

Quality Account

2024-2025



Leeds Community
Healthcare
NHS Trust



About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, inform the public about the quality and standard of services from providers of NHS healthcare and are required by the Government to help NHS Trusts maintain focus and improve the quality of care for patients. They also provide an update on the services delivered.

Leeds Community Healthcare NHS Trust (LCH) Quality Account looks at:

- Where our Trust is performing well and where we need to make improvements.
- Progress we have made against the quality priorities we set previously, and explains our new priorities for the next year.
- How the public, patients, carers and staff were involved in making decisions on these priorities.

By producing this Quality Account, LCH can demonstrate our commitment to continuous evidence-based quality improvement. It also explains our progress to patients and their families, the public and those who have an interest in the services that the Trust provides.

The focus of this Quality Account is to look back and celebrate our achievements in 2024/25 and identifies how we have and will continue to address issues that have challenged us. Our Quality Account also looks forward to 2025/26 and highlights how we will progress and manage our ongoing priorities and challenges.

This helped us
achieve **GOAL ...**

Throughout the document you will see this symbol identifying how our initiatives helped us to achieve our Strategic Goals and Trust Priorities in 2024/25. Some terminology has been highlighted in **green text**; more explanation of these terms can be found in the glossary.

If you would like this information in another language or format such as large print, please contact LCH by calling **0113 220 8500** emailing lcht.lch.pet@nhs.net or visiting this web page: <https://www.leedscommunityhealthcare.nhs.uk/contact-us/>

Contents

Part 1: Introduction

Introduction from the Chief Executive and Chair of Leeds Community Healthcare NHS Trust	4
About Leeds Community Healthcare NHS Trust	5
Vision and Values	6
Our Partners	7
Patient Stories	6
Youth Board	11
Patient Safety Partners	12

Part 2: Review of Quality

Patient Experience	14
Review of Quality Performance 2024/25	19
Integrated Approaches	28
Supporting Quality Improvements:	
- Trust Improvement Groups	34
- Adult Business Unit	36
- Children's Business Unit	41
- Specialist Business Unit	52
Our 2025/26 Trust Priorities	62
Feedback from Engagement	62

Part 3: Quality Improvement

Patient Engagement	63
Infection Prevention and Control	65
National Patient Safety Strategy	67
Patient Safety Summit	68
Patient Safety Incident Reporting	69
Learning from Deaths	69
Learning from Lives and Deaths	72
Other areas of Improvement:	
- Learning Disability	74
- Safeguarding	75
- Clinical Education	75

Health Equity, Inclusion and Wellbeing:

- Workforce and Leadership	77
- Health Equity, Inclusion and Wellbeing	77
- Staff Health and Wellbeing	80
- Workplace Disability Equality Standard (WDES)	81
- Workplace Race Equality Standard (WRES)	82
- Race Equality Network	83
- Disability, Neurodiversity, Long-Term Conditions Network	83
- LGBTQIA+ Staff Network	84
- Freedom to Speak Up	85
- Library Service	87

Celebrating Success

Board Assurance:

- Statement of Assurance from the Board	95
- Medicines Optimisation and Management	95
- Review of Services	96
- Clinical Audit	96
- National Clinical Audits	96
- Local Clinical Audit	98
- NICE Guidance	103
- Clinical Research	103
- Data	105
- CQUIN	107
- Core Indicators	108
- CQC Statements	110

Part 4: What Other People Think of Our Quality Account

Comment from Healthwatch and Leeds ICB	111
Statement of Directors' Responsibilities	114
Acknowledgements and How to Comment	115
Glossary	116
Acronyms	123

Part 1: Introduction

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

Welcome to the Leeds Community Healthcare NHS Trust (LCH) Annual Quality Account for 2024/25.

We are incredibly proud of our achievements this year, despite the challenges faced by the NHS. LCH launched the Quality and Value programme in May 2024. This internal initiative is helping us collaborate to deliver person-centred, high-quality care in the most clinically and cost-efficient manner.

Reflecting on the priorities outlined in last year's Quality Account, LCH has made significant progress in enhancing the effectiveness and quality of our service delivery, during these difficult times. We hope that as you read this summary of our work you will also share in our pride.

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.

We welcome your feedback, so please don't hesitate to get in touch with any questions, reflections or suggestions.



A handwritten signature in black ink, reading "R. Brodie Clark", with a horizontal line underneath.

Brodie Clark CBE
Chair



A handwritten signature in black ink, appearing to read "Selina Douglas", with a horizontal line underneath.

Selina Douglas
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 Inspection in 2019 rated LCH as 'Good' overall, with Community Sexual Health Services rated as 'Outstanding'. This marks an improvement from the previous inspection, where LCH was rated as 'Requires Improvement'. Our goal is to build on our overall 'Good' rating by sharing learning and excellence in practice across all our services.



Team LCH

Watch this four-minute video 'LCH - A Lifetime of Care', explaining how LCH provides care in the community through the various perspectives of a family receiving care from our colleagues:

<https://www.youtube.com/watch?v=cFQNVwl8xdA>

Vision and values

Our vision, values and behaviours guide and influence how we work. At LCH, we call this way of working 'Our Eleven,' as shown on page 6. Our eleven represents the way we deliver our services and defines who we are as an organisation. It illustrates that **we provide the best possible care to every community**.

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):

 <p>Caring for our patients</p> <ul style="list-style-type: none"> • Seeing things from their point of view. • Acting on individual needs in the best way we can. • Treating people with respect, dignity, kindness. • Ensuring we keep high quality and complete patient records. 	 <p>Making the best decisions</p> <ul style="list-style-type: none"> • Being willing to take a decision. • Gathering sufficient information from the right sources. • Making decisions which are logical and evidence-based. • Taking a long-term view about what is best for the future of our patients and the Trust. 	 <p>Leading by example</p> <ul style="list-style-type: none"> • Being clear about what needs to be done. • Helping others to develop their abilities. • Acting as a role model by taking responsibility. • Keeping our promises and being prepared to say what we think. • Setting high standards for ourselves and others. 	 <p>Caring for one another</p> <ul style="list-style-type: none"> • Being thoughtful in the way we treat one another. • Keeping our emotions under control. • Listening to one another. • Being sensitive to other people's situations. • Treating them with kindness. • Being flexible in the way we work with others. 	 <p>Adapting to change and delivering improvements</p> <ul style="list-style-type: none"> • Looking at the way things are done now and suggesting new ways of working. • Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust. • Being able to adapt to new ways of working and to changes in the ways in which we deliver care. 	 <p>Working together</p> <ul style="list-style-type: none"> • Being supportive of colleagues. • Building relationships both inside and outside the Trust. • Communicating clearly and persuasively. • Being open to others' ideas. • Finding out what is important to others in order to get things done. 	 <p>Finding solutions</p> <ul style="list-style-type: none"> • Adopting a positive approach to problems. • Looking for ways to solve them. • Showing a sense of enjoyment and commitment to what we do.
						

Our Partners

It's important for Leeds Community Healthcare NHS Trust (LCHT) to work with other partners to improve patient care, share resources, and address health inequalities more effectively. Collaboration helps provide integrated, comprehensive services tailored to the needs of the community.

Partners we work with:

We work closely with a range of partners to help LCH deliver high-quality, integrated care to the community. These include the following:

Leeds GP Confederation

Enhance primary care services across through the 19 primary care networks in Leeds.



Leeds City Council

Focus on joint initiatives that address health inequalities, enhance community health services, and provide integrated care to Leeds residents.



Leeds and York Partnership NHS Foundation Trust

Deliver integrated mental health services and provides holistic physical and mental health services.



Leeds Academic Health Partnership

Bring together the three universities in Leeds (Leeds Beckett University, Leeds University and Leeds Trinity University), local NHS organisations including LCH, Leeds City Council, Leeds City College, the West Yorkshire Health and Care Partnership, industry, and third sector partners.



Leeds Health and Care Partnership

Bring together health and care organisations, including the NHS, Leeds City Council, Healthwatch, and the third sector. The partnership aims to improve health outcomes, reduce health inequalities, and provide integrated care across Leeds.



The Leeds Teaching Hospitals NHS Trust

Collaborate and ensure patients receive comprehensive care across different settings.



Leeds Health and Care Academy

Develop and support training for the Leeds healthcare workforce.



Healthwatch Leeds

Ensures that patients and the community are heard in planning and delivering our services, and improves quality by using their feedback to meet their needs.



Our main commissioners are:

Leeds Office of the West Yorkshire Integrated Care System (Leeds ICS)



West Yorkshire Health and Care Partnership



Leeds Health and Care Partnership



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 demonstrated in the care delivered by LCH. Some examples include:

Cooper's story: using the Children's Community Intravenous Service

Twelve-year-old Cooper's journey with bacterial meningitis was a challenging time for both him and his family. After his diagnosis, he was admitted to the hospital and given a course of antibiotics to fight the infection. After a short stay, he was discharged.

To ensure his recovery continued smoothly, the Community Children's Nursing Team arranged for Cooper to receive care at home. For the next three days, a nurse visited him daily, providing essential support while allowing him to rest in a familiar and comfortable environment.

His father, Peter, shared how much of a difference this made:

As a parent, I think the service is invaluable. It's great for moving patients through quicker. Cooper struggled to sleep because of the meningitis because it was very noisy and busy on the ward, so coming home was good for his recovery.

Being at home allowed Cooper to heal in a quieter setting, surrounded by his family, while still receiving the care he needed. His story highlights the importance of community-based healthcare and the positive impact it has on patients and their families.



The Children's Nursing Team at LCH now offers intravenous (IV) antibiotics to children and young people at home. The new Children's Community Intravenous Service allows children under the care of Leeds Children's Hospital, part of Leeds Teaching Hospitals Trust, to continue their care at home if they are well enough to be discharged. This service provides convenience and ease for many parents and children in the region.

Dorothy's story: receiving collaborative, person-centred care

Dorothy, a retired teacher, had been attending the Integrated Clinic for treatment of a persistent leg ulcer. Her wound was managed with compression bandages, and as it improved, she transitioned to wearing hosiery. Once Dorothy's ulcer had fully healed, she needed help to wash her legs and replace her hosiery.

During her weekly visits, staff learned that after her career as a teacher, she had gradually withdrawn from social life due to increasing anxiety and social phobia. She deeply missed connecting with people.

The Integrated Clinic staff recognised the impact and used the What Matters to Me tool to explore her personal goals and aspirations. Dorothy expressed a strong desire to meet new people and regain a sense of social connection.



She was introduced to the local Self-Management Health Hub. Facilitators took over her leg care routine, but more importantly, Dorothy had the opportunity to engage in activities run by Enhance, helping her to rebuild confidence and reconnect with others.

On her first visit, the staff at the Health Hub met her at the door, introduced her to other attendees, and made sure she felt comfortable. Since then, she has continued attending every week and now describes it as 'the best part of my week'.

This story is a testament to the power of collaborative, person-centred care. By working together, the Integrated Clinic, Self-Management Health Hub, and Enhance teams not only provided essential physical care but also supported Dorothy in reclaiming her confidence, independence, and joy in social connection.

Jen's story: integrated working between the Speech and Language Team and Occupational Therapy

Jen received support from the Speech and Language Team and Occupational Therapy, which made a huge difference in her daily life.



"The team was incredibly helpful and helped me understand more," Jen shared.

One of the most significant moments for Jen was using Biozoon, an innovative system that transforms liquids into intensely flavoured foams. This allowed her, as someone who is 'nil by mouth' due to difficulty in swallowing, to safely experience different tastes without the risk of choking or aspiration.

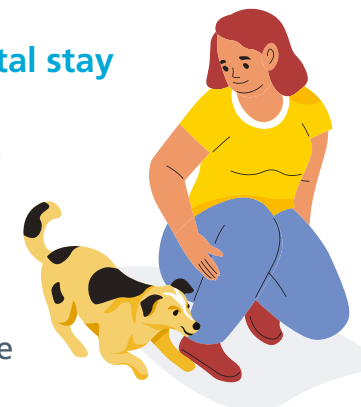
"I felt so proud," she said. Being able to go out with her family and enjoy the simple pleasure of sitting in a café was a wonderful experience. "Having a coffee again, even in this form, was amazing. I haven't felt like that in such a long time," she reflected.

Jen is deeply grateful for the support she received and would like to thank the entire team. She said:

There is nothing I would change about my experience because everyone has been so wonderful.

Susan's story: receiving intravenous antibiotics at home to avoid a hospital stay

In October 2024, Susan, a 54-year-old woman, was referred to the Outpatient Parenteral Antibiotic Therapy (OPAT) service for intravenous (IV) antibiotics using a 24-hour device. OPAT allows patients to receive necessary antibiotic treatment for serious infections at home or in a community setting, avoiding hospital stays.



Susan was receiving treatment for a mass in her abdomen, associated with her bowel cancer, diagnosed in April 2024. She was known to the Oncology team at LTH for her palliative chemotherapy and was supported by St Gemma's Hospice for symptom control of nausea and vomiting. Susan was not medically fit to be discharged until November 2024.

Eager to return home to her husband, daughter and small dog, Susan was offered a daily outpatient clinic appointment. However, due to the side effects of her chemotherapy, daily

travel was too strenuous. In November 2024, the Community Intravenous Antibiotic Service (CIVAS) stepped in and began visiting Susan at home, ensuring no delay in her treatment. Initially, OPAT nurses made and filled the devices at Susan's home, as pre-made devices from the pharmacy were not available in time. Once the pharmacy could deliver, Susan continued her treatment with CIVAS until December.

I was so grateful to be cared for at home at this very challenging time. All I wanted was to be back at home with my family and for everything to feel as normal as it could be.

Alice's story: receiving personalised care

Alice, a 94-year-old lady, was referred to the Community Intravenous Antibiotic Service (CIVAS) in October 2024 for regular blood tests. She had a diabetic foot wound and bone infection in her left foot.

Alice was very frail and lived alone with several health conditions. CIVAS visited Alice weekly to take blood samples and monitor her health while she received antibiotics. Alice stayed well during her treatment. The CIVAS team considered Alice's quality of life and ensured she remained comfortable and supported. Her care was personalised to her specific needs, which enabled Alice to receive treatment at home.



This meant that a lady with complex health issues and difficult circumstances could avoid having to travel to other NHS services to significantly improve Alice's quality of life and reduce extra pressure on other services.

I was so glad the team could visit me. I didn't have to leave home in all that cold weather and walk to the bus stop.



The Youth Board membership continues to grow. Currently 56 young people aged 14 - 21 are members and help us develop our children's healthcare services.

Here is what some of group said about the Youth Board and why they joined:

I like how great of a community the Youth Board is. The people are wonderful, and this allows everyone to join in, with various activities or projects that fit around your schedule. I initially started looking for volunteering in healthcare and the Youth Board has provided so much more - from helping with recruitment processes, to PLACE inspections, to giving feedback on documents that will be sent out to help people. Overall, it has helped me greatly over the year since I have started, allowing me to meet new people and learn new skills!! **Sami**

I was looking for different opportunities to explore my interest in healthcare and see if it's what I wanted to get a career in when I'm older. What I like most about the Youth Board is that it provides excellent opportunities such as shadowing and the staff try incredibly hard to make the meetings as accessible as possible for everyone. **Deedan**

The youth board has given me the opportunity to be part of the interview process of future NHS staff, where I was able to give my opinion as a young person on applicants. It has allowed me to understand the importance and impact of young people on the NHS, as the staff treat people from all ages. **Abigail**

When I first heard about the Leeds Community Health Care Youth Board I was with Dominic Carole (Speech and Language) and he said for someone who is extremely interested in a NHS health career this is perfect.

I asked my teacher at the Academy to contact the Youth Board for me and before I knew I was on a Team's meeting with Chris!

I fell in love with the programme immediately and I thought it was an amazing opportunity to be involved about care here in Leeds.

I remember the first teams meeting, I sat and really listened to everyone, and I felt like I belonged, and this was confirmed at the face to face meeting in the Leeds library in May. **Alex**

The following are some examples of the consultation and projects that we have taken part in during the previous 12 months

We held our second Children's Management Team (CMT) Take Over Event in October. At the takeover event the Involvement Self-Assessment Tool was launched by members of the Youth Board. This tool will enable services to assess children, young people, parent and carer involvement within their service.

Members of the Youth Board also spoke about what is important to young people in Leeds around health and they highlighted that access to services should be fair and accessible to all young people.

We were joined by members of staff at the takeover event and Melissa from our Business Development team suggested that she would like to introduce a Buddy scheme idea for Youth Board members.

Melissa spoke about this idea and suggested that staff, if they wish, could 'buddy up' with a member of the Youth Board. The scheme may be useful for those looking for careers within the NHS or those who would like a greater insight into the NHS and the wide range of roles both non-medical and medical.

There are benefits as well for our staff who may wish to take part as they can contact one of our members if they have a question. For example, 'which social media platforms do young people use at the moment?' or need feedback about something they are developing in their service. The scheme is in its early stages and the pilot started in March 2025.

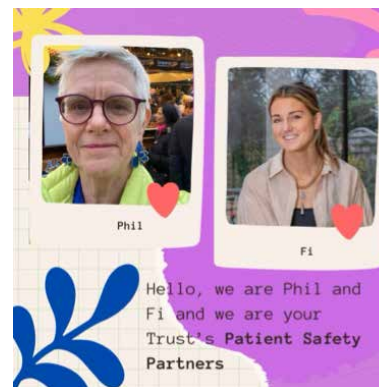
Here are some examples of what we have achieved so far:

- We helped Leeds Health and Care Academy as they created a career development tool.
- When Leeds University were designing their Children's nursing training we shared our opinions about the qualities needed for a children's nurse.
- We took part in staff interviews when the children's business unit were recruiting, and now we have a certificate to add to our CV.
- We designed a poster for the Public Health Integrated

Nursing Service (PHINS) Immunisation Team to promote vaccine uptake by children and young people.

- We helped with the evaluation and scoring process as the Information Hub was developed.
- We piloted how we could involve Youth Board members in taking part in quality walks. Matilda from the Youth Board took part in a quality walk for the Mind Mate support team and helped us to develop a process that involved young people. We have worked with the Clinical Effectiveness Team and, with Matilda's feedback and support, developed a process to allow our Youth Board members to join future quality walks in our children's services.

Patient Safety Partners



Patient Safety Partners (PSPs) are volunteers who work with the LCH clinical governance team, focusing on patient safety and engagement.

They act as advocates for patients, helping to improve communication and understanding. They genuinely want to help make people's experiences of the NHS easier to navigate, safer and ultimately

more positive. The key role of PSPs is to:

- Support Service Leads by sharing feedback on plans; they can help with outreach by visiting health centres and community spaces to gather real feedback from people.
- Offering honest feedback to services by identifying areas for improvement.

- Giving patients a voice by helping them to feel heard they give patients a chance to discuss their care.
- Improving communication by helping NHS workers to make information easier to understand and more accessible.

Achievements of PSPs so far:

Attended Quality Committee Meetings

They ask important questions and hold the Trust accountable.

Joined Quality Walks

They offer an outsider's perspective on care standards and suggest improvements when they join visits to our services along with senior leaders.

These Quality Walks are part of our internal quality assurance process.

Improved Patient Communications

They offer feedback to make information we share with patients and carers more accessible and inclusive.

Part 2: Review of Quality

Patient Experience

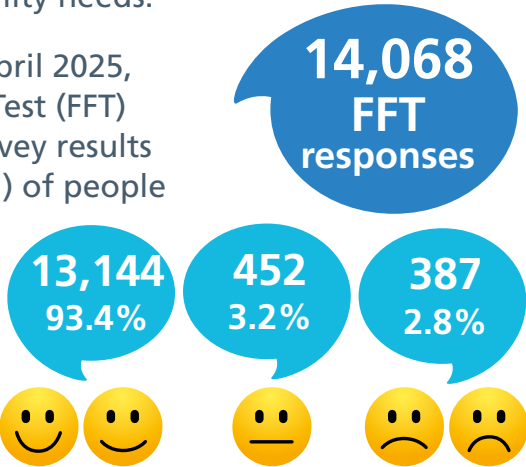
The Patient Experience and Patient Engagement Team have faced a challenging year as core colleagues within the team progressed into new roles. The Trust supports all staff to develop. The Team was required to work within business continuity which means only statutory work has been completed for the second part of the year and has impacted some of the central experience and engagement work planned.

Patient and Service User Satisfaction

(The data was extracted from a live system on 9 April 2025)

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 co-produced 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 2024 - 1 April 2025, 14,068 Friends and Family Test (FFT) responses were shared. Survey results showed that 13,144 (93.4%) of people using our services felt they were good or very good, 387 (2.8%) as poor or very poor. 452 (3.2%) respondents felt the service was neither good



nor poor. For our inpatient community setting at Hannah House there were five respondents, four reported very good and one good.

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 form which will be added to our external web pages and pro-actively 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 'making information accessible' intranet 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 dependant on their communication needs.

Complaints, concerns and compliments

(The data is taken from a live system and was retrieved on 9 April 2025)

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 2024/25 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 equates to a minimal 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	2024-25
Compliments	982	929	965	933	1064
Concerns	366	594	544	342	381
Complaints	103	101	145	144	145
Total	1451	1624	1654	1419	1590

Complaints and Parliamentary and Health Service Ombudsman (PHSO) standards

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 145 complaints received in 2024/25. Of the 145, 138 related to LCH services only, 7 related to LCH and other organisations (multi-sector complaints).

As LCH is a provider of NHS funded services we comply with the NHS regulations. If people are unhappy with the outcome of their complaint, they can ask the Health Service

Ombudsman for a further review. In 2024/25 the Ombudsman requested information for four complaints for LCH. Three remain under review and one has been closed with no further action required.

Complaints received within the year by Team/Service:

The teams with complaints above ten have been included. The remaining complaints were received across 30 teams, with 21 teams receiving fewer than five complaints and six teams receiving one complaint. This is a similar complaints position compared to 2023/24.

Service	Complaints
CYPMHS	24
LMWS	16
MSK and Rehabilitation	12

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	43
Attitude, conduct, cultural and dignity issues	30
Access and availability	16
Appointment	12

Learning from complaints

LCH is committed to learning from complaints to continually improve services and continue to share learning from complaints and develop learning posters for learning that applies to the wider organisation.

At Trust level

Our Trust Priorities for 2024/25 and continuing into 2025/26 are developed with consideration of our complaints and concerns. Progress against the priorities are 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

Spotlight on LMWS

Complaints to LMWS fell into the primary categories of 'Attitude, conduct, cultural and dignity issues', and 'Clinical judgement/treatment'. Within these themes emerged across all subjects around communication as detailed below.



Lack of specific detail in communication with a client or GP around the reason for discharge, understanding onward referral, and breakdown in communication around client appointments/arrivals: Complaints indicated that on four occasions the letters explaining discharge and reasons for discharge from the service were not detailed enough and led to a misunderstanding about why treatment was not continued. In each case the service was not able to offer therapy because what the client requested was not in line with clinical guidance, or with what the service could offer (e.g. assessment of psychiatric diagnosis). This was particularly relevant to clients presenting with complex emotional needs

around Post Traumatic Stress Disorder and where referrals were made to services more suitable for their presenting issues.

Improvements around communication:

- The need for information on discharge letters to be more specific and, where possible, to be agreed with clients prior to discharge. This is part of a policy update being created by our clinical leads and will be discussed in team meetings.
- We will also provide consistent and clear communication to our patients around the purpose of an assessment. There will be clear expectations in relation to treatment offers, including explaining where further assessment reveals that we are not the right service to meet a person's needs, and that we will refer on to appropriate services, with their consent, where such a service exists.
- We have made clear to our screening hub the policy around supporting new parents in the service. Some modalities of therapy will need to adjust what can be offered due to the impact of having a baby in the session for both parent and child.
- We have updated the policy to make therapists aware that when supporting parents with newborns, we should not place them back on the waiting list when trying to look a more suitable option for them. We should arrange this through direct consultation with line managers.
- We have taken action to ensure all staff are aware of the problems with clients accessing a particular clinic (non-NHS building) without the knowledge of the clinicians. This had led to late starts for appointments. Clinicians will regularly check the waiting area for their clients.

Further examples of specific learning across the Trust are detailed below:

You shared:

MindMate SPA: There was no option given to let the service know of a parent’s communication preference when making an online self-referral.

We did:

The service reviewed the online self-referral form, and given the feedback, plan to incorporate communication preferences as part of the self-referral process.

You shared:

ICAN: A Complex Communication and Autism assessment was shared via report to a parent, following the request for this to be shared verbally.

We did:

This learning was shared amongst Speech and Language therapists and Clinical Psychologists to ensure communication preferences are taken into consideration when sharing such information.

You shared:

ICAN used the term ‘problem’ in a letter to a parent regarding their decision to home-school their child.

It was acknowledged that this wording carried a negative connotation.

We did:

The service identified the need to review the language used in verbal and written communication.

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 upon to reach a resolution.

In 2024/25, there were 381 new concerns received, compared to 342 new concerns in 2023/24. This represents an 11.1% increase in the number of concerns.

All concerns are shared with the relevant service. Wherever possible, concerns are responded to directly, and services use the feedback to create improvements.

Concerns received within the year by service:

Service	Concerns
MSK and Rehabilitation	56
CYPMHS	52
Podiatry	42
LMWS	41
West 1 NHT	13
West 2 NHT	13
North 2 NHT	12
Community Neurology Rehabilitation	12
ICAN West	11

Concerns received in year by subject:

Subject	
Appointment	89
Access and availability	68
Clinical judgement and treatment	53
Attitude, conduct, cultural and dignity issues	46
Communication issues with patient	20

Compliments

There were 1064 compliments received during 2024/25. Compliments are received in various forms including in writing and verbally.



Compliments by service:

Service	Compliments
CYPMHS	240
Dietetics	81
Patient Flow	77
Adult City-Wide Services	69

Those teams with above 50 compliments have been included for the interim report.

Review of Quality Performance 2024/25 and Priorities for Quality Improvement 2025/26

This section reviews the priorities we set for 2024/25 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 2025/26. Progress against the Priorities and any escalation of concerns are reported to the Trust Leadership Team and Board three times a year.


The table below includes highlights of our work, with more detailed summaries on the following pages.

Please note: More information can be found in the glossary when the text is written in green, or click on the embedded links.

Strategic Goal One: We will 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.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Key focus 1.1: We will ensure our care pathways are robust to ensure our patients receive the most appropriate intervention to meet their needs.	<p>A three year Quality and Value Programme to balance patient safety, quality, equity, and sustainability with NHS cost improvements.</p> <p>£15.8m for 2024/25 saved using quality improvement methods to review services and pathways with less funding.</p> <p>Eleven service redesigns are in progress, with teams reviewing patient data and working with partners, including the Older Peoples Forum.</p> <p>Tier 3 Weight Management December 2024 release of Tirzepatide (brand name Mounjaro ®). Introduced as an option in the core service. Two year trial for 20 people with West Leeds Primary Care Network. The Tier 3 Weight Management Service will manage the lifestyle offer and PCN the medication.</p> <p>The Neighbourhood Response Team (NRT) was introduced in March 2024. A new approach to nursing care in our Neighbourhood Teams (NT) by managing urgent, unplanned care within 0-24 hours. The NRT work alongside the Neighbourhood Core Team who manage routine, planed care.</p>

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1.2: We will use digital technology to improve our services for patients who can use it, and we will work to help more people access digital tools.</p>	<p>Wound Care App: Morley NT have tested a new app for remote wound management to speed up healing times. Testing highlighted some concerns that are now being reviewed.</p> <p>SystemOne Connect: This system helps manage patient records and appointments. It is being tested in Leeds Sexual Health Service (LSH) and has reduced administration time. It allows patients to self-refer, manage appointments, and request prescriptions online.</p> <p>100% Digital Leeds: This program aims to make Leeds digitally inclusive. A training video and a digital inclusion questionnaire help identify and address barriers to digital access for patients.</p> <p>Information Hub: LCH's new digital hub will provide a single access point for patient information and improve communication. It went live for Leeds Sexual Health in November 2024, and the rest of the Trust followed in March 2025. The design is based on user feedback. The ReciteMe accessibility toolbar is available on all pages so patients can translate content into different languages, fonts, colours etc.</p>
<p>Key focus 1.3: We will work in partnership with patients, families, patient representatives, diverse communities, and professional partners to maximise our service delivery.</p>	<div data-bbox="616 635 907 861">  </div> <p>When addressing patient concerns or complaints, we use the Leeds Health and Social Care 3Cs framework: communication, compassion, and coordination. This means we:</p> <ul style="list-style-type: none"> • Analyse concerns and complaints to find common issues. • Use the 3Cs Framework when investigating patient safety incidents to learn and improve care quality and outcomes. <p>Interpreter Access: The Patient Experience Team has improved access to interpreters by providing clear guidance and multilingual leaflets on MyLCH. This ensures interpreter needs are identified early and met during waiting times and appointments. They also updated information in plain English and added a page about the legal requirement for accessible information.</p> <p>Leeds Parent Carer Forum: This voluntary group works with various services to improve life for children with additional needs and their families. LCH collaborates with them to ensure parents' and carers' voices are heard in service development.</p> <p>Patient Safety Partners: LCH has two independent Patient Safety Partners who act as patient advocates. They participate in Quality Walks, review literature, and attend Quality Committee meetings to help improve healthcare quality and performance.</p>

Strategic Goal Two: We will enable our workforce to thrive and deliver the best possible care.

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

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Key focus 2.1: Enhance leadership skills to ensure team leaders understand their roles in managing people, with a clear focus on promoting health, wellbeing, and improving attendance at work.	LEAD Programme: We developed and launched a programme to support managers through the Quality and Value initiative. BME Talent Management: We implemented a programme for BME staff to ensure diversity in training cohorts, targeting under-represented groups for career development opportunities. 42 delegates enrolled. Inclusion Training: 100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the Leadership Essentials course.
Key focus 2.2: Support our staff to be as efficient and productive as possible, by using digital tools and technology.	Applicant Tracking System: Was implemented in July 2024; it has led to a significant reduction in vacancies. We now fill 90% of our vacancies with greater inclusion of applicants from hard-to-recruit roles, compared to 2020/21. Well-Led Dashboard: Was developed and produces automated reports every month, so managers have robust, up-to-date information to support their teams. eRostering: This is now fully implemented, allowing services to plan and allocate appointments based on the correct skills and capacity of the team. That means that the right staff are in the right place at the right time, improving workforce productivity and patient care.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 2.3: Increase staff retention by responding to staff survey and workforce data, continuing to advance our Equality, Diversity, and Inclusion (EDI) agenda, and promoting our staff health and wellbeing offer.</p> <div data-bbox="168 550 571 646">  </div> <p>The Carer Confident benchmarking scheme helps employers to build a supportive and inclusive workplace for staff who are or will become carers. Carer Confident employers recognise the importance of retaining valued members of staff, reducing absence and unnecessary recruitment costs, and increasing staff resilience, engagement and productivity.</p>	<p>Workforce Race Equality Standard (WRES) Improvement: Since April 2024, 14.5% of the LCH workforce are from Black, Asian and Minority Ethnic backgrounds, up from 10% in 2021; we aim to increase this to 18% by 2028.</p> <p>Discrimination Gap: Staff survey results show a 50% reduction in the discrimination gap for disabled and BAME respondents, from 5.45% to 1.11%, with a goal of closing the gap completely.</p> <p>BME Recruitment: We have implemented a fair recruitment process for BME staff, ensuring equitable opportunities through unbiased job postings, diverse interview panels, and transparent selection criteria</p> <p>Support Groups: Staff groups have been established, including Disability, Neurodiversity, and Long-term Conditions groups.</p> <p>Carer Confident: LCH is now a carer confident accredited employer.</p> <p>Health and Wellbeing: 5% more staff now report positive action on health and wellbeing. Health and wellbeing conversations are now a regular part of employee-leader interactions, supported by leadership training and updated appraisal paperwork.</p> <p>NHS Staff Survey: We achieved a high response rate of 60% through a combination of a dedicated resource to engage staff including use of a communication and engagement plan through sponsorship from the CEO, directors, and general managers.</p> <p>A new flexible working approach has been introduced, with some form of flexible working taken up by >50% of LCH staff.</p> <p>The overall turnover rate during the year has remained consistently below the 14.5% target, ranging between 9.3% and 10.9%.</p> <p>Overall sickness absences during 2024/25, has been trending upwards since the start of the year and continues to be higher than the previous year. Our focus remains on supporting the prevention of and return from long-term sickness absence, where stress/anxiety/depression remains the most prevalent reason for absence.</p>

Strategic Goal Three: We will collaborate with partners to enable people to live better lives.

Trust Priority: We will develop a Leeds Community Collaborative in partnership with primary care and third sector colleagues to amplify the community voice and facilitate Care Closer to Home.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 3.1: Explore opportunities for Care Closer to Home (the full spectrum from acute care to self-management) as part of the Quality and Value Programme.</p>	<p>Home Ward Referrals: Appropriate referrals are now accepted from The Mount, an older persons inpatient unit for those with mental health needs, they prevent acute hospital admissions and ensure consistent care regardless of patient location.</p> <p>Hospital Avoidance: This initiative supports the system by avoiding hospital admissions and ensuring patients receive care in the right place.</p> <p>Active Recovery (AR) Pilot: The AR pilot will now handle all step-down referrals needing a response within 72 hours and all medically stable therapy urgent response step-up referrals. The model is being developed, rolled out, and tested.</p> <p>New model of Enhance rolled out with support targeted at the five Neighbourhood areas with the highest levels of deprivation (the percentage of people living in IMD1 and 2): Middleton, Beeston, Armley, Seacroft and Chapeltown. Neighbourhood Teams in these areas will be able to refer to Enhance for support with enabling attendance at Clinics and Health Hubs. Delivery Partners can provide more intensive support at home for these patients. Enhance funds a Self-Management Health Hub in four Neighbourhood Team areas: Beeston, Armley, Seacroft and Chapeltown.</p>
<p>Key focus 3.2: Aim for a collaborative Alliance (including the third sector, and primary care partners) to become the sole provider of various intermediate care services.</p>	<p>Work with partners to develop a Community Collaborative has not progressed due to key national policy developments:</p> <ul style="list-style-type: none"> • The requirement for ICBs to establish Provider Collaboratives. West Yorkshire ICB has requested that 'Provider Reviews' are undertaken at 'Place' level to determine Provider Collaborative arrangements, to complete by September 2025. • The requirement for ICBs, local authorities and health and care providers to progress development of a Neighbourhood Health model in 2025/26. • Discussions are underway within and across health care partners to agree our collective ambition and approach. Further guidance is expected in the 10 Year Health Plan which is due to be published in June. <p>Community Dental: The incumbent providers across West Yorkshire (Locala, Mid Yorks NHS Trust, Bradford District Care Trust and LCH), have been working together as a collaborative for 15 months, supported by the ICB, to understand, improve and integrate care across the West Yorkshire Region. We were part of a West Yorkshire collaborative bid for the new service with Bradford District Care Trust acting as the coordinating provider and LCH remaining responsible for the Community Dental Service in Leeds. We are delighted to announce we won the tender and will be mobilising from 1 April 2025.</p>

Here is an example of how the collaborative Alliance can work:

For the past 15 months, the West Yorkshire Integrated Care Board (WYICB) has supported current West Yorkshire dental care providers to understand, improve, and integrate dental care across the region. The WYICB will consider the process of buying this service (procurement) for Leeds residents to access from 1 April 2025.

In August 2024, a draft description of what the service should include and how it should be delivered (service specification) was shared with all providers for consultation using a Request for Information (RFI) process, which gathers information from suppliers who are considering applying to deliver the service.

While LCH submitted an individual response to the RFI, we also collaborated with West Yorkshire partners to create a joint response, aiming for a formal agreement to work together.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Key focus 3.3: Engage with the universities and business community to utilise their capacity and capability in innovation.	<u>Leeds Trinity University:</u> In 2024/25, a Speech and Language Therapist (SLT) developed and delivered a Level 7 Post-Graduate Certificate (PGCert) in Speech, Language, and Communication Needs at Leeds Trinity University. The university praised the course and renewed its contract with LCH to offer it again in September 2025. Additionally, a member of the Rehabilitation Team was awarded a <u>NIHR/DHSC Internship</u> , to develop clinical academic research skills while maintaining their clinical roles. <u>Leeds Beckett University:</u> Researchers are evaluating our Enhance programme which is a partnership between LCH and various third-sector organisations. It aims to understand its benefits to LCH. Findings will be shared once the evaluation is complete. Please see the Integrated Approaches section for more detail.

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

Trust Priority: We will ensure the Quality and Value Programme minimises negative impacts on those with the greatest need and maximises positive outcomes where possible.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Key focus 4.1: Improve data access and usage to understand and promote equity in access, experience, and outcomes.	Heartt App: This tool analyses waiting lists using protected characteristics (age, gender, race, disability, etc.). A meeting is planned to see if the app can help re-prioritize waiting lists. If approved, an action plan and proposal will be developed, and working groups will ensure timely and fair access to services. Equity Data on the Performance Information Portal (PIP): PIP is a searchable register of LCH reports) which is being developed to improve how data is analysed and presented, so it is easier to interpret. It will be re-structured into categories of access, experience, and outcomes . This measurement framework will serve as a starting point for equity measurement across LCH. The Equity Team is addressing missed appointments: Two citywide workshops and two internal follow-up sessions to address missed appointments were held. Key themes identified include: Improving written communication before appointments, shared decision-making during appointments, and follow-up after missed appointments.

Here is an example of how access to better data helped us reduce missed appointments and waiting times in 2024/25:

Addressing inequity in missed appointments and waiting times was selected due to its connection with the Quality and Value programme.

The aim was to reduce missed appointments and waiting times, particularly for people in the most deprived areas (IMD1). Currently, 10.7% of appointments are missed in IMD1, compared to 6.8% in IMD2-10. By aligning IMD1's rate with IMD2-10, we can save over 8,000 missed appointments per year and improve access to services and health outcomes.

People in IMD1 currently wait four days longer on average than those in IMD2-10 (IMD10 is the least deprived area of Leeds).

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Key focus 4.2: Collaborate with people and diverse communities to ensure their experiences influence equitable approaches to change, such as in the Quality and Value Programme.	In July, we co-hosted a workshop with Leeds City Council and Leeds Health and Care Academy to develop a citywide strategy for reducing inequalities and preventing ill health through our workforce. LCH will benefit from the opportunities from this workshop by putting the learning into action to enhance our workforce's ability to address inequity, beginning with registered professionals.

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 4.3: Use the Equity and Quality Impact Assessment (EQIA) process to make sure all changes in LCH consider equity.</p>	<p>We understand that service changes by LCH affect equity for patients and partners. For significant changes, we use an Equity and Quality Impact Assessment (EQIA); this is a process used to ensure that changes or decisions consider and address equity, making sure they are fair and inclusive for everyone. They support us to discuss system implications, risk mitigation and action planning with our partners, for example the Medical Director has used this approach by convening a forum to discuss changes to our musculoskeletal services.</p> <p>EQIAs are now a key part of the Quality and Value programme, with established processes and governance. An EQIA officer has been appointed to support their ongoing use in decision-making.</p> <p>61 EQIAs were opened.</p>

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

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

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 5.1: Make the best use of all Trust resources by maximising productivity and efficiency through service offers and pathway redesigns.</p>	<p>Service Redesign: 11 clinical services are being redesigned to achieve savings equitably and safely, including self-management functions, referral criteria reviews, and digital innovations.</p> <p>Financial Plan: 86% of the £15.8m savings target for this year has been identified, with 58% being recurrent savings for next year. We expect to achieve financial balance by year-end.</p> <p>Cost Savings: £143k has been saved so far by reducing spending on refreshments and venue hire compared to last year.</p> <p>Quality and Value Panel: This meets weekly to review business-critical vacancies and money spent on non-essential items and services (discretionary spending) over £10k. We use dashboards to track how well our 'safety net' controls are working.</p> <p>Liaison and Diversion Service: A tender was submitted in August 2024 with partners to provide a new regional L&D service. The Trust was not successful and has facilitated a supported and coordinated handover to the new provider.</p> <p>Leeds Sexual Health Service: an integrated restructure was launched in July 2024, this partnership includes LCH, Leeds Teaching Hospitals, Leeds GP Confederation, and Forum Central. They have a document that explains everyone's roles and responsibilities, but it is not legally binding (Memorandum of Understanding).</p>

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 5.2: Maximise our opportunities for IT, digital and estates transformation.</p>	<p>A digital business case was approved in September 2024 to increase LCH's digital capability to enhance service delivery.</p> <p>The Estates Strategy Implementation Board (ESIB) oversees the estate strategy. At the start of the year we saved £575k by streamlining leases and contracts. The Estates Workstream met its £1m savings target early, so now they can focus on savings for years 2 and 3, including closing and selling Otley and Horsforth Clinics. The remaining £425k will be saved through ongoing lease and contract rationalisation, as planned in Project 2 and Project 3.</p>
<p>Key focus 5.3: Explore commercial income generation and review corporate running costs.</p>	<p>Safeguarding Training Course: The Quality and Value Board approved the Children's Business Unit (CBU) Manager's proposal for LCH to offer a Safeguarding training course for trainee paediatricians to generate income.</p> <p>Leeds Early Attachment Observation (LEAO) Tool: The Children's Business Unit (CBU) is exploring an income opportunity via the LEAO tool, which helps assess caregiver-infant relationships. The Infant Mental Health team has 23 interested parties, but a training contract is not finalised yet.</p> <p>Physical and Dental Healthcare Tender Submission: In September 2024, we submitted a bid for two parts: Physical Healthcare and Dental, including Orthodontics at Wetherby Young Offenders Institute (WYOI) and Aldine House in Sheffield. We were successful for physical healthcare at these locations starting April 2025. Dental was won by a private provider and LCH will continue to deliver services throughout a planned transition period.</p> <p>Corporate Services Self-Assessment: All corporate services have completed a self-assessment and are planning changes through restructures, digital automation, and integration with other services.</p>

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

This section highlights achievements we have made against our 2024/25 Trust Priorities in more detail and highlights which goals were attained in 2024/25 and where our work will continue to develop in 2025/26. It starts by reviewing the work we've done collaboratively with our partners, keeping patients at the centre of coordinated care and ensuring their health needs are better met.

HomeFirst: Transforming Intermediate Care in Leeds



In Autumn 2022, the Leeds Health and Care Partnership conducted a detailed review of intermediate care, involving over 200 people and analysing 50,000 patient journeys. The review highlighted several challenges, including prolonged hospital stays, fragmented community care, and capacity issues leading to unnecessary long-term care placements.

This work showed that, every day, thousands of people receive great care and support from dedicated health and care staff, achieving fantastic outcomes. However, it also highlighted several challenges in the system that affect people's outcomes: many people spend more time in the hospital than necessary or could avoid it altogether. Outcomes vary based on where, when, and how people are supported.

The HomeFirst programme aims to create a person-centred, home-first model of intermediate care through five core projects:

- **Active Recovery at Home:** Redesigning home-based care to increase capacity and improve outcomes
- **Enhanced Care at Home:** Improving preventive care to keep people out of the hospital.

- **Rehab and Recovery Beds:** Improving care for those admitted to community hospitals and short stay care homes, so they can return home faster.
- **System Visibility and Active Leadership:** Using data to make better decisions and having strong leaders to guide the process
- **Transfers of Care:** Changing how we discharge patients to help them stay independent.

The programme aims to:

- Reduce hospital admissions by 1,700 annually.
- Ensure 400 more people go home from hospital each year.
- Decrease hospital and short-term bed days by 1,200 and 400 respectively.
- Benefit 1,200 people with rehabilitative home-based care.
- Reduce long-term care placements by 100 annually.
- Deliver £17-23m per annum in equivalent financial impact.

Led by the Health Equity and Experiences of Care enabler group, we have implemented the Person Reported Experiences Measure (PREMs) and a new hospital ward survey. To ensure changes did not create new inequities, we also used Equity and Quality Impact Assessments.

Health and care partners in Leeds use a '3Cs model' (better communication, effective coordination, and compassionate care) as a framework to improve people's experiences and develop personalised care. The PREMs and hospital survey align with I-statements developed through this programme. They are based on the needs of carers and rooted in what people have told us matters most to them, based on analysis of their stories and structured feedback.

In addition to tracking the performance of these measures against their targets, we are also regularly capturing the feedback of staff, people and their carers. This feedback has been incredibly valuable in understanding how changes have landed across the services we are working with.

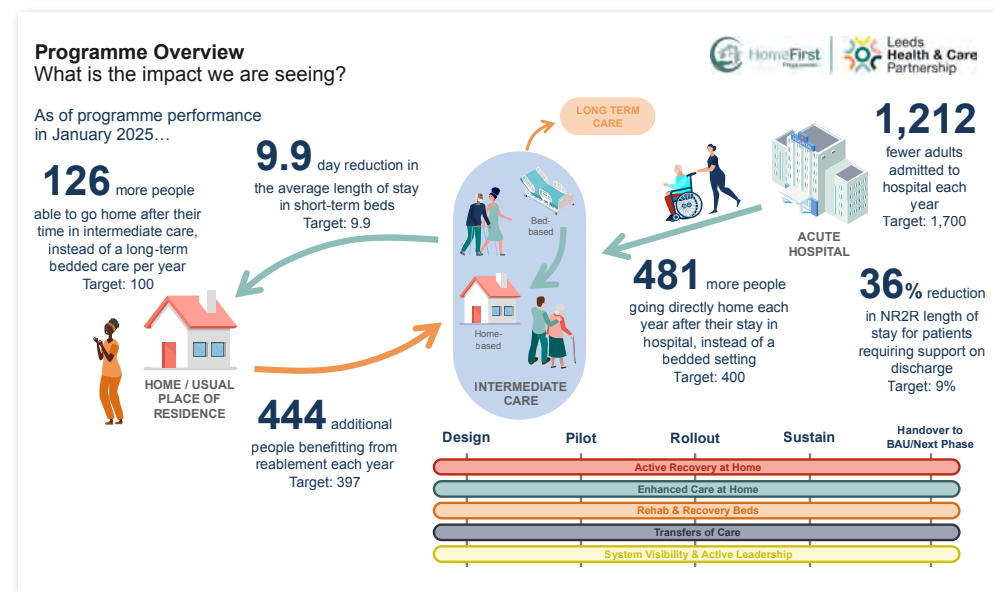
"At the end of the day, you can't beat your own bed and your own environment."

Brian, Leeds resident supported by Rehab and Recovery Beds

The most recent programme performance update is outlined in the diagram to the right, top of the page.

These outcomes save £26 million each year for Leeds partners. The savings come from reducing costs, avoiding future expenses, and investing in better care.

The programme has made great progress and is now wrapping up. We will continue to maintain these achievements and plan for more improvements in intermediate care to meet future needs.



Active Recovery



Active Recovery (a partnership between Leeds City Council and Leeds Community Healthcare NHS Trust) aims to create a unified health and social care service for short-term community rehabilitation and reablement in Leeds.

This involves combining resources from Leeds City Council Skills for Independent Living Reablement Service and LCH Neighbourhood Team Therapy into a multi-disciplinary model.

The multi-disciplinary team (MDT) includes professionals from various fields such as physiotherapists, occupational therapists, nurses, social workers, and support staff. These experts can provide comprehensive, coordinated care that addresses the diverse needs of individuals. The goal is to provide home-based, person-centred care to help people recover from

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 /
2.1 / 3.1 / 3.2 /
4.1 / 4.2 and 5.1



illness or injury and improve their independence. This initiative also aims to reduce dependency on long-term services, delay the need for long-term care, and decrease hospital admissions and A&E visits.

In October 2022, a single point of access was implemented, followed by a single referral route in July 2023, improving coordination and information sharing.

A pilot program started in August 2023 in North Leeds demonstrated a 20-27% increase in independence among individuals receiving care and reduced the time needed to achieve independence. Feedback from both patients and staff has been positive. New working methods, such as joint visits, assessments, multi-disciplinary meetings, online trackers, daily huddles, and shared spaces on Microsoft Teams, have enhanced efficiency.

The focus for 2025/26 is to launch the single electronic care record and expand Active Recovery to South and West Leeds. Expressions of interest are being sought from the Therapy team to join the new service.

Susan is an 86-year-old lady; she had been living independently at home, using a gutter frame (a walking aid with forearm supports) to move around. In June 2024, she came to us after undergoing foot surgery, which left her unable to bear weight on her foot for several weeks.

Susan was eager to return home to recover but needed support for her rehabilitation.

We asked Susan about her recovery goals, and she said she wanted to manage her personal care and go out shopping again.

Together, we developed a plan to help her achieve these goals within six weeks.

Remarkably, Susan met all her goals in just five weeks and was discharged from our care. She was so happy when we discharged her! It made our work incredibly rewarding!

Active Recovery Therapist

Enhance

Leeds Beckett University researchers led an evaluation of the Enhance programme, an

innovative partnership between LCH, Leeds Older People's Forum and 13 third-sector delivery partners which is now in its fourth year. The Enhance programme aims to save time and reduce pressure on LCH clinicians by developing links with third sector delivery partners to provide support for non clinical needs for people on LCH caseloads who do not have family or carers who can provide are able to do so and



investing in third sector capacity. Enhance has been recognised by the ICB as a really good example of collaborative working with the third sector to deliver on the Home First and Healthy Leeds Plan Prevention ambitions. It supports the key focuses of Lord Darzi's report and what is expected in the NHS Ten Year Plan: re-empowering patients, shifting care closer to home and from treatment to prevention and innovating care delivery to create a Neighbourhood Health Model. Enhance has been a focus of 3 visits by a national team from the Department of Social Care over recent months. An article about the Enhance programme was recently published in a British Geriatrics Society publication.

Leeds Beckett University worked with the Leeds Office of Data Analytics and LCH to evidence the impact of the Enhance programme. In years 1 - 3 LCH invested £800,000 in additional third sector capacity to be able to provide more intensive support in people's homes for up to 12 weeks and £200,000 to Leeds Older People's Forum to provide programme management.

Key findings include:

- **Enhance continues to reach a vulnerable population** who are likely to be high users of LCH and other Leeds health and care services: 88% of people supported by Enhance were classed as having a frailty risk, 88% had three or more Long Term Conditions, 41% live in IMD 1 and 2 which is higher than on the NT and primary care caseload
- **Total savings for LCH** of at least £287k - £295k based on:
 - Secondary cost benefit analysis of existing data in the Leeds Data Model, comparing Neighbourhood Team, including Palliative Care Team, service use data collected for people referred to the Enhance programme over a

four month period with a matched cohort from similar populations in Leeds, for three months before and after their first Enhance referral. There were significant limitations in the usefulness of this analysis due to data limitations, in particular ability to report on non-clinical activity due to how it is or isn't recorded on System One; not evaluating the impact of preventing resource utilisation (continuation or escalation of need) beyond the period of support by the Enhance delivery partners; difficulties in creating robust matched population cohorts for comparison.

- calculating cost savings from 33 discharge surveys: value of clinical and non-clinical time savings; enabling short visits / appointments; enabling earlier discharge; preventing a referral.
- calculating cost savings from prevention scenarios.

The value of time saved through collaborative social models: Self-Management Health Hubs and Integrated Clinics, which are hosted and supported by Enhance delivery partners, was not included in the evaluation. Costed case studies showed that time savings for LCH services can be significantly higher than indicated by the discharge surveys, ranging from £292 - £2,340.

- **Total savings for urgent and secondary care:** at least £1.03m
 - £1.13m based on secondary cost benefit analysis of existing data in the Leeds Data Model, comparing utilisation of Patient Transport Service, calls to NHS 111 and 999, A&E attendances, outpatient visits, elective spells and non-elective spells for the matched cohort and Enhance cohort over a four month period. Limitations of the analysis include:
 - not evaluating the impact on Primary Care or Adult Social Care.

- not capturing the impact of prevention beyond 12 weeks after referral.
- difficulties in creating robust matched population cohorts for comparison.

The evaluation informed Business Committees to provide £300k funding for FY25/26, targeted at the five Neighbourhood Team areas where there is the highest deprivation, with the priority being supporting Neighbourhood Team patients to attend appointments in self management health hubs and community clinics, where appropriate. Specialist Business Unit services and Neighbourhood Team will continue referring for the core Enhance offer subject to Delivery Partners having capacity. There will be four Enhance Delivery Partners in Year 4.

Integrated Wound Clinics

The Integrated Wound Clinics are now a permanent part of our Neighbourhood Teams. Over the past year, the number of clinic days per week increased from 28 to 41. To ensure high-quality care, we recruit additional staff from our temporary staff bank, CLASS.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
2.3 / 3.1 / 4.3 /
5.1 and 5.3

From April to September 2024, we saw 1,245 patients and had 10,752 appointments. We are now managing more complex cases, which has reduced the number of cancelled and missed appointments, making the clinics more efficient. This helps relieve pressure on Neighbourhood Teams as they do not have to follow up with patients who did not attend.

We are working with the Integrated Care Board in Leeds and the Leeds Local Medical Committee to define the best wound care pathway. This includes relocating clinics, restructuring

teams, and focusing on more complex wound care. The new clinical model will use a mix of clinical skill levels, with registered nurses overseeing care. Staff recruitment will begin once funding is agreed.



We expect to provide more clinic appointments as part of the Best Place of Care initiative, which aims to provide care in the most appropriate setting for each patient, whether in a clinic, social setting, or their own home.

We are providing more clinics in social settings to help reduce social isolation. The first clinic opened in January 2023, and we now offer self-management support, so patients are supported to manage their own wound care when it is appropriate.

The integrated wound clinics benefit from a pilot collaboration working with third-sector organisations through the LCH Enhance programme. This means we add more value by providing patient-centred care from both a health and social care perspective. Enhance partners provide holistic, home-based support, promoting recovery and preventing hospital re/admission. Through the pilot we aim to increase patient attendance, reduce social isolation, and promote independence.

Over the past year, we have formalised processes like standard operating procedures, competency frameworks, sickness processes, and business continuity plans. This helps align with trust policy and reduce incidents in clinics. We focus on staff development, support, and retention, recognising the positive impact on patient care.

Audiology - National Paediatric Hearing Services Improvement Programme (PHSIP)

In 2021, NHS England found some problems with how a few Trusts were diagnosing hearing issues in newborns. They looked at data from 2018-2021 and noticed these Trusts diagnosed fewer babies with permanent hearing problems than the national average. A review found common issues in these Trusts and made recommendations for improvement.

In 2023, NHS England started a program to improve paediatric hearing services across the country. In August 2023, the West Yorkshire Integrated Care Board (WYICB) was asked to review services across West Yorkshire and check for any risks. This review found potential concerns in most Trusts.

As the review was completed remotely it did not fully take account of individual Trusts differing documentation systems. As all services in the region were required to have a site visit, we welcomed the chance to showcase our service and took the opportunity to learn from fellow clinicians and implement any additional good practice.

In July 2024, paediatric audiology subject matter experts (SME) experts visited and shared a final report that concluded they had gained a significant level of assurance from the review.

This helped us
achieve **GOALS**
1.1 / 1.3 / 2.1 /
4.1 and 5.1

The service was noted to demonstrate a strong commitment to delivering high-quality, safe service and showed evidence of a dedicated workforce who are motivated to provide the best possible care and continuously seek ways to improve.

The report also identified very positive staff feedback. The audiology team described feeling supported and valued by the leadership team, particularly noting the approachability and proactive support of the team manager. Staff expressed confidence in their ability to raise concerns and felt their voices were heard, which is a testament to the supportive and inclusive culture within the department and the strong system for clinical governance.

It is acknowledged that there is a long waiting time for appointments, so the LCH Audiology service at has been working on ways to improve patient access and care. Despite this the review highlighted the dedication to continual improvement and positive culture within the LCH Audiology service.



Supporting Quality Improvements in LCH

In 2024/25, we focused on improving our services while recovering from COVID-19 and addressing new financial challenges from NHS England. We included equity and quality impact assessments in our three-year Quality and Value Programme. Our strategies involve redesigning services, streamlining functions, generating income, optimising estates, and using digital innovations to achieve our goals efficiently.

Trust Improvement Groups



Hello, my name is Sheila Sorby; I am the Deputy Director of Nursing and Quality, and Director of Infection Prevention and Control at LCH. I am thrilled that this year we have established three Improvement Groups to focus on quality and safety improvements as part of our Patient Safety Incident Response Plan (PSIRP) priorities.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
2.2 / 3.1 / 4.2 /
5.1 and 5.3

These groups are:

- Falls Improvement Group.
- Pressure Ulcer Improvement Group.
- Deteriorating Patient (Sepsis) Improvement Group.

Each group develops improvement plans based on what we learn from incidents. Recently, we have also taken a strategic approach to improvements that apply across all three groups, aiming to ensure a comprehensive and unified effort to enhance patient care and safety. We believe this approach will lead to significant improvements in patient outcomes and overall healthcare quality. A summary of our work follows:

Falls Improvement Group

LCH has a dedicated Falls Improvement Plan that aligns with the Patient Safety Incident Response Framework (PSIRF) and focuses on Quality Improvement methodology to analyse recurring themes, review data on health equity, and develop actions for quality improvement.



Falls are a significant focus for improvement due to their frequency and impact on patient health and safety. The Clinical Lead for the Community Falls Service chairs the LCH Falls Improvement Group and co-chairs the citywide Falls Steering Group with the Head of Public Health for Ageing Well, so the work is joined up and can progress faster. By focusing on the areas listed LCH aims to reduce the incidence of falls and improve overall patient outcomes, ensuring a safer healthcare environment for all.

Key components of the Falls Improvement Plan include:

Data Analysis: Regularly reviewing incident data to identify patterns and areas needing attention.

Health Equity: Ensuring that all patients, regardless of background, receive equitable care and support to prevent falls.

Action Plans: Developing targeted actions to address identified issues and improve patient safety.

Collaboration: Working closely with other healthcare providers and public health officials to implement best practices and share knowledge.

Education and Training: Providing ongoing education and training for staff to enhance their skills in fall prevention and management.

The LCH Falls Improvement Group leads on the development and oversight of a dedicated LCH Falls Improvement Plan. This incorporates key learning and areas for improvement from patient safety falls incidents. This plan aligns with the Patient Safety Incident Response Framework (PSIRF) and focusses on Quality Improvement methodology to analyse recurring themes, review data on health equity, and develop actions for quality improvement. There is also a focus on evidence-based practice for falls prevention, ensuring that the LCH falls pathway and processes align to evidence-based guidelines such as NICE and the World Falls Guidelines.

As part of the actions identified from the Falls Improvement Plan and review of incidents, observation of clinical practice with registered clinical staff within Neighbourhood Teams in the North, West and South areas of the city has been completed, to explore and understand the challenges and barriers to completing falls risk assessments and management with relevant patients seen by the service.

The falls training offer to registered clinical staff within LCH has been reviewed and updated to ensure that it incorporates learning from incidents as well as the falls pathway and processes, and training for non-registered clinical staff is currently in development.

Falls champions within services is also being explored, to support raising awareness of falls risk assessment, prevention and management directly within the teams. The chair of the LCH Falls Improvement Group is also co-chair of the citywide Falls Steering Group. This supports continuity with local falls pathways and processes within LCH being reflected and consistent with a system approach to falls prevention in Leeds.

Pressure Ulcers

Pressure ulcers are one of the most reported patient safety incident categories. This Improvement Group has been in place for some time, and whilst originating as a sub-group of the former iterations of the Quality and Improvement Group (QAIG) which is a sub-committee of Quality Committee, this has is now aligned with the changes related to the implementation of the Patient Safety Incident Response Framework (PSIRF).



The Patient Safety Incident Response Plan (PSIRP) provides the live blueprint of the Trust's safety priorities and how we intend to respond to patient safety incidents. A key aspect of this, in the spirit of focussing on learning and improvement, is for the pressure ulcer improvement group to play a key part in defining, measuring and reporting on improvement in the areas identified. One key planned improvement, and in collaboration with all Improvement Group Leads and the Performance Team, is to identify information required to support the improvement group reports, this will ensure that LCH has a full and easy access to the data to inform future improvements.

Deteriorating Patient (Sepsis)

The Deteriorating Patient Improvement Group has established a comprehensive plan to address identified themes and trends from PSIRF investigations across LCH. Several themes overlap with the Falls and Pressure Ulcer Improvement Groups, emphasising the importance of shared learning across business units.



A key focus of this group is the recognition and prevention of sepsis. By focusing on the areas listed below the group aims to enhance patient outcomes and ensure a unified approach to improving care for deteriorating patients. To support this, a Sepsis and Deterioration Nurse has been appointed. This nurse plays a crucial role in:

Implementing learning around soft signs: Educating staff on early indicators of sepsis and acute deterioration.

Appropriate escalation: Ensuring staff across LCH are aware of the need for timely and effective responses to signs of sepsis.

Supporting Patient Safety Incident Response Framework (PSIRF) investigations: Contributing to investigations to improve patient safety and care quality.

Work is underway to understand how to best assess the impact of the improvement groups.

Our three business units have specifically focused on delivering our priorities as follows:

Adult Business Unit

The Frailty Home (Virtual) Ward and Getting it Right First Time (GIRFT) initiative

Our Frailty Home (virtual) ward allows patients to receive hospital-level care at home. This means that patients can get the care they need without being in the hospital. Clinical staff use technology to check on patients from a distance (remotely) and provide treatment which helps keep hospital beds available

for those who need them most. In April 2024, the ward increased its capacity to 55 patients, with an average of 84 referrals per week between January – March 2025.



The team has received positive feedback, including thanks for compassionate care, reassurance, thorough service, and gratitude from families for keeping their relatives out of the hospital and allowing them to stay at home. At the end of 2024, the Frailty Home (Virtual) Ward participated in a benchmarking exercise with NHS England as part of the Getting it Right First Time (GIRFT) initiative.

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 / 2.1
/ 2.2 / 3.1 / 3.2 /
3.3 / 4.1 / 4.2 / 4.3
/ 5.1 / 5.2 and 5.3

The GIRFT initiative is a program by NHS England to improve patient care. It focuses on:

Expert Reviews: Experienced clinical staff look at different areas of clinical practice and find ways to improve.

Data Collection: They gather and analyse data to see how well services and organisations are performing.

Sharing Success: Good practices from one organisation are shared with others.

Support: The GIRFT team helps services and organisations make the recommended changes.

This collaboration aims to provide better care for patients and save money by reducing unnecessary differences in how care is provided. Following the review, Clinical and Operational Leaders have prioritised the recommendations and developed an action plan for 2025/26.

Managing planned and unplanned care

In 2024/25, we reviewed how we manage planned and unplanned care across our Adult Business Unit (ABU) in response to poor patient experience. Patients told us that last-minute cancellations and rescheduling of appointments were inconvenient and upsetting. Our colleagues were also dissatisfied with the way we managed care, experiencing low morale and feeling overwhelmed. Feedback from team conversations and exit interviews indicated that the changing workload and competing demands significantly impacted them.

We recognised the need to change our way of working to improve patient and staff experience and achieve NHSE targets for timely care delivery. We met with colleagues from Chesterfield, North-East Derbyshire, and other organisations to learn how their teams respond to unplanned workloads.

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 /
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3.2 / 4.1 / 4.2
/ 4.3 / 5.1 / 5.2
and 5.3

A decision was made to reorganise the Neighbourhood Team work into planned (Core) and unplanned (Response) care workstreams. The new way of working was tested incrementally across the city from February 2024 to September 2024. A Plan, Do, Study, Act (PDSA) approach was used to test and roll out the Response Team, which proved to be a valuable tool for learning and improvement. The PDSA model is a four-step cycle used for continuous improvement.

Before the change

Unplanned work would come in during the day or night, resulting in last-minute changes to people's workloads. Triage clinicians would decide who needed immediate care and who could wait, ensuring that the most critical cases were treated first.

They would then call community nurses and therapists, asking them to squeeze in additional patients or move patients around, causing inconvenience and distress for everyone.

After the change

Planned Care (Core): This now refers to all the visits that the neighbourhood teams know must happen regularly. Staff and patients know when to expect these visits, which include wound care, palliative care, administering injections, other routine care and non-urgent short-term rehabilitation

Unplanned Care (Response): This is the work that comes in and needs to be responded to within 0-48 hours. It includes new therapist and nurse assessments and 'call outs' for patients in distress due to falls, blocked catheters, leaking wounds, palliative patients in pain or agitation, verification of death, and Home Ward.

Over the year, the leadership team has been working with the clinical systems team and business intelligence to develop a response data set. This is important because, previously, our unplanned data was mixed with the planned data, making it difficult to understand the demand for unplanned care and make data-driven decisions.

New clinical templates and questionnaires have been developed for all staff working on response or in the triage hub, whether as clinicians or administrators. This will allow leaders to analyse the data and plan improvements to the future response model.

The leadership team recognises that the current model is not where they would like it to be. In March 2025, a survey was shared with staff to gather their opinions on the changes and assess if there was sufficient training to prepare them. The findings will be shared in due course and will inform refinements to the current process.

Advanced Clinical Practice Project

Advanced Clinical Practice (ACP) refers to a level of healthcare practice that involves highly skilled professionals who have advanced clinical training and expertise. In LCH these practitioners can be registered nurses, pharmacists and AHPs who often take on extended roles in patient care, leadership, education, and research.

A **Clinical Fellow secondment** was carried out to explore ACP across Leeds Community Healthcare NHS Trust (LCH). The project focused on understanding the current role of Advanced Practitioners within the Trust, the governance structures around them, and identifying ways to support them better.

This helped us achieve **GOALS**
1.1 / 1.2 / 2.1 /
2.3 / 3.3 / 4.1 /
and 5.1

Key achievements:

Mapping and Directory of ACPs: A full review was completed to identify ACPs working across LCH. This led to the creation of a central directory, which will be kept up to date with both trainee and qualified ACPs. This directory is important as it ensures accurate tracking of ACPs' professional development and facilitates effective communication and resource allocation.

New ACP Forum: An LCH-wide ACP Forum was set up to give ACPs a space for peer support, shared learning, and collaboration. Three ACPs have volunteered to continue running the forum beyond project completion, so it becomes self-sustaining and owned by the participants.

Reviewing Governance for ACP: The project looked at how governance structures for advanced clinical practice could be strengthened. This included reviewing and continuing work on the Trust's Draft ACP Governance Framework.

Assessing Current Progress and Next Steps: The Trust is currently at the 'Early Progress' stage in the Governance Maturity Matrix (Centre for Advanced Practice). Areas identified for improvement include:

- Standardising job descriptions to reflect all aspects of the ACP role and include protected time for professional development.
- Setting up a steering group to help drive improvements for ACP.
- Developing a business case for an ACP Lead role. This role is crucial for providing strategic direction, ensuring consistent standards, and advocating for the needs of ACPs within the Trust.
- Creating clear competency frameworks for ACPs.
- Improving appraisal processes to reflect the ACP role.

This project has helped highlight ways to better support ACPs at LCH, ensuring they have the right structures in place to develop and provide high-quality care.

Advanced Clinical Practitioner Training

Our commitment to building our workforce continues, with 22 clinicians from nursing and allied healthcare backgrounds in ABU undertaking advanced clinical practitioner (ACP) training. ACP training helps registered nurses, pharmacists and allied health professionals (AHPs), including physiotherapists, occupational therapists, paramedics, speech and language therapists, dietitians and podiatrists gain advanced skills and knowledge. LCH currently employs 42 whole time equivalent ACPs.

The additional training ACPs receive enables them to manage more complex clinical care. They diagnose, treat, and manage patients, improving the quality of care and making the healthcare system more efficient.



Eleven of these clinicians are expected to complete their training by the end of this year. To support our growing workforce of community matrons, we have developed a competency portfolio to provide a robust clinical framework. Additionally, we have established the Advanced Clinical Practitioner Forum for ongoing peer and professional support.

Diane is a community matron. She said the role of trainee community matron benefits patients in the following ways:

This helped us achieve **GOALS**
1.1 / 2.1 / 2.2
/ 2.3 / 3.3 and
5.1

In LCHT, the role is variable. Some work on the home ward with qualified ACPs and Consultants from the hospital, while others work in the neighbourhood team with community nurses, senior nurses, and district nurses.

During training, patients are reviewed by senior clinicians with the support of qualified ACPs. Once qualified, this means patients have timely access to advanced level care.

The Armley Community Health and Wellbeing Service



The Armley Community Health and Wellbeing Service (CHWS), a collaboration between LCH and two independent home care providers, is co-funded by LCH and Leeds City Council. This initiative aims to offer a flexible home care model with specific nursing tasks delegated

by the Armley and Pudsey Neighbourhood teams.

Key features include:

Local Carers: Patients are assigned to one of two home care providers, ensuring they see the same few carers regularly. This consistency helps build strong relationships and allows carers to detect early signs of deterioration.

The carers have really enjoyed the training covering things like protecting skin from pressure damage, preventing falls and spotting deteriorating patients. We have had a great teacher! **Agency programme leader**

Efficient Use of Time: Delegated tasks are often performed during care agencies' downtime, maximising carers' availability.

Phase 1: Focuses on patients without family support, including tasks like medication administration, catheter and stoma bag changes, and feeding tube management. The first referral was made in January 2025, with positive feedback from both patients and carers.

Training and Support: The Clinical Team Manager provides patient-specific training to carers, enhancing their skills and confidence.

Phase 2: Will soon begin, including support for insulin administration.

Continuous Professional Development for our Senior Clinicians

To help our senior clinicians keep growing professionally, we supported 140 of them to attend a 2-day frailty education training. This training, led by Consultant Geriatricians at Leeds Teaching Hospitals Trust, gives our staff the skills and knowledge to handle frailty effectively.

The **non-medical prescribers'** forum will support this training further, as all our prescribers at ABU will have more support to ensure safe medicine prescribing.

Empowering Independence: The Impact and Future of Self-Management Services in Leeds

Over the past year, the Self-Management service has focused on promoting independence and re-engagement within the community. Currently, the service is

This helped us achieve **GOALS**
1.1 / 2.1 / 2.2 /
3.3 and 5.1

This helped us achieve **GOALS**
1.1 / 2.1 / 2.2 /
3.3 and 5.1

delivered in three settings - hospitals, patients' homes and self-management health hubs:

Hospital Setting

In hospitals, patients receive education about their health conditions and practice managing aspects of their care before they are discharged, for example, they learn how to empty their catheter bags.

This preparation significantly improves their readiness to return home earlier and reduces the need for visits from the neighbourhood team.



Home Setting

Patients can also access health coaching in their own homes, practising a wide range of tasks such as administering insulin and applying compression stockings.

The goal is to increase the patients' independence and self-efficacy, empowering them to manage their own health, reduce reliance on healthcare professionals, and improve their quality of life.



Self-Management Health Hubs

The Self-Management Health Hubs are invaluable for patients needing extra support and encouragement to leave their homes.

These hubs offer a variety of social activities while patients await care, creating a welcoming environment akin to a coffee shop combined with a clinic.



Future Plans

In the coming year, we plan to open a fourth Self-Management Health Hub and extend the operating hours of existing hubs from two to four hours. This will encourage a broader range of patients to attend. The Health Hubs effectively transition patients to receiving treatment outside their homes, build confidence for attending other appointments, and foster community engagement and socialisation.

As the NHS increasingly adopts the Self-Management model, we are prepared for another significant year of promoting health independence across Leeds!

Children's Business Unit

Breeze events

Our PHINS colleagues joined various Breeze events in July and August 2024. The team had conversations about sleep, nutrition, behaviour, oral health, puberty, chat health and many more topics with families.

This helped us achieve **GOALS 1.1 and 1.3**



Leeds Early Attachment Observation

The Leeds Early Attachment Observation (LEAO) is a screening tool unique to Leeds undertaken by 0-19 Specialist Community Public Health Nurses (SCPHNs) and SCPHN students, which assesses the quality of early attachment relationship and assists with the identification of early relationship challenges. The LEAO training is offered to 0-19 SCHPNs to support the delivery of LEAO assessments.

This helped us achieve **GOAL 5.3**

Leeds Early Attachment Observation 'In Practice' Sessions

In response to 0-19 SCPHN feedback, in March 2024 the Infant Mental Health Service (IMHS) also developed and launched the 'LEAO In Practice'. The 60-minute virtual sessions are a

Continuous Professional Development (CPD) opportunity to provide ongoing support with practitioner confidence and skills in the use of this tool and to ensure integrity is maintained.

Within the session there is a 15 minute 'spotlight' where an IMH facilitator will focus on one particular aspect of the LEAO (e.g. Observation). The remainder of the session is then used as a reflective space to share good practice and consider what has gone well, as well as 'troubleshooting' any challenges encountered when using the tool.

Nine professionals attended the first LEAO In Practice held in March, and shared that the space was "really helpful for reflecting on own practice, the way we ask the questions and importance of being curious".

The IMHS plans to deliver four 'LEAO In Practice' sessions throughout the year and it is recommended that all SCPHNs attend two sessions a year to stay connected with the LEAO. It is hoped as these become more embedded and valued, that attendance will increase.

Infant Mental Health (IMH) Film

This year, we began planning and producing a short film for families considering a referral to our service. This has been a long-held aspiration due to many families expressing anxiety before engaging with the service. The film aims to reduce anxiety and remove barriers to accessing the service by featuring real families who have received support and share their experiences, providing information about what to expect.

This helped us
achieve **GOALS**
1.2 and 2.2

Created in collaboration with Deadline Digital, the film was launched in June 2024 during Infant Mental Health Awareness Week. It was distributed to professionals eligible to refer to the IMH Service, along with guidance on how to share it with families. The service will continue to gather feedback on the film's effectiveness. So far, feedback has been overwhelmingly positive, with families expressing how the film resonated with their experiences. You can view the film on YouTube: [Leeds Infant Mental Health Service](#)

Antenatal virtual roll out

Antenatal contacts were paused in August 2021. Given their priority in both contractual requirements and clinical practice, face-to-face antenatal contacts were reinstated in April 2022 for all primigravidae (women pregnant for the first time) living in residential clusters. In January 2024, virtual antenatal contacts were developed for all primigravidae. Now, all five teams across the city offer virtual contacts, ensuring all primigravidae in Leeds receive a contact before their baby's birth.

This helped us
achieve **GOALS**
1.1 / 1.2 and 1.3

These contacts are 30-minute virtual sessions conducted via Microsoft Teams. A new digital information pack is shared before the antenatal contact via a QR code. This allows the 0-19 service to offer a modern version of traditional antenatal appointments, focusing on relationship building and maintaining a client-centred approach.

All pregnant individuals, including multipara (those who have had more than one pregnancy), now receive the digital pack, as the QR code is included in all pre-birth information letters. This enables them to request an appointment or contact from the 0-19 service.

Access to information sharing public health messages has transformed the contact into a more:

- Personalised interaction.
- Informed conversation, thanks to pre-messages.
- Inclusive experience with digital language accessibility.
- Compliant and effective interaction, meeting contractual obligations.

Complex Needs Development 0-19 offer

The Complex Needs Development Team have focused their work and can now provide an efficient and effective offer:

This helped us achieve **GOALS 1.1 and 1.3**

Delegated Care: Ensures care is provided by staff with the appropriate skills. This includes developing the capabilities of Staff Nurses and Family Health Workers.

Staff Development: Conduct updates and engagement events to help staff understand their responsibilities regarding early detection, effective interventions, and support for both unclear and known developmental concerns.

Early Support: Implement structured early support systems.

Interventions: Provide targeted interventions for children with specific needs.

Monitoring and Evaluation: Monitor and evaluate the impact of early interventions implemented by parents to see if they improve developmental outcomes.

Ongoing Support: Offer ongoing support to families with known complex needs who are awaiting specialist interventions.

Agency Notification: Notify other agencies about the child's potential future needs from their services.

Infant Mental Health Journal Article

An article was accepted to the Journal of Reproductive and Infant Psychology, which describes the Toddler and Beyond offer, focussing on the ultra-brief direct work with families.

This helped us achieve **GOAL 3.3**

The feedback received from the journal was:

"This is a worthy, timely study with the potential to have a substantive impact and it would be great to see this data published so it can be used to inform the development of support for families with toddlers."

Changes to Public Health Integrated Nursing Service (PHINS) Regular Support and Guidance Contact: Propos via Equity and Quality Impact Assessment (EQIA) in June 2024

The 0-19 Public Health Integrated Nursing Service (PHINS) identified that meetings do not happen in some localities, called 'clusters', and in other areas meetings are not an effective use of practitioners' time.

From May 2024 the PHINS introduced a Duty Enquiry System in three clusters identified as having a high level of need, called 'restorative clusters'.

This helped us achieve **GOALS 1.1 / 1.3 / 4.2 / 4.3 and 5.1**

"Young people can have health conditions that may affect their learning in school. This joint working ensures any health conditions and health agencies working with the child or young person can be identified quickly and everyone can work together to minimise the impact on learning." **0-19 Clinical Change Lead**

How the Duty Enquiry System operates:

Email Support: A School Nurse allocates one hour every week to answer email queries about children and young people in school. They provide advice and support rather than individual case referrals so cluster workers receive timely information and appropriate health support.

Senior Leadership Engagement: A Clinical Team Manager or Clinical Lead attends key meetings, to foster joint working across 0-19 PHINS and Cluster Leads.

Planned Expansion: The model was expanded to clusters that have a high level of children with health issues.

Keeping in Touch (KIT) Meetings: Help to build relationships with clusters and 0-19 PHINS. Initially, this was for three clusters, but after a three-month pilot, it expanded to include all clusters every 6-8 weeks.

Benefits:

- Provide clusters with support in obtaining health advice and navigating NHS services for the children and young people they work with.
- Enable weekly responses instead of monthly responses
- Utilise 0-19 PHINS time more effectively.
- Facilitate more efficient health information transfer for support and guidance meetings.
- Establish a central email contact point for clusters.
- Ensure 0-19 School Nurses feel their time is used more effectively.
- Offer more support to more clusters.
- Potentially expand this support to all clusters.

- Listen to trends and new service offers across the clusters and share them across the service, enabling broader improvement.

Children's Speech and Language: Deep Dive into 'was not brought' (WNB) rates

The term 'Was Not Brought' (WNB) is used to describe situations where a child or dependent adult misses an appointment because their caregiver did not bring them. This term is preferred over 'Did Not Attend' (DNA) because it accurately reflects that the responsibility lies with the caregiver, not the child or dependent. Understanding and addressing the reasons behind WNB is crucial for ensuring the well-being of children and dependent adults.

This helped us achieve **GOALS 1.3 / 4.1 and 4.2**

Impact of WNB:

Health Risks: Missing appointments can lead to untreated health issues, delayed diagnoses, and worsening of conditions.

Safeguarding Concerns: Repeatedly not bringing a child to appointments can be a sign of neglect or other safeguarding issues.

Increased Mortality: For individuals with long-term conditions, missing appointments is linked to higher risks of premature death.

Service Disruption: Non-attendance can disrupt healthcare services, leading to wasted resources and longer wait times for other patients.

WNB rates have been around 10-14% in the Children's speech and language service. During Spring and Summer 2024, two groups of students were tasked with investigating how WNB are handled, to help the service to minimise missed

appointments. The students interviewed administration and clinical staff.

Key recommendations were made:

- Ensure consistent application of the WNB process.
- Ensure families understand how speech and language therapy can help their child.
- Ensure service information is available in different languages.

Following the student project the service has:

- Implemented updated WNB guidance for staff.
- Engaged with parents and carers to revise service leaflets.
- Improved the process for sending text message appointment reminders.

A one-minute service video is currently in production and will be sent to parents and carers when their child is referred. This video will explain the purpose of speech and language therapy and provide instructions on how to cancel or reschedule an appointment. We aim to make the video available in multiple languages.

Notably, non-attendance rates have significantly decreased over the past year.

Night-time wetting calls: 0-19 PHINS Night-time Wetting Support

The 0-19 Public Health Integrated Nursing Service (PHINS) provides night-time wetting support to children aged 5 to 18 years. We hold two clinics a week for initial and review appointments, delivered by Staff Nurses.

This helped us
achieve **GOALS**
1.1 and 1.3

In 2022, we developed a triage process with GPs and the Integrated Children's Additional Needs Service (ICAN) to ensure all referrals come via a GP. All referrals are triaged weekly. The GP must complete medical checks to ensure the child does not have any underlying health conditions or constipation. These checks enable direct referral through LCH services to the ICAN daytime wetting service if the child has both daytime and night-time wetting.

Changes in the referral process:

GPs have now switched to a DART system of referral, which is a local electronic referral form used by GPs to refer to LCH services; it auto populates a lot of information, so it saves time. However, it means the LCH 0-19 PHINS/ICAN referral form is no longer used. This change means that at triage, we cannot be sure the child has received the necessary checks to rule out underlying health conditions or constipation, potentially leading to delays in appropriate care. We have been asked not to reject any referrals while the system is being embedded with GPs.

After triage, children have three months of bladder training before being seen. The risk is that children with underlying health conditions might not be seen for three months or could be referred to the incorrect service, causing frustration for parents.

Current Process:

We now accept referrals at triage, and the admin team sends an opt-in letter as usual.

Once parents opt in, they are given two appointments:

1. A 15-minute appointment to discuss the issues, ensure the GP has completed the necessary checks, confirm the child is only experiencing night-time wetting, rule out constipation, and explain the bladder capacity training required for the next three months.
2. A 60-minute initial review appointment with the child present to assess bladder volumes, take a full history, and set goals.

Feedback and outcomes:

This new process has been well received by parents and practitioners. It is responsive to parents struggling to manage bed wetting and has been successful in helping children stop bed wetting. The EQIA panel reviewed and celebrated this change as a service improvement.

Night-time wetting calls: 0-19 PHINS Night-time Wetting Support

In June 2024 0-19 PHINS celebrated the successful re-accreditation of the UNICEF Baby Friendly Initiative with a pop-up event at Temple Newsam for International Breastfeeding Week. We were joined by Bosom Buddies, our third-sector partners who provide excellent breastfeeding support for parents in Leeds. Local children's centres offered games and additional support for parents during the event.

Many parents and children attended to champion breastfeeding and share their knowledge and skills with parents, grandparents, and staff. The 0-19 PHINS Oral Health Nurse also promoted oral health and tooth-brushing. It was a special day,

This helped
us achieve
GOAL 1.3

and we are grateful to Temple Newsam for being so welcoming and allowing us to use their front courtyard and facilities.

Breastfeeding remains one of our key public health initiatives. Our service supports breastfeeding through Family Health Workers and Specialist Breastfeeding SCPHN (HV)s, who offer additional contacts to help parents manage difficulties, sustain feeding, and enjoy the experience of giving their baby the best start in life.



From left to right: Sophie Ames - 0-19 Breast Feeding lead, Sally Goodwin-Mills - Advanced Health Improvement Specialist – Infant Feeding and Maternity, Steph Lawrence - former Executive Director of Nursing and AHPs LCH, Amanda Jackson - Clinical Trials Management Communications Lead.

The **UNICEF Baby Friendly Initiative** promotes breastfeeding and parent-infant relationships by improving healthcare standards. It provides guidelines and support to health facilities to ensure mothers receive the help they need to breastfeed successfully.

Children's Community Intravenous Antibiotic Service

It has been a year since commencing the **Children's Community Nursing CIVAS Service**. At the time of last year's 2023/24 Quality Account, the service was yet to receive its first referral. We can now report that we have served a grand total of 116 children and young people, at the time of writing.

This helped us achieve **GOALS**
1.1, / 1.3 / 3.1 /
4.2 and 5.1

The first year has commenced with IV Ceftriaxone, a once per day antibiotic. This has been deemed to be a great success, and we are pleased to have received some excellent feedback from families (see below). The benefit of this service is very much for the patient and their family currently as they are able to go home between doses but this does not equate to an increase in bed availability within the hospital.

Following this, our partners at Leeds Children's Hospital are now scoping options for an expansion of the antibiotics that could be delivered in the home. In addition, we are also progressing talks with Leeds Children's Hospital to undertake IV chemotherapy. It is anticipated this expansion will support hospital bed availability in addition to the benefit to families.



The service is very excited to be expanding our Hospital at Home provision and we are keen to look for further opportunities to expand this model into further care pathways and the potential to progress to a Virtual Ward model, to further increase the benefits for more children, and to release much needed capacity within the acute trust.

"The staff that attended our home were warm and friendly, took their time and were never in any rush. Laid out the equipment and checked everything before starting with the antibiotics. Were very concerned when baby crying trying to calm her down."

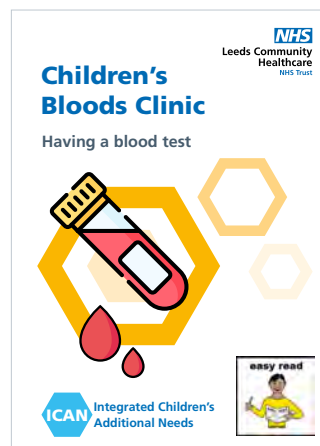
Children's Community Intravenous Antibiotic Service

The ICAN Clinic Nursing team was honoured at the National Special Educational Needs and Disabilities (SEND) Best Practice Conference 2024 for our co-production with parents and carers on our reasonable adjustments project.

This helped us achieve **GOALS**
1.2 / 1.3 / 2.1 /
and 5.1

Our project revealed challenges in accessing blood-taking appointments for children and young people. Recognising the need for equitable healthcare access, we developed a new approach to prepare neurodiverse children in advance of their appointments.

This approach focuses on creating a calm, trusted, and child-led experience that meets their sensory needs and acknowledges their feelings.



We created a series of leaflets and an intervention program to recognise each child's uniqueness. By gathering bespoke information and having conversations, we developed individualised sensory profiles. We worked with families to plan and prepare, provided extended clinic time, and made reasonable adjustments to the environment based on each child's profile. We also conducted

desensitisation work and post-appointment debriefs with the child, young person, and their family. Additionally, we developed an Easy Read guide to having a blood test.

The voices of our children, young people and their families tell us the positive impact our innovative change in practice has on their experiences:

It's like electricity
buzzing all the time.

Noise can be painful.

The waiting is
half the problem!

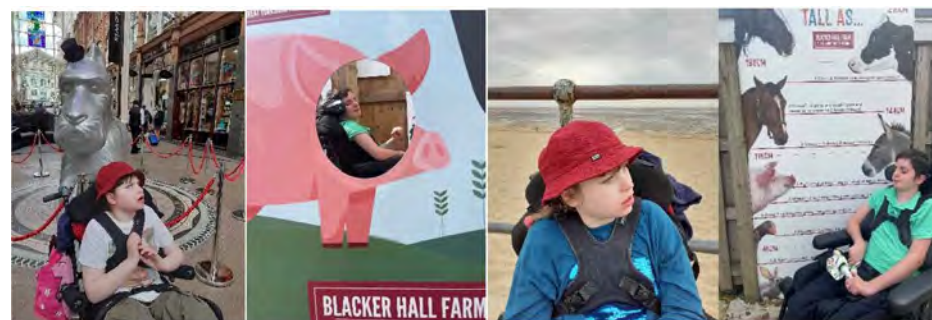
The nurses were so kind to my boy,
patient and a soft approach, Maxine
and Helen are so wonderful and
professional.

The nurses were outstanding. They carried out the
service with a great smile and really made my son
feel at ease. My teenage son was well impressed
with the caring atmosphere he felt and that is
saying something. Thank you so much!

Hannah House: Children's activities and fundraising contributions

During the school holidays children staying at Hannah House enjoyed several trips to the seaside, where they experienced the full sensory delight of the coast. They took in the sounds of the waves, the bright lights of the arcade, and the enticing smells of fish and chips and doughnuts.

This helped us
achieve **GOALS**
1.3 and 3.1



Some children also joined in the Monopoly trail in Leeds, which had an amazing atmosphere with many people helping each other solve the various puzzles. The children also visited Blackerhall Farm, where they saw a different types of animals and measured their height against them. Other exciting trips included:

- The Deep
- Wentworth Garden Centre dinosaur trail
- Elsecar Heritage Centre
- Lotherton Hall to see the penguins
- Kirkstall Abbey minibeast trail
- Switherens Farm.

At the end of 2024, a special Christmas treat was provided for our children and young people during their short stay. A day trip took place on the Hannah House minibus to visit Santa Claus. The children were full of smiles and plenty of fun was had all round.

Over the summer, the team raised money at Rothwell's Wild West Carnival raising £240.00.

On top of this, the team also walked a whopping 500 miles in the month of August 2024 and raised an impressive £904.50 for activities!!

There were also numerous walks around Rothwell Park and trips to Skelton Lake, all part of the Hannah House's 500 Miles in August challenge. Staff at Hannah House raised £874.50 for activities and equipment for the children.



Play Together, Talk Together: Playful landscape Leeds **NESTA – third sector development with LCH**

The new playground, unveiled in December 2024 at the Compton Centre, a community hub and library on Harehills Lane offering a variety of community activities and events, was a collaborative effort to promote early learning, development, and communication for children in Leeds.

This helped
us achieve
GOAL 1.3



The LCH 0-19 Public Health Integrated Nursing Service (PHINS) and the Speech and Language Service played key roles in the inspiration, design, and content of the playful landscape. 0-19 practitioners gathered wonderful ideas from parents about non-verbal ways they play with their children, and these ideas were incorporated into the playground's design and features.

Housing and Homeless Pathway

The 0-19 Public Health Integrated Nursing Service and Early Start program encompasses over 26 pathways, shaping and guiding service delivery for all staff. They now have broader offers to create a fairer, healthier Leeds by addressing the root causes of health inequalities and providing comprehensive support to vulnerable populations. These offers have been designed collaboratively with other services and service users to ensure comprehensive and effective care.

This helped us
achieve **GOALS**
1.1 and 1.3

The Housing and Homeless Pathway has been updated in alignment with the development of Fairer Leeds, a strategic initiative aimed at reducing health inequalities and promoting social justice. This pathway includes additional public health measures to address housing issues and respond to the increased needs of homeless families. The new offer includes:

Additional referral routes for people with respiratory conditions exacerbated by poor housing: Poor housing conditions, such as inadequate ventilation, dampness, and mould, can significantly worsen respiratory conditions like asthma and chronic obstructive pulmonary disease (COPD). The updated pathway provides new referral routes to ensure that individuals affected by these conditions receive timely and appropriate clinical and housing support.

Identification and response to homeless families moving into temporary housing: Homeless families often face instability and frequent moves, which can disrupt children's education and overall family well-being. The pathway now includes specific measures to identify and support homeless families moving into temporary housing, ensuring they receive the necessary health and social services during their transition.

A new homeless housing initiative has been developed in one area of the city: This initiative focuses on providing targeted support to homeless families from a 0-19 perspective, guiding staff on how to respond to their unique needs.

New Surrogacy Pathway

The New Surrogacy Pathway was developed collaboratively with service users, midwifery professionals, and surrogacy information sources, tailored to the needs of surrogate and intended parent families. This pathway outlines comprehensive care, prior to the birth and following the placement of the baby. Key components of this pathway include:

This helped us achieve **GOALS 1.1 and 1.3**

Offering sensitive care for both surrogate and intended parent: The service offer is inclusive, sensitive and respectful to the needs of both the surrogate and the intended parents. This includes providing open and honest communication, setting clear expectations and boundaries, emotional support and clinical care throughout the surrogacy journey. It is designed to be flexible and responsive as needs evolve and ongoing support and circumstances change.

Understanding the legal aspects of birth placement: The importance of informed conversations about legal obligations, safeguarding policies, use of appropriate language and terminology is emphasised. This ensures that all parties are fully aware of their rights and responsibilities, and that the process is transparent and respectful, as navigating the legal landscape of surrogacy can be complex. The pathway also includes guidance on understanding the legal obligations and rights of all parties involved, ensuring compliance with relevant laws and regulations.

Ensuring a consistent service offer while delivering personalised care: The pathway ensures that while the service provided is consistent, it is also personalised to meet the unique needs of each family.

The Children and Young People Mental Health Service (CYPMHS) Medication Team: Waiting List Work and its Impact

The CYPMHS medication clinics team has introduced several initiatives to support children and young people's wellness while they wait for appointments, and to improve care flexibility.

This helped us achieve **GOALS 1.1 / 1.3 / 2.1 / 4.1 and 5.1**

One initiative is the **Attention Deficit Hyperactivity Disorder (ADHD)** pre-assessment appointment, where a clinician who can prescribe medication (a senior nurse or therapist with additional qualifications, or a doctor), contacts the family to gather important clinical information and identify any issues before the first appointment.

ADHD is a neurodevelopmental disorder characterised by symptoms such as inattention, hyperactivity, and impulsiveness. These symptoms can affect a person's ability to focus, control their behaviour, and manage daily tasks.



This makes the initial appointment more efficient and allows treatment to start sooner. The pre-assessment also helps evaluate risks and direct families to additional services if needed. About 20% of families decide not to pursue ADHD medication after this contact, leading to their discharge from the pathway.

These initiatives have provided valuable lessons for both short-term and long-term planning:

In the short term: The pre-assessment process has reduced unnecessary appointments and optimised prescriber time, improving patient flow.

In the long term: These changes are expected to create a more efficient service model that better meets patient needs and allocates resources effectively. The experience gained is informing ongoing service development and planning.

The Children and Young People Mental Health Service (CYPMHS) Medication Team: Physical Health Monitoring Clinic

A dedicated physical health monitoring clinic has been set up within the ADHD pathway, managed by a CYPMHS Assistant. This clinic is for children and young people who are stable on their ADHD medication but need regular physical health checks according to NICE guidelines. Children under 10 years old are assessed every three months, while those 11 years and older are monitored every six months. Families can complete these checks remotely via a secure form or attend in person if they prefer. This model ensures patients receive appropriate care from the right clinician.

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 /
2.1 / 2.2 and 5.1

The clinic has already saved an estimated 139 prescriber hours by reallocating routine physical health checks. This reduces the workload for prescribers and increases their capacity to handle more complex issues during face-to-face appointments. In the long term, the clinic is expected to reduce waiting times for new appointments, improve patient satisfaction, and make better use of resources. Patient and carer satisfaction will be monitored and used to inform ongoing evaluation, which will

guide future service developments to meet the evolving needs of children, young people, and their families.

The Children's Wellbeing Practitioner (CWP) Team

The Children's Wellbeing Practitioner (CWP) Team was part of the Children and Young People Mental Health Service (CYPMHS), offering low-intensity early help based on a [Cognitive Behavioural Therapy \(CBT\)](#) approach.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1

However, it was not part of the commissioned offer in CYPMHS or the **MindMate Support Teams (MMST)** provided by Leeds Mental Health Support Teams. A proposal was made to re-align the Low Intensity Cognitive Behavioural Therapy (LI-CBT) offer and close the CWP service. Meanwhile, the Children's Society launched a similar service called 'Time for Young People'.

MindMate
Support Team

In June 2024, there were 81 open referrals in the CWP service. These young people were offered a consultation with a clinician from the MindMate Support Team. Depending on their location, care was either transferred to MMST, or they were signposted to other suitable services.

Cognitive Behavioural Therapy (CBT) is a type of talk therapy that helps people identify and change negative thought patterns and behaviours to improve their mental health.

Low Intensity Cognitive Behavioural Therapy (LI-CBT) is a brief, evidence-based therapy designed to help individuals, especially children and young people, manage issues like low mood, anxiety, and emotional difficulties. LI-CBT focuses on the core principles of Cognitive Behavioural Therapy but is delivered in a shorter format, typically involving 6-8 sessions.

Research Activity in our Children's Business Unit

The Integrated Children's Additional Needs (ICAN) Physiotherapy Service is a study site for two NIHR-funded Randomised Controlled Trials investigating the effectiveness of stretching (SPELL study) and strengthening (ROBUST study) programmes for children with cerebral palsy. Our two trainee Advanced Clinical Practitioners have completed the National Institute for Health and Care Research (NIHR) Associate Principle Investigator scheme in order to support the delivery of both trials.



This helped
us achieve
GOAL 3.3

Specialist Business Unit

Leeds Mental Wellbeing Service

The Leeds Mental Wellbeing Service (LMWS) is a city-wide initiative providing support and psychological therapies for common mental health issues such as anxiety, stress, and depression. It offers a range of services, including online courses, group and face-to-face sessions, workshops, and one-to-one talking therapies. LMWS is a partnership between Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, Leeds GP Confederation, and several third sector organisations including Northpoint Wellbeing, Inspire North (formerly Community Links), Touchstone, Women's Counselling and Therapy Service and Home Start Leeds.

This helped us
achieve **GOALS 1.1**
/ 1.2 / 1.3 / 2.1 / 2.2
/ 3.1 / 3.2 / 3.3 / 4.1
/ 5.1 / 5.2 and 5.3

NORTHPOINT

www.northpoint.org.uk

**INSPIRE
NORTH**

www.inspirenorth.co.uk



www.touchstonesupport.org.uk

Women's Counselling
and Therapy Service



www.womenstherapyleeds.org.uk

**HOME
START**

www.home-startleeds.co.uk

Digital mental health resources

These partnerships help LCH deliver comprehensive and accessible mental health services to the diverse population of Leeds:

This helped us achieve **GOAL 1.2**

[Ieso Digital Health](#) provides online cognitive behavioural therapy (CBT) sessions. Patients can access therapy through secure, real-time text-based conversations with accredited therapists, making mental health support more accessible and flexible.

ieso

[SilverCloud Health](#) online platform offers self-help programs for managing common mental health issues, like anxiety and depression. These programs are completed at the person's own pace, with support from a therapist who monitors progress and provides guidance.



[SignHealth](#) provides mental health services tailored for the Deaf community. SignHealth offers therapy and support in British Sign Language (BSL), ensuring that Deaf patients receive accessible and culturally appropriate care.

THE DEAF HEALTH
CHARITY
SIGNHEALTH

[Xyla Digital Therapies](#) offers remote mental health support through online and telephone sessions using structured therapy programs delivered by trained psychological wellbeing practitioners for conditions such as low mood, depression and anxiety.

xyla
digital
therapies
Part of Acacium Group

Tissue Viability Service

During the national [Stop the Pressure](#) campaign, the Tissue Viability Service implemented daily MS Teams training sessions to introduce the new pressure ulcer categories and reporting guidelines from the [National Wound Care Strategy Programme \(NWCSP\)](#). This training was provided to all LCH staff involved in assessing and treating pressure ulcers. The new guidance helps staff accurately assess and categorise pressure ulcers, which is particularly important for patients with non-white skin, as this can be more challenging. It also aims to prevent the unnecessary reporting of low-harm pressure ulcers.

This helped us achieve **GOALS 1.1 / 1.3 / 2.1 / and 5.1**



National Wound Care Strategy Programme

The National Wound Care Strategy Programme (NWCSP) is an NHS England initiative aimed at improving care for people with wounds through better practices, education and resources.

Additionally, the Tissue Viability service partnered with Urgo Medical to introduce a new compression bandage system. Training on how to use this system was delivered to LCH and primary care staff, ensuring that all staff can apply both reduced and full compression therapy, in line with the NWCSP. This initiative ensures that patients with lower leg wounds receive the correct and immediate care they need.

#StopThe
Pressure

The Stop the Pressure campaign aims to raise awareness and reduce the incidence of pressure ulcers through education, training, and best practices in healthcare settings.

The Home Ward for Respiratory (HWR)

The Home Ward for Respiratory (HWR) evolved from a Chronic Obstructive Pulmonary Disease (COPD) service established in 2018, making it well-established in the locality. The service is led by a clinical lead nurse, with input from respiratory consultants and supported by specialist nurses and healthcare support workers. Pharmacy and AHP resources are available but shared with other teams.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
and 5.1

HWR is a 12-bed ward operating from 8am to 6:30pm, seven days a week, with a current utilisation rate of 60-80%. It offers both step-up (30%) and step-down (70%) pathways with a broad referral base. Step-up beds are for patients who need more intensive care than can be provided at home but do not require full hospital admission. Step-down beds are for patients who are transitioning from hospital care to home care, providing a bridge to ensure they are stable and supported before discharge. Step-up referrals may increase as the service was recently added to the Directory of Services (DOS), a central database of NHS services in England which provides real-time information about available healthcare services, helping to direct patients to the most appropriate care based on their needs. While daily ward rounds are not in place, the service conducts full multidisciplinary team (MDT) meetings once or twice a week.

The team can access respiratory consultant support on weekdays, with out-of-hours escalation to the on-call respiratory team as needed. Specialty advice and guidance is available via the respiratory consultant from colleagues at the acute site (hospital). The team provides home visits but does not use remote monitoring.

Key interventions include patient assessments using the [National Early Warning Score 2 \(NEWS2\)](#), chest auscultation, and facilitating diagnostic tests such as capillary blood gases (CBG), blood tests, and imaging as required. The team supports non-invasive ventilation (NIV), using a mask that fits over the nose, mouth, or both to deliver positive airway pressure, helping patients breathe more easily; they also use ongoing oxygen, but cannot initiate new oxygen therapy, which is provided by the Home Oxygen Service. IV therapies are managed by the Community IV team. The team has access to electronic prescribing and works closely with community pharmacy services.

National Early Warning Score 2 (NEWS2) is a tool used in healthcare to quickly identify patients who are at risk of deteriorating. It involves scoring six vital signs: respiratory rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness, and temperature. The scores help healthcare professionals decide on the urgency and type of intervention needed.

The Community Intravenous Administration Service (CIVAS)

Our team provides intravenous (IV) therapy for patients in Leeds, either at home or in our clinic, as an alternative to extended hospital stays or to prevent hospital admissions. We collaborate with hospital-based clinical nurse specialists, infectious disease consultants, microbiologists, and specialist pharmacists to deliver a multidisciplinary approach to patient care. Our service operates from 8:00am to 7:00pm, seven days a week. CIVAS facilitates early hospital discharge for patients who are medically fit but require extended IV antibiotic therapy

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 / 3.1
/ 4.1 / 4.2 and 5.1

in the community. We also help avoid hospital admissions for patients with heart failure who need IV diuretic therapy. This approach allows us to optimise the use of hospital and community healthcare resources, reduce reliance on acute hospital care, and minimise the risk of hospital-acquired infections. Our ultimate goal is to enhance patient experience, choice, wellbeing, and quality of life.

The service provides:

- Intravenous administration therapies, up to two times a day.
- The opportunity to teach self-administration to patients.
- Antimicrobials via a 24-hour ambulatory pump infusion.
- Intravenous diuretic therapy for patients with heart failure.
- Treatments to prevent respiratory admissions.
- Blood sampling for housebound patients.
- Maintenance of venous access devices.
- IV infusions to patients with endocrine conditions.
- High quality, safe, holistic nursing care.

The service supports patients with:

- Severe infections – such as meningitis, endocarditis, prosthetic infections, and urology infections.
- Respiratory infections such as bronchiectasis and tuberculosis.
- Deep seated infections.
- No oral alternatives - some multi resistant infections.
- Diuretic therapy for patients with heart failure.
- Diabetic foot patients.
- Endocrine conditions where the patient require an infusion.

Community Falls Service

The Leeds Falls Service is a partnership between the LCH Community Falls Service and LTHT Falls Clinic Geriatricians, including twice monthly virtual multidisciplinary meetings. In recent years, the roles of Advanced Practitioner (AP) and Pharmacist have been integrated into the new service model. This has supported more complex high risk falls patients being managed in the community and reducing the need to attend a hospital clinic. Specialist Physiotherapists within the service are trained in vestibular assessment and rehabilitation. This enables assessment and treatment of potential causes of dizziness and balance problems that may contribute to a fall. Therapy Assistant Practitioners within the service are trained in the Otago strength and balance exercise programme, which is an evidence-based falls prevention home exercise programme for older adults.

Achievements:

We have reduced waiting times and need for hospital outpatient clinics and received positive feedback from patients and carers. We participate in regional audits and development of action plans.

Future focus:

- Aligning with updated NICE guidelines for falls prevention.
- Continuing partnerships to promote and embed the falls pathway.
- Providing falls education sessions to clinicians.

The service aims to manage patient care in the community, ensuring timely and appropriate interventions while maintaining high standards of safety and effectiveness.

This helped us
achieve **GOALS**
1.1 / 1.3 / 2.1 /
and 5.1

Citywide Falls Steering Group

The group includes representatives from various services and stakeholders in Leeds, and in the last year has focussed on:

- Developing and embedding the Leeds Falls Pathway for timely identification and intervention.
- Analysing data to identify gaps in primary and secondary falls prevention.
- Improving service accessibility for harder-to-reach communities.
- Piloting Falls Risk Assessment Guidance for care homes, linked with Yorkshire Ambulance Service data.
- Addressing falls and injuries as part of the Healthy Leeds Plan, focusing on areas with high unplanned hospital admissions.
- Reviewing and proposing improvements for strength and balance exercise programs in the community.

Shared Decision Making in Dental Care

The service has embedded shared decision making at the forefront of care delivery to ensure holistic, personalised care that meets patient needs. This includes working with families, advocates, and healthcare teams when a patient lacks the capacity to consent.

The service is flexible with the location and timing of dental examinations, arranging procedures outside usual schedules to meet patient needs. For example, a patient with sensory needs had their care scheduled on a weekend to minimise risk and meet their specific requirements. The day surgery was meticulously planned, involving members from three

This helped us
achieve **GOALS**
1.1 / 1.3 / 2.1 /
and 5.1

Trusts to ensure timely and comprehensive care. Following the procedure, the patient was discharged and reported to be doing well.

The Leeds Community Dental Service (CDS) collaborates with other providers in Leeds and West Yorkshire to develop strong relationships and explore improvement opportunities. This includes assisting other CDS services if their patients need a general anaesthetic for dental treatment in a Leeds teaching hospital.



The outcome of the procurement process announced in late 2024 confirmed that Bradford District NHS Trust will hold the core contract, with community dental providers continuing to deliver services. This ensures the service's stability for the future.

The service is pleased to share positive feedback from users:

Very friendly team.
Very good experience of service.
Nothing could be done differently.

Community Stroke Rehabilitation Team (CSRT)

The team has worked internally and with partners to improve care delivery. A review of equity data showed that referrals were not representative of ethnicity risk (e.g. low referrals from the Bangladeshi population). Actions taken include:

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
3.1 / 4.2 / 4.3 /
and 5.1

- Use of Language Line and translators.
- Create aphasia-friendly information, using simple words, pictures, and clear layout to help people who have difficulty with speech and / or understanding language (usually after having a stroke).
- Face-to-face appointments for those who need them.
- Home visits.
- Working with third sector organisations to improve digital literacy; that is the ability to use digital tools and technologies effectively. It includes skills like finding, evaluating, creating, and sharing information online, and understanding digital privacy and security.
- Patient-centred 'did not attend/no access' visit policy.
- Speech and language therapists supporting communication needs.

A team member undertaking a Allied Health Professional (AHP) clinical fellowship will explore outcomes for patients living in our most deprived areas in Leeds (IMD1 and 2).

Internally, the service has redesigned its pathway. Telephone assessments are now used, with 25-33% of patients completing their initial assessment by phone, and a quarter of those being discharged. This saves time, reduces travel costs, and improves

patient experience. Patients have shared that they prefer telephone assessments as they are easier to manage within the day.

The service, in partnership with LTHT, is exploring an early supported discharge pathway.

The service is proud of the positive patient feedback they receive and use it to influence further improvements. An example of a compliment is shared below.

All our thanks for your care and thoughtfulness, my husband feels 90% better. So, we are very thankful. You are fabulous, what a difference, many thanks.

Tier 3 Specialist Weight Management Service

The Leeds Specialist Tier 3 Weight Management Service offers a program led by a multi-disciplinary team of experienced healthcare professionals, including a consultant physician specialising in obesity medicine, physiotherapists, dietitians, and mental health specialists.

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 /
2.1 / 2.2 / 4.1 /
4.2 and 5.1

The service is currently conducting two pilot schemes to improve access and reduce wait times:

Group Education Pilot: This pilot was initiated due to high demand and patient feedback. It involves a group education program providing peer support and evidence-based information on service pathways, diet, and lifestyle interventions. The pilot received EQIA approval in late 2024. With the closure of One You Leeds, the team found that education on diet and lifestyle was especially impactful for

patients from deprived socio-economic backgrounds. One You Leeds was a free local healthy living service aimed at helping residents of Leeds make positive changes to their lifestyle and behaviour to improve their health.

Weight Loss Medications Pilot: This pilot, in collaboration with West Leeds Primary Care Network (PCN), supports the initiation of GLP-1 medication within the community. GLP-1 medications are drugs that help manage blood sugar levels and promote weight loss. They are often used to treat type 2 diabetes and obesity by mimicking the GLP-1 hormone, which regulates insulin and appetite. The goal is to support more patients and ensure they are properly counselled on the medications and the necessary dietary and lifestyle changes for long-term success.

Following patient feedback highlighting emotional eating as a significant barrier to weight management, the team produced an emotional eating workbook. It was reviewed using easy-read software, so the workbook serves as a valuable tool to support individuals struggling with emotional eating. Patient comments below demonstrate their thanks:

Thank you for all weight management help, it's been such a blessing.

You've been a great help just listening and providing advice.

Leeds Community Pain Service (LCPS)

The service is currently working with the ICB to explore the integration of the Long Covid team, the pain service, and the Chronic

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 / 5.1 and 5.3

Fatigue service (LYPFT). While this work is ongoing, they continue to see patients and have received positive feedback from those who access their service. One patient's journey highlights the positive impact of the service:

Initially, the patient felt they were being 'palmed off' by their GP but found the **Living a Life with Better Pain group** at Pudsey useful.

They came to LCPS thinking they needed increased opioids, but after the group sessions, they booked an appointment with their GP to discuss weaning off buprenorphine patches, which are used for pain relief.

They also developed a comprehensive personal management plan from the ideas in the sessions and were happy to go straight onto a Patient Initiated Follow-Up pathway, where patients schedule their follow-up appointments as needed based on their symptoms and circumstances.

The patient was very impressed with the group content and delivery and wanted to pass on their thanks.

Tuberculosis (TB) Outreach

The service has been collaborating with a Touchstone outreach worker to deliver TB outreach and network with identified groups. The outreach worker is currently writing a script about TB and plans to produce a video to play to under-served groups.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 / 2.2 / 2.3 and 5.1

The video aims to dispel myths about TB and highlight its symptoms. Additionally, the outreach worker has secured funding to incentivise participation in the outreach efforts.

Homeless Health Inclusion Team (HHIT)

The service organised for all their patients in hospital over the Christmas period to receive a gift from Leeds Community Healthcare. The gifts, donated by other LCHT teams and a major store (coordinated by the charitable funds team), were greatly appreciated by the patients.

This helped us achieve **GOALS**
1.3 / 2.1 and 5.1

In early February, the team and the Inclusion/Homeless Health Intervention Beds teams won a Leeds Quality and Care award for 'Most Innovative Approach to Supporting Independence, Choice, and Control.'

Leeds Sexual Health

The service went out to tender in 2023, and following a successful bid, the new service commenced in 2024. This has introduced new ways of working to improve self-management, access, and delivery of care.

This helped us achieve **GOALS**
1.1 / 1.2 / 1.3 /
2.1 / 2.2 / 3.2 /
4.1 / 4.2 / 4.3 /
5.1 / 5.2 and 5.3

Working in partnership with the GP Confederation, clinics are now offered in more deprived areas and can be accessed in the evening for long-acting reversible contraception, including methods like intrauterine devices and contraceptive implants that provide effective birth control for an extended period without requiring user action.

Information on the new website can be translated into many languages, and users can make appointments for further intervention and follow-up online. When needed, staff use Language Line for interpreting to explain procedures to clients.

Access to contraception has been improved by offering services online, meeting the local needs of women. This has freed up capacity for more face-to-face follow-up appointments when necessary.

The service also offers outreach to vulnerable groups, including sex workers and Gypsy Travellers. Accessibility funds are available to help patients access the service.

Cardiac Service

The service continues to work in partnership with other providers to meet the needs of patients in Leeds who experience heart failure in the community. Heart failure syndrome covers various types of heart failure. The Community Cardiac Service has been commissioned to see patients with Left Ventricular Systolic Dysfunction (LVSD) due to the range of treatment options available and specific NICE guidance.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
5.1 and 5.3

There is a large population of patients with Heart Failure with Preserved Ejection Fraction (HFpEF) who suffer from significant fluid retention and have a high admission rate to the acute trust and Home Ward Frailty. Without a specific service to support these patients on discharge, they often readmit or frequently present to primary care.

A six-month pilot with ten patients showed good outcomes for supporting this cohort. The service now needs to develop a business case to secure more resources for a larger-scale implementation. Meetings with Heart Failure Cardiologists at LHT and other Cardiac Leads are planned to discuss the necessary support.

The service also delivered presentations to partners, including Palliative Care champions presenting to St Gemma's and teams at Armley and Pudsey, promoting shared care at three GP surgeries.

Homeless and Health Inclusion - Caring for people experiencing or at risk of rough sleeping

In 2021, Leeds received funding from the Department of Health and Social Care for an Out of Hospital Care Model for people experiencing or at risk of rough sleeping. This model has now been a fully commissioned substantive service since 2024 and includes various intermediate care services that bridge the gap between hospital and long-term care. The program was evaluated by King's College London and researchers with lived experience of homelessness. An Out of Hospital team was established, including roles such as an integration lead, social worker, general practitioner, housing officer, senior support workers, specialist nurse, and care navigator. The team works collaboratively across organisations to support patients holistically.

This helped us
achieve **GOALS**
1.1 / 1.3 / 2.1 /
3.3 / 4.1 and 5.1

Improving Independence, Choice, and Control

The Homeless Health Intervention Beds (HHIB) team supports people experiencing homelessness by improving their health and offering choices in their move-on options. They aim to avoid returning people to emergency accommodation after their health improves, helping them find a home in an area of their choosing. This approach breaks the cycle of homelessness and boosts self-esteem and self-efficacy. An example is patients who have never lived independently but, after time with HHIB, have moved into their own homes. While some patients may return to homelessness, HHIB respects their right to make their own choices and keeps the door open for future support.

Supporting Decision-Making

The HHIB team serves individuals who have experienced significant disadvantage and trauma, leading to homelessness and poor health. These individuals often struggle to have their needs met by services and may be wary of accepting support.

The HHIB team honours each person's unique experiences, talents, and strengths. They affirm the positive attributes they see in people, helping to build self-belief, self-esteem, and self-efficacy.

"The Out-Of-Hospital care model that has been developed in Leeds has been selected as one of our positive practice sites. It provides safe accommodation and high-quality trauma informed support where people's needs can be addressed in the round.

Case studies show how it is making a real impact on people's lives helping them to improve their health and well-being and leave long-term homelessness behind. It is an exemplar model of a specialist Discharge to Assess service."

Dr Michelle Cornes - Senior Research Fellow, Health and social Care Workforce Research Fellow, Kings College London



Ensuring Control Over Their Own Lives

The HHIB team addresses power dynamics in relationships. They adopt a therapeutic and trauma-informed approach, working 'with' people rather than 'to' or 'for'

them. The team offers empathy, acceptance, and support, allowing individuals to make their own decisions, even unwise ones, and providing a safe base to return to.

The HHIB team ensures person-centred care through:

Multidisciplinary Collaboration: They work with various partners, including the person receiving care, to ensure a holistic approach.

Consultation with Lived Experience: They involve individuals with lived experience in designing their services, ensuring they meet real needs.

'Team Around Me' Approach: The person receiving care is central and in charge of all aspects of their care.

Peer-to-Peer Support: They connect patients with shared experiences, such as those who have had amputations, to support each other in recovery.

All patients are involved in their care, review meetings, and goal planning. Goals may not always be health-related; they focus on what matters to the patient. For example, a terminally ill patient enjoyed bus rides and attending Leeds United matches, and the team facilitated this as long as possible. HHIB patients' goals can differ from typical rehabilitation models, including opening a bank account, reconnecting with family, attending a football match, or having coffee in town. The team works creatively to support these goals, bringing light to those who have experienced darkness.

Impact examples:

The team supports an increasing number of younger patients nearing the end of life. Through partnerships with St Gemma's health inclusion team, they provide end-of-life care in Transitional Housing units, allowing patients to die at home with dignity and choice. Previously, homeless individuals often died in hospitals without end-of-life planning. This service ensures they have choice, dignity, and equity in their care decisions.

"I cast my mind back to one person who I interviewed; it was late afternoon. It was clear that they were unwell but seemed happy that they were somewhere they felt cared for. This person had a long history of homelessness and interactions with the various systems. I received a text message later that night saying that he had died.

Although saddened by this event, I recognise that street homeless people die and at a younger age than their mainstream counterpart, this can also often be alone, in a doorway. The HHIB team were clear that dignity and love is something which everyone should be afforded at the end of their lives and being provided with accommodation and surrounded by people that cared about them, allowed this to happen.

The measured data from the Leeds OOHHC has reinforced the amazing service which has been delivered, but it is the unmeasured and unexpected positives which have come from this project which have not gone unnoticed. There has been a noticeable drop in sex-working and criminal activity, one person being very clear that it was the longest time they have been out of prison.

Many of those who passed through the scheme had spent many years bouncing around inside or outside of different systems, this programme of work brought some stability to their lives and was often the longest time they had been accommodated in decades. There are no tick boxes that can reflect just how enormous this is.

Leeds HHIB have created a model of care which certainly stands out as exemplar and quite rightly deserves its place in any good-practice guide which is published as part of a report."

This concludes our Review of Quality. We have endeavoured to continue to improve all aspects of quality within a difficult landscape of reduced NHS funding but acknowledge we have not achieved everything we tasked ourselves with in 2024/25. We are, however, optimistic for 2025/26.

Our 2025/26 priorities are:

Strategic Goal: 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.

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

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

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

Trust Priority: We will develop a Leeds Community Collaborative in partnership with primary care and third sector partners to amplify the community voice and facilitate Care Closer to Home.

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

Trust Priority: We will ensure the Quality and Value Programme minimises negative impacts on those with the greatest need and maximises positive outcomes where possible.

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

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

Feedback from engagement

When we develop our Trust Priorities, we involve our workforce and our patients. We seek feedback to further develop them into priorities that are informed by national guidance, local drivers, workforce and patient feedback. Due to difficulties within our Engagement Team we have not been able to engage and gain feedback to inform the final priorities as we usually would. We hope to re establish the process for 2026/27.

Part 3: Quality Improvement

Patient Engagement

We involve our patients, service users, communities, and staff in helping us to shape our services through ongoing feedback and engagement in a variety of different ways, including focus groups, surveys, interviews, community meetings, suggestion boxes, friends and family test and online platforms. We welcome this information use it to make improvements to our services, as demonstrated throughout our Quality Account.

This year the MyLCH pages have been updated to emphasise the importance of engaging with the third sector and wider community groups, including those with sensory impairments, BAME, LGBTQ+ communities, detained persons, and people living in areas of social injustice.

The Trust aims to monitor this activity through a comprehensive engagement dashboard. This dashboard tracks engagement and learning across multiple areas, including surveys, leaflet distribution, and focus groups.



Unfortunately, progress has slowed due to a significant number of vacancies in the Engagement Team. As a result, the Patient Experience and Engagement Manager has had to focus on mandatory tasks, leading to a pause in engagement work from December 2024 until May 2025. Many partnership initiatives are currently on hold until these roles are filled.

Once recruitment challenges are overcome, data and learning will be collated via the dashboard to reflect current Trust engagement activity. Updates following engagement activities and the changes made based on feedback will be shared through the patient information hub.

The Patient Engagement Principles

Following a stakeholder engagement event in May 2022, a set of six engagement principles were developed to define the culture of patient engagement within LCH. These principles clearly describe expectations for each service and interaction with patients, carers, and communities, reflecting the Leeds 3C communication model:

This helped us achieve **GOALS 1.3 / 2.1 and 4.1**

1. Person-centred

We will ensure that patients and carers are our focus, valuing the strengths of individuals and communities.

We will be honest about what we can do, and we'll focus on what people need rather than just following strategies and plans.

2. Outcomes

We will ensure that all engagement activities are measurable and produce clear results for our services and the people who use them.

We will keep you updated with what has happened as a result of sharing your views and experiences.

3. Involvement

We will use every interaction with you as our patients and carers to find out what you think about our services.

We'll create as many different opportunities for you to get your voice heard about your experience of our services.

4. Accessible

We're committed to making involvement accessible to everyone and overcoming barriers to engagement.

We will ask you about any communication needs you have and put things in place to meet them.

5. Active

We will act on what we hear, share learning and report on changes that have been made.

We will make sure we keep up to date with the good practice in engagement to guide our own work.

6. Inclusive

We will listen to and act on the experiences of people who are more likely to experience poor health or access to services.

We will ask the right questions so we can learn and meet the needs of diverse communities.

Throughout the year, the LCH Engagement Principles have been improved after working with several patient groups. Patients commented that the language in the early draft was too complex. Three learning events were held with LCH staff to build their knowledge around engagement and help develop a broader engagement culture.

The Patient Engagement Principles were shared with and commented on by the following community groups:

- **Youth Board.**
- **Older People's Action in the Locality (OPAL):** A registered charity in Leeds promoting independence, well-being, and a sense of belonging for people over 60 living in areas around Cookridge, Ireland Wood, Tinshill, Holt Park, Adel, and Bramhope.
- **The New Wortley Community Centre:** A community-owned and community-led centre offering a variety of services, groups, and activities aimed at improving the lives of residents.
- **LCH Carers Group.**
- **Leeds People First (LEEP):** A community group supporting adults with learning disabilities. They help their members speak up for themselves and their community.
- **Hamara:** An ethnic minority organisation in the voluntary and community sector based in Beeston, offering a wide range of services, including health promotion, youth activities, services for older people, and support for adults with learning disabilities.
- **Leeds Gate:** Offers a variety of services to support our Gypsy and Traveller communities.

- **Feel Good Factor (FGF):** Supports vulnerable and disadvantaged people in Chapeltown to improve their health and wellbeing.
- **Communities of Interest Network (COIN):** A network coordinated by Forum Central that brings together various community groups and organisations in Leeds, focusing on sharing insights and expertise to support different communities, including those with specific health and social care needs.
- **Forum Central:** The collective voice for the health and care third sector in Leeds, connecting third sector organisations with decision-makers in health and social care. It influences policy and supports strategic developments.

A Patient Safety Partner said:

I much prefer the newer version and would be a lot more likely to engage with that kind of visual. My only comment is the word 'Facilitative'... personally I would have to really think what that word meant.

The **Engagement Champions** and **Leeds Community Healthcare Carer Steering Group** are both on temporary hold, pending the return to normal service within the Patient Engagement and Experience Team, anticipated in May 2025.

The Patient Experience and Engagement Manager's attendance at the [HealthWatch Leeds People's Voices Partnership \(PVP\)](#) and **NHSE Heads of Patient Experience (HOPE)** network meetings is also postponed. The HOPE network provides a platform for leaders within NHS trusts responsible for patient experience to come together for peer learning and support.

These meetings often involve discussions on improving patient experience, sharing best practice, and developing projects that enhance the quality of care based on patient feedback. They are part of a broader effort to ensure that patient and community voices are heard and integrated into the planning and delivery of healthcare services.

Infection Prevention and Control (IPC)

LCH continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a 'zero tolerance' approach to preventable healthcare associated infection. In 2024/2025, our IPC Team has been working hard to fight different pathogens (germs) that can make people ill.

Alongside many of our normal activities our 7-day service continued to support staff by promoting safe infection prevention practices, especially with regards to those living in significant deprivation and those at higher risk of infection.

The IPC Team provide specialist advice to LCH staff and other providers in Leeds, including schools, nurseries, care homes, and home care as we have maintained our Cooperation Partnership Agreement with Leeds City Council. The team were also instrumental in the development of a new training package that was co-authored with NHS England and is now available on E-Learning for Health; it can be accessed by LCH staff and those in the wider system across Leeds through the Leeds Health and Care Academy.

In October 2024 we held a conference, The Golden Thread, for health and social care workers, which shared evidence-based practice of IPC topics such as antimicrobial resistance, wound care patient safety and sepsis.



Here are some other examples of our system work:

MPX: This is a virus that can cause a painful rash, fever, and swollen lymph nodes. It spreads through close contact with an infected person. The IPC Team were recognised regionally and nationally in relation to our response to MPX identified in Leeds. Leeds Sexual Health Service is now a designated regional vaccination centre to help prevent MPX.

Measles: This virus causes a red rash, high fever, cough, and runny nose. It is very contagious and spreads easily from person to person. There has been a significant outbreak in Leeds this year; the IPC Team have been very involved in training staff in LCH and across primary care to recognise and promptly respond to outbreaks and have support contact training working in collaboration with system partners such as the UK Health and Security Agency (UKHSA).

Carbapenemase-producing Enterobacteriaceae (CPE): These are bacteria that can cause serious infections like pneumonia or urinary tract infections. They are hard to treat because they resist many antibiotics. IPC have supported the system around

CPE outbreaks and ensured system flow between the hospital and care homes. This has involved education and awareness, and the fundamental basics of IPC.



Highlights for 2024-2025:

Patient Safety Incident Framework Plan: Helped us respond to and learn from patient safety incidents.

Hand hygiene and glove awareness: Promoted proper handwashing and glove use to prevent infections.

IPC responsibility: Reinforced that infection prevention is everyone's job in healthcare.

Hydration Awareness: Encouraged proper hydration to reduce hard-to-treat infections that can lead to serious conditions like sepsis.

Sepsis and Deterioration Improvement Group: Worked to improve recognition and treatment of sepsis and other serious conditions.

Seasonal issues: We ran a staff flu vaccination campaign and advised on prevention and management of flu and stomach bugs.

Sharps safety compliance: Ensured safe handling and disposal of needles and sharp objects to prevent injuries.

Personal protective equipment (PPE) and mask 'Fit testing': Introduced an app to record which staff have been fit tested.

Environmental audits: Used a digital tool (MEG) for conducting audits and improving compliance.

National Patient Safety Strategy

The first review of the LCH **Patient Safety Incident Response Plan (PSIRP)** has been completed in January 2025. This Plan provides insight into the Trust's incident

This helped us
achieve **GOALS**
1.1 / 1.3 / 2.1 /
4.2 and 5.1

profile and provides a working document to improve patient safety.

The PSIRP outlines which patient safety incidents should be reviewed and investigated within a healthcare organisation. It specifies the approach to be taken for different types of incidents to ensure effective learning and improvement in patient safety.

The PSIRP is based on the [Patient Safety Incident Response Framework](#) (PSIRF) that replaced the 2015 Serious Incident Framework.

The (PSIRF) is an NHS initiative designed to improve how healthcare organisations respond to patient safety incidents. It focuses on learning from these incidents to enhance patient safety and care quality. PSIRF replaces the previous Serious Incident Framework and emphasises compassionate engagement with those affected, system-based learning, and proportionate responses to incidents.

In 2024/25 we identified our key areas of patient harm and developed Trust-wide improvement groups and improvement plans for the areas of falls, pressure ulcers and identification of deteriorating patients.

Six of the nine [Patient Safety Specialists](#) in LCH have now completed the in-depth level 3 and 4 training as part of the national patient safety syllabus delivered by Loughborough University. The Specialists will continue to support the Trust to focus on systems thinking and human factors when considering how incidents occur and considering systemic improvement actions.

Patient Safety Specialists are healthcare professionals dedicated to improving patient safety within healthcare organisations. Their responsibilities include:

Developing and Implementing Safety Programs: They create and oversee programs aimed at reducing patient-related errors and enhancing overall safety.

Data Analysis: They gather and analyse data on patient safety incidents to identify trends and areas for improvement.

Incident Investigations: They investigate patient safety incidents, determine their causes, and recommend corrective actions.

Training and Education: They conduct training sessions for healthcare staff on patient safety practices and standards.

Collaboration: They work closely with medical staff to promote a culture of safety and ensure that safety protocols are followed.

We are supporting fifteen **Learning Response Leads (LRLs)** to access and complete selected training delivered by the Health Services Safety Investigation Body (HSSIB) in line with national requirements.

LRLs are professionals who lead investigations and ensure their quality and effectiveness. They engage with and involve those affected by patient safety incidents, aiming to identify areas for improvement and make recommendations to reduce future harm and enhance patient safety.



Patient Safety Summit

The LCH Patient Safety Summits continued in 2024/25; all LCH staff were invited. The Patient Safety Summits are open forums 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 significant 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:

January 2024

- Infection Prevention Society Conference.
- The Institute of Health Visiting Conference.
- The Health Service Journal (HSJ) Patient Safety Congress.

July 2024

- Supporting a patient with communication difficulties to engage in their diabetes management.
- Learning from the lives and deaths of people living with a learning disability and autistic people (LEDER).

October 2024

- The impact of adverse childhood events and trauma informed practice.
- What is Duty of Candour and why it is important.
- No access visits Standard Operating Procedure.

Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 9 April 2025)

There 5408 incidents relating to the Trust during 2024/25 with 7803 reported overall (this includes incidents that do not relate to LCH care delivery but may still impact a patient, including identified incidents during care by other providers). This compares to 5825 in 2023/24 and 5422 in 2022/23) and highlights a stable reporting picture.

Of the total LCH incidents reported 4723 were no or low harm, 341 were moderate harm and 5 were major harm. The remaining 136 relate to deaths and follow the mortality process. As the Trust adopted the Patient Safety Incident Response Strategy and its associated Plan, a local response is completed for the moderate and major harm incidents. Within our local response we completed 14 Patient Safety Incident Investigations.

Learning from Deaths

Adults

LCHT has clear processes for reviewing mortality to share insights about end-of-life care for our patients. Many of these patients are in the palliative phase or nearing the end of life. The Adult Business Unit, as part of the Quality and Value Programme, focuses on supporting patients during their final weeks and days.

In 2024/25, a new mortality review process was established across all Neighbourhood Teams, using bespoke templates in the electronic patient record. This process identified more local learning and themes for wider sharing, and effectively flagged deaths requiring review at the Trust Mortality Review meeting.

An audit between October - December 2024 confirmed the process's effectiveness.

The Medical Examiner role is established city-wide, ensuring effective communication with the Trust for case reviews.

LCHT is an active partner in the Leeds Palliative Care Network, contributing to improvements and representing community services.

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process

The [Recommended Summary Plan for Emergency Care and Treatment \(ReSPECT\)](#) process is embedded in practice, with over 80% of adults who die in Leeds having digital Advance Care Planning prior to death (EPaCCS/ReSPECT).

ReSPECT creates personalised emergency care recommendations through discussions between patients, families, and healthcare professionals, while [Electronic Palliative Care Coordination Systems \(EPaCCS\)](#) capture and share end-of-life care preferences electronically.

There is ongoing city-wide work to ensure up-to-date ReSPECT documentation is available for all healthcare providers involved in a patient's care. The Practice Development Lead for Palliative and End of Life Care sits on the national Resuscitation Council ReSPECT Sub Committee, representing community health providers in England and contributing to its ReSPECT Strategy.

As a Trust, we have supported 76.3% of our end-of-life patients to die in their first-choice preferred place, with 80.7% in either their first or second choice.



This is slightly lower than the previous year, likely due to one of the Leeds Hospices being closed to inpatient admissions mid-year due to an estate issue.

Approximately 80% of people with Electronic Palliative Care Co-ordination System (EPaCCS) and preferred place of death preferences are cared for and die in their chosen setting with approximately 80% dying in a community setting. Leeds has lower than the national average rate of people who have three or more unplanned emergency admissions in the last 90 days of life.

At the end of September 2024, 48% (1365 of 2855) of patients in Leeds who died were identified on a palliative care register with an EPaCCS 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.

Verification of death by registered nurses

LCH registered nurses verify expected deaths on our caseload. In 2024/25, 65% of deaths at home or in care homes and 74% of expected home deaths were verified by LCH staff, supporting timely verification and reducing distress for families and carers.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
and 5.1

The Trust supports senior clinician development and collaborative training for ReSPECT and **Fast Track Continuing Healthcare Funding** signatories. This training increases confidence in end-of-life prescribing and improves care for patients, families, and carers. End-of-life care training has also been provided for Senior Neighbourhood Clinical Assistants.

Reducing Hospital Admissions: A Collaborative Approach for Advanced Respiratory Disease Patients

In 2024/25, the ICB reviewed avoidable hospital admissions at end of life, leading to a partnership with two Primary Care Networks (PCNs). Together LCH and the PCNs have explored the needs of patients with advanced respiratory disease, because this group often have higher hospital and GP attendance rates due to breathlessness and associated anxiety. The pilot is ongoing and will assess how proactive neighbourhood care coordination and case management can improve symptom control and reduce hospital visits and admissions.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
3.1 and 5.1

Children

A review is undertaken following the death of every child who resides in the Leeds area (excluding newborn children who do not leave the hospital prior to death). These review meetings occur every two months, attended by the relevant practitioners involved in each case. During these meetings, we review the child's journey through our services, acknowledging the quality of care provided and identifying any learning opportunities that could inform and change future practice.

This year, we have revised the meeting format to offer more support to practitioners, recognising the emotional impact these discussions can have on our staff. Additionally, there is

ongoing work to review system-wide processes, with plans to implement improvements in 2025/2026.

Here are some examples of the work undertaken this year:

Car Seat Safety 0-19 Public Health Integrated Nursing Service (PHINS)

Following the tragic deaths of two children where car seats were a contributing factor, the 0-19 PHINS team will be adding a sticker to each Parent/Carer Held Record (red book) distributed to families. During all contacts, the 0-19 PHINS team discuss car seat safety with parents and carers. It is hoped

This helped us achieve **GOALS 1.1 and 1.3**



that this additional reminder, prompted by these two deaths, will encourage parents to use a car seat for every car journey and avoid unnecessarily leaving the baby in the car seat for extended periods, especially if the baby falls asleep.

Development of Immunisation Discussion and Prompts for All Children Seen by 0-19 PHINS

During a child death review, it was identified that immunisations had been missed, and there was no evidence of discussions

This helped us achieve **GOALS 1.1 / 1.2 / 1.3 and 2.2**



regarding their importance. Although this did not directly impact the child's death, steps have now been taken to address this issue. A new immunisation template has been added to the 0-19 PHINS electronic for staff to view or record vaccination

status for the 2-to-2.5-year-old check. This template facilitates conversations, information sharing, and support to ensure children receive their necessary immunisations.

Safe Sleep Messages

Safe sleep messages have been central to public health communications at all key contacts. In Leeds, these messages are delivered in a way that encourages and supports parents' decision-making. They are underpinned by written literature, such as the 'Caring for Your Baby at Night' leaflet, which is given with the Red Parent Held Record Book. Parents are directed to the [Lullaby Trust](#) website for additional

This helped us achieve **GOALS 1.1 and 1.3**



information, and Specialist Community Public Health Nurses (SCPHNs) often send communication links to parents. All parents receive literature about keeping babies safe while sleeping. Co-sleeping and bed-sharing information is discussed, and safe bed-sharing practices are clearly communicated during contacts.

Child Missing Out on Education Process (CMOOE)

To support children missing education and as our response to learning from the recent death of a child in England who was CMOOE we are establishing a robust process for identifying children missing from education.

This helped us achieve **GOALS 1.1 / 1.3 and 4.1**

In November 2024, an agreement was signed between Leeds City Council (LCC) and LCH, which included:

- A data-sharing agreement between LCC and LCH to share information about CMOOE.

- Adding an automated digital process for identifying children missing from education within clinical health records.
- Ensuring the CMOOE team has up-to-date information about children known to health services who are not enrolled in school.
- The CMOOE team will transfer information to appropriate sources, in an appropriate way, about children who are no longer living in Leeds.
- Offering universal health services to all children identified as CME.

Outcomes - we now:

- Use an automated digital process to transfer accurate information about children who may be MOOE.
- Have effective collaboration between the CMOOE team and the 0-19 PHINS team.
- Ensure the CMOOE team have accurate health data.
- Provide health services with data to identify vulnerable CMOOE.
- Ensure service delivery is inclusive to all vulnerable groups.

Learning from lives and deaths

People with a learning disability and autistic people - LeDeR

The organisation is represented at meetings where focussed [learning from lives and deaths reviews](#) are discussed, and generic themes are shared by the reviewing team.

As a direct result of LeDeR outcomes and findings from the LD standards benchmarking, the 'what makes good care' flow chart was developed:

This helped us achieve GOALS 1.1 / 1.3 / 2.1 / 4.1 and 5.1

What makes good care for a person with a learning disability

(pathway taken from learning from LeDeR and the Learning Disability Improvement Standards)

Ensure you have completed The Oliver McGowan Mandatory Training in learning disability and/or autism.



Identify and flag (on clinical systems) people who have a learning disability and any other diagnosis e.g. Autism, Down Syndrome.



Ensure care is person centred.



Ensure care is holistic and co-ordinated.



Make reasonable adjustments to processes, pathways and care.



Use communication that meets the person's needs.



Access their health passport through PPM.



Recognise the signs and symptoms that the person is becoming unwell and provide treatment.



Find out if they have had an annual health check, if over 14 years old, and signpost to the GP if not.



If needed, seek support and consultation from Learning Disability Specialists.



If needed, ensure Mental Capacity Act is used and relevant documentation is completed.



Ensure Advanced Care Planning/ReSPECT form is considered.

This is to support staff when working with people with a LD. The process can be followed when working in all services and has headings that can be used when reviewing care. It highlights key areas for staff to consider that if followed will support the person with a LD to access health care, feel listened to and offered any support they need to achieve the best outcomes possible.

Following a review of the Trust's mortality process it was noted that if a person with a LD and/or autism dies after 24 hours of being admitted to hospital we do not review care. Changes have been made to the process and for the next year, when someone dies, the teams should review every death of a person with a learning disability and/or autism, even if they died in hospital, to ensure learning is identified.

The LD Lead will then review for themes and consider any areas where improvements can be made.

Learning Disability Improvement Standards

The organisation takes part in the Learning Disability (LD) 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 LD Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a LD.

This helped us achieve **GOALS** 1.1 / 2.1 / 4.1 and 5.1

It's nice being asked what we think.

Thank you for everything you are doing for us.

Being able to speak to someone about this stuff really helps.

If it wasn't for people like you, we wouldn't know what was going on.

Part of completing the benchmarking involves a staff survey, and a survey that is sent to people with a learning disability. Many of the responses had decreased from the previous year due to more staff highlighting the 'don't know answer' rather than stating they disagreed. Below are some facts from the staff survey and survey sent to those with an LD:

Approximately **53%** of staff can identify reasonable adjustments, an increase of 3%.

52% of our staff surveyed stated that people with LD and autism received the same quality of care as those without - a decrease due to more people answering 'don't know'.

80% 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.

41% 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.

55% 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.

Increasing accessible information across the Trust

LCH is actively collaborating with partners who care for people with learning disabilities to improve patient information for advance care planning and end-of-life care. This initiative involves reviewing existing standard and easy-read versions of patient information so we can see if there are any gaps in the information provided.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
3.1 and 5.1

The aim is to ensure that everyone, regardless of their learning abilities, has access to clear and understandable information about their care options. By working together, LCH and partners aim to create new, accessible, easy-read materials that can be used across various care settings. This will help patients and their families make informed decisions about their care, ensuring that their wishes are respected and their needs are met.



The next steps include collaborating with partners to develop these easy-read resources then make them widely available. This effort is a crucial step towards providing equitable and compassionate care for people with learning disabilities, empowering them to take an active role in their health and wellbeing.

Examples of Accessible information includes information about services, end of life care and falls. Documents are completed in conjunction with staff and are taken to groups for people with a learning disability, to ensure the documents are fit for purpose.

Other areas of improvement this year

Learning Disability

The Oliver McGowan Mandatory Training in Learning

Disability and Autism: The E learning element of The Oliver McGowan Mandatory Training in Learning Disability and Autism was mandated across the trust for all staff, with 90% compliance. The organisation continues to be involved in how the city will implement the Face to Face element of the training.

Ask Listen Do (ALD): Is about making it easier for people to give feedback, raise concerns, or complain about their healthcare. A presentation was created to increase awareness, which included a video to help the engagement team understand the principles of Ask Listen Do.

A Patient Engagement Team (PET) officer will be the **champion for ALD**, and the PET will lead this initiative starting in May 2025. This intervention has ensured that all members of the engagement team have improved their skills and knowledge about the initiative.

An accessible complaints form for people with LD was produced. It will ensure that patients with LD and those who may have limited comprehension or difficulty understanding complex language find it easier to engage with the complaints process, understand it, and know what to expect. It also empowers the staff and patient experience officers handling the calls to support people with reasonable adjustments.

Key areas of improvement for next year:

- Support the implementation and identification of the Reasonable Adjustment flag on the clinical system.

- Audit the mortality process for those with a LD, to gather areas of good practice and any learning.
- Review how learning is shared across the organisation from the lives and deaths of people with a learning disability and or who are autistic.
- Review work commenced on restrictive interventions.

Safeguarding

The Trust is dedicated to protecting our community through effective collaboration and public engagement, aligned with our vision and values, while recognising Leeds City Council's Social Work service as the lead agency. A key priority for LCH is to raise awareness and empower staff to recognise and act on signs of abuse.

The safeguarding children's team has introduced a resource library on the LCH intranet for staff to access learning sessions, with plans to expand content based on staff needs. Embedding learning is a priority in our Safeguarding Strategy 2023-26.



This helped us achieve **GOALS** 1.1 / 1.2 / 2.1 and 5.1



Learning is crucial in safeguarding to ensure everyone, from frontline staff to the wider

community, can effectively recognise and respond to abuse or neglect. Ongoing monitoring and evaluation of safeguarding practices are critical to maintaining high standards of care and protection, focusing on continual improvement and accountability.

These priorities reflect our commitment to safeguarding and protecting the most vulnerable in our society throughout 2024/25.

Clinical Education Team Overview

The Clinical Education Team at Leeds Community Healthcare NHS Trust has had a busy year in 2024/2025, celebrating achievements, hosting visitors, opening new placements, and delivering training across the Trust:

This helped us achieve **GOALS** 1.3 / 2.1 / 3.3 / 4.1 / 5.1 and 5.3

Clinical Placements and Learning Opportunities

Over the past year, the team has supported numerous clinical placements for learners, including pre-registration Nursing and Allied Health Professional (AHP) students, clinical apprenticeship students, and T Level placements for 16-18 year olds. The Practice Learning Facilitator for Nursing has developed a community pathway placement for pre-registration Child Nursing students in Leeds, following a successful placement in the Children's Business Unit. The first students will start in early 2025, promoting community children's services as a career choice upon graduation.



Clinical Education Team
Practice Learning Facilitators

Pre-Registration Nursing Students

At the start of last year, the Clinical Education Team began hosting pre-registration nursing students. Despite being a

small team, they have offered valuable learning experiences, with 15 nursing students joining so far and providing positive feedback. The team plans to expand this offer to include AHP students in 2025.

Training Sessions

Throughout the year, the team has offered over 2000 places for Basic Life Support training, as well as sessions on immediate life support, venepuncture, preceptorship, and new sessions for Neighbourhood Clinical Assistants. The team aims to be responsive to the needs of clinical teams.

International Delegation

In November 2024, the team hosted an international delegation of Chinese Nursing and Physiology students from Leeds Beckett University. The visit provided insights into NHS healthcare, community care delivery, and placement opportunities, while also allowing LCH staff to learn about healthcare in China.



of Nursing and Allied Health Professionals attended the event. The Stay and Thrive programme, which supports IENs in their professional and personal lives, was highlighted. This event marked the culmination of three years of effort by the Clinical Education Team, who have recruited and supported 31 staff from around the world to work in LCH.

Internationally Educated Nurses



In December 2024, cohort 3 of Internationally Educated Nurses (IENs) celebrated their first year in the Trust. Key staff, including the

Clinical Education Team, Non-Executive Director, and Director

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.

Workforce and leadership

The rollout of our Cultural Conversations programme continues, with cultural competency training delivered monthly to support service leads with their own cultural competence, so they can improve their facilitation of conversations with teams about working with different cultures and identities.

This helped us achieve **GOALS** 1.1 / 2.1 / 2.3 / 4.2 / 4.3 and 5.1

Health Equity, Inclusion and Wellbeing

2024/25 marks the fourth year of our formal commitment to addressing unfair and avoidable differences in the health of different groups and communities through our Health Equity strategy. By working with communities and partners, we aim to create equitable care and pathways. This year, the trust added a fifth strategic priority to embed equity in everything we do, highlighting our commitment to fairness in our care.

Our strategy helps us move from intent to action by identifying and addressing inequities within our own care provision and contributing to cross-system efforts to address wider determinants.

We deliver our strategy through nine areas of work:



Focusing specifically on impact and data output this year's highlights explain we have:

Person-centred care

- Increased the recording of communication needs across our patient population.
- Developed easy-read and Plain English patient information.
- Delivered Health Literacy awareness sessions.
- Launched an accessibility tool for online patient information.



Quality and Safety

- Embedded equity data in quality reports to identify if different patient groups experience unequal healthcare risks.
- Worked to understand the causes and find solutions.
- Included equity in the review and development of our Patient Safety Incident Response Plan (PSIRP).



Data

- Equity data inclusion was achieved by setting clear expectations that all Committee and Board reports must consider data through an equity lens.
- Availability of equity data has been improved via access to self-service equity reports and new dashboards.
- Equity measures for waiting lists have been added to the performance brief using Statistical Process Control (SPC) charts to monitor and control our process by tracking data over time.



- The charts show the likelihood that people in our most deprived areas (IMD1) wait the longest, compared to all other areas (IMD2-10).

This wider work complements delivery of our statutory duties:

The Public Sector Equality Duty requires us to eliminate discrimination, promote equality, and foster good relations in all activities. Our Equity and Quality Impact Assessment (EQIA) addresses disadvantages related to protected characteristics, deprivation, and health inclusion groups.

This year, 61 EQIAs were reviewed, with risks identified and mitigated. All underwent follow up reviews to ensure actions effectively reduced risks and there were no unknown/unintended consequences.

Accessible Information Standards requires us to identify, record, flag, share, and meet the communication needs of people with disabilities and sensory impairments. In response to patient and carer feedback, we've expanded our communication recording to include community languages and reasonable adjustments for disabilities. Communication needs are documented and shared via a template in our electronic patient record.

This year, we participated in a pilot to develop a national self-assessment framework for the revised Accessible Information Standards. Additionally, procuring digital communication tools is enhancing information accessibility and organising how we continue to meet people's communication needs.

Equality Delivery System (EDS22) is the national framework for assessing equality in the NHS. In LCH we have addressed this as follows:

Domain 1 Commissioned Services

We worked as a Leeds-wide system to assess and develop improvement plans for equity in palliative and end-of-life care services.

Data and feedback from patients, carers, and third-sector organisations identified strengths in delivering personalised safe care, accessible information, and engaging with diverse communities.

This shows we are rated 'achieving' in fairness across communities. Actions for improvement include better data collation and analysis, enhancing cultural competence, and increasing feedback from groups experiencing inequalities and barriers to accessing services.

These actions build on the 2023 EDS improvement plan for mental health services.

Domain 2 Workforce Health and Wellbeing

The health and well-being of our workforce is critical.

The EDS recognises that our NHS workforce are also our patients, belonging to various community groups we serve; the very same community groups that we serve as the NHS.

Domain 3 Inclusive Leadership:

This domain examines how our senior leadership sets the culture and tone for inclusivity at LCH.

It includes three outcomes that test commitment to 'inclusive leadership.'

Our overall EDS Organisation Rating is 25, indicating that LCH is 'Achieving' in all domains.

Armed Forces Covenant

includes a legal obligation to consider 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 that may impact the Armed Forces community.

In practice, this includes considering access, experience, and outcomes of the Armed Forces community in EQIAs and addressing disadvantages they might face compared to the general population. For example, mitigating the risk of longer waiting times due to a mobile lifestyle and prioritising care when it is a result of service.

In 2024, we gained Veteran Covenant Healthcare Alliance (VCHA) accreditation, which recognises healthcare organisations that demonstrate a commitment to the Armed Forces community by providing high-quality care and support to veterans and their families. The delivery of our ongoing improvement plan is overseen by our Armed Forces steering group, chaired by the Medical Director as Executive Lead for Armed Forces in Leeds Community Healthcare.

[Patient and Carer Race Equality Framework \(PCREF\)](#) is an anti-racism framework for mental health services. In LCH this includes the Leeds Mental Wellbeing Service and Children and



Young People's Mental Health Services. In 2024, we started working with system partners to understand the experiences of racialised communities in mental health services, building on our commitment to the [Synergi partnership pledges](#) to reduce ethnic inequalities in mental health. This work is contributing to the development of our PCREF action plan for delivery next year.



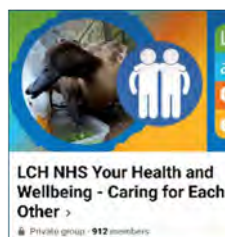
While the PCREF is a requirement for mental health services, we are expanding it to consider

racial equity in our physical health services. This work will be overseen by a new Racial Equity in Care group, co-chaired by a member of our staff Race Equality Network and the Director of Nursing, who is our Executive Lead for this work.

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:

- **The Staff Health and Wellbeing Facebook group:** Caring for each other continues to flourish and provides support and information to over 900 members of staff.
- During 2024/25, we became an accredited **Carer Confident Employer** by demonstrating that we are developing an inclusive workplace where carers are recognised, respected, and supported. We recognise that many of our staff are carers, which at times



can be challenging combining work with caring responsibilities. We have a range of supportive measures in place to support staff to enable staff to do their best in both vital roles.

- **Neurodiverse Culture and Communication sessions** - over 500 staff accessed these virtual sessions provided by Lexxic.



- **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.



- **The Disability, Neurodiversity and Long-Term Conditions staff network group**, which has an Executive Ally, continues to thrive with over 50



members. They share their experience of living with a health condition and look at ways to raise awareness by personal stories. The DNLTC staff network group get involved with a range of work such as supporting with re- accreditation as a Disability Confident Leader Employer and development of a Reasonable Adjustments document.

- We continue to offer a wide range of **mental wellbeing** support accessible through the Feel-Good Pledge intranet pages on MyLCH. This includes information about the **Critical Incident Staff Support**



Pathway (CrISSP), which assists those experiencing trauma. Over the past year, approximately 64 debrief sessions have been conducted, and over 100 enquiries have been received and directed to more suitable support.

- We are dedicated to improving the mental health of our staff and are committed to the **Mindful Employer Charter** as part of our Mindful Employer accreditation. While we currently offer a range of health and wellbeing support, we recognise that there is more to do. We believe it is important to publicly declare our commitment to this cause.
- In order to support many of our staff who are impacted by the Quality and Value programme, an over-arching **Health and Wellbeing Action Plan** with more bespoke health and wellbeing support offer has been developed and continues to flex to meet staff needs.



Workplace Disability Equality Standard (WDES)

This is a set of ten specific measures (metrics) that enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. It helps identify areas for improvement and develop action plans to promote equality and inclusion for disabled staff. In LCH we have seen improvements in eight WDES metrics, demonstrating progress in overall performance and in reducing disparities between disabled and non-disabled staff.

Key highlights:

- **WDES 1** - The proportion of staff self-identifying as having a disability increased from 6% in 2023 to 7% in 2024.

However, the accuracy of disability self-declaration recorded on the ESR remains a challenge.

- **WDES 2** - The relative likelihood of non-disabled staff being appointed from shortlisting improved from 1.6 in 2024 to 1.4 in 2025.
- **WDES 4** - The LCH staff survey data on disabled staff experiencing harassment, bullying, or abuse in the NHS workplace reveals notable trends:
 - Abuse from the public remained high (31-34%) until 2021, before dropping significantly to 14% in 2022. However, it increased again in 2023 and 2024, reaching 23%.
 - Abuse from managers peaked at 15% in 2020 but steadily declined, reaching 7% in 2024, indicating potential improvements in workplace leadership.
 - Abuse from colleagues gradually decreased from 21% in 2018 to 14% in 2022-2023, with a slight rise to 16% in 2024.
 - Reporting incidents fluctuated, dropping from 60% in 2020 to 49% in 2021, but steadily increasing to 61% in 2024, suggesting growing confidence in reporting mechanisms.
- **WDES 5** - Disabled staff confidence in equal career opportunities declined until 2022 but rose to 63% in 2023-2024, showing recent improvement.
- **WDES 6** - Presenteeism also decreased, with reports dropping from 30% in 2018 to 19% in 2023-2024, suggesting better workplace support. While progress is evident, continued efforts are needed to sustain inclusivity and flexibility.
- **WDES 7** - Disabled staff satisfaction with how their organisation values their work has fluctuated over time. It

started at 44% in 2018, peaked at 50% in 2020, then dipped again to 44% in 2021. A steady improvement followed, reaching 54% in 2024, the highest recorded level in this period.

- **WDES 8** - Staff satisfaction with workplace adjustments fluctuated, peaking at 83% in 2018 before dipping to 77.6% in 2022. A gradual recovery followed, reaching 80.8% in 2024, highlighting ongoing progress in workplace support.

Areas of concern:

WDES 4 - The percentage of disabled staff experiencing harassment from colleagues declined from 21% in 2018 to 14% in 2022-2023, before rising slightly to 16% in 2024. While improvements are evident, continued efforts are needed to further reduce incidents and ensure workplace support.

Workplace Race Equality Standard (WRES)

This is a framework introduced by NHS England to address race equality in the workplace. It uses nine specific metrics to measure the experiences of Black and Minority Ethnic (BME) staff compared to White staff, focusing on areas like recruitment, career progression, and workplace treatment. In LCH we have seen improvements in eight WRES metrics, demonstrating progress in overall performance and in reducing disparities between BME and White staff⁵.

Key highlights:

- **WRES 1** - BME representation across clinical and non-clinical roles has evolved, showing both progress and challenges. In clinical roles, Band 3 saw steady growth, reaching 19.4% in 2025, while Band 5 climbed to 16.8%. Senior roles showed mixed results—Band 8b increased to 23.5%, but Band 8c fell to 0%, highlighting ongoing diversity challenges in leadership.

- **WRES 2** - The appointment likelihood for BME staff compared to White staff has varied over time. In 2019, BME staff were more likely to be appointed than White staff, with a ratio of 0.16. This advantage fluctuated, reaching 0.84 in 2021 and 0.96 in 2023, 0.6 in 2024 and 0.5 in 2025. A figure above "1" would indicate that White candidates are more likely than BME candidates to be appointed from shortlisting.
- **WRES 3** - The likelihood of BME staff entering the formal disciplinary process compared to White staff has fluctuated over the years. In 2019, the score was 1.34, indicating a higher likelihood for BME staff. However, in 2020, the ratio dropped to 0, the figure increased again in 2021 (1.32) before sharply declining in 2022 (0.01) and further stabilising at 0.5 in 2023 and 0.3 in 2024 and 0 in 2025. A figure above "1" would indicate that BME staff members are more likely than White staff to enter the formal disciplinary process.
- **WRES 5,6,8** - LCH has reduced harassment, bullying, and abuse from patients, relatives, the public, and colleagues over the past seven years. For BME staff, staff survey returns scores dropped from 21–22% (2018–2020) to 16% in 2022, rising slightly to 18% in 2023–2024. White staff saw a decrease from 26% in 2018 to 16% in 2022, with a similar slight increase to 18% in 2023–2024.
- **WRES 9** - The representation of BME staff on the Board saw a significant shift over time. From 2019 to 2021, there was no recorded BME membership (0%), indicating a lack of diversity in leadership. However, in 2022, BME representation increased to 8.3%, marking the first recorded presence. This level remained steady in 2023, before doubling to 16.7% in 2024, where it remained in 2025.

Areas of concern:

WRES 4 - Access to non-mandatory training and CPD for BME staff has fluctuated over time, access was equal in 2020 but declined significantly from 2023 onward, with White staff being more likely to access training opportunities.

Race Equality Network (REN)



The Race Equality Network is a staff network where ethnic minority staff (other than White British) come together with a shared purpose: to eliminate discrimination, create supportive working environments, and champion the voices of ethnic minority individuals within LCH, promoting a culture of inclusivity

and mutual respect.

The network uses data from the Workforce Race Equality Standards (WRES) and Staff Survey results to drive positive change.

Key activities during 2024-2025:

Career development: LCH colleagues recently celebrated completion of the West Yorkshire Health and Care Partnership System iThrive WeThrive Leadership Programme.

The second cohort of the ILM Level 5 Certificate in Coaching and Mentoring has also launched. This training is designed for managers and professionals who want to develop their coaching and mentoring skills. It covers essential techniques, provides practical experience, and helps participants

support others' career development. The program includes workshops, assignments, and coaching practice, leading to an internationally recognised qualification

Membership: The network has joined Race Equality Matters, providing access to wider networking opportunities and supportive materials from public, third-party, and private organisations across the nation.

Support materials: The network is developing materials to support staff during times of unrest and conflict.

Training and awareness: The network has commissioned training on Islamophobia and is working with senior leadership to plan safe spaces for listening to staff voices.

Executive sponsorship: The network is pleased to announce that it has secured an executive sponsor.

Disability, Neurodiversity, and Long-Term Conditions (DNLTC) Network: 2024/25 Achievements

Membership and meetings

Our membership has grown to 82 individuals and continues to expand. Our first face-to-face meeting was held in October 2024 and had 28 attendees; we have had a further seven network meetings since, primarily via MS Teams. Meetings included presentations from key speakers on topics such as disability equity in recruitment, occupational health, and a session with the Chief Executive.

Support and influence

The Director of Finance is our Executive Chair, ensuring our



concerns are heard at a senior level. Additional one-to-one support sessions provide guidance and signposting for struggling members, with themes fed back to senior leadership to drive change.

Inclusive recruitment and policy

Network members have participated in interview panels for senior roles, ensuring leadership reflects DNLTC perspectives, and policy reviews highlight issues affecting DNLTC staff, including the impact of workplace relocations on reasonable adjustments. A task and finish group has been established to improve the provision of specialist equipment.

Projects and initiatives

We have influenced or established the following across LCH:

Reasonable adjustments web page: A resource linking to external support organisations, empowering staff and managers to implement effective adjustments.

Sickness policy: Advocated for an additional sickness episode before triggering a formal review, but this remains at managers' discretion.

Buddy Scheme: A peer support initiative pairing members with similar lived experiences.

Access to the Network: Presentations and awareness campaigns aim to increase participation, especially in clinical areas where engagement is lower.

Promotion and awareness

We have delivered a presentation to the Equality, Diversity, and Inclusion Forum, sharing achievements, challenges, and future goals and we have set up a signposting and advice support offer for managers to help them better support DNLTC staff. We have also set up Cultural Conversations; a new

initiative to educate teams on the challenges DNLTC staff face, without placing the burden of explanation on individuals.

Future developments

- A dedicated DNLTC web page is in development as a central hub for information and resources.
- Continued advocacy for leadership transparency around sharing diagnoses to encourage inclusivity.
- The network remains committed to improving conditions for DNLTC staff and ensuring their voices shape the future of LCH.

The LCH LGBTQIA+ Staff Network



LCH's LGBTQIA+ Staff Network was formed in 2023 as a group of colleagues with lived experience of being LGBTQIA+. Leadership positions have been appointed with the express aim of creating a sense of belongingness, support and community whilst advocating for inclusive practices.

This helped us achieve **GOALS 2.1 and 2.3**

The network holds 'co-working' days once a month, which are informal networking spaces held at different sites across the city to reach out to more staff, rather than being too focused on those working at LCH headquarters. In addition to these, the network hosts more formalised meetings every six weeks and regularly shares news and relevant events such as training webinars with its members, with blog posts describing the experiences of the LGBTQIA+ community being regularly shared with the Trust at a broader level.

Network leadership has connected with Trust leaders across different business units to deliver training on how to best support LGBTQIA+ colleagues, which has made a positive influence on the culture of LCH.

Various policies and procedures within the Trust have been reviewed and amended to ensure they are inclusive of all colleagues with support from [Stonewall](#), such as the maternity and parental leave policies, transitioning at work and various other working practices within the Trust.

Stonewall is a prominent LGBTQ+ rights charity in the United Kingdom, named after the 1969 Stonewall riots in New York City, which were pivotal in the fight for LGBTQ+ rights. Stonewall works to promote equality and acceptance for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals through various campaigns, policy development, and educational programs.



Their efforts include advocating for legal and social changes, providing resources and support for LGBTQ+ individuals, and working with organisations to create inclusive environments. Stonewall is one of the largest LGBTQ+ rights organisations in Europe.

One achievement particularly of note has been advocating for more inclusive care practices within Leeds Sexual Health, which has seen a pivot towards inclusive care for Trans people for the MPX vaccine, rather than a sole focus on gay and bisexual men.

Another focus of the network has been to organise events for Leeds Pride, including a walking float and crafting sessions for network members who may prefer a quieter space. In

addition to this LGBT+ History month is celebrated every February, as well as other core dates such as Transgender day of remembrance and International Day Against Homophobia, Biphobia and Transphobia.

Freedom to Speak Up

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



At Leeds Community Healthcare, we have focused 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 Selina, 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 and listening culture.

Ask Selina is a platform for LCHT staff to ask anonymous questions directly to the Chief Executive. While it's important to try resolving issues within teams or departments first, the option to ask questions or highlight concerns and compliments is also available.

Any issues raised must align with our core behaviours:

- 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.

Anonymity and Respect:

All contributions are anonymous and all are reviewed, sometimes expert support is needed to provide the best answer possible. Questions that discriminate based on protected characteristics will not be published. Anonymity is maintained, and identifiable details will be removed.

Staff can watch all previous Ask Selina Live sessions on Vimeo.

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 seven Speaking Up Champions from the Race Equality Network.

Work with the Race Equality Network, the Disability, Neurodiversity and Long-Term Condition Network and the LGBTQI+ Network is ongoing. The FTSUG attends the New Starters Forum with the Chief Executive and Director of Workforce, to hear and support those new to the trust. The FTSUG attends the Clinical Students Forum and Preceptorship with staff. Work with LCH Safeguarding, HR and Security colleagues on the NHS Sexual Safety Charter, Sexual Safety policy and actions to support staff who suffer sexual harassment is ongoing.

The trust staff survey results are positive for this work. 74.1 % of staff said they felt safe to raise concerns. This is higher than the national average and is a high score regionally.

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).

There were a hundred and eighty-one concerns in the last year. There were thirty-seven formal concerns and a hundred and forty-four informal concerns / issues.

Externally we have supported other NHS trusts and organisations in their Freedom To Speak Up work. In Leeds we supported Leeds City Council create its first Freedom To Speak Up Guardian and continue to offer support to the council Guardian. The work supporting Leeds GP Confederation is ongoing. We are working with Leeds Third Sector organisations to support speaking up with Third Sector colleagues. We have been asked by two NHS organisations to carry out work with them to support their FTSUG work.

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.

Watch our F2SU Trust Video - [Freedom to Speak Up](#)

The LCH Library Service



The library team supports all staff, including students on placement, by providing access to evidence-based resources for clinical and management decision-making. They conduct literature searches and offer current awareness services, giving colleagues the Gift of Time and freeing up

This helped us achieve **GOALS 2.2 and 3.3**

capacity for other work.

The team fosters a culture of learning within the organisation through the LCH Learns initiative and by collating staff publications. They also support staff undertaking courses, doctors in training, and promote library services to students on placement and their mentors.

In 2024/25 the team delivered an ongoing training program, with significant uptake of health literacy awareness training within LCH and across the Leeds health and care sector.

The library team prioritises the health and wellbeing of Trust staff by providing a Health and Wellbeing book collection, running an LCH Book Club, and promoting public library resources, including free e-books and e-magazines. In addition to LCH staff and learners, we also provide support to the following groups in Leeds:

- Primary care staff across Leeds.
- Leeds City Council Public Health staff.
- St Gemma's and Wheatfields Hospices.

Celebrating Success



We are very proud of our colleagues who have achieved recognition at local, regional and national level. Here are some of our recent awards and successes:

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 our organisation.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
3.3 and 5.1

Leeds Quality and Care: Winner

The Homeless Health and Inclusion/Homeless Health Intervention Beds teams won the award for 'Most Innovative approach to supporting independence choice and control.' The teams offer care and dignity to people who are often having their worst days and who are excluded from mainstream services. They do this with humour, creativity, compassion, activism and love.

The Thank You Event

This is our annual staff awards scheme. Every year we celebrate our amazing staff and their achievements at our pop-up ceremony where Board members travel to bases across our Trust to recognise colleagues, teams and projects judged to be shining examples of our magnificent staff behaviours.



[Watch our video of this year's Thank You event](#)

Making Stuff Better: Winner Lisa Smith and Beth Wilson in the Learning Disability Team

won the award for their dedication to improving patient experiences, ensuring compliance with LD standards implementing the LD Improvement Standards developed by NHS England. These standards focus on respecting and protecting rights, inclusion



and engagement, workforce, and specialist services. The team has ensured that services align with these standards, providing equitable and high-quality care for service users with learning disabilities.

Key achievements include: Setting up a LD hub on the intranet. Developing a LD newsletter. Changing the mortality review process. Creating easy-read information leaflets and feedback forms.

Making Stuff Better:
Highly Commended
Andrew Llewellyn, CYPMHS Information Manager is

recognised for his sensitivity, compassion, flexibility hard work and resilience as the CYPMHS Information Manager. He has consistently supported clinical and administrative staff, demonstrating calm and focused leadership during challenging times.

Due to his helpfulness, patience, and dedication, Andrew is seen as an invaluable asset to CYPMHS and LCH.



Colleague of the Year: Winner
Claire Thornton, Community Matron, Morley Neighbourhood Services, a community and care home matron, has been awarded Colleague of the Year for her dedication and commitment. She is highly respected across the neighbourhood team, primary care network, and social care colleagues.



Colleague of the Year:
Highly Commended
Kate MacCowan, Team Manager, Children's Speech and Language Therapy Service is recognised for her

dedication, approachability, and supportive nature. She maintains an open-door policy, cares deeply about her team's wellbeing, and fosters a positive work environment. Kate's thoughtful interactions and exceptional listening skills strengthen team cohesion and communication. Kate is praised for her unwavering commitment and ability to keep the team running smoothly. She embodies the spirit of LCH, making significant contributions to the CSLT leadership team.



Leader of the Year: Winner
Nigel Hodgkins, Head of Service, 0-19 Public Health Integrated Nursing Service

joined LCH in 2021 and quickly mastered the complexities of the 0-19 Public Health Integrated Nursing Service. He balances the needs of the service, the Children's Business Unit, and the organisation, demonstrating agility, humility, and effective team utilisation.

Nigel's leadership has enabled more patients to receive care in their preferred settings, and his positive impact is widely acknowledged.



Leader of the Year:
Highly Commended
**Dan Barnett, Head of
Strategy, Change and
Development** is

recognised for his kind and inclusive leadership, dedication, and support for the Business, Change and Development Service (BCDS) team. He leads challenging Trust-wide projects, including the Quality and Value programme, with emotional intelligence and a positive, realistic approach. Dan is praised for his kindness, care, and ability to handle difficult situations with calm and responsibility. He is a role model and mentor, fostering team cohesion and morale.



Team of the Year: Winner
The Community Cardiac Service,

comprising nurses, case support workers, physiotherapists, and occupational therapists, is dedicated to providing high-quality, personalised care for heart failure patients. They receive around 400 referrals monthly and offer flexible appointment options, including phone, video, and face-to-face consultations.



Key initiatives include: Home BP loan scheme for rapid optimisation. Personalised exercise plans through the Cardiac Activity Programme. Health Equity Champions Group to tackle health inequalities. Training and support for new doctors, matrons, and palliative care teams.

The team has presented their work at national conferences and collaborated with various organisations to improve care.

Their dedication and innovative approaches have significantly enhanced patient outcomes and service efficiency.

Team of the Year:
Highly Commended
**The Spinal Treatment Service
(STS) team,** comprising

physiotherapists and admin staff, manage complex spinal cases within the Musculoskeletal Service. They provide emotional support, share clinical advice, and maintain high standards of care. Their collaborative efforts have improved patient outcomes and service efficiency. Key achievements include: Implementing new pathways, such as the Myelopathy pathway and an urgent spinal injection pathway. Facilitating mentorship programs and training medical students. Developing MDT meetings and an Urgent Spinal MDT Surgical clinic.



Kate Granger Patient Care Award: Winner
**Andrea Black, District Nurse, Wetherby
Neighbourhood Service** is recognised for

her professionalism, dedication to patient care, leadership and her significant impact on patients and colleagues. An experienced District Nurse, Andrea advocates for high-quality, patient-centred care, demonstrating compassion, honesty, and fairness in complex situations.

Nominated by Patricia Kuster, Andrea's unwavering commitment and excellent nursing skills were highlighted during a challenging case. She is also known for her supportive nature and prioritising staff wellbeing.



Kate Granger Patient Care Award: Highly Commended

Suzanne Miller and Jayne McGuinness are recognised for their exceptional care of a 30-year-old heart failure patient. Suzie provided intensive diuretic treatment, leading to significant fluid loss and improved heart function. Jayne supported the patient with regular walks, boosting his confidence. Her dedication and impact were praised.



Their efforts helped the patient return to work, enjoy family activities, and regain self-worth. Nominated by Caroline Stocks, their person-centred care transformed the patient's life.

Project of the Year: Winner Team: **Craig Russo, Rebekah Bean, Karina Dunn, Mick Haslam, and Gillian Woodall.** The innovative **Patient Quality and Safety Improvements Partnership project**



addresses patient safety and quality of care issues between the NHS and the criminal justice system. It improved communication and partnership between Hull Trust, Lincolnshire and Goole Trust, LCH, and Humberside Police. The project has been adopted as the Gold Standard by Humberside Police and other Trusts.

Key achievements include: New pathways and discharge safety checklists. Bespoke training for A&E staff. Reduced serious incidents and improved patient care.

Project of the Year: Highly Commended **Caroline Robertson, Rashpal Padam, Anita Simey.** The **Team LCH Hubs Project**



The **Team LCH Hubs Project** managed the move of clinical services from Stockdale House to the White Rose Staff Hub, established agile working principles, and rolled out the Matrix booking system. They handled conflicting demands and unexpected problems with flexibility and understanding, ensuring minimal disruption and constructive problem-solving. Their efforts led to better utilisation of spaces and improved booking processes.

Queen's Nursing Institute

This year, six more 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. This brings our total within LCH to 36. Our new Queen's Nurses are:



- **Amanda Jackson:** 0-19 PHINS Clinical Team Manager, Children's Business Unit.
- **Ann Henderson:** Clinical Effectiveness and Compliance Manager, Quality and Professional Development.
- **Claire Thornton:** Community Matron, Adult Business Unit.
- **Sarah Yeomans:** Patient Safety Manager, Quality and Professional Development.
- **Victoria Tate:** Clinical Quality Manager, Adult Business Unit.
- **Wendy Brown:** Named Nurse for Safeguarding Children.

Other awards

Medallist of the Order of the British Empire: Craig Russo, Clinical Operational Manager for Humberside Police Custody at Leeds Community Healthcare NHS Trust received his OBE for services to Mental Health Nursing in the 2024 King's Birthday Honours.

Highly Commended in the UK Parliament Week Awards: Craig Russo, Operational Lead for Humberside Police Custody received his award in recognition of his voluntary work and the work for Leeds Community Healthcare in Police Custody Humberside in patient safety improvement and leading new pathways.

Senior Fellowship of the Faculty of Medical Leadership and Management (FMLM): Ruth Burnett, Executive Medical Director was awarded the Senior Fellowship of the Faculty of Medical Leadership and Management. FMLM Fellows include a broad range of clinical leaders who have been recognised for their leadership experience, skills and contribution to healthcare.

Team of the Year, Unite-CPHVA 2024 Excellence Awards: The 0-19 Public Health Integrated Nursing Service won Team of the Year at the Unite-CPHVA 2024 Excellence Awards at the Annual Professional Conference for their work and support whilst offering holistic learning opportunity for undergraduate nursing students accessing their clinical environment as a placement.

Patient Experience Network National Awards (PENNA): The Home First project led by Team Leeds (Leeds Community Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust and Leeds City Council) were shortlisted for the PENNA. The project involves work reducing the length of stay in an acute hospital

and improving outcomes by focussing on Home First. You can find out more here: <https://patientexperiencenetwork.org/awards/penna-2024/>

Pre-doctoral Clinical Academic Fellowship: Victoria Carruthers, Specialist Occupational Therapist in the LCH Community Neurological Discharge Team was awarded the National Institute for Health and Care Research (NIHR) funded Pre-doctoral Clinical Academic Fellowship.

Master's in research (NIHR INSIGHTS Programme): Paul Brown and Krystal Tang, LCH Musculoskeletal Service's Physiotherapists, have been awarded Master's in research

NIHR Clinician Researcher Credentials Framework Funding: Anna Crowle, Physiotherapist in the LCH Integrated Children's Additional Needs Service (ICAN) Service has been awarded Health and Care Research (NIHR) Clinician Researcher Credentials Framework funding for an MSc in Health and Clinical Research Delivery.

NIHR/NHSE Internship: Helen Heer, Speech and Language Therapist and **Rebecca Kelly**, Specialist Physiotherapist in the LCH Community Neurological Rehabilitation Team were awarded a NIHR/DHSC Internship. The internship is part of the Integrated Clinical Academic (ICA) Programme, which is funded by the Department of Health and Social Care (DHSC) and run by the National Institute for Health Research (NIHR).

Nursing Times Awards 2024, Technology and Data category: 'Love to Learn' was shortlisted in the Technology and Data category at this year's Nursing Times Awards. Love to Learn aims to bring every aspect of learning and development into one place for all staff in the Trust to use.

Nursing Times Awards 2024, Dame Elizabeth Anionwu Award for Inclusivity in Nursing and Midwifery category: The 'Collaboration safety improvements between A&E and police custody detainees' was shortlisted. New pathways, paperwork, improved standards and training improved and allowed for a more effective and quicker discharge process.

Nursing Times Awards 2024: The LCH 'Love to Learn' Training and Development team were shortlisted in the Technology and Data in Nursing category for our innovative learning platform. You can read more here: [Nursing Times Awards 2024: Technology and Data in Nursing winner and shortlist | Nursing Times](#)

HRH The Prince of Wales Award for Integrated Approaches to Care and the Nursing in the Community Award: NHS South Yorkshire Integrated Care Board and West Yorkshire Integrated Care Board were shortlisted in two categories for 'creating and sustaining nurse/carer partnerships'. This citywide work in Leeds was facilitated in LCH by Hayley Ingleson, Senior Practice Learning Facilitator, Emma Jackson, Patient Engagement, Experience and Participation Officer and John Walsh, Organisational Development Lead and Freedom To Speak Up Guardian.

ICAN Improvement Project Shortlisted for National SEND Award: The Integrated Children's Additional Needs Service (ICAN) was shortlisted as a finalist for the Health Innovation Award at the National SEND Awards for their innovation project. It involves making reasonable adjustments in bloods clinics for children and young people with additional needs to create a bespoke and individually tailored experience.

Articles published

Our staff have been very busy publishing their work this year! We have had the articles below published. Please note that not all of the staff listed are LCH employees as our authors are encouraged to work with other local, regional and national colleagues:

An Occupation focused guide to Ramadan.

Author: Zara Mahmood

HEART rate variability biofeedback for Long COVID dysautonomia (HEARTLOC): results of a feasibility study.

Journal: [Advances in rehabilitation science and practice](#) vol 13

Authors: Joanna Corrado, Nafi Iftekhar, Stephen Halpin, Mengyao Li, Rachel Tarrant, Jennifer Grimaldi, Alexander Sims, Rory J O'Connor, Alex Casson, Manoj Sivan.

A dietitian-led low-FODMAP diet webinar: a pre-post study evaluating its impact on symptoms of Irritable Bowel Syndrome.

Journal: [Journal of human nutrition and dietetics](#) vol 37, part 2, pp396-407

Authors: Aisling Colgan, Katie Digby, Tanefa Apekey, Iona Elborough-Whitehouse, Leah Seamark, Olivia Radcliffe, Marianne Williams, Mary Hickson.

Exploring how the uptake of childhood immunisations can be improved in England: a systematic review.

Journal: [British journal of child health](#) vol 5, part 1

Authors: Sophie Ames, Gill Kelly.

The experiences of patients with musculoskeletal conditions accessing first contact physiotherapy practitioner appointments in general practice in the UK: a qualitative study.

Journal: [Musculoskeletal care](#) vol 22, part 2, e1908

Authors: Kirsten Lamb, Christine Comer, Nicola Walsh, Julia Smith, Krystal Tang, Gretl McHugh.

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Making a difference to healthcare in Leeds, UK: seven years of measuring the impact of NHS knowledge and library services.

Journal: Online resource request via: Details for: [Making a difference to healthcare in Leeds, UK: seven years of measuring the impact of NHS knowledge and library services](#) › [YorCat catalogue](#)

Authors: Dominic Gilroy, Heather Steele, Helen Swales, Ryan Ford.

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Recognising and responding to non-fatal strangulation in domestic abuse.

Journal: Online resource request via: Details for: [Recognising and responding to non-fatal strangulation in domestic abuse](#) › [YorCat catalogue](#)

Authors: Matthew Peel, Katy Cunnion.

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Talking about death and DNRs.

Journal: [Journal of community nursing](#) vol 38, part 3, pp8-14

Authors: Louise Hankin, Amanda Young, Amanda Nichols, Gail Goddard, Victoria Bartlett, Teresa Burdett, Debbie Myers.

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Health-related quality of life in Long COVID : mapping the condition-specific C19-YRSm measure onto the EQ-5D-5L / Adam B Smith [and 9 others].

Journal: [Patient related outcome measures](#) Volume 16 (January 2025)

Authors: Adam B Smith, Darren C Greenwood, Paul Williams, Joseph Kwon, Stavros Petrou, Mike Horton, Thomas Osborne, Ruairidh Milne, Manoj Sivan.

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Association between clinical and MRI-detected imaging findings for people with midfoot pain: a cross-sectional study.

Journal: [Journal of foot and ankle research](#) Volume 18, issue 1 (March 2025)

Authors: Jill Halstead, Carmen Martín-Hervás, Elizabeth M A Hensor, Anne-Maree Keenan, Philip G Conaghan, Dennis McGonagle, John B Arnold, Jennifer Jones, Anthony C Redmond.

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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, one of five sub-committees of the Trust's Board, operates under Board approved terms of reference. It ensures 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 to promote quality.

These structures include patient safety and excellence in care, identifying, prioritising, and managing 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 throughout the year.

The Trust promotes a culture of open and honest reporting of any situation that may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities annually to 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.

Medicines Optimisation and Management

In 2024/25, the Medicines Optimisation Team made significant strides across the organisation. The rollout of e-Prescribing continued, with electronic prescriptions increasing from 53% in March 2024 to 86% by January 2025 (latest information available at the time of writing). This improvement has made the process more efficient for both staff and patients, enhancing patient safety and supporting the use of formularies. The team's efforts in using e-Prescribing to manage medication shortages and enable medicines supply following online consultations were shared with NHS Digital.

The team also focused on improving the safe use of insulin, with Neighbourhood Teams providing around 430 visits a day for insulin administration. Targeted efforts were made to reduce the administration of out-of-date insulin.



As part of the Quality and Value Corporate review programme, the team reviewed supply routes for stock medication, identifying opportunities to improve cost-effectiveness. They introduced direct ordering of vaccines with the School Age Immunisation Service

and direct ordering of medicines for HIV prevention with the Leeds Sexual Health Service, resulting in cost savings.

In October 2024, the Trust hosted its first Pharmacy Undergraduate student placements from the University of Bradford and the University of Huddersfield. These placements are part of a new pharmacy undergraduate curriculum that includes cross-sector clinical placements. The Clinical Pharmacy Team also hosted a rotational placement with Leeds Teaching Hospitals NHS Trust for a Specialist Clinical Pharmacist, fostering better understanding and improvement of medicine systems across the city.

Throughout 2024/25, the Medicines Optimisation Team actively participated in research studies and will continue this work into 2025/26 in collaboration with the LCH Research Team.

These initiatives demonstrate the team's commitment to improving patient care, operational efficiency, and educational opportunities.

Review of Services

During Financial Year 2024/25 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 83 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services.



Clinical Audit

All clinical audits that are planned to be undertaken within LCH must be registered on the services' annual clinical audit plan and subsequently entered onto the clinical effectiveness registration database. Each audit requires an audit registration document which is logged centrally by the Clinical Effectiveness Team. 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.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1
and 5.1

National Clinical Audits

During 2024/25 five national clinical audits covered the NHS services that LCH provides. During that period, the Trust participated fully in two out of the five national clinical audits which it was eligible to participate. LCH was identified as an outlier for Cohort 5 of the Epilepsy 12 national audit. An action plan was developed and has been implemented to ensure future compliance and that LCH continues to fully participate in this audit. LCH have been unable to submit data to the SSNAP and NACR audits due to problems with data collection and reporting. LCH are making significant efforts to achieve compliance with both audits. LCH are aware of the potential risk to reputation and shared learning by not contributing to all national audits and as such we do intend to fully participate in any audits applicable to our organisation as soon as possible.

The national clinical audits that the Trust participated in, and for which data collection was completed partially and fully during 2024/25 are listed on pages 97 and 98.

National Audit	Description	Output
National Audit of Cardiac Rehabilitation (NACR)	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.	NACR Quality and Outcomes Report 2024 Final.pdf
Epilepsy 12 Audit	<p>Epilepsy12 is the National Clinical Audit of Seizures and Epilepsies for Children and Young People and is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and is delivered by the Royal College of Paediatrics and Child Health (RCPCH).</p> <p>The attached report is for Cohort 5, for which we were an outlier.</p>	<p>System in place to pro-actively identify patients eligible for audit and submitted the audit information for Cohort 6. The organisational audit has been completed within time-frames. Improvements: regular peer reviews, access to network peer review, systems to identify risk on EPR, the need for epilepsy nurses who work between community and secondary services in a previous audit, which is a significant positive change to the epilepsy service offered in Leeds.</p> <p>epilepsy12 2024 annual report final.pdf</p>
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</p> <p>The State of the Nation report has found that there has been a continued increase in stroke onset to hospital arrival time, and data from 2019-2023 show that all component timings of the pre-hospital pathway have significantly increased, highlighting opportunities for quality improvement.</p> <p>The report includes five national recommendations to lead to better outcomes and improve experiences of stroke services for patients.</p>	Stroke – State of the Nation report (SSNAP) – HQIP

National Audit	Description	Output
National Diabetes Foot Audit (NDFA)	The overall aim of the NDFA is to measure factors associated with increased risk of ulcer onset and adverse ulcer outcomes, and to share information relating to best clinical practice. The State of the Nation report contains three key findings regarding time to first expert assessment, variation between foot care services, and regional differences in registration rates and percentage of those classified as severe.	National Diabetes Foot Care Audit (NDFA) - State of the Nation Report – HQIP National Diabetes Audit dashboards - NHS England Digital Microsoft Power BI
National Respiratory Audit Programme (NRAP) formerly (NACAP) national audit for pulmonary rehabilitation in COPD patients	NRAP published an Organisational Audit report which provides insights into how respiratory services are organised and identifies variations in both team structure and resourcing. There are five national recommendations to drive impact and improve outcomes. In LCH we are reviewing completion rates and improving provision of individualised exercise programs at the end of programs.	Respiratory care - Organisational audit 2024 (NRAP) – HQIP

Local Clinical Audit

Three Trust wide audits and 130 local audits have been registered to date as part of the Annual Clinical Audit Programme for 2024/25:

Number of Trust-Wide Audits 2024-25	
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 2024-25	
Adult Business Unit	16
Children's Business Unit	60
Specialist Business Unit	62
Corporate including Medicine Management	7
TOTAL	151

Local Clinical Audits completed as of March 2025 (2024/25 annual rolling audit programme) by Business Unit

Adult Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit.
- Moisture Associated Skin Damage
- PEOLC Anticipatory Medication Audit
- Safer Staffing Audit
- Use of Raizer Chairs in Management of Falls
- Initial audit of compliancy with Trust caseload review process
- Initial audit of Holistic Care within the Integrated Clinics
- Record review of catheter care documentation
- ReSPeCT Implementation city wide audit

Children's Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit
- Baby Friendly Initiative Gold Award
- Audit of CSLT service and comparison to RCSLT guidelines for supporting Bilingual clients
- Service Changes Audit
- Use of 'Our Plan' for safety planning in CYPMHS Crisis Assessments
- Audiology Results Scanning Audit

- Triage Audit
- NHSP Audit
- Every Sleep a Safe Sleep
- Child Protection Supervision Audit
- HABS Referral Sent Audit
- Outcomes for children/young people who are electively home educated and referred to MindMate Support Team via MindMate SPA
- Strategy Discussion Minutes Audit 0-19 Service
- Botox for children with CP-Referrals and effect
- ND Affirming Support Plans
- Child protection Supervision Audit
- CYPMHS Medication Clinic
- Outcomes for children/young people who are referred to MindMate Support Team via MindMate Single Point of Access
- Goals Based Outcomes (CBU audit)
- Otoaccess Data Upload Audit
- Compliance with the Cerebral Palsy Integrated Pathway Scotland (CPIPS)
- Virtual Antenatal offer
- Baby Bubble
- Educational Health and Care Planning (EHCP) audit- 0-19 contribution to EHCPs
- Timely response to Local Authority requests for EHCP information
- Student Placement Offer Fair Share
- Child in Need Process
- Strategy Discussion Thematic Audit - 0-19

- School Screening Calibration Recording
- Clinic Calibration Recording
- Down Syndrome Audit
- Clinician Diagnostic Audit
- ENT Referral Sent Audit
- Children's Social Work Service (CSWS) referrals made using SystmOne contact form.
- Impact of CYMPHS crisis and Liaison assessment on reduction of hospital admission
- Review of one month of referrals against new ASD pathway criteria to see how many would be accepted
- Outcomes audit
- Grab Bag Audit
- Lead Caseload Holder
- Assessing the role of the 'liaison prescriber' within the medication team; is the current process effective, responsive, safe, and sustainable?
- Cerebral palsy review appointments
- School Screen Tier 1 Audit
- School immunisation support worker (SISW) role review

Specialist Services

- Quality Challenge+
- Record Keeping Audit
- Environmental Audit
- Infection Control Audit
- Nutrition and Dietetics: Audit of Therapy Outcome Measures (TOMs) collected in LCH children's adults and dietetics services (including home enteral feeding team)

- No access visits
- Incident Reporting
- NHSTT Patient experience feedback
- Documentation and process quality XYLA
- Supervision and Registration NHSTT
- Auditing the accuracy of screening for Post Traumatic Stress Disorder
- PGD audit and LocSiPP compliance within Injection Therapy
- Radiology Audit of Non medical Requestors clinical imaging log (NMRR)
- Audit of CSSD and blade removals to prevent sharps incidents
- Radiology and Imaging Audit
- Safeguarding Children
- Dry Blood Spot Testing
- Central venous catheter complications
- Auditing clinical time spent on admin tasks.
- Hydrotherapy Audit
- Falls Tier II Audit
- Radiography Audit
- Radiography QA and Scoring
- LocSSIPs observational audit
- Fluid fasting time audit for adult GA: Think Drink
- Duty Audit
- VPN Requests
- Valid Consent and Best Interest Standard with MCA 4 included
- National Diabetes Foot Audit
- Steroid Injection Audit

- Audit of LocSSIPs (Local Safety Standards for Invasive Procedures) for nail surgery.
- Mandatory Audit of Radiology requests (required by LTHT)
- COPD bundle including 72hours hour phone call
- Falls
- Telephone Initial Assessment
- Diary Audit
- Medicines Management Audit

Corporate Services

- Controlled drug record keeping: Community Dental Service
- Controlled drug record keeping: Hannah House
- Child Protection Supervision audit
- Audit of the Quality and Timeliness of GP Letters Sent by the Medications team
- Assurance that on completion of Serious Incidents Investigations the actions and learning are appropriately captured and completed in Datix

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

- An audit was completed by 0-19 Public Health Integrated Nursing Service (0-19 PHINS) to review the offer of a virtual antenatal contact to primigravidas with no additional vulnerabilities assessed following triage of antenatal notification from Midwifery.

The audit found that the virtual offer was a good first step in building a therapeutic relationship and it was found that

this had a positive impact on the following contacts from 0-19 PHINS with the service user. Service users liked the flexibility of the virtual contact and felt more informed and had increased confidence in transitioning to parenthood following the contact.

Areas for improvement were identified as ensuring an email link was available for service users to set up the virtual appointment, the appointment letter was clearer and shorter, the antenatal resource pack be developed to include further information and it was made clearer that it was to be accessed prior to the virtual contact. An action plan was developed to meet the identified areas for improvement.

- Community Dental completed an audit to ensure adherence to Quality Assurance (QA) guidance for radiography, ensuring best practice within CDS. Recommendations following the audit were: Clinic Lead to ensure the QA is recorded on the test page monthly. Responsible person to carry out task. Clinic Lead to ensure the orthopantomogram (OPT) is cleared weekly and recorded in the QA folder, not just the weekly clinic sheet. Clinic Leads have been reminded to record the findings in the QA folder as the weekly clinic task sheets are not retained long enough to enable best practise. To change working practice and to enable staff to comply with the outlined routine of quality assurance testing on the VistaScan. New staff should read QA folders to ensure they understand the process and the purpose of keeping an instruction manual (included in the clinic induction). Existing staff should also keep up their knowledge with regular updates and training as part of Continued Professional Development. To involve medical physics and manufacturers for information and advice if necessary. To review new dental software Dentally Vision as stated in the action plan.

- An audit was undertaken by the Homeless and Health Inclusion Team (HHIT) to identify themes or trends of no access visits. Data showed an average of 13% of all HHIT contacts being no access visits and an average of 14% for face-to-face contacts. There was no significant variation in time of year. The inpatient no access visits were all in the morning. The audit has provided evidence that other than inpatient visits, there is nothing that stands out that the team could do differently to reduce the number of no access visits in the community from the criteria that was predetermined. Next steps: varying the timing of inpatient visits; complete case studies to demonstrate the impact of continuing to attempt to engage with this group of service users to improve health outcomes. Repeat the audit in a year and include a category for the number of times a patient is seen as well as the number of no access visits.

Some examples of audits undertaken and action plans to improve the quality of healthcare provided by LCH are summarised below:

70 virtual antenatal contact offered to first-time mothers

An audit by the [0-19 PHINS](#) reviewed the virtual antenatal contact offered to first-time mothers without additional vulnerabilities, following triage from the Midwifery team.

The audit found that the virtual contact was effective in building a therapeutic relationship, positively impacting subsequent interactions with the service. Service users liked the flexibility of the virtual contact, felt more informed, and had increased confidence in transitioning to parenthood.

This helped us achieve **GOALS 1.1 / 1.2 / 1.3 / 2.1 / 2.2 / 4.1 / 4.2 / 4.3 / 5.1 / 5.2 and 5.3**

Post audit improvement included:

- Providing an email link for setting up virtual appointments.
- Making the appointment letter clearer and shorter.
- Enhancing the antenatal resource pack with more information and clarifying its use before the virtual contact.
- An action plan was developed to address these improvements.

71 Quality assuring radiography in the community dental service

The [Community Dental Service](#) conducted an audit to ensure adherence to Quality Assurance (QA) guidance for radiography, promoting best practices within the Community Dental Service (CDS). The audit led to several recommendations:

This helped us achieve **GOALS 1.1 / 1.2 / 1.3 / 2.1 / 2.2 / 3.3 / and 5.1**

- **Monthly QA recording:** Clinic Leads must ensure QA is recorded on the test page monthly, with a designated responsible person to carry out the task.
- **Weekly orthopantomogram (OPT) clearing:** Clinic Leads should clear the OPT weekly and record it in the QA folder, not just on the weekly clinic sheet.
- **QA folder usage:** Clinic Leads are reminded to record findings in the QA folder, as weekly clinic task sheets are not retained long enough for best practice.
- **Routine QA testing:** Staff should follow the outlined routine for quality assurance testing on the VistaScan.

- **Staff training:** New staff should read QA folders to understand the process and the importance of the instruction manual included in the clinic induction. Existing staff should maintain their knowledge through regular updates and training as part of Continued Professional Development.
- **Expert involvement:** Involve medical physics and manufacturers for information and advice if necessary.
- **Software review:** Review the new dental software, Dently Vision, as stated in the action plan.

72 No Access visits in the Homeless and Health Inclusion Team

The Homeless and Health Inclusion Team

(HHIT) conducted an audit to identify themes or trends in no access visits.

The data showed that 13% of all HHIT contacts and 14% of face-to-face contacts were no access visits, with no significant variation throughout the year.

All no access visits occurred in the morning. The audit concluded that, aside from inpatient visits, there were no specific actions the team could take to reduce no access visits in the community based on the predetermined criteria.

Next steps:

- Vary the timing of inpatient visits.
- Complete case studies to demonstrate the impact of continued engagement attempts with this group of service users to improve health outcomes.
- Repeat the audit in a year, including a category for the number of times a patient is seen and the number of no access visits.

This helped us achieve **GOALS**
1.1 / 1.3 / 2.1 /
2.2 / 4.1 and 4.2

National Institute for Health and Care Excellence (NICE)

(Data extracted from a live system on 9 April 2025)

In 2024/25 the Trust assessed 148 pieces of [NICE guidance](#). Of those 25 were assessed as being relevant to LCH (10 for information only and 15 for assessment).

NICE National Institute for Health and Care Excellence We currently have 26 open NICE guidance, received between 2021-2025. All

have been reviewed at the NICE Guidance Meeting and assigned to Quality Leads for action or have action plans in place to achieve compliance. Our internal standard to achieve compliance is two years, six monthly reports ensure Quality Committee are aware of our NICE position and any associated risks with non-compliance beyond two years. We currently have four guidance older than two years.

Clinical Research



We are dedicated to expanding community clinical research that benefits Leeds and our services. Research helps us understand what works best, supports

innovation, and improves patient experiences. We encourage clinical services to engage in research, which also helps retain motivated staff. Our commitment ensures research meets our evolving needs and is central to patient care.

This helped us achieve **GOALS**
1.1 / 2.1 / 3.2
/ 3.3 / 4.1 / 5.1
and 5.2

LCH partners with the [National Institute for Health and Care Research \(NIHR\)](#). The NIHR Research Delivery Network commissions our core Research and Development function. Together, we aim to attract, set up, manage, and deliver high-quality national research studies (portfolio studies). We also assess and approve local studies (non-portfolio) to ensure they meet ethical and Health Research Authority standards, providing ongoing monitoring for high-quality delivery.



Over the past two years, we established a clinically-led research model by recruiting and developing a clinically active research team. This has enhanced our focus on clinically relevant research while maintaining high standards. Our core team includes Clinical Lead for Research, Clinical Academic Fellow, Clinical Research Practitioner, Research Coordinator, Research Governance Support Administrator, and Research Assistant.



To explore LCH's research capacity, we conducted a research mapping exercise from July 2023 to March 2024. This involved analysing various data sources and using surveys and interviews to map our research culture. The findings were presented to senior leaders, accepted for a national conference, and are being prepared for publication.

This intelligence informed our 2024-25 plan to encourage

research in community nursing and mental health and will be embedded in the next research strategy launching in late 2025. The exercise also allowed us to benchmark against other organisations and measure future progress.

To raise the profile of research, we provide advice, produce a quarterly newsletter, and offer annual secondments for research advisors and associates. Six staff have been seconded, leading to two promotions, a joint research delivery role, and three national funding applications.

In 2024, we launched the research champions initiative, with 25 staff from over a third of services joining. We promoted new training opportunities, with three staff completing the associate principal investigator scheme and three more signed up. We engaged advanced practitioners and launched an LCH-tailored toolkit, doubling study consultations and increasing personal grant applications.

We led initiatives for the Leeds Research Collaboration, co-appointing a Research Project Manager with Leeds Teaching Hospitals and explored a Leeds place-based working model. This role developed a clinical pathway research model, tested in respiratory, diabetes, and Leeds Sexual Health services, strengthened links with Primary Care, and supported a research bid to increase GP research capacity in Leeds.

LCH supports home-grown research, notably in the long COVID service. In 2024, the team secured funds for a pilot study, influencing long COVID treatment and adapting it for other conditions. We also support national research in dementia, osteoarthritis, and children's services.

LCH supports several portfolio studies benefiting patients and services, including dementia medication adherence, lung disease peer support, shoulder pain management, exercises

for children with Cerebral Palsy, and a new stimulator for post-stroke arm restriction. We also support non-portfolio studies on staff wellbeing, menopause treatments, antibiotic resistance, and children's health with digital devices.

In 2024, LCH strengthened university partnerships for clinical research and student engagement. We supported four medical undergraduates, three staff completing a master's in research, and research training for two medical residents in Psychiatry.

Equity is central to our research. We submitted grants with York and Bradford universities to support equitable healthcare access. We are part of a city-wide alliance to improve outcomes for long-term conditions and partnered with Forum Central and Leeds Older People's Forum on self-management projects and a research toolkit for charities.

We support studies for under-served groups, such as those with diabetes, heart, and lung disease, where low income can be a barrier. We ensure diversity in research to make it meaningful for all communities. We provide data on participants' sex, age, and ethnicity to ensure equal research opportunities. LCH is committed to developing research systems in line with NHS England plans, which will be included in our next strategy launching in late 2025.

Data

Secondary Uses and Hospital Episode Data

The Trust submitted records during 2024/25 to the Secondary Uses Service for inclusion in the Hospital Statistics which are included in the latest published data. We provide a valid NHS number and valid General Medical Practice code for patients in more than 99% of cases.

Data Quality

Data quality is supported by the Business Intelligence Team under the Trust's 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 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 Information

Governance Team intends that Asset Register, and Records Management across the Trust as a whole, will comply with standard 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 Security Protection Toolkit (DSPT)

Compliance with the DSPT is mandatory for all NHS Trusts and organisations with access to NHS patient data and systems. A successful DSPT submission means we are considered a 'safe pair of hands' for handling NHS data. Since 2018, the Trust has complied with the ten Data Security Standards from the National Data Guardian's Review through the mandatory Data Security and Protection Toolkit (DSPT). Our DSPT submissions, supported by robust evidence, are audited by an independent organisation (Audit Yorkshire).

In 2023-2024, we achieved a 'Standard Exceeded' level of compliance. For 2024-2025, the DSPT has shifted to align with the Cyber Assessment Framework.



Training

Training compliance with Mandatory Data Security Awareness training has increased from 86% to 96% 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 may have access to clinical systems suspended until evidence of completed training is supplied.

Information Security

The Information Governance function ensures effective, appropriate, and ethical management of our information, balancing risk and value. We maintain the Confidentiality, Integrity, and Availability (CIA) triad across all information assets and data processing activities.

By applying CIA principles and adhering to legislative frameworks, we ensure our data processing systems (e.g. SystmOne, network drives) are fit for purpose. This involves education, policies, risk management, 'Data Protection by Design and Default', effective records management, IT security controls, vulnerability testing, and horizon scanning.

To mitigate increasing cyber threats, we invest in vulnerability scanning, patch management, and firewalls, supporting our Cyber Essentials and Cyber Essentials Plus qualifications.

Data Breaches

A data breach happens when data protection rules are broken. Our information governance (IG) team reviews and grades all breaches. If they meet certain criteria, we report them to the Information Commissioner's Office (ICO) and/or the Department of Health and Social Care (DHSC).

Recently, we had two breaches that needed reporting via DSPT, but neither required reporting to the ICO or DHSC. The ICO has been satisfied with our responses to previous breaches.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN schemes have been paused nationally for 2024/25, therefore, no update is supplied. This decision was made by NHS England due to concerns about the bureaucracy involved in the scheme, which was not justified by the relatively small financial incentives. Additionally, there is a broader review of quality incentives underway, and the pause allows for a reassessment of how best to support quality improvements in healthcare generally, as well as across LCH.

Core Indicators

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

Indicator	Target	2023/24	2024/25 (current)
Duty of Candour Breaches	1 per year	6	5
Attributed MRSA Bacteraemia Infections	0 per year	4	3
Clostridium Difficile Infections	3 per year	0	0
Never Event Incidence	0 per year	0	0
CAS Alerts Outstanding	0 per year	1	1
Patient Satisfaction - Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT)	95%	93%	95%
Total Number of Formal Complaints Received	No Target	139	162
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	92%	43.7%	26.2%
Number of patients who waited more than 52 weeks for a Consultant service	0 per year	534	1104
Percentage of patients waiting less than 6 weeks for a diagnostic test	99%	32.6%	98.2%
Percentage of patients waiting less than 18 weeks for a non-Consultant service	95%	60%	61.1%
Staff Turnover	14.5%	10.5%	10.9%
Percentage of staff who left the organisation within 12 months	20%	13.8%	21.4%
Total sickness absence rate (monthly) (%)	6.5%	6%	5.9%
AfC Staff Appraisal Rate	90%	75.2%	83.5%
Statutory and Mandatory Training Compliance	90%	86%	88.8%
Compliance in Level 1 and 2 Patient Safety Training	No Target		84.6%
Starters / leavers net movement	0	144	-12
Number of Patient Safety Incident Investigations (PSII)	No Target		4
Number of overdue PSII actions	No Target		3

Indicator	Target	2023/24	2024/25 (current)
Number of Pressure Ulcer incidents	No Target		145
Number of Falls incidents	No Target		106
Number of Deteriorating Patient incidents	No Target		11
Number of Meatal Tear incidents	No Target		18
Number of Clinical Triage incidents	No Target		0
Compliance with statutory Duty of Candour	No Target		50%
Zero tolerance RTT waits over 65 weeks for incomplete pathways	0		851
Zero tolerance RTT waits over 78 weeks for incomplete pathways	0		615
Community health services two-hour urgent response standard	70%	72.1%	79.4%
Available virtual ward capacity per 100k head of population	No Target		7.6
Number of CYPMHS Eating Disorder patients breaching the 1-week standard for urgent care	No Target		15
% CYPMHS Eating Disorder patients currently waiting less than 4 weeks for routine treatment	95%	57.1%	50%
Number of children and young people accessing CYPMHS - year to date	No Target		3369
Percentage of Children over 5 currently waiting more than 18 weeks for a Neurodevelopmental Assessment	No Target		96%
No. of Patients accessing treatment with LMWS service	No Target	30977	32041
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	No Target	63.2%	62.9%
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	95%	98.1%	99.4%
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	95%	88.5%	93.6%
RIDDOR incidents reported to Health and Safety Executive	No Target	0	6
The overall percentage of staff who have identified as BME (including exec. board members)	14%		13.7%

* In January 2024, the Trust transitioned to the Patient Safety Incident Response Framework (PSIRF), marking a significant shift in how we report incidents. Consequently, incidents were not monitored using the same indicators previously used for the latter part of 2023. More qualitative monitoring processes were implemented instead. As a result, our year-to-year numbers are not comparable to those of 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 Children and Young People's Mental Health Service (CYPMHS), Inpatient CYPMHS, Community Dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

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

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

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

Community CYPMHS was rated good for effective and caring, requires improvement for safe, responsive and well-led. This was a change from the last inspection where safe, effective and well-led required improvement.

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.

We are happy to see that it shows how people's experiences are listened to and used to make services better. The report includes many stories and examples of how feedback has led to improvements in care.

This year's report continues to focus on making services better and more innovative across the Trust. It focuses on inequalities and equity with specific actions and measurable outcomes around strategic goal 4.

Leeds Community Healthcare NHS Trust provides important healthcare services in the community for the people of Leeds. The Trust has been involved in citywide efforts to listen to what people say and act on that feedback through the People's Voices Partnership (PVP) and How Does It Feel For Me programme. These aim to ensure that health and care services work together smoothly and reflect people's real experiences. It is positive to see the 3Cs (Communication, Coordination and Compassion) are now being used to address and measure people's concerns and complaints. Strong leadership and a focus on caring for the whole person are important as Leeds moves forward. We look forward to working closely with the Trust to keep people's voices at the centre of their plans. We are especially interested in working more with Leeds Community Healthcare and supporting citywide efforts through the PVP and How Does It Feel For Me to listen to people's experiences and to promote the 3Cs across the city.

The language used in the Quality Account is easy for the public to understand. We suggest that the font size and spacing could be made even more accessible, especially since the document is a PDF. Including a simple summary or infographic would help people grasp the main points more quickly. The glossary and YouTube explainer video adds multimedia engagement which is also good to see. We are also pleased that there is an offer for alternative formats and translations of the Quality Account on page 2. However, at 145 pages, the report is quite long and might be overwhelming for many readers. Some sections, especially those with lots of data or technical details about governance, may be difficult for the general public to follow without simpler explanations.

At Healthwatch Leeds, we would like to understand how the Trust plans to achieve its goals and how progress will be measured. The report explains these strategies well but making the success indicators more visible to the public, like clear key performance indicators (KPIs) or visual dashboards, would be helpful for people who are not experts. Including a simple table that shows the main goals and how success will be measured could make things clearer.

It is encouraging to read about the groups and individuals involved in planning and overseeing these efforts, such as Patient Safety Partners, the Youth Board, and the Leeds Parent Carer Forum. It is also good to see that the Trust has included Equity and Quality Impact Assessments (EQIAs) in decision-making, which helps involve communities and staff. We are interested to learn who the main decision-makers are, especially those representing lived experiences and community leadership, in the Trust's oversight groups.

We look forward to working with the Trust in the future. We hope to share feedback we receive from the community, like concerns about long waits for CYPMHS (Children and Young People's Mental Health Services), and to see that the Trust listens and responds to this feedback when possible.

Overall, we think this is a good Quality Account. We are excited to continue working closely with Leeds Community Healthcare in the coming year.

Integrated Care Board

Leeds Integrated Care Board (ICB) has reviewed Leeds Community Healthcare Trust's (LCH) Quality Account for 2024/25

and commends the Trust for its continued commitment to delivering high-quality, patient-centred care. The Quality Account clearly reflects LCH's strategic priorities and provides assurance that the Trust remains focused on improving safety, experience, outcomes, and access for the diverse communities it serves.

The Trust's strategic aim to deliver safe, effective, and responsive care is well evidenced through its adoption of the Patient Safety Incident Response Plan (PSIRP), which is being implemented in line with the national Patient Safety Incident Response Framework (PSIRF). This represents a significant step in strengthening the organisation's learning culture and ensuring that incidents and near-misses lead to meaningful change. The continued prioritisation of harm reduction in areas such as falls, pressure ulcers, and the early identification of deterioration underlines the Trust's ambition to pro-actively manage risk and support quality improvement across services.



LCH's focus on enhancing patient experience is clearly embedded within the Quality Account. Feedback from service users continues to play a central role in shaping improvements, with mechanisms such as the Friends and Family Test (FFT), local surveys, and engagement events providing valuable insights. The Trust's emphasis on accessibility, which includes communication support, translation services, and community engagement, highlights a commitment to reducing barriers and ensuring services are designed around the needs of all patients.

Of particular note is LCH's ongoing work to embed system working through partnership and collaboration. The Trust's partnership with Primary Care Networks (PCNs) to prevent avoidable admissions for patients with advanced respiratory conditions is a strong example of neighbourhood-level coordination, demonstrating how integrated community approaches can improve outcomes and reduce pressure on acute services. LCH's contribution to joined-up care, particularly for people living with complex and long-term conditions, is a key enabler in delivering the wider Leeds Health and Care Partnership ambitions.

The ICB also welcomes the Trust's focus on reducing health inequalities, which is a clear priority for the ICB, but also within LCH's own strategy. Engagement with the Communities of Interest Network and targeted efforts to make the complaints process more accessible are strong examples of inclusive practice. These initiatives not only help to ensure equity of access and voice but also reflect a broader culture of listening, learning, and acting on feedback from those who may otherwise be under-represented.

Workforce wellbeing and development continue to feature strongly in the Quality Account. Through initiatives such as the 'Thank You Event,' internal awards, and professional development opportunities, the Trust is actively supporting staff morale and retention. In particular, the work to enhance training and capability in end-of-life care demonstrates a clear alignment with LCH's strategic goal to provide high-quality, person-centred care throughout the entire care journey, including at its most critical stages.

Overall, the Quality Account for 2024/25 provides a comprehensive and thoughtful reflection of the Trust's progress against its strategic goals. It evidences how LCH is embedding a culture of safety, responsiveness, equity, and partnership working across its services. Leeds ICB looks forward to continuing to work alongside LCH over the coming year, supporting its ongoing efforts to deliver safe, effective, and inclusive care for the people and communities of Leeds.

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.

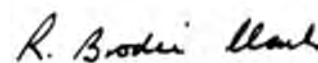
The content of the Quality Account is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2024 to May 2025.
- Papers relating to quality reported to the Board over the period April 2024 to May 2025.
- Feedback from West Yorkshire Integrated Care Board on 1 May 2025 and Healthwatch Leeds received on 6 May 2025.
- 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 2024

Brodie Clark CBE, Chair



Signed Date: 31 May 2024

Selina Douglas, Chief Executive

Acknowledgements

We would like to sincerely thank everyone who contributed to the content and publication of our 2024/25 Quality Account. This includes, but is not limited to, patients, carers and representative groups, our staff, the Senior Management Team, and the Board of Directors.

This Quality Account provides insight into how we are working to realise our vision, values, strategic objectives, and Quality Strategy. Quality is at the heart of everything we do, and we hope this document demonstrates how quality is created, embedded, developed, and improved within LCH through examples of ongoing initiatives.

We produce an Annual Report and Accounts to outline our financial and other key performance measures in-line with other NHS organisations. 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 lcht.lch.pet@nhs.net

Please ensure you include 'Quality Account 2024/25 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance
Quality Account 2024/25Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
Building Three
White Rose Office Park
Millshaw Lane
Leeds
LS11 0DL

Glossary

Please note: hyperlinks have been provided when available, otherwise the terms listed were **highlighted in green text within the document**.

Accessible Information Standard (AIS): The Accessible Information Standard (AIS) is a legal requirement for NHS and adult social care providers. It ensures that individuals receive information in accessible formats and communication support if needed. AIS outlines a consistent approach to identifying, recording, flagging, sharing, and meeting the communication needs of patients, service users, carers, and parents, especially those with disabilities or sensory impairments.

Advanced Clinical Practice (ACP): ACP in England involves healthcare professionals, educated to Master's level, expanding their roles to improve patient care. They work across clinical practice, leadership, education, and research. Eligible roles for in England include nurses, midwives, pharmacists, paramedics, physiotherapists, occupational therapists and radiographers.

Aldine House: A secure children's home in Sheffield, designed for young people aged 10 to 17. It provides a safe and supportive environment for children who require secure accommodation due to various reasons, such as behavioural issues or being at risk. The facility aims to offer care, education, and rehabilitation to help these young people reintegrate into the community. LCH will provide physical healthcare from April 2025.

Always Events®: Are key aspects of patient and family experiences that should always happen during interactions with healthcare professionals. This methodology focuses on

understanding what matters to patients and their families, then co-designing improvements to enhance care. It relies on genuine partnerships between patients, service users, care providers, and clinicians to create reliable solutions for better care experiences.

Attention Deficit Hyperactivity Disorder (ADHD): A neurodevelopmental disorder characterised by symptoms such as inattention, hyperactivity, and impulsiveness. These symptoms can affect a person's ability to focus, control their behaviour, and manage daily tasks.

Barca: Provides holistic support services for adults, children, young people, and families in Leeds. Their services include mental health support, social prescribing, housing assistance, and community wellbeing programs.

Children and Young People's Mental Health Services (CYPMHS): A service specifically designed to look at the needs of children with mental health problems.

Care Closer to Home: Aims to shift healthcare services from hospitals to community settings. This approach focuses on providing care in local communities to improve patient outcomes, reduce hospital admissions, and lower healthcare costs. It involves enhancing primary and community care services, ensuring patients receive timely and appropriate care closer to their home of choice. In LCH we call this service Home Ward.

Carer Confident Benchmarking Scheme: Helps employers to build a supportive and inclusive workplace for staff who are or will become carers. Carer Confident employers recognise

the importance of retaining valued members of staff, reducing absence and unnecessary recruitment costs, and increasing staff resilience, engagement and productivity. 1 in 7 people juggle work with caring for someone, and 1 in 6 carers give up work or reduce their working hours to provide care – but many are the most skilled and experienced staff at the peak of their career around the age of 45-64 years old.

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

Change Programme: A programme of quality improvements and services changes.

Clinical Fellow Secondment: Successful applicants are given protected time to professionally develop. The secondment aims to develop future clinical leaders by providing opportunities to gain skills in leadership, management, policy development, project management and or research.

Cognitive Behavioural Therapy (CBT): A type of talk therapy that helps people identify and change negative thought patterns and behaviours to improve their mental health. Low Intensity Cognitive Behavioural Therapy (LI-CBT) is a brief, evidence-based therapy designed to help individuals, especially children and young people, manage issues like low mood, anxiety, and emotional difficulties. LI-CBT focuses on the core principles of Cognitive Behavioural Therapy but is delivered in a shorter format, typically involving 6-8 sessions.

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.

Commissioning: In healthcare this is the process of planning, purchasing, and monitoring services to meet the health needs of a population. It involves ensuring that the right services are available and delivered effectively.

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

Data Protection legislation: Explains our organisation's responsibilities regarding the data we hold, including compliance with the principles of GDPR, 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.

Enhance Programme: A partnership between LCH and various third-sector organisations. It aims to provide holistic, person-centred support at home for individuals receiving community-based healthcare. The programme focuses on promoting recovery, improving health and quality of life, and preventing hospital readmission.

Equity and Quality Impact Assessment (EQIA): A process used to ensure that changes or decisions consider and address equity, making sure they are fair and inclusive for everyone.

Electronic Palliative Care Coordination Systems (EPaCCS): Capture and share end-of-life care preferences electronically.

Electronic Staff Record (ESR): A system used by the NHS to manage employee information, including payroll, training, and HR data.

Estates Strategy Implementation Board (ESIB): A LCH group responsible for overseeing and guiding the implementation of the estate's strategy. This includes managing projects related to the rationalisation of leases and contracts, ensuring that the estate is fit for purpose, and supporting the delivery of high-quality, sustainable, and affordable services.

Every Sleep a Safe Sleep Initiative (ESASS): Promotes safe sleep practices for infants to prevent sleep-related injuries and deaths. It educates caregivers on placing babies alone, on their backs, in a crib without pillows, blankets, or toys.

Fast Track Continuing Healthcare Funding: NHS care is arranged very quickly for people with rapidly worsening conditions, often near the end of their life, without the need for usual assessments.

Frailty Home (Virtual) Ward: A healthcare service that allows frail patients to receive hospital-level care in their own homes. This service is designed to prevent unnecessary hospital admissions and improve patient outcomes by providing comprehensive, personalized care remotely. It typically involves a team of healthcare professionals who monitor and support patients through virtual consultations and home visits, ensuring they receive the necessary medical attention while staying in a familiar and comfortable environment.

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.

Heartt App: A tool designed to analyse waiting lists using protected characteristics, such as age, gender, race, disability and others protected under equality laws. The aim of the app

is to assess fair and equitable access to services by identifying disparities so teams can address them.

Information Governance (IG): The rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

Innovation and Research Council: 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.

Integrated clinics: Enhance patient care by offering specialised services through the collaboration of general practice and community nurses, ensuring coordinated and accessible treatment.

Leeds Mental Wellbeing Service (LMWS): Made up of people with their own experience of mental health difficulties. They use life experience as an asset to aid their work, with the aim of breaking down barriers between professionals and service users to improve mental health services for everyone in Leeds.

Leeds Early Attachment Observation (LEAO): A tool developed by the Leeds Infant Mental Health Service to assess the relationship between caregivers and infants. The primary caregiver is asked three questions about their relationship with the infant, then a 2-minute observation of the interactions between the caregiver and the infant is conducted. The tool aims to identify any emerging difficulties in the caregiver-infant relationship and is used during the routine 6-8 week postnatal health visitor contact.

Leeds Integrated Care Board (ICB): An NHS organisation responsible for planning and funding health services in Leeds, replacing the Clinical Commissioning Group (CCG).

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.

Linking Leeds: A social prescribing service that connects people with community activities and support to improve their health and wellbeing.

Mean Age: Refers to the average age at which people die. It is calculated by adding up all the ages at death and then dividing by the number of individuals. This gives a single number that represents the central tendency of the ages at death in a given population.

Medicines Management: Processes and guidelines which ensure that medicines are managed and used appropriately and safely.

Memorandum of Understanding (MOU): A document that outlines an agreement between parties, detailing their roles and responsibilities, but it is not legally binding.

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

MindMate: Helps young people in Leeds find help with their mental health and wellbeing.

MyLCH: The internal website (intranet) for LCH. It provides comprehensive information for staff, including internal procedures, policies, and general updates.

NESTA: An innovation foundation A third sector partnership working in Leeds to close the outcome gap in the early years for children growing up in disadvantage part of our fairer start local programme.

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

National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Reviews clinical practice and identifies potentially remediable factors.

National Early Warning Score 2 (NEWS2): A tool used in healthcare to quickly identify patients who are at risk of deteriorating. It involves scoring six vital signs: respiratory rate, oxygen saturation, systolic blood pressure, pulse rate, level of consciousness, and temperature. The scores help healthcare professionals decide on the urgency and type of intervention needed.

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.

Neighbourhood Team: Provides community nursing and therapy services to help people stay well and live independently at home. They focus on reducing hospital admissions, supporting patients with complex needs, and improving overall health outcomes by working closely with local communities.

Non-medical prescribers (NMP): Healthcare professionals, including nurses, pharmacists and some AHPs, who are trained to prescribe medications. The first NMP forum is planned for March 2025.

Office for Standards in Education, Children's Services and Skills (OFSTED): 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: Tools used to assess the effectiveness of healthcare interventions by tracking patient health outcomes, such as symptom improvement, recovery rates, or quality of life.

Patient Experience Team (PET): 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.

Information Hub: A digital solution, providing a 'single front door' for patients to access service information and gain greater control over their healthcare through digital means. For staff and services, the hub will reduce inefficiencies by standardising patient communication and leveraging digital innovation. This solution is funded by NHS England's Frontline Digitisation Fund, not from current LCH monies.

Patient Safety Incident Response Framework (PSIRF): An NHS initiative designed to improve how healthcare organisations respond to patient safety incidents. It focuses on learning from these incidents to enhance patient safety and care quality. PSIRF replaces the previous Serious Incident Framework and emphasises compassionate engagement with those affected, system-based learning, and proportionate responses to incidents.

The Patient Safety Incident Response Plan (PSIRP): Outlines which patient safety incidents should be reviewed and investigated within a healthcare organisation. It specifies the approach to be taken for different types of incidents to ensure effective learning and improvement in patient safety.

Patient Safety Partners: LCH has two independent Patient Safety Partners who act as patient advocates. They participate in Quality Walks, review literature, and attend Quality Committee meetings to help improve healthcare quality and performance.

Patient Satisfaction: A measurement of how satisfied a person felt about their care or treatment.

Performance Information Portal (PIP): An internal searchable register of LCH reports; data is extracted from the electronic clinical platform. It can be used to find a report by name, service or domain. Not all reports in PIP are currently included, but more will be added over time.

Postgraduate Certificate (PGCert): A short, advanced qualification at master's level. It typically involves focused study in a specific subject area and can be completed in a shorter time than a full master's degree. It is often used for professional development or to gain specialised knowledge in a particular field.

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 (PCNs): Developed in response to the NHS Long Term Plan (NHS England, 2019) to better serve local populations and communities. GP practices collaborate with community, mental health, social care, pharmacy, hospital, and voluntary services within their areas, forming groups known as PCNs.

Preceptorship: The LCH Preceptorship Programme supports newly qualified nurses transitioning to professional practice. Each nurse is paired with a dedicated preceptor for 12 months, receiving regular guidance and support.

Procurement: The process of buying goods and services for an organisation. It involves selecting suppliers, negotiating contracts, and purchasing the needed items.

Quality and Value Programme: LCH's three year approach for making sure patient safety, quality, equity, and sustainability are balanced with a national need for NHS cost improvements. We are looking at all aspects of the organisation to achieve our savings, by redesigning services, streamlining corporate functions, generating income, optimising estates, and implementing digital innovations.

Quality Committee Meetings: Involve senior leaders and staff reviewing healthcare quality. They monitor performance, identify areas for improvement, and implement strategies to enhance care, ensuring high standards are maintained. It oversees detailed analysis and management of clinical risks, complaints, incidents, and audits to provide evidence of effective clinical risk management to the Board of Directors.

Quality Walk: Involves senior leaders visiting different LCH services to observe care, gather feedback, and identify areas for improvement. These walks help ensure high standards of care and promote continuous improvement. We use this tool as our internal quality assurance process.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT): The process creates a personalised summary of clinical care recommendations for emergencies when a person can't make decisions. It respects patient preferences and clinical judgment, including whether CPR should be attempted if the heart and breathing stop.

The Queen's Institute of Community Nursing (QICN): A UK charity dedicated to improving nursing care in the community. It supports nurses through education, grants, and advocacy to enhance patient care. LCH is delighted to share that our former Executive Director of Nursing is the newly appointed Chief Executive of the QICN.

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.

Request for Information (RFI): A formal process used by organisations to gather information from potential suppliers or service providers. It typically includes questions about the supplier's experience, capabilities, and how they can meet the organisation's needs. The main purposes of an RFI are: Market Research, to understand the capabilities, products, and services offered by different suppliers; Decision Making, to collect data that helps in making informed decisions about future procurement steps; Preparation for Procurement, to prepare for more detailed procurement processes like Request for Proposal (RFP) or Request for Quotation (RFQ).

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

Safety Huddle: A collaborative discussion within teams and across multiple professions to review current patients, aiming to reduce harm, mitigate risks, and enhance 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.

Shared Decision Making: A process where healthcare professionals and patients work together to make decisions about treatment and care. It involves discussing options, risks, benefits, and the patient's preferences to reach a joint decision.

Speech and Language Therapist (SLT): Helps people with communication and swallowing difficulties. They assess, diagnose, and treat speech, language, and swallowing disorders.

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.

Sudden Unexpected Death in Childhood (SUDIC): Refers to the review process for investigating unexpected deaths of children. It involves a thorough examination to understand the cause and circumstances of the death.

SystemOne: An electronic clinical management system widely used in the UK healthcare sector. It helps healthcare providers manage patient records, appointments, prescriptions, and other administrative tasks efficiently. It supports integrated care by allowing different healthcare professionals to access and update patient information in real-time.

The Mount in Leeds: Delivers holistic, patient-centred care closer to where people live, enhancing their overall health and wellbeing.

Perinatal Mental Health Service: Support new and expectant mothers with their mental health needs.

Transfer of Care: The process where one healthcare provider hands over the responsibility for a patient's comprehensive care to another provider.

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 Executive Directors and Non-Executive Directors who are responsible for the day to day running of an organisation.

UNICEF Baby Friendly Initiative: Promotes breastfeeding and parent-infant relationships by improving healthcare standards. It provides guidelines and support to health facilities to ensure mothers receive the help they need to breastfeed successfully.

Wetherby Young Offenders Institute (WYOI): Primary care services for children aged 15-17 are delivered at WYOI, ensuring all health needs are identified and met through universal health screening and physical healthcare delivery.

Workforce Race Equality Standard (WRES): An NHS initiative to ensure fair treatment and equal career opportunities for employees from Black and Minority Ethnic (BME) backgrounds.

The Workforce Disability Equality Standard (WDES): An NHS initiative introduced in 2019 to improve workplace and career experiences for disabled staff. It uses ten metrics to compare the experiences of disabled and non-disabled employees.

100% Digital Leeds: A programme led by Leeds City Council's Integrated Digital Service. It aims to make Leeds the most digitally inclusive city by working with partners across all sectors to tackle barriers to digital inclusion. The program helps organisations support digitally excluded individuals, strengthens digital inclusion infrastructure, and promotes digital access, engagement, and participation for everyone.

3Cs Framework: Developed by Healthwatch in partnership with other organisations, including LCH. This collaborative effort aimed to enhance the quality and safety of healthcare services by focusing on three key areas: **Communication**, **Compassion** and **Co-ordination** of care. This approach helps ensure that patients receive comprehensive and consistent care across different healthcare settings.

Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
AHP	Allied Health Professional
AR	Active Recovery
BAME	Black, Asian and Minority Ethnic
BME	Black and Minority Ethnic
CBG	Capillary Blood Gases
CDS	Community Dental Service
CHWS	Community Health and Wellbeing Service
CIA	Confidentiality, Integrity and Availability Triad
CIVAS	Community Intravenous Antibiotic Service
CMOOE	Child Missing Out On Education process
CMT	Children's Management Team
COIN	Communities of Interest Network
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuous Professional Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CrISSP	Critical Incident Staff Support Pathway
CSRT	Community Stroke Rehabilitation Team
CWP	Children's Wellbeing Practitioner
CYPMHS	Children and Young People Mental Health Service
DHSC	Department of Health and Social Care
DNLTC	Disability, Neurodiversity and Long-Term Conditions

DOS	Directory of Services	KIT	Keeping In Touch Meetings
DSPT	Data Security Protection Toolkit	LCC	Leeds City Council
EDS	Equality Delivery System	LCH	Leeds Community Healthcare Trust
EPaCCS	Electronic Palliative Care Coordination Systems	LCPS	Leeds Community Pain Service
EQIA	Equity and Quality Impact Assessment	LD	Learning Disability
ESASS	Every Sleep a Safe Sleep	LEAO	Leeds Early Attachment Observation Tool
ESIB	Estates Strategy Implementation Board	LeDeR	Learning from Lives and Deaths – People with a Learning Disability and Autistic People
F2SU	Freedom to Speak Up	LEEP	Leeds People First
FC	Forum Central	LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or Ally, and Plus
FFT	Friends and Family Test	LMWS	Leeds Mental Wellbeing Service
FGF	Feel Good Factor	LRL	Learning Response Leads
GIRFT	Getting It Right First Time	LSH	Leeds Sexual Health Service
GP	General Practice (surgery), or General Practitioner (doctor)	LTHT	Leeds Teaching Hospitals Trust
HFpEF	Heart Failure with Preserved Ejection Fraction	LVSD	Left Ventricular Systolic Dysfunction
HHIB	Homeless Health Intervention Beds	LYPFT	Leeds and York Partnership NHS Foundation Trust
HSJ	Health Service Journal	MDT	Multi-Disciplinary Team
HWB	Health and Wellbeing	MRSA	Methicillin-resistant Staphylococcus aureus
HWR	Home Ward for Respiratory	MSK	Musculoskeletal
ICAN	Integrated Children's Additional Needs Service	NACAP	National Audit for Pulmonary Rehabilitation in COPD Patients
ICO	Information Commissioner's Office	NDFA	National Diabetes Foot Audit
IEN	Internationally Educated Nurses	NEWS2	National Early Warning Score 2
IMD	Index of Multiple Deprivation	NHS	National Health Service
IMHS	Infant Mental Health Service		
IV	Intravenous		

NICE	Community Dental Service
NIHR	National Institute for Health and Care Research
NIV	Non-Invasive Ventilation
NMP	Non-Medical Prescribers
NRAP	National Respiratory Audit Programme
NRT	Neighbourhood Response Team
NWCSP	National Wound Care Strategy Programme
OPAT	Outpatient Parenteral Antibiotic Therapy
PCN	Primary Care Network
PCREF	Patient and Carer Race Equality Framework
PDSA	Plan, Do, Study, Act process
PENNA	Patient Experience Network National Awards
PET	Patient Engagement Team
PHINS	Public Health Integrated Nursing Service
PHSIP	Paediatric Hearing Services Improvement Programme
PHSO	Parliamentary and Health Service Ombudsman
PIP	Performance Information Portal
PPE	Personal Protective Equipment
PREMs	Person Reported Experiences Measure
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
PSP	Patient Safety Partners
PU	Pressure Ulcer
PVP	People's Voices Partnership

QICN	Queen's Institute of Community Nursing (formerly QNI)
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RFI	Request for Information process
SLT	Speech and Language Therapist
SME	Subject Matter Experts
SUDI	Sudden Unexpected Death in Infancy
TB	Tuberculosis
UCL	University College London
VCHA	Veteran Covenant Healthcare Alliance
VRT	Vestibular Rehabilitation Therapy
WDES	Workforce Disability Equality Standard
WNB	Was Not Brought
WRES	Workforce Race Equality Standard
WRES	Workforce Race Equality Standard
WYICB	West Yorkshire Integrated Care Board
WYOI	Wetherby Young Offenders Institute

Thank you for taking the time to read our Quality Account for 2024/2025. You can also view this document via our website at:

www.leedscommunityhealthcare.nhs.uk