NHS
Leeds Community Healthcare
NHS Trust

Quality account

2017 : 2018

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Introduction

We are pleased to introduce our 2017/18 Quality Account for Leeds Community Healthcare NHS Trust (LCH). This account highlights the quality improvements, developments and innovations we have achieved within our services over the last year and describes the challenges we have faced in relation to quality. The Account sets out the quality priorities we have identified for the forthcoming year, 2018/19 and how we will measure and monitor on these during the year.

Our Vision at LCH is *'To provide the best possible care to every community we serve'*.

Our engagement with patients, carers, the public and our partner organisations will be a renewed area of focus for 2018/19. Patient and public involvement and leadership at the heart of our services is fundamental to learning, in order to make our services the best they possibly can be. We continue to listen to others' experiences and feedback to shape our services for the future, to improve the quality of those services; and ensure they are really listening to people. Crucial to this is our ongoing dedication to have the right conversation with our patients and engage them in their own care through health coaching, prevention, early intervention and self-care. We work with people and want to ensure we leave them in control of their lives – asking "what's strong" rather than "what's wrong". We will work to embed this approach during 2018/19, putting the patient and carer at the heart of everything we do.

Equally, we aim to ensure our staff receive the best possible experience at LCH. Engagement with staff is ongoing as we work to address the local and national challenge of recruitment, retaining our workforce and reducing sickness levels within the organisation. The health and wellbeing of our workforce is paramount and we recognise that this is fundamental to high quality patient care. To this end we are proud to take this opportunity to celebrate our success in attaining an improved Care Quality Commission (CQC) rating of 'Good' following a CQC inspection in January 2017. This achievement demonstrates the commitment and hard work of our staff, despite the ongoing pressures and challenges they face on a daily basis; and we greatly commend them for this.

Our aspiration to be even better and become an 'Outstanding' organisation is a motivation for improving quality in 2018/19. Good leadership and management will be central to moving towards this goal, particularly as the health economy endeavours to balance limited resources and a changing population, with growing pressures on the healthcare system, particularly during the winter months. Our LEAD Programme continues to be part of developing our staff to become exemplary leaders within their teams.

Reducing incidences of avoidable harm remains a high priority for LCH. This has featured in our Quality Account quality improvement priorities for the last 3 years with a particular focus on reducing avoidable harm caused by pressure ulcers and falls. We recognise that this work must remain a high priority and our continuous quality approach is ongoing through regular scrutiny, review and reporting via our Pressure Ulcer and Falls review meetings and steering groups, our Quality Committee and our Trust Board, and to our associates at the Leeds Care Commissioning Group Partnership.

Moving into 2018/19, learning from the investigation of incidents and complaints will be an area for continuous improvement. Our Patient Safety, Experience and Governance Group will be central to scrutinising these actions and outcomes in order to provide assurance on their progress. We will endeavour to involve our patients and carers in this work to ensure the best possible outcomes and to improve the care we provide.

Outcomes and quality can only be improved through partnership working. We are positive about the development of a range of partnerships and particularly our partnerships with primary care which we see as crucial as we drive new models of care in the city. As we work across the city, all partnerships continue to develop and form to create a stronger health and care network within which we can better support the needs of the community; and together improve the quality of care for the population of Leeds.

To finish where we started however – for us listening to the patient (the citizen) is the key to ensuring quality is at the heart of all that we do. This year we are recommitting to listening even harder.

This account details all of our quality improvement priorities for 2017/18. For consistency and in line with many organisations, reporting on the priorities will continue to be against the CQC domains of Safe, Effective, Caring, Responsive and Well led.

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 Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the Regulations and supporting guidance.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
- board minutes and papers for the period April 2017 to May 2018
- papers relating to quality reported to the board over the period April 2017 to May 2018
- feedback from Leeds Clinical Commissioning Group on 16 May 2018 and Healthwatch Leeds received on 14 May 2018
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
- the [latest] national staff survey 06/03/2018
- the Head of Internal Audit's annual opinion of the trust's control environment dated 23/05/2018
- CQC inspection report dated 29/08/2017
- the Quality Report 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report 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 Report.

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

By order of the Board

Signed ..... Date 01 June 2018

Neil Franklin, Chair

Signed ..... Date 01 June 2018

Thea Stein, Chief Executive

Section 1

A Review of Quality in LCH

Improving Quality through the Engagement and Involvement of Patients, Carers and the Public

LCH is committed to genuine and meaningful involvement with patients, carers and the public and this is central to the way we ensure that we work to our values and behaviours.

Our Eleven

The Trust's 'Our Eleven' is made up of one vision, three values and 'seven magnificent behaviours'.

It is important that we create the working life we want. It is how we will achieve our vision –
"to provide the best possible care to every community we serve"

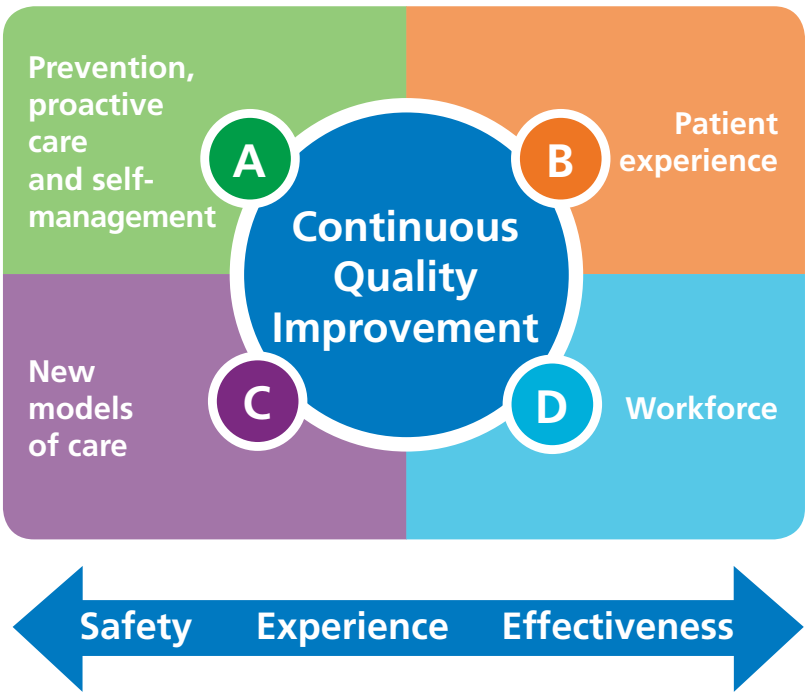
- ✓ We have simplified our Quality Account for this year and reduced the number of quality priorities set for 2018/19
- ✓ Our quality account priorities are aligned to the new quality strategy as well as organisational objectives/business priorities
- ✓ The Trust will continue to promote different ways of engaging in quality improvement in addition to the Quality Account
- ✗ We have not chosen targets that are easy to achieve
- ✗ Where quality improvement targets are continued from previous years, we will not continue to do the same thing and expect different results but will develop revised action plans and ways of working to help achieve these targets

The quality priorities we have set for 2018/19 are aligned to the four common themes outlined in the new Quality Strategy:

These priorities combined will help us meet our strategic objectives and are also in alignment with the Leeds Health and Care Plan.

The new Quality Strategy sets out the work we need to do over the next three years to support our vision and achievement of our strategic goals. It is a key enabling strategy, providing the framework for other Trust strategies that play a fundamental role in achievement of the Trust's vision.

Additional pieces of work relating to quality improvement continue to take place within individual services and are managed through services' own quality improvement plans.



We will continue to provide feedback throughout the year as well as through next year's Quality Account. This will include:

- Progress made using **"you said…we did"**
- Continuing to involve patients, carers and the public in finding solutions or improvements using **"you said…we didn't, why, and what we're doing instead"**

Engaging Staff, Patients and Public in the Quality Improvement of Patient Care - Look Forward

During 2017/18 significant improvements have been made in the way patients access a number of services and the time taken for people to receive the care they need. In addition there have been several innovative ways of working to support service users in managing their health and wellbeing.

Looking forward to 2018/19, we are adopting a more aligned and systematic approach to quality improvement, with a focus on identifying key priorities for improvement informed by what our patients are telling us, what our staff are experiencing, organisational goals and requirements of the Leeds Health and Care System. A number of Quality Improvement (QI) projects are initiated at different levels: organisational, service and team and involvement of patients will be a core part of the process. Participants in the QI work will be supported by a clear improvement methodology and will be introduced to QI tools to support this work.

We will continue to encourage new and innovative ideas from staff about care delivery such as the Dietetic passport, the 'Step-Up' App for young people with mental health conditions and the 'Let Me Show U' App which enables young people with disabilities to communicate effectively with care-givers. This work will be supported through the ongoing development of the Innovation and Research Council and Innovation huddles.

There will also be a real focus on celebrating and sharing our achievements, both within our organisation, locally and nationally. We have had great success in 2017 as Royal College of Nurses (RCN) Award winners for our integrated healthcare to children and young people in custody, and finalists for five Health Service Journal awards. We will continue to share our work through conference presentations, award submissions and internal opportunities to share knowledge, including our Innovation and Research Hub.

The Patient's Voice at Board Meetings

LCH remains committed to ensuring that discussions at Board and Board sub-committees are informed by the views of patients/carers and staff.

The Board continues to receive a patient's story at each of its public meetings. There are no formal papers for this item but a patient, family member or carer attends and 'tells their story' and there is an opportunity for Board members to ask the patient/ patient representative some further questions.

Examples of patient stories that have been presented and discussed at Board are included within this report to demonstrate how LCH works with patients and their families/carers to provide high quality, patient-centred care.

Board members continue to participate in service visits and these provide an opportunity for Board members to gain an insight into services and also to engage with service users and staff. The Quality Committee receives reports from these visits to enable lessons learnt to be shared across the Organisation.

Adult Business Unit:
Miss W - an Integrated Neighbourhood Team Approach

Miss W had a recent diagnosis of Alzheimer's Dementia and had been discharged from memory services.

She had been referred to the Memory Support Worker Service by her GP after it was acknowledged that she was failing to access other services. Memory services had previously referred her to Adult Social Care but she had refused the offer of home help however Miss W was unable to shower herself and was unable to access her heater or cooking facilities despite a keen desire to maintain her independence.

A Neighbourhood Team Senior Nurse Clinician visited Miss W with a trusted neighbour. The patient admitted she wanted support in her home, but did not want personal care from a stranger. She identified with her neighbours consent that she would accept support from her if she was assisted to do so. The clinician discussed the difference between direct payments, Carers Allowance and Attendance Allowance and the patient agreed to a re-referral to Adult Social Care for direct payments.

The patient's needs were discussed at a Neighbourhood Team meeting where it was agreed that a Community Occupational Therapist (OT) assessment would be undertaken and a Neighbourhood Team Social Worker would re-open her case to look at a claim for direct payments. Social Services were advised to do a joint visit with her trusted neighbour. A further joint visit with the mental health liaison worker was also carried out to enable an OT assessment to take place.

Miss W was known to the local neighbourhood schemes and they were able to offer her a monthly lunch club and she was also referred to a second local lunch club who could offer a weekly meal with transport. The clinician contacted a local community centre who organised taxi support for the patient to attend a weekly Chairobics session at their centre. In addition the Access Bus was able to help her attend her local shopping centre weekly.

The patient recently had a fall and was admitted to a Community Care Bed for rehabilitation. LCH notified the various services involved and again on her return home, her neighbour was able to clean and prepare her home for her return and is now awaiting the direct payments service.

Miss W is able to maintain her independence in the community with this integrated support.

Children's Business Unit: Child and Adolescent Mental Health Services (CAMHS) Patient Story

In December 2017 the CAMHS Team Manager attended the Board meeting accompanied by a former patient and her parent who had received care and support from the Service.

The young person explained that in 2016 she had spent several months as an inpatient at the Trust's unit at Little Woodhouse Hall and advised that there were both male and female inpatients ranging in age from 12-18 years old. Both the young person and her mother agreed that the prospect of admission to the unit was frightening but that the healthcare support workers, nurses and other healthcare professionals made the experience as easy as possible.

The young person added that although her journey to recovery was difficult she felt supported and empowered by staff and the other young people who provided inspiration and friendship. The young person's mother said that the staff were excellent and she felt reassured that her daughter was in a safe environment. Staff were supportive of her as a parent and always ready to listen to her concerns and offer reassuring advice.

The young person stated that she had made a number of long lasting friendships with her fellow inpatients and that, with support and careful monitoring from staff, patients frequently worked together to face their problems.

The young person explained that after she was discharged she was supported by the Tier 3 CAMHS Service for several months but unfortunately suffered a relapse requiring a further admission as an inpatient. Since there were no beds available at Little Woodhouse Hall she had to be admitted to a facility outside of the area and her mother spoke about the difficulties for her daughter and the family as a result of not being able to receive treatment close to home and in an unfamiliar environment.

The young person advised that she was now attending college full time and without the treatment and support she had received from CAMHS this would have not been possible.

A Non-Executive Director asked how important it was to have a relationship with her peers whilst an inpatient in Little Woodhouse Hall and she responded that she thought patients motivated each other to recover and supported each other to make the experience easier. Her mother advised that staff monitor friendships very carefully to ensure that they are appropriate and positive.

The Trust Chair thanked the young person and her mother for attending and speaking so eloquently and telling such a compelling story. Reflecting on this the Chair said that there were many positives but that it also highlighted areas of concern regarding the care of children and young people with complex mental health problems.

Although there were no direct changes as a result of this young person's story LCH continues to work closely and collaboratively with all young people. A participation group has recently commenced facilitated by a member of staff and the CAMHS Participation Lead.

The Service is moving to new premises which will enable them to support more than double the number of young people that we are currently able to support. This is as a direct recognition of the lack of in-patient facilities available locally resulting in too many young people being placed in beds far away from their families and local surroundings.

Specialist Business Unit:
Dietetics Patient Story

Dietitian Mark Hodgson presented a patient story to the Board on behalf of a lady who had been referred for advice regarding management of bloating in her gut. The patient was on holiday at the time of the Board and therefore unable to attend in person.

The patient described her bloating as severe, (she scored it as 9 on a scale of 0 -10 where 10 is the worst possible score) and stated that this had a profound impact on her life and mental health. She reported that her relationship had suffered and she feared her partner putting his arms around her waist as she lacked confidence in her body image, could not buy clothes like she used to and was not comfortable on holidays as the thought of looking pregnant in a bikini made her self-conscious. She stated that she was paranoid, felt guilty for eating and sick when she looked in a mirror. She started exercising obsessively, contemplated taking laxatives and thought that she was developing an eating disorder.

The patient told the dietitian that after years of suffering, she was eventually referred to LCH's Dietetics Service. She was frustrated that the referral wasn't made sooner as she felt time had been wasted attending her GP every 3 weeks for blood tests, abdominal examinations and trying various advice from her GP that did not help with her bloating. With the dietitian's advice and support, the patient followed a complex exclusion diet known as FODMAPs (Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols, a collection of poorly absorbed, simple and complex sugars found in fruit, vegetables, milk and wheat) to try to identify if any particular foods were aggravating her symptoms. The patient advised that she now knows what to avoid or to eat in small quantities to keep her bloating under control (she now scores her bloating at a 3 which is a significant improvement from 9 prior to her receiving this dietary advice). The patient reported that she has her confidence and normal lifestyle back and is very grateful for the help she received from the dietitian.

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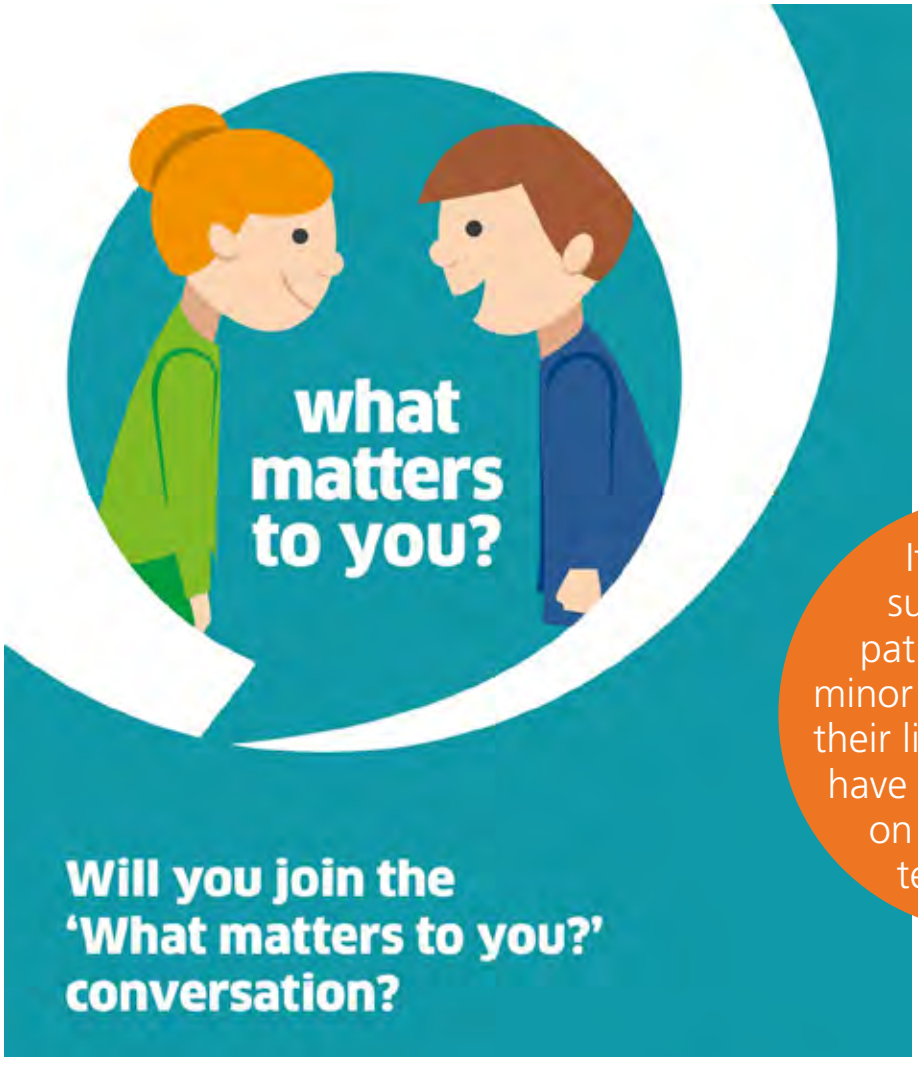
Prevention and Early Intervention and Self–care

With an ageing and increasing population that frequently presents with multiple long term conditions we need a different approach to improving health and well-being. There is strong evidence that health coaching, motivational interviewing and self-management work.

Over the last year we have worked with patients and our staff to begin to develop a culture of prevention and self-care. We have listened carefully to the patients we provide care to and firmly believe that working with and starting with the outcomes (goal setting) that a person wishes to achieve benefits the individual, the community and the NHS.

The goal setting approach can be very simple. It might seem a complicated process and challenging to do but it's fundamentally about having helpful conversations, a bit like planting a seed that with a bit of nurturing by interested and supportive clinicians can grow and empower a patient's ability to support their own health care needs.

It could be supporting a patient to make minor adjustments to their lifestyle that will have a huge impact on their longer term health. Some examples of this include eating a well-balanced diet and maintaining adequate fluid intake, stopping smoking and increasing exercise levels. Promoting healthy ageing and helping people take care of themselves also helps to reduce their risk of falls. It might be working with patients to follow pressure area prevention advice or take over the management of their medication e.g. self-administration of Insulin or Tinzaparin (an anticoagulant that helps the prevention of blood clots). For our young people work is focusing on developing accessible information and tools with children and young people in formats that they wish to use.



People have a key role in protecting their own health, choosing appropriate treatments and managing long-term conditions. Self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. They might do this independently or in partnership with the healthcare system.

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Diabetes Structured Education
The LEEDS Programme

The aim of the LEEDS (Learning, Empowering, Enabling Diabetes Self–Management) Programme is to increase knowledge and self-management skills in people who have Type 2 Diabetes.

This might lead to an improvement in diabetes control, reduced medication requirements and a better quality of life.

The programme has been developed by Alyson Cawthorne, Lead Diabetes Dietitian, in response to the request for a bespoke programme for Leeds and has since been awarded QISMET (Quality Institute for Self-Management Education and Training) accreditation.

The LEEDS Programme is a 3 week course with each session lasting for 2 ½ hours. Topics covered include, 'what is diabetes', 'blood tests and what they mean', medications, healthy lifestyles (includes diet, alcohol, exercise, smoking) and the importance of working towards a healthy weight. Reducing the risk of longer term complications, stress management, action planning and goal setting are also included.

The Trust has recently been awarded transformation bid money to extend the programme to deliver 125 programmes per year, particularly focusing on BME (Black and Minority Ethnic) groups; men aged over 40 and deprived areas. We will also be delivering programmes out of hours (evenings and weekends) to cater for patients who are unable to attend during the day.

The programme is evaluated via patient satisfaction and their confidence in self-management of their condition and we also hope to conduct a 12 month follow up to monitor improvements in HbA1c.

Review of 2017/18 Quality Account Quality Improvement Priorities

At LCH we use the Care Quality Commission (CQC) framework and domains of Safe, Effective, Caring, Responsive and Well Led to review the quality of our services.

This section reviews the priorities we set for 2017/18 and describes our achievements during the year as well as some of the challenges the Trust has faced.

Safe

Table 1 shows the Quality Account priorities for 2017/18 relating to the CQC domain of **safe**, the progress against each priority and further work identified for 2018/19.

Quality area for action	Achievements to date	Comments
Protecting patients from harm that happens in our care (Sign up to Safety pledge) Sign up to SAFETY LISTEN LEARN ACT	**a) 10% reduction in avoidable category 3 pressure ulcers** The number of Category 3 pressure ulcers deemed to be 'avoidable' during 2017/18 was 13. This is a 35% reduction from 2016/17 and as a proportion of all category 3 pressure ulcers reported shows a figure of 10.7%. **Achieved** **b) No avoidable category 4 pressure ulcers** The Trust reported and investigated 4 Category 4 'avoidable' pressure ulcers during 2017/18 from a total of 13 that were reported. **Not achieved**	The Trust continues to work to reduce the occurrence of avoidable pressure ulcers and there is further information on work that has taken place within this report.
	c) 5% reduction in falls resulting in avoidable harm in our community inpatient units In 2017/18, 3 of the 20 (15%) inpatient falls incidents where harm was recorded were classed as 'avoidable'. In 2016/17 11 of the 45 (24.4%) falls were classed as 'avoidable' so this demonstrates an improvement although changes to inpatient provision has meant a reduction in the number of beds directly managed by the Trust. **Achieved**	The Trust continues to implement the falls prevention plan and further details regarding this are included within this report.

Quality area for action	Achievements to date	Comments
Strengthen incident management and ensure investigations are completed on time	a) **60.2%** of all low/no harm incidents (of all those that fall under the 15 day criteria) were investigated and closed within this timeframe. This demonstrates a 7.5% increase in compliance. b) **69.1%** (723) of all moderate harm and above incidents (that fall under the 30 day criteria) were investigated and closed within this timeframe, demonstrating a 15.2% increase in compliance. c) **100%** of all SI's reported individually were closed within the time limit (of all submitted reports to CCG). Combined quarterly reports to the commissioners for unstageable and Category 3 pressure ulcers have been sent on schedule. **Achieved**	Further details are included within the incident management section of the report.

Falls Group and Pressure Ulcer Management Progress in 2017/18 and a look forward

Both the Pressure Ulcer and Falls Steering Group meetings within LCH are now well established and have current work plans that are progressing.

The pressure ulcer improvement plan has been completed and a new action plan developed in light of ongoing learning.

The Trust had a pressure ulcer improvement plan which it was working on during 2017-18 and good progress has been made, with most actions either complete or on track to be completed within agreed timescales. In December 2017 a workshop was held to review progress with pressure ulcer prevention and to identify further actions required. This was particularly pertinent as there had been an increase in 'avoidable; pressure ulcers, specifically Category 4 pressure ulcers, in the second and third quarters of 2017-18. The workshop provided an opportunity to consider as a group these themes and identify further actions to reduce the number of avoidable pressure ulcers. Feedback from the workshop is being used to refresh the pressure ulcer improvement plan for 2018/19.

An evaluation of both the falls and pressure ulcer review process took place in 2017 resulting in a streamlined approach for both, with a 72 hour review period to determine if the injury was 'avoidable', and if this was considered the case then the incident was moved to a full Serious Incident (SI) investigation, if not further investigation would not be required. This has resulted in clinical time being saved so that only cases deemed avoidable are investigated to ensure that there is learning from these incidents.

We are working with our partners across the city to re-establish the city wide pressure ulcer prevention group to ensure we are as proactive as possible in the area of prevention. We will also be looking to hold further events around falls and pressure ulcer prevention throughout the year and these will be factored into the actions plans for both falls and pressure ulcer prevention.

Our aims remain to continue to reduce harm from falls and pressure ulcers and to ensure that staff provide care that is both of a high quality and effective at all times.

Incident Management

Incident management was a quality account priority for 2017/18 with a particular focus on reducing the incidence of pressure ulcers and strengthening the incident management process to ensure investigations were completed in a timely manner and incidents closed within required timescales.

LCH has a policy which sets out the timeframes for investigating and closing incidents, according to the category of harm caused.

This year modifications to the Datix incidents module have been made to enhance the monitoring of incident management and highlight overdue incidents. Since this information is on the 'home page' for most users, it is very clear how many overdue incidents users have within their caseloads acting as a visual prompt to ensure timely investigation and closure of incidents.

The Clinical Governance Team (CGT) also initiates a weekly email from Datix to all incident handlers and investigator who have an overdue incident, to allow these to be quickly updated. All overdue incidents not responded to are escalated within the Business Unit and monitored via Quality Committee reporting.

Incident Partnership Working

LCH has engaged with other providers across the city and the Clinical Commissioning Groups (CCGs) to look at how Serious Incidents (SI's) are managed. This has improved the links for undertaking joint investigations ensuring close working where more than one organisation is involved.

The Trust has amended its process for recording SI's relating to pressure ulcer damage following this partnership working and now only records 'avoidable harm' from Category 3, 4 or unstageable pressure ulcers as SI's. This enables investigations to focus on areas where the opportunity for learning is the greatest and also brings the Trust in alignment with other providers to ensure consistency of reporting.

Incident Investigator Training

All incidents are logged onto our electronic Risk Management System (Datix) and this information is used to analyse where incidents occur and also patient outcomes. When a patient sustains moderate or severe harm as a result of an incident an in-depth, detailed investigation process is undertaken called a Root Cause Analysis (RCA). This is a nationally-recognised method of investigation to identify how and why incidents happen and findings from these investigations are used to identify areas where we can make changes, develop recommendations and share learning to prevent a recurrence of the incident and improve the care delivered to our patients.

A training programme for SI Lead Investigators has been developed and the training programme for all incidents revised to ensure that reporters/investigators at all levels have the right skills and knowledge.

New user and incident reporter training has also been developed and is available to all staff.

Effective

Table 2 shows the priorities relating to **effectiveness** set for 2017/18, the progress against each priority and further action required in 2018/19:

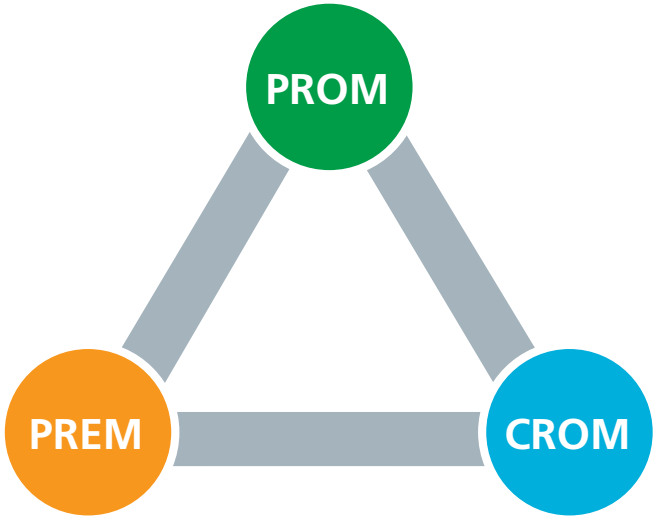
Quality area for action	Achievements to date	Comments
Outcome Measures	**Build on the progress made in 2016/17 and increase the number of services centrally reporting clinical outcome measures in 2017/18.** Significant progress has been made with this priority and a part time project manager recruited. An action plan has been developed and will continue to be implemented during 2018/19. **Partially achieved**	Further information on outcome measures is included within this report and work on this will continue throughout 2018/19.
Continue to progress the roll out of the e-rostering system	**Have clear rotas in place in a range of services including Neighbourhood Teams.** A new project plan has been developed and a new supplier identified following the termination of the contract with the initial supplier. Work will continue during 2018/19 to implement this. Not **Achieved due to the issues highlighted with the initial supplier**	The Trust is committed to this priority however the timescales for the project have been amended to reflect the project changes.

Outcome Measures

LCH is committed to the development and implementation of a clinical outcomes programme that takes account of and aligns itself to national, regional and local priorities. Services across the Trust have been collecting clinical outcome data on a regular basis; however LCH has identified the need for this data to be collected via a method more compatible with our electronic systems to enable more efficient analysis and reporting and for the clinical outcomes used in the Trust to be better directed by service and patient need.

There is currently no baseline data for the Trust as clinical outcome data previously collected has been done so via a method incompatible with the systems for extracting and analysing data. This is currently being addressed and baseline data collection will begin as part of a phased roll out in Q1 of 2018/19. Once the baseline is identified, a work plan will be created to address inequalities or areas where performance could be improved.

LCH has agreed upon a model for clinical outcome measurements in some of its services that takes a holistic approach to the measurement of clinical outcomes. This includes a Patient Reported Outcome Measure (PROM), a Patient Reported Experience Measure (PREM) and a Clinician Reported Outcome Measure (CROM).



The agreed PREM for use across the Trust is the Friends and Family test (FFT) which is currently used routinely in all services. There is, within some services, an opportunity to increase response rates although the Organisation does benchmark well against other community Trusts and is exploring ways to increase participation of service users in this measure.

PROMs and CROMs will vary depending on the service and patient specific needs, some of the measures will be validated measures and others will be developed in service, especially where provisions are highly specialised. The most widely used validated tools within the Trust currently are the EQ5D-5L and Therapy Outcome Measure (TOMS); these have been procured and are used in the EPR (Electonic Patient Record) System on first and last patient contact.

Neighbourhood Teams, MSK (musco-skeletal) and ICAN (Integrated Children with Additional Needs) Services have been identified as priority areas for clinical outcomes measurements and work will be planned following an assessment of the feasibility of a stepped roll out. A project Manager has been employed on a part time basis and is working with clinical and support services to facilitate and manage the planning and implementation of a feasible and meaningful clinical outcome measures project.

Measures of success for the clinical outcomes programme for 2018/19 will be:

1. **Enabling the use of outcome measures in SystmOne via templates which allow data to be extracted easily**
2. **Increasing the use of PROMS and CROMS collected across the identified priority areas**
3. **Increasing participation of patients in the FFT (Trust preferred PREM)**

Work is continuing to identify a baseline which will enable the Trust to provide metrics towards the end of 2018/19.

E-Rostering System

An initial project plan was agreed with a supplier who had been contracted to provide the Trust with an e-rostering system. This contract was however terminated by mutual agreement in December 2017. The project followed the project closure process, including a full lessons learnt review to identify key aspects of the project that went well and also areas for improvement. The review also highlighted that there was still a requirement for an e-rostering system although the aims and focus of the project needed to be revised.

The e-rostering project business analyst has spent a considerable amount of time gathering intelligence about e-rostering suppliers and speaking with other NHS Trusts that have implemented such a system about their perspectives on e-rostering and the systems they are using. A desired new supplier has been identified, based on the available suppliers.

The Project Board met in February and agreed more detailed time lines for delivery of the project, the project structure and resources required for the different phases of work envisaged and work is progressing to implement the new project during 2018/19.

Caring

Table 3 shows the priorities relating to **caring** and **patient experience** agreed for 2017/18 and progress as well as further actions required during 2018/19:

Quality area for action	Achievements to date	Comments
Friends and Family Test (FFT)	**Continue to increase survey response rates to bring about an improved level of understanding of patient experience and satisfaction. The baseline target was set at 6.8%.** The overall response rate for 2017/18 was 5.4% which is below the baseline target. (Following a mid-year review however it had been identified that the target was ambitious and individual targets were agreed within each of the Business Units, and some services were successful in achieving these). **Not achieved**	Further information on the work around FFT is included within the report.
	Ensure FFT equality data is reflective of the patient population through promotion, in order to identify and better understand health inequalities; and bring about improvements in patient care. At the end of Q4 this indicator was rated 'Amber'. Currently there are a number of surveys in use within the Trust that do not ask for equality data which impacts on reported figures and further work is being undertaken regarding this. **Partially achieved**	The Equality and Diversity Manager is undertaking further work to explore this issue and identify actions to address this issue.
Duty of Candour	**100% of relevant persons should be notified of a safety incident (as per the definition) in person, given reasonable support in relation to the incident; and a written notification (unless declined).** During 2017/18 an apology was provided as appropriate in 100% of applicable cases and the Trust is therefore fully compliant with duty of candour requirements. **Achieved**	Further information on duty of candour is included within the report.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses.

FFT has proved to be a powerful tool for service improvement by promoting a culture of increased responsiveness to patient feedback in the NHS. Through FFT, NHS staff receive regular, near real time feedback about the job they are doing. Often this feedback confirms what a great job they are doing, but where it is less positive it encourages staff to make changes in order to improve the quality of care experience." (NHS England, 2014)

The collection of FFT data has been compulsory for all NHS Community service providers since January 2015. LCH is compliant with the requirement to collect data and reports results regularly both internally and externally to NHS England via NHS Digital.

The Quality Account priorities set an overall Trust target of 6.8% for 2017/18 with a stretch target of 8%. The overall baseline was not achieved. However, recognising that this target was ambitious, services and business units set individual targets and many services were successful in achieving these and demonstrated improvement from the 2016/17 baseline.

More people are telling us what they think through FFT. During 2017/18 15,270 responses were received (5.35% response rate); with 96.7% of respondents saying they would recommend LCH services. This represents an increase in both figures compared to last year. People responding to FFT also provided 13,915 comments (positive and negative) about their experiences.

The Trust is currently reviewing its processes and exploring new ways of working to increase FFT response rates.

Duty of Candour

There is a statutory duty of candour for staff and organisations to be open, honest and truthful with patients when something has gone wrong with their care leading to moderate harm or above.

If a member of staff becomes aware of a patient safety incident that has resulted in moderate harm or above they need to:

- Speak with the patient as soon as possible after they realise that something has gone wrong
- Offer an appropriate remedy and support to put matters right
- Discuss with their line manager
- Record on Datix (an electronic risk management system)
- Record in the patient record that a suspected patient safety incident has occurred and also record if a verbal apology has been given.

Work has continued throughout 2017/18 to embed the duty of candour process and to raise staff awareness and incident handler responsibilities for accurately recording this process.

The Trust has provided an apology in **100%** of appropriate cases and is fully compliant with duty of candour requirements.

Being Open

Responsive

Table 4 shows progress with the 2017/18 quality priorities that fit within the **responsiveness** domain and actions that will continue during 2018/19:

Quality area for action	Achievements to date	Comments
Access to Services - Increase timely access to Child and Adolescent Mental Health Service (CAMHS)	**a) CAMHS: access to clinical intervention (i.e. following assessment) to be no longer than 12 weeks. Target to be measured from the date of being placed on the waiting list for intervention.** As of 9 April 2018 there were 29 children waiting over 12 weeks for a Complex Communications Assessment. **CAMHS Eating disorders** • 89.9% of routine referrals were seen within the 4 week target • 100% of urgent referrals were seen within the 1 week target **Consultation clinic** • There were 348 waiters on the waiting list at the end of March 2018. • 133 waiters are at 12+ weeks. Patient Choice applies to 2 of them • 16 of the 12+ week waiters either cancelled or failed to attend recent booked appointments • 86 of the133 current 12+ week waiters are due to be seen by the end of April • There are 20 High Priority waiters, all have appointments booked in except 2, both of these patients failed to attend recent appointments **Autism assessment** • The overall size of the waiting list is 72 waiters as of 31 March 2018 • Of these, 22 (31%) have been waiting 12+ weeks - Nine 4 week waiters are still to be booked in for a first appointment - One 7 week waiter yet to be booked in for a first appointment **Not achieved - although significant progress has been made.**	Further information is included within the report.

Quality area for action	Achievements to date	Comments
Access to Services - Increase timely access to Child and Adolescent Mental Health Service (CAMHS)	**b) ICAN (Integrated Children's Additional Needs Service): parent group intervention for Children with ASD diagnosis within 12 weeks of diagnosis - follow up medical appointments within 4 weeks of planned date** 100% of pre-school children given ASD diagnosis in Q4 were offered Stay and Play intervention within 12 weeks of diagnosis. **Achieved**	
	ICAN follow up appointments within 4 weeks of planned date Overall Community Paediatric clinic (CPC) - 52% Overall Paediatric Neurodisability Clinic (PND) - 53%	Further information is included within the report.
	c) See 80% of initial appointments for Occupational Therapy (OT) and Physiotherapy (PT) within 12 weeks As of 31 March 2018 91.2% of appointments for PT were within 12 weeks. 76.4% of OT appointments were within 12 weeks. 80% of patient were seen within 12.6 weeks. **Achieved**	Although this fell slightly short of the 12 weeks target 80% were seen within 12.6 weeks so this was close to achieving the stretch target.
	d) CUCS (Colorectal and Urinary Continence Service) Associate Practitioner initial assess 18 weeks and Specialist Nursing Review to reduce over the year to18 weeks **As of 31 March 18 the position is as follows:** Waiting times: Community Nurse Specialist (CNS) Urology – 17 weeks Colorectal – 23 weeks Assistant Practitioner – 16 weeks Waiting times have increased due to short/long term sickness and induction periods for new staff. **Not achieved**	In a small team such as CUCS one or two members of staff off sick has a significant impact on service delivery. Measures including overtime for weekend clinics have had to be cancelled due to sickness. Home visits remain in place to ensure progress is maintained. Additional AP hours have been agreed to extend the secondment to continue this progress. There is an ongoing focus to reduce waiting times.
Learning from Patient Experience	**a) 100% of partially and fully upheld complaints will have SMART action plans.** There was a demonstrable improvement over the year in the percentage of partially and fully upheld complaints that had SMART action plans and by the end of the year this target has been met. **Achieved**	Further information on this is included within the report.
	b) The Patient Experience Policy will be revised as part of wider service changes. The Policy is currently going through the Trust's approval process and it is anticipated that this will be completed by May 2018. **Achieved**	Further information on this is included within the report.

Access to Services

LCH continues to work to ensure that patients are able to access services in a timely manner. Co-working continues across services to look at what can be done to manage wait times given the staff challenges and increasing demand.

Within CAMHS new ways of working have been put in place to address capacity and demand and internal systems and processes are being reviewed with the aim of streamlining the service and being more effective. We continue to look at joint pathways with other LCH colleagues and external partners as well as looking at skill mix and succession planning, budgetary management and exploring the use of technology.
A recent audit was carried out to review capacity and demand and there are plans to re-audit this.

Within ICAN there has been an administrative review of processes and identification of skill mix opportunities for follow ups. There have however been substantial difficulties with medical staffing due to illness and vacancies which meant that the Service was unable to prioritise follow ups as it needed to ensure that they achieved the 18 week waits for initial appointments. Progress has been made however and continues to be made.

Learning from Patient Experience

Every time someone chooses to tell us about their experience at LCH it is a unique opportunity for learning and improvement.

As an organisation the Trust seeks to share and celebrate good practice while appreciating the courage of those who speak up when the expected levels of service are not met.

To help us to achieve this:

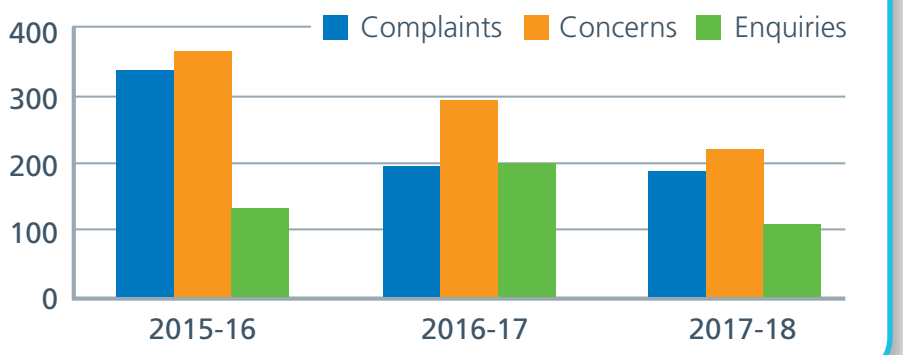
- The Service Lead reviews all completed investigations, draft responses and recommended learning and action plans prior to the response being sent for Executive review and CEO (Chief Executive Officer) review/sign off.
- Actions and learning and identified themes are reviewed and discussed at the Patient Safety, Experience and Governance Group (PSEGG).
- Compliments and outcomes of concern and complaint investigations are discussed with named practitioners as part of individual appraisal or supervision and with service teams.
- Patient Experience and Feedback is a standing item on team meeting agendas.
- The Patient Experience Team reviews all identified actions and progress of implementation of any changes and disseminates learning throughout the Trust through:
  - Regular reporting
  - Analysis of compliments, concerns and complaints through PSEGG and the Involvement Champions network
  - Updates in Community Talk
- Lessons learnt from complaints and also themes and trends are reported via Quality Committee to provide assurance to the Board that the Trust is fulfilling its statutory obligations.

In the last year the Trust has seen the amount of patient feedback received by traditional channels continue to reduce. During 2017/18 we received **188** complaints relating to services LCH provides. Eleven complainants asked the Trust to re-open their complaints to look at issues again. Three referrals were made to the Parliamentary and Health Services Ombudsman; (two of the referrals were about the same complaint) and none of these were upheld by the Ombudsman. There were also 221 concerns and a total of 107 enquiries recorded. We also received 2196 compliments.

Of the complaints we received, the Trust upheld either part or all of 51% of them and answered more than half of the complaints received within our target response time of 40 working days or less.

The table below shows the number of complaints, concerns and enquires received by the Patient Experience Team over the past three years.

Patient experience feedback received 2015-2018



The top themes for complaints in 2017/18 were:

1. Appointments
2. Clinical judgement / treatment
3. Attitude, conduct, cultural and dignity issues
4. Communication issues with the patient
5. Access and availability

In 2017-18, LCH set two Quality Account priorities for complaints:

a) All partially and fully upheld complaints should have a SMART action plan as part of the complaint response

b) The Patient Experience Policy will be reviewed and revised

The Patient Experience Team has worked with services involved in complaints to embed the practice of providing an action plan at the same time as a response is drafted to the complainant. This means action plans receive the same level of executive scrutiny as the responses we provide. During the year the percentage of complaints with an action plan has risen steadily from 55% at the start of the year to 100% by the end of the year, therefore the Trust was successful in meeting this target.

Patient Experience Policy

The 'Patient Experience: Dealing with Compliments, Concerns, and Complaints' Policy ensures that there is a consistent approach across the whole organisation in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Policy has been updated to reflect changes in the process regarding the required submission of action plans.

The adoption and implementation of this policy affirms the Trust's commitment to improving the quality and experience of care by:

- Encouraging and welcoming all patient feedback
- Making it easier for patients to tell us about their experiences
- Communicating clearly and regularly when concerns or complaints are made
- Being honest when mistakes are made or identified
- Using feedback to learn and take action to improve services

The Patient Experience Policy has been reviewed, revised and has completed the consultation process and it is anticipated the Policy will be ratified in May 2018. This priority has therefore been achieved.

Cast of Zoetrope

Patient Experience of Community Mental Health Services

The table below summarises patient experience of LCH **Specialist Child and Adolescent Mental Health Service** (CAMHS) interventions during this year and previous years:

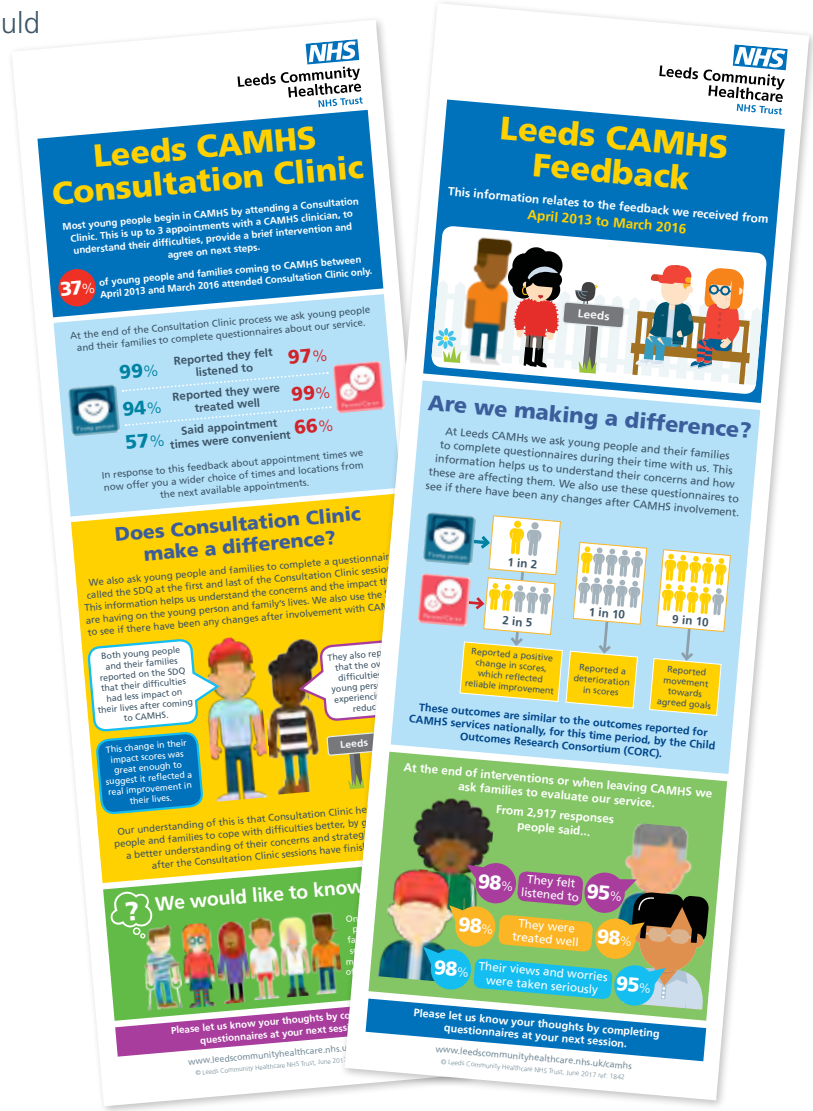
Reporting year	Community CAMHS		Inpatient CAMHS	
	Young persons' satisfaction	Parents and carers' satisfaction	Young persons' satisfaction	Parents and carers' satisfaction
2015/16	78.26%	88.15%	71.43%	86.46%
2016/17	82.18%	88.16%	79.17%	88.89%
2017/18	78.81%	88.29%	*	*

Source: CHI-ESQ, a CAMHS-specific satisfaction questionnaire used nationwide

*The completion rate for inpatients CAMHS satisfaction in 2017/18 was only 5 respondents, this was therefore not considered to be representative and the inpatient CAMHS figures for 2017/18 have thus been excluded. The Service is looking at ways to increase the response rate during 2018/2019.

LCH considers that these indicator scores are as described for the following reasons:

- **Recruitment** – Young people, parents and carers have participated in a number of recruitment events this year. Training has been provided around recruitment and the process and a scoring sheet that included a colour coded traffic light system and facial expressions has been developed which should be more suitable for the young people attending CAMHS.
- **Little Woodhouse Hall Guide** – A guide to the Unit has been developed and written by young people following feedback where it was considered that this would be useful for young people and their families prior to admission.
- **Participation meetings** – these have been established and take place regularly. A participation newsletter has also been introduced.
- **West Yorkshire Playhouse** – Our community and inpatient participation groups met the cast of Zoetrope following an invitation from the youth theatre director. Staff from CAMHS also had a stall in the foyer of the Playhouse displaying useful information.
- **Young people's stories** – We received feedback that young people and their families would like to see posters in waiting rooms with a positive theme. They also suggested that patient and families stories would give hope and as a result a new project is being developed to address this.
- **Patient Experience** – 'You said we did' posters have been introduced and parents have been invited to provide feedback and also to discuss feedback themes.
- **Eating Disorder Service** – Young people have been invited to a number of events this year and taken an active part in consultation regarding service development.



Leeds Children and Young People's Eating Disorders Service

Well led

Table 5 below describes the priorities relating to **well led** for 2017/18 and progress with these priorities:

Quality area for action	Achievements to date	Comments
Leadership	**Develop leadership and management throughout the organisation through implementation of the leader development LEAD programme and Manager as Coach Programme.** The Trust continues to develop its leadership capability through its Coaching Strategy which supports the development of staff via four areas, 1-1 coaching, team coaching, health coaching and Manager as Coach (MAC). **Achieved**	Further details on the work around leadership is included within this report.
Staff Engagement	**Increase year on year the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey.** The overall engagement score has improved since 2016 and has been steadily increasing since 2013. **Achieved**	Further information on staff engagement and the findings from the Staff Survey are included within this report.

Leadership

The Trust continues to develop its leadership capability through its Coaching Strategy which supports the development of staff via four areas, 1-1 coaching, team coaching, health coaching and Manager as Coach (MAC).

Health Coaching

Building on last year's momentum and the fantastic work that was achieved in training staff in health coaching, this year has seen another 80 staff access the 2 day training from the children's ICAN service, adult neighbourhood teams and the long term conditions teams. In addition, the organisation has committed to another six, 2 day programmes with the potential to train another 120 staff from across the 3 business units up to July 2018. The health coaching approach has seen significant spread across the Leeds health and care system and has been a key piece of work aligning LCH with other key health and care organisations across the city to reach the ambition of a 'working with' approach with citizens. The future looks even more exciting having secured funding from the Better Care Fund to enable health coaching and the Trust to become part of a citywide framework offering skills training and embedding support for the 'working with' approach.

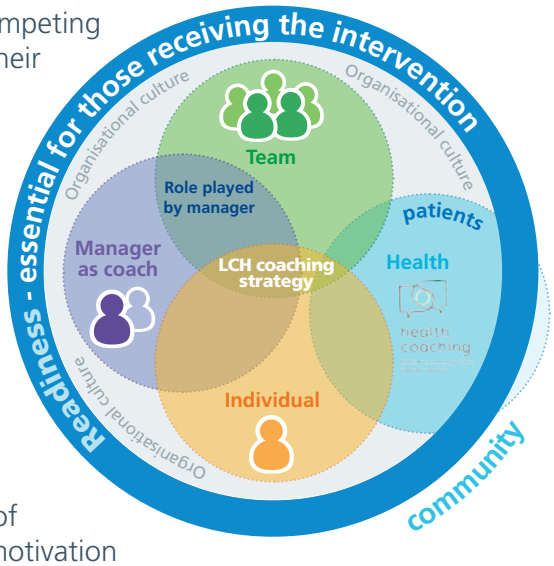
LEAD Programme and Manager as Coach (MAC) Programme

Our leadership development is an integrated and sustained process, not a one off event, or series of disconnected events. The leadership concepts and understandings embedded in the LEAD programme are designed to be relevant, connected, and applicable to real world and work environment.

The programme offers a variety of experiential courses. An essential element of the programme is Manager as Coach (MAC) consisting of five modules. There are opportunities to attend the relevant sessions on the development programme that have been designed to equip new leaders with skills in the fundamental areas of management essentials. Small groups of about 6 LEAD participants will come together through a Peer Coaching Group. These sessions are facilitated in the early stages of group formation to help consolidate learning and encourage collective support, before becoming self-facilitated.

Sixty eight managers have undergone Manager as Coach training over the past 12 months. At the 6 month evaluation managers reported that they have increased confidence, more time and ability to have challenging conversations.

Our register of 13 accredited coaches and 3 coaches in training have sustained their commitment to coach despite the competing demands on their time. We have delivered six group-coaching supervision sessions and several 1:1 supervision sessions to maintain coaching standards, the development of coaches and motivation to continue practice.



Coaches continue to say that coaching offers them a chance to stop, think and challenge themselves enabling them to remain at work.

Staff Engagement

LCH values the views of staff and has several initiatives to engage with staff within the organisation.

Engagement events have taken place with three groups of staff – place-based frontline multidisciplinary staff in Chapeltown, Armley and Beeston; senior and middle managers across Leeds City Council; the NHS and the Leeds Universities and one session focused on University staff engaged in pre-registration training. These 'working with' and health coaching engagement sessions took place between November 2016 and June 2017 with the aim of the sessions being to work with health and care staff to generate discussions around the 'working with' principle and the associated approaches that includes health coaching, collaborative care and support planning, strength based social care and making every contact count (MECC).

The events were attended by 300 staff working in health and care organisations across the city alongside NHS England who attended one of the sessions. Feedback from all events was captured and will form part of the health coaching evaluation.

Key themes emerging from the events included:

- The real support for a push forward with the 'working with' principle.
- The need for skills development at scale for health and care staff.
- The need to introduce 'working with' / health coaching into academia.
- The great opportunity to unite the health and care system in Leeds through a unified conversation with those accessing health and care in Leeds.
- The need for real organisational sign up to this approach.
- The requirement for significant resource to change the culture of conversations.

To date we have trained 240 staff in health coaching and we are currently bidding for additional funds to take the Leeds "working with" approach forward in a more integrated and coordinated way across the city.

LCH staff reported that having greater staff satisfaction, building up relationships with patients and promoting self-management has been core for them. Being able to have adult to adult conversations with each other has featured strongly as part of one to ones, clinical supervision, appraisals, team meetings and staff really value being listened to.

Staff Survey

The purpose of the survey is to enable NHS organisations to use their results to review and improve staff experience.

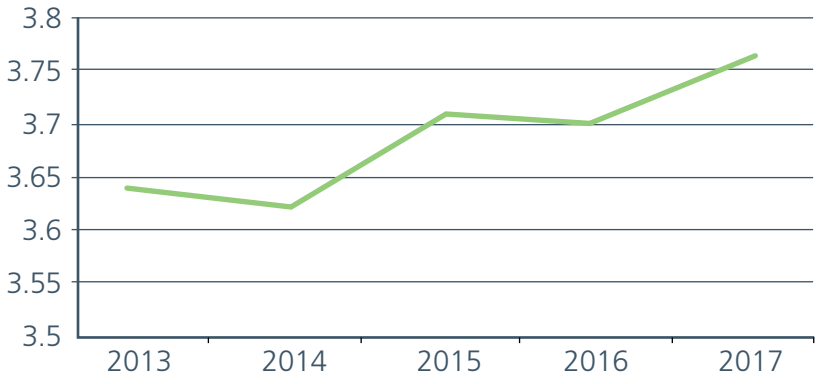
The results of the 2017 NHS National Staff Survey were formally released by NHS England on the 6 March 2018. The outcome of the staff survey for LCH is based on the results from over half of our workforce which is very encouraging.

The purpose of the survey is to enable NHS organisations to use their results to review and improve staff experience, which can directly contribute to staff providing better care. Regulatory bodies such as the CQC and NHS Improvement (NHSi) use the results from the survey to monitor on-going compliance with the essential standards of quality and safety.

The overall engagement score has improved since 2016 and has been steadily increasing since 2013 (see table below). LCH performs at average (-0.01%) versus the benchmark group. The engagement measurement comprises of three key areas:

- **Recommendation of the Trust as a place to work and receive treatment**
  (LCH scores above average)
  (Key Finding 1)
- **Staff motivation**
  (LCH scores average)
  (Key Finding 4)
- **Staff ability to contribute to improvements**
  (LCH scores below average)
  (Key Finding 7)

LCH Engagement Score 2013 – 2017



50 Voices

LCH has established a '50 Voices' Group that meets with the Chief Executive and other senior colleagues three or four times over a six month period to help the Trust think through difficult issues facing the organisation, and to help come up with the best solutions we can to create the working lives we want. Of course, this is not the only way staff can get involved with commenting on and shaping the way we work in the organisation and it is not a formal consultative body.

It is however a place for people from all parts of the organisation to come together and work with the Chief Executive on issues that they are unsure about how to solve - from dress code, to staff sickness, to lone working and estate strategy.

The Group is open to everyone within LCH regardless of their position. All staff need is an interest in being part of creating the best working lives we can – for all staff. Group members are invited to four meetings in total and also receive a few emails from the Chief Executive during their time in the Group however how much staff get involved is up to them. Feedback from participants is always good and staff are frequently surprised at how much they are involved.

Section 2

Additional Quality Improvement Initiatives during 2017/18

As well as the Quality Account priorities highlighted within the report, there has been a considerable amount of additional work undertaken within the Organisation to further improve the quality of care, using both new and innovative ways of working.

This section provides an opportunity to highlight some of this work using the CQC domains of Safe, Effective, Caring, Responsive and Well led.

Infection Prevention and Control
Raising the profile of Infection Prevention through innovation and engagement 2017-18

Throughout the year the Infection Prevention Team has continued to address the challenges faced through increasing antibiotic resistance and the enhanced vulnerabilities of some of the patients we care for.

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

Over the past year the Infection Prevention team has worked closely with care delivery staff both working within LCH and the wider health economy to promote a clear message emphasising the importance of safe infection prevention practice. Central to this has been a process of changing "hearts and minds" of staff by promoting the ethos that infection prevention is everyone's responsibility and should be an integral part of a patient's care. To date LCH has achieved the local and national targets for reportable infections: Clostridium difficile (CDI) and MRSA bacteraemia.

- No cases of MRSA bacteraemia have been assigned to LCH within 2017-18
- One case of CDI was reported on our Community Intermediate Care Unit at St James's Hospital during June 2017. A full Post Infection Review (PIR) was completed and this concluded that there were no lapses in care or evidence of transmission within the unit

Throughout this we have worked towards the following objectives:

- Raising the profile of Infection Prevention Control
- Addressing seasonally important issues such as influenza, Norovirus, hand hygiene
- Enhancing engagement with our Neighbourhood Teams and specialist departments
- Highlighting sharps safety compliance, both organisationally and with the general public
- Reinforcing that Infection Prevention and Control is everyone's responsibility

Safeguarding

LCH ensures there are systems and processes in place to promote the safeguarding and wellbeing of the people of Leeds.

The Trust monitors and develops practice in light of both local and national guidelines and works in partnership with patients, their families, carers and other agencies to ensure that it provides a safe environment for all patients.

Safeguarding is about engaging with people ensuring they have choice and control in safeguarding situations (Making Safeguarding personal: Guide 2014). 'Using a personalised approach that enables safeguarding to be done with, not to, people. An approach that enables practitioners, families, teams and Safeguarding Adult Boards to know what difference has been made'. (Local Government Association: Making safeguarding personal 2018).

> Safeguarding is about engaging with people ensuring they have choice and control in safeguarding situations.
> (Making Safeguarding personal: Guide 2014)

During 2017/18 we have supported staff across the Trust to work with our service users; encouraging everyone we come into contact with to trust that we will support them to live free from abuse, neglect or emotional harm.

We have demonstrated our commitment to this through:

- Revision of our Children Looked After Health Needs Assessment tool to bring this in line with the Education Health and Care Plan assessment tool so that these assessments can support each other, reducing duplication for us and more importantly for the children and families we deliver care to
- Participation in a Challenge Event facilitated by the Student Local Safeguarding Children Board, sharing all the ways in which we engage with children and families to help us shape our services to meet the needs of the people of Leeds

Other developments have included clear and strong commitment to:

- The relaunched 'Neglect Strategy'
- Adopting the NHSE sponsored "Was Not Brought" approach; refocusing away from the expense and inconvenience missed appointment cause the NHS to giving consideration to why a child was unable to get to an appointment and addressing barriers to accessing services

Partnership working is crucial to safeguarding and Ofsted recognised the strength of this between LCH and colleagues in Social Care.

Legislative guidance impacts on our day to day practice e.g. the Reference Guide to Consent for Examination and Treatment, Department of Health (2009) and the Mental Capacity Act (2005). A template has been developed for use within our Electronic Patient Records (EPR) system to support staff in obtaining valid consent when providing care and treatment to patients. This ensures the recording of valid consent is lawful and supports clinical practice.

The new template has improved the documentation of consent and capacity assessments which enables the Trust to evidence how we are implementing the above legislation. Feedback from clinicians is that this not only streamlines the process for recording consent and capacity assessments, but also encourages more person-centred care, placing our patients at the heart of decisions about their care and treatment.

One final success has been achievement of the NHSE target of a minimum of 85% of our key frontline staff trained in recognising and responding to the needs of service users who may be at risk of radicalisation.

We envisage that 2018-19 will continue to be an equally challenging year as we continuously review, revise and improve on safeguarding practice with our colleagues in the Leeds Safeguarding Adults Board, Safer Leeds and the Leeds Safeguarding Children Partnership (formerly LSCB).

Guardian for Safe Working Hours
Doctors and Dentists in training

The role of the 'Guardian for Safe Working Hours' is designed to reassure junior doctors and employers that rotas and working conditions are safe for doctors and patients.

They are responsible for overseeing the work schedule review process and will seek to address concerns relating to hours worked and access to training opportunities. They support safe care for patients through protection and prevention measures to stop doctors working excessive hours and will have the power to levy financial penalties where safe working hours are breached.

Dr Turlough Mills was appointed as Guardian for Safe Working Hours (GfSWH) in October 2017.

During the period from July 2017 to April 2018 there has been one exception report during this time, submitted by a paediatric trainee. Actions taken to resolve these issues are detailed in this report.

High level data

Number of doctors / dentists in training employed by LCH: 12

Annual data summary

Trainees within the Trust (May 2018)

Department	No.	Grade	Status
Adults	2	GP Trainees	Employed
CAMHS	4	STs (Specialist Trainees)	Employed (full time)
	7	CTs (Core Medical Trainees) and FYs (Foundation Year Trainees)	Honorary
Community Paediatrics	2	STs (Specialist Trainees)	Employed
	6	STs (Specialist Trainees)	Honorary
Sexual Health	1	ST (Specialist Trainee)	Honorary
Dental Services	2	CTs & FYs	Honorary

Exception reporting

One report raised.

Working hours

No exception reports raised relating to working hours in this period.

Educational opportunities

One exception report raised by a paediatric trainee relating to using annual leave to complete administrative tasks, including attending supervision.

Rota Gaps

Out of Hours on call rota gaps in CAMHS

From April 2018, there are regular rota gaps in the CAMHS 2nd on call rota. The Trust is working to cover these gaps as locum shifts, using both existing and external workforce.

Fines

No fines have been levied by the GfSWH.

A full report will be tabled at the Trust Board later in the year, as required by the Junior Doctor's contract, to provide the Board with an evidenced based report on the working hours and practices of Junior Doctors within the Trust, confirming safe working practices and illustrating any areas of concern.

Issues of significance

A significant proportion of Junior Doctors working into Leeds Community Healthcare Trust training posts are on training schemes administered and managed by other Trusts (for example Core Trainees in Psychiatry). Leeds Community Healthcare Trust has statutory responsibility for maintaining safe working hours in one particular group of Junior Doctors – the Specialty Trainees in Child and Adolescent Psychiatry who populate a second on call rota for the assessment and treatment of children and young person's presenting 'out of hours' with mental health problems.

As there is speciality recruitment problems, a policy of placements rotating round the region and illness at times only 20 % of 'on call' shifts have an allocated trainee. In the last month this situation has been addressed by the recruitment of locum doctors to cover all second 'on call' shifts.

A priority for Leeds Community Healthcare is to ensure that Junior Doctors who are working 'on call' rotas for other Trusts are not disadvantaged in respect of their training in Leeds Community Healthcare Trust placements.

The quality of educational experience of Specialty Trainees in Community Paediatrics in Leeds Community Healthcare Trust has been affected because the Junior Doctor has worked the previous night 'on call' covering Paediatric and Neonatal care at the Leeds General Infirmary. This is a longstanding problem that the Trust have tried hard to address. We have involved Health Education Yorkshire and Humber Postgraduate Dean for Paediatrics in helping to resolve this. The way forward would be for all Specialty Paediatric trainees to fill in 'exception' reports every time their 'on call' commitments lead them to potentially miss an education opportunity. The trainees appear reluctant to do this, and we need to support them and their educational supervisors to achieve this. On receipt of the relevant evidence (i.e. collection of a number of exception reports) the Trust would be able to challenge Leeds Teaching Hospitals Trust and Health Education Yorkshire and Humber to definitively address the issue.

Leeds Community Healthcare Trust also employ other groups of Junior Doctors in training such as GPVTS Trainees in Community Old Age Medicine posts but they do not undertake 'on call' duties.

Effective

LCH conference 2018 – Professional Conference

On the 27 March 2018 LCH welcomed more than 50 staff and partners to our second annual clinical conference. The theme of the day was the 'Culture of Capturing Excellence'.

Through the course of the day we heard from external speakers and also some of our own staff. It was a really useful opportunity to pause and reflect on clinical excellence and the quality of care we provide in our services.

Core strands for the day focused on:

- Our quality journey and progress through the last two years
- The importance of research (we heard from two of our LCH researchers' in different clinical fields)
- How to establish, and the importance of, safety huddles and how we are piloting this in the Pudsey Neighbourhood team
- Using Quality Boards and the electronic Quality Board in Children's Speech and Language Therapy Team
- Raising awareness of the signs and symptoms of Sepsis
- How 'Better Conversations' can improve the quality of care we deliver
- Looking after ourselves and the importance of physical activity

The golden thread though all of this is our approach and drive towards continuous quality improvement. It's the approach we will be taking forward over the next year.

Reflection on the Non-Registered Staff Conference

On 2 November 2017 the Trust hosted a conference dedicated to the non-registered workforce. This was an opportunity for staff from a variety of backgrounds, both clinical and non-clinical to come together to share their work, learn from others who have developed in similar roles and to think about the contribution they make to the organisation, as well as exploring where and how their futures could develop.

Staff heard from a number of different speakers. We heard from three staff members about their career journeys and also their experience of being a user of LCH services whilst an employee.

Staff also participated in a number of different activities to get them thinking about coaching conversations and making the most of every interaction.

The day was well received and evaluations were overwhelmingly positive. Sixty one people attended and the main themes that arose were that of feeling valued, inspired and of self-development.

A number of participants stated that they enjoyed being part of events like this. They also fed back that they particularly liked the stories from the speakers and found them inspirational and asked if the event could be repeated.

Medicines Management: ePrescribing

Medicines are at the very heart of modern medicine however the systems for prescribing and administering them have remained largely unchanged for the last forty or fifty years. Meanwhile the medications used have increased in number and complexity, resulting in potentially greater risks for the patient of medication error.

In early 2017, LCH commissioned a piece of work to explore the opportunity for the Trust to introduce electronic prescribing. The project scoped out how the Community Paediatrics Service could move from the current hand written prescribing process to using the functionality within SystmOne to issue electronic prescriptions.

Electronic prescribing (ePrescribing) is the utilisation of electronic systems to facilitate and enhance the communication of a prescription, aiding the choice through knowledge and decision support and providing a robust audit trail. ePrescribing can deliver benefits for those who prescribe, administer and dispense medication including:

- More legible, complete medicines orders;
- Decision-making backed up by suitable information resources; and
- Richer and timelier interactions among the care team due to improved communication.

Running concurrently to the scoping project, the Service were implementing the roll out of Electronic Patient Record (EPR) as part of the organisational move to use electronic systems. EPR is now complete within the Service and new ways of working are being embedded.

The ePrescribing project recommended a way forward for the Community Paediatrics Service that would significantly improve both the patient pathway and communications with primary care in relation to all prescribed medication; both in clinic-based and remote (school) settings. In considering how to implement ePrescribing, during 2017/18 the Service has also explored whether they could incorporate the Electronic Prescription Service (EPS) into their pathway. EPS sends electronic prescriptions from where they are prescribed directly to a community pharmacy. Eventually, EPS will remove the need for most paper prescriptions.

NHS Electronic Prescription Service

A Multidisciplinary Approach to Managing Heart Failure

The Community Cardiac Service has been managing patients with a diagnosis of heart failure for over 10 years.

Any medical support had largely been ad hoc, trying to get a quick phone call with a Cardiologist for advice. In recent years this patient population has becoming increasingly complex due to people living longer but with more unstable symptoms and multiple comorbidities. There are now also many more treatment options available to them which can be difficult to coordinate.

In order to increase the quality of care these patients receive and to support the nurses in making very complex decisions, it was agreed that more medical input was needed. Through improving links with the Heart Failure team within Leeds Teaching Hospital NHS Trust (LTHT) we set up monthly MDT (Multidisciplinary Team) meetings where a Consultant Cardiologist, a Consultant in Palliative Medicine, a Cardiology Pharmacist, and a number of Community Cardiac Nurse Specialists come together to discuss complex (often palliative) patient cases and agree a management plan. As well as improving the quality of care for these patients, the MDT meetings have helped to improve the knowledge and skills of the Cardiac Nurses in making treatment decisions.

They have also developed a weekly Cardiology 'Virtual Clinic' on SystmOne, where the Cardiac Nurse books patients into a Cardiologist's rota with a specific issue or question. The Cardiologist then reviews the patient's records virtually (from the acute trust) and writes a management plan in the patient notes for the Nurse to carry out.

To date 127 patients have been reviewed in the virtual clinic and 77 patients discussed at the MDT meetings. Both these initiatives avoid the need for these, often frail patients, to travel to hospital for appointments with the Cardiologist, and have undoubtedly saved admissions to hospital. This has been of huge benefit in developing a great working relationship between the Community Service and the Acute Trust.

In light of the success of this initiative, a business case has been developed for consideration with a view to mainstreaming the pilot and improvements made during the pilot.

"Let Me Show U" App

An app has been developed by ICAN (Integrated Children with Additional Needs) Services to:

- Empower young people, putting them more in control of their health, care team and daily lives
- Support the transition of young people with Cerebral Palsy and complex needs from children's to adult services. The app uses video, text, photos, links to aid sharing, communication and training

e.g. video demonstrating communication, video demonstrating safely loading a wheelchair into vehicle, education health and care plan outcomes and how to support young people achieve these and emergency information on their condition. This is done via a secure platform integrated with NHS systems allowing feedback and updates.

StepUp! Community Children's and Adolescents Mental Health Service (CAMHS) App

Leeds CAMHS has started to use a StepUp! App as part of their work with young people. StepUp! is an app developed by Lydia Burfield and Dr Julie Franklin designed for young people aged 14 and above, to help them get the most out of their face to face CAMHS appointments. It is not intended to replace seeing a CAMHS worker and young people don't have to use it if they don't want to.

The rationale behind the development of StepUp! was to offer more effective and efficient care to the young people and families that we see in CAMHS in a young person-friendly way. Young people and their families wanted to be "in control" of this information and feel empowered to share this with other individuals or agencies/services if and when required.

The app has been co-designed in partnership with service users (young people and their parents), as well as clinicians and administrators within LCH. It maps well against the direction of travel nationally and fits with the pathways currently being developed. CAMHS are in the process of rolling this out to trial and evaluate with 50-100 young people.

The Performance Information Portal

In early 2017 the Business Intelligence Team (BIT) developed an online information system that was deployed across the organisation meaning that for the first time the Organisation had the ability to view service level performance on a range of digital devices.

PIP is available to all staff allowing easy access to timely data which enables more effective and evidence based improvement decisions to be made. Staff can view their own data, effectively taking ownership of it and improving data quality, as they challenge the data to ensure it is representative of their service.

PIP uses data from clinical and patient administrations systems and visualises a range of measures across services and is interactive, dynamic and simple to use. A number of awareness raising sessions were delivered but the spread in the use of PIP has also been quite organic. In a very short space of time the Organisation has gone from reactive reporting to proactive reporting and intelligence.

Performance Information Portal

A real benefit of PIP has been the ability to triangulate measures to monitor performance, highlight early warnings and signpost areas for further investigation. As PIP has developed and teams have seen how it can facilitate decision making, further reports have been developed to reduce regular tasks and creating extra capacity.

Caring

The Patient Experience Pledge

The Patient Experience Team is here to help if you have a question or want to tell us something about our services. We are also here as an alternative to approaching the services directly.

In 2017 we began a programme of updating Patient Experience at the Trust. We started by making the name of the team that deals with your feedback the focus of our e-mail address and leaflets. We moved away from using the description of Patient Advice and Liaison Service (PALS) in order to more accurately reflect the scope of services the Patient Experience Team can offer.

During 2018 we want to embed key messages about our caring and compassionate approach to Patient Experience feedback based upon mutual respect and working together. This will be our Patient Experience Pledge. Work on this project has already begun including attendance at a public engagement event hosted by Healthwatch where service users, stakeholders and members of the public reacted positively to the Pledge.

LCH and our staff welcome all of your feedback about the services we provide; whichever way you want to tell us. You can contact us by phone, e-mail, via the Friends and Family Test, social media, our website or even…face to face!

Even though fewer people are raising complaints and concerns, more people are telling us what they think through the Friends and Family Test.15,270 responses to the FFT were received (5.35% response rate); with 96.7% of respondents saying they would recommend LCH services. This represents an increase in both figures compared to last year. People responding to the FFT also provided 13,915 comments (positive and negative) about their experiences.

The Patient Experience Team can be reached at **lch.pet@nhs.net** or on **0113 220 8585.**

‘Freedom to Speak Up’ Guardian Role

The ‘Freedom to Speak Up’ Guardian role is a statutory requirement following national reports including the report by Sir Robert Francis into the Mid Staffordshire NHS Foundation Trust which exposed unacceptable patient care and a culture which meant staff did not raise concerns. This report ‘Freedom to Speak Up’ focused on creating a more open and honest culture in the NHS where staff could raise concerns.

The ‘Freedom to Speak Up’ Guardian role is independent reporting directly to the Chief Executive and the Trust Board with the aim of ensuring that staff concerns can be heard within a supported environment that encourages people to speak up.

The ‘Freedom to Speak Up’ Guardian role is one year old and during that time the Guardian has met with Trust staff and sought to ensure their voices are heard in the organisation. The Guardian has raised concerns from staff about behaviours, culture and leadership. The work of our Trust has recently received national recognition at the National ‘Freedom to Speak up’ Guardian Conference.

This work has linked with the national work of NHS Improvement on whistleblowing. It has also shared lessons and learning with external agencies such as Yorkshire Royal College of GPs.

> “It is an honour to hear the voice of our staff and reflect their stories, struggles and hopes back into our organisation.”

The ‘Freedom to Speak Up’ Guardian offers a safe space for staff to be listened to and supported. A questionnaire for staff that have spoken with the Guardian has been made available to further develop the work. Feedback from the questionnaires will be reviewed to inform future developments of the Service.

This role links to many areas such as patient care, retention, organisational development (OD), service improvement, culture change and leadership.

“It is an honour to hear the voice of our staff and reflect their stories, struggles and hopes back into our organisation.”

Responsive

Equality and Diversity

If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to. To this end, during the last year we have continued work to build knowledge, skills and behaviours within the healthcare community.

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

At LCH we continue to raise awareness of equality issues, in particular we have established and resourced the LCH Black, Asian Minority Ethnic (BAME) staff network creating an inclusive environment for patients and staff.

The NHS Workforce Race Equality Standard (WRES) was introduced in 2015 with the aim of ensuring that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

LCH has been named in the 2017 WRES data analysis for Trusts report as performing better than other NHS Trusts in two of the nine indicators; percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months and numbers of staff personally experiencing discrimination at work from manager/team leader or other colleagues.

To work towards reducing the numbers of staff experiencing inequality of opportunity or treatment, we continue to provide opportunities for all staff to access face to face 'Unconscious Bias' awareness sessions. In the past year 180 staff have undertaken this development opportunity. 'Unconscious bias' can be defined as our implicit people preferences, formed by our socialisation, our experiences and our exposure to other's views about other groups of people.

This year resources were put into the Stonewall Workplace Equality Index and LCH was ranked 318th which is an improvement from 360th last year.

In 2018 LCH is taking part in the Inclusive Top 50 UK Employers, which is a definitive list of UK based organisations that promote inclusion across all protected characteristics, throughout each level of employment within their organisation.

In 2014 LCH received the 'Disability Confident' - employer accreditation, in 2018 we will begin work to achieve a 'Disability Confident' – leader accreditation in 2020.

Well led

Mentorship and Coaching

During the past year 68 managers have undergone Manager as Coach training and at the six-month evaluation reported they have increased confidence and more time and ability to have challenging conversations. Participants have frequently recommended the course to peers and direct reports working in the same service. This is helping to build and strengthen a coaching culture where a belief in the resource and potential of individual staff leads to their growth and development.

Our register of 13 accredited coaches and 3 coaches in training have sustained their commitment to coach despite the competing demands they experience on their time. We have delivered 6 group-coaching supervision sessions and several 1:1 supervision sessions to maintain coaching standards, the development of coaches and motivation to continue practice.

All coaches have now been registered on mye-coach (the regional electronic data base supported and maintained by the Leadership Academy). Recording of activity has remained a challenge for the coaches since they are still not familiar enough with the system for this to be an automatic process. We will continue to encourage coaches to engage with it and this would help us to exploit the full potential of this system to provide useful intelligence regarding coaching activity.

In terms of health and wellbeing coaches continue to say that coaching offers them a chance to stop, think and challenge themselves enabling them to remain at work.

There are 3 LCH staff registered as a mentor on mye-coach who have experience in this role. Although it was planned to roll out training to those interested in mentorship this has not been taken forward in the past year due to lack of resources.

Section 3

Statements on Quality as Mandated in the Regulations

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.

Review of Services

During 2017/18 LCH provided and/or sub-contracted 61 NHS services with £109.3m funding. LCH has reviewed all the data available to it on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by the LCH for 2017/18.

Transformation

The significant transformation of our clinical and corporate services continues as we look for further opportunities to make quality, outcome and efficiency improvements.

The roll out of the Electronic Patient Record (EPR) and mobile working for all 13 Neighbourhood Teams was completed in the autumn of 2017. The transformation of the Neighbourhood Teams has now moved into its final phase as they complete Holistic EPR Assessments for their full patient caseload and transition to New Ways of Working (NWoW). At the time of writing, NWoW has now been rolled out to 6 of the 13 Neighbourhood Teams with implementation plans currently in place within three further teams. The remaining Neighbourhood Teams are all scheduled for completion by the autumn of 2018. The Neighbourhood Nights service has also been reviewed to fully align them with NWoW by the summer of 2018.

The Electronic Patient Record (EPR) has also been rolled out to the specialist services, CIVAS (Community Intravenous Antibiotic Service) and Neurology with the latter going live with their EPR in April. Adult Speech and Swallowing are also in the early planning stage of their EPR Project with a planned go-live in the summer of 2018.

In the meantime the highly ambitious Children's Services Transformation Project centred around four pathways:

1. A re-design of the Clinical System Architecture supporting the EPR
2. Practice and Pathways
3. Coding and Outcomes
4. Standardisation of EPR with architecture, practice, pathways and outcomes is in the early stages of design, with a planned completion in 2019

The following are examples of how we have improved quality within the Business Units during the last year.

epr electronic patient records

Adult Business Unit (ABU)

Steps being made to standardise and improve quality of care

The Adult Business Unit (ABU) includes, following the repatriation of several city-wide services in November 2017, the following services:

- 13 Neighbourhood Teams (NT's)
- Neighbourhood Nights
- Community Care Beds
- Bed Bureau
- End of Life Care
- Health Case Management
- Leeds Integrated Discharge Service
- Community Geriatricians
- Continence, Urology and Colorectal Service
- Wound Prevention and Management Service
- Falls
- Pharmacy Technicians
- SPUR (Single Point for Urgent Referrals)

Ongoing work to develop a more consistent locality-based approach across all ABU Services has built on the learning from the Palliative Care Lead model, which was shortlisted for a Health Service Journal award. This will enable all services to work more closely with Primary Care and other city-wide partners, building on the collaborative work already underway with NTs.

To continue to develop the NT model over the past year, we have focussed on and made progress in being able to understand the staffing in place, the clinical skills they have and how they deliver quality care. This was acknowledged by the CQC who awarded adult services an overall 'good' rating with 'outstanding' for caring.

Electronic Patient Record (EPR), as key enabler for improvement and standardisation, has been rolled out across all NTs with work ongoing to review and migrate all existing pre-EPR care records into the electronic format. This offers an opportunity to review caseloads in depth and establish 'New Ways of Working' within the NTs.

Several measures have been developed further to standardise the quality of care and reduce variation:

Safe

- Continuous Quality Improvement is being embedded across the ABU, including the pilot of the accredited daily approach to Safety huddles in Pudsey, focused on reducing falls building on the existing model of safety briefings within all Neighbourhood Teams (NT's).
- The use of Quality boards has been established and following feedback from the recent internal audit, key actions have been identified to improve awareness and ownership across the full NT.
- We continue to develop our work on understanding and learning when incidents have occurred. This year a 72-hour review of any no/minimal/moderate harm was introduced to determine whether a formal RCA incident review was required. This supports more timely management of incidents, understanding and sharing of contributory factors.
- Skills and competency levels in clinical staff are monitored quarterly within the NT. Quality meeting, resulting in the temporary recruitment of a clinical skills trainer working directly with NTs to support competency sign-off. The recently established Clinical Education Team provides clinical training support across key skills areas.

Effective

- Clinical care frameworks – completed in 2017/8 the wound care framework that applies to 25% NT activity and the holistic assessment framework that applies to every patient on the caseload.
- Increased clinical supervision rates provide both support to staff and assurance of good clinical practice.

Responsive

- Case management and caseload reviews continue to be established across all caseloads as a key enabler in monitoring quality and efficiency of care delivery.
- Since establishing the NT Capacity and Demand tool in the last year, we have continued to refine and develop the functionality to support service delivery in the NTs. The recent internal audit identified key areas for further development. Part of this work has been to develop the NT essential visit criteria, which ensures that care required on a given day is delivered, regardless of service pressures at the time.
- The recent introduction of Occupational and Physiotherapy lead roles within the NTs is leading to a reduction in waiting times and a greater focus on rehabilitation and clinical skill mix in the registered and non-registered therapy workforce.
- All clinical referrals to NTs are now triaged by an experienced NT clinician which supports a consistent and efficient deployment of NT resources and ensures patients are assessed according to their needs.

Caring

- The CQC published the final reports on LCH in August and we are delighted that Adult services were rated overall 'Outstanding' for caring.

Well led

- Daily handover process is now fully established and allows daily check-in and support from a senior clinician to all members of the caseload cluster team, contributing to both management and quality of care. Important messages, including those from the Director of Nursing and Clinical Lead for ABU, are now raised at these daily meetings.

Children's Business Unit

The Children's Business Unit (CBU) is part of, and promotes, a Working Together culture with Leeds City Council, schools, local agencies and services in aspiring to the Leeds ambition of being the best city in the UK for children and young people to grow up in.

The Children's Business Unit has written a new strategy for Children's services within LCH and how it works with wider partners. This will be officially launched in May 2018 and will be the main focus of work for the coming months and year. The strategy is based on seven key objectives for children's services which are:

- Agree and develop fully integrated pathways for children and young people in Leeds
- Demonstrate the effectiveness of services through outcomes and best practice
- Children and young people will have a positive experience of our services
- Services will be delivered within budget, be cost effective, productive and value for money
- Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities
- Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people
- Maximise the potential of technology

To make this possible Children's services actively seek to enable children and young people to meet their potential and live healthy lives by keeping them safe, helping them to achieve their goals, listening and responding to their needs, promoting empowerment, and encouraging young people and their families to actively participate in their own care. This is being achieved by services developing pathways that are evidence based, promote best practice and span across services to enable seamless delivery.

The CBU adopts an outcome focused approach, encouraging children, young people and their families to identify their own outcomes and aspirations, with services supporting and facilitating the achievement of outcomes. Services actively encourage children, young people and families to be involved in service strategy, delivery and development to ensure they receive a positive experience of Children's Services and the CBU embraces and acts on learning and feedback. The CBU has appointed a participation lead and a dedicated participation worker who facilitate young people's consultation groups, involving young people in website design, App development and multi-channel approaches including YouTube and podcasts.

Evidence indicates that the earlier children, young people and families can obtain information, support and guidance, the more positive the outcome for the young person. Access to best practice advice, early intervention and self-care is being offered; coupled with the single front door, single point of access, ensuring that families access the right service at the right time.

Children's services are attuned to the critical importance, throughout a child's life, of effective, seamless transitions and have been developing stronger links with the local authority, schools and adult services to ensure that children and young people are adequately prepared for transitions. In addition to ensure that their goals and aspirations are upheld and heard within their journey through services and education.

The CBU has a strong, dedicated workforce who cares passionately about the offer and experience of children and young people who access services and is supported by an organisational commitment to continuous quality improvement. A critical component of achieving this is to maintain a skilled workforce that is competent, supported and valued. Supporting staff is a key objective and has enabled the philosophy of how we work to be revised. By adopting a health coaching / restorative model, staff are moving away from the role of "expert" to one of facilitator and supporting children and families to aspire and meet goals and outcomes. This initiative has been coupled by reviewing team skill mix and offering increased training for staff to feel confident in their role and have the ability to work positively with families to find their own solutions.

Specific examples of achievements within the CBU include:

- Shortlisted for the Health Service Journal awards (2017) for:
  - Improved Partnership between Health and Local Government – Health Coaching and "Better Conversations"
  - Clinical Leader of the Year - Infant Mental Health
  - Compassionate Patient Care – Outstanding Breast feeding Standards
- Infant Mental Health Team developed 'Understanding Your Baby' films for inclusion in a Baby Buddy app from Best beginnings. The app features 12 'Understanding your Baby Films'. The official launch of the films was held alongside the launch of the Best Beginnings 'Out of the Blue' initiative at the Royal College of Obstetricians and Gynaecologists in the presence of Prince William and Prince Harry.
- Health Visiting received 'Gold Standard' for Involvement within Health Visiting services.
- CAMHS clinicians and young people were involved and consulted in the development of the West Yorkshire Playhouse production of "Zoetrope" – a groundbreaking play about young people and mental health by the Leeds Youth Theatre and First Floor.
- Young people in the CAMHS inpatient unit at Little Woodhouse Hall created an information guide for young people, parents, carers and professionals to support a smooth transition to the inpatient unit. The guide offers directions, what to expect on admission, experiences of previous young people, and the types of help available with a FAQ section.
- Presentation within the LCH AGM showcased a range of digital developments for use by children, young people and families.
- The weight management service, Watch IT, worked with Dance Action Zone Leeds (DAZL) enabling the service to provide dance activity and opportunities for children seen within the Watch It service.
- Celebratory Event which offered a range of children's services an opportunity to showcase and present aspects of service delivery, an event that was very positively received by a wide audience.

watch it

Specialist Business Unit

The following are examples of achievements made by the Specialist Business Unit (SBU) to improve the quality of its services during 2017/18:

Improving Access to Psychological Services (IAPT)

All IAPT services have a target which states that 50% of people who complete treatment should achieve recovery. This target has been a considerable challenge for most IAPT Services as it only counts the number of people that were above the clinical cut-off before treatment but below following treatment. It does not account for those people that have shwn any degree of real improvement (i.e. improving by a set number of points on the IAPT assessment scales but who have not moved to recovery).

Although the citywide recovery rate in Leeds has increased each year since 2014, it has remained below the 50% target and in 2016/17 we achieved 45%.

A range of successful initiatives have been put in place across the service over the past 18 months with a view to achieving (and exceeding) the target. A 'Recovery Working Group' was established in April 2017 to pull together the various recovery focused work that was being carried out. Specific aims were as follows:

- To provide clear and consistent support and guidance to clinicians in order to increase recovery rates across all clinical elements of the service
- To support clinicians to achieve a 50% recovery rate
- To oversee new innovations aimed at increasing recovery rates, using a 'Plan, Do, Study, Act' cycle

Initiatives have included the development of a 'One Minute Guide' which is a good practice guide for clinicians. We have also developed an Outcome Feedback Tool which helps to identify patients not progressing as expected and who may be at risk of poor outcomes. It indicates if a patient is or isn't 'on track' to achieve recovery. This information is then used together with the patient to agree an appropriate plan.

The result has been that currently we are on track to exceed the national target of 50% – we are 52.3% year to date. If we maintain this during January, February and March we will have achieved our highest annual recovery rate since the service began and demonstrates the quality of support offered to our service users.

Pan Leeds Occupational Therapy Project

This is a group of leaders who have come together to look at how the Occupational Therapy (OT) workforce across Leeds, from different organisations, can be supported to work together to provide better services to patients and service users.

Over the last 12–18 months the group has collected a lot of information by talking to Occupational Therapist's through a series of engagement events with staff from across the city including the three Health Trusts, Leeds City Council and third sector organisations. People that use the services have also been invited to share their thoughts and views so they can be understood and considered during this project. Following this feedback some key pieces of work have been agreed to help improve the OT facility in Leeds.

Successes to date include two joint events to celebrate OT Week 2017; demonstrating partnership working at its best, as well as creating much valued networking opportunities for the workforce. Future plans include the development of an OT graduate rotation programme across the three health trusts and Leeds City Council, providing invaluable development opportunities for new graduates.

Oral Nutrition Support (ONS) Passport

The Oral Nutrition Support (ONS) passport has been in effect in the dietetics service for over two years now. Around 150 people self-manage their nutritional care using this tool (22% of patients requiring ONS), with 24 patients contacting the department for rapid access support when needed.

It is estimated that this model has saved 79% of clinical time that would have otherwise been required for this patient cohort using the previous model, whilst allowing patients who go through a period of requiring active care to receive it more responsively than previously.

This cohort has been a strong focus for patient involvement this year, and feedback is being collated in order to understand patient experience more fully. This ties in with a quantitative review of the impact that passport has had.

From a safety perspective, each new member of staff is given a session at induction to explain the role of the passport. There are criteria for who is eligible to be considered and when someone is transferred to passport there is a checklist to ensure that all aspects of care have been addressed and documented. To ensure these are being met a clinician has undertaken the role of auditing the documentation against the checklist, on an ongoing basis and another clinician has taken on a similar role with the focus on prescribing recommendations.

The Quality Impact of Evaluating the ONS Passport

Although the passport has been an embedded part of practice for over two years the evaluation work enables us to understand the impact of the project. The project has looked at the demography of the patients who are using the passport, to understand which groups of people tend to be suitable. We have analysed the activity attached to these patients before and after the passport, which has helped to appreciate the amount of capacity which has been created through self-management. We have briefly examined the nutritional supplements prescribed, to help us learn more about the prescribing effectiveness of the project.

This work has aligned with the team's focus on involvement of our passport patients (and their carers) in helping us understand the lived experience of the passport and have actively sought feedback, which has been highly insightful. The current evaluation phase is tying together our learning to identify any further changes to practice.

Diabetes Transformation Funding

We have been fortunate to receive time limited investment from the Diabetes Transformation Fund which has resulted in investment in Foot Protection in the Podiatry service and Structured Education in the Diabetes service.

The Structured Education programme aims to provide accessible, appropriate structured diabetes education for adults diagnosed with Type 2 Diabetes to support them in the effective management of their condition. Likewise, the investment in Foot Protection has allowed us to work with our partners in Leeds to develop a Multidisciplinary Foot Care Team (MDFT) to prevent and manage diabetic foot problems across the city more effectively. Both services will help patients with diabetes reduce the risk of developing associated complications, thereby improving their quality of life.

The funding was received in April 2017 and teams have worked tirelessly to develop models that are appropriate for Leeds, recruit to required staffing positions, engage with key stakeholders and implement the new models. The first cohorts of patients began using the services in Quarter 3 and we eagerly await the outcomes as we monitor the impact the new services have for patients.

Trial of Locality Based Models for delivering MSK Services

Providers and commissioners have been working jointly to develop and test new ways of managing patients with musculoskeletal (MSK) conditions.

Aims of the service model

- Deliver genuine population-based healthcare, based on meeting the musculoskeletal needs of the combined practice populations of all the general practices based within the locality
- Design services that focus on self-management and proactive care
- Improve patient experience of care
- Demonstrate positive clinical outcomes in a robust and routine manner
- Achieve a high degree of system integration that will tackle systemic inefficiencies and lengthy waits
- Be capable of being delivered on a citywide footprint in a manner that is equitable, aims to reduce health inequalities and is financially sustainable

Implementation

- Development of a draft service model by clinicians from general practice, physiotherapy, orthopaedics, rheumatology and pain services endorsed by LCH and Leeds Teaching Hospitals Trust (LTHT) and the Senior Management Team of the Leeds Clinical Commissioning Groups Partnership
- Approved proposal introduced to test service models in a number of localities across Leeds
- Currently recruiting localities of GPs to implement and test new models

Key features of the model

- Development and introduction of alternative referral, including self-referral
- Development and introduction of a Locality Based Multidisciplinary Team (MDT)
- Expansion of interventions to improve lifestyle
- Expectation that service providers, primarily LCH and LTHT will change the way that they deliver services in order to better reflect the service model being trialled. Both these providers have committed to realigning services as required

Expected benefits for the patient

- Early assessment and diagnosis of their musculoskeletal condition
- Early agreement on appropriate treatment pathway/treatment plan
- Timely intervention where required
- Support in making lifestyle changes and in engaging in long term supported self-management

For the practices

- An alternative resource to manage the way in which musculoskeletal patients have their needs met, swiftly and in line with best practice and evidence
- Reduce the load on individual GPs, and extend access to primary care
- The opportunity to shape, influence and improve citywide musculoskeletal services

Patient Involvement work at the Wetherby Young Offenders Institute (WYOI)

The team has developed a new induction process which is delivered to Young People within the first two weeks of their sentence, when prison regime allows. The induction is a 30 minute interactive talk which covers key health issues for young people.

Following feedback from a previous prison inspection and from comments on FFT (Friends and Family Test) the waiting room has undergone some small improvements including the provision of information boards on relevant health topics, a selection of books and activities for boys to look at whilst they wait, paper copies of healthcare information and a quarterly in-house newsletter.

We have worked in partnership with WYOI kitchen staff, who agreed to support our Healthy Eating message by donating fresh fruit daily and a selection of fruit is now available in the waiting room for all patients attending clinics. As well as promoting healthy eating, this also provides Young People with some distraction whilst they wait to be seen and has received a positive reaction from the boys.

We are currently trialling a new approach to encourage attendance to healthcare. To mirror some community practices, we are going to be offering incentives for every appointment attended for the Dentist, Optician, Physiotherapist, Psychiatrist, Long Term Conditions clinic and for Sexual Health testing. The prison has agreed that we can issue one Merit each time, which is worth 25 pence in the tuck shop and it is planned to review this regularly to see how it is working. This scheme also responds to the recommendation from the last HMIP report (5.19) that 'Merits should be awarded by staff from all areas'.

Wetherby Young Offenders Institute (YOI) and Adel Beck Secure Children's Home won a Nursing Times Award in November 2017. 'Locked up and still hard to reach: integrated healthcare for children and young people in custody' was a joint submission by LCH, South West Yorkshire Partnership NHS Foundation Trust and NHS England and recognised the outstanding work of our teams in some of the most difficult environments, with the most vulnerable patients.

A CQC inspection of Wetherby YOI has taken place and early indications are that the visit went well although the report will not be published until later in 2018.

Clinical Audit

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

National Clinical Audits

During 2017/18 five national clinical audits and three national confidential inquiries covered the NHS services that LCH provides.

During that period LCH 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 in.

The eligible national clinical audits and national confidential enquiries that LCH participated in during 2017/18 are shown opposite.

There were no national audits applicable to our organisation that we did not participate in.

	Eligible National Clinical Audits
✓	Chronic Obstructive Pulmonary Disease
✓	Sentinel Stroke National Audit Programme
✓	National Audit of Intermediate Care
✓	Parkinson's Audit
✓	Falls and Fragility Fractures Audit programme (FFFAP)

	Eligible National Confidential Enquiries
✓	Mental Health Clinical Outcome Review programme - National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
✗	Young People's Mental Health
✓	Chronic Neurodisability focusing on cerebral palsy study

The national clinical audits and national confidential enquiries that LCH participated in, and for which data collection was completed during 2017/18 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.

National Audit	Number of cases submitted	Percentage
National Chronic Obstructive Pulmonary Disease (Clinical Audit of Pulmonary Rehabilitation services)	Organisational audit submitted - 28 April 2017 Clinical Audit: data collection completed – figure not available presently	100% of all cases identified
Sentinel Stroke National Audit programme	April 2018 - Data has been submitted monthly into the National database. This is analysed nationally	100% of all cases identified
UK Parkinson's Audit	Service users clinical data submitted Organisational Audit data submitted	100% of all cases identified
Falls and Fragility Fractures Audit programme (FFFAP) – Hip Sprint Audit	Organisational questionnaire submitted Clinical Audit data submitted	100% of all cases identified
National Audit of Intermediate Care	Organisational Audit submitted 43 service users questionnaires submitted 14 PREM questionnaires (this is returned directly by the service user)	100% of all cases identified

National Confidential Enquiries	Number of cases submitted	Percentage
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	National Report will be published which confirms LCH participation. No individual report available at this time.	100% of eligible cases
Chronic Neurodisability Study – cerebral palsy	Organisational questionnaires completed. 1 case identified.	100%

The reports of 7 national clinical audit(s) were reviewed by the provider in 2017/18 and LCH intends to take the following actions to improve the quality of healthcare provided:

National Audit	LCH action 2015/16
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	The report recommendations do not identify individual Trusts. Any action plans and learning will be based on the overall submissions nationally.
Sentinel Stroke National Audit programme	This audit requires information to be inputted into a national database. The results are published online and currently unavailable for review.
Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)	National report published which identifies recommendations to improve the care for patients undergoing pulmonary rehabilitation due to chronic obstructive disease (lung disease). Individual local report has been published and recommendations currently being reviewed.
Chronic Neurodisability Study – cerebral palsy	National report published which identifies recommendations to improve the care provided to patients aged 0-25 years with Chronic Neurodisability condition with cerebral palsies.
Parkinson's Audit	Individual Service Level report published April 2018. Recommendations currently being reviewed prior to Improvement plan being developed.
National Audit of Intermediate Care	National report and Organisation level Report published which is currently under review.
Falls and Fragility Fractures Audit programme (FFFAP)	National report published which identifies recommendations. Local Results and recommendations identified within the report are currently being reviewed.

Local Clinical Audit

The reports of **84** local clinical audits were reviewed by the provider in 2017/18 and LCH intends to take the following actions to improve the quality of healthcare provided:

- The Diabetes Service completed an audit which looked at the compliance for providing an insulin passport following commencement of insulin treatment. The findings from the audit have ensured further discussions with other services to monitor elements of the Insulin Passport Scheme within the electronic patient record system. This includes education of staff and implementation of the Standard Operating Procedure (SOP) for use of the passport.
- An audit by the South Leeds Independent Centre (SLIC) showed a considerable improvement in the number of falls reported during this period. This reduction is a great achievement, reflective of the changes staff have made to improve patient safety. This has been achieved through implementing the following interventions: through completion of the Tier 2 assessments and falls care plan within 24 hours of admission; implementation of a falls log; daily 'Focus 5 for falls/safety briefing'; use of the falling star symbol; hourly rounding; use of sensors on admission; and using extra low beds and fall mattresses.

During 2017/18 all services were required to participate in the annual documentation audit and produce an improvement plan to identify required improvements. Our Neighbourhood Teams within the Adult Business Unit included collection of data relating to end of life care, pressure ulcer management and falls in keeping with some of the priorities for improving patient care in the organisation.

Additionally, the Infection Prevention and Control Team undertake a range of local audits. These include; Environmental audits, PLACE audits and Essential Steps to Safe, Clean Care audits. These audits aim to reduce the risk of microbial contamination in everyday practice and to ensure our environment is managed in a way that minimises the risk of infections to patients, staff and visitors.

This table does not include audits that will be continued into 2018/19:

Local clinical audits completed during 2017/18 - by business unit

Adult Services		
• Documentation Audit	• Audit of Outcome measure	• Catheter Management Audits
• Skills Audit (all Neighbourhood Teams)	• Sling Audit	• Health and Safety Audit in CICU
• Environment Audit	• Themes and Trends from Datix Management System- Safeguarding	• Audit into the Use of Pads within Care Homes
• PLACE Audit	• Audit to Evaluate the Number of Falls	• Equipment Cleaning Audit
• Quality Tracker (all Neighbourhood Teams)	• Medicine Management Audit	• Hand Hygiene Audit
• Holistic Assessment (all Neighbourhood Teams)	• Controlled Drug Audit	• Quality of Care Neighbourhood Teams

Children's Services

- Clinical Supervision Audit
- Documentation Audit
- Environment Audit
- PLACE Audit
- Speech and Language Service Evaluation benchmarking
- Aetiological Investigations of Childhood Deafness
- Exploration of Service User Views on Convenience of Appointment Time
- SUDIC Process Audit
- Audit of Appointment Times
- Inpatient Controlled Drug Audit
- Hand Hygiene Audit
- Calibration Recording Audit
- Mattress Audit
- Audit of Reports by CAMHS and Socrates as part of ESREP
- Scanning of Audiology Results in Health Centres
- Audit of Access Assessment Form 1
- ADHD Medication Clinic Audit
- Re-audit with Child Development Team MPOC Audit
- Audit of Appropriateness of Investigations Performed

Specialist Services and Health and Justice Services

- Synergy / CSSD Clinic Protocol Dental Nurse Compliance
- Documentation Audit
- Environment Audit
- PLACE Audit
- Clinical Supervision Audit
- Audit of Compliance for Providing an Insulin Passport following Insulin Initiation
- Re-audit of CSSD Tick Sheet within Dental Services
- Re-audit of Therapist Time
- Re-audit of Radiography Audit
- Quality of Referral Forms
- Hand Hygiene Audits
- Appropriate use of referral pathways for patients at Rothwell Clinic
- Use of Transport for patients attending clinics
- Dietetic Pressure Ulcer Management Audit
- Placemat (clinical guidance) use in ASPIRE
- Audit on Completion of Generic Wound Assessment Template
- Re-Audit PGIC Compliance
- Controlled Drug Audit
- Antimicrobial Stewardship at Wetherby Young Offenders
- Best Interest Narrative on SystmOne
- Monthly Health and Safety audit tool for clinic rooms
- Process of blade removal audit
- Use of Purpose T risk screen on SystmOne

Clinical Research

The number of patients and staff receiving NHS services provided or sub contracted by LCH in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 750.

LCH Research department facilitates and manages LCH participation in projects that range from nationally funded multicentre research to student research and local service evaluations.

The Trust continues to host strong research collaborations in a number of services, in particular in musculoskeletal, wound care and palliative care through strong links to St Gemma's Hospice.

We have particularly increased participation in CAMHS studies over 2017/18 and worked in partnership with the neighbouring mental health Trusts on delivering and developing studies. "ASPECT "(a trial of one session treatment for phobias vs CBT with Leeds York Partnership Foundation Trust) is ongoing, whilst "Using QbTest to aid the identification of Attention Deficit Hyperactivity Disorder (ADHD) in young people in the criminal justice secure estate" (with South West Yorkshire Partnership Foundation NHS Trust) secured funding from the Research for Patient Benefit stream of the National Institute for Health Research (NIHR) and is due to start in 2018. Participation in a national study regarding identifying the costs of autism diagnosis, working with the Sussex Community Foundation NHS Trust was also delivered during the year.

LCH has continued to be very active in recruiting participants from across the Trust to the Yorkshire Health Study. This is a large questionnaire cohort study recruiting from the whole population of Yorkshire. Whereas last year our recruitment to the study focussed on staff groups, this year recruitment has been predominantly from patient groups.

One of our Trust's Specialist Physiotherapists (Dr Christine Comer) was successful in obtaining a prestigious Clinical Lectureship award from the NIHR. Her study is about developing a clinical pathway algorithm for lumbar spinal stenosis. This will build on work that she has been involved with as the LCH Principal Investigator for the multi-site clinical trial "BOOST "(Better outcomes for older people with spinal trouble) led by the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences at the University of Oxford. This trial has been a significant piece of research within the Trust and as a site we have been a very successful recruiter.

An ongoing challenge for the Trust is that of releasing capacity within service teams to deliver research. One new approach to this deployed recently is the use of the LCH staff bank (CLASS) to specifically employ service staff to deliver trial activity. The OTIS study is a trial of a falls risk assessment tool with the research intervention delivered by two CLASS employed OTs. We hope that this more flexible approach to delivering a specific research intervention will be a model that can be utilised in future research participation for studies that are relatively "standalone".

Commissioning for Quality and Innovation (CQUIN)

A proportion of LCH income in 2017/18 in 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.

Commissioner	CQUIN goal	Reporting process/achievement	Actual (YTD)
LSE CCG	Improvement of staff health and wellbeing	This requires organisations to achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on health and wellbeing, MSK and stress.	Partially achieved 87.5%
LSE CCG	Improving the uptake of flu vaccinations for front line staff within Providers	This CQUIN sets a target for 17/18 of 70% of staff having received the flu vaccination.	Achieved
LSE CCG	Supporting Proactive and Safe Discharge – Community Providers	This is aimed at supporting proactive and safe discharge for those aged 65+ admitted via non elective routes. It will require joint working with the acute trust as they have a similar national CQUIN.	Achieved
LSE CCG	Tobacco screening, brief advice, referral and medication offer	These 3 CQUINs apply to adults (18 plus) admitted to inpatient units for longer than a day. It requires monthly data submission to confirm the number of patients: • Screened for smoking (a) • Given brief advice and (b) • Referred on (c)	Achieved
LSE CCG	Alcohol screening and brief advice or referral	These 2 CQUINs apply to adults (18 plus) admitted to inpatient units for longer than a day. It requires monthly data submission to confirm the number of patients: • Screened for drinking risk levels (d) • Given brief advice or referred (e)	Achieved
LSE CCG	Improving the Assessment of Wounds	The indicator aims to increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	Achieved
LSE CCG	Personalised Care and Support Planning	This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions.	Achieved
LSE CCG	Supporting Local Areas: Engagement with STP	During 2017/18 the provider is required to contribute to STP transformation initiatives and demonstrates to the STP governance arrangements how it is supporting and engaging in the local STP initiatives.	Achieved
LSE CCG	Supporting Local Areas: Control Total Risk Reserve	If a provider delivers its agreed organisational control total in 2016/17, the CQUIN will be paid at the beginning of 2017/18 to the provider, who will be required to hold it as a reserve until release for investment is authorised.	Achieved

Commissioner	CQUIN goal	Reporting process/achievement	Actual (YTD)
NHS E H&J	Staff Health and Wellbeing	This CQUIN requires an improvement in staff health and wellbeing across the service. 1a Improvement of health and wellbeing of NHS staff, 1c Improving the uptake of Flu Vaccinations for front line staff within providers.	Achieved
NHS E H&J	Continued development and evaluation of Comprehensive Health Assessment Tool (CHAT) health and wellbeing pathways for children and young people	This CQUIN will measure the effectiveness and outcomes of identified evidence based multi-disciplinary health and wellbeing pathways developed as part of the 2016/17 CHAT CQUIN. It will also give the opportunity to identify any further developments required in the pathways to optimise outcomes.	Achieved
NHS E H&J	Escort and Bed watch	The Escort and Bed watch CQUIN aims to look at alternative ways to manage healthcare within the Prison setting and in turn reduce the amount of hospital transfers and bed watches taking place.	Achieved
NHSE Public Health	Reduce Health inequalities by improving uptake Screening and Immunisation Programmes	The Provider should be able to demonstrate how they identify and address any health inequalities in the S7a Services they deliver; evidencing procedures they have in place to identify and support those persons who are not accessing the service (including those with protected characteristics, mental health conditions and learning disabilities), those considered vulnerable/find services hard to reach and take proportionate and appropriate actions.	Achieved
NHSE	CAMHS Transitions	This CQUIN will improve transition/transfer/discharge planning, improve patient and carer involvement, and improve experience and outcomes with regard to transition between services.	Achieved
LW CCG	AQP Spinefit	Conduct an audit into the nature and effectiveness of onward referrals to Tier 3 specialist pain services.	Achieved

Care Quality Committee (CQC) Registration, Ratings and Improvement Plans

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

The CQC published the final reports on its announced inspection, 31 January – 2 February 2017, and unannounced inspections of Hannah House, Leeds Sexual Health and the Single Point of Urgent Referral on 29 August 2017. We were delighted that the CQC rated the Trust overall as **'Good'**, the CQC's previous rating being 'Requires Improvement'.

The CQC found that the Trust had successfully addressed most of the improvement requirements it had identified in its comprehensive review in November 2014. The CQC found several areas of outstanding practice, particularly within community health services for adults:, a project to improve patient flow, the development of pharmacy technicians which had supported staff and improved patient compliance, and also in the speech and language therapy and musculoskeletal services. Adult services were rated overall 'Outstanding' for caring.

The CQC found that:

- Our staff are passionate about providing good care and treat patients with dignity and compassion, involve our patients in their care, promote independence and self-care, meet the individual needs of patients including the needs of vulnerable people, and work well together for the benefit of our patients across all disciplines.
- We have a stable and cohesive leadership with accessible, visible leaders who work collectively.
- We have an open and transparent culture and our staff articulate the Trust values and strategy.
- We have good staff engagement and good patient feedback.
- We have a strong governance process and a 'maturing safety culture'.

The CQC identified further improvements needed in the safety of some services and rated Hannah House, Leeds Sexual Health Service and our CAMHS inpatient service, Little Woodhouse Hall as 'requires improvement'. All other services were rated 'Good'.

Key focuses for the Trust have been:

- Ensuring staff at Little Woodhouse Hall, Hannah House and Leeds Sexual Health service receive the necessary training and supervision, including safeguarding training and supervision, and have the necessary competencies.
- Hannah House: recruitment to ensure appropriate, safe and sustainable staffing levels and reducing the number of cancellations, strengthening management of medicines; strengthening identification and escalation of risks through introducing the use of quality boards, safety huddles and strengthening team meetings and improving our engagement with families and creating a more welcoming environment for children and their families.
- Little Woodhouse Hall: strengthening safeguarding notification processes, supporting staff with the roll-out of new restraint methodologies, ensuring actions plans are implemented in a timely manner and ensuring staff are aware of Duty of Candour requirements. The service has increased access to therapies and strengthened engagement with families.

The CQC identified a limited number of improvement requirements for our adult in-patient units: CICU (Community Intermediate Care Unit), SLIC (South Leeds Independence Centre) and the Community Neurology Rehabilitation Unit. The actions for CICU and SLIC were closed as a result of CICU being decommissioned and management responsibility for SLIC transferring to the Local Authority as a result of the service being re-procured on 31 October 2017. As a result of the CQC inspection the Trust has reviewed dementia training and introduced face to face training.

SMT and Quality Committee receive assurance through monthly reporting regarding progress with implementing and embedding our CQC action plan. The Director of Nursing has quarterly engagement meetings with the CQC to review progress in implementation of the action plan and wider quality performance and management. We are making good progress in addressing CQC's concerns and are working towards completing all actions by 31 May 2018.

We have consistently met our requirements for safer staffing in inpatient areas.

We have been compliant with our overall agency cap set by NHS Improvement.

LCH has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC has not taken enforcement action against LCH during 2017/18.

Secondary Uses and Hospital Episode Data

LCH submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- that included the patients valid NHS Number was 100% for admitted care and was 99.98% for outpatient care
- that included the patient's valid General Medical Practice Code was 99.25% for admitted care and 99.99% for outpatient care

*The above confirms data available for 1 April 2017 to 28 February 2018; the submission timetable for data does not require data for 2017/18 (to 31 March2018) to be submitted until May 2018.

Information Governance

LCH is expected to achieve overall Level 2 compliance in 2017/18 and to be graded green (Satisfactory) as part of the Information Governance Toolkit assessment conducted annually. This ensures that LCH has the relevant policies, procedures and working practices in place to comply with the requirements of the Data Protection Act and mitigate risk across the organisation.

The Trust has also taken steps to become compliant with the new General Data Protection Regulation (GDPR) which is due to come into force in May 2018 through the appointment of a Data Protection Officer to support the implementation and maintenance of the GDPR and the development of an action plan to ensure the necessary actions are taken prior to the introduction of the new legislation.

LCH also deals with large volumes of requests for personal data and consistently meets statutory deadlines in compliance with the Data Protection Act 1998 and Access to Health Records Act 1990 legislation.

Deadlines are consistently met in line with the Freedom of Information Act 2000 requirements.

Some directed actions we have already taken or commenced to improve our compliance score are:

- Ensuring all staff complete the Information Governance Training on commencement of employment within LCH, whether this be on a temporary or permanent basis.
- Introduction of a more robust process to ensure our staff have access to Information Governance Training before being provided access to clinical information systems. This includes removing access to the systems should the validity of their training expire.
- Introduction of a mandatory annual cycle of refreshing Information Governance training, which is administered and monitored through our Electronic Staff Record System (ESR).
- Staff who support responses to Subject Access Requests have been provided with bespoke training, which will be refreshed on an annual basis.

Payment by Results

LCH was not subject to the Payments by Results clinical coding audit during 2017/18 by the audit commission.

Staff Satisfaction

The table on the next page shows the percentage of staff employed by the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*, as reported on the NHS National Staff Survey**. This includes comparison with previous years.

*current definition: "if a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"

**definition has changed since Quality Account guidance was issued

Year	Number of staff employed	% of those staff employed who recommend the trust to family or friends	National average	Highest/ lowest
2013/14	2970	60%	67%	76%-60%
2014/15	2960	64%	70%	83%-62%
2015/16	2672	69%	73%	82%-67%
2016/17	2790	65%	73%	86%-65%
2017/18	2781	70%	73%	83%-65%

As with previous years, the Trust has seen a degree of change across all services that may have impacted on our percentage. We see 70% as a positive outcome given the ongoing challenges our staff face on a daily basis and this is a 5% increase from 2016/17. 89% of our staff feel that their role makes a difference to patients/service users.

For the last 3 years we have included the most recent LCH NHS Staff Survey results for indicators:

- 'KF19' reported in the LCH 2015 results as **KF26** *(Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)*

In 2016/17 we achieved 16% for this indicator, which is a 7% decrease compared to 2015/16 and 4% lower than the national average for other community Trusts. In 2017/18 this indicator remained static but performing above average relative to other community trusts at 16%, with the national average being 19% and the best score for a community Trust being 15%

And:

- 'KF27' reported in the LCH 2015 results as **KF21** *(Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard*

In 2016/17 we achieved 92% for this indicator (an increase of 3% compared to 2015/16), showing us to be above the national average of 90%. In 2017/18 we achieved 90% (a decrease of 2% on 2016/17, but above the national average for 2017/18 of 88%, with the best score for a community Trust in 2017/18 being 92%.

What else are we doing?

Our focus this year continues to be on staff retention and also working with a more structured approach to improving quality across the Organisation which is a key part of building the working lives we want.

The features of this include:

- A clear and structured methodology for undertaking quality improvement that will become our way of doing things. This is based on the Model for Improvement (Institute for Health Improvement) and adapted from the approach successfully implemented in East London NHS Foundation Trust.
- A focus on engaging frontline staff in undertaking quality improvements both those that they wish to see at team or service level, as well as wider engagement in organisational improvement priorities.
- Patient perspectives forming a core part of our ongoing improvement work.
- Leadership development (LEAD) including Quality Improvement – and the role of leaders in creating the environment where improvement and engagement can flourish.
- Working with the Improvement Academy as our improvement partner to support the training of staff in improvement science, including data and measurement

There will also be additional focussed energy on building our senior leadership capability that will contribute to the improvements we can make to our patients' lives.

Improving Access to Psychological Services (IAPT)

Satisfaction within the Improving Access to Psychological Services (IAPT) is collected and recorded as part of a national data set.

The LCH patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period is given in the table below:

Reporting year	Percentage satisfaction all of the time
2013/14	77.0%
2014/15	83.5%
2015/16	84.2%
2016/17	83.5%
2017/18	83.4%

LCH considers that this data is as described for the following reasons:

- Patient Experience data collection is a national requirement of all IAPT Services, with satisfaction measured post screening and at the end of treatment.
- Audits are carried out quarterly by the service

The IAPT Partnership at LCH intends to take the following actions to improve this indicator score, and so the quality of its services by:

- Reviewing all patient feedback on a regular basis and sharing learning across the service.
- Continuing to work collaboratively with key partners in secondary care mental health to improve the mental health pathway and service user experience
- Seeking the views of service users regarding service improvement initiatives
- Continuing to improve access to the service by increasing direct access via workshops and groups designed for specific communities.
- Improving service information for service users by redesigning the website to include short videos about the therapies provided, as well as redeveloping service user information leaflets

leeds iapt
Improving Access to Psychological Therapies

Patient Safety Incidents

The table below shows the number and percentage of patient safety incidents (PSIs) reported within the LCH during the reporting period and previous years, and the number and percentage of such patient safety incidents that resulted in severe harm or death. This highlights a positive position with the number of PSI's being consistent with last year's figures.

The way these incidents are categorised and reported has changed through developments over time hence 2016/17 figures are comparable to 2015/16 figures only. LCH reports all incidents that affect our patients; however some occur in other organisations, for example care homes or other hospitals. The breakdown below of incidents occurring within our care at LCH and those occurring in other organisations is included to reflect the balance of incidents that are directly linked to our organisation. The greyed sections represent all PSI incidents for that year whereas the latter two years' compare LCH PSI's only.

Reporting year	Number of all patient safety incidents	Number (and %) of patient safety incidents that occurred within LCH care	Number of patient safety incidents that resulted in severe harm or death (caused directly by the PSI)	Number as a percentage of all patient safety incidents
2012/13	2371	Unavailable for these years	20	0.84%
2013/14	3199		35 (30 severe harm + 5 deaths)	1.09%
2014/15	3927		27 (25 severe harm + 2 deaths)	0.69%
2015/16	4207	3215 (76.4%)	49 (47 severe harm + 2 deaths)	1.2% (LCH PSI incidents)
2016/17	4189	3156 (75.3%)	61 (60 severe harm + 1 death)	1.93% (LCH PSI incidents)
2017/18	4759	3250 (68.3%)	63 severe harm (8 avoidable, 50 unavoidable, 5 ongoing). No avoidable deaths	1.9% (LCH PSI incidents)

LCH considers that this number and/or rate are as described for the following reasons:

- Staff are encouraged to be open when something untoward has occurred through the reporting of incidents and learning from these
- We are continually developing the incident reporting processes to improve the quality of the data we can produce

LCH has taken the following actions to improve the quality of its services, by:

- Continuing to promote the reporting of all incidents that occur within our services
- Providing training on incident reporting and investigation for all staff
- Providing training on investigating serious incidents for managers and holding a register of trained investigators
- Training programmes for Datix have been updated and are provided frequently, with bespoke sessions available for specific services/teams
- Continue to review and improve the systems in place for reporting incidents in order to ensure we are capturing all the important information that we can learn from, to prevent a recurrence of when things go wrong
- Increasing the involvement of all levels of staff and members of the public in discussions about how the organisation can improve learning from incidents and other sources of information
- Benchmarking our organisation against other community Trusts to assess our performance against other organisations that are performing well
- Assurance is given that within the NRLS (National Reporting and Learning System) dataset, LCH data remains aligned to other comparable organisations

Inquests

During 2017/18 we have registered by the Coroner to be involved in 21 inquests, 9 of which have been concluded. LCH has not received any Prevention of Future Death (PFD) reports served by the Coroner under the Coroner's (investigations) Regulation 28.

Mortality Surveillance

During 2017 the Trust's Learning from Deaths Policy has been written and is in the process of being implemented.

The Policy is in line with national requirement and builds on the work that was already underway in LCH. This ensures that all deaths in the organisation where our services were delivering direct care and case managing the patients care are investigated appropriately to determine if there is any learning.

There are two levels of investigation and all relevant cases as per the definitions in the policy will undergo as a minimum level 1 investigation. Some deaths within the Organisation are also subject to Serious Incident (SI) review as well and therefore subject to an in depth root cause analysis investigation, this includes any death in custody, a death as a result of sepsis or any death where there is significant concern about the circumstances.

The Organisation is also actively involved in LeDeR (Learning disabilities mortality review programme) and is currently undertaking four reviews in line with national guidance regarding this. This is producing significant learning in this area which will be invaluable in improving services for people with learning disabilities in the future.

The Mortality Surveillance Group continues to develop and is currently chaired by the Deputy Director of Nursing and has representation from all clinical services in the Trust. This Group will continue to meet bi-monthly and develop the mortality surveillance processes further in 2018.

As the organisation is a community Trust it has been a work in progress to ensure we can report on accurate numbers in terms of total applicable deaths across the Organisation. The Organisation it is aiming to ensure accurate recording of deaths and then to break that down into expected and unexpected for 2018-19.

We are able to provide information for the period 1st January 2017 to 31st December 2017 of those deaths that were subject to an in depth review and these are as follows:

Adult Business Unit (ABU)

(predominantly Neighbourhood Teams)

Between January 2017 and December 2017 there were 30 cases presented at the ABU Mortality Review meeting and of those 2 were escalated to the strategic organisation wide Mortality Surveillance Group.

Specialist Business Unit (SBU)

(which covers a number of different services including podiatry, police custody and specialist nursing services)

In 2017 there were 17 deaths recorded. Of these 14 have had a level 1 review with 3 of these having a level 2 review. There were 2 deaths that followed the SI process and for 1 death the mortality review was undertaken by Leeds Teaching Hospital Trust (LTHT).

Children's Business Unit

All deaths have either gone through the SUDIC or CDOP process as described above. In addition 2 have been discussed at the business unit's mortality review group.

From all of the above reviews learning is shared at the organisation strategic mortality surveillance group and via several other means within the business units and wider across the whole organisation if required. Examples of learning include reminding staff in the Children's Business Unit about safe sleeping for infants and young children. In the Specialist Business Unit there was some learning about a reminder within the IAPT service about communication pathways. In the Adult Business Unit there was learning around the management of sepsis and several events have been held in the trust focusing on this and it is now part of infection, prevention and control training and resuscitation training to continue raising awareness.

The Organisation is fully committed to learning from deaths and will continue to refine this process over the coming year to ensure that it is robust, open and transparent.

Section 4

Quality Improvements for the Coming Year

As reported in last year's Quality Account the Board approved the Quality Strategy for 2016-18 in February 2016. The Strategy described the quality improvement ambitions of the Trust aligned to the organisational strategic objectives.

The Strategy identified six action areas with a total of 21 separate actions within these. Significant progress has been made within each area, with many having specific goals completed.

Highlights of the achievements include:

Action Area 1
Continuous Quality Improvement

Several initiatives are now embedded to support services to continuously improve the quality of patient care. These include better use of data and information to support decision making through the introduction of quality boards, use of safety huddles where specific care needs are highlighted and better access to and use of performance information.

We will continue to work on improving our use of data and using outcome measures to show the quality of the services we provide. To support this we have made significant progress in rolling out the electronic patient record (EPR) to services so that information is more readily captured.

Action Area 2
Leadership and culture
Our 11: the working life you want

We are implementing our Professional Strategy for Clinical Staff and have refreshed our behaviour framework which sets out how we expect all our staff to behave and work together. We have developed a number of leadership development programmes to support staff in their roles.

Action Area 3
Our Community

We are better at saying sorry after an incident has occurred and we now have a well-established system in place to ensure this happens.

Recruitment remains challenging due to a national shortage of key staff groups, therefore recruitment and retention remains a priority for us. We have implemented several initiatives to support this including a revised preceptorship programme to support newly qualified staff; work with stakeholders to develop new roles; and improved staff engagement through establishing the 50 Voices Group.

Action Area 4
Empowering patients/patient centred care

We are rolling out a new approach for working with patients and service users called health coaching which has a focus on promoting self-care and on identifying what outcomes are important for the patient. We will continue to expand this to all services to ensure the approach is embedded.

Action Area 5
Learning systems

We have improved how we use information from other areas to identify how we are doing and to learn from each other. Our staff have also contributed to the development of national guidance relating to wound care assessment. We have developed a culture of learning from incidents and share learning through bulletins and through business unit forums

Action Area 6
Suite of projects

This action area outlined a number of key projects which would continue to be focused on through to business as usual. A number of these have been highlighted in the categories above (personalised care planning; patient voice at Board; Our 11; recruitment and retention). A number continue to be key areas of focus for the Trust:

- Pressure ulcers and falls – significant progress has been made over the past 18 months though the Trust recognises that more needs to be done. The work plan for falls reduction is on track. Both areas of avoidable harm retain a high level of focus and have dedicated work plans.
- Mobile working continues to be embedded.
- There is continued work on developing outcome measures for each service.

A new Quality Strategy for 2018-2021 has been developed and signed off. The Strategy describes an overarching quality objective to strengthen our approach to quality improvement with a focus on understanding data in order to give the necessary assurances on the quality of our services. Using this approach we will focus on four priority areas:

1. Prevention, proactive care and self-management
2. Patient experience and engagement
3. New models of care
4. Workforce

Professional Strategy for Clinical Staff
- developing and engaging staff

In October 2016, the Board approved the Professional Strategy for 2016-2020. The purpose of this Strategy is to set out our aspirations for our clinical workforce and how we can best work together with patients and partners to ensure the professional competency and skills of our clinical workforce.

The Strategy has four aspirations that will guide and support the development of the professions to deliver quality services within LCH. Underpinning each aspiration are objectives with measures of success. A number of the objectives are cross cutting and underpin more than one aspiration.

A Clinical Professional Council (CPC) has been set up to ensure a cohesive and coordinated approach to delivering the aspirations of the professional strategy. The CPC offers LCH an opportunity to foster a culture of professional and clinical leadership and influence the development of services by clinicians advising on quality standards. It provides an opportunity for health care professionals to come together from across the business units to share good practice, reduce variation and build professional relationships supporting LCH in the delivery of effective, high quality clinical services and care. It also provides the opportunity for ground level staff to have their professional voice heard and develop their leadership skills.

Safe

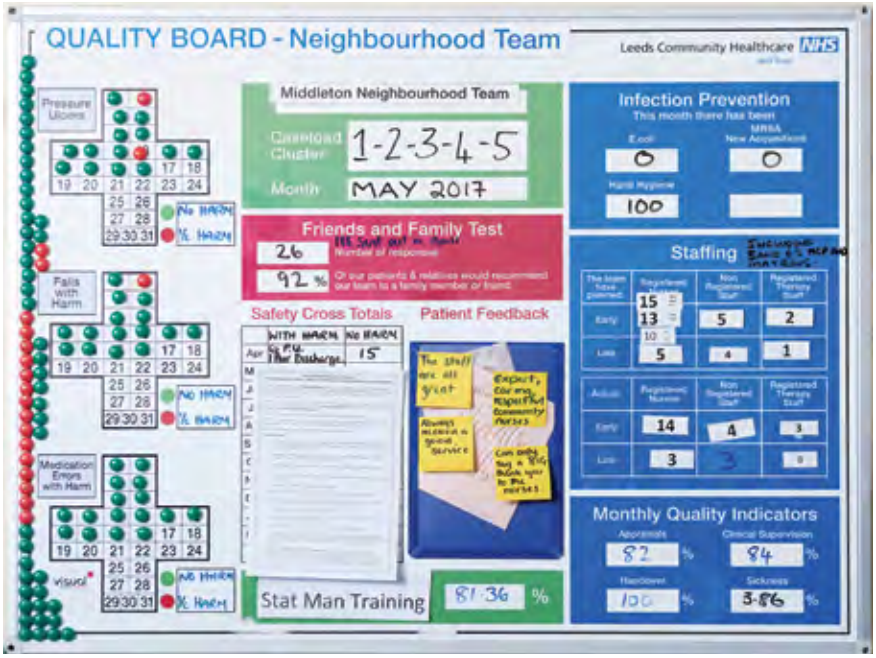
Introduction of Quality Boards
- supporting staff to understand how their team is doing

Quality Boards were introduced in the Adult Business Unit in June 2016 within the 13 Neighbourhood Teams and CIC Bed Bases, to promote safer care and improve clinical outcomes for patients.

The boards display information regarding patient feedback, incidents, clinical supervision and, staffing levels. They help staff to focus on successes, where improvements are required and provide an opportunity to reflect on the quality work being delivered in their team. Safety Huddles and Neighbourhood Team Safety Briefing meetings are held around the boards, where conversations include updates on patients and their condition, identification of any changes in care required and acting on any concerns.

The Quality Boards are utilised on a daily basis within all Neighbourhood teams and support the sharing and understanding of their quality information.

A recent Quality Board audit has identified areas to enhance the use, ownership and effectiveness of this quality tool. The audit recommended actions are all on track and the linked roll out of daily safety huddles at Caseload cluster level is underway. The aim is to have six teams active with daily safety huddles by the end of September 2018, supported by our safety huddle coach.



Quality Improvement Priorities 2018/19

The priorities identified in the Quality Account have clearly stated outcomes with SMART (Specific, Measurable, Achievable, Realistic and Timely) actions.

The 2018/19 priorities were approved at the Quality Committee on 19 February 2018 and revised at the subsequent Quality Committee in April 2018. These have been aligned to the revised Quality Strategy and the Trust's business priorities.

There are some new priorities for 2018/19 as well as some priorities that have been carried forward from 2017/18 that have been refreshed.

A. Providing harm-free evidence based care

Quality area for action	Projected outcomes 2018/19	Indicators
To reduce avoidable harm	To reduce the number of avoidable pressure ulcers.	1. 50% reduction in avoidable Cat 4 pressure ulcers from the 17/18 figure with an overall aim of no Cat 4 pressure ulcers. 2. 20% reduction in category 3 avoidable pressure ulcers from 2017/18 baseline.
Achieve or maintain good or outstanding rating for all services (CQC and internal Quality challenge +)	To increase the number of services rating themselves as good or outstanding against the Quality Challenge+ Standards and to demonstrate improvement for services that have been rated as requiring improvement by the Care Quality Commission.	1. 70% of services rate themselves as good or outstanding through the Quality challenge+ self-assessment. 2. 80% of services rated as good or outstanding following a (Quality Challenge+) peer Quality visit. 3. Good and outstanding services will share learning and approaches to achieving the Quality Challenge+ standards with other services. (Quality Challenge +partners). 4. Services currently rated 'requires improvement' by CQC achieve a good or outstanding rating if re-inspected.
Always Events	Learning what quality care means to our patients, and working in partnership with our patients to improve their experience of LCH using the Always Events Toolkit.	1. 200 staff within LCH to attend always events awareness sessions. 2. At least two services from each of the Business Units will have identified an always event with their service users.

B. Engaging staff, service users and the public to improve the quality of care

Quality area for action	Projected outcomes 2018/19	Indicators
Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community	Evaluation of self-care service currently being trialled in Neighbourhood Teams and adoption of principles into business as usual.	1. Embed self-management approach in Neighbourhood Teams (informed by pilot evaluation). 2. NT staff trained to enable roll-out and embedding of LCH's NT self-management model in line with the agreed plan.
	To review patient's confidence in self-care within the new Foot Protection Service within the Specialist Business Unit.	1. Evaluate the confidence of patients in following self -management care plans within the new Foot Protection Service.
	Continue to roll out and embed health coaching/restorative approach as part of asset based approaches to support better conversations and patients to be empowered to self-manage.	1. Roll out and embedding of health coaching and restorative practice in services across the organisation in line with the agreed city-wide plan. (number to be determined for LCH). 2. Measures put in place to evaluate the impact of better conversations and 'working with' patients.
Quality Improvement	Develop a clear and appropriate QI model and improvement methodology for use across the organisation which is evidence-based.	1. Up to four learning QI projects to be undertaken during 2018/19 on key priority areas. In addition, up to 8 projects will be undertaken at team / service level using the agreed QI methodology.
Family and Friends Test (FFT)	A) Increase the response rates for FFT using baseline from the end of 2017/18	1. Increase the uptake of FFT across all Services to achieve a minimum 3% increase in response rates by the end of 2018/19. 2. Services to share learning and 3 changes made as a result of FFT feedback from service users.
	B) Ensure FFT equality data is reflective of the patient population through promotion, in order to identify and better understand health inequalities; and bring about improvements in patient care	1. Services to improve on the equality of FFT data from the baseline developed from the 2017/18 data.
Outcome Measures	Increase the number of services using outcome measures that are effective and meaningful and ensure that data from outcomes is extracted to ensure that outcome measures are meaningful (NB A baseline is currently being established)	1. Implement the roll out of an outcomes programme that is clinician agreed and patient determined and in line with the Business Committee agreed plan.

C. Access to services

Quality area for action	Projected outcomes 2018/19	Indicators
Access to services	Reduce internal waiting times, understand waits and agree further priority areas for intervention.	**CAMHS Service** All first appointments will be undertaken within 12 weeks.
		Access for Children with Additional Needs (ICAN) 1. Pre-school children will be seen for ASD assessment within 12 weeks. 2. All patients should have a follow up medical appointment within 4 weeks of planned review date. 3. 80% of initial appointments for OT and PT to be seen within 12 weeks.
	To develop a pilot in one service in relation to tracking follow-up appointments. The learning from this will be used to shape a plan to develop this across services.	1. Service identified. 2. Pilot plan and project established. 3. Learning will be identified. 4. Evaluation completed in relation to potential to roll out across services and business requirements to enable this.

D. Recruitment and retention of staff

Quality area for action	Projected outcomes 2018/19	Indicators
Leadership	Develop leadership and management throughout the Organisation through implementation of the leader development LEAD Programme and development of the senior leadership team.	Reporting will be timed with cohorts to the programme. We will measure the quality impact to through surveys which will assess: 1. Achievement of Personal learning objectives 2. Impact on the team 3. Feedback from line managers To be conducted 6 months following completion of the cohort to allow for change to take place.
Staff Engagement	'Creating the working life we want' by increasing year on year the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey.	Increase in the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey.
Staff Retention	To improve retention and reduce trust turnover.	1. Reduce staff turnover to 14.5% from 14.8% 2. Delivery against the NHS Improvement retention plan

Quality Challenge+

2017/18 has seen the Trust continuing asking practitioners, teams and services to review the care they provide against 10 Quality Standards; this is our Quality Challenge+ Framework.

The standards provide a mechanism for services to assess themselves against our policies, our behaviours, national indicators and guidance, alongside the Care Quality Commission's five domains of quality.

So what has happened? All services have completed a self-assessment and rated themselves as ***good, requires improvement or inadequate***. This year in line with our CQC inspection more services identified themselves as good, providing examples of innovative and caring practice. But the self-assessment is only part of the Framework. The Quality Challenge+ Framework also includes a **Quality Visit** to services, a means to both celebrate achievements and identify where improvements need to be made, as part of our commitment to continuous improvement.

Quality Visits are undertaken by colleagues and include involve talking to staff and patients about their experiences. Visitors also observe the day to day work of the service, which could be in the patient's home, a health clinic, an inpatient unit or other setting. At the time of writing there have been 38 visits with a further 7 panned prior to the end of March which will mean a total of 45 visits will have taken place. An outcome of the visit is both verbal and written feedback to the service and a plan to visit again to follow up issues and provide continuous assurance of the quality of our services.

So what have we learnt? There is some outstanding practice with staff showing compassionate care across our services with service users reporting they felt safe and listened to, but we have also leant we could do even better so in 2018/19 we plan to:

- Continue using the Quality Challenge+ Framework, following positive feedback from staff
- Challenging our services to describe how they provide quality care, with more emphasis on user and staff feedback and engagement
- Include service users as part of Quality Visit team
- Share more of the learning across services by organising "Conversations" between services

Caring

Palliative and End of Life Care

Neighbourhood Teams (NTs) and our neighbourhood night service support patients with palliative care needs to be cared for in their home or care home without nursing, with the aim of preventing unnecessary hospital admission at the end of life. Last year's Quality Account included reference to a new Neighbourhood Palliative Care Lead role developed to support staff within NT's to deliver high quality palliative and end of life care. Over the last year this role has become fully embedded and improvements have continued to be realised across NTs.

- 85% of patients with palliative care needs died in their preferred place of death
- Additional information about patients preferred place of death has given further assurance as 89% of patients died in either their first or second preferred place of death
- 87% of patients died out of hospital

- More patient deaths have been verified by NT staff, reducing the pressure on GP services and the time waiting for a GP to attend, particularly out of hours: 72% of patients who died at home had their deaths verified by LCH nurses
- New practice and guidelines to support effective symptom management for patients have been introduced
- A new approach to assessing, reviewing and sharing information about patients palliative care needs has been implemented to further support a personalised approach to care
- More staff have attended training and been supported in practice. Staff report this has developed their skills and increased their confidence in meeting the psychological, physical and emotional care needs of patients
- The number of patients with identified palliative care needs known to NTs has increased by 16% this year compared to last year and the number of visits by NT staff have increased by 22%

The improvements made by NTs and our neighbourhood night service in delivering this care have been recognised by the CQC and nationally, with an entry **An Integrated Neighbourhood Team Approach to Improving Palliative Care for Patients and Carers** shortlisted for the Health Service Journal Compassionate Patient Care award.

What the CQC said:

Patients …were consulted in their future care plans, involved in their care assessments, and planning. We observed this happened with patients who were at the end of life…

Thank you so much for your kindness and support during six difficult weeks

We saw emotional support being offered to an end of life patient and their relative. Staff took time to listen to relatives anxieties and understood the need to discuss their emotions

The love and respect you gave her is something I have never witnessed before

Responsive

Specialist Community CAMHS: Improving Access to the Service

During 2017/18 the service has been addressing the waiting times for an autism assessment for school aged children and young people. This was achieved through a number of initiatives:

- Saturday assessment clinics
- Twilight/evening assessment clinics
- Standardising how we do things across the service to improve outcome and efficiency
- Offering specialist training and resources to staff to ensure a high level skill in the assessment service
- Bidding for and being successful in gaining some monies from NHS England to implement and run a waiting initiative including all of the above as working a partner agency to provide assessments.
- Referral rates have remained fairly static throughout 2017-18 to date, averaging out at 17.5 per month
- At the start of April 2017 there were 183 ASC waiters, 136 of these (74%) had been waiting more than 12 weeks, with the longest wait times for first appointments being over 52 weeks.
- The ASC waiting list position as at the end of Feb-18 is 68 waiters, 25 (37%) of which have been waiting 12+ weeks with most of these children being expected to be seen in March/April 18.
- We are aware that this waiting time is well below both local and national trends and initiatives continue to ensure a maintenance of a low waiting list

Well led

Across the Trust we have so many examples of great service provision, leadership and a culture of compassionate care. This year, 15 services submitted an HSJ (Health Service Journal) award entry and we got shortlisted for five.

Workforce Work Stream

Leeds Plan Principle

We are team Leeds

Working as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships

Workforce Strategic Aims	To develop an appropriate and agile workforce for Leeds - a workforce that works flexibly across organisational boundaries ensuring we have the right skills, in the right place at the right time	The Leeds health and care workforce is valued, well trained and supported – a workforce that feels motivated with access to continued professional development	To develop a system leadership approach across the health and care workforce in Leeds - supporting the workforce to work together as one team, providing the best care and support in the right place at the right time
Activity to support the delivery of the strategic aims	Including: • Develop a shared understanding of the future design and make-up of the Leeds health and care workforce • Harmonising HR practices and processes • Growing the local Leeds workforce • Facilitating mobility/ ability of the workforce to "Hot desk" across partners	Including: • Support the development of skills to enable better conversations • Creating a digitally fluent workforce • Develop a system wide health and wellbeing offer • Develop pathways and opportunities with higher education providers • Inform the work programme of the Leeds Health and Care Academy	Including: • Developing system leaders and a system approach • Developing cross system relationships and accountability • Supporting the development of locality teams • Embedding "Working With"/"Better Conversations" approach • Workforce engagement to embed new approaches

Achievements

- 'We are team Leeds' workshop in May with the Partnership Executive Group (PEG) and Leeds Plan Delivery Group (LPDG) helped set the key organisational development priorities to support partnership working and the concept of one health and care workforce for the city.
- The OD Hub was established early August 2017 and has facilitated people working across the systems to come together. The aim of the OD Hub is to facilitate and role model system leadership to enable people across the health and social care system to co-create work with an emphasis on the relationship aspects of the work to enable culture change. This will be achieved through facilitating partners to come together and work together to tackle system change.
- It is through this innovative approach and development of good relationships that the OD Hub has secured agreement with the National NHS Leadership Academy to co-produce a system leadership approach for the city. The resource consists of an organisational psychologist and others who will work with the city for 6 months to provide a fresh approach to systems leadership, to create the conversations, convergence and systems approach to flow into key work streams.
- The work with the National Leadership Academy will act as a catalyst to drive a system approach with leaders. It is likely that this work will also achieve national recognition as the National Leadership Academy are keen to use this work as an exemplar in terms of the approach to support system level working.

Mentorship

There are 3 LCH staff registered as a mentor on mye-coach who have experience in this role. Although it was planned to roll out training to those interested in mentorship this has not been taken forward due to lack of resources this past year.

Improving Recruitment and Retention

Recruitment and retention remains a key priority in 2017/18 and we have an established Recruitment and Retention Steering Group which meets monthly to prioritise and co-ordinate the issues and challenges relating to recruitment.

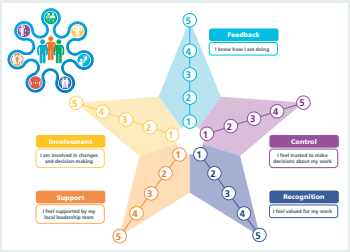
A Recruitment team has been established and it is important that we recruit staff with the right values and the right skills and experience to ensure high quality, safe and effective patient care. We have focused on areas requiring high volume recruitment by designing, facilitating and administering standing interview panels and assessment centres. This approach supports the Trust in securing a consistent workforce supply in areas/professions which are hard to fill due to national shortages. We are also developing our future attraction strategy which focuses on the development of the Trusts website to promote the full range of benefits on offer to candidates and the use of social and digital media.

To ensure that we continue to develop and retain our existing workforce, we are also updating the Trust's intranet site, to make it easier for staff to find and access the information they need, such as development opportunities and the benefits available. Work continues on leadership development, staff engagement and 'Creating the Working Life we want' and 'Building the Workplace we want' and remains the focus of our retention effort. This will support us in retaining staff and supporting them to develop the working life they want.

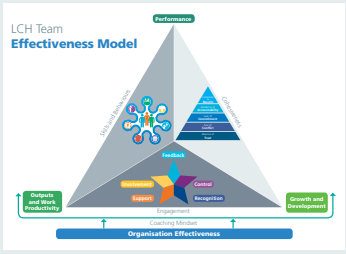
How we build the **working lives we want**

Our Eleven: Shared Vision, Values and Behaviours

Individuals

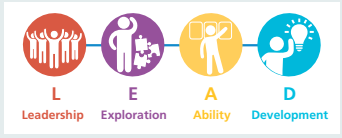


Teams



Leaders

Building leadership skills



Resilience

Wellbeing

Improved wellbeing for self and others

Quality Improvement Approach

QI skills and training | QI projects | Leadership for improvement | Staff engagement

Individual | Team | **Coaching mindset** | Managers as Coach | Health

How do we build who we are?

Priorities → Recruitment → Potential + performance → Talent + careers

Organisational structure / infrastructure

Who is in charge, what are my responsibilities, what am I accountable for?

Where do I sit? | What is my kit? | Where do I talk to people?

How our quality and Quality Account quality improvement priorities will be monitored throughout the year

The indicators from the quality account priorities are monitored on a quarterly basis through the Senior Management Team. These indicators also feature within our monthly reports, which are reviewed by Business Committee and Quality Committee before being presented to our Trust Board.

Reporting and monitoring in this way ensures that senior managers and the Trust Board are aware of how we are performing against our quality improvement priorities. It is also an opportunity for them to scrutinise and seek further assurance on any actions underway to make those improvements, in order to ensure they are achieved.

At Business Unit level a detailed review of the indicators is included in the information shared with services, as part of their regular performance reviews and on quality impact assessment dashboards made available to them. This enables services to know how they are doing in relation to quality improvement. Work is ongoing to ensure that following an incident, learning from it is consistent, effective and shared.

The Trust has revised its governance structure and a sub-committee called the Patient Safety, Experience and Governance Group (PSEGG) established. During 2017/18 a number of workshops have been held, chaired by the Executive Director of Nursing. These bring together staff, managers and the public to look at themes and learning from incidents and experience. From those workshops actions are identified with a view to progress against these and the impact of them being monitored by the Group. We recognise that there is still work to do to embed and develop this function in order to ensure it fulfils its purpose to improve the quality of care through learning from experience; and assure the Quality Committee on the safety and quality of our services. This will be continue to be a focus of our work throughout 2018/19.

Section 5

Statements from Others on the Quality of LCH Services

Healthwatch Leeds

We feel that the Quality Accounts reads well and is comprehensive. However, we have found it a bit of a challenge to find supporting evidence of where LCH has engaged with service users/public to influence their activities, the focus of the report comes across as more in relation to staff based quality improvement and integration activities.

It's good to see the case studies being included (p10-11) however it's unclear what level of patient involvement/feedback/engagement there has been in the pressure ulcer prevention work for example (p14).

The learning from experience section (p21-23) also raises questions, although they have achieved their goal of having the SMART action plans it doesn't really give a flavour of what has actually changed as a result, it still seems more focussed on the process rather than the experience or learning outcomes.

There is a good example of responding to patient feedback with the StepUp app (p33) and we are pleased to see their commitment to expanding the Patient Experience Pledge for 2018/19 (p35.)

There are some good examples of the impact of feedback leading to changes at Wetherby YOI but there was also an almost throw away comment about Nursing Times awards (p43) – it would be useful a couple of lines were added to state what these were for as it's a positive accolade getting a national nomination let alone winning one!

Overall we feel that LCH has continued to build some good foundations and we would want them to be able to narrate a stronger story next year as to how the local user voices have been engaged with and influenced change and development of services.

Some points:

1. There is a concern nationally about CAMHS. In this Quality Account LCH state that 20% of patients wait more than 3 months to be seen. This appears to be a very high proportion of patients (1 in 5 waiting 3 months or more, and they are a very vulnerable group). We think it would be beneficial for the Trust to highlight why they think this has occurred and how they are addressing this (through 'co-working', presumably with LYPFT?).
2. It is gratifying to read the section on the 13 Neighbourhood teams and that they continue to incorporate Consultant Geriatricians. There is a need to improve the care of older people and avoid unnecessary admission to hospital, prevent readmission and potentially expedite discharge. It would be useful to know if there are plans to expand the engagement of geriatricians working in the community eg. Less people providing more time thus relating to primary care and neighbourhood teams much better.

Healthwatch Leeds comments on Quality Improvement Priorities

Given the increasing number of older people in society and the consequent pressure on hospital and social care it is a little surprising that none of LCH's Quality Improvement Priorities relate directly to older people. Does LCH have any plans for improving its services and care of this important client group?

NHS Leeds Clinical Commissioning Groups

Thank you for providing the opportunity to feedback on the Quality Account for Leeds Community Healthcare NHS Trust for 2017-18.

This report has been shared with key individuals across the newly formed Leeds Clinical Commissioning Group (formerly Leeds West CCG, North CCG and South & East CCG) and this response is on behalf of the new organisation.

We acknowledge that the report you provided for review and comment is in draft form and additional information will be added and amendments made before final publication. The lack of data in places makes it difficult to offer a fully informed view of some areas, so please accept our observations on that basis.

We would like to congratulate the Trust for the 2017 CQC overall rating of 'Good' demonstrating progress from the previous rating of 'Requires Improvement' in 2014. We will continue to work with the Trust to ensure the action plans for services rated as 'requires improvement' are addressed and we look forward to seeing similar progress at Hannah House, Leeds Sexual Health Service and Little Woodhouse Hall during 2018/19.

It is encouraging to see that staff engagement is improving and we look forward to seeing this trend continue to rise during 2018/19. A clear approach is being taken with conferences held for registered and non-registered staff, and the '50 voices' initiative is a good vehicle for engaging staff at all levels in a meaningful way. We are pleased to note the national recognition gained for the work of the Freedom To Speak Up Guardian, however we would have liked to see some examples of actions the Trust has taken in response to the concerns raised around culture, leadership and behaviours.

We recognise the investment made in staff coaching and hope that the challenges the programme has faced with resources and competing demands can be overcome to support this initiative in 2018/19. There is evidence throughout the report of a commitment

to staff training and particular recognition is given to the Trust's attainment the 85% compliance target set by NHS England for WRAP Level 3 training.

We acknowledge the progress made in the NHS Workforce Race Equality Standard, with regards to staff experiencing harassment, bullying or abuse and discrimination at work. It is good to see where external validation is taking place, in particular the commitment to diversity and equality, and where information is coming from.

The Trust should be commended for the number of compliments received, a positive comparison to the number of complaints and concerns received in 2017/18. We also note the progress made regarding the number of action plans for upheld or partially upheld complaints and recognise the effort this will have involved. It would have been helpful if the report had provided some examples of changes made as a result of patient feedback to indicate further the embedding of learning from complaints.

Work to engage patients is demonstrated through the use of patient stories at Board level. This is a powerful mechanism to ensure a proactive approach to engaging with, and listening to, patients and the public. We would expect the Trust to utilise this approach to encompass stories about care or services that did not go well, alongside the success stories, to ensure a balanced view is represented and to help with identifying opportunity for learning and improvement.

Safety appears prominently in the report with evidence of work to improve the timeliness of incident management. We welcome the commitment to involve patients and carers in the work around learning from incidents to ensure the best possible outcomes and to improve care. We look forward to receiving updates from the Patient Safety, Experience and Governance Group in 2018/19.

The Trust has achieved an exceptional compliance rate of 100% with the implementation of Duty of Candour, and we anticipate this commitment to openness and honesty can be sustained and advanced into the next year.

We are pleased to note the continued work to reduce the number of avoidable category 3 pressure ulcers and reducing the numbers of harmful falls. It is disappointing that there was a rise in avoidable grade 4 pressure ulcers during 2017/2018, however we recognise that a fresh approach has been adopted and we look forward to seeing the refreshed plan for 2018/19. We are in support of the re-commencement of the pressure ulcer prevention group to support joint working across the system.

It is disheartening to see that the CAMHS waiting times continue to be a challenge for the Trust, however we recognise the good progress shown in the ICAN services.

The Trust has been successful in achieving the RCN awards for the integrated healthcare to children service and young people in custody. The work to improve the attendance at healthcare sessions for young offenders is impressive and this demonstrates a commitment to health services for this vulnerable group.

We also are pleased to see new approaches via the use of technology and digital apps to engage people, specifically with younger patients. The Step Up app and the Let Me Show U App are excellent examples of how digital approaches can improve patient care. Using a co-production methodology to establish these is a positive step and we look forward to seeing the evaluations and impact over time of these tools.

The Trust should be praised for the targeted improvements made within infection control, particularly in having no MRSA cases during 2017/18. We look forward to seeing these accomplishments continued into 2018/19.

The detail about what new ways of working for the neighbourhood teams entails is not clear in the report, although the EPR and mobile working initiatives are encouraging. We look forward to seeing the completion of the e-rostering roll out plan in 2018/19.

The breakdown of measures, developed to standardise the quality of care within adult services, into the quality domains is a really effective way of capturing the detail of these initiatives. We would like to see a consistent approach across the other business units.

The work to improve the outcome for service users of IAPT is excellent and working with those who are not on track to achieve their outcome indicates a caring and supportive approach.

We are encouraged to see examples of collaborative working within the report. In particular the joint working with LTHT to improve and realign MSK services to better meet patient need, and we look forward to hearing further developments on this. The involvement with the multi-disciplinary foot care team in the diabetes service also further exhibits strong collective ambitions and the strengthening of partnership working with Primary Care is welcomed.

It is difficult to assess the full range of improvements made as a result of local audit due to the limited information currently available, however we are appreciate the inclusion of some of the changes made as this is important to show how the organisation learns and we look forward to seeing further progress from the audit programme.

The Quality Challenge+ framework continues to be a productive way of engaging staff in the business of quality improvement and is to be applauded. There appear to be a plethora of projects ongoing with the aim of quality and service improvement and it would be good to see how these feed into each other and how learning from them is shared.

We commend the Trust on exploring new ways of promoting self-management through the development of online resources and applications for staff. The Performance Information Portal is an excellent initiative in helping staff understand the performance of their teams, services and the organisation.

We are eager to see the further development of outcome measures as this has been a priority for some time. There were some priorities from 2017/18 that still require some work and it would be useful to have some clear indication relating to how this will continue, if it isn't a specific priority for 2018/19.

We are supportive of the 2018/19 quality priorities which are strong and strategic and in line with the Trust's key priorities for improvement. We are keen to see the momentum grow and the improvements made within these areas during the next 12 months. We are delighted to see the inclusion of the Always Events Framework and are keen that this will be developed to ensure care is delivered in partnership with patients and service users. We would like to see this initiative identify and sustain reliability in person/family centred care delivery processes, and not just be a means to achieving the expected standard of safety.

We hope that this approach and the other priorities identified will bring a successful year ahead of quality improvement for LCH.

We appreciate the opportunity to review the report and hope that this is accepted as a fair reflection. We look forward to seeing the progress made over the coming year.

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2017/18 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 Reports 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 on the Quality Account

If you would like to comment on this document you may do so:

- By email to **lch.pet@nhs.net**

  Please ensure you include **'Quality Account 2017/18 feedback'** as the subject of your email.

- In writing to:

  The Clinical Governance Manager
  Quality Account 2017/18 Feedback
  Clinical Governance Team
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Services provided by Leeds Community Healthcare NHS Trust

For a full list of our services, please visit our website:
www.leedscommunityhealthcare.nhs.uk/our_services_az/

Glossary

Appraisal – a method of reviewing the performance of an employee against nationally agreed standards within the NHS.

Antibiotic – A drug used to treat bacterial infections.

Antimicrobial resistance – The ability of bacteria and other microorganisms to resist the effects of an antibiotic to which they were once sensitive. Antibiotic resistance is a major concern of overuse of antibiotics. Also known as drug resistance.

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

BME/BAME groups – Black and Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.

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

Clinical supervision – a reflection process that allows clinical staff to develop their skills and solve problems or professional issues. This can take place on an individual basis or in a group.

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

Clostridium difficile (Cdiff) – an infection caused by bacteria that affects the digestive system. It most commonly affects people who have been treated with antibiotics.

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).

Continuous Quality Improvement (CQI) – a management approach that organisations use to reduce waste, increase efficiency, and increase internal (employee) and external (customer/patient) satisfaction.

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.

DOLS (Deprivation of Liberty) – DoLS protect people who lack capacity to consent to being deprived of their liberty. This means that because an illness, an injury or a disability has affected the way their mind works they are not able to agree that they will not be allowed to do certain things.

Duty of Candour (DoC) – a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to harm.

E-Rostering – an electronic staff management tool used to plan staff requirements and reported on staff hours worked, annual leave, sickness etc.

Equality Delivery System (EDS2) – part of the NHS Equality and Diversity Council's pledge to commit to implement two measures to improve equality across the NHS.

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.

HbA1c – refers to glycated haemoglobin (A1c), which identifies average plasma glucose concentration which is an important measure for patients with diabetes.

Health Service Journal (HSJ) – a former weekly news print magazine, now a website, covering British National Health Service, healthcare management and health policy.

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 Institute for Quality (LIQH) – an organisation that enables clinicians to develop shared expertise in innovation and improvement.

Leeds Plan (Leeds Health and Care Plan) – a strategic plan that aims to achieve a whole city approach to healthcare in Leeds and make Leeds the best city for health and wellbeing.

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.

Meticillin resistant Staphylococcus aureus (MRSA) – blood stream infection caused by bacteria that is resistant to some treatments.

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

Multi-Agency Looked After Partnership (MALAP) – a network that brings together partners from across services and sectors with a shared aim of improving outcomes for looked after children and young people in Leeds.

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

NHS Improvement (NHSI) – an NHS organisation that supports us to provide consistently safe, high quality, compassionate care.

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

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

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

Neighbourhood Multi-disciplinary Teams (MDTs) – integrated teams of health and therapy staff working as a team within a location (neighbourhood) in the community.

Norovirus – a group of viruses that are a common cause of food poisoning and acute gastroenteritis ("stomach flu") that can strike quickly and make a person feel very sick but which typically resolves within 2-3 days. The characteristic symptoms are nausea, vomiting, diarrhoea, and abdominal cramping.

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 Advice and Liaison Service (PALS) – 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 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.

Preceptee – a person undergoing preceptorship (see below).

Preceptor – an experienced member of staff who provides role support and learning experiences to the preceptee to assist them acquire new competencies.

Preceptorship – a structured period of transition for a newly qualified member of clinical or therapy staff when then begin their employment in the NHS.

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

Public Health England – an organisation that works to protect and improve national health and wellbeing, and reduce health inequalities.

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.

Scrutiny Board (Health and Well-being and Adult Social Care) – a function of the local authority with responsibility to hold decision makers to account for the services they provide.

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.

Sign up to Safety Pledge – a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

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

Stonewall – a lesbian, gay, bisexual and transgender (LGBT) rights charity in the United Kingdom.

Subject Access Requests (SAR) – requests made for personal information under the Data Protection Act 1998.

Standard Operating Procedure (SOP) – a set of step-by-step instructions compiled by an organisation to help workers carry out routine task.

Sustainability and Transformation Plans (STPs) – the NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.

Systm One – a clinical record keeping system that the Trust uses to record clinical information and clinical discussions.

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

Unconscious bias – unconscious bias happens by our brains making incredibly quick judgments and assessments of people and situations without us realising.

Quality account

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