health and Wellbeing Custodial Manager. This role is invaluable to the service in supporting with appointments and successful liaison with the healthcare officer to ensure that children can access planned appointments. It also supports the continued development of positive working relationships between NHS and HMPPS.

Innovative work has already started around children's weight management, including a particular success with a child whose BMI was >30, who has lost 31kg to date, and is now able to access the gym equipment.

The reward systems in place across HMYOI Wetherby has been reviewed to ensure that this is not just based on food and that healthy alternatives are available. The practitioner did this with support from the children through the Youth Council.

A recent campaign for podcasts onto the children's laptop including substance misuse podcasts and medication myth busting has been completed. There are plans for further digital communication around immunisations / vaccinations and mindfulness.

The practitioner is also supporting with the implementation of a Patient Engagement Forum to ensure that the voices of the children are at the heart of their health services and that we can develop the role of Health Champions across the children and units within the establishment.

Finally, he has been pivotal in the healthcare team participating and supporting in charity events to raise money for Martin House Hospice, as selected by the children here at HMYOI Wetherby, members of the healthcare team will be competing in the Dragon Boat Race in June 2024 with an update in next year's Quality Account.

Liaison and Diversion

Reconnect: Reconnect is proving to be a very successful addition to the existing Liaison and Diversion Service and supports people leaving prison to resettle in community. Both the Liaison and Diversion and Reconnect services seek to minimise or end a person's involvement with the criminal justice system. The work we undertake in Humberside is underpinned by a holistic and person-centred assessment which is undertaken in partnership with our service users.

We work with people throughout their journey from prison to the community, to aid their resettlement and help them to integrate with the community services required for each individual. Continuity of care is paramount for this provision and in turn helps to reduce the risk element associated with

offending behaviour and the criminal justice system. To date we have had 91 referrals into the service, with a wide variety of needs ranging from help with GP registration to acute mental health support.

Children and Young People: we identified a challenge within the service regarding the low number of children and young people accessing the support available. Discussion and pathway reviews were completed with partner agencies and subsequent improvements in children and young people accessing the service, We did this using a variety of methods such as increasing attendance at the youth diversion panels, pathway amendments to include the carer/person with parental responsibility and engagement style with the young person.

Police Custody Health

Over the last 18 months, we have had vacancies within the police custody service with significant impact in the West Yorkshire area. The routine normal avenues used to recruit were not meeting the recruitment challenges and we embarked on a workforce project in conjunction with recruitment to try different ways to attract staff to the service.

In summer 2022 our vacancies were approximately a third of our workforce. This resulted in increased chargeable gaps in embedded shifts, reduced resilience and most importantly an increased risk to the quality and safety of the service we were providing.

In August 2022 we received an improvement notice from the commissioner to improve the staffing position.

We explored reasons why we could not attract staff and identified areas of improvement. An open day was held at Elland Road Police Station, completed a social media campaign and use of shortened applications and word of mouth from existing staff to promote the roles. This resulted in 23 applicants and a reduction in vacancies. We now have approximately two vacancies.

The 2024/25 Trust Priorities

The Quality Account looks forward to 2024/25 as well as looking back on 2023/24.

How we agreed the priorities

The key priorities have continued to be aligned to our four strategic goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. An additional strategic goal has been included this year to evidence our commitment to health equity 'To embed equity in all that we do'. As our strategic goals are aligned to our Board Assurance Framework, progress against the key priorities will continue to evidence how we are mitigating our organisational risks.

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

Development of our priorities included review of our feedback from complaints, incidents, in addition to feedback from our stakeholders. We strengthened our focus on engagement in the development of our Trust priorities in 2023/24 for 2024/25 and made changes and amended wording in response to feedback this year. We will continue to strengthen this element for next year's Trust priority development.

Our 2024/25 priorities are:

Strategic Goal One: Work with communities to deliver personalised care.

Trust Priority: We will provide proactive and timely care that is person centred by ensuring the right service delivers the right care at the right time by the right practitioner.

- We will ensure our care pathways are robust to ensure our patients receive the most appropriate intervention to meet their needs.
- We will utilise a digital technology to ensure we optimise our service provision for those patients able to engage with digital interventions and work to improve digital inclusion.
- We will work in partnership with patients, families, patient representatives and our diverse communities and our professional partners to maximise our service delivery.

Strategic Goal Two: Enable our workforce to thrive and deliver the best possible care.

Trust Priority: To have a well led, supported, inclusive and valued workforce.

- Enhance leadership capacity and capability ensuring leaders of teams understand their roles and responsibilities in relation to people management, with a particular focus on staff health and wellbeing and supporting attendance.
- Support our staff to be as efficient and productive as possible through better use of digital and technology.

- Increase staff retention through targeted response to staff survey/workforce data, continuing to pursue our EDI agenda and promoting our staff health and wellbeing offer.

Strategic Goal Three: Collaborating with partners to enable people to live better lives.

Trust Priority: We will develop a Leeds Community Collaborative in partnership to amplify the community voice and facilitate care closer to home.

- Explore opportunities for care closer to home (the full spectrum from acute care to self-management) as part of the Quality and Value Programme.
- Aim for the collaborative* (Alliance* plus Third Sector and primary care partners) to become the single provider of a range of intermediate care services.
- Engage with the universities and business community to utilise their capacity and capability in innovation.

Strategic Goal Four: To embed equity in all that we do.

Trust Priority: To ensure that the Quality and Value Programme has the least negative impact on those with the most need and positively impacts where possible.

- To improve access to, and use of data to understand and promote equity in access, experience and outcomes.
- Collaborate with people and diverse communities to ensure their experiences influences equitable approaches to change, such as for the Quality and Value Programme.
- Demonstrably utilise the Equity and Quality Impact Assessment (EQIA) process and outputs to ensure all changes are inclusive of an equity focus.

Strategic Goal Five: Use our resources wisely and efficiently both in the short and longer term.

Trust Priority: To achieve the 2024/25 Trust's financial efficiency target through delivery of an effective Quality and Value Programme.

- Make the best use of all Trust resources by maximising productivity and efficiency through service offers and pathway redesigns.
- Maximise our opportunities for IT, digital and estates transformation.
- Explore commercial income generation and review corporate running costs.

Feedback from engagement

The Patient Engagement Officer has supported engagement from staff, patients and our Third Sector colleagues for feedback on the proposed Trust Priorities for 2024/25.

The request for feedback on our proposed Trust Priorities was shared with 74 individuals, including Third Sector organisations, staff, and patients. Patients who had shared patient stories and those recorded as 'Friends of LCH' were contacted but did not respond. The ICB led Trackivity stakeholder engagement system is being assessed for the potential to provide patient feedback in future.

Third Sector feedback

"My only comment would be to be more explicit about engaging/working in partnership with children and young people – there is mention of families but when supporting an adult often people see working in partnership with families as considering the needs of the other adults and this is where 'young carers' get lost/missed?"

"Is there something about co-production/more of an emphasis on the patients/families' voice to shape services – just thinking it mentions in regards to staff retention getting feedback from surveys but is there something about how that works for patients/families who use your services? I know in my service and charity service user involvement is huge and something we need to demonstrate all the time." Family Action.

Staff feedback

"I think it all looks fabulous."

"Just now getting people to honour it and stick to it. But it all reads correctly, and I think pretty easy to follow."

"My only feedback is that I think we should have something in there about sustainability and being more green focussed."

There were also comments from staff and the Committee members around the need to focus on reducing waiting times. The Committees acknowledged this will be a challenge in the light of the financial position going into 2024/25. The Trust is currently developing a revised waiting times report to evidence performance against the

responsiveness domain to the Committees and Trust Board. ICB colleagues are working with us to ensure we have a collective understanding and focus our efforts on reducing the longest waits and thereby improve access for patients.

Patient Experience

Patient and Service User Satisfaction

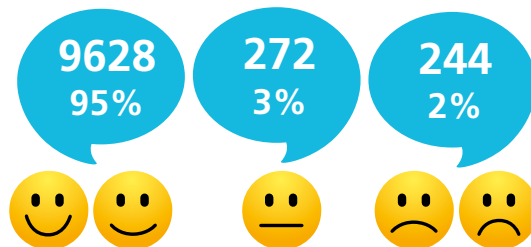
(The data was extracted from a live system on 5 April 2024)

We continually seek feedback from people who use our services via the Friends and Family Test (FFT) which can be accessed via an online link, a QR (Quick Response) Code, paper postcards and SMS message. The FFT is available in a standard easy-read format and is translated into the most commonly spoken five languages in Leeds. We also have child friendly Friends and Family Surveys that have been coproduced with children and young people. Our aim is to continually make giving feedback more accessible to people whose first language is not English, or who have additional communication or accessibility needs.

Between 1 April 2023 and 1 April 2024, 10,194 Friends and Family Test (FFT) responses were shared. Of those, 7386 (73%) used the online survey, showing that this is becoming an increasingly popular option. Despite this, we still received a significant number of responses in writing (2760, 27%), which demonstrates the importance of enabling people to give feedback in different ways.



Survey results showed that 9628 (95%) of people using our services felt they were good or very good, 244 (2%) as poor or very poor. 272 (3%) respondents felt the service was neither good nor poor.



Feedback included:

Adult Business Unit

"A big thank you to all staff in Bilberry unit. As a family we would like to thank you all for the care and consideration you gave to our mother during her stay on your ward. It was comforting to know that our mother was receiving the high level of care in the last her days and hours. Thank you all from our hearts." Bilberry Ward - Wharfedale.

Children's Business Unit

"The reception team are always friendly and helpful every time I have needed to call. The nurses and healthcare assistants are lovely and always make my baby smile. The doctors are fantastic - they are professional, knowledgeable, and genuinely care for their patients. I could not have asked for better care for my son. Thank you!" ICAN - Reginald Centre.

Specialist Business Unit

"I really would like to say thank you for the help. Being listened to and understood helped me into medication that's really and truly helped me with my everyday life and awkward household arrangements. I've found the medication not only helped me, but helps my autistic child as his mum is calm and in a good and positive mood daily, so thank you so much x." Leeds Mental Wellbeing Service.

The Trust and its services regularly review the Friends and Family Test to improve access and response rates. For example, the Musculoskeletal (MSK) service have appointed two Patient Engagement, Experience and Participation Officers who have worked to share the Friends and Family Test via SystemOne text message to patients accessing the MSK service. This has proved very successful with a response rate increase of 497% following implementation in April 2023 which has enabled the service to identify themes from the feedback and identify learning.



Satisfaction within groups

The Patient Experience Team continues to be a member of the Communities of Interest Network which helps to tackle inequalities and inequities across the city and works with local community groups to build relationships. The Team have worked with Learning Disability Project Manager Beth Wilson to create an easy read complaints from which will be added to our external web pages and proactively shared with relevant groups and services with the aim of making the complaints process more accessible. The team continue to monitor and update the internal staff intranet 'making information accessible' pages to ensure there is good quality and up to date information and advice for staff to help them provide information to patients in accessible formats depending on their communication needs.

Complaints, concerns and compliments

(The data is taken from a live system and was retrieved on 1 April 2023)

In LCH we embrace all forms of feedback and consider feedback as an opportunity to improve services. We appreciate it can be difficult to speak up when things go wrong but this is crucial feedback for us to learn from and develop our services, or to share good practice and celebrate when things go well.

In 2023/24 the Trust received 1419 compliments, concerns, and complaints. This was a 15% decrease (from 1654 in 2022/23) in feedback from the previous year overall. This breaks down to an almost zero percent difference in the number of complaints, a 46% decrease in concerns and a 3% decrease in compliments between 2022/23 and 2023/24.

Year	2020-21	2021-22	2022-23	2023-24
Compliments	982	929	965	933
Concerns	366	594	544	342
Complaints	103	101	145	144
Total	1451	1624	1654	1419

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.



There were 144 complaints received in 2023/24. Of the 144, 129 related to LCH services only, 15 related to LCH and other organisations (multi-sector complaints). Ten were withdrawn and five were rejected due to being a test or a duplicate and nine were found to not be for LCH.

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 2023/24 the Ombudsman received one complaint for Leeds Community Healthcare NHS Trust. The complaints escalated to the Ombudsman in 2022/23 are now closed.

Complaints received within the year by Team/Service:

The teams with the highest complaints have been included. The remaining complaints were received across 56 teams with 50 teams receiving less than five complaints and 29 teams received one complaint.

Service	Complaints
Leeds Sexual Health	11
Musculoskeletal and Rehabilitation Service	9
MindMate SPA	8
CAMHS West	7
Wharfedale Recovery Hub	6

Numbers of higher incidence of complaints this year are similar to those of last year. The team with the most number of complaints was Leeds Sexual Health, with a total of 11 complaints made; this is an increase from 2023/24 where a total of nine complaints were made.

At Trust level

Our Trust Priorities for 2023/24 and continuing into 2024/2025 have had a strong focus on increasing access to services and reducing waiting lists. The lists were closely monitored throughout 2023/24 by services and monitored through

Quality and Performance Panels held monthly by Business Units with escalations to meetings chaired by our Executive Director of Operations and our Executive Director of Nursing and Allied Health Professionals.

At service level

Services follow a continuous improvement ethos and complaints and concerns are opportunities to inform continuous improvements, some examples of how services have made improvements from complaints:

Themes from Leeds Sexual Health

Key themes from the complaints from Leeds Sexual Health were 'Attitude, conduct, cultural and dignity issues', 'Clinical judgement/treatment' and 'Access and Availability'. Within those the main themes were difficulty accessing the service to make appointments and being unhappy with the attitude and conduct of reception staff.

Improvements around access and availability: Leeds Sexual Health have three walk-in clinics, along with young person's walk in clinics. Patients can access service via phone lines which has seen an improvement due to further Wi-Fi installation. Patients can get advice via health chat advise online. In the event of phone lines being down, they open the health chat which is available online (webchat). LSH keep patients informed of any downtime due to network issues and advise around alternatives how to access the service. The administration team have worked to improve cover for phone lines and health chat to help patients access the service, this has also improved staff moral.

Improvements around attitude, conduct, cultural and dignity issues: the service continues to support staff to deliver good

customer service and there is a full day training as part of the care navigator role which will include customer services and difficult conversations.

Improvements around waiting times: demand for the service is high, in response the service introduced an additional walk in clinic on Fridays. A new transformation project is underway following a successful tender process, the new service will mobilise the in partnership with the GP Confederation where some services will be delivered from GP surgeries. A planned digital hub will also reduce demand on routine appointments as it will allow patients to self-manage, signpost to other suitable services and order prescriptions online. This will help to reduce the waiting times.

Themes from Musculoskeletal and Rehabilitation Service

Key themes from the complaints for MSK were 'attitude, conduct, cultural and dignity issues' and 'clinical judgement/treatment'. Out of the five complaints, one was found to not be for LCH and was passed on.

Improvements around attitude, conduct, cultural and dignity issues and clinical judgement/treatment: where clinicians are involved in these types of complaints, a reflective approach is supported in addition to an offer of the Personalised Care Institute eLearning modules. Appropriate learning is also shared with the wider team. The service is using resources for both patients and clinicians from the Best MSK Collaborative to try and improve understanding and communication to help manage expectations and prevent miscommunication. The service is completing further work on patient information resources to support understanding of the service offer, which it is hoped will support patients understanding and manage expectations in advance of their appointments.

Complaints received within the year by subject:

This is a similar picture to last year as the highest areas of complaint subject.

Subject	
Clinical judgement/treatment	44
Attitude, conduct, cultural, dignity	27
Appointment	22
Communication	8

With the exception of Leeds Sexual Health, MSK, MindMate SPA and Podiatry, the 44 complaints relating to 'Clinical Judgement/Treatment' were evenly spread across the remaining 29 teams.

Learning from complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below:

You shared:

Leeds Sexual Health (LSH): A complainant shared concerns with a lack of training on disorders for practitioners in service.

We did:

Service have asked all clinical staff working in LSH to attend a bespoke training programme in Autism Spectrum Disorder (ASD) such as the Oliver McGowan training programme. The Clinical Head of Service will liaise regarding mandatory training in ASD for all clinical staff in LSH.

You shared:

Holt Park Neighbourhood Team: Complainant had concerns regarding care of their aunt prior to death. They queried the approach to her care and plan for End of Life care and queried the responsiveness of the District Nurse when asking for help.

We did:

The service have reflected and communicated the importance of how we communicate with our patients and their families when approaching end of life care. An investigation has taken place to establish the learning from this incident to ensure prioritisation of future patients and appropriate response times are maintained in the future.

You shared:

CAMHS East: A complainant queried why they have not been receiving letters about their sons appointment with appropriate notice and why do they get text reminders as a first notice the day before the appointment even after they had raised concerns.

We did:

The service have captured the complainants' needs and ensured they will receive details of future appointments by post and via secure email. They will also send an SMS confirmation and reminders to the complainant.

To ensure clear communication the service have added a notification to the front page of the complainants' sons records to highlight their communication preferences. This learning will have wider consideration for application.

You shared:

Patient Experience Team: A complainant queried why their letter was not sent by a secure mail option, such as tracked or signed for and why following the first letter going missing, why was the response not emailed to them in a secure way.

We did:

An action from the investigation was to make sure that all processes within the Patient Experience Team reflect the Trust wide Information Handling Procedure and that all secure mail is sent via tracked or signed delivery going forward. All team members have been asked to read the Information handling procedure and the expectation set that this is always followed.

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

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 342 new concerns received in 2023/24.

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	38
MSK	33
Podiatry	26
LMWS - Therapies	17
MindMate SPA	15
MindMate MHST	11
LMWS - PCMH	9
ICAN SPA	7

Concerns received in year by subject:

Subject	Concerns
Appointments	103
Clinical judgement/treatment	61
Communication issues	26
Access and availability	35
Attitude, conduct, cultural and dignity issues	32

Difficulty booking an appointment within LSH. Work is ongoing in MSK to support staff fatigue and the impact on staff of increased waiting lists and the complexity of patients accessing the service since the pandemic. Staff wellbeing is an ongoing focus for MSK and across the Trust.

Compliments

There were 933 compliments received during 2023/24. Compliments are received in various forms including in writing and verbally.



Compliments by service:

Service	Compliments
Health Case Management	84
CUCS	66
Adult Dietetics	49
Community Falls	48
Yeadon NT	37
Transfer of Care Team	23
Cardiac Team	23
CAMHS Crisis Service	23
Inclusion Nursing Service	21

Those teams with above 20 compliments have been included for the interim report.

Adult Services

"I want to say a huge thank you to you. I know there are a lot of people involved in my Dad's care but you are always reassuring and I know that you are always there."

Health Case Management Team (South), August 2023.

"On a separate note, I sincerely wanted to say how impressed I am with Scarlett. If you hadn't have told me that she was a student, I would have thought that she would have been doing the job for years! She was so professional and warm, and I really felt comfortable talking to her. I felt that she had researched my case beforehand and knew what she was talking about, but still had a lot of empathy and listened extremely well to what I was telling her. She was very professional and patient and I think she will have a fantastic career ahead of her, whatever she does. We need more people in social care like her! It was an absolute pleasure to meet her and please tell her all of this." **Health Case Management Team (South), May 2023.**

"Patient has thanked me for the ongoing support and onward referrals."

"Has said, thank you for everything you have done and for listening."

"It has been amazing to learn about how the body works and how to manage."

Community Urology and Colorectal Service, October 2023.

"Thank you for all the visits you made, it was a pleasure to invite you into our home and you always tried to answer any questions we had. A special thanks must be made to *** who coordinated a lot of his consumable orders. He died peacefully surrounded by his family in a complex care nursing home where all the staff really cared for him." **Yeadon NT, April 2023.**

Children's Services

"(Name of nurse) are 'hands on and go above and beyond."

"It is a different ('better') experience from other SILC sites."

"I am totally satisfied!"

"I know that if there is a problem I can talk to them and they will sort."

"They/she is interested in me and my family and not just (name of child)."

"They are thinking ahead." (transition to adult services).

"They work together." **0-19 PHINS April 2022.**

"To my favourite nurses, Thank you so, so much for all your support this afternoon. You were so lovely and kind and always so professional; you make everyone feel safe around you." **Inclusion Nursing Service, June 2023.**

Specialist Services

"You're the first person I've spoken to that really cares. I can feel how much you care, thank you."

Adult Dietetics, August 2023.

"Thank you for sending me the above which I have found really useful and will be starting with the gluten free diet on Monday for two weeks as suggested by yourself. I also found the session with yourself really helpful and infomative so thank you for that." **Adult Dietetics, August 2023.**

Part 3: Quality Improvement

Other Quality Improvements

Patient Engagement

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 engagement activities with patients and carers to gather feedback from patients in the communities we serve. We have updated our internal processes to improve how we support services to track engagement work being completed across the trust which will help us highlight changes made to services following patient feedback.

Leeds Community Healthcare Carer Steering Group

The Carers Leeds, Family Action, Leeds Community Healthcare Steering Group continues to meet quarterly. The purpose of this group is to improve how we hear the voice and experience of carers and improve awareness of issues faced by carers across the Trust. At each meeting, the group listens to a carers' experience of health services and considers how LCH can adapt and support accessibility for carers. At our most recent steering group we heard from a working carer who shared their experience of their caring role and support they had received from LCH. Following this we are planning to co-produce with carers a 'Carers hub' page on our internal staff intranet pages which will include information and resources for working carers, staff supporting carers and that staff can share with carers they come into contact with via their services. In partnership with Carers Leeds and Family Action, we offer quarterly Carer Awareness (adult and young carers) training to all LCH staff to build confidence in identifying, supporting, and signposting carers and young carers within their services.

We have continued to hold bi-monthly Carers Internal working group meetings, for staff to develop actions identified within the steering group, for example, ensuring Yellow Carers cards are available in clinics. We have noted a low representation within this meeting and as a result are looking to merge the working and steering groups and relaunch as 'Carers Champions' which we hope will encourage more staff across the business units to get involved and, drive our work to support carers in the communities we serve.

Our Engagement Officer worked in partnership with LCH staff/Carers Leeds/NHS England and LCC to develop a carers roadshow event which took place Friday 8 December at Leeds Kirkgate Market. The aim the event was to highlight the fantastic partnership work Leeds has to support carers and to provide information and advice to unpaid carers about support that is available. Stall holders included student nurses providing health checks, Healthwatch Leeds, Family Action, Carers Leeds, LTHT Johns Campaign Ambassadors, Care and Repair and many more.

Engagement Champions

We continue to work with our Engagement Champions to ensure patient engagement is a priority within services. Many services have two engagement champions to ensure cross cover for champion meetings which has proved useful when providing updates as a group. We continue to have our Engagement Champion Group meeting bi-monthly, which have covered themes such as Carers, accessibility, and person-centred engagement, and linking with our engagement principles. These meetings provide our engagement champions with information and tools to support patient engagement within the service they work in. This year we have focused on ensuring staff are aware of our internal web pages for support with engagement, making information accessible and translation support/guides. Examples of work completed by services include the Children's Speech and Language Therapy Service. The service have asked parents of patients for their views regarding support plans and reports created following appointments with patients. The service collated key themes and will be making changes to support plans that are used based on feedback received to ensure processes are streamlined.

Surveys

Leeds Children and Young Peoples Eating Disorder Service wanted to include the children, young people and families who use their services in the creation of a social media platform to enable them to earn what people want and need from a platform. Once approved, the social media platform will have the power to improve engagement with service and staff increase education around eating disorders, promote wellbeing for patients, families, and the wider community and provide evidence-based practice around everyday nutrition,

wellbeing, and body confidence. The aim is to make the platform appropriate and user friendly for all people from all ethnicities, religions, and backgrounds. Support was provided by the engagement officer to create a survey and share a summary report of feedback.

Long COVID Groups Managing the Emotional Challenge

Leeds Long COVID Community Rehabilitation Service have developed two groups to help patients living with the psychological challenges of Long COVID. We worked with them to develop a survey to inform future development of the groups by looking at what has worked well for patients and what hasn't. Following feedback received and a review the service decided to merge several of its themed groups into one group called Long COVID Group: Managing the Emotional Challenges that runs once per week for seven weeks. A new survey has been created to capture further feedback from the newly formed group.

Tier Three Weight Management Service - Saxena Survey

This service is running an education group for the weight loss medication Saxenda and have developed a survey for attendees of the group to provide feedback around information being shared, length of the meeting and if they felt any improvements were required. The service reported back that unfortunately the patient group didn't utilise the feedback link, leading to no changes made. The group has now ended as a new medication is due to replace Saxena.

Engagement – Accessible Appointments Letter

We have carried out engagement around a newly developed accessible communication letter for appointments. This has involved discussion with Karl Proud from BID Leeds a Third Sector organisation that supports people who have hearing

and sight loss who was also able to give feedback from his own perspective of being blind/visually impaired. Further engagement included attending Being Well Task Group, a group that focuses on health and wellbeing outcomes for people with learning disabilities in the city. Positive feedback from the group indicated that the new appointment letter was a big improvement on previous appointment letters and would give people the essential information they needed in plain English to help make it easier and therefore more likely to access appointments.

Engagement Principles

Following consultation at a stakeholder engagement event in May 2022, we have developed a set of six engagement principles (detailed below and opposite) that aim to create good conditions for a culture of patient engagement within LCH. The engagement principles clearly describe what we expect to see in each service, and each interaction with patients, carers, communities, and citizens and reflect the City's aspirations around patient experience in relation to good co-ordination, communication, and compassion. It is intended that the Engagement principles will provide a responsive and useful approach to patient engagement going forward. We will be attending community groups across the city to share the principles and gain feedback to create I statements.

Person centred

We will put patients and carers at the centre and focus on the strengths that each individual and community brings.

We will be open and honest about what is possible and will be led by people rather than strategy and plans.



Accessible

We will work to ensure all our engagement activity is easily accessible to everyone.

We are committed to breaking down barriers to engagement including meeting any communication needs as required by the Accessible Information Standard.



Inclusive

We will listen and act on the experiences of those at the highest risk of health inequalities.

We will ask the right questions so we can fully understand the needs of the communities we serve.



Facilitative

We will build engagement into every contact.

We will enable an engagement culture that offers as many different opportunities as possible, leading to a greater understanding of experiences.



Active

We will proactively support people to share their experiences.

We will act on what we hear, share learning and report outcomes.

We will keep up to date on local and national engagement work to inform our own work.

We will actively seek opportunities to engage and capture experience across priority LCH workstreams.



Outcomes

All engagement activity will have measured outcomes to both our services and the people who use them.

We will be clear on how we measure positive impacts and what this will mean for people and communities.



Citywide Partnerships

The Patient Experience Team (PET) continue to participate in Healthwatch Leeds People's Voices Partnership (PVP) activity that focus on working together to improve people's experiences and make services accessible for all, especially communities at greatest risk of health inequalities. Leeds Community Healthcare senior leaders have recently participated in one of PVP's projects, the Big Leeds Chat 2023. This has involved going out to community groups to feed back to people actions that were taken across the health and care system following the previous Big Leeds Chat in 2021, as well as taking the opportunity to check in with communities about current issues they are facing around health and care. The PET team also continues to be part of the citywide Communities of Interest Network which aims to highlight and address the needs and challenges face by communities that experience the greatest inequalities, with a focus on health and wellbeing. Leeds Community Healthcare NHS Trust continues to be an active partner in Healthwatch Leeds' How does it feel for me? project, that focusses on improving people's experiences of care as they move across the health and care system. It takes a four-strand approach of hearing from patients via real-time video stories, review of multi-sector complaints and compliments, case note audits and a citywide survey. The real-time video stories have recently featured experiences of

people using Leeds Community Healthcare services and have been shared with services and at board level for learning and action.

Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 8 April 2024)



There were 8540 incidents within the Trust during 2023/24. This is a 5% increase on 2022/23 where we had seen a 6.9% increase from 2021/22 (7632) from a reduction of 19.2% in reported incidents from 9440 in 2020/21. This may be indicative of a sustained return to pre-COVID reporting and a positive indicator of incident reporting. Of the 8540 for 2023/24, 5825 (compared with 5422 in 2022/23) were reported as an incident relating to receiving care from the Trust, a 7.4% increase.

In 2022/23 it was identified that not all LCH incidents were correctly identified as patient safety incidents, work has been completed since to support reporters to correctly identify the type of incident being reported. Harm data is being provided for both all LCH incidents and separately for LCH patient safety incidents. This does not impact the way incidents are investigated, identified for further review or externally reported.

Of the total LCH incidents reported 5128 were no or low harm, 347 were moderate harm and 66 major harm. The remaining 284 relate to deaths and follow the mortality process. There were 4319 patient safety incidents recorded from 3182 in 2022/23, a 35.7% increase. Of those, 320 (229 in 2022/23) incidents were reported as moderate harm and there were 64 (39 in 2022/23) major harm incidents reported, a 39.7%

and 64.1% increase on the previous year respectively. Of the moderate and major harm incidents reported, 20 moderate and five major harm incidents were identified as having lapses in care contributing to the harm. The increase in percentage results from the work completed to ensure accurate reporting.

This year the Adult Business Unit has restructured the role of the Clinical Incident Management Practitioner which was developed to bring a dedicated approach and consistency to the management of incidents that require a Rapid Review. Four Care Quality Managers have now been recruited to provide this resource across the Adult Business Unit, working closely with the Clinical Team Managers to share and embed learning. The Patient Safety Team have developed strong links with the Care Quality Managers to align to PSIRF whilst working towards the implementation of the Trust's Patient Safety Incident Response Plan.

We continue to focus on learning and how we embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients, and those experiencing falls and skin damage that continue to be our most frequent areas of harm to patients. The following improvements demonstrate our commitment to learning and quality improvement:

Insulin medication errors

During a deep dive into an increase in insulin administration errors it was identified that there was inconsistency with how care plans for insulin administration were being applied on SystemOne. The use of a single care plan with multiple timed visits was found to be contributing to visits being allocated to more than one staff member leading to incorrect administration on some occasions. An urgent review of all care

plans was initiated to amend to single care plans for each visit to remove this risk. A review of SystemOne is being completed to see if the option to put multiple timed visits into one care plan can be removed. There is a working group to review further actions to reduce incidents for this high-risk activity.

Falls

As an area of more frequent harm, falls are a significant focus for improvement. The Community Falls Service ACP/Pathway Lead chairs the LCH falls improvement group and co-chairs the citywide falls steering group, supporting the strategic focus and direction of falls prevention work within LCH and across the system, and leading or supporting several developments to improve patient safety in relation to falls. This has included:

- Development of new LCH and primary care falls pathways.
- Identifying themes from LCH patient falls incidents and embedding learning, providing education and training sessions to clinical staff.
- Falls education sessions to PCN staff to support awareness of the primary care falls pathway.
- Partnership working with LTHT Geriatrician colleagues to develop a falls pathway between the Older Person's Same Day Emergency Care at St James University Hospital and the Community Falls Service to ensure that patients attending due to a fall are triaged using the appropriate and relevant falls risk assessment, and that interventions are provided to reduce the risk of hospital admission and reattendance.
- Development of falls pathway in progress for LTHT emergency department and minor injuries unit.
- Task and finish groups completed to review falls data, identify population health needs and gaps in service provision.

- Ongoing review of to identify where further Active Leeds group falls prevention exercise programmes are required.
- Partnership working with Active Leeds to establish reasons for reduced uptake and engagement in more deprived areas and with more diverse groups, to identify what support is required to support reducing health inequalities.
- Focus group, engaging with care homes across Leeds, to identify any themes related to falls in care homes and current falls risk assessment processes.
- Falls pathway resource page as part of primary care tab on Leeds Health Pathways in development, to support primary care clinicians and appropriate referrals.
- Development of falls resource page on Leeds Directory to raise awareness of services to support the citywide falls pathway.
- Partnership working with LCC, West Yorkshire Fire and Rescue Service (WYFRS) and Enhance to develop falls pathway from WYFRS safe and well checks.
- Engagement session with Neighbourhood Network schemes and Enhance delivery partners to develop and establish a falls pathway for use by Third Sector organisations.
- Partnership working with colleagues as part of Yorkshire and Humber falls network for a regional approach to define the core elements of a multifactorial falls risk assessment (previous regional audit based on NICE community quality standards for falls).

Pressure Ulcers

Pressure ulcers are another of our more frequent areas of patient harm and we have a dedicated Pressure Ulcer Improvement Plan



which sits in our Pressure Ulcer Improvement Group, led by our Assistant Director of Nursing and Clinical Governance and more recently by our Practice Development Lead for Tissue Viability Service and Tissue Viability Nurse Specialist.

Throughout this year we have:

- We are responding to the NICE Guidance and no longer use Automated Ankle Brachial Pressure Index machines, now completing the assessments with manual equipment.
- LCH led a collaborative approach to training. This year a pressure prevention training module on e-learning for health was agreed and is accessible to all health and social care staff. Over 1300 people in the city have completed this to date.
- Work is underway with Leeds City Council colleagues to improve communications between health and social care agencies.
- There were delays in the completion of assessments for those making unwise decisions. The Self-Management Facilitators have extended an offer to work with patients who are making unwise decisions.
- There is a piece of work currently being led by the Clinical Head of Service for the Neighbourhood Teams to review case management including for patients with pressure ulcers. There is an emphasis on promoting District Nurses and Senior Nurses allocating their own patient visits to ensure timely review by a senior clinician.
- A review is planned between our Patient Safety Manager and Leeds Community Equipment Service (LCES) clarify the types of mattresses available and their use according to manufacturer's instructions to ensure current conflicting information is resolved.

- We have made our wound assessment training face to face and extended it from a half day to a full day.
- We have a dedicated person in the team looking into the new national pressure ulcer guidelines and working with the Trust to make changes to frameworks, guidelines, policy, and reporting. Any changes to categorisation will be updated in our pressure ulcer booklets and formulary.
- Some colleagues attended the recent European pressure ulcer advisory panel (EUPAP) conference.
- We have launched our new wound infection framework which will help treat pressure ulcers.
- We have been gathering data from pressure ulcer panels to find patterns in learning needs around the city, which is ongoing.

National Patient Safety Strategy

Specific guidance supporting the implementation of the national Patient Safety Strategy was released in September 2022. The ethos of the overarching Strategy is to investigate incidents in a more meaningful way to gain the most learning. The guidance provided an implementation guide and timeline during 2023/24. LCH launched their dedicated and individualised Patient Safety Incident Response Plan (PSIRP) in January 2024. Our Plan provides insight into the Trust's incident profile and provides a working document to improve patient safety. The PSIRP is based on the Patient Safety Incident Response Framework (PSIRF) that replaced the 2015 Serious Incident Framework.



We have identified our key areas of patient harm and developed Trust-wide improvement groups and improvement

plans for the areas of falls and pressure ulcers. We are also completing a thematic analysis to inform an improvement plan for earlier identification of deteriorating patients. We have invested in nine Patient Safety Specialists, six of whom are completing an in-depth national patient safety syllabus being delivered by Loughborough University. The Specialists will support the Trust to focus on systems thinking and human factors when considering how incidents occur and considering improvement actions.

These methodologies are proven to provide the most significant learning in how we mitigate the risk of harm to patients and are well established in the safety science field.

Patient Safety Summit

The LCH Patient Safety Summit continued in 2023/24 and has been extended to an invite to all staff in LCH. The Patient Safety Summit 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.

At the summit two or three cases or situations are identified 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:



Scenario 1: This scenario focused on two incidents for patients known to the Podiatry Service and the Neighbourhood Team who had developed pressure damage to the heel and toes.

Learning discussions included:

- When and how to refer to podiatry.
- Timely and appropriate prescribing of antibiotics for wound infection.
- Working together for positive patient outcomes.
- Consideration of self-referral to adult social care for safeguarding concerns were identified.

Scenario 2: This scenario focused on an incident for a patient in the Neighbourhood Team who developed extensive pressure damage.

Learning discussions included:

- Importance of holistic assessment.
- Identification of changes to a patient condition should prompt reassessment as could be an indication of deterioration.
- Understanding why a patient may decline treatment or advice, escalation if a patient with capacity is deemed to be at risk of harm and consideration of refusal of care that could result in harm as potential self-neglect.

Scenario 3: Supporting patients with sliding scale insulin. We heard learning from Adult Business Unit (ABU) about supporting patients in the community with sliding scale insulin (i.e. insulin where a dose is determined by the blood glucose reading).

Learning discussions included:

- Services in LCH and LTHT available to support staff when caring for patients with diabetes.
- Delegation of patient visits and as a clinician knowing your responsibility.

Scenario 4: Accidental opiate overdose in patient receiving palliative care. We heard learning from ABU that related to a patient receiving palliative care, who was administered pain relief (opiate analgesia) via two routes at the same time (subcutaneous and transdermal route), resulting in an accidental opiate overdose.

Learning discussions included:

- The use of SystmOne reminders.
- Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow card reporting.

Scenario 5: Pressure damage in children that impacts their quality of life. Children's Business Unit (CBU) shared learning following two incidents where children had developed category 4 pressure damage which had a significant impact on their quality of life for an extended period of time.

Learning discussions included:

- Pressure ulcers can affect a person of any age including children who have health needs and need support with moving / repositioning.

Whilst an incident may occur in one team, service or business unit, learning can be much wider reaching across business units / organisation / healthcare system. Consideration given to how to share learning.

Learning from Deaths

Adults

The Trust has clear processes to ensure learning is shared across the organisation and between the Trusts to better facilitate shared learning. Whilst the Medical Examiner role continues to be developed across the city, LCH is an active partner of the Leeds Palliative Care Network contributing to its programme of improvements and representing community on the Executive Board. Working in partnership the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process has been further embedded in practice. The Practice Development Lead for Palliative and End of Life Care continues to sit on the national Resuscitation Council ReSPECT Sub Committee to represent community health providers in England, contributing to development of its ReSPECT Strategy.

As a Trust we have supported 77.9% of our patients at end of life to die in their first choice preferred place of death, with 82.5% being supported to die in either their first or second choice of preferred place. Of patients on LCH Neighbourhood Team caseloads with a place of death recorded only 17% died in hospital. In 2023/24 around 38% were supported by our Neighbourhood Services to die at home, which equates to an average of 83 patients each month. This continues a trend of patients on our caseload choosing to die out of hospital and in particular at home. Deaths at home have significantly increased since 2020/21 when COVID restrictions were in place in hospitals and other in-patient type settings. The rate of increase remains increased, however, reduced in 2023-24 compared to 2021-22 and 2022-23. The LCH preferred place of death data has 85.3% of correctly coded records, with both place of death and preferred place of death recorded.

At the end of Q2 2023/24, 48% (1365 of 2855) of patients in Leeds who died were identified on a palliative care register with an EPaCCS (Electronic Palliative Care Co-ordination System) record, within their electronic patient record, holding information about their end of life care wishes and preferences. This suggests a slight increase compared to last year, back to 2021-22 levels. Of these, increasing numbers up to 80% had a ReSPECT plan in place to further support advanced care planning. Of those who passed away without being included on a palliative care register / EPaCCS, 23% had a ReSPECT plan in place which means that they received advanced care planning which would support end of life care. A collaborative audit with Leeds University is planned to establish more about the qualitative aspects of the ReSPECT process, including patients' experience.

LCH registered nurses are able to verify the death of a patient who is expected to pass away. In 2023/24, 65% of deaths at home or in care homes were verified by LCH staff, and 74% for those who died expectedly at home. This supports the recommendation to verify a death within four hours of the death in a community setting to improve the quality of care for families and carers and minimises distressing delays after a person dies. It also relieves pressures on Primary Care colleagues who would otherwise be required to verify death.

Review of data for hospital admissions at end of life has led to a focus and partnership working on the needs of respiratory patients. For patients living with a long-term respiratory condition, it is recognised this group may have a higher attendance rate due to their symptoms of breathlessness and associated anxiety. However, work is in progress to develop guidance for prescribing palliative oxygen therapy out of hospital, to improve symptom management without requiring hospital admission.

A focus on LCH senior clinician development and continuous programme of collaborative training has continued throughout 2023/24, to support the development of ReSPECT signatories and Fast Track Continuing Healthcare Funding signatories and to increase the confidence of non-medical prescribers for end of life prescribing. Increasing capacity and the skills and confidence of staff within each of these areas will lead to a more streamlined, responsive and seamless provision of care for patients, families and carers. End of life care training, supported with time in practice, has also been delivered for Senior Neighbourhood Clinical Assistants to support the delivery of care.

Learning from death reviews have continued to be held with multi-disciplinary attendance. The process of learning from deaths has been reviewed and a new process tested that is due to be implemented across teams in 2024/25. This has identified more learning that can be shared at a local level with themes highlighted and select cases for case review at the Trust Mortality Review meeting.

LCH is currently working with partners involved in caring for people with learning disabilities to scope existing patient information that supports advance care planning and end of life care. Existing standard and easy read versions of information and any gaps in have been identified and next steps are to work with partners to create accessible easy read information that can be made available across care settings.

Children

This year has seen the embedding of the new process to allow more scrutiny of each death, cases have time for a presentation and then wider discussion regarding the positive care received and any action required because of learning

identified. There is an action plan in place which is discussed at each meeting and is where the biggest changes are happening:

- Training has been delivered by the SUDIC Paediatrician to other medics for the SUDIC (Sudden Unexpected Death in Childhood) Service, there is an ongoing need to secure further training.
- The Standard Operating Procedure for child deaths has been implemented which includes the introduction of a 24-hour review to support learning, and recognition of the staff support needed following a death with a psychological wellbeing offer now available.
- Every Sleep a Safe Sleep (ESASS) has been implemented as part of a regional approach to ensuring all babies have a safe sleeping space, not just at night but for contact naps and out of routine situations like holiday and staying with family. Included in with the roll out of ESASS the 0-19 PHINS service have added the safe sleep environment observation. This is a request that families show the practitioner where the baby will be sleeping. This will highlight any unsafe sleeping areas and the environment around the cot which may include hazards. This includes the use of baby sleeping products like [Sleepy Head pods, pillows or cushions.](#) [Safer Sleep :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#)
- The 0-19 Service have also included nappy sack information to share when talking about the safe sleep space. All Family Health Workers talk about suffocation from any plastic at the 9-12 month and 27-month developmental review but do include safe storage of nappy sacks and baby equipment.

- Following an increase in water deaths, The Royal Life Saving Society UK are now offering Water Smart Schools -Schools can now register to be a part of the Water Smart Schools initiative.
- There has been a new question added into the Paediatric assessment which now includes a discussion in relation to the flu and COVID vaccinations.
- Vaccinations are promoted with improved conversations around myths and perceptions around childhood vaccinations including primary vaccinations, flu, school immunisation and COVID if eligible.
- Improved liaison with Neonatal unit to ensure any child is communicated with 0-19 PHINS about a child potentially needing neonatal care and additional support with life limiting conditions that are known about in pregnancy.
- The Paediatricians have received additional Mental Capacity Act Training and awareness to support conversation with young people aged 16+

Learning from lives and deaths

People with a learning disability and autistic people - LeDeR

The organisation is represented at both the local and regional meeting where themes are shared by the reviewing team. This year people who are Autistic were also reported to LeDeR, LCH have ensured we can flag and identify this population group so that a report to LeDeR can be made. The themes are shared via online learning events, mortality meetings and presentations at Business Units.

Learning Disabilities Mortality Review Programme (LeDeR)

The organisation takes part in the Learning Disability Improvement Standards review. This is a national data collection, and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the 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. Some of the action plans the trust is working towards are:

- 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.

In addition, this year we have developed a detailed project plan which dissects each workstream of the improvement standards with and clear timescales.

We successfully launched a Trust intranet page for the workforce to access which provides useful and key information regarding Learning Disability, signposts to other websites and highlights what good care is for people with a learning disability. We have also launched the e-learning element of the Oliver McGowan Mandatory training in learning disability and or Autism, and as of 5 December, the compliance figure is at 68.54% for the organisation.

Another success is ensuring our incident system highlights if someone has a learning disability and or Autism. An area for improvement this year will be to ensure we follow the principles of ASK, LISTEN, DO and ask if someone has a learning disability and or Autism when complaints are made, ensuring easy read information is available.

Part of completing the benchmarking involves a staff survey and a survey that is sent to people with a learning disability. Below are some facts from the staff survey and survey sent to those with an LD:

- The staff survey highlights approximately 50% of staff can identify reasonable adjustments, therefore the same percentage applies that 50% staff are confident that people receive these.
- 71% of our staff surveyed stated that people with LD and Autism received the same quality of care as those without.
- 84% of staff agree or strongly agree that their trust encourages them to speak out if they have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people in their services.
- 57% of staff agree or strongly agree that they have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people.
- 73% of staff agree or strongly agree that they are always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.
- 100 percent of those surveyed with an LD felt staff treated them with respect.

Infection Prevention and Control

The Infection Prevention and Control Team at LCH works not only throughout LCH but the wider healthcare economy in partnership with Leeds City Council public health team. We work closely with partners throughout the system to ensure that safe, effective care is provided to the people of Leeds and the preventative measures are in place to reduce the transmission of preventable healthcare associated infections. The content below details some of the key successes of the team during 2023/24.

Measles: 2023 saw an increase nationally in cases of measles. As a key health protection partner, the team collaborated with colleagues in Leeds City Council and other partners in refreshing the citywide roles and responsibilities plans in preparedness for an increase in cases locally and management of outbreaks. More recently we have been training awareness through staff communications as cases again rise in other regions. The team is prepared to support any local response needed.

CPE: in October 2023, the Community IPC team was informed of the reopening of the Carbapenemase-Producing Enterobacterales (CPE) outbreak within LTHT, which had initially declared closed in February 2023. The IPC team continued to work collaboratively with the LTHT IPC team as well as the wider health economy in Leeds to facilitate the discharge process to CCB of the patients that had been identified positive with CPE (colonisation/infection) during their hospitalisation. The CPE training that was developed and provided to care home staff during the first outbreak, was resent along with further communication to inform them of the re-opening of the outbreak. The IPC team assisted the care home managers with the decision making on the appropriate

placement of these patients following risk assessment in order to identify appropriate IPC measures required to be put in place to mitigate the risk of transmission within the setting.

Awareness days: we have led activities to promote a number of awareness days in the Trust and across the wider community. These included:

- Infection control week.
- Hand Hygiene awareness day (pictured below left).
- World Antimicrobial Awareness Week.
- World Sepsis Day (pictured below right) was supported with other system partners by creating an awareness stand in Leeds Kirkgate market. The team also organised a sepsis conference for LCH staff and partners at the Bridge Community Church which was well attended and received positive feedback from delegates.



Winter Vaccination Programme: each year the team coordinates and delivers a staff flu vaccination programme. 2023 was the first year that the team also delivered the COVID vaccine, and thus the programme became the 'winter vaccination programme'. Despite the challenges of managing

the COVID vaccine, increasing the number of appointments available and the additional training required to deliver the programme, LCH has achieved the highest vaccination % of frontline staff in the West Yorkshire region. In addition to this we have continued to offer the vaccine to all LCH staff and have delivered an occupational health programme to Local Authority staff and to staff working in care homes as part of a local service level agreement to protect the health of vulnerable individuals and the workforce.

Our work is supported by newsletters to communicate key messages and updates to the teams (pictured right).

Hand Hygiene packs: in 2023, the IPC team was offered 480 individual Soaper Heroes boxes. Each box was decorated in a child friendly way and contained a small hand soap, hand gel and hand wipes. The IPC team worked collaboratively with Leeds City Council Healthy schools' team to identify schools in high prescribing and deprived areas who would benefit the most from this offer. The hand hygiene packs were donated to pupils in 11 schools across Leeds to prompt discussions on the importance of effective hand hygiene in preventing infection transmission.

Scabies: throughout 2023/24 there was an increase in reports of scabies cases and a higher than usual number of outbreaks across care home settings. The Infection Prevention Control Team collaborated with partners in the West Yorkshire region



to ensure that access to treatment was available for care home residents and staff. We also supported the development of training for the local workforce to raise awareness of scabies and how to direct people to treatment and support.

NICE Guidance

As a Trust we have a robust approach to ensuring we are concordant with NICE Guidance and evidence-based practice. In 2023/24 we assessed 209 pieces of guidance for relevance. Of those, 53 were assessed as being relevant to LCH (18 for information only and 35 for assessment). There are 39 (26 from 2023/24) currently being assessed or with actions plans in place to achieve concordance, dated between June 2021 and April 2024.

Medicines Optimisation and Management



The Medicines Optimisation Team have supported improvements across the organisation in 2023/24. There has been a successful roll out of e-Prescribing across the organisation: the Children and Young People's Mental Health Service (CYPMHS), Senior District Nurses and Community Gynaecology all went live in 2023/24. E-Prescribing improves timely access to

medicines for patients, enhances clinical roles and contributes to better service efficiencies.

In April 2023 the Medicines Optimisation Team welcomed the small team of Clinical Pharmacists and Pharmacy Technicians who support the Home Ward (Frailty) who transferred from the Integrated Care Board. The clinical pharmacy team have

expanded during 2023/24 to include clinical advice to the Community Falls Service and the Home Ward (Respiratory) Team. Positive feedback continues to be received recognising the impact of interventions by the Pharmacy Team to support patients to take their medication safely.

The Medicines Management Team played a key role in supporting the School Age Immunisation Service (SAIS) develop and deliver the new school flu vaccination programme, introducing a new system for ordering vaccines and enhanced 24 hour remote monitoring of the cold chain to ensure the proper storage of vaccines so that they maintain their potency.

The team shared their work on the approach to antimicrobial stewardship in Leeds Sexual Health Service and auditing of prescribing in acne management at HMYOI Wetherby with the national NHS England Community Health/Mental Health/Health and Justice Network. National antimicrobial audit standards are being introduced for Health and Justice sites from 2024/25.

Safeguarding

The Trust is committed to safeguarding our population through effective multiagency working and public engagement in line with our organisation's vision and values while recognising Leeds City Council's Social Work service as the lead agency. A key and ongoing priority for LCH is to raise awareness and empower staff to recognise the signs and symptoms of abuse and action accordingly.

Safeguarding cases continued to rise in 2023 across all areas of the whole health economy. We continue to have a focus on adult self-neglect and are working with partners to look at

different ways we can help our staff to support our patients. Training across all aspects of safeguarding is under constant review to reflect the ever-changing horizon of safeguarding. We have been very responsive to new areas of concern such as predatory marriage and non-fatal strangulation, providing 60-minute updates on the subjects and inclusion in safeguarding training. The team have together worked on a safeguarding newsletter which is published quarterly, providing updates on 'hot and new topics,' such as those above.

We have experienced some positive changes within the safeguarding team throughout 2023. We welcomed two new members of staff who both have a social work background which is very different but is enabling us to have different perspectives to the way we work.

Clinical Education

The Clinical Education Team have had a very busy 2023/24 with some new colleagues joining the team and through expanding their offer of support out to our new international nursing colleagues. We have also worked incredibly hard to ensure that our offer to LCH staff is the best it can be. Here is a taste of some of the amazing things we have achieved this last year:

- This year we were joined by Chris Garside, a new Practice Learning Facilitator colleague, specifically for Allied Health professionals, Noor Ul Haq Pastoral Support Officer for our Internationally Educated Nursing Colleagues and Jessica Morley our administration assistant. It has been great to see the team expand.
- In April 2023 Leeds Community Healthcare NHS trust welcomed 20 new Internationally Educated Nurses from across the globe. They quickly settled into their new roles with the support of Becky Wilman, Clinical Education



Facilitator and our very own Internationally Educated Nurse colleague, Noor Ul Haq. This cohort were then joined by a further five colleagues in October 2023. All staff were supported

through a bespoke induction to Community Nursing via a tailored Preceptorship programme and were provided with support for their Objective Structured Clinical Examination preparation. Colleagues from the Clinical Education Team worked closely with these groups of nurses to ensure they felt confident and competent in their new community nursing roles, and they also provided encouragement to expand their horizons with one nurse travelling to London to present at a nursing conference.

- 2023 saw the launch of the Love To Learn page on MyLCH. Mike Brennan, our inhouse tech whizz, worked with colleagues in the Clinical Education Team to pull together learning and education information into one handy helpful place on the intranet. The page is updated regularly and promoted in the midday brief.
- In June, Hayley Ingleson was nominated in the LCH Thank You event 2023. Hayley was nominated for Project of the year for her work on developing a new placement opportunity in Primary Care. And she won! Hayley was very surprised and sneaking around to get her to Morley was worth it.



- In July, the team working with the International Nurses were awarded the Pastoral Care Quality Award. This was awarded in recognition of the work to recruit and support our international colleagues the commitment to providing high-quality pastoral care.



- In November 2023, Noor Ul Haq (pictured right) was one of 400 nurses from across the UK to be invited to Buckingham Palace to meet the King as part of his 75th Birthday celebrations. The event recognised the contribution of our Internationally Educated Nursing colleagues and the amazing contribution they make to life and work here in the UK.
- In December 2023, a number of the team attended a ceremony in London, hosted by the Queens Nursing Institute. Noor Ul Haq was nominated for and won International Nurse of the year 2023. He was nominated by Operational Manager, Jude Mckaig, in recognition of his hard work, commitment to providing high quality nursing care and his determination to ensure all our internationally educated nursing colleagues were supported fully in settling into the UK. Noor was joined in London by four other



Clinical Education Team colleagues who were all receiving accolades from the Queens Nursing Institute. Debbie Myers and Hayley Ingleson received certificates for the completion of their

Community Nursing Innovation Programme, Jude Mckaig received a certificate for completion of the Aspiring Leaders Programme and Mike Brennan, Hayley and Jude all received their Queens Nursing award.

- In November 2023, Hayley Ingleson travelled to London as a finalist in the Nursing Times Workforce award ceremony. She was shortlisted for her amazing work in promoting Primary Care nursing, though an innovative new placement model. It offered Nursing students the opportunity to lead on health consultations and work collaboratively with patients and colleagues in primary care, LCH and NHS digital. This award came on the back of being shortlisted for a Student Nursing Times award in March 2023 and winning Project of the year in the LCH Thank you event 2023.
- In February 2024, the LCH Preceptorship programme was recognised by NHS England and awarded the National Preceptorship Quality Mark. Over the last two years, the Clinical Education Team have reviewed and enhanced the preceptorship offer and worked hard to ensure that it meets the requirements of the national Preceptorship framework. Our Preceptorship Programme now provides a structured process of support and guidance to all clinical staff, registered and unregistered, AHPs and those moving from hospital to community. Also, colleagues who have changed roles significantly including those returning to practice after five years. Further information about Preceptorship can also be found on our Clinical Education Team page and on our Love to learn page. Both of which are accessible through LCH Intranet.



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.



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.

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.

We deliver our strategy through nine areas of work:

Impact

Increasing equity through:



Person-centred care



Quality and safety



Different ways of working

Outputs

What we're doing:



Data



Tools and resources



Sharing successes and progress

Conditions for change

Underpinned by:



Working in partnership



Understanding the difference we're making



Workforce and leadership

Highlights of this year include identifying and addressing inequity through:

Person-centred care: increasing recording of communication needs; based on learning from this, revising the template for

recording communication needs; development of easy read and Plain English patient information; delivery of Health Literacy awareness sessions.

Quality and Safety: embedding the use of equity data in quality reports in order to identify whether the risk of harm from healthcare is experienced unequally across different groups of patients, the mechanisms that drive these differences in risk and possible solutions; introducing feedback from patients and carers 'did bias or equitable care issues play a part in this' as part of the Duty of Candour process.

Availability and use of data: improvements in inclusion of equity data achieved through clear expectations that Committee and Board reports must all consider data through an equity lens and improved availability of equity data through the development of a suite of self-service equity reports and equity data embedded within newly developed dashboards.

Workforce and leadership: delivery of phase one of rollout of our Cultural Conversations programme, with eight services/ departments across all three business units and corporate teams, including training for service leads on cultural competence and facilitating conversations with teams about working with different cultures and identities.

This wider work complements delivery of our statutory duties:

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 goes beyond the removal or minimisation of disadvantages suffered by people due to their protected characteristics to include focus on deprivation and health inclusion groups. This year, 26 EQIAs have been registered with risks identified and mitigated. All EQIAs have

a further review to confirm that the proposed action and mitigation has successfully reduced identified risks.

Accessible Information Standards require us to identify, record, flag, share and meet the communication needs of people with disabilities and sensory impairments. Working with system colleagues to respond to patient and carer feedback, and reporting to the Leeds Health and Wellbeing Board, we have broadened the focus of our communication recording to include community languages as well as reasonable adjustments. Communication needs are recorded and shared through a template in our electronic patient record. Procurement of digital communication tools considers how we increase accessibility of information by systematising how we continue to meet people's communication needs.

Equality Delivery System (EDS22) is the revised national framework for assessing equality in the NHS, with domain one focussed on commissioned services. For maximum effect, we worked as a Leeds-wide system to assess and develop improvement plans for equity in delivery by with the ICB and NHS Trusts across two pathways - maternity and children and young people's mental health services. Data and feedback from patients, carers and Third Sector identified strengths, particularly in use of data to understand the totality of patient access journey (referrals, waiting lists, cancelled and missed appointments) demonstrating that we are rating 'achieving' in terms of fairness across communities. This has also identified actions for improvement around understanding how the mental health needs of all protected characteristic and health inclusion groups can be better met, for example through trauma-informed approaches; the collection of demographic information and subsequent analysis in relation to ensuring services users are free from harm and service user experience.

Armed Forces Covenant includes a legal obligation to have due regard to the principles of the covenant for the Armed Forces community, which includes currently serving members of the UK Armed Forces (regular and reserve), veterans, and family members. This means consciously considering the Covenant when developing, delivering and reviewing policies and decisions which may impact the Armed Forces community. In practice this includes consideration of access, experience and outcomes of the Armed Forces community in EQIAs and acting to address disadvantages the Armed Forces community might face compared to the general population, such as mitigating the risk of longer waiting times due to a mobile lifestyle or proactive engagement e.g. LMWS.

Learning Disabilities

The NHS England learning disability improvement standards

The standards are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with Learning Disabilities, Autism or both. Every year we take part in the National Benchmarking as a community specialist provider. This year we have developed a detailed project plan which dissects each workstream of the improvement standards with and clear timescales.

Part of completing the benchmarking involves a staff survey and a survey that is sent to people with a Learning Disability (LD). Below are some facts from the staff survey and survey sent to those with an LD:

The staff survey highlights approximately **50%** of staff can identify reasonable adjustments, therefore, the same percentage applies that **50%** staff are confident that people receive these.

71% of our staff surveyed stated that people with LD and Autism received the same quality of care as those without.

84% of staff agree or strongly agree that their trust encourages them to speak out if they have concerns about the wellbeing of children, young people and adults with a learning disability, and autistic people in their services.

57% of staff agree or strongly agree that they have the necessary resources to meet the needs of children, young people and adults with a learning disability or autistic people.

73% of staff agree or strongly agree that they are always able to deliver safe care to a child, young person, or adult with a learning disability or autistic people.

100% of those surveyed with an LD felt staff treated them with respect.

We successfully launched a Trust intranet page for the workforce to access which provides useful and key information regarding Learning Disability, signposts to other websites and highlights what good care is for people with a learning disability. We have also launched the e-learning element of the Oliver McGowan Mandatory training in learning disability and or Autism, and as of 5 December, the compliance figure is at 68.54% for the organisation. We have updated our incident system to highlight if someone has a Learning Disability and/or Autism.

An area for improvement this year will be to ensure we follow the principles of ASK, LiSTEN, DO and ask if someone has a Learning Disability and or Autism when complaints are made, ensuring easy read information is available.

Staff Health and Wellbeing

The health and wellbeing (HWB) of our staff is a key focus of our work and is represented within our annual Trust priorities. During the last year we have made progress across a wide range of health and wellbeing topics in a variety of ways:

- A new Wellbeing at Work Policy was launched, with face-to-face training provided for managers.
- Awareness of Neurodiversity conditions – three sessions have been held to date, with over 500 staff accessing these virtual sessions provided by an external company.
- Monthly Schwartz Rounds continue to be popular, averaging 60 participants per session, over the last six months.
- We have a cohort of around 60 Health and Wellbeing Champions and 80 Mental Health First Aiders, who receive monthly supervision. Both groups were brought together recently for a development day, which proved fruitful in terms of engagement, with ideas for how this collective group could work closer together in the future.
- The Disability, Neurodiversity and Long-Term Conditions staff network group is continuing to thrive with over 50 members.

During the year, a ‘deep dive’ session was held with the Business Committee around long-term absence. Like many other organisations, sickness absence due to stress, anxiety and depression remains one of the main reasons for absence and next steps agreed.



We continue to provide a wide range of support that staff can access around mental wellbeing. This is promoted on the Feel Good Pledge intranet pages and includes Critical Incident Staff Support Pathway (CrISSP) which supports those experiencing Trauma. Approx

50 debrief sessions have been held and over 100 enquiries received signposted onto other more suitable support. There is however, more to do and whilst we currently offer a range of health and wellbeing support, we consider it important to express this commitment by way of a public declaration. I am pleased to advise that we have signed the Mindful Employer Charter and been approved as a Mindful Employer which will be announced shortly.

In recognising the work in achieving the Disability Confident Leaders accreditation, the Healthcare People Management Association (HPMA) selected us as a finalist in the Mills and Reeve award for leading in Equality, Diversity and Inclusion.

Rainbow

NHS Rainbow Badge - bronze award for LCH

Originally, the Rainbow NHS Badge was led by Evelina London's Children Hospital and was created to be a way for NHS to demonstrate their awareness of the issues faced by LGBTQ+ people while accessing healthcare. NHS England have since commissioned a collaboration between



LGBT Foundation, Stonewall, LGBT Consortium, Switchboard and GLADD, to further develop the NHS Rainbow Badges Accreditation. This accreditation model allows Trusts to demonstrate their commitment to reducing healthcare barriers for LGBTQ+ people, whilst evidencing the good work already undertaken. Different areas are assessed including policies, workforce inclusion, clinical service provision, leadership, as well as staff and patient survey results. LCH received a bronze award reflecting our current LGBTQ+ inclusion work and are now able to engage in meaningful steps to expand on this across the LCH workforce, and to tackle the healthcare barriers for our LGBTQ+ patients.

We have also just formalised the LGBTQIA+ LCH Staff Network with appointed key leaders. While it's for staff, data suggests that 'belongingness' in the workplace leads to better job satisfaction, higher productivity, efficient ways of working which all affect improved patient care delivery.

Race Equality Network



REN are a network of colleagues that is open to all permanent and temporary LCH employees who identify as coming from another ethnic or racial background other than White British. The Network continues with regular meetings and newsletters. A core LCH objective and ambition is to increase diversity and

representation throughout its leadership structure, and one way to do this is to encourage talented BME staff to become fully accredited in areas of leadership.

This year the Network has supported development of training in Inspiring Leaders Network: BME Talent Development Leadership Programme, ILM5 Certificate in Coaching and Mentoring and the West Yorkshire Health and Care Partnership System Leadership Programme.

Workplace Disability Equality Standard (WDES)

There has been improvement in a number of Workforce Disability Equality Standard (WDES) metrics, resulting in reducing the disparity of opportunity/experience between disabled and non-disabled staff.

Key headlines include:

- Metric 4, percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse, has made significant positive progress.
- Metric 8, percentage of staff with a long-lasting health condition or illness, saying that their employer has made adequate adjustment(s) to enable them to carry out their work, has deteriorated and is a cause for concern.
- WDES performance data and the WDES action plan for 2023/24, ratified at the Trust Board meeting on the 3 October 2023.

Workplace Race Equality Standard (WRES)

There has been improvement in all but one of the WRES Indicators 2-8 (Indicator 2) **“relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts”**.

The latest WRES data (as at 31/3/23) was reviewed in more detail as part of a Board level Equality, Diversity, and Inclusion

Workshop, held early May 2023, with a group challenge around range of options to maximise our prospects of achieving our longer-term ambition of BME representation target of 18% by 2025.

Key headlines include:

- Indicator 5, percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public, has reduced significantly to 16.3%, whilst for white staff is 23.9%.
- Indicator 6, For the first time in reporting, the percentage of BME and white staff experiencing harassment, bullying or abuse from staff, is similar, 12.9% and 12.8% respectively.
- Of serious concern, is BME staff experience of discrimination from manager/team, which is nearly three times more than white staff.
- WRES performance data and the WRES action plan for 2023/24, ratified at the Trust Board meeting on the 3 October 2023.

Freedom to Speak Up

[Watch our F2SU Trust Video](#)

Freedom to Speak Up work has become an essential part of NHS organisational life. It allows staff to be heard, organisations to understand the voice and concerns of staff and for positive change to happen.



At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture. Our approach is called **'Speaking Up is a practice not a position'**. This means that at LCH 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 mechanisms across the trust and create a positive speaking up culture.

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support and an exploration of what works best for the staff concerned. The service offers all staff, including managers, a safe and effective way to have their voice heard. The work has one Freedom To Speak Up Guardian and nine Speaking Up Champions from the Race Equality Network who work to support open and speaking up cultures.

The Freedom To Speak Up Guardian reports to the board at LCH and to the National Guardian Office. Assurances are given to LCH about spread (to ensure we are covering all four business units - adults, corporate, children and families and specialist), role (to ensure we see colleagues from all occupations in the Trust) local comparison (to ensure we are reporting numbers of cases similar to other trusts) and national engagement (to ensure we are fully involved in national and regional work).

The Freedom To Speak Up Guardian works specifically with staff who are CEV (Clinically Extremely Vulnerable) and this year work has started with Preceptorship, our international nurses and clinical students (leading to the creation of a Clinical Student forum at LCH).

Sharing the LCH speaking up work has taken place this year at conferences both virtual and face to face including the national NHS Employers Staff Conference, NHS England North and East Yorkshire Retention Conference and the national 'Achieving a Culture of Candour' conference. The Freedom To Speak Up Guardian also spoke at this year's Patient Safety Congress.

Externally we have supported other trusts and organisations. In Leeds we have supported Leeds City Council create its first Freedom To Speak Up Guardian. This is, we understand, the first in the country for a local authority. We are offering mentoring and helping council colleagues develop a working model. This work has been seen as pioneering work in supporting local authorities develop speaking up work.

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing. The LCH Speaking Up work continues to evolve and grow. It is a sign of our strong commitment to our people, their voice and their needs.

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.

External Awards

HR Excellence Awards 2023

LCH won 'Best Recruitment and Workforce Planning Strategy' at The 2023 HR Excellence Awards.

Nursing Times Awards

Hayley Ingleson (LCH and Leeds Primary Care Practice Learning Facilitator- Nursing) was up for educator of the year at the Nursing Times Awards 2023.

Royal College of Podiatry Academic Award

Dr Jill Halstead-Rastrick Podiatrist, Clinical Head of Service for Podiatry and Clinical lead for research at LCH was presented at an event held at the House of Lords by the Royal college of Podiatry for an Academic award.

Finance Team of the Year Award

The LCH Finance Team name Finance Team of the Year at the

Healthcare Financial Management Association Awards.

William Rathbone X Annual Award

Steph Lawrence MBE, Executive Director of Nursing and Allied Health Professionals was highly commended in the inaugural William Rathbone X Annual Award.

Research Allied Health Professional of the Year award

Christine Comer, Head of Musculoskeletal Service was recognised as Highly commended at the Yorkshire and Humber Clinical Research Network Research Awards in the Research Allied Health Professional of the Year category.

NHS Pastoral Care Quality Award

The Trust was awarded the NHS Pastoral Care Quality Award to recognise our work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.

Tissue Viability Shortlisted for Journal of Wound Care Award

The Tissue Viability Service were shortlisted for a Journal of Wound Care (JWC) award, Antimicrobial Stewardship for the Leeds Community Healthcare Wound Infection Framework.

Queens Nursing Institute

This year 16 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:

- Laura Stones, Infection Prevention and Control Team
- Mike Brennan, Clinical Education Team
- Jen Lodge, CUCS
- Hayley Ingleson, Clinical Education Team
- Rebekah Besford, Homeless and Health Inclusion Team
- Shaun Major-Preece, GP Confed
- Jude McKaig, Clinical Education Team
- Kirsty Jones, ABU Leadership
- Temba Ndrigiu, ABU leadership
- Gemma Cannon, Clinical Lead, Nights
- Rebecca (Bex) Halder, CYPMHS Clinical Lead
- Rachel Hitchenor, 0-19 Specialist Community Public Health Nurse (Health Visitor)
- Hannah Brady-Sawant, DN, Clinical Research Fellow Secondment with Long COVID
- Vicky Jackson, Head of service-Clinical, Liaison and Diversion (Humberside)

- Brooke Bonnington, Clinical Lead, CAMHS
- Sarah O'Donnell, Strategic Lead for Primary care and Integration

International Nurse of the Year:

- Noor Ul Haq

Community Nursing Innovation Programme:

- Debbie Myers
- Hayley Ingleson

Aspiring Leaders Programme:

- Jude McKaig

Internal Awards

The LCH Thank You Event - [view our video on YouTube for an overview of the awards.](#)

The Thank You Event is our annual staff awards scheme where we celebrate our amazing colleagues and their achievements. Here are our winners from last year:

Project of the Year

Winner - Student Leadership Placement Project



The Student Leadership Placement is a project developed and facilitated by Hayley Ingleson, a Senior Practice Learning Facilitator. After the pandemic student nurses struggled to return to all placement areas and

there was a need to expand the number of clinical areas available to them. Hayley developed a new innovative placement experience in conjunction with colleagues in primary care, NHS digital and partners in the local university that would double the placement opportunity in primary care student nurses in Leeds and would add value to the practice areas in which the students were placed.

Project of the Year **Highly Commended - Neurodiversity Information Hub**



The Neurodiversity Information Hub is a developing suite of digital resources relating to neurodiversity, which can be openly accessed by young people, families and professionals. The hub has provided a platform for high

quality, reliable information relating to aspects of condition management (e.g. sensory processing difficulties, emotional wellbeing) as well as clear information about relevant sources of support in the city. One of the assets of this project has been a strong service-user involvement and input from across agencies to provide accessible and engaging information and resources that fits into the current digital context to encourage maximum utility. A handful of the many strongly positive comments within feedback have included: "This resource is absolutely critical" (parent); "People desperately need this information! The isolation you get from the challenges is significant, so a website like this with all the information is really vital for support" (West Yorkshire ADHD support group).

The Neurodiversity Information Hub was nominated by **Jennifer Perry, Consultant, Clinical Psychologist.**

Colleague of the Year **Winner - Lindsey Cawood, Operational Lead (Citywide Services ABU)**



Lindsey Cawood supported the Wharfedale Mobilisation Project at very short notice, immediately got stuck in and continued to be positive, flexible and responsive throughout. Her

wealth of experience and knowledge, calm nature under significant pressure and demands on her time have been invaluable throughout the project. She always remained professional and available for questions, updates, and any other information whenever this was required from her.

Lindsey was nominated by Gillian Meakin, Service Development Lead (Clinical) who said, "Lindsey absolutely deserves to be named colleague of the year - she is one of a kind and a credit to LCH."

Colleague of the Year **Highly Commended - Ava Hadley, Advanced Administrator (Children and Young People's Eating Disorders service)**



With her commitment and positive attitude Ava Hadley has been "nothing but an asset to the Children and Young People's Eating Disorders service", especially over the past few months

and through a period of significant change within the service. With a post vacant, Ava has been the team's only administrator and has consistently worked above and beyond her job role when needed. The team is small, but she is the glue that holds them together.

Team of the Year **Winner - Liaison and Diversion Team, Humberside**



The Liaison and Diversion Team within Humberside have spent the last two and a half years working tirelessly to develop the service into one that the organisation can be proud of. The versatility

of each practitioner within the team provides a holistic, encouraging, and supportive service to those who are amongst the most vulnerable in society. The service goes above and beyond every day to help reduce reoffending, by addressing health and social inequalities, something that is no easy task. Introduction of dignity packs which include basic hygiene products for service users and distraction packs to reduce the risk and improve the mental health of those within the custody suites are examples of ways the team have implemented initiatives to ensure that the service offer is at the heart of everything we do.

Vicky Jackson, Head of Liaison and Diversion Service (Clinical) who nominated the team for the award said, "As a service manager I can truly ask for no more yet find myself continuing to do so daily due to ever



changing demands within the service and needs of those on our caseload.

Team of the Year **Highly Commended - Night Service**



The 24/7 Night Service provide one to one end of life care to patient across Leeds to enable patients to achieve their preferred place of death, prevent unnecessary

hospital admissions overnight by supporting virtual ward frailty patients. They take direct calls from the Emergency department (ED) and enable patients to come home, instead of going into hospital and visit multiple houses overnight to deliver crisis call when families feel alone and have hit crisis point. The team are always looking for ways to improve as a service, innovate and look forwards to improve the service for both staff and patients. The team demonstrates all the Trust values and recently received 'Outstanding' as a service overall following a quality walk.

Leader of the Year **Winner - Kirsty Jones (Clinical Head of Portfolio, Adult Business Unit)**



In October 2022 Kirsty Jones moved to lead a LCH team to mobilise the Wharfedale intermediate care wards at a critical time within the Leeds system. Kirsty

was able to operationally and clinically direct actions daily to ensure that patients were safe, staff were clear in their objectives and supported in their wellbeing, and actions were completed. Kirsty's clinical experience and leadership skills were evident instantly, as she led a steady ship and generated confidence in others immediately. Throughout the process Kirsty remained a calm presence despite the pressure and pace of work.

She was nominated by Business Manager, Lyndsay Hamilton who explained that Kirsty was always positive, friendly, and supportive, exhibiting our Trust values every day whilst also making clear decisions. Kirsty communicated in an articulate and understandable way and empowered staff to deliver. She consistently communicated a vision for Wharfedale with patients at the heart and never shied away from the accountability and responsibility of delivering this, taking an authentic and open approach.

Leader of the Year Highly Commended - Lynne Chambers, Head of Safeguarding



Lynne Chambers' tenaciousness, professionalism and passion for her role make her an excellent leader. Lynne approaches all challenges including her leadership during the COVID pandemic with curiosity and compassion and always goes above and beyond to apply a solution focussed approach to all tasks. She is compassionate and supportive towards her staff and makes suggestions for improvement bringing the person's voice to every table as a true advocate for our people and our communities. Lynne's passion extends to ensuring a safe place

for everyone, a place free from abuse and harm and where everyone is given the opportunity to be the best they can be. Her integrity, person-centeredness and can-do attitude make Lynne stand out as an exceptional leader and role model. Laura Smith, Director of Workforce surprised Lynne with a hamper and certificate and thanked her saying, "You are the crème de la crème. It is my pleasure and privilege to present this award to you. Your hard work is seen and appreciated and you truly deserve this."

Kate Granger Patient Care Award Winner - Lynda Dexter, Podiatrist



Lynda Dexter is a Podiatrist who champions inclusion health locally and nationally. Her work reaches people experiencing homelessness, drug and alcohol dependence, people with a learning disability, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and other socially excluded groups. Lynda has a gift to reach and connect with

people who are mistrustful of healthcare services. She understands the diversity of people's lives and how best to adapt to holistically meet a person's needs. She is a clear communicator, shares others' viewpoints, and is goal driven in seeking justice. She adapts with flexibility, collaboration, and compromise, and is not deterred by setbacks. Recognising that the work she does needs coordinated and integrated approaches, she has built her reputation and established strong relationships with Leeds' NHS and Third Sector organisations.

To ensure change at a national, system level, Lynda has worked with the Royal College of Podiatry in defining mental health podiatry roles, to ensure this role is recognised and commissioned nationally. She is also part of the Homeless and Inclusion Health Programme, Queen's Nursing Institute advisory board in developing national guidelines for foot health.

Kate Granger Patient Care Award Highly Commended - Early Communication Groups



The Early Communication Groups is an intervention for children who are waiting for a Complex Communication and Autism assessment. They are run in three

venues across Leeds by a team of Speech and Language Therapists (SLTs) - Sarah Whitley, Sian Critchett, Fay Meakin, Anna Constantine, Megan Davidson, and Speech and Language Therapy Assistants (SLTAs) - Michelle Spendley and Sharon McDermott.

The clinicians ensure that the information the families receive about the group is accessible and understandable. The patients were involved in the development of the groups from the beginning, from the fortnightly frequency for convenience to enable more attendance, to the name of the group ensuring it was meaningful to them. The team are always advocating for the families and acting on individual needs to accommodate the needs of families. The SLTs and SLTAs work to find a suitable alternative intervention with another part of the SLT

service where possible. The sessions can be challenging due to the nature of the needs of the children, but the clinicians are skilful at putting the parents at ease and personalising the care. The continuous communications prior to the group, the written information with the activities provided after and the follow up phone calls demonstrate excellent patient care. **Clinical Lead Nicola Waddington** nominated the team.

Making Stuff Better Winner - Podiatry Non-Registered Clinical Workforce



The Podiatry Non-Registered Clinical Workforce was developed in order to manage the back log of patients following the

pandemic and to address staff and system pressures in a solution focused method.

In conjunction with Leeds One workforce a pilot of number of Healthcare Support Workers were recruited to support the clinicians during clinics and home visits. This included meeting and greeting patients in the clinic room, prepping the clinical site at the beginning and throughout the day, assisting in health promotion with patients as indicated and directed by the podiatrist and stock monitoring, allowing the Podiatrists to focus on clinically related tasks/work.

This new way of working meant Podiatry Assistant Practitioners were able to train and provide treatments which they had not done before e.g. shock wave and low risk post op

nail surgery dressings, which helped to reduce waiting times for patients and reduce service and system pressure.

Making Stuff Better **Highly Commended - Clare Firth, Cardiac Services Lead Nurse**



Clare's exceptional knowledge of her specialty, openness to adapt to change and enthusiasm for looking and implementing new and improved ways of working, systems and processes, all to improve the service and enhance patient care make her an absolute asset to the Cardiac Service and LCH.

Clare has been an integral part of providing outstanding care to patients with heart failure across Leeds, demonstrated by her commitment to developing the community IV Diuretic pathway for the Cardiac Service and the Virtual Frailty Ward. A service development that sees patients receiving excellent care and treatment within their own homes. Clare has spent endless hours providing education to others across the city like the Virtual Frailty Ward Matrons to raise awareness of when this treatment would be appropriate.

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, 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 Trust priorities which are monitored during the year.

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

During financial year 2023/24, Leeds Community Healthcare NHS Trust provided and/or sub-contracted 82 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in financial year 2023/24 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for financial year 2023/24.

Clinical Audit

All clinical audits that are planned to be undertaken within LCH must be registered on the clinical audit and effectiveness registration database, and a registration form completed for each audit. Services must complete quarterly updates and submit to the Clinical Effectiveness Team. The monitoring of each audit includes results, summary report and improvement/action plans.

National Clinical Audits

During 2023/24 four national clinical audits covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

The national clinical audits that the Trust participated in, and for which data collection was completed during 2023/24, are listed on the next page (page 75). We did not participate in any Confidential Enquiries in 2023/24.

National Audit	Description	Output
National Audit of Cardiac Rehabilitation	This audit enables the BHF to produce a National report on the provision of Cardiac Rehab across the country. Audit findings are shared In a national report produced by the British Heart Foundation available online.	Uptake of patients 85%
Stroke Sentinel National Audit Programme (SSNAP)	<p>The Sentinel Stroke National Audit Programme (SSNAP) is a national healthcare quality improvement programme based in the School of Life Course and Population Sciences at King's College London SSNAP measures the process of care (clinical audit) against evidence-based quality standards referring to the interventions that any patient may be expected to receive.</p> <p>These standards are laid out in the latest clinical guidelines, including the Royal College of Physicians National Clinical Guideline for Stroke (2016) and the NICE Clinical Guideline on Acute Stroke and Transient Ischaemic Attack (TIA) (NG128, 2019).</p> <p>Included within these standards, is how much therapy is received in someone's home.</p> <p>https://www.hqip.org.uk/resource/ssnap-nov-2023/</p>	
National Diabetes Foot Audit	This audit informs about the timely recognition of foot ulceration and the severity and monitors the progress over the 12 weeks period. There were 44 cases who participated in this national audit. The service have identified that some of the patients were missed when they accessed acute care and are liaising with the hospital to include these cases for holistic data collection. The service is also exploring strategies to upload all cases from the electronic health record to reduce data errors and improve efficiency.	Recent data not accessible therefore difficult to compare with other regions or national. We are attending sessions with the Commissioner to discuss and where we hope to learn more.
NRAP formerly (NACAP) national audit for pulmonary rehabilitation in COPD patients	This is a National audit looking at how Pulmonary Rehab services are delivered across the UK for patients with COPD. It enables us to see how effective we are being as a service. It looks at clinical outcome measures and it includes referral information such as who has referred, when they were referred and when we had their first appointment. The target population is all patients who are attending Pulmonary Rehab with a COPD diagnosis.	Unknown – variable amount but they are the majority of our cohort of patients through this service.

Local Clinical Audit

Three Trust wide audits and 130 local audits have been registered as part of the Annual Clinical Audit Programme for 2023/24:

Number of Trust-Wide Audits 2023-24	
Trust-Wide Audits*	3
TOTAL	3

*Infection and Control Suite of Audits / Risk, Health and Safety Environmental Audit for high-risk areas / Record Keeping Audits

Number of Service Specific Clinical Audits Registered 2023-24	
Adult Business Unit	17
Children's Business Unit	38
Specialist Business Unit	70
Corporate including Medicine Management	10
TOTAL	135

Local Clinical Audits completed as at mid March 2024 (2023/24 annual rolling audit programme) by Business Unit

Adult Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit.
- Audit of patient outcomes following virtual falls MDT discussion
- Rescheduled and Cancelled Visit
- SI Case Review RT
- Driver deliverer/installer Audit (Joint audit with LCES)
- Wound Infection Framework Audit
- Use of Raizer Chairs in management of Falls
- Mortality Review Pilot

Children's Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit
- Baby Friendly Initiative Gold Award
- RCADS assessment tool audit
- Student Placement Offer Fair Share
- Clinic Calibration Audit
- 5-7 Years of Age – Allocation of Work
- Section 136
- FACE Risk
- Outcomes
- Risk Assessment Audit
- Training and induction processes for CAMHS trainee doctors in Leeds
- Audit of CSLT service and comparison to RCSLT guidelines for supporting Bilingual clients
- Review of feedback sheets given to social care
- Whole Genome Sequencing (WGS) testing in Community Paediatrics- A Scoping Project
- 0-19 Audit of the Learning Disability Pathway following implementation in April 2024
- Medicine Management
- The mental health impact of patient systems outage on emotional well-being of staff in East Community CAMHS

Specialist Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit
- Central Venous Catheter Complications
- Fatigue Group Impact Audit
- Radiography QA and Activity
- Radiology and Imaging Audit
- Controlled Drug Record Keeping Audit: Community Dental Service
- Care Plan
- CSSD Sheets and Blade Removal to Prevent Sharps Incidents
- National Diabetes Foot Audit
- Neighbourhood to Podiatry Referral
- Hep A Vaccine
- Hep B Vaccination - MSM (men who have sex with men) and sex workers
- Safeguarding/YP
- BASHH National Audit
- Audit any appropriate actions 3-6 months from SMART actions identified
- Audit of Consistency/Standardisation with Therapist prescriptions
- PGD Audit and LocSiPP Compliance within Injection Therapy

Corporate Services

- Controlled drug record keeping: Community Dental Service
- Audit to look at health assessment action plan Implementation and review for Looked After Children placed Out of Area
- Antimicrobial Prescribing (Management of Acne Rosacea): HMYOI Wetherby
- Audit of moderate and above harm incidents where learning identified relates to task focused care
- Fridge Temperature Monitoring and Actioning of Temperature Excursion

Examples of audits undertaken and action plans to improve the quality of healthcare provided by the Trust is highlighted below:

- An audit was completed in CIVAS to understand central venous catheter complications. The service undertook a deep dive of incidents reported by collecting data which included National Early Warning Score (NEWS), medications used, type of line, batch numbers of the device used, symptoms, type of COVID vaccine to identify any correction with DVT. Audit revealed that there was no correlation between batch numbers and upper limb DVT. The audit revealed there was no reporting of these incidents in Yellow Card – National reporting system for medications and medical devices. It is recommended that further research is conducted in this area to explore the causative factors for upper limb DVT. It is also essential that more awareness to identify early symptoms of upper limb DVT amongst all clinical networks across the country.

- An audit was completed in Health Case Management for a SystemOne Case Review RT to ensure fast track (end of life) patients, their reps and/or POAs are involved with holistic assessments, to ensure physical, social and psychological aspects are considered to produce a robust and safe plan of care in the most appropriate environment. The service has risk and red flags much higher up on the agenda since the RT incident. Risk is discussed regularly at supervisions, citywide meetings and in day-to-day support and care planning feedback from managers. This audit has not highlighted any gaps however has been reassuring that messages and learning from the SI have been absorbed by staff.
- An audit was completed in Wetherby YO1 and Adel Beck SCH to ensure burns training is facilitated by a specialist nurse and a lead nurse assigned. One Minute Guides are reviewed and updated accordingly and shared with all staff. A review of Emergency Response In Custody (ERIC) Guidelines was undertaken and any changes implemented. Documentation training is now attended by all staff. Rule 49 process to be reviewed and all staff to comply with changes with immediate effect.
- An audit was completed by the Podiatry Service as part of an action plan following incidents in 2020-21 reported from Central Sterile Supply Department (CSSD). The main theme was an increasing incidence of issues where the blades were left on the handle. Unannounced and targeted clinical audits of clinical instruments and environment planned of all the 18 clinical sites. 153 instrument packs checked over 18 clinical sites. All 153 packs were signed. 95% compliant. 0 blades were found during this audit - 100% compliant. 100% of Clinical site has SOP poster displayed. Confirmed all staff are trained in blade removal and protocol. Confirmed current staff have monthly discussions about timely blade removal. Staff also willing to check the CSSD boxes at the end of the clinic to check for blades as well as a third check. Advise staff to use disposable blades and only add a blade to handle if needed. Quarterly Audit of blades alongside hand hygiene: CSSD rooms, staff interview and instruments at multiple sites - aim to improve signing of instruments. Although in this audit we were 100% compliant on all standards, we continue to promote SOP for blade removal with staff via weekly bulletin, discussions at team meetings. Continue to report any incidents via Datix. Share good practice from the audit with all staff.
- An audit was completed by the Sexual Health Service to measure an improvement in GBMSM Hepatitis A Seroprevalence and Vaccination. In July 2018, a case note review highlighted a Hepatitis A seroprevalence of 49% in our GBMSM (Gay Bisexual men who have sex with men) population, falling below the >70% herd immunity target. Following cases in England's GBMSM population in 2022, we wanted to reaudit our service's seroprevalence in this group. This review highlights improvement in our service's Hepatitis A immunity from 49% (2018) to 82% (2022) despite the COVID pandemic and contrary to GUMCAD STI surveillance data showing a decline in hepatitis A vaccination nationally since 2020. Vaccination uptake appears better due to staff training and retention in care for PrEP. Assuming consistent immunity across all GBMSM attending the service, herd immunity and protection from future Hepatitis A outbreaks has been achieved. Nevertheless, 21 attendees without documented Hepatitis A immunity were not vaccinated. Testing and vaccination should continue to be offered when immunity is unknown to protect from outbreaks in the future. Some of the linked cases featured in the December 2022 UKHSA alert were in vulnerable GBMSM groups with

poor or no prior sexual health service access. Making every contact count, our service has highlighted similar at-risk individuals through our MPox vaccination programme and are planning a one-stop offer for PrEP, vaccination, and screening to address this.

Clinical Research

We are dedicated to supporting community clinical research that has benefit and meaning to the people of Leeds and the surrounding services we provide. We are committed to supporting clinical services to engage in research, as it is known to help patients' experiences and retain motivated staff. 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.

LCH is a contractual partner of the National Institute for Health and Care Research, Clinical Research Network and the integrated care board for research in Yorkshire, and Humber. They 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.

In the last 12 months we have set-up and embedded the new clinically led research clinical leadership model. With a strong focus on providing clinical research support alongside research governance and management to ensure research within the organisation is conducted to a high standard and in line with national regulations.

The new team includes: the Clinical Lead for Research; a Research Coordinator to support research governance; a Research Assistant to provide study support for clinical services. Alongside this we have seconded expertise from within the trust to build the research culture foundations: a Clinical Academic Fellow (an experienced post doctoral researcher) to aid in the support and delivery of research.

We have also launched the research advisor roles and have three clinical staff seconded to the research team and aligned to each of the business units. This is the first time this role has been tested and we have attracted two physiotherapists and an occupational therapist. We are pleased to have seconded staff at different stages of their career and two of whom been awarded NIHR development research funding and one who has wanted to be involved in research for six years.

This newly formed research team has been developing a research pipeline and roadmap for staff who wish to become research interested and research active in order to enable widespread engagement. We have also developed an advanced research pillar framework, which has been synthesised to support current nurse and AHP advanced practice guidelines. This work is being supported by CHART - an alliance of research active community NHS Trusts.

In order to explore the LCH research capacity and capability, the research team launched an organisation-wide research mapping exercise in July 2023; triangulating learning and development data, library publication data and using surveys and interviews we plan to map each service in LCH to understand our research culture. This is 55% completed and with the themes generated from the heads of service and senior leadership interviews we plan to publish this work and

use this to inform the next research strategy to be launched in 2025. The surveys and interviews will also allow us to benchmark our trust against other organisations and allow future comparisons to see if we meet our objectives.

Throughout 2022/23, we have sought to increase the role of LCH as a strategic partner in research with Leeds Teaching Hospitals NHS Trust, a leading provider of research studies who recruit over 10,000 participants a year. A cross-organisation Research Project Manager post has been created, and the new appointee will start in February 2024 to work across the boundary of hospital and community care, to explore 'out of hospital' research opportunities. This joint role will also formalise existing arrangements for the small LCH research Team to access support and resilience from the well-established LTHT service.

Our collaboration and funding with primary care closed in May 2023. We successfully supported ALABAMA (ALlergy AntiBiotics And Microbial resistance), a regional study evaluating whether the penicillin allergy assessment intervention pathway is clinically effective. We hope this exemplar of primary and community collaboration is something we can explore in future with the joint post in 2024.

LCH is continuing its support of the novel Long COVID research programme, which is led by with the University of Leeds. The LOCOMOTION study (LONG COvid Multidisciplinary consortium Optimising Treatments and services across the NHS), is a £3.4m research project, to identify the best way to treat and support people in the UK living with Long COVID. It remains the biggest recruiting study at LCH to date, supporting over 800 people from Leeds Community. This programme, led by Dr Sivan, has generated >50 journal articles in the last three years and has been highly influential in the Long COVID clinical and

research community. Alongside this, LCH has supported further clinical intervention pilot studies with research capacity funds, which has the potential for longer term patient benefit.

LCH has been active in opening and supporting the governance and delivery of several portfolio studies with a theme of providing mutual clinical benefit to patients and services. Including children's dental anxiety, social prescribing for children waiting for therapy, nutrition and strength training in frailty and looking at best therapy options when using AI programme, self-management in aphasia and deciding the correct therapy for heel pain. We have also supported non-portfolio studies that can support a holistic (qualitative) approach to research such as exploring staff and patient views on many important issues from domestic abuse, gender differences in self-harm, prescribing in people with dementia, optimising cancer recognition and finally exploring staff retention for international nurses.

During 2022/23 and continuing into 2024, LCH has also been active in building links with universities to facilitate the research activity of students. These have been medical students and trainee psychologists and trainee psychiatrist (one funded via NIHR). Engagement with students in research during their studies is a key strategic goal, supporting the development of a future workforce that is ready for research.

Equity continues to be a strong theme for our research and development service. We have shown this by submitting a community grant jointly with University of Leeds and by forging new links with Forum Central (Third Sector) to ensure the goals of research support the accessibility of research for the community. We are also actively supporting studies that target under-served groups and explore diversity, to ensure research is relatable and meaningful for all our communities

(such as the RAmiGo study led by University of Leeds that is investigating peer support interventions for people with osteoarthritis from low socioeconomic populations). In line with regional work, we provide data on all participants in terms of sex, age and ethnicity, this allows us to benchmark regionally so that we can be assured that people are offered research opportunities equally. LCH is dedicated to ensuring that research systems continue to develop alongside NHSE plans for integration and collaboration and will ensure this is included in the next strategy to be written in 2024 for launch in 2025.

Secondary Uses and Hospital Episode Data

The Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. We provided a valid NHS number and valid General Medical Practice code for patients in more than 99% of cases.

The above confirms data is available for 1 April 2023 to 31 March 2024.

The Trust did not submit any 'admitted care' data into SUS during 2023/24 as the Trust did not provide the clinical information system for Wharfedale Recovery Hub until late in the year. The data flow will be established for 2024/25.

Data Accuracy

Data security, transparency and legislative compliance are of paramount importance to the Trust. The Trust is fully committed to ensuring that Personal Data is protected, and that confidential data is used appropriately. A review of the Information Assets held by the Trust is being conducted, as

many service's Information Assets have not been fully reviewed for some years due to pandemic pressures. It is envisaged that the Information Asset Register (IAR) review will be a rolling process, rather than a once yearly exercise, and will reinforce GDPR compliance and add value to the Trust by ensuring we know what information we hold and who is responsible for it. The Records Management Policy will be reviewed in conjunction with the IAR review, and the IG Team intends that Asset Register, and Records Management across the Trust as a whole, will comply with ISO14589.

Data Quality is supported by the Business Intelligence Team under the Trusts Data Quality Framework- Data Quality Dashboards are available to all services to allow them to monitor their data quality, and where necessary make changes to working practices to support adherence to required standards.

Data Protection Legislation and Best Practice



The Trust is required to comply with the UK General Data Protection Regulations (UK GDPR) and the complementary Data Protection Act 2018 (DPA18) coupled with the Common Law Duty of Confidentiality (CLDoC). The Trust complies with the relevant data protection and confidentiality legislation and national codes of practice and actively supports the

transparency of information. The Trust complies with Articles 37-39 the UK General Data Protection Regulation (UK GDPR) by engaging an appropriately qualified Data Protection Officer (DPO).

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, and works closely with the SIRO and the DPO, particularly where there are any potential information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms comprising both technical and organisational controls, including; education, policies and procedures; applying principles of risk management to our use of data; ensuring principles of 'Data Protection by Design and Default' incorporated into all new projects and services; effective Records Management polices; IT / information security controls; IT vulnerability testing; Horizon scanning.

Data Security Protection Toolkit

The Trust demonstrates compliance with the ten Data Security Standards (an outcome from the National Data Guardian's Review of data security, consent and opt outs report) via the mandatory self-assessed Data Security and Protection Toolkit (DSPT). Our DSPT submissions, and the robust evidence required to support them, are subject to internal audit by an independent organisation (Audit Yorkshire).

Compliance with the DSPT is mandatory for all NHS Trusts and organisations which have access to NHS patient data

and systems. It is a self-assessment based around the ten security standards developed by the National Data Guardian and consists of thirty four assertion areas and 108 required evidence items. A successful DSPT submission means we are regarded as a 'safe pair of hands' for handling NHS data. The DSPT has been successfully completed for the assessment year 2022-2023.

Training

Training compliance with Mandatory Data Security Awareness training has increased from 86% to 96% against the required 95%. This has been achieved using weekly reminders and by maintaining a 'lockout list' whereby all those staff whose training is more than two weeks out of date have had access to SystemOne suspended until evidence of completed training is supplied.

Information Security

The Information Governance function also includes the effective management of the information we hold, and ensuring that information is used effectively, appropriately and ethically, and managed in accordance with a balance of its varying degrees of risk and value. One of our responsibilities is to ensure the maintenance of the **Confidentiality, Integrity and Availability (CIA) triad** across all our information assets and data processing activities.

Applying principles of CIA, in conjunction with our wider legislative frameworks ensures that the systems we use to process data (e.g. SystemOne, network drives etc) are assured to be fit for purpose and can ensure those principles of CIA. CIA is ensured by the same types of organisational and technical controls as our compliance with legislative frameworks:

Education, policies and procedures; applying principles of risk management to our use of data; ensuring principles of 'Data Protection by Design and Default' incorporated into all new projects and services; effective Records Management policies; IT / information security controls; IT vulnerability testing; Horizon scanning.

The ever-increasing cyber related threats to the organisation will require careful mitigation and the best defences we can maintain to protect ourselves and improve the organisations preparedness- in conjunction with the work done to support our Cyber Essentials and Cyber Essentials Plus qualifications, the Trust has invested significantly in new resource to improve the effectiveness of our vulnerability scanning, patch management and firewalls.

Data Breaches

If any of the compliance requirements of data protection legislation are interrupted this is known as a **data breach**. All data breaches are evaluated by the IG team and graded by the IG Team against our NHS Digital aligned policy ,and if they meet the appropriate threshold they are reported via DSPT to the ICO and/or DHSC as appropriate. There have been three data breaches that the Trust has evaluated as reaching the threshold to report via the DSPT, of these:

- One did not meet the threshold to be reported to either the ICO or DHSC.
- Two were reportable to the ICO.
- None were reportable to the DHSC.

The ICO has been satisfied with our responses to all these breaches.

CQUIN

A proportion of the Trust's 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.

CQUIN1: 80% compliance with Flu vaccinations for frontline healthcare workers.

The Trust vaccination campaign for 2023/24 was delivered between September 2023 and January 2024 and built on learning both within the Trust and benchmarking with local partners to optimise the uptake of the vaccination offer.

Despite the usual creative and responsive vaccination offer this year, the final achievement was 58%, against a target of 80% uptake of flu vaccinations by frontline staff with patient contact. This is consistent with achievement in previous years and reflects the Trust position from the outset, that this target was not expected to be achieved.

As always, the Trust, with creative and responsive campaign leaders, has strived to adopt different strategies based on learning from previous years and benchmarking with partner organisations

CQUIN12: 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.

The indicator applies to Wharfedale Rehabilitation Unit and the Trust achieved a compliance of 78.9% against this target. The Trust has applied this CQUIN indicator as defined in the national guidance.

The audit confirmed that the Wharfedale unit undertake an assessment on admission in all cases, however a small number did not achieve the 6-hour target following admission.

Compliance with the re-assessments every 30 days was consistent and achieved greater compliance. However, due to the resource intensive manual audit process, some data quality issues were identified. In practice, the unit undertake pressure ulcer risk re-assessments every week. Some re-assessments fell outside of the 30 day re-assessments due to the timing of the update to the audit report in relation to CQUIN submission dates and due to the timing of discharges, with patients for example being discharged on day 31 and therefore missing the re-assessment due that week.

The CQUIN audit has provided reasonable assurance on the standard of care provided in relation to the assessment and re-assessment of an individuals' pressure ulcer risk when under the care of the Wharfedale Unit. The intention is to continue a six monthly clinical audit to ensure these standards are maintained.

CQUIN13: 50% of patients with lower leg wounds have wound assessment, ABPI with compression where indicated and vascular referral within 28 days of referral or non-healing wound.

As anticipated, due to the complexity and detail of this CQUIN indicator the Trust achieved 32.6% against the ambitious 50% indicator. Given the significant work and progress made, the Trust is continuing monthly reporting and review meetings to monitor further progress against this standard of care.

CQUIN14: 90% of community hospital in-patients have Malnutrition screening (MUST) on admission, repeated every 30 days, where at risk have a care plan in place and evidence that care plan actions being acted on.

This indicator applied to Wharfedale and the Trust achieved a compliance of 86% against this target, with achievement of this standard of care (assessment and management) from the outset of the 2023/24 schemes.

The CQUIN audit confirmed that the Wharfedale unit undertake an assessment on admission in all cases, however, a small number did not achieve the 24-hour target following admission.

As with CQUIN 12, compliance with the re-assessments every 30 days was consistent and achieved greater compliance. However, due to the resource intensive manual audit process some data quality issues were identified. In practice, the unit undertake MUST re-assessments every week. Some re-assessments fell outside of the 30 day re-assessments due to the timing of the update to the audit report in relation to CQUIN submission dates and due to the timing of discharges.

For example, with patients being discharged on day 31 and therefore missing the re-assessment due that week.

The CQUIN audit has provided reasonable assurance on the standard of care provided in relation to the assessment and re-assessment of an individuals' pressure ulcer risk when under the care of the Wharfedale Unit. The intention is to continue a 6-monthly clinical audit to ensure these standards are maintained.

CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services. 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.

Data quality work has been continual throughout the year and therefore the data compliance has changed slightly from initial reporting. Reporting for Quarter 4 indicates that the service achieved 20% compliance in the quarter against the 50% CQUIN target. As detailed in Q3, the service has shown improvements in data quality which has inadvertently impacted on the overall compliance with this CQUIN indicator. The service continues to progress against their improvement plan.

Core Indicators

The Trust's performance against our Key Performance Indicators are detailed below:

Indicator	Target	2022/23 (current)	2023/24
Patient Safety Incidents reported as Harmful (per 1k contacts)	1.42 to 2.09	1.83	2.08
Serious Incidents (per 1k contacts)	0 to 0.4	0.02	0
Validated number of Patients with Avoidable Category 3 Pressure Ulcers*	8 per year	2	4
Validated number of Patients with Avoidable Category 4 Pressure Ulcers*	0 per year	6	1
Validated number of Patients with Avoidable Unstageable Pressure Ulcers*	10 per year	6	2
Number of teams who have completed Medicines Code Assurance Check 1 April 2019 versus total number of expected returns	100%	100%	100%
Duty of Candour Breaches	1 per year	0	0
Attributed MRSA Bacteraemia Infections	0 per year	0	4
Clostridium Difficile Infections	3 per year	0	0
Never Event Incidence	0 per year	0	0
CAS Alerts Outstanding	0 per year	0	1
Patient Satisfaction - Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT)	95%	92%	93%
Total Number of Formal Complaints Received	No Target	136	139
Mixed Sex Accommodation Breaches	No Target	0	0
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	100%	98%	98%
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	No Target	100%	100%
Number of Unexpected Deaths in Bed Bases	No Target	7	6
NCAPOP audits completion rate	100%	100%	100%

Indicator	Target	2022/23 (current)	2023/24
Priority 2 audit completion rate	100%	39%	72%
Percentage of patients waiting more than 18 weeks for a Consultant service (as of 31 March)	92%	62.7%	43.7%
Number of patients who waited more than 52 weeks for a Consultant service	0 per year	11	534
Percentage of patients waiting less than 6 weeks for a diagnostic test (as of 31 March)	99%	50.3%	32.6%
Percentage of patients waiting less than 18 weeks for a non-Consultant service (as of 31 March)	95%	87.5%	65.7%
Staff Turnover	14.5%	12.9%	9.0%
Percentage of staff who left the organisation within 12 months	20%	14.3%	14.6%
Short term sickness absence rate (%)	3%	1.8%	1.6%
Long term sickness absence rate (%)	3.50%	4.4%	4.3%
AfC Staff Appraisal Rate	90%	72.1%	74.9%
Statutory and Mandatory Training Compliance	90%	86.1%	87.0%
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	60%	64.8%	
Percentage of staff who are satisfied with the support they received from their immediate line manager	52%	71.5%	
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	No Target	7.2%	7.9%
Starters / leavers net movement	Above 0	179	144

* The Trust transitioned to the Patient Safety Incident Response Framework (PSIRF) in January 2024. This is a big change in the framework that has changed how we report on incidents. We therefore, did not monitor incidents via these indicators through the latter part of the year; more qualitative monitoring processes were in place. This means that our year end numbers are not comparable to previous years.

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

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 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.

Part 4: What Other People Think of Our Quality Account

Healthwatch Leeds

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



The hard work that has gone into improving and innovating services across the Trust is clearly demonstrated throughout the report as well as the focus on health equity and specific actions to deliver on this important citywide ambition to improve the health of the poorest the fastest.

LCH have been actively involved in the citywide work to listen and act on the feedback from people through the People's Voices Partnership and the How does it feel for me? Project which seeks to ensure that care and involvement is joined up across different health and care organisations. It is really positive to see the 3 x Cs of Communication, Co-ordination and Compassion referenced which align well with the LCH ambition to deliver person centred care.

It is great to see that key focus one and key focus two recognise the vital importance of engagement with patients, carers, families and communities and actions based on learning from that insight. It will be good to see how the Engagement Principles are used throughout LCH in the coming year, supported by the introduction of the new Patient Safety Incident Response Plan.

LCH deliver key services to the people of Leeds and are a key

organisation for health and care in Leeds. Their leadership and vision around joined up, person centred, holistic care will be key as we move forward as a city and we look forward to working with them to ensure that the voice of people is central to those ambitions.

We are keen to continue our positive working relationship with the Trust to be able to share some of the feedback we receive (such as issues around long waiting times to access CAMHS) and for LCH to receive this insight in a positive manner and to act upon it where possible.

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.

Integrated Care Board

Once again, we extend our gratitude for the opportunity to provide feedback on the Leeds Community Healthcare NHS Trust's (LCH) Quality Account for 2023/24. The Integrated Care Board (ICB) acknowledges the efforts invested in not only reflecting on the past year but also outlining the strategic priorities for the forthcoming period. As the report is currently in draft form with further information such as Key Performance Indicators (KPIs), Commissioning for Quality and Innovation (CQUIN) anticipated prior to final publication, we appreciate the opportunity to offer our observations based on the existing content.

The document illustrates a commitment to excellence, innovation, and a patient-centric approach. Despite the

ongoing challenges posed by various healthcare dynamics, including the lingering impacts of COVID-19 and other health concerns, it is evident that LCH remains committed in its dedication to providing high-quality care to the community.

The alignment of priorities with strategic goals is positive, particularly the addition of a Strategic Goal focused on health equity. This reaffirms LCH's commitment to addressing disparities in healthcare access and outcomes, a vital step towards building a more inclusive and equitable healthcare system. Furthermore, the emphasis on equity throughout the priorities, underscores LCH's commitment to ensuring fairness and inclusivity in all aspects of its operations. The incorporation of equity considerations into decision-making processes and quality improvement initiatives reflects a genuine desire to reduce disparities and promote health equity across the community.

The outlined priorities for 2024/25 demonstrate a clear focus on enhancing patient experiences, empowering the workforce, fostering collaboration with partners, and ensuring prudent resource management. Each priority is articulated with precision, reflecting a thorough understanding of the challenges and opportunities within the healthcare landscape. Of note is the emphasis on personalised care delivery and digital inclusion, which underscore LCH's efforts to adapt to evolving patient needs and technological advancements. The commitment to workforce well-being and development is also noteworthy, as it acknowledges the pivotal role of staff in delivering exceptional care.

The initiative to establish a Leeds Community Collaborative represents a significant step towards fostering community engagement and facilitating care closer to home. By

leveraging partnerships and engaging diverse stakeholders, LCH demonstrates a proactive approach to addressing community needs and enhancing service delivery.

In conclusion, we praise LCH for its continued dedication to quality improvement and strategic planning. The Quality Account for 2023/24 serves as a testament to the organisation's unwavering commitment to excellence, innovation, and patient-centred care. We look forward to witnessing the realisation of the outlined priorities and collaborating with LCH in pursuit of our shared goals.

Thank you once again for the opportunity to provide feedback, and we remain committed to supporting LCH in its mission to enhance the health and wellbeing of the community.

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.

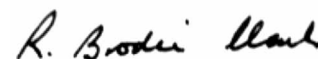
The content of the Quality Account is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2023 to May 2024.
- Papers relating to quality reported to the Board over the period April 2023 to May 2024.
- Feedback from North West Yorkshire Integrated Care Board on 3 May 2024 and Healthwatch Leeds received on 8 May 2024.
- 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 October 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 2023

Brodie Clark CBE, Chair



Signed Date: 31 May 2023

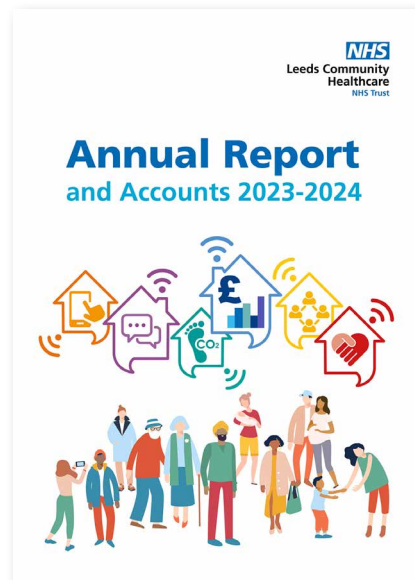
Sam Prince, Interim Chief Executive

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2023/24 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 2023/24 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance
Quality Account 2023/24 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
Building Three
White Rose Office Park
Millshaw Lane
Leeds
LS11 0DL

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.

Change Programme – a programme of quality improvements and services changes.

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.

Data Protection legislation – articulates our organisation’s responsibilities regarding the data we hold, including compliance with the principles of GPDR, the upholding of Data Subject rights and our obligations regarding data protection by design and default, records of processing activity and information security.

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.

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.

Length of stay (LOS) – a clinical metric that measures the time elapsed between a patient’s hospital/recovery hub admittance and discharge.

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 – 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.

Primary Care Networks – in response to the NHS Long Term Plan and to meet the needs of our populations and communities GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks.

Reason to reside – every patient is reviewed against nationally set criteria to determine if they have a ‘reason to reside’ in hospital. This falls under four pre-determined categories - Physiology, Treatment, Function and Recovery. If the patient does not have a reason to reside a discharge plan should be in place.

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.

Staffside – the interface between Trade Unions, Professionals Bodies and an organisation.

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.

Transfer of Care – Transfer of Care Hubs are local hubs where health and social care work together across sectors to support effective discharges to best support recovery and admission avoidance.

Third Sector – a term used to refer to organisations working within the health and social care economy that are non-government and often not for profit, such as charities and voluntary groups and associations.

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 2023/2024. You can also view this document via our website at

www.leedscommunityhealthcare.nhs.uk