

Quality Account

2022-2023



About Annual Quality Accounts

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

They look at:

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

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

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
Team LCH	5
Vision and Values	5
Patient Stories	6

Part 2: Review of Quality

Integrated Approaches - our integrated and partnership working across the NHS system	8
Review of Quality Performance 2022/23 and Priorities for Quality Improvement 2023/24	16
Supporting Quality Improvements:	
- Adult Business Unit	27
- Children's Business Unit	29
- Specialist Business Unit	35
The 2023/24 Trust Priorities	37
Patient Experience	39

Part 3: Quality Improvement

Other Quality Improvements:	
- Patient Engagement	47
- Patient Safety Incident Reporting	49
- National Patient Safety Strategy	51
- Safety Summit	52
- Learning from Deaths	52
- Learning from lives and deaths - People with a learning disability and autistic people - LeDeR	54
- Infection Prevention and Control	54
- NICE Guidance	57
- Medicines Optimisation and Management	57
- Safeguarding	57

- Clinical Education	58
- Seacroft Reopened	58

Health Equity Inclusion and Wellbeing:

- Improving Health Equity	59
- Learning Disabilities	61
- Staff Health and Wellbeing	62
- Race Equality Network	62
- Workplace Disability Equality Standard	63
- Workplace Race Equality Standard	63
- Freedom to Speak Up	64

Celebrating Success:

- A visit from the Prime Minister	65
- Awards	65
- External Awards	65

Board Assurance:

- Statement of Assurance from the Board	67
- Review of Services	67
- Clinical Audit	67
- National Clinical Audit and Confidential Enquiries	67
- Local Clinical Audit	69
- Clinical Research	75
- Secondary Uses and Hospital Episode Data	77
- Data Accuracy	78
- CQUIN	80
- Core Indicators	82
- NHS Staff Survey	91
- CQC Statements	91

Part 4: What Other People Think of Our Quality Account

Comment from Healthwatch and Leeds ICB	93
Statement of Directors' responsibilities in respect of the Quality Account	95
Acknowledgements	96
How to Comment	96
Glossary	97

Part 1: Introduction

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

Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2022/23. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

This year has seen challenges to the provision of healthcare services from the continued and fluctuating impact of COVID-19 and new and evolving threats to the health of our communities including the outbreak of MPX, Streptococcus A and increase in the impact of seasonal Flu. Working together with our partners across the place of Leeds and wider has enabled a system wide approach to care delivery that has involved and included our communities and has enabled us to deliver our promise of high quality care.

We set ourselves a goal in 2022 to rebuild our services back better and to continue our focus on innovation in achieving that goal. Our colleagues have worked tirelessly in 2022/23 to achieve this goal and ensure the care we provide to our communities remains of the highest standard.

This year we have focussed our account on the innovative work being done across all of our services with a clear focus on integrated approaches to care delivery that places our patients and communities at the heart of our work. We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the most challenging of circumstances.

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



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

Brodie Clark CBE
Chair



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

Thea Stein
Chief Executive

About Leeds Community Healthcare NHS Trust (LCH)

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

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

Team LCH

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

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

Vision and values

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

11 Our Eleven

1 vision: We provide the best possible care to every community we serve

3 values: We are open and honest and do what we say we will
We treat everyone as an individual
We are continuously listening, learning and improving

7 magnificent behaviours (how we work):

 **Caring for our patients** 

 **Making the best decisions** 

 **Leading by example** 

 **Caring for one another** 

 **Adapting to change and delivering improvements** 

 **Working together** 

 **Finding solutions** 

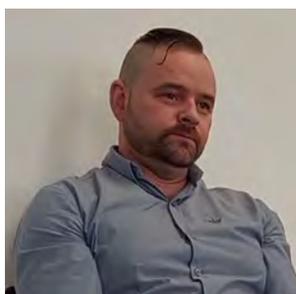
Patient Stories

Every month our Board hear stories and case studies from our patients and services. These have been shared within the Account and highlight how our Vision, Values and Behaviours were exemplified in the care delivered by LCH, some examples include:

Alex's Story - Infant Mental Health Team/Leeds Mental Health and Wellbeing Service

Alex shared that he was struggling to bond with his son after birth and that his wife talked to their Health Visitor and shared her worries. Alex

acknowledged that although he was not keen initially, the Health Visitor was amazing and put him in touch with the Infant Mental Health Service who offered support. Alex shared that a previous incident in his life was impacting his ability to bond with his son and with the support of the services together with the support of Andysmanclub (a male suicide prevention peer support group) he is in a much better place and is now a facilitator of Andysmanclub.



[Watch Alex's story of seeking support from the Infant Mental Health Team and LMWS](#)

Jim's Story - Yeadon Neighbourhood Team, Self Management Facilitator

Jim accessed support from the Yeadon Neighbourhood Team

(NT) Self-Management Facilitator after having a catheter fitted prior to chemotherapy. Jim stated he had nothing but praise for staff who came up with good ideas regarding pieces of equipment so that the catheter did not cause any problems. Jim discussed how his catheter was extracted painlessly and when a minor bleed occurred, he received piece of mind following contacting the out of hours nursing contact. Jim discussed feedback regarding poor communication from hospital to community services through an example provided by his neighbour. Jim stated he feels better communication would support the NHS Trust.

[Watch Jim's story of catheter care from Yeadon Neighbourhood Team](#)



Justin's Story - Homeless Health Inclusion Team

Justin accessed support from the Homeless Health Inclusion Team (HHIT) due to experiencing homelessness and facing barriers in relation to setting up a bank account. Justin contacted HSBC bank whose service then referred through to the HHIT. Justin expressed that the support he received was rapid, he expressed feeling that he had fallen through the cracks from services for years. Justin's received a bank account for the first time in fifteen years, he appreciated the follow up calls and texts from the service and discussed how other services can have a lack of understanding which can be a barrier and has often felt judged in the past. Justin provided feedback stating the team were warm, compassionate, handled things in a holistic manner compared to past experiences where he felt some services were machine like. Justin recited a poem, something in which he is passionate about and continues to focus on.

Linda's Story - Nutrition and Dietetics Team

Linda was referred to the Adult Dietetic Team by her GP in July 2022 due to poor dietary intake due to tiredness, diarrhoea, and weight loss. She had a recent hospital admission and was diagnosed with pancreatic insufficiency, Linda commenced on medication to replace pancreatic enzymes. Due to Linda's agoraphobia, she has been seen at her home by the dietitian. Linda has improved her dietary intake and was tolerating two small meals daily and one oral nutritional supplement drink. During a follow up visit it was noted that Linda was struggling with the supplement drink and the Dietician arranged for Linda to trial other types of supplement which have been successful. This has meant that Linda's mood has improved, and she had resumed an interest in activities at home, and has started knitting again. Linda praised the support she has received from the team and feels comfortable to ask for support and feels she is improving each day.

Jamie's Story - Speech and Swallowing Team



Jamie is a 40 year old gentleman who was referred to the service in August 2022 by his Neurology consultant with concerns around his swallowing and ability to communicate due to dysarthria (slurred speech). He had been diagnosed with a rare condition called Wilson's Disease that affects the central nervous system.

Jamie was experiencing poor articulation, low vocal volume and a rapid pace of talking. Jamie, who was previously a tennis coach, is a sociable, chatty individual but the speech difficulties impacted his confidence and was resulting in conversations breaking down regularly. He reported times of embarrassment

and frustration when being told to leave a shop due to being 'drunk' and feeling that people made assumptions about his intellect due to how he sounded.

He avoided telephone calls due to the non-face to face nature and found doctors consultations difficult for him to articulate himself. He identified the difficulty with accessing LCH services where the primary contact was telephone based and suggested this is something to consider in the future as an inclusive factor for people accessing the service, which is being reviewed.

Jamie completed an eight-week block of speech therapy that resulted in a significant improvement in Jamie's speech, with 100% intelligibility across conversations, and for Jamie to make telephone calls with success. Jamie shared feedback from friends that his speech has improved and overall, his confidence has significantly improved. He stated "I had a problem with my brain, so I didn't know what a speech therapist could do to help, but it has been so helpful and I feel so much more confident now".

[Watch Jamie's story from the Adult Speech and Swallowing Team](#)

Part 2: Review of Quality

Our Review of Quality starts with the work we have completed with our partners to keep patients at the centre of joined up approaches to care to better meet their health needs and leads into our achievement against our Trust Priorities 2022/23.

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

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

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

The Integrated Care Steering Group has continued and is Co-Chaired by the Executive Director of Nursing and Allied Health Professionals for LCH and the GP Confederation Steph Lawrence and Kim Adams Programme Director Local Care Partnerships Development Programme. The group met regularly to oversee the work below as well as considering new integrated working initiatives.

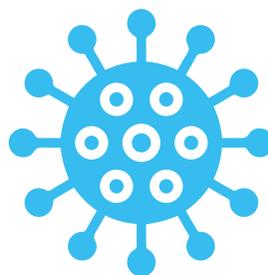
In addition, LCH are working closely with our Primary Care Networks (PCN) in Leeds to build on existing services and enable greater provision of proactive, personalised,

coordinated and more integrated health and social care for people close to home. There are currently 18 PCNs in Leeds.

LCH has also continued to be an active partner in the COVID-19 response in 2022/23 and became the lead provider of the COVID-19 Vaccination Programme in August 2022. We have worked across Leeds with our partners to ensure the continued delivery of the programme to safeguard our communities from COVID-19 and promote their wellbeing.

Our Response to the COVID-19 Pandemic

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



The Leeds COVID-19 Vaccination Programme has continued throughout 2022. Working with partners across the city, Leeds Community Healthcare's Executive Director of Operations, Sam Prince, has continued to lead the response as the appointed Senior Responsible Officer and has responded to the challenges faced by the mutations of the virus. The programme continues to deliver primary doses along with a spring and autumn booster from over 35 GP and Community Pharmacy Sites along with a roving pop up offer.

The figures for Leeds are as follows*:

- Over 612,000 people have had a 1st vaccination (70.3% of eligible GP registered 5+).
- Over 582,000 people have had a 2nd vaccination (66.9% of GP registered 5+).
- Over 420,000 people have had a 3rd / booster vaccination, (72% of eligible).
- Over 50,000 people have had the Spring Booster vaccination (80.6% of eligible).
- Over 211,000 people have had an autumn booster, (65% of eligible).
- Resulting in the total number of 1st, 2nd and booster vaccinations given to Leeds GP registered citizens to reaching an impressive 1,826,913.

*Data provided 23 March 2023

LCH took over the role of Lead Employer for the Leeds COVID-19 Vaccination Programme in September from LTHT, helping the programme to move towards a more business as usual outreach community model. A core team has been recruited, which both coordinates the programme logistics for the city, but also delivers a roving clinical offer. This team specifically supports the 'no-one left behind' pathway to promote vaccine equity via an innovative and flexible programme that has been developed for vaccine delivery from both static and pop-up sites. It has also coordinated the staff flu and COVID campaign for LCH, LTHT and LYPFT.

The team regularly visits up to 10 sites a day via a roving offer in health centres, Trinity shopping centre, libraries, community centres, festivals, schools and even via a roving bus. The team has also provided a bespoke inpatient, housebound and care

home offer to pick up gaps in provision.

The programme team are currently planning ahead for 2023-2024 as the COVID-19 Vaccination Programme moves towards a more business as usual seasonal model.

Long-COVID Rehabilitation Pathway

Overall prevalence of Long COVID continues to remain high: 1.6 million people in England are estimated to have self-reported Long COVID symptoms lasting longer than four weeks following SARs-CoV-2 infection, with over 1.2 million reporting symptoms continuing for over 12 weeks, 685,000 for over a year and, in the UK, 403,000 for over two years. A steady decline in persistence of symptoms by 12 weeks following infection is seen in some people, however, those with ongoing symptoms beyond 12 weeks report these are severely debilitating. Of sufferers, 1.4 million (70%) report their ability to undertake daily activities is adversely affected, with 398,000 (20%) reporting that this has been 'limited a lot' (NHS Plan for Improving Long Covid Services, July 22).

As infection rate data is no longer being collected and testing no longer available, we cannot extrapolate to the Leeds population and predict the % of expected sufferers of Long Covid who would require support from our service. However, we are currently providing treatment to 1094 patients, and this is in addition to 1430 patients we have already treated and discharged. Referral rates remain high at an average of 90 a month.

The Service has continued to grow over the last 12 months and has expanded their clinic model by working from additional bases across the city to improve access for patients. The ten-week virtual therapy course has been evaluated and updated to reflect additional learning and patient feedback.

We continue to evaluate our treatment approaches with outcome measure collection, more recently using our Yorkshire Rehab Scale - C19YRS which we now have on a SystmOne template to report on.

In January 2023, the service started Video Group Assessments (VGA) to support the ongoing service demand and improve patient waiting times from referral to first assessment, this will also provide early peer support. In response to patient feedback, we have also changed our service pathway, bringing intervention / treatment forward (after VGA), meaning patients receive the ten-week virtual course earlier whilst waiting to be seen in clinic.

*Data provided 31 March 2023

Long COVID Research Team

The research team have been extremely busy and productive supporting the service and the Long COVID community and have published six journal articles. A Leeds PCPI (Predicate, Correlation, Perception Learning) group has been developed who are supporting the ongoing work we are doing in this new and evolving area of clinical practice, keeping the service at the cutting edge nationally and internationally.

We have been working closely with NHSE, supporting the creation and facilitation of a new Long COVID training programme to support upskilling, and levelling up the Long COVID services knowledge and approach across the UK. We have also continued to provide NHSE with data/outcomes to support the national picture understanding, and these are included in the latest NHS Plan for improving Long COVID services, July 22 as a case study.

We continue our Inequalities work and were successful in

securing additional funding from the ICB which has allowed the working groups dedicated time to focus on the various workstreams. Working with BI we are now able to capture and report on health outcomes and demographics within the service.

We continue to partnership work with third sector organisations and were a part of the VCSE (Voluntary, Community, Social Enterprise) West Yorkshire training day.

Patient feedback the team have received:

'Staff were all so understanding and keen to help. The 10 week virtual course helped me to understand what was happening to me and my body. Sharon Witton and all the team were amazing. Thank you.'

'They understand how I feel and that Long Covid is real and debilitating. All the sessions have helped me especially the breathing session. Thank you for all the help and support I have had from you all.'

'I felt very supported throughout the whole of my recovery and the occupational therapist I was assigned (Jenna Shardra) was amazing. She always listened, she understood my symptoms and took time to help me understand. It felt like a huge relief finding and having regular contact with a service and staff member who understood the condition and had time for me. I could tell from my appointments and interactions with the service that they cared about my recovery.'

'The dietician was willing to continue advising me until she was sure that I was feeling better. She was never pushy, but she wanted to get to the nub of what could be going wrong, and she had some very good ideas. I really do feel that she helped me, and I'm hopeful that my problem is solved - or at least, well on the way towards being solved.'

'My key worker was always so welcoming and positive, just felt it was a very good experience.'

'From the very first phone call, I felt like my symptoms were real, it was about how I felt. I felt it wasn't in my head, I wasn't made feel it was all in my head. I was heard, all staff took into consideration how I felt on the day, everyone was lovely.'

'Superb service who offered excellent personalised care. I am very fortunate to be in Leeds and receive this support as I know it's not available everywhere. Thank you!'

'I could not believe that anything could make me feel better. However, the rehabilitation programme helped me in so many ways. Particularly helpful were the fatigue management tips and the breathing techniques. I could not recommend this service highly enough.'

'It would be helpful if there could be more funding so that waiting lists needn't be so long.'

Wharfedale Recovery Hubs

Leeds Community Healthcare NHS Trust responded quickly to the citywide need by taking over the running of the units Bilberry and Heather Recovery Hubs at Wharfedale hospital after the previous contract ended on 23/11/2022. Since then NHS partners have been working together to maintain bed capacity and minimise any disruption to the service at Wharfedale.

We have been working hard to ensure a smooth transition for both staff and patients alike. As part of our Intermediate Care Strategy, our aim remains to make sure people receive high-quality care during their stay and that they are supported to return home safely as soon as possible.

LCH responded by pulling together a steering group with representation from the service and across LCH corporate services. The group met twice weekly to make decisions, monitor, escalate and provide governance to the work. The group continues to meet weekly to ensure continued support during the ongoing transition.

Admissions to the unit were paused prior to transition and for a period after the 23 November 2022 to allow for assessment of what was required to deliver a safe service to patients, provide immediate training to staff and implement new systems and processes. We swiftly agreed to reopen to admissions over the Christmas period responding to the city-wide demand and pressures in patient flow through the system.

The focus for the transition has been the safety and quality of care for the patients with the focus of the units on rehabilitation. With this in mind, we have introduced a patient rehabilitation diary owned by the patients with their own

goals that details the interventions and time with the Therapy Team. Patients are actively encouraged to wear their own clothes and we have employed two activities co-ordinators who have now started and are busy planning and gathering information from the patients about what they would like to do. This will embed the focus on proactive rehabilitation and shift the focus to enablement through motivation and active engagement.

Patient feedback includes **'The ward is lovely ward and the staff are kind'**.

Staff feedback has focused on an appreciation of the support and training that is being provided and that communication has improved as there are now fortnightly team meetings for both day staff and separately at night for the night staff.

Staff have also fed back that they have felt listened to and supported through the transition by LCH.

The Key Performance Indicators are currently being decided with the Integrated Care Board.

Active Recovery

Our aim is to create a health and social care short term community rehabilitation and reablement service for Leeds. This involves combining the resources of LCC Skills Reablement Service and LCH Neighbourhood Teams to create a multi-disciplinary service delivery model. This will be available when the need is identified, whether the person is at home, in a community or a hospital bed. These services have around 800 staff between them, working seven days a week, supporting over 7500 people. This work is an



opportunity for a true partnership between our organisations and will ensure there is closer joint working in how we deliver services, and how we support staff development.

For people receiving our care this will mean increased access for people to short term community rehabilitation and reablement, improved co-ordination and reduced confusion about which service is doing what. It will provide responsive home-based, person-centred, co-ordinated care and treatment to enable people to maximise their independence and/or recover from illness or injury and improve people's outcomes so they can live at home, safe and well in their communities for longer. The initiative will also reduce dependency on long term services, delay the potential need for term care and reduce hospital admissions and A&E attendance.

Active Recovery is part of how Leeds will develop our services in line with national guidance and local priorities, with a focus on supporting people in their own homes.

Our first key priority is to make it easier and quicker to access our services when people need it by creating a single point of access and single allocation/referral process, that started in October 2022.

The aim is for clinics to be used 100% of the time available, this is currently 74% and work is ongoing to support greater access. This is reflected in the ethos that clinics are not restricted within localities or to PCNs, any patient from any GP or Community Team can be supported in any clinic to improve accessibility for patients and support improved health equity via universal access. This model also helps understand where additional clinics are needed if conversely, patients are having to travel further to access a clinic due to less availability in their area.

An example of how the clinics support the full system is demonstrated by to an Integrated Clinic in the Burmantofts Harehills and Richmond Hill PCN where the clinic has completed 818 appointments for 297 patients from 28 other GP practices. The clinical staff in those 28 practices are able to focus clinical time on treating Long Term Conditions with earlier intervention and management to reduce the risk of complex complications from illnesses such as Diabetes, Chronic Heart Disease, Chronic Obstructive Pulmonary Disease, and helping those people to live longer healthier lives.

An example of how our Active Recovery work is supporting patients and our urgent care response:

A patient ready for discharge from an Acute Trust was referred for SKiLs reablement to support a return home. There was limited SKiLs capacity for the request leading to a potential eight-day delay of the patient's discharge home. Partnership conversations within the Triage Hub scoped a joint approach to facilitate discharge and take the opportunity for meaningful rehabilitation. A Positive Active Recovery outcome plan made for a jointly supported discharge with the Neighbourhood Team and SKiLs Team and the patient was discharged safely.

A 71 year old patient was admitted to hospital in January 2023 with a complex medical history and was referred for Neighbourhood Team and SKiLs support with medications and skin damage. Reablement was arranged with Nursing visits, and he was able to be discharged home, a joint assessment was completed and all appropriate support provided.



Integrated Wound Clinics

The integrated wound clinics piloted in 2021/22 are continuing on a permanent basis and are now aligned to the Neighbourhood Team portfolios. There are now 16 clinic locations with 28 days of clinic each week. The aim is to have a clinic Monday to Friday within each Neighbourhood Team portfolio; with Neighbourhood Team staff working in the clinics on a rotational basis. Data has been developed to understand how well the clinics are attended and will be included in performance reporting once the clinics are consider business as usual.

As of 19 February 2023, 9677 appointments had been completed for 2583 patients, meaning that 5247 hours or 700 working days of clinical time was supported in clinic. This meant that time in Neighbourhood Teams could be allocated to seeing more clinically vulnerable people in their own homes, creating more capacity in teams to support discharges from hospital. In addition, more patients could be seen by GP practices for long term condition management, reducing admissions to hospital. Overall, this focusses care around the patient and supports the wider system to flow through from hospital admission to discharge with reduced admissions and greater capacity to support patients coming home from hospital earlier.

A remote booking platform has been developed: patients can be booked into any of the sites by primary and community care colleagues. Integrated wound care colleagues are operating an active process to identify those patients typically seen by Neighbourhood Teams but can access primary care. Feedback confirms positive patient satisfaction and staff satisfaction is also high with 43 patients stating care was very good and two good. Examples of feedback include:

'Excellent for legs; like being at vascular,' 'Friendly and thorough staff, I feel confident in their skills,' 'Nurse explains everything they are doing. Keeping in touch with my GP'.

The clinics have expanded the care delivered to include central venous line and catheter care; moving forward the clinics will be known as Integrated Clinics to encompass this wider remit. A model of providing the clinics in a social setting to address social isolation whilst providing care has been developed with our Third Sector Partners, the first clinic opened in January 2023. There is an aim to consider how the clinics can support and self-management approach to further support people's independence.

There is also a plan to trial the provision of clinical support to Forward Leeds in two of their clinics where patients who do not traditionally access mainstream services currently attend. The aim will be to train our Forward Leeds colleagues in simple wound care whilst providing clinical support for people with more complex wounds. It is hoped that by working together and initiating therapeutic relationships with those attending Forward Leeds that we can support a more equitable approach to access to healthcare and of health outcomes.

Lessons learned from an earlier programme were shared at an integrated workshop resulting in the development of a shared template within the electronic patient record in SystemOne and Emis. It is aligned to the national wound care strategy and addresses Commissioning for Quality and Innovation (CQUIN) and Community Services Data Set (CSDS) requirements. The template evaluated well following a period of testing with Primary Care, LCH Clinical Practitioners and wider partners. It

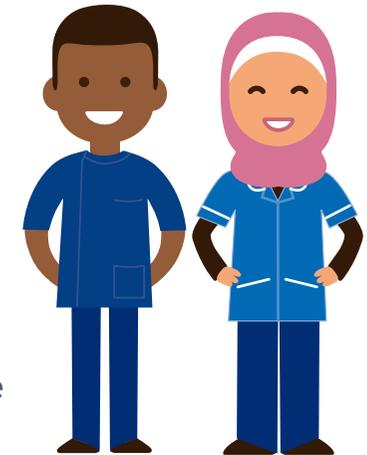
was launched by Primary and Community Care Clinical systems in March 2022 and has continued to be embedded with good feedback in 2022/23.

Morley and West PCN

In 2021/22 LCH funded a Community Matron and Senior Nurse to lead a dedicated Integrated Care Home Team supporting residents in Care Homes across Morley PCN locality and working very closely with the PCN Pharmacist.

Previously care was provided by different general practices and multiple members of the health care team. The success of the initiative reflected an overall reduction in incidents of 52.5% from 61 to 29 for the 2021 calendar year to 2022. This translated into a reduction of 66.7% in pressure ulcer incidents, a 68.2% reduction in Moisture Associated Skin Damage incidents, a 75% reduction in Deep Tissue Injury and a 50% reduction in falls incidents being reported.

The initiative in West PCN now includes comprehensive geriatric assessments and proactive care and is supporting an Advanced Clinical Practitioner from Leeds and York Partnership Foundation Trust to undertake their training. The team have responded to increased winter pressures with increased home visiting capacity to deliver reactive care, planned to support anticipatory care and support collaborative working, reduce duplication and ensure a high-quality service is offered universally.



Early plans are being assessed for a further two PCNs to follow this or a similar integrated model in with Bramley Wortley Middleton PCN and LS25/LS26 PCN.

The Leeds Place COVID Medicines Delivery Unit (CMDU)

The Unit is based at St James's Hospital and is jointly run by Leeds Community Health NHS Trust's CIVAS (Community Intravenous Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for COVID-19 treatment with the newest antiviral and monoclonal antibody treatments to prevent their condition from worsening that may then require hospitalisation.

The Leeds Visible Project – Partnership with Leeds Continence, Urology and Colorectal Service (CUCS)

The Leeds Visible Project provides strategic leadership around initiatives which seek to improve health and wellbeing outcomes for adult survivors of childhood sexual abuse (CSA). There are an estimated 50,000 adults in Leeds who are living with the impact of CSA, meaning there is a significant public health issue at stake, involving both physical and mental health.

One very major strand of work involves **improving access to physical healthcare settings**. It is well known that many people who've experienced CSA do not seek appropriate healthcare, due e.g. to the distressing and triggering nature of many physical examinations. There is an urgent need for healthcare settings to be made more responsive to the needs of people

who've experienced CSA, as this will reduce mortality and lead to better health outcomes for many.

As part of this work, Visible has been setting up pilot projects in a variety of settings, with the aim of making all healthcare settings accessible by 2024. **The partnership with CUCS was the first such pilot;** and was chosen because two nurses, Deborah Makepeace and Penelope McNab, had already embarked on this type of work, having rightly identified that many users of CUCS have health issues directly connected to their past abuse.

Visible and CUCS work together to identify and implement 'best practice' around offering healthcare to survivors of CSA, though the work done by Deborah and Penelope is **already of a very impressive standard**. They are offering interventions to adult survivors of CSA; and also e.g. to sex workers, which are in many ways more supportive and effective than what is generally offered by specialist mental health services. Visible recommends that this work is **supported and promoted**, as it will likely form the 'template' for other healthcare settings to follow.

Shared by:
Richard Barber
Visible Project Director
September 2022

richardbarber@visibleproject.org.uk
www.visibleproject.org.uk



Review of Quality Performance 2022/23 and Priorities for Quality Improvement 2023/24

This section reviews the priorities we set for 2022/23 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 2023/24. Progress against the priorities and any escalation of concerns are reported to Quality Committee and Business Committee three times a year.

A statement has been included where we have assessed whether we have met our priorities for 2022/23. It should be noted that our priorities are fundamental to the care we deliver and where met or partially met, we will continue to build on the work completed this year to continuously improve our services and care delivery.

Strategic Goal: To deliver outstanding care.

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
Key focus 1: How we engage with our patients is fundamental to the achievement of this and other priorities.	Met	<p>Engagement Principles: The aim from stakeholder engagement, that has been approved by Quality Committee, is that engagement becomes the embedded culture of the Trust. A set of principles has been established. The associated measures to assess achievement are being developed.</p> <p>Sensory Impairment Training: Over the past year almost all Front of House staff, Administration staff from Adults, Childrens and Specialist Business Unit services, and the Senior Management Team, have participated in Sensory Awareness training by BID Services (a charity who support people with hearing and/or visual impairment).</p> <p>Children’s Business Unit (CBU) Youth Board: There are currently 40 members of the Youth Board where a focus on equity, diversity and inclusion has resulted in an increasingly diverse Board, more so than before. CBU offers Board members opportunities as they arise and aligns opportunities to members own personal goals to ensure their work is meaningful.</p> <p>CBU Parent Forum: CBU have recently launched the CBU parent forum, with help from third sector partners, which a small number of parents have joined.</p> <p>Parents and Carers Support Group: A group has been established in the Eating Disorders.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1 continued: How we engage with our patients is fundamental to the achievement of this and other priorities.</p>	Met	<p>Children and Families Offers: The first offer to be developed was the Communication Offer which is a directory of services and resources that support children and young people with speech, language, and communication development.</p>
<p>Key focus 2: Where appropriate, services will develop an action plan to address any areas of inequity from their health equity data.</p>	Partially met and ongoing	<p>LCH's Business Intelligence (BI) Strategy: The Strategy details how information regarding inequity will be made available to services and those making planning decisions. Work is underway to implement critical improvements and modernisations within the technical infrastructure of the BI department. When complete, this will allow for development of meaningful dashboards and tools. The priority area for dashboard development will be indicators within the Responsive Domain, including waiting times.</p> <p>While the transfer to PowerBI is underway, equity data reports have been developed in other formats for access/transfer/discharge, pressure ulcers, and falls incidents which enable services and Quality Leads to identify inequity in the safety of patients in these areas. From that data, we will then be able to develop actionable insights which will address inequity and improve safety and quality of care for people living in areas of high deprivation, minority ethnic communities, people whose main language isn't English and people with learning disabilities or autism. The data is assessed within the Quality Lead monthly report and any themes shared with the Business Units for further review and action.</p> <p>Specialist Business Unit Celebration Event: The Business Unit were due to hold their annual celebration event in October 2022. However, due to the continued pressure services are under, this was postponed until Monday 24 April 2023. The theme was inclusivity in its widest context. Work will continue into 2023/24.</p>
<p>Key focus 3: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.</p>	Met and ongoing	<p>The Business Change and Development Service led and supported a number of projects throughout 2022/23 to underpin the achievement of the Trust priorities. Projects included:</p> <p>The Neighbourhood Model Transformation Programme (NMTP): The programme continued during 2022/23 and will officially close in April 2023. Key workstreams will continue into 2023/24, managed through alternative ABU governance.</p> <p>Triage Hubs: The Hubs are now well established in the north, west and south of the city, removing the need to triage in the Neighbourhood Teams themselves.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 3 continued: We will 'make stuff better' through the LCH Change Programme. For example, the Neighbourhood Model Transformation Programme, the Community Gynaecology Service Review and the Fair Days Work in CBU.</p>	<p>Met and ongoing</p>	<p>Neighbourhood Stabilisation Plan: The plan centres around key priorities such as self-management, integrated clinics, and virtual consultations that will have the biggest impact on managing demand and improving capacity.</p> <p>Wharfedale Recovery Hub: LCH became the lead Provider for delivery of the Wharfedale Recovery Hub from 23 November 2022 and a significant amount of development work has taken place to ensure that high quality care is being provided.</p> <p>Integrated Gynaecology Service: A considerable amount of work has been undertaken this year, in partnership with LTHT, Meanwood Health Centre, and the ICB to review the Gynaecology offer and pathways in Leeds. This resulted in LTHT putting in a bid to the elective recovery fund to develop and expand the community gynaecology offer to ensure patients are given the right care in the right setting and thereby relieving pressure on LTHT and helping to address the backlog from the pandemic. We are currently awaiting the outcome of this funding bid.</p> <p>A Fair Day's Work: The assessment considered productivity and quality improvement areas across Children's Business Unit (CBU) with a focus on health and wellbeing.</p> <p>0-19 Ante-natal Reset and Review: Antenatal visits to all first time parents re commenced in Q4. The 0-19 contract has been agreed for April 2023 to 2027 and is based on the new sustainable staffing model.</p> <p>MindMate Support Team: A targeted approach to provide early intervention in relation to emotional and mental health commenced in January 2022 in the City Inner West, Bramley and North Leeds localities. The project is on target to be citywide by 2025.</p>

Strategic Goal: Use our resources wisely and efficiently.

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.</p>	<p>Met and ongoing</p>	<p>Neighbourhood Team (NT) Virtual Consultations: The roll out of virtual consultations has been expanded to the whole of the ABU, teams were issued with dedicated email addresses to use for this purpose.</p> <p>Leeds Sexual Health: Online Contraception Booking Pilot: Leeds Sexual Health are looking at ways to improve the digital offer to service users: offering more choice and ease of access. As part of that improvement work, the service began a pilot to offer an online service for booking of appointments starting with contraception on 26th September 2022.</p> <p>The Leeds Place Covid Medicines Delivery Unit (CMDU): CMDU was established this year and is based at St James Hospital. It is jointly run by Leeds Community Health NHS Trust's CIVAS (Community Intra Venous Administration Service) and Leeds Teaching Hospitals NHS Trust. The CMDU offers people who are immunosuppressed and test positive for Covid-19 treatment with the newest antiviral and monoclonal antibody treatments. The aim is to prevent their condition from worsening that may then require hospitalisation.</p> <p>Colorectal and Urinary Continence Service (CUCS): CUCS have made changes to how they work to reduce their waiting list. This included a review of the referral processes to reduce duplication, reviewing waiting lists to consider appropriate referrals to an integrated clinic, and alternative methods of triage. CUCS waiting times will be a priority in 2023/24.</p> <p>Neighbourhood Team Therapy: An extension of backlog funding had a significant impact on therapy waits, particularly in 2022. The teams continued to utilise locums, overtime, and dedicated administrators. Unfortunately, the waiting list has risen during Q3 and Q4. To address this new therapy-led integrated clinics are being considered.</p> <p>Community Neurology Rehabilitation Service: A redesign of the service began in September 2020 following the COVID-19 pandemic. The aim was to review the service model to address the challenges facing the service which were evident prior to the pandemic. Phase 1 of the redesign will be delivered within the current financial envelope and aims to be implemented by the end of Q1 2023/24.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1 continued: Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH and across the whole system, where applicable) to more effectively manage patients and help alleviate waits linking with the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.</p>	<p>Met and ongoing</p>	<p>LMWS: As part of the ongoing LMWS Development Programme the service has procured an additional subcontract partner Xyla. Xyla Digital Therapies covers the provision of digital/ remote psychological therapy services for common mental health problems through a technology-based solution. It therefore enables assessment and treatment to be conducted outside of normal working hours. This will help the service respond to the needs of its services users and build capacity within the service with an aim for timelier access to therapies. The first patients were referred in Q4 and will be seen in Q1 of 2023/24.Community Dental Service: Following the contract extension and commissioner led review in Q3 the service have met with NHSE to discuss the offer and agree the service improvement plan priorities. It was agreed that the service would complete a gap analysis against the current service specification. The service will present findings and recommendation from the gap analysis to commissioners in May 2023.</p> <p>Introduction of SystemOne Live in NTs: A pilot demonstrated that SystemOne Live would have a positive impact on teams. SystemOne Live has been rolled out to the 13 NTs and Neighbourhood Nights.</p> <p>EPR Optimisation: Over 100 pieces of development work, including the review and development of individual templates, care plans, questionnaires, and processes as well as full SystemOne unit/service reviews, has been completed.</p> <p>Community Allocation Software: Optimisation of Health Roster (staff rota software) including the updating of staff skills and further work on the care plans which will be integral to how eCommunity will work has been completed.</p> <p>Children’s Audiology Waiting List: Support for those on the waiting list was introduced. This included a ‘keeping in touch’ letter sent every 6 weeks, a waiting time was shared in the letter, and a video highlighting what to expect at your appointment. This was enabled by a well-organised administration process supported by a robust capacity and demand tool.</p>
<p>Key focus 2: We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme.</p>	<p>Partially met and ongoing</p>	<p>Improving Patient Flow and Prioritisation Programme: In recognition that each service across the Trust would benefit from reduced variation in the recording and analysis of data and performance linking with waiting times and backlogs. The aim of the Improving Patient Flow and Prioritisation Programme is to embed holistic, sustainable and consistent approaches to supporting and managing people who are waiting for care within Community Health Services.</p> <p>Waiting List Framework: The framework has been developed with key stakeholders and led by the Head of Business Intelligence. A service self -assessment checklist has been aligned to the framework to enable services to understand where there are opportunities for new ways of working and how to prioritise these.</p> <p>Speech and Swallowing Service are the first service to trial the process with support from the Programme Team.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
Key focus 3: Use current performance and governance mechanisms to ensure there is assurance that patients are safe whilst they are on a waiting list. Services should provide assurance via the Quality and Improvement Group and Performance Panel.	Met	<p>Waiting lists continue to be closely monitored by services and through Quality and Performance panels which are held monthly within Business Units. Escalations go to the LCH wide Quality and Performance panel, chaired by the Executive Director of Operations, and to QAIG (Quality Assurance and Improvement Group) by exception, which is chaired by the Executive Director of Nursing and Allied Health Professionals and the Executive Medical Director.</p> <p>This process will continue in 2023/24.</p>

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

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
Key focus 1: We will recruit and induct our first cohort of international community nurses.	Met	The Trust has successfully recruited seven international nurses who started on 20 June 2022. All seven have passed their OSCE (Objective Structured Clinical Examination) exam and have received their UK Nursing PIN number and are working as a registered nurse in LCH services. International recruitment continues and we have recruited a second cohort of 20 international nurses who joined us late March/early April 2023.
Key focus 2: We will enhance and develop our Apprenticeship offer.	Met	We continue to support 118 apprentices on the programme including our first Physiotherapy and Occupational Therapy apprentices with a further 41 planned to commence on programme in September 2023. We are working together with Business Units to understand their apprenticeship role requirements, and how this is aligned to workforce plans.
Key focus 3: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.	Met	Local Recruitment: We have developed a programme of work to target local people for local roles and are working effectively with third sector organisations to remove barriers for people to access work with LCH. Over the last 12 months, 101 candidates have been appointed across registered roles, domestics, administration and clinical apprenticeships.

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 3 continued: We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.</p>	Met	<p>Our Workforce Planning Journey: Our intention for the process is that this is not a one-off exercise (like our annual business plan), but a continuous iterative approach to understanding and responding to our resourcing gaps over the medium to long term. So far, we have engaged with Business Units to identify high priority service areas and roles that require our attention and have started some initial modelling to establish our future needs.</p>
<p>Key focus 4: We will enhance and develop our Apprenticeship offer.</p>	Met	<p>The current financial climate remains a challenge for many. The Trust continues to look at a variety of ways to support staff, which includes signposting staff to a range of financial wellbeing information, as well as enabling staff to stream/access up to 35% of their gross pay ahead of pay day through Instantpay. During this time, there has also been an extension of the temporary increase in mileage rates to support staff with the increase in fuel costs.</p> <p>As an Anchor organisation, we also took part in offering staff access to web-based financial support/awareness sessions which covered topics such as cooking on a budget, reduce energy bills, budget planning and money myths.</p>
<p>Key focus 5: We will continue to develop our psychological and wellbeing support offer for staff.</p>	Met	<p>Clinical Psychologist: The Psychologist role has focused on workplace wellbeing and developed a new critical incident debriefing model; the development of a tiered structure of psychological support and interventions for staff; and a training pilot on the subject of supporting staff experiencing stress, anxiety and depression.</p> <p>Staff Health and Wellbeing (HWB) Engagement Group: Work continues to be driven by the group which is attended by the Trust Board Well-being Guardian, to raise awareness to managers and staff on the wide range of Health and Wellbeing support available. We were pleased to launch the first meeting of a Disability and Long-Term conditions staff network group and appoint a Chair and Vice-chair, both of whom are clinicians with specialist knowledge.</p>

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

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

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.</p>	<p>Met</p>	<p>The Integrated Care Steering Group continues to oversee implementation of the Integrated Proposal, agreed in September 2021.</p> <p>Active Recovery: The new programme has continued during 2023; this aims to create a health and social care short term community rehabilitation and reablement service for Leeds - Leeds Active Recovery (formerly the Leeds Alliance Community Service). The alliance is governed between LCH and Leeds City Council and is operating a multi-disciplinary service delivery model.</p> <p>North West Recovery Hub: As part of their work on length of stay (LOS), alongside Newton Europe and the Intermediate Care Redesign Programme, the service is focusing on goal setting, streamlining processes, reviews and escalations, and discharge planning.</p> <p>Medical Management of Diabetes: Successful partnerships have formed with PCNs Middleton and Hunslet, LS25/26, Morley and Chapeltown, to improve treatment targets (blood pressure, cholesterol and HbA1c which is a measure of blood glucose) by setting diabetes as a priority, upskilling colleagues, mentoring PCNs, employing email advice and guidance, and utilising population health management strategies. In 12 months, all sites have improved their ranking.</p> <p>Non-medical Management of Diabetes: Partnership working with the LCP development team has resulted in good progress being made with organisations who are located across the city and commissioned with longer term funding e.g. Leeds Health Awareness, Libraries and Active Leeds. This has led to improved utilisation of local education space for structured education in libraries, leisure centres and GP practices to improve the health of those with diabetes.</p> <p>Integrated PCN Frailty Initiatives: We have a number of joint roles where Community Matrons divide their time working for the Neighbourhood Teams and a PCN. Updates are included in Appendix 5.</p> <p>Integrated Clinics: Since May 2022, 17 integrated clinics, currently focusing on wound management, catheter, and line care patients, have opened across 14 PCN sites in Leeds. Further clinics are being planned for 2023/24.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 1 continued: We will engage with our Local Care Partnerships (LCPs) and Primary Care Networks (PCNs) to ensure we are working together to improve health outcomes for groups where there is an identified need.</p>	Met	<p>The Enhance Third Sector Service: The service went live in June 2022 and has confirmed funding for year two until April 2024. The programme is to link Neighbourhood Teams with 14 third sector delivery partners. The aim is to improve capacity in both sectors and avoid delayed discharges and readmissions for vulnerable people on neighbourhood caseloads. The Delivery partners also accept referrals from other sources. Data from March 2023 demonstrates 177 referrals that have been made to Enhance partners. This will be further embedded during 2023/24.</p> <p>Community Falls Service: The initial pilot of an integrated falls service model has been established as a permanent model. It focusses on collaboration and partnership working between the Community Falls Service and LTHT Falls Clinic Geriatricians and includes twice monthly virtual MDT meetings.</p> <p>Additional examples are held within the wider Account.</p>
<p>Key focus 2: We will ensure service changes including the LCH Change Programme are co-produced and capture local needs and perspectives.</p>	Met	<p>In addition to the work co-produced in partnership with the third sector as described in this section of the Quality Account, there were various examples of engagement throughout the Account.</p> <p>In addition: A review of the SystemOne Communications Template that supports an equitable approach to understanding people’s communication needs is being completed by the Adult Speech and Language Team. This will also optimise concordance with the Accessible Information Standard.</p> <p>The change programme continues as planned.</p>
<p>Key focus 3: We recognise that for effective partnerships it is essential that we ensure adherence to LCH’s partnership governance standards.</p>	Partially met	<p>The future model for provision in Leeds and nationally is one where system partners, statutory and third sector work together routinely as integrated teams to better meet local need. Where we co-deliver, a pre-requisite for efficient and effective working will, in some instances, be enabling partners to access patient records. Recent experience with LMWS, the Enhance programme and Enhanced Community Response has highlighted the need for a more robust standard process and governance arrangements to determine whether, when and how external partners are able to access the patient record. The Information Governance and Informatics teams are leading this work. The resulting arrangements will be implemented by LMWS as part of the LMWS Improvement Programme and will determine access for third sector partners in Enhanced Community Response, the Enhance programme and inform future programmes of work where we co-deliver with third sector partners.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 4: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.</p>	<p>Met</p>	<p>Examples include:</p> <p>Local urgent community response (UCR) services: The service is delivered by the Neighbourhood Teams and performed above the national standard in Quarters 1 and 2, with an average of 78% in Q2. Data is available nationally for nine months and shows an average of 68.3% of patients referred and seen in two hours. This equated to 6950 patient contacts completed from 3140 referrals.</p> <p>Changes to recording processes within Neighbourhood Triage Hubs in November 2023 significantly increased the number of referrals to the teams for delivery of care. This demonstrated an improvement in data quality; but meant that performance reduced below the required national standard, which is that 70% of people who require urgent care, will be seen within two hours. The service responded quickly to validate this position and developed an improvement plan focussing on communications and training for staff. Data on performance is now available to teams in the Trust Performance Information Portal to increase visibility to service teams. Plans have been developed to introduce a breach review process in early 2023/24 and will be embedded in the performance management process.</p> <p>The Neighbourhood Team and SPUR are actively working with system partners including Yorkshire Ambulance Service (YAS) to develop ‘push’ and ‘pull’ models that route more people through to urgent community response (UCR) pathways.</p> <p>The service introduced a new procedure for YAS referrals for a rapid response from the Neighbourhood Teams (NTs). From 13 February 2023 YAS directly refer less serious calls to NTs for a rapid response within two hours to avoid an unnecessary admission to hospital or an ambulance being dispatched. Staff in the YAS Emergency Operations Centre (EOC) triage calls and those which are assessed as lower acuity are now referred to the Neighbourhood Team via SPUR. Up to 19 March 2023, 51 referrals had been received from YAS, of which 19 had been accepted. Work is ongoing to review and learn how to maximise the number of appropriate referrals that the team could respond to sooner in their journey accessing urgent and emergency care.</p>

What we said we would do:	Status	What we achieved and how we will continue to work towards the priorities:
<p>Key focus 4 continued: Continue working with partners to build our capacity to provide care for people in the community by keeping patients safe and offering the right care, at the right time, in the right setting.</p>	<p>Met</p>	<p>Virtual Ward (Frailty): The service has delivered and made progress on plans for a number of clinical pathway improvements including an IV antibiotic pathway for community acquired pneumonia, the introduction of a second daily virtual ward round (MDT) with additional geriatrician input, skill mixing to recruit heart failure community specialists with the aim of reducing length of stay and throughput on the ward. They have also developed and rolled out an out of hours referral route for follow up overnight or next day assessment within the LTHT Emergency Department.</p> <p>The service commenced a pilot of Point of Care Blood Testing in early January working closely with LTHT Pathology department. When trialled to establish the most effective equipment in 2023/24, will enable the service to become more productive as well as providing valuable experience for partners to consider opportunities to use in other community and primary care pathways.</p> <p>Virtual Ward (Respiratory): Ongoing work to promote the service offer to ED/SDEC to ensure full utilisation of the ward's capacity.</p> <p>Remote Monitoring Virtual Ward: Work is ongoing across Leeds, Wakefield, Kirklees and Calderdale to jointly procure a remote monitoring technology solution which will be completed by May 2023. It is expected that first patients will be admitted on to the remote monitored virtual ward in May/June 2023. The Enhanced Community Response Steering Group have recently approved the remote monitoring clinical workforce model and initial emergency surgery pathways to support a cohort of patients across Leeds Teaching Hospitals NHS Trust to be discharged to their homes more quickly, and avoid a more lengthy hospital stay. Further clinical pathways will be phased in during 2023 to include cardiology, respiratory, frailty and urology. Plans are to have a 50 bed remote monitored virtual ward by March 2024.</p> <p>Leeds City Council: The Transfer of Care (TOC) Hub is now operationally managed by LCH, and the aim is to be open seven days a week from the first weekend in October.</p> <p>Third Sector Partnerships: Operational pressures caused some planned third sector partnership development to be paused or not progressed at the intended pace. However, there has been good progress with some excellent partnership developments that reflect key objectives set out in our 3rd sector strategy with a commitment to develop integrated working and co-deliver services, work together on shared agendas, and to champion and advocate for sustainable funding for the third sector.</p> <p>Mindmate Single Point of Access: Is another excellent example of LCH and third sector co-delivery in an integrated team.</p> <p>BASIS: LCH supported BASIS with their bid for NHS Charities Together (Capt Tom Moore monies) funding to work with LCH, LTHT and primary care to make services accessible and inclusive for women sex workers. BASIS have worked with the CUCS, Sexual Health service and Integrated Clinics service to make services more accessible to the women BASIS work with.</p>

Supporting Quality Improvements

Quality improvements have continued across our services throughout 2022/23. We have continued our journey to build our service back better as we recover from the impact COVID-19 and the impact the COVID-19 response had on services.

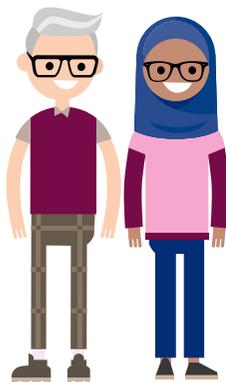
Adult Business Unit

Falls Prevention Improvement Work

As part of the vision for, and development of a Leeds Integrated Falls Service, the virtual falls Multi-Disciplinary Team (MDT) meetings have been running twice a month throughout 2022. The Falls MDTs are supported by a Falls Clinic Geriatrician, senior clinicians from the Community Falls Service, and pharmacy who support the complex falls patients in the community to reduce the need for patients to attend a hospital outpatient clinic. Very few of the patients discussed at the meetings were identified as requiring referral to the hospital Falls Clinic for a face-to-face assessment by the Geriatrician.

The establishment of dedicated pharmacy support into the MDT meetings has enabled timely medication reviews and medication changes for high-risk falls patients. This has improved patient outcomes, contributes to a reduction in avoidable falls and reduces pressure on GP time.

The ongoing pilot and evaluation of a new Community Falls Service model, with the Advanced Clinical Practitioner (ACP) role, provides evidence of its positive impact by supporting the assessment and management of complex falls patients in the community, with support from the Falls Clinic Geriatricians. This approach is also reducing the waiting times for patients to be assessed by the Community Falls Service. The Falls ACP



has secured a honorary contract with LTHT to enable access to patient case record information.

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

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

Palliative and End Of Life Care Integration – Seacroft and surrounding areas

Representatives from Seacroft NT, Primary Care and St Gemma's Hospice have been meeting to discuss what palliative and end of life care looks like in Seacroft and how we can enable local residents to 'die well in Seacroft'.

A role was established and commenced in January 2023 for twelve months initially. It is a dual role will be between Seacroft PCN as an Advanced Practitioner and Seacroft NT as a Community Matron. The role focuses on proactive care and the frailty population within the locality.

The aims and benefits of the group meetings and the new role are to reduce duplication of Advanced Practitioners and Community Matrons seeing the same patients, to reduce inappropriate referrals in and out of the Neighbourhood Team, to build better relationships and improve teamwork, to provide timely input and early intervention for patients, and to support Advanced Practitioner students. Several meetings have taken place to scope the initiative, discuss case studies and determine what the need of our local population is.

The initial agreed focus has been for people who are in the dying phase, and who are 18 years and over, acknowledging that different age groups across an adult population will have different needs. The integrated approach will explore pathways and new models of care, will build upon community assets and strengths and enable better integration across partners.

Self-Management

Self-management as an ethos has continued to be a key area of work and development in 2022/23. This year the Self-Management Team has grown as a team to 35 staff which has allowed LCH to have a greater impact on patient flow and capacity. We are no longer aligned to specific Neighbourhood Teams but instead provide cover across a portfolio which enables a greater impact whilst keeping the individuals we work with at the centre of every decision. On average the Team completes around 1200 visits per month. The focus on independence meant that around 80 individuals a month are discharged as they are able to self-manage and live independently.

The Team achieves this through the following methods:

Hospital rotation: LCH now have Self-Management Facilitators working within Transfer of Care four days each week. They work with individuals who have been referred to the Neighbourhood Teams to try to empower independence and make sure the right pathway for individual patients is followed and that shared decision making occurs.

Primary care: The Team spent time with GP practices in the North and South of the city to understand why referrals are being received in NTs that may be more appropriate for other providers.

Community Health Hubs: LCH established a new way of working collaboratively with Third Sector organisations. A Community Health Hub runs weekly in the West of the city holding drop-in sessions for individuals to be seen for their clinical needs whilst socialising with peers and being able to have a hot drink and a slice of cake. This is held in a Third Sector setting rather than a clinic to promote the social aspect of care and identify the sustainability of promoting socialisation. On average we see around 15 individuals in two hours in this setting with three members of staff. We have identified three other Third Sector Organisations in the South and North of the city to extend the project with.

Supporting Triage Hubs: We now have Self-Management staff working in the Triage Hubs to support assessment of incoming referrals where we can offer education and share knowledge to staff working within the Hubs to ensure patients are supported with the most appropriate care pathway.

Additional improvements from the Adult Business Unit are shared in the Integrated Quality Improvements section.

Children's Business Unit

Communication Offer

In October, the Children's Business Unit (CBU) hosted four city-wide events in order to launch our Communication Offer. The events were well attended by primary and secondary schools, pre-school settings; childminders; cluster targeted service managers and a representation from our own LCH services.



The offer is part of our first objective within the **LCH Children and Young People Strategy: 'To agree and develop fully integrated offers for children and young people in Leeds'**. We set out to describe the range of services that support speech, language and communication development at every stage of a child's development as we strive to maximise the communication potential of children and young people in Leeds.

The events focussed on our communication offer tool, designed for staff within CBU and partner agencies to navigate the available resources. The five tiers of support represented in the tool:

- **Digital Resources**
- **Community:** Provide a place-based approach to speech, language, and communication development (home, childcare setting, school, charities, and voluntary and community organisations).
- **Support for All:** Suitable for all children and young people.
- **Focused Support:** Suitable for children and young people who require close monitoring of outcomes for speech, language, and communication. Additional support is

provided by parents, early years or education practitioners and community groups guided by specialists.

- **Specialist Support:** Suitable for children and young people who have longer term speech, language and communication needs which require interventions or support. This level of provision is likely to involve multi-agency support in collaboration with education practitioners and parents.

A QR code has been utilised to direct people to the Leeds offer.



Early Communication Group

This is a therapy group for pre-school children who have social communication needs who are waiting for a Complex Communication and Autism (CCA) assessment. It provides an opportunity to try activities to develop communication skills, improve behaviour and access sensory experiences with support from a Speech and Language Therapist. It is also a chance for parents/carers to meet other families for support over the three sessions. Parents/carers are encouraged to invite their child's pre-school keyworker to one of the sessions so they can observe strategies used during the group.



The Early Communication Group has been running since Summer 2022 in three sites across the city. The group hopes to provide access to group support earlier for families, build up skills within the mainstream team and support the CCA assessment process.

Feedback has included:

The ladies during the session were warm, friendly and incredibly knowledgeable. This service is one that I wish had become available sooner. It has been the best option available to my son who is currently waiting for his final Autism assessment and is non verbal. The sessions are fun, and my son loves them. I really feel that this is down to the ladies who run the session. The session are just the right length of time too, they have really worked hard to accommodate my child's likes and needs.

I wish there were more than 3 sessions that we could attend. I would pay for this service if there was an option to do so. It is that good!

Health Visiting and School Nursing - 0-19 Public Health Integrated Nursing Service

The Service was re-awarded Gold Status for care towards breastfeeding Mums by UNICEF UK Baby Friendly Initiative (BFI). Working in partnership with Leeds City Council and Leeds Teaching Hospitals Trust, this is the fourth year that the service has been awarded gold status.

Nigel Hodgkins, Head of the 0-19 Public Health Integrated Nursing Service said: "This achievement is an immense source of pride to both myself and the Public Health Integrated Nursing Service (PHINS) leadership team. I believe this is a testament to the phenomenal quality of work that our Breastfeeding Clinical Team Manager, Sophie Ames, our breastfeeding leads and our practitioners that are out visiting mothers, day in, day out. Given the significant staffing challenges that we currently face, this demonstrates a service that is committed and able to maintain sustainable excellent practice around infant feeding."

Mothers' feedback included:

Breastfeeding has been going really well, a much better experience compared to when I had my daughter 10 years ago. Lots more information and support for breastfeeding on social media too.

I felt comfortable and happy to talk to my Specialist Public Health Nurse Nurse (Health Visitor). Her knowledge and experience made me feel reassured, and her offer of open access support prior to our next contact was really appreciated.



Feedback from staff included:

Breastfeeding support is taken very seriously in my organisation and I feel proud and privileged to be part of that in my role.

It is a very positive, supportive working environment.

I feel Leeds Community Healthcare is a really good place to work. The current managers have great listening skills and want to improve staffs health and wellbeing by supporting them in any way they can.

The Leeds Infant Mental Health Service Roadshow

The Infant Mental Health Service (IMHS) celebrated their 10th birthday during Infant Mental Health Awareness Week 2022, which focused this year on early experiences of trauma.

The team visited services across Leeds to talk about how supporting infant mental health and early relationships can have a positive impact on our children's lifelong wellbeing and health. This included local agencies to help increase our accessibility and engage underrepresented groups.



The team celebrated its 10th anniversary at Tenants Hall at the end of the week. The service was launched in 2012, and developed award winning training, Babies Brains and Bonding (BBB). BBB has been

delivered 162 times to around 2745 professionals. We have developed Understanding Your Baby for professionals and parents and the Early Attachment Observation to help Health Visitors identify early relational difficulties. More recently, the team have developed the Toddlers and Beyond training as the service moves to expand their support to families from conception to reception.

Leeds Infant Mental Health Service Celebrates 10 Years feedback:

'Helpful service and has really helped me to see the moments that matter.

A lovely event, great to see and hear the IMHT journey. Highlight - reading the open and heart-warming letter from Dad. Great to see and meet families in person.

Enjoyed coming to the event, seeing the information boards about how the service and team has grown and developed. Lovely to talk to the team members in person!

Wonderful way to celebrate IMH 10th Birthday! Over the years IMH has supported so many families, but also me as a practitioner. Thank you!'

Dad Matters

The Team joined Home Start Leeds and met their new Dads Co-ordinator. There were great conversations about how to ensure dads and partners are noticed and how



their relationships with their infants are supported. We look forward to supporting the growth of Dad Matters in Leeds.

Portage



The Team met the team at Leeds Barnado's Portage Service and shared a presentation on emotional development in toddlers and learnt about the great work they do with parents of children with additional needs.

Oral Health Forum

In November, 0-19 PHINS hosted their first Oral Health forum at Stanningley Rugby Club. The forum was a good example of partnership working with 50 attendees including General Dental Practitioners, school and pre-school staff, Childrens Centre staff, Public Health Commissioners, SILC school staff, Children Looked After and CBU colleagues. The audience enjoyed a range of guest speakers that covered topics such as:

- **General Dentistry post COVID, NICE guidance and flexible commissioning** delivered by the Chair of Leeds Dental Committee.
- **My Health, My School oral health data and food policy** delivered by the Nutrition and Healthy Eating Advisor, Healthy Schools.
- **Oral Health Award** introduced by our 0-19 Oral Health Improvement Lead, which is an award for those communities that show initiative in addressing the oral health needs of children and young people. An example

being the Toothbrushing Scheme in practice, brilliantly presented by Meadowfield School where a system of toothbrushing has been gradually introduced such that every pupil brushes their teeth after breaktime.

Overwhelmingly positive feedback was received on the day. All in all a fantastic opportunity to share best practice and learn how we can better work together around the oral health needs of children and young people of Leeds.

Toddlers and Beyond: Supporting Early Relationships to Thrive

We have started to roll out the Toddler and Beyond Training: Helping Early Relationships to Thrive (TAB), which complements and follows on from the Babies, Brains and Bonding training.

TAB explores early years development in relation to caregiver-child relationships. It examines typical and more complex difficulties encountered within this period and considers how to optimise this critical stage so that toddlers and pre-schoolers can develop into emotionally healthy children and adults. The training aims to enhance knowledge of relational-based approaches, alongside building practitioners observation and intervention skills to support the promotion of mental health in the early years.

The first TAB training day was piloted in March 2022 to 19 practitioners working within the 0-19 service and local Children Centres. Initial feedback indicated that the training was positively received; participants enjoyed the varied style, content, and scenario-based learning and considered the training informative, interesting, useful, and delivered in an understandable way.

Feedback relating to the pace, timings and duration of the training also identified areas that could be further developed in relation to the amount of content and length of the day. This has led to changes in the structure and content of the training:

'A lot of key messages delivered really well. Case study particularly useful to think about applying what we've learnt.'

Estimated impact of our Toddlers and Beyond Training within a six-month period

"We run a Tots Time playgroup on a Thursday morning which can accommodate for 25 children aged 1-4 per week. Many of these tend to be the same families but per month on average we have around 40 children attend with their parents. Over six months 240 children and families. I would definitely share aspects of the training with the majority of these families as many are going through the tremendous twos, even just through general conversation. On average we have around 15 families open per worker, and as there are two outreach workers, we can have 30 families open at once. Potentially, all the families would benefit from this information as it would be relevant at the time [..]."

Family Outreach Worker.

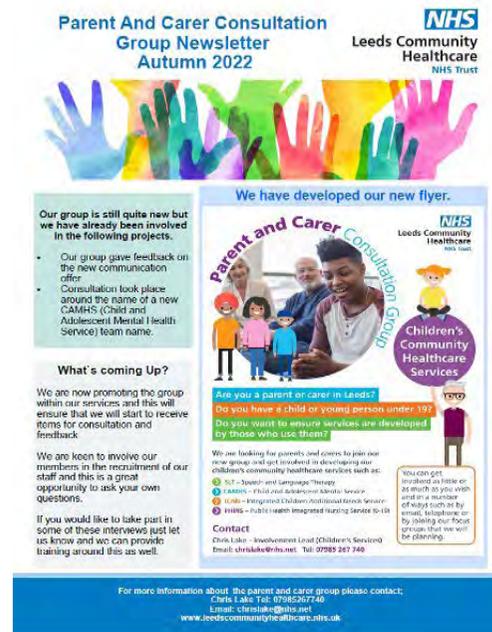
CBU Involvement

Our dedicated Childrens Involvement and Engagement Lead has supported our Children, Young People, Parents and Carers to be involved in various involvement focussed projects this year.

Parent and Carer Group

A parent and carer group has been established with a membership of 18 parents and carers. The group have taken part in five consultation projects so far and their children have also taken part in a project where they picked their favourite poster for the new Children's Charter that is being developed across all Health and Social Care services in Leeds. Group feedback is now kept by services as a record of the groups involvement in developing their service or taking part in a project.

Initially, engagement with the group was via email, however the group is evolving to monthly meetings at the request of the group members. They explained that they like the idea of the email format but also liked the flexibility of attending a meeting as well. All members explained that as parents/carers of children with additional needs flexibility around being involved was very important and they liked the informal approach that LCH have adopted. A newsletter (pictured opposite) that will include details of projects and consultations that the group can take part in has also been developed.



Youth Board

The Youth Board currently has a membership of 39 young people who meet monthly. Meetings are due to move from virtually to a mixture of face-to-face and virtual to promote better discussions.



All young people now receive a record of achievement every 12 weeks and this gives details of projects, consultation and meetings that they have taken part in. The amount of volunteering hours will also be collated and recorded on these as well.



Our group continue to provide consultation, give feedback, and get involved in projects across our children's healthcare services. The photograph opposite shows Maddison, Saleem and Caitlin planning Head of Service,

CAMHS recruitment interviews.

Just recently we have taken part in:

- Planning and taking part in the Children's Business Unit celebration event. The photograph opposite shows Amarah and Saleem talking at the CBU celebration event.

- Various consultation projects.
- Planning and developing clinical shadowing.
- Staff recruitment interviews.
- Planning CMT (Children's Management Team) meeting take over.
- Raised money by holding a raffle at the CBU celebration event to purchase audio players and story cards for Hannah House.



General Meeting

We are planning to hold our first Youth Board general meeting in April where we will review our terms of reference, celebrate our achievements and plan the year ahead. We will also use this opportunity to issue the completed record of achievements to our Youth Board members.

Be Collective

The Youth Board is advertised on the Be Collective and Doing Good Leeds volunteering websites (shown opposite) ensuring that young people from across Leeds can apply to join the group. In addition to this it is promoted via social media, within Children's Business Unit and via our third sector links as well. We also work closely with hard-to-reach groups such as Leeds GATE (Gipsy and Traveller Exchange) and attend their youth group regularly.



Clinical Shadowing

We are exploring how this may work and hoping to trial this within ICAN early this year. Some Trust's already do this and have been contacted to discuss how this works and to explore what needs to be in place for this to happen within Leeds Community Healthcare. Young people from the Youth Board attended a meeting recently to discuss what young people would need to have in place to ensure that they are well prepared, safe and enjoy the experience.

Children, Young People and Family's Strategy



Young people from the Youth Board were involved in developing and launching the strategy in 2022 and will be involved in reviewing the strategic objectives set within the Strategy. Members of the Youth Board will take over the weekly Children's Management Team meeting for the first review of the Strategy. At this meeting those responsible for developing objectives will have the opportunity to present an update of the progress of their objectives at this meeting.

Other improvement and successes in Children's Business Unit

- The CAMHS crisis call line started in Autumn 2022.
- CAMHS rapid deployment of electronic care record to SystemOne from Care Record.
- An Eating Disorder Parents psychoeducational group and carers group was established.

Specialist Business Unit

Community Podiatry

Health Equity funding has supported a 6-month, diabetes project, led by the Community Podiatry Service. It reached homeless, vulnerably housed, asylum seekers, refugees and sex workers. The first phase of the project identified the scale of the issue. People suspected at risk of diabetes or diabetes were identified using random blood glucose testing. First line advice and sign-posting was provided. Of 188 people tested, 25% were suspected at risk of diabetes and 7% with diabetes. A further six people received one to one support with a clinical support worker, case studies demonstrated positive impact from their involvement. The project has now closed, and further work is in development to better link homeless and specialist diabetes services.



Podiatry

Following an incident where foam toe tubes, which are an over-the-counter product, had been used by a patient to protect the skin as the toes overlapped. Following poor communication, the patients carers thought the tubes were dressings and did not remove them, this masked the development of an infection that once identified required hospitalisation for intravenous antibiotics due to a severe infection and sepsis. The learning from this incident was to develop a written information sheet for all patients and their families and carers on the care and management when foam toe tubes are in use. This incident and the learning were developed into an article for The Podiatrist professional magazine and published in July/August 2022's edition to

ensure the learning was shared as widely as possible as information leaflets are not included with the product when purchased over the counter.

Community Intravenous Administration Service (CIVAS)

A new pathway has been developed following learning from an increase in incidents of upper arm Deep Vein Thrombosis (DVT) in patients with a central venous access device. The CIVAS have worked closely with Infectious Disease Consultants and Anaesthetists within Leeds Teaching Hospitals Trust to develop a standard pathway for suspected DVT. The pathway will support clinicians in the early identification and appropriate onward referral of patients who develop a DVT.

Cardiac Team

Prior to COVID-19 the services cardiac rehabilitation was delivered by Active Leeds instructors in a leisure centre run by Leeds City Council as circuit training face to face classes. Following the reinstatement of services after the Nationally mandated pause of some service to support the impact of COVID-19 the service had a long waiting list of patients that were unable to access any form of rehabilitation. So we had to think of alternative ways to deliver rehabilitation to our patients and started by changing the name from Cardiac Rehabilitation to the Cardiac Activity Programme, a more patient friendly term to encourage engagement.

A home exercise programme for patients to at home with telephone support from the team was devised with resource developed to enable individualised programmes to suit the



patients ability and needs. The service secured 400 licences for the Mymhealth myHeart app for cardiac patients that has since led to an unlimited subscription of licences until June 2024 which give us more freedom to sign up more patients to the application to help increase the uptake.

We have developed this into a new, individualised patient choice service. Patients who choose a face to face option are referred by the Cardiac Team and are contacted by the LCC Leeds Active instructors for an assessment and to discuss what the patient would like to participate in for their 10 free sessions.

As a result of individualised offers uptake to activity and exercise has increased from 25% pre COVID to 35% and rising and we are seeking patient feedback to improve uptake further.

Optimisation of joint working between ABU Neighbourhood teams and Podiatry

This improvement project was set up to improve timely referrals for foot ulcers (below the ankle). After a thorough pilot process starting with the South of the city and then launched across the city, we have changed the process so that the NHTs can refer directly to Podiatry via SystemOne. We hope this will reduce delays and improve patient experience.

The 2023/24 Trust Priorities

The Quality Account looks forward to 2023/24 as well as looking back on 2022/23.

How we agreed the priorities

The Key Priorities have continued to be aligned to our four Strategic Goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. As our Strategic Goals are aligned to our Board Assurance Framework, progress against the Key Priorities will continue to evidence how we are mitigating our organisational risks.

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

Development of our Priorities included review of our feedback from complaints, incidents, in addition to feedback from our stakeholders. We strengthened our focus on engagement in the development of our Trust Priorities in 2022/23 for 2023/24 and made changes and amended wording in response to feedback this year. We will continue to strengthen this element for next year's Trust Priority development.

Our 2023/24 priorities are:

Strategic Goal: To deliver outstanding care.

Trust Priority: Build our services back better.

- How we engage with our patients, carers, families and communities, is fundamental to the achievement of this and other priorities: our Engagement principles will be developed and ratified this year by LCH Board.
- We will 'make stuff better' by embedding learning from incidents, complaints and general feedback from the communities we serve, and drawing on best practice/clinical evidence through our development of the LCH Patient Safety Incident Response Plan, over the next 12-18 months. The LCH 2023/24 Change Programme projects will drive continuous improvement. For example, the review of planned and unplanned care in the Neighbourhood Teams, the Community Gynaecology Service Review and the CAMHS EPR transition.
- We will work with system partners to increase capacity and improve patient flow to enable us to maximise the number of referrals into urgent community response and strive to consistently meet or exceed the 70% two hour urgent community response standard.



Strategic Goal: Use our resources wisely and efficiently.

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

- Work with services, patients, and partners to identify changes to service provision and/or pathways (both within LCH, across Leeds and across the ICB) to more effectively manage patients and therefore help to reduce waits. This will be achieved through the LCH Change Programme, Third Sector Partnerships and Primary Care Integration.
- We will adopt a standardised approach to waiting list management through the Improving Patient Flow and Prioritisation Programme.
- Establish and deliver an efficiency programme that contributes to Trust, place and system financial sustainability whilst maintaining safe and effective care and, through Equality Impact Assessments, ensures no detriment to health inequalities.

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

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

- We will focus on the retention of our existing talent.
- We will carry out locally targeted recruitment and reduce barriers to entry to widen our talent pool and diversify our workforce.
- We will induct our second cohort of international community nurses.

- We will continue to use our workforce data and planning methodology to both understand our longer-term workforce gaps and develop interventions to address our future needs.

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

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

- Continue to work with communities and partners to create equitable care and pathways in line with LCH's Health Equity Strategy, identifying and addressing inequity in access, experience and outcomes.
- Continue to engage with and support the intermediate care redesign.
- Continue to work with partners to drive integration. A key focus here being CAMHS and working with primary care and schools in line with the ambitions set out in the NHS Long term plan.

Examples of patient feedback:

'I feel your service is already delivering these goals.'

'Feel a key priority is reducing wait times for specialist treatment.'

'Patient care has been exceptional. Staff have been kind, patient and understanding throughout treatment.'

'I always find staff to be kind a friendly. The treatment of the patient, who is my son has always been very good. I would like him to be seen more often if this is possible.'

Examples of staff feedback:

'I am pleased that they also acknowledge staff wellbeing and the impact this can have on patient care.'

'I agree we need to focus on meeting the needs of our populations and offering equitable services and reducing health inequalities.'

'I also feel it is important to look at sustainability and ensuring resources are used in a way that has the least impact on our environment.'

Patient Experience

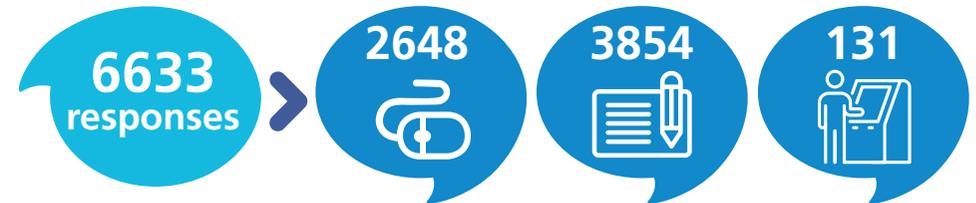
Patient and Service User Satisfaction

(The data was extracted from a live system on 4 April 2023 for 01/04/22 to 31/03/23)

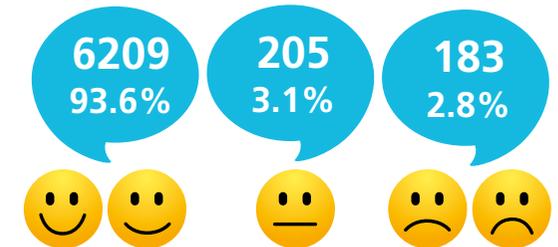
We continually seek feedback from our patients and service users of their experience. The online Friends and Family Test (FFT) can be accessed via an online link and a QR (Quick Response) Code and the paper postcards are available in a standard easy-read format and is translated into the top five languages in Leeds with a planned update to reflect the recent census results. We also utilise Friends and Family Surveys coproduced specifically with children and young people. We aim to continually improve accessibility to giving feedback more accessible to people whose first language is not English, or who may have additional communication or accessibility needs.



In 2022/23, 6633 Friends and Family Test (FFT) responses were shared. Of those, 2648 used the online survey, 39.9% of all responses to the FFT showing that this continues to be a popular option in addition to the option to respond in writing which was used by 3854 respondents (58.1%). An additional method of electronic tablet/kiosk resulted in 131 responses (2%).



Survey results showed that 6209 or 93.6% of our patients/service users felt our services are good or very good, 183 or 2.8% rated the service as poor or very poor, of that 92 or 1.4% rating the service as very poor. There were 205 of respondents who felt the service was neither good nor poor, 3.1%.



Feedback included:

Specialist Cardiac Service - 'everything was as good as it gets.'

Children's Community Nursing Service - 'seen quickly. Fantastic nurse who put my daughter at ease and made her laugh.'

Neighbourhood Teams - 'the nurse was very efficient and helpful. Can't praise her enough [...],' and 'they're always pleasant, have a smile for you and ready to help or give advice if asked. Make you feel happier, more settled when they go to someone else, I've respect for them.'

Community CAMHS Service - 'Although I was happy with the appointment, I feel we should have had it a while ago.'

The Trust and Services review their Friends and Family to improve access and response rates. For example, our Community Neurology Rehabilitation Service worked with our Patient Experience and Communications Team and successfully increased their response rate from 15 between January and June 2022 to 67 for July to December 2022. Equally, a decline in responses for our Neighbourhood Teams has been shared with the Service and work will be initiated to support a review.

Many services are tailoring their FFT to gain further feedback specific to the service. Engagement champions have shared the positive impact this has as services are able to focus and share learning on areas which patients are happy with but can also change or adapt aspects that patients have reported opportunities for improvement This provides a patient focused service listening and acting on the voice of patients.

We aim to make meaningful changes from our feedback, for example our Tier Three Weight Management Service have made the following improvements feedback:

Tier Three Weight Management

Engagement Champion Natalie Thornes, Physiotherapist for the service, adapted the services Friends and Family Test to contain additional questions specific to the physiotherapy, medical, dietetic and mental health support provided by the service. This was to understand each part of the patients experience with the service and to be able to act on the feedback. The team asked:

Things we do well:

"Amazing team, helpful, caring overall lovely people thank you for everything would recommend anyone about joining."

Things we need to improve:

"I don't feel the service does nearly enough to tackle the mental health aspects of weight management."

You said - "More mental health support is needed."

We did - "We have now recruited a mental health nurse to provide screening and further support as needed. We are currently developing a stress management group to offer practical coping skills throughout your weight loss journey."

Additional improvements from feedback are held in the Engagement Section in Part Five.

Satisfaction within groups

Leeds Community Healthcare NHS Trust are committed to addressing inequity as detailed in **Part Five Health Equity, Inclusion and Wellbeing**. It is important to us to ensure that we are meeting the needs of all patients and service users including those with protected characteristics under the Equality Act 2010. The Trust Health Equity Lead is a core member of the Patient Engagement Champion network and has worked with the Champions to provide an introductory session on Health Equity, to consider how to improve diverse groups' access, experience, and outcomes. Although responses remain low we will continue to encourage reporting.

Improvements have been made to the Communication template on the Trusts main patient system to make the

Accessible Information Standard questionnaire mandatory for all patients on the system. This will also help to identify digital literacy needs and where adjustments are required to support individual needs.

The Patient Experience Team are a member of the Communities of Interest Network to help tackle the inequalities and inequities across the City and are working with local community groups to build better relationships with many different groups of people. The Team are also in the process of reviewing how to improve the accessibility of our Team processes for all groups of people to include how people can make a complaint, raise a concern or share a compliment.

Complaints, concerns and compliments

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

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

In 2022/23 the Trust received 1654 compliments, concerns, and complaints. This was a 1.9% (from 1624 in 2021/22) increase in feedback from the previous year overall. This breaks down to a 43.6% increase in complaints, an 8.4% decrease in concerns and a 3.9% increase in compliments.

Year	2020-21	2021-22	2022-23
Compliments	982	929	965
Concerns	366	594	544
Complaints	103	101	145

Complaints

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



A planned pilot to increase the involvement of complainants in our complaints process was paused during 2022/23 due to reduced capacity across Services including within the Patient Experience Team. The focus on establishing learning from complaints has continued as Leeds Community Healthcare NHS Trust is proud to be a learning organisation that acts on patient feedback.

There were 145 complaints received in 2022/23. Of the 145, 106 related to LCH service only, 39 related to LCH and other organisations (multi-sector complaints), one was withdrawn.

LCH is a provider of NHS funded services and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2022/23 the Ombudsman did not receive any complaints by Leeds Community Healthcare NHS Trust. The complaint escalated to the Ombudsman in 2021/22 remains under the PHSO investigation.

Complaints received within the year by Team/Service:

The teams with the highest complaints have been included. The remaining complaints were received across 43 teams with 40 teams receiving less than five complaints and 21 teams received one complaint.

Service	Complaints
Musculoskeletal and Rehabilitation Service	21
Patient Experience Team	8
Leeds Sexual Health	7
Meanwood Neighbourhood Team	8
CAMHS East	8
CAMHS West, LMWS Therapies, Seacroft Neighbourhood Team	6

There has been a rise in complaints this year and similar themes have been noted, the rising trend has been seen across the region and is indicative of a return to pre COVID numbers received. In LCH complaints have related to waiting lists for service and access to services.

At Trust level

Our Trust Priorities for 2022/23 and continuing into 2023/24 have had a strong focus on increasing access to services and reducing waiting lists. The lists were closely monitored throughout 2022/23 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. In addition, the Trust's Patient Flow and Prioritisation Programme aims to embed holistic, sustainable, and consistent approaches to supporting and managing people who are waiting for care within Community Health Services, we are working across the place of Leeds with partners to develop integrated services to improve access and we are focussed on our recruitment and retention strategies including our Apprenticeship offer.

At service level - analysis and actions from MSK complaints

Key themes from the complaints from the MSK were 'attitude/ conduct/cultural or dignity issues' and 'clinical judgement'. Within those the main themes were communication issues or a breakdown of therapeutic relationship. Although the individual complaints are multifactorial in relation to communication there was a theme of patient's frustrations with the length of waiting times to see someone in person and then not feeling they had got what they felt they needed from the consultation, that the clinician wasn't as empathetic as they expected, or really understood the impact of a problem for them.

In response, the service is promoting the use of the in-house Better Conversations and Personalised Care training to try and help support staff manage interactions successfully for both patients and staff. The Service are also promoting the use of ICE (Ideas, Concerns and Expectations) which is a method of taking a patient's medical/clinical history that focuses on gaining insight into how a patient perceives their situation, their worries and their expectations from a consultation to try and understand the patients perspectives.

The service is also mindful that staff can feel fatigued by the length of waits and increasing complexity of patient presentations and are also focussing on staff health and wellbeing as a priority. This has included a recent session on **The Art of Brilliance** to try and maintain positivity and be the best version of ourselves in difficult times and there are dedicated health and wellbeing champions in the service with further work planned.

It should be noted when considering the incidence of the complaints that the service completes approximately 6000 contacts per month.

Analysis and actions from Patient Experience

Of the eight, six were assessed not applicable to LCH and shared with the relevant organisation, one was withdrawn, and one was a system test.

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	46
Attitude, conduct, cultural, dignity	27
Appointment	23
Communication issues	13
Access and availability	6

With the exception of MSK, CAMHS East Team, Meanwood, Seacroft and PET with 3-5 complaints each, the 46 complaints relating to Clinical Judgement were evenly spread across the remaining 16 teams. The highest concentration related to MSK where there were nine complaints.

Learning from complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Here are some examples of learning:

You shared:

A client accessing the service reported not feeling listened to at stages in the referral and episode of care.

The client did also share positive feedback regarding a particular clinician and shared that a difficult conversation was handled extremely well and with sensitivity.

We did:

To establish a process for asking client preferences at initial screening. To establish a working group and in due course to create a Standard Operating Procedure, disseminate and make this visible to all staff.

This will ensure there is a clarity of understanding and expectation for clients accessing the service.

You shared:

A mother shared that she felt let down by the care her son has received in our ICAN paediatric service.

There was a delay in contacting the family following referral. In addition, blood tests were completed but the samples were lost.

We did:

A change in the area where bloods are taken and stored and an introduction of a new results system which reduces the risk of results getting lost.

You shared:

A mother shared that she was unhappy with how a staff member handled her autistic child during an appointment.

We did:

The team met with the LCH Lead for Disability to establish a roll out of staff training. The service have asked the complainant if she would like to be involved with this piece of work.

There will be greater understanding of the needs of children with a disability during an assessment process.

You shared:

There was confusion regarding a referral acceptance in ICAN.

We did:

Ensure that communication with GPs following a request to expedite makes it clear that the child's referral remains open, and they are still on the waiting list. Make sure all ICAN staff are aware that we accept referrals where the child has a Leed GP, and that staff do not make assumptions about which school a child may attend.

Discuss learning from complaint at citywide meeting. Share learning via email and team meetings ie doctors and clinical governance meeting.

You shared:

A patient advised they had received a letter which should have been addressed to the GP and information was visible through the window on the envelope.

We did:

The letter template was amended to ensure the spacing was improved to reduce the risk of inadvertent confidentiality breaches.

The improvement will protect patients information and ensure it is not inadvertently disclosed.

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

Concerns

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



There were 544 new concerns received in 2022/23.

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

Concerns received within the year by service:

Service	Concerns
Leeds Sexual Health	115
Podiatry	46
MSK	45
Patient Experience Team	35

Concerns received in year by subject:

Subject	Concerns
Appointments	117
Clinical Judgement/Treatment	63
Communication Issues	42
Access and Availability	38
Attitude, Conduct, Cultural and Dignity Issues	21

Difficulty booking an appointment within LSH relates to a known risk for the Trust, a new telephone system is being developed to better manage the demand for the service. Work is ongoing in MSK to support staff fatigue and the impact on staff of increased waiting lists and the complexity of patients accessing the service since the pandemic. Staff wellbeing in an ongoing focus for MSK and across the Trust.

Compliments

There were 965 compliments received during 2022/23 which is consistent with the previous two years. Compliments are received in various forms including in writing and verbally.



Compliments by service:

Service	
Health Case Management	106
CUCS	81
Morley NT	35
HHIT	41
Community Falls	33

Compliments included (those teams with above 20 have been included for the interim report):

Adult Services

'I want to thank the neighbourhood team based at Yeadon Health Centre .Their help and support has been very professional, with warmth and deep consideration regarding my wife's physical difficulties. The knowledge and capabilities allowed us to gain more confidence for the future. Since the accident, we have experienced the best of our NHS. We have seen significant pressure and stress, none of which has had any effect on the support and professionalism of the teams helping my wife and patients Thank you to all concerned, our affection is high'. **Yeadon Neighbourhood Team, May 2022.**

'To all District Nurses that looked after me changing my neck brace, you were all brilliant. I actually miss you all, and the best thing was washing my hair. Thank you all so much for everything'. **Armley Neighbourhood Team, April 2022.**

Children's Services

'Thank you to the team for all your help and support. I couldn't have made it this far in the course without your support'. **0-19 PHINS April 2022.**

'I work at a local independent day and boarding school, and would like to pass on my thanks for the uniformly excellent service from the Immunisation team, the Mindmate SPA, the 0-19 team, CAMHS and the vision and hearing screening teams. Everyone is kind, patient and helpful, and the care shown to our students is exemplary. Thank you :)' **Children's Business Unit, June 2022.**

Specialist Services

'Thank you have helped me so much, I feel so much better and calmer. Its nice to have someone looking after me that also understands the difficulties I am going through and someone that I can talk to, I would never have believed I would go swimming again!' **Cardiac Service, June 2022.**

'Really appreciate the diabetes service input and it's your guidance that has helped me improve my diabetes. I wouldn't be where I am now with improved diabetes if it wasn't for your support'. **Diabetes Team, November 2022.**

Part 3: Quality Improvement

Other Quality Improvements

Patient Engagement

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

CAMHS Medication Survey - this survey was designed for young people and parents; with a follow-on focus group planned. The survey related to a reduction in waiting times for medication. The aim is to improve experiences for children and young people who need medication for their mental wellbeing and may be vulnerable because of not being able to access medication. A 'you said, we did' poster will be developed to share the feedback and learning. This will also be shared with patients on admission to service.

Face Mums - engagement was completed with service users in relation to the relaunch of Facemums. This is a closed Facebook group to support parents from 16 weeks pregnancy up until six months post-natal. The consultation included a new name for the project, how parents would like to be involved, which social media they use and thoughts on partners joining the group. This will be an addition to our universal service offer. The project will go ahead with Leeds Teaching Hospitals Trust Midwifery Team and will initially focus on the harder to reach areas within the south and east of the city. Facebook can translate any post we do in English to

the spoken language of the individual, and also has a function to read aloud the posts.

Engagement Champions - we continue to work with our Engagement Champions to ensure patient engagement is a priority within services. Work has been completed to contact services without current Champion representation to progress representation, for example, from the Neighbourhood Teams. We currently have 84 Champions across services and continue to have our Engagement Champion Group meeting bi-monthly, meetings have included speakers on topics such as Health Equity, Carers and Digital inclusion. This year improvements have included sharing what has worked well by adapting and personalising the Friends and Family Test (FFT) to contain service specific questions. The **Community Neurology Rehabilitation Service** worked alongside the Patient Experience and Communications Teams to create a service specific FFT that has led to an increase in feedback received from patients. The Champions also supported development of the 2023/24 Trust Priorities by gathering feedback from staff and patients.

Peoples Voices Partnership - the Patient Engagement Team (PET) attend Healthwatch's Peoples Voices Partnership (PVP) meetings, and subgroups such as Digital Inclusion and the Big Leeds Chat. The meetings focus on working together to make services accessible for all, especially communities at greatest risk of health inequalities. Work continues to prioritise co production within services and how the Peoples Voices Partnership can support this approach. Healthwatch are currently planning the 2023 Big Leeds Chat, PET will be supporting the monthly working group. PET have also joined the Communities of Interest Network to continue our work to listen to all the voices of the community. The Network aims to highlight and address the needs and challenges faced by groups and communities which experience the greatest inequalities, with a focus on health and wellbeing.

Leeds Community Healthcare Carer Steering Group - the LCH Carers Steering group meets quarterly, the purpose of this group is to capture the carers voice and experience, to implement this voice across the Trust. At each meeting, the group listens to a carers' experience of the health services and considers how LCH can adapt and support accessibility for carers. The group works in partnership with Carers Leeds who identify carers to attend the meetings.

In partnership with Carers Leeds and Family Action, monthly Carer Awareness (adult and young carers) training is available to all LCH staff to build confidence for staff to identify carers and young carers within their services, and to be able to signpost to services for further support and advice.

Homeless Health Inclusion Team - one of our Staff Nurse Associates completed a student during 2022 with the Homeless Health Inclusion Team and shared the engagement work she has completed:

48

“Whilst on placement, I was asked to look into how as a service we can support patients to remain in hospital to complete their treatment.” A co-produced, personalised care plan booklet was developed and given to hospital staff on admission for joint completion and included the following information:

- Personal triggers experienced whilst being in hospital.
- How the triggers can be reduced and supported by the ward staff.
- What were the issues from your last admission?
- What makes my hospital stay difficult.
- I feel distressed and anxious because of?

The aim of the care plan is to reduce known triggers and anxieties, increase engagement and confidence by reducing barriers to care.



PHINS 0-19 service - as part of National Breastfeeding Week on 29 June 2022, the 0-19 service held a Pop up in the Park event in collaboration with Temple Newsam House, who had signed up to be a Breastfeeding Friendly venue, a scheme which enables communities and businesses to show that they welcome and support breastfeeding, raises awareness about the benefits and barriers to breastfeeding and supports families to feel confident breastfeeding out and about.

The service saw an incredible 60 families, a local peer support breastfeeding group and a range of practitioners supported and enjoyed the event and being able to deliver a very rewarding, face to face, community level offer that hadn't been possible for a number of months due to COVID-19. Every

family received a gift bag with health information from the 0-19 Service, including an Understanding Your Baby leaflet, Caring For Your Baby At Night leaflet and an oral health pack, which consisted of a toothbrush and toothpaste.

Patient Safety Incident Reporting

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



There were 8159 incidents within the Trust during 2022/23. This is a 6.9% increase from 2021/22 (7632) where we had seen a reduction of 19.2% in reported incidents from 9440 in 2020/21. As with complaints this may be indicative of a return to pre-COVID reporting and will continue to be monitored by the Patient Safety Team. Of the 8159 for 2022/23, 5422 (compared with 5146 in 2021/22) were reported as an incident relating to receiving care from the Trust, a 5.4% increase.

On review, not all LCH incidents were correctly identified as patient safety incidents, therefore harm data is being provided for both all LCH incidents and separately for LCH patient safety incidents. This does not impact the way incidents are investigated, identified for further review or externally reported.

Of the total LCH incidents reported 4662 were no or low harm, 377 were moderate harm and 72 major harm. The remaining 311 relate to deaths and follow the mortality process. There were 4225 patient safety incidents recorded from 4409 in 2021/22, a 4.2% reduction. Of those, 327 (414 in 2021/22) incidents were reported as moderate harm and there were 71 (59 in 2021/22) major harm incidents reported, a 21% decrease and 20.3% increase on the previous year respectively. Of the moderate and major harm incidents reported, 23 moderate and one major harm incident were identified as having lapses

in care contributing to the harm.

This year the Adult Business Unit developed a dedicated team of incident investigators to bring a dedicated approach and consistency to the management of incidents that require a Rapid Review. The team have developed strong links with the teams they are aligned with to bring colleagues memory capture into incident review and investigation, and to have close links to share learning with the teams. Utilising memory capture within incident reviews is a key feature of the Patient Safety Strategy that all NHS Trusts are working towards implementing throughout 2023/24.

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

Falls

As an area of more frequent harm, falls are a significant focus for improvement. During 2022/23 we have developed a role of Falls Advanced Clinical Practitioner (ACP) within the Community Falls Service. The ACP has led or supported several developments to improve patient safety in relation to falls. These have included:

- Development of virtual falls Multi-Disciplinary Team meetings with the Acute Trust's Falls Clinic Geriatricians and Consultant Pharmacist to support more complex falls patients at home (LCH submitted a poster presentation at this year's British Geriatrics Society Falls and Postural Stability conference).

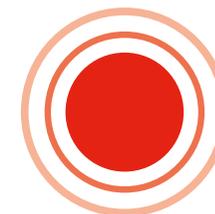
- Supported a Leeds PCN to develop their falls pathway for patients.
- Provided ongoing falls training to registered LCH clinical staff to develop their knowledge and awareness of the falls risk assessment process and pathway, to support their patients.
- Supported the Community Falls Service to complete a pilot with Older Person's Same Day Emergency Care at St James's University Hospital to ensure that patients attending due to a fall are triaged using the appropriate and relevant falls risk assessment, and that interventions are provided to reduce the risk of hospital admission and reattendance.
- Registered LCH as a stakeholder with NICE to be able to support and comment on relevant new or updated NICE Guidance which informs national best practice. The ACP represented LCH at the scoping workshop for the updated falls guidelines and also provided comments for the update of the Osteoporosis guidelines.
- Developed a Falls Risk Management template for the clinical record to support a detailed review of a patient when they fall whilst under the care of an LCH Service. Training sessions have been provided to relevant services and a poster developed to support use of the new template. Using the template supports assessment of how best to support a patient and manage their risk of falling again.
- Updating the LCH falls advice leaflets that will also be used across the PCNs to ensure consistent information is provided to patients and carers in relation to the prevention and management of falls.
- Contributed to the project working group to pilot iStumble in some care homes in Leeds. iStumble is a tool to support care homes with decision making in how they support

residents who have fallen. The project aims to ensure residents receive the best advice and also aims to reduce the impact falls having on the Ambulance Trust.

We will continue to focus on learning from patient safety incidents from falls as we move towards the Patient Safety Incident Response Framework and it is anticipated that the Trust's Falls Improvement Plan will inform our individualised Patient Safety Incident Response Plan.

Pressure Ulcers

Pressure ulcers are another of our more frequent areas of patient harm and we have a dedicated Pressure Ulcer Improvement Plan which sits in our Pressure Ulcer Steering Group, led by our Assistant Director of Nursing and Clinical Governance.



Throughout this year we have:

- Embedded centralised recording and reporting of Pressure Ulcer prevention training compliance. This is showing a month-on-month improvement and is being monitored through Business Unit performance meetings.
- Amongst safety initiatives this year we have led a piece of work, supported by the health and Care Academy, to agree and adopt a pressure prevention training offer for all Leeds health and care providers. This was intended to standardise the core prevention training and improve pressure ulcer prevention regardless where the people of Leeds are receiving their care, and from whom. Although in a phase of early adoption with a core group of providers and further work to do, the Trust also anticipates the increased efficiencies and reduced duplication will enable a re-

investment of some specialist resource to improve outcomes for people with more complex tissue viability needs. This work has been completed in the spirit of working together to learn and improve as we shift our ethos towards integrated working in line with the NHS Long Term Plan and adopt the values of the Patient Safety Strategy.

- Our Safeguarding team have led improvement work in relation to self-neglect and non-concordance, acknowledging the impact of these areas on pressure ulcer harm. Over 100 staff have attended training sessions and an annual audit continues to monitor improvements in care.
- Led by the Tissue Viability and Podiatry teams, the Trust have developed and launched a clinical care framework focussed on lower limb wounds. This reflects, and is monitored through the 2022/23 CQUIN with evidence of improving quality. This has also been supported by the introduction of improved clinical assessment templates within the electronic patient record.
- Conversations with partner organisations are in progress to:
 - Review the patient pathway from hospital to community to reduce the occurrence of meatal tears during this transition of care.
 - Working better with skills reablement and long term care providers to provide patient centred pressure prevention care, reducing duplication and improving communication and co-ordination of care.

This work has been completed in the spirit of working together to learn and improve as we shift our ethos towards integrated working in line with the NHS Long Term Plan and adopt the values of the Patient Safety Strategy.

National Patient Safety Strategy

Specific guidance supporting the implementation of the national Patient Safety Strategy was released in September 2022. The ethos of the overarching Strategy is to investigate incidents in a more meaningful way to gain the most learning. The guidance provided an implementation guide and timeline for the next 12-18 months. At the end of the period all NHS Trusts should have implemented an individualised Patient Safety Incident Response Plan (PSIRP) that provides insight into the Trusts incident profile and provides a working plan to improve patient safety. The PSIRP is based on the Patient Safety Incident Response Framework (PSIRF) that will replace the 2015 Serious Incident Framework.



We have established a project and implementation group to benchmark the requirements of the Patient Safety Strategy and associated PSIRF with our existing practice and will progress towards development and implementation of our PSIRP in 2023/24 and 2024/25.

During 2022/23 in anticipation of the change in practice we have strengthened our culture of applying the principles of safety science to our incident review and investigation process. We have included, implemented and are starting to embed a systems thinking and human factors approach, the key focus being on how systems and processes impact patient safety incidents rather than focussing on the care provided by individuals. This is in recognition that patient safety incidents rarely occur at the point of harm, and usually result from a series of interactions that eventually lead to the harm experienced.

Where there is a need to consider the care delivered by an

individual, systems thinking continues to be the focus, and how systems and processes were wrapping around that individual and their interactions with them (human factors) at the time of the incident. These methodologies are proven to provide the most significant learning in how we mitigate the risk of harm to patients and are well established in the air and rail industry where no blame and harm reducing cultures have resulted in improved safety.

Safety Summit

The LCH Safety Summit continued in 2022/23 and is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience. The Summits are attended by colleagues from each of our Business Units and our Corporate Teams.

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



An Associate Community Matron was concerned about a patient and escalated the concerns. The key learning was to always be inquisitive and utilise professional curiosity, to feel confident to ask for help and that the strength of the partnership between LCH and LTHT supported a thorough treatment plan for this patient.

Development of pressure ulcers to the space between the thumb and index finger occurred in two patients using palm protector splints. On review both patients lacked mental capacity and although advice had been provided to carers, the provision of advice could be made stronger. Not all staff were aware of the splinting careplan, this has been reshared.

A patient developed a meatal tear following catheterisation, Although there were no lapses in care and the correct advice and equipment had been provided, additional learning was identified.

A medicines error occurred when immunising a group of school children. One child was given two doses of the same vaccine and the second vaccine omitted in error. As the patient could not be identified from the cohort all parents were contacted and advice provided. The learning related to the positive culture in the team whereby the nurse felt safe to report the incident and the importance of this culture.

Learning from Deaths

Adults

The Trust has clear processes to ensure learning is shared across the organisation and between the Trusts to better facilitate shared learning. Whilst the Medical Examiner role continues to be developed across the city, LCH is an active partner of the Leeds Palliative Care Network contributing to its programme of improvements and representing community on the Executive Board. Working in partnership the ReSPECT

process has been further embedded in practice. This year the Clinical Service Manager for Palliative Care and Community Cancer Support Services for LCH was invited to sit on the national Resus Council Respect Sub Committee to represent all community health providers in England.

As a Trust we have supported 76.5% of our patients at end of life to die in their preferred place of death, with 81% being supported to die in either their first or second choice of preferred place. Of those, 73.4% were supported to die at home as their first choice and 85.2% in a care home as their first choice. This continues a trend of patients on our caseload choosing to die at home rather than in hospital or hospice, and which remains stable since the significant increase in 2020/21 due to the COVID restrictions in hospitals as can be seen in the graph below. In 2022/23 between 37% and 45% of patients at end of life were supported by our Neighbourhood Teams to die at home. The preferred place of death data has 85.8% of correctly coded records, with both place of death and preferred place of death recorded.

At the end of Q3 2022/23, 45% (1366 of 3029) of patients were identified on a palliative care register with an EPaCCS (Electronic Palliative Care Co-ordination System) record, within their electronic patient record, holding information about their end of life care wishes and preferences. This is similar to last year. Of these, increasing numbers up to 78% had a ReSPECT plan (Recommended Summary Plan for Emergency Care and Treatment) in place to further support advanced care planning. Of those who passed away without being included on a palliative care register/EPaCCS, 20% had a respect plan in place which means that they received advanced care planning which would support end of life care.

LCH registered nurses are able to verify the death of a patient

who is expected to pass away. In 2022/23, 69% of deaths at home or in care homes were verified by LCH staff, and 77% for those who died expectedly at home. This supports the recommendation to verify a death within four hours of the death in a community setting to improve the quality of care for families and carers and minimises distressing delays after a person dies.

A deep dive completed by Leeds Palliative Care Network highlighted Leeds as an outlier and the only locality falling below the national trend of the indicator: percentage of people who died with three or more emergency admissions in the previous three months. This data is currently being reviewed but initial intelligence suggests that factors likely to be influencing this outcome are Leeds has services available to support patients at the end of life, including seven day services, overnight planned and unplanned care services, including night sitter provision and increasing numbers of Independent Prescribers confident to prescribe commonly used medication at end of life. Virtual wards and Leeds as an early adopter of the ReSPECT advanced care planning process may also be factors.

Additional initiatives this year have included a focus on LCH senior clinician development, increasing the number of ReSPECT signatories (an additional 25 in year increasing those trained to 35 staff across LCH, Primary Care and the hospices). The number of Fast Track Funding signatories have also been increased and training provided for Non-Medical prescribers for end of life prescribing. Increasing capacity and the skills and confidence of staff within each of these areas will lead to a more streamlined, responsive and seamless provision of care for patients, families and carers.

Learning from death reviews have continued to be held with

multi disciplinary attendance. Specific learning this year has included how to support patients to contact the new Citywide Triage Hubs for advice and visit requests with reports of some delayed visits. A continued theme has related to the recognition that a patient is deteriorating towards the very end of life to ensure the best possible care can be planned.

Children

This year a new format and Chair for the Child Death Meeting has been introduced and includes more scrutiny of each death, with an inclusive approach, inviting practitioners to listen to cases they have been involved in with a focus on sharing the learning and good practice. Positive feedback has been received regarding staff support and the opportunity for reflection. The following initiatives have commenced:

- Training is being developed by the SUDIC Paediatrician to allow further training of other medics for the SUDIC (Sudden Unexpected Death in Childhood) Service.
- A new critical incident staff champion approach that is being developed organisationally to support staff involved in incidents that may impact their psychological wellbeing will include support for practitioners following the death of a child. A process has been agreed for this support.
- A Standard Operating Procedure for child deaths has been developed this year and includes the introduction of a 24-hour review to support learning.
- There is a plan to roll out Every Sleep a Safe Sleep training launched by West Yorkshire Health and Care Partnership, further information will be shared in next year's Account.
- A Significant Events poster that has been developed and shared as learning from a child death. The Significant Event

is a part of the SystmOne clinical record where significant events are recorded to enable practitioners to see the events at a quick glance.

Learning from lives and deaths

People with a learning disability and autistic people - LeDeR

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

Infection Prevention and Control

The Infection Prevention and Control (IPC) Team continue to work collaboratively across the place of Leeds.

Mpox - over the past year the team have worked collaboratively with our citywide partners to evolve the hugely successful Mpox vaccination programme which has now delivered **over 1300 vaccine events** to Gay and Bisexual Men and Other Men Who Have Sex With Men (GBMSM), staff and contacts in Leeds, being the largest provider in the region and accounting for over a quarter of all vaccine events in the region. This now sits at fourth of seven English regions for vaccine delivery. The LCH IPC team were recognised in the 2022 Leeds City Council Compassionate City Awards in December (Highly Commended) for all this fantastic work carried out across the City of Leeds as detailed in the Celebrating Success Section.

Care Homes - the team have worked collaboratively with the local Health Protection team in delivering IPC advice, training, guidance and outbreak management to all care homes and supported living units within the Leeds area. An environmental audit has been completed within 121 of the 148 registered care homes, overall environmental compliance is currently 87.2% for audits completed.

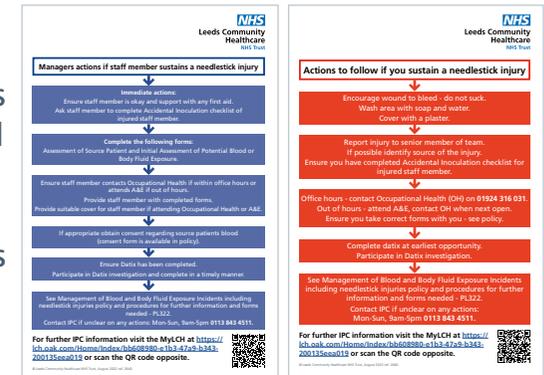
This year the Care Home Hydration Collaboration recommenced following a break due to COVID-19. Training of two cohorts has been undertaken, and further cohorts are planned for next year. The team are also working closely with colleagues from Leeds City Council to raise awareness of Gram-Negative Bloodstream Infection and the importance of hydration and good hand hygiene. There are plans to provide advice to **warm spaces**, Breeze entertainment events, and University Freshers events alongside other public facing awareness campaigns.

The team has managed 157 COVID-19 outbreaks within care home settings, including daily IPC contact, outbreak visits and teaching as required. The team supported care home staff during a recent CPE (Carbapenemase-producing Enterobacteriales) outbreak. They have created and delivered CPE training in collaboration with microbiology colleagues from Leeds Teaching Hospitals Trust. This increased care home staff' knowledge of the infection, understanding of transmission, IPC precautions to reduce spread and increase patient safety

Sharps - following an increase in sharps injuries within the Adult Business Unit (ABU), and feedback from staff that the sharps policy is difficult to navigate, the team has created a lanyard credit card sized aide-memoir flowchart to guide staff

in the correct actions following a sharps injury, which have been disseminated to all the ABU services.

Two flowchart posters have also been created, one identifying the staff process following sharps injury, and one identifying the process for managers supporting a staff member. These posters also contain a QR code which directs users to the internal IPC page.



Reviews - there have been four Community Onset, Community Associated MRSA post infection reviews this year, three were identified as unavoidable and no lapses in care were identified and one is pending review. There have been a total of 90 Community Onset cases of Clostridium Difficile Infection were identified, none of these were attributable to LCH.

Training and Education - over the past year, the team have delivered bespoke IPC education and training within the wider care economy of Leeds. The initial primary focus of this project has been to work with care facilities providing both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Mental Health Providers, and the local authority Adult Social Care Team. The training has focussed on the basic principles of IPC and has more recently covered the philosophy and practices related to **living with COVID** and other respiratory illnesses.

Evaluation of the training programme has been positive, with the value of face to face training highlighted by many of the areas visited.

Sepsis and RESTORE2 - an NHS England funded Sepsis/ Deterioration Nurse Specialist post has been pivotal in the delivery of RESTORE2 training to health and social care staff working in care / residential / mental health and learning disability settings across Leeds this year. RESTORE2 is a physical deterioration and escalation tool and is designed to support healthcare workers to recognise when a person may be deteriorating or at risk of physical deterioration. The training supports the identification of the softer signs of deterioration and the importance of prompt action to protect and manage the person to achieve better health outcomes. There have been 70 sessions of the RESTORE2 training which has been delivered face to face to 25 care home settings and to 250 healthcare staff workers between June 2022 and March 2023.

Adult Business Unit - the ABU IPC team have worked collaboratively throughout the latter stages of 2022/23 with both internal and external partners to control an outbreak of invasive Group A Streptococcus (iGAS) which was identified within several patients. The team has investigated these cases and undertaken contact tracing which has helped to facilitate outbreak precautions.

The team has also been involved in organising control measures, providing expertise regarding the environmental cleaning standards of health centres, and highlighted the requirement for enhanced environmental cleaning. The team continues to provide support and guidance to staff throughout the outbreak.

The team have supported the Integrated Wound Care Clinics to assess different clinical environments to provide a safe and effective service which allows an equitable access across Leeds, they have also provided bespoke training to staff at Wharfedale Hospital following their migration into LCH.

Children's Business Unit - the CBU IPC team have continued to provide service across the LCH children's services, and to the wider economy, including telephone support to early years and schools as well as outbreak visits to schools particularly in relation to Group A Streptococcus (GAS) infections. The period between October and December 2022 saw an out of season increase in scarlet fever and the other GAS infections and a higher number of cases compared to the last relatively high season of 2017-2018. The IPC team have worked closely with the local Health Protection Team in contacting the settings with outbreaks and providing IPC advice and support.

Of particular concern have been settings with co circulation of pathogens including GAS and chicken pox or Flu, and settings with vulnerable children. Support over the telephone was offered to 20 educational settings. The CBU IPC team performed two outbreak visits to schools, in which both staff and pupils were significantly affected by more than one pathogen. Following the death of a five year old child due to invasive GAS infection, support has been provided to the school by way of a question-and-answer session to enhance knowledge of GAS infections and sepsis to parents.

Over the past year, the CBU IPC team have managed 13 COVID outbreaks within the LCH CBU services and SILC schools. Following outbreak report, appropriate IPC measures were put in place and regular IPC support was given.

The team have continued to provide support and advice on the effective management of lice infestation in children and their families across Leeds where safeguarding issues were identified, with 61 referrals received over the past year. At the time of the writing of this report (20 April 2022), there are no outstanding referrals.

NICE Guidance

As a Trust we have a robust approach to ensuring we are concordant with NICE Guidance and evidence based practice. In 2022/23 we assessed 217 pieces of guidance for relevance. Of those, 38 were assessed as being relevant to LCH (12 for information only and 26 for assessment). There are 25 currently being assessed or with actions plans in place to achieve concordance, dated between June 2021 and March 2023.

Medicines Optimisation and Management



The Medicines Optimisation Team have supported improvements across the organisation in 2022/23. There has been a successful roll out of e-Prescribing across the organisation: the Respiratory Team, Community Podiatry Service, Stoma Team and Tissue Viability Service all went live in 2022/23. E-Prescribing improves timely access to medicines for patients, enhances clinical roles and contributes to better service efficiencies.

The Medicines Optimisation Team are supporting the Virtual Ward (Frailty) who are developing as an exemplar service, sharing best practice across the Yorkshire region and nationally. Positive feedback continues to be received recognising the impact of interventions by the Pharmacy Team to support patients to take their medication safely.

Contribution to the Mpox campaign: the Medicines Management Team played a key role in supporting Leeds Sexual Health Service develop and deliver the Mpox vaccination campaign. Working with the Infection Prevention and Control Team, Leeds Teaching Hospitals Infections Diseases

Team and the charity Yorkshire MESMAC a service was rapidly scope, planned and delivered, enabling high risk vulnerable patients to receive preventative treatment.

The team introduced self-administration of medicines at the Wharfedale Recovery Hub which has been well received by patients and staff alike, supporting the re-focus on rehabilitation and preparing patients for when they return home after receiving care from the Unit.

Safeguarding

The Safeguarding Team has seen a continuation of significant challenge in 2022/23, despite this we achieved 'high assurance' for our audit of Adult Safeguarding with a focus on self-neglect. This is reflective of the passion and hard work of the whole team. We continue to work with Leeds Safeguarding Adults Board on the self-neglect agenda and together have developed a city-wide self-neglect Strategy (to be published later this year) alongside the partnership we hosted two multi-agency self-neglect appreciative enquiry workshops of which the feedback was that this was a much more effective method of learning lessons.

Safeguarding cases have increased exponentially, as predicted coming out of the COVID-19 pandemic. We have sadly seen more Sudden Unexpected Deaths In Childhood (SUDIC) cases this year, however, this has led to a review of the SUDIC service and an increase in SUDIC specialist nursing resource. Work is ongoing to review our Children Looked After service, due to the increase in children being looked after in Leeds. We also had an increase in adult safeguarding resource to enable us to support our new community rehabilitation hub at Wharfedale.

The Children's Team have been instrumental in developing a

new contact/referral form to social care which is now in use. They have also developed a historical abuse flowchart for staff to use to support the assessment of abuse. The team have also started a quality survey for supervision and initial responses are so far very positive.

Clinical Education

For the Clinical Education Team 2022/23 saw a return to a business-as-usual programme of delivery, with more placement areas coming back online following the disruption of COVID-19. We explored more innovative placement options and expanded our offer by setting our Quality and Professional Directorate up as a placement option for students. We developed a brand-new style of placement with our Primary Care colleagues, enabling student nurses to join Primary Care Networks (PCN) to lead on health check clinics. Four students had a 10-week placement within a PCN and successfully delivered 380 health checks to patients and identified patients who needed follow up with the practice nurse or referral on to hospital specialists.

In June 2022, the Trust saw the arrival of our first cohort of Internationally Educated Nurses. Arriving from Pakistan, the Philippines and Nigeria our first group of seven have been supported through their arrival by the Clinical Education Team staff and their respective teams. They received a bespoke preceptorship, have completed their Objective Structured Clinical Examination (OSCE), have settled into the Neighbourhood Teams and Recovery Hubs, and are all enjoying working life in LCH. We will be recruiting our second cohort of 30 in March 2023.

In August 2022 we relaunched our preceptorship programme following a thorough review. We started with a small group

in August, leading to bigger cohorts in September, October and November. The new programme offers a core week with information about NHS structures, accountability and professionalism, wellbeing, mental health, and quality improvement. It then extends to a full year where required. Regular catch-up sessions are available with restorative supervision being available during this time. Preceptorship is open to all clinical staff, across all disciplines and all grades.

Seacroft Clinic reopened

Seacroft Clinic reopened its doors in January 2023 following a year of major renovations. Sam Prince, Executive Director of Operations and Councillor Abigail Marshall Katung, Chair of Scrutiny Board (Adults, Health and Active Lifestyles) welcomed staff, patients and services back into the building. The refurbishments have improved facilities for both patients and staff and were designed to meet growing demands of the local area.

Accessibility is at the forefront of the new clinic, with a new mobility friendly entrance off the car park and disabled access lift inside. It also has twelve new clinical rooms, 25 hot desks for flexible working, making it easier for clinical care teams to work out in the community and return to base.



At the reopening Sam Prince gave a huge thank you to everyone involved. She said: "We are proud to have invested

in the refurbishment of Seacroft Clinic. The renovations have really transformed the clinic which now offers an improved patient experience and will also benefit our staff that work

there. I'd like to thank everyone involved over the past 12 months, supporting our plans to make Seacroft Clinic a great facility for the local community."

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.

Improving Health Equity



This year marked the second year of LCH's Health Equity strategy and our commitment to a more co-ordinated approach to identifying and addressing inequity in our own provision of care and in our contributions to system-wide pathways. Our Strategy enables us to deliver on our statutory duties around equality and eliminating discrimination and disadvantage for those

with protected characteristics, as well as taking a quality improvement approach to: focus our work across broader groups including deprivation and health inclusion groups; consider the intersectional nature of a combination of characteristics and; focus on equity rather than equality.

Statutory Duties

Public Sector Equality Duty: In the last 12 months, 22 Equity and Quality Impact Assessments have been completed to ensure that any risks or disadvantages in proposed changes are removed or mitigated for people with protected characteristics and others at risk of inequity. Improvements to the review process have also been made, to understand and address any unintended consequences of those changes.

The NHS Equality Delivery System (EDS) is a mandatory performance framework that aims to improve equality performance within the NHS and embed equality into mainstream business planning. In 2022, NHS England launched a new Equality Delivery System 22 (EDS22) framework, following a review of EDS2 which has been in place since the first EDS review in 2013. As agreed within the West Yorkshire Health and Care Partnership, this year we have continued to use the EDS2 to assess our performance and will transition to EDS22 in 2023.

Partnerships with local stakeholders are essential to understanding our position in relation to the EDS outcomes, reflecting the engagement with patients, carers, communities

and the third sector that underpins all our equity work. Our Strategy itself is a response to feedback and the ways we deliver it include a focus on listening to and responding to those voices, particularly of seldom-heard groups, through direct patient and carer feedback, community networks, system-wide processes and delivery partnerships.

EDS2 includes 18 outcomes around both patient care and diverse and inclusive workforce, grouped under the four goals: better health outcomes for all; improved patient and carer access and experience; empowered, engaged and included staff; and inclusive leadership at all levels. Leeds health partners have a three-yearly cycle to focus on these goals with a focus in 2022/3 on improved patient and carer access and experience. This year, we have worked to improve our understanding of how well do people from groups at risk of inequity fare compared with people overall and make improvements informed by that data, alongside patient, carer and partner feedback. Examples of this work include:

EDS2 outcome	Example in 2022/23
People, carers and communities can readily access services and should not be denied access on unreasonable grounds.	As expected with the negative impact of deprivation on health, more people from the most deprived quintile are referred into our services (44%). This correlates to more people from the most deprived quintile on our waiting lists (41%). Both of these are higher than % Leeds population in lowest quintile (35%). 18% of people from minority ethnic groups on the waiting list compared to 16% referrals. At an aggregated ethnicity level, there is little difference in average days waiting, except for Bangladeshi and Irish people waiting on average seven days longer than White British people.

EDS2 outcome	Example in 2022/23
People report positive experiences of the NHS.	Communication has been identified through patient and carer feedback, learning from incidents and community engagement as being both a key enabler for high quality care, and also an area for improvement. This is particularly so for groups most at risk of inequity, many of whom have additional communication needs. As a result, 14 different equity Quality Improvement projects are underway in LCH to improve communication for people whose access, experience and outcomes are adversely affected.

Quality improvement: The focus of this year has been on putting an equity lens on everything we do, looking at all aspects of access, experience and outcomes. We have approached this through two key enablers:

Data and actionable insights: The development of health equity lenses on our data supports the delivery of our health equity strategy by providing actionable insights that can be used to improve access; experience and outcomes for people and communities experiencing health inequity. We now have 19 equity data reports including referrals, waiting lists, appointment outcomes, incidents, mortality, outcome measures and communication needs. We have started by breaking down the data by deprivation (IMD decile), ethnicity, interpreter requirements, Learning Disability and autism. Further reports and equity lenses will be developed as prioritised by the analysis and community needs.

Equity-focussed Quality Improvement programme: This year we have been testing the impact of running quality improvement projects focussed on communication across all services. As well as responding to patient, carer and community feedback,

this supports each service to move from intent to action, making tangible changes to improve the access, experience and outcome of people with additional communication needs. Having one consistent area of focus also enables us to understand the cumulative impact across the organisation.

Projects include:

- Timely recording of communication needs.
- Improving written communication.
- Electronic communication.
- Development and use of communication tools.
- Reviewing processes around non-engagement to take account of communication needs.

Looking ahead: The activity in year two of our strategy has focussed on a continued to move from intent to action and, learning from what has been done, in year three our focus will be on spread and adoption of good practice.

Learning Disabilities

The Trust took part in the NHS England Learning Disabilities Improvement Standards in 2022/23. Participation in these standards, with our ongoing commitment, has resulted in the achievement of the following to ensure we can better support, and reduce the risk of inequitable healthcare provision for our patients who experience a learning disability or Autism:

- We have established that LCH are a specialist provider of care services to children with a moderate and severe learning



disability through discussion with leaders and commissioners.

- LCH has reviewed our policy on restrictive practices, completed a review of which services use or see these practices, and will review any training requirements and documentation in relation to any restrictive practice.
- Learning Disability and Autism awareness training has been approved as a mandatory requirement for all staff, and we are in process of assigning eLearning awareness training. Staff can also seek advice and consultation from the Learning Disability Lead to ensure expert advice is available when required.
- Easy read information continues to be developed across the organisation with an aim to improve this over the coming year.
- An audit in Dietetics regarding reasonable adjustments for people with a learning disability was completed and services ensured questions were added to their assessments to ask what or if adjustments are required, other services initiative included not having to opt in to care, phone calls at triage to discuss if adjustments are required and home visits when needed.
- New processes have been adopted in Dental to ensure a holistic approach with Multi-Disciplinary Team involvement when a General Anaesthetic is required. This ensures legal frameworks are followed, least restrictive options are considered, and a person centred approach is taken, with support across organisations.
- There is representation on the Population Boards in Leeds which includes the Learning Disability and Neurodiversity Population Board which is in early development.



This work will continue into 2023/24.

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. Some key areas of focus during this last year are detailed below:

The Trust was chosen by NHS England and Improvement

(NHSE/I) to be a HWB Trailblazer site, which included piloting the NHSE/I HWB Diagnostic Tool. This highlighted areas we were exceeding in, as well as highlighted areas for further development. The resultant actions were formulated into an over-arching HWB action plan which is progressed through the Staff HWB Engagement Group, which is co-chaired by the Trust Wellbeing Guardian.

We recognise the value offered to staff of belonging and engaging with staff for peer support, and continue to provide a range of staff support groups; including for those who are Clinically Extremely Vulnerable, Mens Health, Menopause Support Group and have recently established a Disability and Long Term Conditions Staff Network Group.

In recognition of the current climate of financial insecurity that many of our staff are facing, we have increased and sustained our focus on financial wellbeing, which includes an increase in mileage rates and implementation of the increase in the Real Living Wage. Other work includes webinar drop-in sessions which was designed in partnership with our anchor organisation and delivered by range of external financial organisations, ongoing promotion of Instantpay by

Wagestream for staff to access, as well as signposting and promoting range of support through postcards, leaflets and posters.

We also continue to promote a wide range of HWB topics, which included participation in the Macmillan coffee mornings, promoted Employer pledge around Menopause, guidance for managers around **Long COVID** and training from the British Dyslexia Association and neurodiversity awareness sessions, to mention a few.

Race Equality Network

Celebrating Five years of the Race Equality Network By James Forrest



Our Race Equality Network (REN) celebrated five years of supporting our colleagues and organisation in November 2022 and has seen a fifteen fold increase in members from inception in 2017. James Forrest has chaired the Network for the last two years and is a founding member. James shared that he is 'extremely proud and privileged to have been the chair for the past two years. It has a been steep learning curve at times as we all try to navigate our way through societal changes/cost of living pressures and the way we work.

It has been a challenging few years for all of us, but I can't thank the Networks leadership team enough. They have kept going with our collective aims/objectives and worked with passion, empathy and integrity to help the REN become a key player in changing the landscape of LCH'.

The Networks various projects have included the @LCH I Can Be Me campaign, Authentic Self, Reverse Mentoring, the Allyship Programme, being part of staff interview panels, providing an advisory role for investigations, promoting COVID-19 vaccination uptake for the colleagues the Network represents, promoting a Zero Tolerance approach to racism, and ensuring there is representation from our represented colleagues as Freedom to Speak Up Champions. The Network has also participated in events such as **#Nobystanders** and **#RootOutRacism** in addition to supporting smaller events like attending team meetings and workshops.



The colleagues our Race Equality Network represents are a relatively small number of the workforce and cannot ensure there is a universal understanding of the importance of race equality across the organisation alone. LCH is therefore committed to the organisation wide continued proactive action to support the

next stage of our journey to understanding. We will continue shining a light on discrimination.

The achievements of the REN has taken courage, physical and emotional energy, and a lot of hard work from all involved and LCH celebrates and acknowledges the commitment of our REN colleagues.

Workplace Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-

disabled staff. The WDES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

This year we have seen an increase in the relative likelihood of disabled staff being appointed from shortlisting across all posts, seen an increase in the number of adequate adjustment(s) to enable staff to carry out their work and seen a decrease in the relative likelihood of disabled staff entering the formal disciplinary process.

Workplace Race Equality Standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers through the NHS standard contract. In July 2014, the NHS Equality and Diversity Council announced that it had agreed action to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This year we have improved the overall representation of black and ethnic minority staff in LCH including the Trust Board. There has been an increase in the relative likelihood of BME staff being appointed from shortlisting across all posts and a decrease in the relative likelihood of BME staff entering the formal disciplinary process

Freedom to Speak Up

Watch our F2SU Trust Video

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

At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture.

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

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support and an exploration of what works best for the staff concerned.

The service offers all staff including managers a safe and effective way to have their voice heard. The work has one Freedom To Speak Up Guardian and nine Speaking Up Champions from the Race Equality Network who work to support open and speaking up cultures.

The Freedom To Speak Up Guardian reports to the board at LCH and to the National Guardian Office. Assurances are given to LCH about spread (to ensure we are covering all four business units - adults, corporate, children and families and specialist), role (to ensure we see colleagues from all



occupations in the trust) local comparison (to ensure we are reporting numbers of cases similar to other trusts) and national engagement (to ensure we are fully involved in national and regional work).

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

In terms of the recent NHS Staff Survey the work rates slightly above comparator community trusts in staff saying they feel able to speak up and this year we have seen a percentage increase which we welcome.

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

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

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work is ongoing.

The LCH Speaking Up work continues to evolve and grow. It is a sign of our strong commitment to our people, their voice and their needs.

Celebrating Success



A Visit from Prime Minister, Rishi Sunak and Helen Whately, Minister for Social Care

Our brilliant colleagues and amazing patients met the Prime Minister, Rishi Sunak and Helen Whately, Minister for Social Care to discuss the plan to increase capacity in hospital beds through safe discharge of medically fit patients into short term care settings in community. They visited Rutland Lodge in Meanwood to speak to patients who had been cared for through our Virtual Frailty Wards and met multi-disciplinary colleagues working in the Meanwood Neighbourhood Team. The PM and Helen Whately were interested to hear about the importance of community health and social care and to discuss future plans for its delivery.



Awards

Our colleagues, teams and services in LCH are committed to safe, effective and responsive care and we are proud of the hard work they do daily. Their hard work and commitment is evidenced throughout the organisation and throughout our services.

External Awards

Compassionate City Awards - Council Supported Project of the Year Highly Commended - Leeds Sexual Health, Mpox Operational Response Group

We are extremely proud of the fantastic collaborative response to the MPOX endemic and the amazing work between Leeds sexual health, IPC team and the vaccine centre. Along with colleagues in liaison with LSH and HIV/ID services, pharmacy colleagues and Yorkshire Mesmac for the on-going vaccination programme. The amazing work was recognised in the 2022 Leeds City Council Compassionate City Awards in December (Highly Commended).



An amazing achievement for all the Mpox work across the city, such an excellent project of the year award and a great example of collaborative inclusive working by LCH, LTHT and Leeds City Council.

Student Nursing Times

The Leeds Primary Care Student Leadership Programme led by Hayley Ingleson has been shortlisted as a finalist for the award.

Medipex Award

The Long COVID holistic virtual rehabilitation programme was selected as a finalist at the Medipex Awards for the Improved treatments, therapies and rehabilitation award.

Cavell Star Award

Maxine Emmonds, Integrated Children's Additional Needs Service (ICAN) – South hub healthcare support worker, received the Cavell Star Award for going above and beyond for patients.

HSJ Staff Wellbeing Award

The LCH Your Health and Wellbeing – Caring for Each Other Facebook group were shortlisted for the Staff Wellbeing Award, recognising outstanding contribution to healthcare.

Queens Nursing Institute

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

- Sarah Brownlow, Clinical Pathway Lead.
- Emma Gaunt, Clinical Nurse Specialist - Stoma Care.

- Claire Gray-Sharpe, Head of Clinical Governance.
- Suzanne Harding, Community Matron.
- Matt Peel, Advanced Practitioner, Police Custody.
- Lucy Shuttleworth, Clinical Transformation Lead.

One colleague achieved the QNI Aspiring Leader award this year:

- Elizabeth Keat, Integration Lead, Homeless and Health Inclusion.

Internal Awards

The **LCH Thank You Event** is now held in June and will be shared in our next Quality Account.

Thanks A Bunch is our monthly awards scheme where we surprise a member of staff with a certificate and a bunch of flowers presented by one of our Directors. This continued throughout 2022/23, with 17 certificates shared with colleagues across various teams in LCH.



Board Assurance

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

Statement of Assurance from the Board

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality.

These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance. This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual Trust Priorities which are monitored during the year.

The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at

the overall vision and direction of the organisation and the development of services.

Review of Services

During 2022/23 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 78 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for 2022/23.

Clinical Audit

All clinical audits that are planned to be undertaken within LCH must be registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and improvement/action plans. This year we have completed a service improvement and transferred all audits to Datix to provide an accessible centralised database for teams to have live access to their audit programmes.

National Clinical Audits

During 2022/23, five (5) national clinical audits and one (1) national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits and 100% of national

confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2022/23 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry and the learning.

National Audit	Number of cases submitted	Percentage
Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)	Despite the pause of this audit in October 2021, the audit restarted in 2022/23. Face-to-face pulmonary care restarted following a pause during 2020/21. The team continue to feed data to the national programme annually.	100% of patients participated in this audit
Sentinel Stroke National Audit Programme	100% of patients didn't participate in this audit, for numerous reason (e.g. rehabilitation not accepted, moved from area) The team is continuing to provide data to Leeds Teaching Hospital Trust for update on the system.	30% patient identified participated in this audit
National Diabetes Audit – Diabetic Foot Care Audit	This audit informs about the timely recognition of foot ulceration and the severity and monitors the progress over the 12 weeks period. There were 142 cases who participated in this national audit. It was found that 51 patients were considered as having severe ulcers and 91 as less severe. The service is continuing to partake in this national audit in 2022/23.	100% of all cases identified
National Audit of Cardiac Rehabilitation	Due to the pandemic, this national audit was paused in 2021/22. The service has restarted inputting the data for 2022/23. Cardiac rehabilitation has changed and is now face to face, with reporting expected to be in May 2023.	100% of patients
UK Parkinson's Audit	This UK-wide audit measures the quality of care provided to people living with Parkinson's against a range of evidence-based guidance. The audit engages services to measure the quality of their practice, within their model of care provision, and to trigger service improvement plans. The 2022 UK Parkinson's audit reports on the care provided to 9,760 people with Parkinson's during the five month data collection period. It also includes the views of 6,795 people with Parkinson's and their carers, who responded to the Patient Reported Experience Measure (PREM) questionnaire about their experience of the service they attend.	100% of cases

National Confidential Enquiries	Number of cases submitted	Percentage
Learning Disabilities Mortality Review Programme (LeDeR)	<p>The organisation takes part in the NHSE & NHSI – Learning Disability Improvement Standards review This is a national data collection, commissioned by NHS England and NHS Improvement (NHSE & NHSI) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSE and NHSI Learning Disability Improvement Standards and identify improvement opportunities. Within LCH, we take part in this data collection and our Learning Disability Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a Learning Disability.</p> <p>We have achieved aspects of the action plan and can now identify people who have a learning disability and those who are Autistic and can now continue with the action plan to understand the themes from incidents. We have reviewed our policy on restrictive interventions and are auditing if teams need additional training to ensure our practice is transparent.</p> <p>We continue to review the action plan which includes ensuring training for all staff on learning disabilities and Autism.</p>	100% of all cases participated

Local Clinical Audit

The reports of 55 local clinical audits were reviewed by the provider in 2022/23. Some of the audit actions planned to improve the quality of healthcare provided by the Trust are highlighted below:

- An audit was completed for Dental to ensure compliance with the recommendations of the Faculty of General Dental Practitioners and Public Health England standards for dental radiography and compare compliance with the requirement to report each radiographic exposure under IRMER (2017) for radiographs taken within the Leeds community dental service clinics. The audit found that national recommended guidelines for acceptable radiographs were achieved, However, the audit found reporting of radiographs needs to be improved and an action plan has been identified with a plan to re-audit in 12 months.
- An audit for Children’s community nursing was proposed and completed due to the service level agreement between commissioners and LCH for the inclusion nursing team stating that all children entering a specialist inclusion learning centre (SILC) will have an assessment of health needs completed. Of the 84 parental health summaries 38 (45.2%) had been returned including both first and second attempts. Assessments were sent with a letter introducing the team, our focus and all contact details shared for future reference. Most parents when asked found the assessment easy to complete and were happy to share information with the team. Parents recorded positive comments such as ease

of use, well-structured and self-explanatory and enabling to review the form and ensure all health information was included. All children will have received a nursing assessment which improve quality of care and meets the commissioning offer.

- An audit was completed by CAMHS to ensure accurate and contemporaneous documentation of prescribing in CAMHS medication clinic. The objectives were to review documentation of prescribing using care notes and clinic letters and make recommendations for future practice based on the findings. The audit identified that just 33% of cases had medication details documented on the medication tab on Care Notes, this identified an area required for improvement. The audit also identified that documentation of name and dosage of medication in clinic letters was completely correctly in 100% of the cases. Prescribing responsibility was clearly documented in 87% of the cases. This identified areas of good performance.
- An audit was conducted by the MSK Team to assess the compliance of physiotherapists using patient group directions (PGDs), a sample of 10 injection records from each physiotherapist were audited, with 128 injections administered, the results assured that physiotherapists were 100% compliant with PGDs.
- The CIVAS team undertook an audit to examine if patients with a visual infusion phlebitis score (VIP) of two or more, were escalated promptly, the audit lead reviewed the notes of each patient with a VIP of two or more and examined the escalation period. The audit demonstrated patients with a VIP score of two or more showed patients with suspected DVT had been seen in a timely manner by the doctors at Leeds Teaching Hospitals, had an ultrasound to confirm the DVT, then given appropriate treatment. It was found the

the VIP score tool was not suitable for assessing patients with a suspected DVT. There was no previous audit of this topic before so we're unable to compare and therefore a reaudit will be completed in six months with a plan to roll out a new tool.

- An audit was completed by Childrens Speech and Language to look at the EHC1h information requests and the timing in which these requests are returned. The audit found capacity issues within the service have had an impact on these times and found only one member of admin was tasked to this, with time for the task not being prioritised, the audit found that to improve the figures the admin process needed to be revised. This was a re-audit and findings show there to be a 5% improvement in comparison to 2021.
- An audit was completed by CAMHS with the aim to determine how many care plans have been completed for young people currently open to CAMHS, and determine if care plans are completed with the young person and/or their family. The care plan audit shows that the completion rate within all-CAMHS is very low, the audit randomly identified 10% of all care plan records, showing a figure of 6.9% for all CAMHS and 6.1% for Core-CAMHS. As the current care plan tool on Care notes does not require clinicians to specify if they completed the care plans with the young persons or their family, it was impossible to determine this standard from the content of the care plan records reviewed for this audit. There were some key successes identified, the findings show, there is a care plan document readily accessible on the medical records for young persons and a renewed interest within the service to encourage the completion of care plans for young persons attending the service, also the completed care plans were easy to identify and review. There is a plan a re-audit after

12 months to re-evaluate any changes.

- The Children's audiology team carried out an audit with the aim of finding 100% compliance for completing calibration on the audiometer prior to screening children's hearing. This audit was carried out over a 12-month period involving 113 schools, the audit found there to be a success with 100% compliance of the calibration of audiometers.
- The Children's Speech and Language service carried out an audit to look at the time between receipt of referral and the initial assessment for reported patients with dysphagia, and whether the service is meeting the four-week standard. The audit found that 83.1% of referrals had received an assessment, leaving 16.9% going over the four weeks. The audit looked at five cases that had waited the longest from initial referral, one patient had waited 22.6 weeks, though was found the referral had been added to Systm one and the team not tasked to alert of the new referral, two of those referrals showed a system error, one case being a low priority and one patient team were not able to make contact to the patient guardian. The audit discovered the team are less able to maintain wait times due to inconsistency in SystmOne reporting and difficulty arranging appointments, it was felt additional sampling is needed to audit risk in patients who are required to wait longer than four weeks. It was found that the current RAG system helps to prioritise patients who are unable to wait for first contact.
- The Home and Health Inclusion Team conducted an audit to review care planning and interventions planned for service users. A sample of 20 records were selected over a three-month period, the audit found that 100% of holistic health assessments were undertaken, and the data also showed the quality of assessments was thorough. The team have

been focusing on supporting patients to remain in hospital to complete their treatment and reduce self-discharges, the audit demonstrated in comparison to the same time last year, there has been a significant improvement in this area, with nine patients self-discharging last year, and only one this year.

- The Leeds Mental Health and Wellbeing Service conducted an audit that looked at feedback from service users and their experience, the audit found that 62.5% of the service users were satisfied at all times with the service and experience, which was an increase of 3.3% in comparison to 2021/22. Following the written report, word themes were identified from the feedback which included, helpful, understanding, supportive and professional.
- An audit was conducted to explore incidence of patients presenting with foot drop in the community-based MSK service in Leeds, the data showed 17 patients were identified within the MSK service during a one month period, with a range of mild to severe foot drop (Oxford Grades 0 to 4), duration ranged from two weeks to two years, the data from the audit will contribute in planning foot-drop pathways and will also be used to inform a grant application to undertake further research.
- LCH MSK service currently provides a spinal assessment and triage service for spinal surgical referrals from Harrogate into Leeds Teaching Hospital Trust (LTHT) to this recently established service, there was a need to evaluate and understand referral numbers, assessment and triage outcomes, and surgical conversion rates of referrals to LTHT. The data looked at all patients referred over a three month period, who had been referred from Harrogate to LTHT spinal surgical services and have been through assessment and triage clinics at Wetherby Health Service. The audit

provided some initial broad information about referral numbers, assessment and triage outcomes, and surgical conversion rates of referrals to LTHT. Currently, conversion from surgical referral to surgical intervention has fallen, however, it was found partly to unforeseen resolution/change in symptoms and patient choice. A team-wide discussion is planned to facilitate learning from the results of this service evaluation.

- The Leeds Sexual Health and Gynaecology service looked at auditing patient satisfaction with direct booking for intrauterine contraceptive procedure appointments in a community sexual health service, qualitative feedback was collected via a questionnaire of five questions scored 1-5 on a visual analogue scale regarding satisfaction, 70 patients were included in the audit, the audit showed patients expressed high degrees of satisfaction with direct booking which was further supported by the free-text comments. The data showed 74.3% felt they received enough information prior to the appointment, 95.7% felt there was enough time for discussion during the appointment. When patients were asked if they would be willing to accept direct booking again 91.4% strongly agreed.

Details of the 2022/23 audit programme:

Local Clinical Audits completed during 2022/23 - by Business Unit

Adult Services

- Quality Challenge+
- Environment Audit
- Infection control audits relating to the use of PPE
- Record-Keeping Audit
- Hand Hygiene Audits
- Referral Triage Audit
- Assessment, diagnosis and treatment of lower leg wounds
- Audit of Anticipatory medications in the last days of life
- Wound Infection Clinical Framework Audit
- Lying and standing blood pressure completion, follow up review of bone medication and moving and handling assessments via an audit of records since April 22.

Children's Services

- Record Keeping Audit
- Quality Challenge+
- Environmental Audit
- NICE guidance for prescribing in CAMHS for patients with Learning Disabilities
- Responsiveness of service in Children's Speech and Language Therapy
- Audiology Results Scanning Audit
- Breast Feeding Audit
- Commissioner Audit 2 unspecified

- Time between referral and initial assessment – are we meeting our 4 week standard?
- CAMHS Risk Assessment Audit
- Documentation of prescribing in CAMHS medication clinic
- Mattress Audit
- IPC Environmental Audit
- Goal Based outcomes
- Audiology Results Scanning Audit
- School Screening Calibration Recording
- Care Plan Completion rates in CAMHS
- Strategy Discussion Attendance by CAMHS and Documentation in Carenotes
- Are we meeting NICE guidelines on reflux and CMPA in the management of our RAC patients?
- Mattress audit in Hannah House
- Infection control and prevention audit at Hannah House
- Audit of prescribing practice in CAMHS Intellectual Disability Service
- Audiology clinical calibration audit
- Audit of time taken to complete neurodevelopmental assessments
- Outcomes Audit
- SILC - Care Planning audit
- Your Child's Health Information -Parent/carer health assessment form
- Timely response to Local Authority requests for EHCP information
- Student Placement Offer Fair Share
- Section 136 Audit

- NICE compliance with Autism Pathway
- Tap Flushing
- Impact on Provision
- Grab Bag Audit
- Cross Service Working
- Clinic Calibration Recording
- Cross Service Working
- The mental health impact of patient systems outage on emotional wellbeing of staff in East Community CAMHS
- Selective Eating in Autism – a review of current practice.

Specialist Services

- Record Keeping Audit
- Quality Challenge+
- Environment Audit
- Radiography - Clinical image quality
- Radiography - QA
- Radiography - Activity
- PGD Audit
- Cardiac Activity Programme
- Benefit of blood monitoring in the community
- Fluoride Varnish and SDF
- Adjustment of oral medications at Insulin initiation
- Evaluation of virtual sessions for people with Irritable Bowel syndrome (IBS)
- Reasonable Adjustments Audit within Adult and Home Enteral Feeding Dietetics Team
- Care plan

- Delayed Discharges from Hospital
- Delayed Discharge
- Service need and follow-up provision
- NHSE Long COVID Assurance Proforma
- Quarterly Commissioner review
- Safety Report - Monthly
- Analysis of health outcomes from an inequalities perspective
- Audit of Impact of Spinal Urgent Surgical Clinic undertaken by STS
- Foot drop
- Neurosurgical conversion rate for Harrogate / ICS spinal clinic provided by LCH Spinal Treatment Service
- Preventing sharps incidents Signing of CSSD sheets and blade removal
- Pressure sore to ears caused by oxygen tubing
- Covid Oxygen
- 72 hour phone call for Hospital discharge patients
- Direct Booking for IUC Fittings and Removal and Refit in LSH pilot
- Hep B vaccination (MSM and sex workers)
- Annual chlamydia partner notification audit
- Audit medication wastage
- GRASP
- GC TOC postal audit
- Syphilis audit with PN?
- Safeguarding / YP audit
- FSRH POP National Benchmarking Audit

- LocSSIP Observational Audit - Sexual Health and Gynaecology
- Sexually transmitted infections after sexual assault
- Follow up on patients who have a positive quantiferon blood test
- Fluid fasting times for Adult GA - 'Think Drink'
- Antibiotic prescribing
- Care plan
- Delayed discharge
- Discharge to rough sleeping
- PPE and Hand Hygiene
- PGD Audit
- BP Loan Machine Scheme Audit
- Central venous catheter complications
- OT Audit
- LocSSIP Observational Audit
- Duty task audit – nature of request – patient and professional
- Advice and Guidance remit for Diabetes Nurse Specialist
- GLP1 pathway initiation/outcomes and feedback on new pathway
- Discharge to rough sleeping
- Use of triage template in PCMH
- Transfer of care report
- NHSE sit rep data report (fortnightly)
- Quality and Performance proforma / Panel
- Virtual Course evaluation
- Clinical Notes Audit

- PGD Audit
- Radiology Audit of Non medical Requestors clinical imaging log
- Outcomes of Patients Discussed at MDT
- LocSSIP Observational Audit MSK
- National Diabetes Foot Audit
- Valid Consent and Best Interest Standard with MCA4 included
- Patient Safety Audit
- Health and Safety Audit
- CD Audit
- NACAP national audit for pulmonary rehabilitation in COPD patients
- Number of HIV positive referrals accessing HIV treatment and care (twice yearly)
- Documented HIV partner notification outcomes or a progress update at 12 weeks after the start of the process
- Annual gonorrhoea partner notification audit
- BASHH national audit
- RESS-Q Reducing Errors in Sexual Health Samples A Quality Improvement Project
- Percentage of Gonorrhoea correctly diagnosed through Microscopy in patients attending Leeds Sexual Health
- Safeguarding Children
- DBST (dry blood spot testing Audit)
- Consent Template Audit
- Medicine Management Audit
- Omitted Dose Audit

Corporate Services

- Controlled Drug Audit - dental
- Spot check Audit
- Measuring quality standards in dementia care
- Transcribing Standards Audit
- Serious Incidents Actions
- CLA (Children Looked After) Nurse Audit of Review Health Assessment (RHNA) - bimonthly

Clinical Research

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

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

Following the departure of the previous Head of R&D, a review of the leadership requirements for the LCH Research Team has been undertaken. Learning has been sought from research teams in other community organisations who host similarly small research teams and who have been able to create a culture for research to flourish. In consultation with Business Unit Leadership (General Manager and Clinical Lead), it has been agreed that the focus of the Research Leadership role should shift from a governance focus to one embedded in clinical practice.

To support the new clinically led research clinical leadership mode, it is vital that advice and expertise of research governance and management is secured to ensure research within the organisation is conducted to a high standard, in line with national regulations.

Two new roles have been recruited to start in January 2023: a Clinical Lead for Research and a Research Governance Manager. The recruitment of a Clinical Lead for Research will provide senior leadership support to the team, as well as providing clinical expertise which will aid in the delivery of research projects across clinical services.

The Research Governance manager, a part time, temporary post, will provide leadership to the team and will act as a deputy to the Clinical Lead for Research where required. During the next twelve months, the research Team will review the long-term research governance requirements for the Trust and will plan accordingly.

Throughout 2022/23, we have sought to increase the role of LCH as a strategic partner in research with Leeds Teaching Hospitals NHS Trust, a leading provider of research studies who recruit over 10,000 participants a year. It has been agreed that

a Research Project Manager will be recruited to work across the boundary of hospital and community care, building on the strength of LCH as a community research organisation, to facilitate greater recruit to research studies out of hospital settings. This joint role will also formalise existing arrangements for the small LCH research Team to access support and resilience from the well-established LTHT service.

LCH has worked to support the development and delivery of new research within LCH Business Services. With the development and dissemination of the Flowchart for Supporting Prioritisation of Research Proposals, we aim to help facilitate an increase in research activity across all services. The introduction of the Flowchart has enabled the Research and Development team to guide students and research active practitioners interested in conducting their own studies to access the relevant clinical services in LCH. However, the development of the Flowchart has also enabled the Research and Development team to streamline the process of providing support for setting up new studies within LCH.

LCH has been active in opening and supporting the governance and delivery of several portfolio studies. BOOST (Better Outcomes for Older people with Spinal Trouble), A study investigating the effectiveness of exercise in the management of spinal stenosis, has resulted in positive outcomes in the development of LCH's capacity to support research activity. For example, discussions during the set-up of BOOST resulted in the development of an Archiving, Retrieval and Destruction of Research Documents SOP. Furthermore, the set-up of this study has enabled LCH to develop better links and patient pathways with Leeds City Council run facilities. Through this work, the study achieved its target recruitment numbers within the first week of the study opening.

Of the portfolio studies supported last year, LOCOMOTION (LONg COvid Multidisciplinary consortium Optimising Treatments and services across the NHS), a £3.4m research project to identify the best way to treat and support people in the UK living with long COVID, remains the biggest recruiting study LCH is supporting presently. The study has an extension into next year to continue to create a 'gold standard' approach for the treatment of Long COVID.

In addition, ALABAMA (ALLergy AntiBiotics And Microbial resistance), a study evaluating whether the penicillin allergy assessment intervention pathway is clinically effective in reviewing 'false positive' records of penicillin allergy, continues to be delivered by the Research team. Since 6 April 2022 we successfully re-issued the MoU to help set up delivery support for an additional three GP services across Leeds. This support involves providing GP's support in pre-screening patient lists and conducting Eligibility and Consent calls. As a result of our ongoing support in delivery, we have pre-screened a total of 973 patients for GP services across Leeds.

During 2022/23, LCH has also been active in building links with universities to facilitate the research activity of students through providing support with the governance of two non-portfolio studies run by Trainee Clinical Psychologists accessing clinical services within the community. Engagement with students in research during their studies is a key strategic goal, supporting the development of a future workforce that is ready for research.

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

relevant for all communities in Leeds.

Addendum:

As a Trust, we value the patient involvement in research and this is a fundamental part of all government funded projects, which represents 80% of LCH research activity. These national studies are developed with Patient and Public Involvement Groups to influence the development of the research project and methods. Also patient representatives sit on the ongoing trial steering committees and support the dissemination and engagement of the results.

On a local level we would like to engage Leeds community people in our strategy going forward as we revise this in line with other Leeds partners. We plan to do this on a strategic level as part of the Leeds Research Collaborative, which includes the research leaders in all the NHS trusts: Leeds Teaching Hospital Trust, Yorkshire Ambulance Service, Leeds and York Partnership Foundation Trust and West Yorkshire Integrated Care Board. We have recently agreed one of our ambitions is to develop a Leeds wide public engagement research strategy, to encourage representation and cohesion. To do this we plan to use existing networks and community links.

Secondary Uses and Hospital Episode Data

During 2022/23 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 78 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for 2022/23.

Data Accuracy

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

The Trust complies with the relevant data protection and confidentiality legislation and national codes of practice and actively supports the transparency of information.

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

The DPO duties include promoting the principles of GDPR, including the accountability principle; empowering the organisation to be compliant with the Data Protection legislation; ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities; protecting information, and ensuring its confidentiality, integrity and availability throughout the lifecycle of the information and; supporting the move to integrated care modelling and wider, safer, data sharing.

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

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

The Trust demonstrates compliance with the 10 Data Security Standards (an outcome from the National Data Guardian's Review of data security, consent and opt outs report) via a self-assessed Data Security and Protection Toolkit (DSPT). Our DSPT submissions, and the robust evidence required to support them, are subject to external review by an independent organisation.

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

Information Governance and Data Protection Legislation



The UK General Data Protection Regulations (GDPR), the complementary Data Protection Act 2018 (DPA18) and the

Common Law Duty of Confidentiality (CLDoC) are the primary pieces of legislation that guide the Trust in ensuring a robust data protection, confidentiality and cyber security framework is in place to educate the workforce and mitigate threats to the organisation.

Data Protection legislation articulates both the individual Data Subjects' rights, and our organisations responsibilities in regard to the data we hold.

Information Governance also comprises the effective management of the information we hold, and ensuring the information is used effectively, appropriately and ethically, and managed in accordance with a balance of its varying degrees of risk and value.

One of our responsibilities is to ensure the maintenance of the Confidentiality, Integrity and Availability (CIA) triad across all our information assets and data processing activities.

Applying principles of CIA, in conjunction with our wider legislative frameworks ensures that the systems we use to process data (e.g. SystemOne, network drives etc) are assured to be fit for purpose and can ensure those principles of CIA. CIA is ensured by the same types of organisational and technical controls as our compliance with legislative frameworks: education, policies and procedures; applying principles of risk management to our use of data; ensuring principles of **Data Protection by Design and Default** incorporated into all new projects and services; effective Records Management policies; IT/information security controls; IT vulnerability testing; Horizon scanning.

A new Information Governance Management Framework (IGMF) and Information Security Management Framework

(ISMF) utilising existing, new and revised Policies is being developed to cover both the expanding and increasingly complex areas of Data Protection, Information Governance and Information Security. These frameworks will underpin a modern, flexible, and creative approach to improving these functions throughout LCHT.

The ever-increasing cyber related threats to the organisation will require careful mitigation and the best defences we can maintain to protect ourselves and improve the organisations preparedness.

Data Breaches

If any of the compliance requirements of data protection legislation, and by extension of the CIA principles, are interrupted this is known as a **Data Breach**.

If and when such an incident occurs there is a robust procedure in place to report the issue to an appropriate level and by the appropriate mechanism, take steps to mitigate the issue as fully and as quickly as possible, to restore as soon as possible the business function affected and to take any other steps required or requested by relevant authorities (which may include informing data subjects of the breach, producing reports, providing assurance that robust measures were or are in place etc.).

In summary the work undertaken:

Data Protection and other information rights regulatory compliance:

- There were 778 Data Requests that have been processed this period, for example Subject Access Requests and Freedom of Information Requests.

- There was one incident reported to the ICO during this period, all incidents relating to potential breaches are reported, investigated and where appropriate remedial actions implemented. In summary the breach occurred due to the outage of the Carenotes System. We had received assurance from Advance that no LCH data was accessed. We have this week received notification from the ICO that the case is now closed and no further action will be taken against the Trust.

Cyber Security

Key focuses this year have included:

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

CQUIN

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust signed up for five CQUINs in 2022/23:

CCG1: 90% compliance with Flu vaccinations for frontline healthcare workers.

The Trust vaccination campaign for 2022/23 was delivered between October 2022 and February 2023 and built on the learning from the previous year to optimise the uptake of the vaccination offer.

Despite providing a creative and responsive vaccination offer this year has seen the national impact of vaccine fatigue and the final achievement was 62.9%, against a target of 90% uptake of flu vaccinations by frontline staff with patient contact. This is consistent with achievement in previous years and reflects the Trust position from the outset, that this target was not expected to be achieved.

CCG10a: 40% of CYP (under 18 years) and perinatal mental health services have the same outcome measured at least twice.

Following a positive start in Q1, this CQUIN has been unable to be reported on for the remainder of the year as a direct result of the national Advance cyber security incident, which caused the loss of access to Care Notes from 4 August 2022. Updates on this, and progress with recovery have been communicated to LCH SMT and the ICB within each quarterly report.

Work is underway with the transition of the service primary patient record to SystemOne. The introduction of the outcomes templates is scheduled for March 2023 and therefore this indicator has been included for the Trust schedule in 2023/24.

CCG11: 65% of referrals to IAPT with anxiety disorder have 2 recorded scores on Anxiety Disorder Specific Measure (ADSM) at end of treatment.

Reporting for Quarter 4 indicates that the service achieved 74.47% compliance in the quarter. This concludes a sustained achievement of this CQUIN indicator in each quarter and across the whole year.

CCG13*: 70% of community nursing contacts have Malnutrition screening (MUST) on admission, repeated every 30 days, where at risk have a care plan in place and evidence that care plan actions being acted on.

In Q1 this national CQUIN scheme was stood down for community settings, as was identified not to be suitable. For 2022/23 the Trust did agree however to work towards the principle of this CQUIN indicator across community nursing.

Although there has been a marginal increase from the start of the year, compliance overall has remained static with Q4 compliance at 33.5% of patients on caseload for >30 days had a MUST completed, and of those 23.7% of patients had an appropriate care plan in place.

Improvement work has been undertaken in the provision of consistent and accessible training on the MUST clinical assessment tool and care pathways. Work has also been undertaken on the electronic patient record to support consistent and comprehensive record keeping across the Trust and this will support the improvement plan to continue improvements in care delivery and record keeping.

CCG14: 50% of patients with lower leg wounds have wound assessment, ABPI with compression where indicated and vascular referral within 28 days of referral or non-healing wound.

Reporting for Quarter 4 indicates that the Trust has continued on an improving trajectory with 43% achievement in Q4, against a 50% target.

Core Indicators

Safe

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

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Patient Safety Incidents reported as Harmful (per 1k contacts)	SL	1.42 to 2.09	2022/23	2.26	2.16	1.81	1.81
			2021/22	1.88	1.97	1.84	1.88
Serious Incidents (per 1k contacts)	SL	0 to 0.1	2022/23	0.01	0.02	0.03	0.10
			2021/22	0.04	0.01	0.02	0.01
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year	2022/23	2	1	0	0
			2021/22	0	1	1	2
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2022/23	0	1	0	1
			2021/22	0	0	0	0
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year	2021/22	1	2	1	1
			2020/21	4	1	1	0
Numbers of Falls Causing Harm	SL	No Target	2022/23	147	127	84	100
			2021/22	138	132	136	127
Numbers of Medication Errors Causing Harm	SL	No Target	2022/23	16	13	20	10
			2021/22	15	8	12	21
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	100% by year end	2022/23	68%	77%	81%	100%
			2021/22				
Percentage of Incidents Applicable for DoC Dealt with Appropriately	SL	100%	2022/23	66%	100%	100%	100%
			2021/22	100%	100%	100%	100%

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Attributed MRSA Bacteraemia - infection rate	SL	0	2022/23	0	0	0	0.0%
			2021/22				
Clostridium Difficile - infection rate	SL	3	2022/23	0	0	0	0.0%
			2021/22				
Never Event Incidence	SL	0	2022/23	2	1	0	0
			2021/22	0	0	0	0
CAS Alerts Outstanding	SL	0	2022/23	0	0	2	0
			2021/22	0	0	0	0

The number of incidents reported as Harmful per 1,000 contacts returned to normal levels following increases at the start of the year, and our Serious Incident Rate remained below the target of 0.1 per 1,000 contacts. We saw a reduction in the number of falls with harm compared to the previous year. This reduction is even more striking given that LCH took over the running of the Community Rehabilitation services based at Wharfedale Hospital in November 2022.

Rates for community acquired infections remained at significantly low levels, and we remained well below our internal targets for the numbers of avoidable Pressure Ulcers, however we sadly recorded one validated case of a Category 4 pressure ulcer during the year. A second case has also recently been validated in a later month, but as the incident was reported in March 2023, it has been included in this report.

Our numbers of patient safety incidents remained at levels consistent with previous years. We have maintained a positive level of reporting, which we believe is a critical feature of our open and transparent culture around patient safety. This is highlighted by our reporting of incidents without harm. This year 43% of our reported patient safety incidents involved no harm occurring to patients. However, capacity gaps within our clinical teams led to an increase in the number of incidents awaiting review during the year. Services have applied a committed focus to reducing these backlogs, and along with support from corporate services have started to make progress on this. In 2023/24 we will make more of these backlogs visible, so that our teams can act faster. We will share learning from incidents more widely and effectively than ever before with new dashboards available to staff.

Caring

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT)	SL	>=95%	2022/23	92.2%	93.0%	92.7%	91.8%
			2021/22	95.7%	92.1%	91.3%	91.1%
Total Number of Formal Complaints Received	SL	No Target	2022/23	29	43	34	33
			2021/22	18	26	22	25
Mixed Sex Accommodation Breaches	SL	No Target	2022/23	0	0	0	0
			2021/22	0	0	0	0

Although most of our patients reported excellent levels of satisfaction with the care they received, we marginally failed to achieve our target of 95% of patients reporting a Good or Very Good experience using our patient satisfaction surveys. We also recorded an increase in the number of complaints during the 12 months.

The primary reason for both these indicators was the dissatisfaction our patients felt with the waiting times.

We have listened to this feedback, and some of our services have implemented new methods of communication to inform our patients how long they might be expected to wait and providing regular updates on progress. These approaches have been well received, and we plan to roll them out more widely during the next year.

Effective

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

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100% by year end	2022/23	95%	95%	98%	98%
			2021/22				
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2022/23	95%	95%	100%	100%
			2021/22				
Number of Unexpected Deaths in Bed Bases	RB	No Target	2022/23	3	1	3	0
			2021/22	0	0	1	2
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target	2022/23	1	4	4	1
			2021/22	0	1	2	2
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100% by year end	2022/23	100%	100%	100%	100%
			2021/22				
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100% by year end	2022/23	0%	8%	34%	0
			2021/22				
Total number of audits completed in quarter	RB	No Target	2022/23	3	5	1	18
			2021/22				

The effectiveness of our services is measured primarily through our compliance with NICE Guidelines, and by our Audit Programme. Our teams recorded strong progress once again in these areas as 98% of NICE Guidance from 2019/20 and 100% of guidance issued in 2020/21 has now been implemented fully. The outstanding 2% (which relates to one guidance) has a Trust approved exception in place. The team has made excellent progress this in clearing all backlogs from the national pause on NICE Guidance during the COVID-19 Pandemic, now leading us to be fully compliant. We are proud that our services remain at the forefront of evidence-based practice.

Our teams registered 46 high priority audits, and 44 Priority two audits this year. 39% of these were completed within the

year, leading to valuable learning to help our services improve. The lower than hoped for level of audit completion was due to operational pressures and staffing changes during the year. We have recruited new staff into our Clinical Effectiveness Team to provide better support to our services and are planning to restart our Audit Training programme in the upcoming year. This was paused during the response to the COVID-19 pandemic.

During the year, more of our services began to implement outcomes measures within the care they offer. Many of these outcome measures are patient-led, including the Goals Based Outcomes measures that is preferred by many of our teams as an approach that fits with our person-centred approaches to care.

Responsive

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

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Percentage of patients contacts where an ethnicity code is present in the record	SP	No Target	2022/23	95.9%	95.7%	95.9%	95.2%
			2021/22	95.8%	96.0%	96.0%	95.7%
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	≥92%	2022/23	83.4%	75.2%	64.4%	62.7%
			2021/22	87.3%	83.6%	87.2%	84.0%
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2022/23	0	2	0	2
			2021/22	0	0	0	0
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	≥99%	2022/23	46.9%	44.3%	47.0%	50.3%
			2021/22	43.7%	38.8%	44.7%	39.0%
% Patients waiting under 18 weeks (non reportable)	SP	≥95%	2022/23	90.6%	88.4%	86.5%	87.1%
			2021/22	79.0%	84.7%	84.1%	88.5%
LMWS - Access Target; Local Measure (including PCMH)	SP	24456	2022/23	7,581	8,033	7,968	7,280
			2021/22	7,611	7,472	7,385	7,773
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2022/23	51.6%	40.9%	46.9%	69.1%
			2021/22	73.8%	65.3%	55.2%	61.2%
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	≥95%	2022/23	99.6%	98.8%	98.6%	98.1%
			2021/22	99.6%	99.8%	99.6%	99.4%
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	≥75%	2022/23	92.5%	84.3%	76.7%	74.3%
			2021/22	89.6%	93.5%	95.2%	93.1%
Neighbourhood Team Face to Face Contacts	SP	No Target	2022/23	154,093	154,093	154,093	154,093
			2021/22	171,906	165,458	163,254	154,232

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Neighbourhood Team Referrals (SystemOne only)	SP	No Target	2022/23	7,326	7,660	7,686	7,701
			2021/22	6,650	6,424	6,384	6,856
Neighbourhood Team Productivity (Contacts per Utilised WTE)	SP	No Target	2022/23	102.2	102.9	104.9	96.4
			2021/22	107.4	105.3	108.7	

The total number of people on our waiting lists increased during the year, as did the length of time that people needed to wait for a number of our services. Our Total Waiting List size rose from 20690 at the end of 2021/22, to reach 24,196 at the end of 2022/23. Despite only accounting for approximately 6% of our referrals, our consultant-led services were amongst those most affected by rising demand and ongoing capacity pressures. By the end of the year, 62.7% of our patients on consultant-led waiting lists were waiting less than 18 weeks. This represented a significant decline from 80.6% at the start of the year. Demand for Children’s Neurodevelopmental Services, including autism assessments has risen approximately 30% since pre-pandemic levels, creating the biggest areas of waiting list growth in both CAMHS and ICAN services. This growth in demand also accounts for the growth in list for consultant-led services as mentioned earlier

Patients waiting for our non-Consultant led pathways experienced shorter waiting times, with 87.5% of patients waiting less than 18 weeks by the end of the year. This performance remained at a consistent level all year. This year we have experienced substantial pressure on our Musculoskeletal and Podiatry services, particularly in the first six months of the year. These services worked hard to reduce the numbers of patients waiting but higher levels of urgent referrals during the last quarter of the year hampered these recovery efforts.

The Children’s Community Audiology Service improved its performance against the 6-week diagnostic (DM01) standard over the year, but remains close to 57%, significantly below the standard of 99%. This is a small service that has experienced both an increase in referrals and staff sickness. The waiting list size had dropped month-on-month between April ‘22 and Nov ‘22 before increasing slightly in December 2022 to March 2023.

Our Neighbourhood Teams have risen to the challenge of providing Urgent Community Response services. During the year, we provided a two-hour response to 3298 patients, including referrals directly from Ambulance crews. The current data suggest overall performance of 59% of patients seen within two hours. Over the course of the next 12 months, we will refine our data collection, recording and reporting to present a more accurate position.

Our activity levels have also remained consistent, achieving approx. 130,000 patient contacts per month. On average, 22% of these have been conducted virtually, often directly requested by our patients.

Well-led

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

Well-led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Staff turnover	LS/JA	<=14.5%	2022/23	14.4%	13.9%	13.7%	12.9%
			2021/22	11.7%	13.5%	14.2%	13.9%
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2022/23	18.4%	17.2%	16.5%	14.3%
			2021/22	18.8%	19.9%	21.9%	20.1%
Short term sickness absence rate (%)	LS/JA	<=3.0%	2022/23	2.1%	1.8%	2.8%	1.8%
			2021/22	1.4%	1.8%	2.5%	2.8%
Long term sickness absence rate (%)	LS/JA	<=3.5%	2022/23	5.2%	4.6%	5.1%	4.4%
			2021/22	3.7%	4.9%	5.3%	4.6%
Total sickness absence rate (monthly) (%)	LS/JA	<=6.5%	2022/23	7.3%	6.4%	7.9%	6.2%
			2021/22	5.1%	6.7%	7.8%	7.4%
AfC Staff Appraisal Rate	LS/JA	>=90%	2022/23	76.7%	75.3%	72.0%	72.1%
			2021/22	72.9%	70.6%	74.8%	78.5%
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2022/23	85.6%	85.4%	86.4%	86.1%
			2021/22	89.2%	88.6%	87.2%	88.0%
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=60%	2022/23	60.0%	61.0%		
			2021/22				
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2022/23	2	3	1	1
			2021/22	5	1	2	2
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2022/23	7.8%	7.8%	7.5%	7.2%
			2021/22	5.5%	6.3%	8.4%	7.6%
Total agency cap (£k)	BM	No Target	2022/23	1053	928	1007	1145
			2021/22	690	705	938	1303
Percentage Spend on Temporary Staff	BM	No Target	2022/23	6.3%	5.1%	5.7%	5.8%
			2021/22	5.6%	4.2%	5.2%	7.4%

Well-led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4
Neighbourhood Team Vacancies, Sickness and Maternity WTE	SP	No Target	2022/23	106	117	156	139
			2021/22	117	121	142	103
Neighbourhood Team Percentage of Funded Posts Utilised	SP	No Target	2022/23	88.0%	86.0%	79.2%	83.2%
			2021/22	85.0%	83.0%	82.9%	89.0%
Starters/leavers net movement	SP	>=0 in favour of starters	2022/23	-8	34	58	95
			2021/22				

We have recognised the subsequent impact that the pandemic is having on our staff both professionally and personally and have sought to support them through a range of initiatives. Turnover during the year was below the 14.5% target, although turnover rates within the nursing and midwifery staff group were higher than we would wish. The Trust has responded to this through a range of recruitment initiatives such as international recruitment, recruiting from within our local communities and the development of several clinical apprenticeship roles.

Overall sickness absence during 2022/23 continued to match absence levels in the previous year; not yet returning to the under 5.8% levels of pre-pandemic. Short-term sickness absence levels remained within tolerance throughout the year. Our focus remains on supporting the prevention of and return from long-term sickness absence, where stress/anxiety/depression remains the most prevalent sickness absence reason.

The vast majority of our staff are in work most of the time. We want them to be the best they can be and to provide care as safely and effectively as they can. Our annual appraisal rates continue to be below the 90% target and have hovered around the lower 70% throughout the year. The Board has consciously relaxed our targets for appraisal in view of the capacity pressures on services, but appraisals remain a key part of our support to staff, and we are piloting a new **appraisal season**, together with new paperwork, during the coming months. Compliance with statutory and mandatory training continues to just fall short of the 90% target but compliance rates are stable and performing well, this is partly due to much of the training available online and can be completed by staff at a time that suits and partly due to increased governance around statutory and mandatory training where we have identified owners and subject matters experts for all subjects.

It is pleasing to note that with the continued focus on the Workforce Race Equality Standards (WRES) we are starting to see some improvements linked to hyper-local recruitment, where 29% of appointees since 1 April 2022 are from a Black, Asian or Minority Ethnic (BAME) background and 12.2% of the overall LCH workforce reports as BAME. Work is also ongoing to create the conditions in which higher numbers of more senior posts are attractive to, and filled by, a more diverse talent pool. This includes both considering how and where posts are advertised; and increasingly ensuring inclusion is embedded into selection processes.

NHS Staff Survey

The annual NHS Staff Survey invites everyone working in the NHS to give their views on working life. It is completely independent, and we encourage our staff to complete it as an important feedback mechanism.



58.3% of LCH staff completed the 2022 survey. This is 6.3% higher than the 2021 and 13.3% higher than 2020. Our response rate for 2022 is the highest response rate the trust has ever received.

Compared to 2021 colleagues are feeling 'more recognised and valued', more staff are 'looking forward to going to work' and are 'more enthusiastic about their role'. They feel 'more involved and can make suggestions to make improvements.

More colleagues would 'recommend the organisation as a place to work' (up 4.8% from 2021 to 64.8%). This is within the top five scores amongst Trusts in North East and Yorkshire region.

66.9% of colleagues feeling LCH takes 'positive action on health and wellbeing' (up 3.5% from 2021). More colleagues are feeling they can 'achieve a good balance between my work life and home life' (up 5% from 2021 to 58.2%). Generally, colleagues are feeling less burnout and tired compared to 2021 which is hopeful.

Colleagues are feeling more positive around personal development and learning with more people feeling there are 'opportunities to develop their career in the organisation' (up 2% from 2021) and 'there are opportunities to improve their knowledge and skills' (up 4% from 2021).

CQC Statements



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

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019. The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

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

Sexual Health services were rated outstanding overall.

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

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

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

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

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

The Trust developed robust action plans to address the findings and these are monitored through the governance structure.

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

Part 4: What Other People Think of Our Quality Account

Healthwatch Leeds

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



The hard work that has gone into rebuilding, improving and innovating services across the Trust is clearly demonstrated throughout the report.

LCH have been actively involved in the citywide work to listen and act on the feedback from people through the People's Voices Partnership, How does it feel for me? and the Inclusion for All action hub. It is therefore great to see LCH's commitment to improving accessibility and ensuring stronger relationships are being built with different groups of people to improve health equity.

The increasing levels of public/service user engagement and how their feedback is being used across the Trust is positive and we look forward to seeing how the Engagement principles are implemented across the Trust. In particular, the involvement of the Youth Board in the Children, Young People and Family's Strategy is an excellent example of meaningful engagement and coproduction. It is also very positive to hear that information from complaints have fed into LCH's 2023 priorities and feedback is being taken on board by services to continuously improve services based on people's feedback.

There are some parts of the report where patient and community voices are less prevalent, and it becomes unclear

how their experiences are influencing services and projects. Using the research section as an example, it would be useful to know how public and patient experience will be used to inform projects and what their involvement may look like. **[Feedback shared with the team and an addendum included in the Quality Account Research section].**

Similarly, in the review of priorities, there are specific aspects where people's voices are not demonstrated, such as the switch from individual CBT to group sessions under CAMHS **[based on the draft Quality Account and no longer included]** and work surrounding digital transformation. **[Feedback noted].**

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

There are lots of positives to take from the report, specifically around the development of different groups such as the Race Equality Network and the 84 engagement champions. As ever it is very positive to see the focus on staff's health and wellbeing as it is not only the right thing to do but key to the delivery of quality services.

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

Integrated Care Board

Thank you for providing the opportunity to feedback on the Leeds Community Healthcare NHS Trust's (LCH) Quality Account for 2022/2023. The Integrated Care Board (ICB) in Leeds acknowledge that the report is in draft and additional information will be added prior to final publication, so please accept our observations on that basis.

Although yet another challenging year due to the impact of Covid-19, Streptococcus A, and the increase of the impact of seasonal flu, it is positive to see the continued commitment to the provision of high-quality care, innovation and continuous improvement, and the focus on integrated approaches to care delivery.

Overall, the account is comprehensive and demonstrates the strong focus on the experiences of people who use services and how their feedback is directing some of the improvement work across the services provided by the Trust. There are also several examples of integrated and partnership working, research, evidence-based practice, as well as several examples of transformational leadership and a culture of continuous improvement and learning. The quality improvement work described demonstrates responsiveness to the needs and experiences of the local population and aligns with system integration, and national priorities.

The ICB in Leeds will continue to support the strategic goals identified by the Trust, which are:

- To deliver outstanding care.
- To use the resources wisely and efficiently.
- To ensure the workforce is able to deliver the best possible care in all of the communities the Trust is working with.

- To support the workforce to recover and flourish, with a focus on resourcing and health and wellbeing.
- To work in partnership to deliver integrated care, care closer to home, and to reduce health inequalities.

We recognise the enormity of this challenge, given the unprecedented circumstances we are all facing. The ICB in Leeds whole-heartedly thank LCH for the continuous work towards the strategic goals in contributing to better integrated working, resilience within the health and care system, and improved health and wellbeing for people of all ages across Leeds.

We thank you for sharing the draft copy of LCH's Quality Account for 2022/2023 and look forward to working with the Trust over the coming months as we continue to work in partnership within an integrated care system.

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.

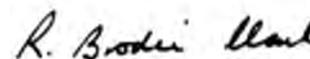
The content of the Quality Account is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2022 to May 2023.
- Papers relating to quality reported to the Board over the period April 2022 to May 2023.
- Feedback from North West Integrated Care Board on 9/05/2023 and Healthwatch Leeds received on 10 May 2023.
- 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 2022

Brodie Clark CBE, Chair



Signed Date: 31 May 2022

Thea Stein, Chief Executive

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2022/23 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

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

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



How to comment

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

By email to lch.pet@nhs.net

Please ensure you include 'Quality Account 2022/23 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance
Quality Account 2022/23 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
1st Floor, Stockdale House
Headingley Office Park
Victoria Road
Headingley
Leeds LS6 1PF

Glossary

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

Ask Thea – an opportunity to ask our Chief Executive questions, this can be anonymous if preferred.

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

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

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

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

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

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

Commissioners – organisations that agree how money should be spent on health within a community. This could be for

example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

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

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

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

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

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

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

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

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

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

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

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

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUDIC – a review of progress of unexpected child death.

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

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

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

WRES – Workforce Race Equality Standard.

WDES – Workforce Disability Equality Standard.

Thank you for taking the time to read our Quality Account for 2022/2023. You can also view this document via our website at www.leedscommunityhealthcare.nhs.uk