

NHS

Leeds Community
Healthcare
NHS Trust

Quality Account

2019 : 2020



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1
Part

Statement of Quality

Leeds Community Healthcare Trust (LCH) provides community healthcare services across the health economy of Leeds and neighbouring areas. The Trust was last inspected by Care Quality Commission (CQC) in May/June 2019 and was rated 'good' overall.

Our purpose is to provide high quality healthcare to all. We do this by working in partnership with other organisations and groups, involving and developing our staff, and using our resources wisely to continually improve our services.

At our Annual General Meeting this year, we took time to reflect on our successes and challenges this year. One of the main focuses has been around partnership. At LCH we aspire to work together for our collective goals, with the public and in partnership with others across the Leeds, West Yorkshire and the national system.

One of the things we are proud of at LCH is the progress we are making as an organisation in putting the person at the centre of what we do, along with their family and their carers, and the understanding that we are a guest in people's lives and that they are generally the most expert person in their health. We recognise that partnership working has a significant effect on quality – seeing the person not the illness or care need.

As an organisation we are learning to think and ask people 'what matters to you?' rather than 'what's the matter with you?'. We are always challenging ourselves to move away from old paternalistic/maternalistic models of providing care and instead work in partnership with our patients to provide the right solutions for them.

It is this team working that can have a significant impact for both service users, carers, staff and the public 'none of us is as smart as all of us together' and that's what we see the most in our success over the last year.

The Quality Account priorities set for the 2020/21 reporting period have been discussed and ratified by the Quality Committee with final agreement by the board on 31 May 2020.

We have focused on four main areas for the coming year to present within the Quality Account to formulate targeted key measures to ensure tangible, sustainable change and improvements which include:

- 1 Priority 1**
Be Outstanding.
- 2 Priority 2**
Develop and embed continuous quality improvement which engages staff and service users.
- 3 Priority 3**
Strengthen organisational approach to service user engagement and experience at all stages of care delivery.
- 4 Priority 4**
Pro-actively develop and deliver left shift with partners and improve the health of the poorest the fastest.

We will also continue to monitor and progress a number of the 2019/20 targets into the 2020/21 reporting period. These include:

- **Always Events** – The Always Event working group will continue to progress Always Events across LCH and will aim to ensure that services are continually striving to work with patients, carers, families and the public to identify what matters to them.
- **Quality Challenge Plus** – will continue to be a tool for service reflection and peer review to help achieve CQC outstanding.
- **Learning from Incidents and Excellence** – LCH will continue to embed learning across the organisation ensuring robust action planning takes into consideration organisational learning and quality improvement.



2
Part

Priorities for improvement 2020/21

The Quality priorities agreed for the 2020/21 reporting period have been devised to continue from the 2019/20 priorities and to ensure that LCH continues to strive to achieve our vision and live our values seamlessly throughout our services.

The priorities focus on ensuring our workforce is able to deliver the best possible care in all our communities and that we can continue to deliver outstanding care to all. We will ensure that we work more closely with our partners and others so we can deliver integrated care and care closer to home. In addition, we always strive to use our resources wisely and as efficiently as possible.

Priority
1

Be Outstanding

What we aim to achieve:

- Understanding and alignment organisation-wide of the vision for 'outstanding'
- Embed robust Quality Challenge process that supports achieving CQC outstanding



- Embed applicable sections of the National Patient Safety Strategy
- Outcomes development: agreed Business Unit specific targets

- **Adult Services:** clinical outcome measure (COM) established for all clinical pathways
- **Children's Services:** all services receiving meaningful reporting on use of COMs
- **Specialist Services:** 75% of services using COMs with all patients

- Quality Impact Assessments (QIA) becomes business as usual
- Improved effectiveness scores for Quality Committee and sub committees reflecting new meeting structures in place evidenced
- Establish integrated mortality review of deaths 30 days post discharge – currently all done by LCH

Priority
2

Develop and embed continuous quality improvement which engages staff and service users

What we aim to achieve:

- Progress the implementation of the **Making Stuff Better** (Continuous Quality Improvement) Strategy priorities: For Everyone; Enable and Support; Sharing Good Stuff:



1. Engage and enable staff and service users to undertake small or large scale improvements through continued focus and promotion of the Making Stuff Better philosophy
2. Provide tools, training and resources to frontline staff and leaders that help them

identify and deliver improvements across their areas of work

3. Enable staff and service users to access Quality Improvement (QI) tools, QI team members and shared learning and improvement stories
- Support priority service / pathway areas to adopt and embed a sustainable QI approach
 - Ensure our Clinical Quality Improvement (CQI) approach is a key enabler for achieving outstanding service delivery and being an outstanding place to work
 - Continue the alignment of Quality Challenge, Clinical Audit, Research and Innovation and Service Developments, under the overall umbrella of Making Stuff Better, thereby enabling a trust-wide culture of improvement

Priority
3

Strengthen organisational approach to service user engagement and experience at all stages of care delivery

What we aim to achieve:

- We will develop an infrastructure that enables the people's voice to have a much bigger influence and measure the impact of this.
- We will sign the Leeds Commitment to Carers initiative; and provide support to staff members who are working carers, and carer awareness training to staff.



- We will Implement and embed new Friends and Family Test guidance and question in line with national guidance.
- We have representation of the people's voice within our quality and assurance frameworks; at the Patient Safety and Engagement Group Meeting (PSEGG), Quality Committee and Trust Board Meetings.
- We will define the aims and objectives of an LCH people's network and work closely with existing networks in the city.

Priority
4

Pro-actively develop and deliver left shift with partners and improve the health of the poorest the fastest

What we aim to achieve:

- Development and launch of a new Development strategy 2020-2022 that builds on the success of the previous strategy and takes into consideration the changing context – outstanding ambition, left shift and integration with primary care.
- Develop and operationalise service models in response to the Ageing Well, Anticipatory Care and Enhanced Care in Health Homes requirements.
- Consistent, rigorous use of partnership standards which incorporate the clinical governance framework which is assessed by Internal audit in Q4.
- Agree organisational aim and approach for embedding Personalised Care and Better Conversations following the quarter 4 2019/20 review of progress to date.
- Address priority quality governance issues to ensure safe and effective partnership working with other partners.
- Implement new partnership initiatives with the 3rd sector that support left shift and reduction of health inequalities.
- work with the GP Confederation and CCG to strengthen the mechanisms for conducting out of hospital research in order to redress the current balance of research portfolios and investment in conjunction with left shift.

Quality Improvement Priorities 2019/20

The following section describes how the Trust performed against each of the quality priorities. The Trust made significant progress with the quality targets during 2019/20.

Priority 1

Maintain quality across all services and aim for outstanding rating – CQC and Quality Challenge+

Quality targets	Progress update
<ol style="list-style-type: none"> 1. Implement action plans to address improvement recommendations from external reviews to the agreed timescale 2. Define the Quality Challenge+ success measure and ensure that: <ol style="list-style-type: none"> a. At least 80% of Quality Challenge+ visits are reported as good or outstanding following a peer review visit b. Increase the number of Quality Challenge+ peer reviewers across LCH who actively engage in the Quality Challenge+ process 3. Quality Impact Assessments (QIA) undertaken on a timely basis, monitoring and escalation of impact embedded across the organisational performance process 4. Services have access to reliable outcome data to inform service development and linked to Quality Improvement 	<p>Overall: Complete</p> <p>The CQC published LCH's Well Led inspection report on 28 October rating LCH 'good' overall and for each of the 5 CQC domains. Action plan to address the 23 'must-do' and 14 'should-do' actions submitted as required. Review of our approach to Continuous Quality Improvement commenced in Q3.</p> <p>Progress overview</p> <ol style="list-style-type: none"> 1. CQC: SMT is receiving regular progress reports on delivery of the CQC action plan. January's Quality Committee Spotlight will focus on CAMHS transformation plan which incorporates CQC improvement actions, service development, redesign and other improvement requirements. 2. Quality Challenge Plus: 54 self-assessments received; 48 services rated themselves Good, 2 Outstanding and 4 Requires Improvement. 10 Quality Walks undertaken in Q3; 8 rated Good, 1 Outstanding and 1 Requires Improvement. In Q1-Q3, 26 of the 27 (96%) Quality Walks rated services Good or Outstanding; 1 rated Requires Improvement. 35 colleagues have attended Quality Walker training since April of whom 12 have undertaken a Quality Walk. A priority for 2020-21 is to ensure that everyone who attends Quality Walker training shadows a Quality Walk soon after. 3. QIAs: QIAs routinely undertaken and KPIs monitored by services and escalated via the Business Units performance review process. 4. Outcome Measurement and Reporting Development: on track to achieve the year 1 aim of 75% of services agreeing centrally reportable outcome measures. The year 2 plan is being drafted and will align with national and local systems outcomes work. Work has begun to align services using the same outcome measures.

Priority 2

Strengthen organisational approach to service user engagement and experience at all stages of care delivery

Quality targets	Progress update
<ol style="list-style-type: none"> 1. Develop a Patient Engagement and Experience Strategy: <ol style="list-style-type: none"> a. Agree an implementation plan which has SMART objectives; to include impact measures and review timetable b. Agree the process and support structure to services to increase patient engagement across the organisation c. Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations 2. Develop Patient experience and engagement service staff champion role and quarterly meetings: <ol style="list-style-type: none"> a. Aims, membership and Terms of Reference of the group are clearly defined b. There is representation from each service/team across the Trust c. The group feeds into reporting structures via the Patient Experience Team 3. Trust-wide roll out of 'Hello my name is...' campaign 4. 'Always Events®' are understood and in place across the Trust 	<p>Overall: Complete</p> <p>Reflecting that the Patient Engagement Strategy was approved by the October Board and the operational plan to support implementation was submitted to January Quality Committee. 'Hellomynameis...' and Always Events work is being progressed and continues to be embedded across the Organisation.</p> <p>Progress overview</p> <ol style="list-style-type: none"> 1. Patient Engagement strategy: Strategy operational plan was approved by Quality Committee and has been introduced to all Business Units. Year one priorities are being embedded within business plans. Strategy update provided to Trust Board in March 2020 and reported good progress. Patient/Carer involvement in incident investigations will move to 20/21 as part of the implementation of the new Patient Safety Strategy. <p>The work to develop and agree a process and support structure to facilitate patient/carers involvement in incident investigations is ongoing and will be monitored as part of the implementation of the Patient Safety Strategy over a 2 year process. A Patient Safety Strategy Working Group has been developed and actions delegated to initiate conversations with patient/carers on their experience of the process; this action currently sits within the Incident Team and will be supported by the Patient Experience Team. Progress will be monitored through the Quality Assurance and Improvement Group.</p> 2. Patient Engagement Staff Champions: The number of Patient Experience champions has increased to 65. The PET are actively recruiting to have 1 champion per service; good attendance at the September meeting. The January meeting agenda will include the new FFT guidance, sharing of good practice and the Engagement strategy operational plan. 3. '#Hellomynameis...': The AGM presentation and celebration was received well. The campaign continues to be embedded. Follow up work to take place in Q4 to gather and share patient and staff experience. 4. The Always Events: Testing for the Continence and Urology Service is on hold due to Covid-19. All support from NHS England for Always Events is also on hold until further notice. The Always Event working group membership has been agreed, a Terms of Reference produced and monthly meetings booked for the rest of the year. Work will continue as a priority into 20/21. Due to a review of membership of the oversight group it has taken some time to establish key members to take this work forward; this is now supported by the Engagement Strategy operational plan (year one) with roles clearly defined across each business unit. There has been work ongoing to actively involve business units and raise the awareness of Always Events within all areas; this work has now taken place. Each business unit has identified potential areas to focus on for their own Always Event, and as part of the oversight group these areas will be focussed on identifying how, when and where we can engage with patients and carers to find out what is important to them. This will form part of the Trust priorities for 20/21, and is an objective within the Engagement strategy which will report to the Trust Board bi-annually. Progress will be regularly monitored as part of the Quality Assurance and Improvement Group.

Priority 3**Strengthen our learning mechanisms from incidents and good practice**

Quality targets	Progress update
<ol style="list-style-type: none"> 1. Set up an intranet repository for all learning from incidents and good practice 2. Roll out FABULEEDS across LCH: <ol style="list-style-type: none"> a. Gain good practice stories from Business Units in each quarter and disseminate across services b. Provide an annual poster of good practice for display in services c. Ensure that learning from good practice is escalated to senior staff leaders through the governance reporting structure 3. Support focus events for all staff on learning from incidents and excellence to showcase good practice and learning 4. Review and strengthen our Patient Safety, Experience and Governance Group (PSEGG) by: <ol style="list-style-type: none"> a. Focusing on learning and identification of emerging themes b. Discussion and dissemination of learning through services by active members of the group c. Wider dissemination through the governance committees to senior leaders of any emerging themes and trends d. Hold focused workshops through the year for open discussion and sharing across services e. Explore how we can include service users or representatives and the wider community in PSEGG meetings and workshops 	<p>Overall: Complete</p> <p>Continued focus on learning from incidents and learning from good practice has progressed within 2019/20 to ensure that LCH continually learns from when things go wrong and shares good practices across services and teams.</p> <p>Progress overview</p> <ol style="list-style-type: none"> 1. Business Units continue to use the learning repository to showcase good practice. There has been increased number of teams and services sharing learning across LCH. 2. An annual poster will be produced for services to display on learning from good practice. Learning is included within the 6 monthly and annual incident and patient feedback report. We continue to triangulate data and themes across LCH to learn from excellence and good practice. 3. There is now a better understanding of the learning from incidents and excellence and has been presented at workshops and within training events throughout LCH. Templates are available for all staff to access. 4. Terms of reference for PSEGG have been revised. Focus on learning and emerging themes are included in the 6 monthly and annual incident and patient feedback report. Two external workshops have been held throughout 2019 with targeted learning sessions held at each. Healthwatch receive an invite to all PSEGG business meetings and workshops. The PSEGG is now combined with the Clinical Effectiveness Group to form a wider Quality Assurance and Improvement Group (QAIG).

Priority 4

Ensure quality is maintained or improved when developing and implementing new models of care and new ways of working and working across boundaries - including integrated pathway development, service developments, tenders and sub-contracting arrangements

Quality targets	Progress update
<ol style="list-style-type: none"> 1. Successful implementation of new contracts e.g. dental, 0-19 and effective oversight of quality governance within these. 2. Integrated care pilots and pathways established and effective oversight of quality governance within these. 3. Identifying all sub-contracting arrangements within the organisation and ensuring robust governance processes are in place 	<p>Overall: Complete</p> <p>Good progress in developing robust frameworks and standards to support robust quality governance when working across boundaries. Board signed off the Partnership Governance Standards which incorporates the Clinical Governance Framework and work progressing to develop common standards and frameworks with primary care.</p> <p>Progress overview</p> <ol style="list-style-type: none"> 1. For services won through tenders that are delivered through partnerships Memorandum of Understanding's being developed which incorporate the Partnership Governance Standards, to sign off at Partnership Boards. 2. Integrated care pilots and pathways quality governance: respective organisational standards and frameworks are currently being used. The Integrated Care Steering Group's Governance Task and Finish Group continues to progress work to develop common standards and frameworks, focussing on integrated nursing, which will enable wider integration and collaborative working. Learning will be scaled up, applied to other integrated work and inform strategy. 3. Sub-contracting: In Q3 the contract database and standardised authorisation, contract governance and performance management arrangements were implemented in Children's and Adults Business Units (implemented in Specialist Business Unit in Q2). Contract management training has been incorporated into the Business Masterclass and delivered for the 1st time in December. Production of a SOP has been delayed but will be finalised in 2020/21 alongside a review of the resource implications of this more robust contract management process.

Continued Monitoring of Outstanding Priorities from 2018/19

The priorities outlined in 2018/19 which were still outstanding into the 2019/20 reporting period have continued to be monitored. These included:

■ A zero target for avoidable category 4 pressure ulcers

There has been a continued focus on preventing the formation and deterioration of pressure ulcers amongst our patients. In 2019/20 there have been significant actions put in place to reduce the risk of a pressure ulcer occurring wherever possible, and city wide work on the prevention of pressure ulcers.

■ Ensuring that the Friends and Family Test (FFT) data is reflective of the patient population

The Patient Engagement Team has supported services to offer all new patients the opportunity to complete an FFT questionnaire to assist services in making improvements where required. LCH is currently working on introducing the new FFT process for implementation from April 2020.

■ Children and Adolescent Mental Health Service (CAMHS)

All first appointments will be undertaken within 12 weeks – significant service redesign and additional recruitment has taken place in 2018/19 to help reduce the waiting lists within the children's services.

■ Access for Children with Additional Needs (ICAN)

Pre-school children will be seen for Autism Spectrum Disorder (ASD) assessment within 12 weeks – service improvement plans have progressed throughout the year to improve the waiting times within children services.

Statement of Assurance from the Board

The board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub group governance meetings.

The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and in particular, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality. These include patient safety and excellence in care, identify, prioritise and manage quality and clinical risk and assurance. This then assures the Board that risks and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual quality account priorities which are monitored on a quarterly basis.

The Quality Committee promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care.

LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

Celebrating success

At LCH we are proud of the hard work our colleagues, teams and services do on a daily basis to maintain safe, effective, caring, responsive care. There are a lot of achievements throughout the year both big and small recognised at a local, regional and national level. Below are examples of achievements throughout 2019/20.



Gold Award for the Communications Team



Our Communications Team picked up a prestigious Gold Award at the inaugural Internal Communications and Engagement Awards in London. The award was made for the concept and running of the Thank You Event, in which members of staff from across Leeds Community Healthcare are nominated for their work and achievements by colleagues. Winners receive a hamper, cake and balloons from an Executive Director during a surprise 'pop up' thank you presentation.



Infection Prevention and Control Team

The Infection Prevention and Control Team walked away with two awards from the Infection Prevention Society (IPS) national conference in September 2019. The team won Team of the Year award and one of our IPC Nurses collected the Practitioner of the Year award.

This is a prestigious national award and these awards highlight the excellent work that the team are doing within LCH and the wider health community in collaboration with our partners.



Adult Business Unit

The Adult Business Unit has rolled out a celebration initiative across the Neighbourhood Teams which first started within one of the South areas of Leeds. The new initiative called 'You've been mugged' was suggested by one of the Neighbourhood Clinical Practitioner's (NCP), after seeing a similar idea in another trust. This demonstrates that small celebrations can have a big impact to teams and individuals. Every week a lucky recipient gets a mug filled with treats to show 'you're appreciated for all you do'. They then have to refill the mug with treats to give to someone they appreciate with a note saying why they've 'been mugged'.



Young Persons Secure Estates Healthcare Team Awards – HM Wetherby YO and Adel Beck SCH

The Awards event was created in 2018 during a time when teams were undergoing many changes and adapting to an increase in multi-disciplinary working as one healthcare team, this now runs as an annual event.

A Primary Care Team Manager had observed something similar and wanted to bring the idea to the team as a way of boosting morale, continuing to promote cohesion and remind everyone what an amazing job they do on a daily basis. Taking time out of such busy days can be hard but the awards allow designated space and time to provide recognition of the excellent work in such a specialised and challenging environment. The Awards are in six categories: most supportive colleague, above and beyond, positive attitude and commitment towards work, most improved new starter, team of the year and Lead for innovative practice for the Primary Care, Substance Misuse and CAMHS Teams.

International Patient Day

LCH celebrated International Patient Day in September. The theme was Patient Safety is Everyone's Business. A working group was set up to look at what this meant to LCH, our partners, patients, carers and the public. Three areas of focus were agreed:

- Mental health – keeping myself safe
- How you can help to prevent pressure ulcers (bed or pressure sores)
- Zero tolerance to violence and aggression against staff

All three are part of creating safe environments for both staff and patients.

Keeping Myself Safe - Mental Health
Patient Safety Day 17 September 2019

- Eat a healthy diet**
Cut back on processed foods and foods that are high in sugar. Drink 6-8 glasses of water for non-vegans. Public Health England. Try to limit your caffeine intake - ideally to 3 cups of coffee or 4 cups of tea a day.
- Talk to someone**
If you do not feel well, tell a friend, peer or colleague if you feel like you are struggling. For confidential support you can contact: - Connect @ DASH House on 0800 501 1212 - Samaritans on 116, 123 or 0800 222 3333
- Be more active**
Go for a 10-15 minute brisk walk each day. Move around, take regular breaks and stretch your legs. Find activities you enjoy, such as swimming, cycling, yoga or a team sport.
- Relax your body and mind**
Relaxation exercises, practicing mindfulness or trying exercises like yoga will help to calm your mind and body.
- Medication**
If you are prescribed medication for your mental health make sure you are taking this as prescribed, and contact your doctor if you experience any side effects.
- Take some time for you**
Spend some time throughout the day away from your devices and social media - find something you enjoy that doesn't use a screen. Put in time to meet with friends, or join a club or group to meet new people.

How You Can Help to Prevent Pressure Ulcers (Bed or Pressure Sores)
Patient Safety Day 17 September 2019

- Pressure ulcers** are damage that occurs on the skin and underlying tissues due to lack of blood and oxygen supply. It may happen due to pressure from the weight of the body pressing down on the skin, or where the skin becomes stretched and tears from sliding down in a bed or chair.
- Check your skin every day.** Warning signs of damage may include red patches on fair skin, purple / black patches on dark skin, swelling, blisters or any hard or broken areas which may be painful.
- Pressure relieving equipment**, such as a mattress or chair cushions may help reduce the amount of pressure on your body.
- Surface** - Move regularly whether you are in bed or out in a chair.
- Skin Inspection** - Keep the skin clean and dry and regularly moisturise. Incontinence must be managed properly - a healthcare professional can help you with this.
- Incontinence** - Eat a good diet, plenty of fresh fruit, vegetables and protein rich foods (e.g. meat, fish, eggs, chicken and dairy). Drink adequate fluids to keep your skin soft and supple.
- Nutrition and Hydration** - If you would like more information, or have any concerns about pressure ulcers, please speak to a healthcare professional.

Zero Tolerance Patient Safety Day 17 September 2019

The Trust has a Local Security Management System (LSMS) which investigates serious breaches of security. This would include theft, property damage, verbal aggression, racial aggression and physical aggression. The LSMS also liaise with the Police and other external agencies in the investigation process where required.

We expect our patients, carers, family and friends to treat our staff with dignity and respect at all times.

If you experience any form of abuse, please report as soon after the event as possible.

LCH takes all forms of abuse seriously and will take action to safeguard our staff, patients and visitors.

We aim to treat all our patients and families courteously at all times.

Staff Abuse
The LSMS received 86 incidents against staff since April to 30 June 2019.

Type	From 01.04.19
Physical	21
Verbal	1
Racial	1
Sexual	1

Table 1 Summary Incident Type

Leeds Community Healthcare NHS Trust

Admin Celebration Event

In 2019 NHS Employers highlighted LCH as an example of good practice in how we celebrate, recognise and engage our administrative staff.

LCH launched the Admin Celebration Event to recognise and reward the work of our admin staff and teams. The first successful event was held in 2017 which celebrated and recognise the important role they carry out which enables the Trust's clinical staff to provide patient care. It is now an annual event.



Valuing admin staff
Leeds Community Healthcare NHS Trust

Background
Leeds Community Healthcare NHS Trust (LCH) employs around 450 administrative staff – 15 per cent of its overall workforce.

In 2017, the trust held a celebratory event for non-regulated staff. At this event, admin staff said they felt as though the day was too clinically driven and therefore felt unrepresented. They wanted a day that celebrated the work that they did, that recognises the important roles they carry out which enables the trust's clinical staff to provide patient care.

Challenges and solutions
One of the biggest challenges that the trust faced was people being released from work to attend. To overcome this, the organisers directly contacted the managers to share the importance of staff attending the event.

They also sought early buy-in from the Chief Executive who talked about this event in her weekly blog and encouraged staff to attend and managers to release individuals.

Key outcomes
Holding an event solely for admin staff meant that they felt recognised and had an important part to play within the trust.

Due to the success of the inaugural event, the trust has decided to hold it annually and are currently planning the 2019 Admin Celebratory Event.

This year the trust hopes to ensure more staff are able to attend the event and to looking out ways of how this might happen.

After the event, staff morale seemed to be improved, and relationships between the admin staff themselves appeared to be better.

LCH hopes that holding an annual event will show its admin staff that they are valued and are key to the success of the trust.

What they did
As a result of this feedback, LCH launched the Admin Celebratory Event to recognise and reward the work of its admin staff. The event enabled the trust to showcase and seek feedback on the benefits of working for the organisation. Approximately 200 admin staff attended the event. The day consisted of:

- A welcome from the chief executive
- workshops on different subjects including mental health, admin qualifications and health and wellbeing
- an interactive activity dance routine and raffle led by the executive director of operations
- A session by Carera Leeds, which focused on how LCH can identify and support staff who are carers
- A networking lunch.

Antisocial feedback
"The trust seems to feel so appreciated and to be made aware of progression opportunities."

"I feel valued and not just a number, I am proud to be a part of such an organisation."

"That work event I've been to where I feel I had a real contribution to make, and a voice."

The tips

- Consider if there are areas of your workplace that feel underworked.
- Celebrate successes and focus on the positive.
- Give yourselves a lot of time to plan the event.
- Market the event in as many ways as possible.
- Get buy-in from senior leaders.
- Enable staff to attend.
- Finish the day by collecting reflections and feedback.

For further information please contact: Catherine Scott, Administration Services Manager, catherine.scott@lch.nhs.uk

Always Events®

The Always Events® initiative has continued to be rolled out within LCH in 2019. This national initiative aims to understand what really matter to patients, people who use services, carers and family and then encourage co-design changes to improve experiences of care. LCH is embedding the Always Events® methodology across services with the aim of co-producing an Always Event every year within each Business Unit.

The Continence, Urology and Colorectal Service (CUCS) was the first service to undertake an Always Events® project and were really enthusiastic to help improve the experiences of their service users. Through analysis of data from the Friends and Family Test (FFT) questionnaires, they found that sensitivity and discretion were the most important factors for service users. Working closely with service users, five always statements were devised which were then voted on at the annual service user event to rank their importance. Service users overwhelmingly agreed that they would 'always want to know what to expect before being examined'. The service is now exploring with service users what they would want to happen

to fulfil the Always Event®, looking at how they can achieve this for every patient.

The 'hello my name is...' campaign has been rolled out successfully across LCH in 2019. All staff are aware of the importance of introducing themselves to patients, carers and family whether they see the patient in a clinical setting or in the patient's home. LCH supports the 'hello my name is...' concept with staff ID badges, email signatories and presentation slides embedded with the logo.

hello my name is...

LCH was also fortunate to welcome Chris Pointon to our 2019 AGM. Chris is the husband of the late Kate Granger, a doctor, who created the concept following her own experience with medical staff when undergoing treatment for a terminal illness. Chris gave an emotional insight into the journey of the 'hello my name is...' campaign and why it is an important element of a patient's journey through healthcare.

Lessons learnt

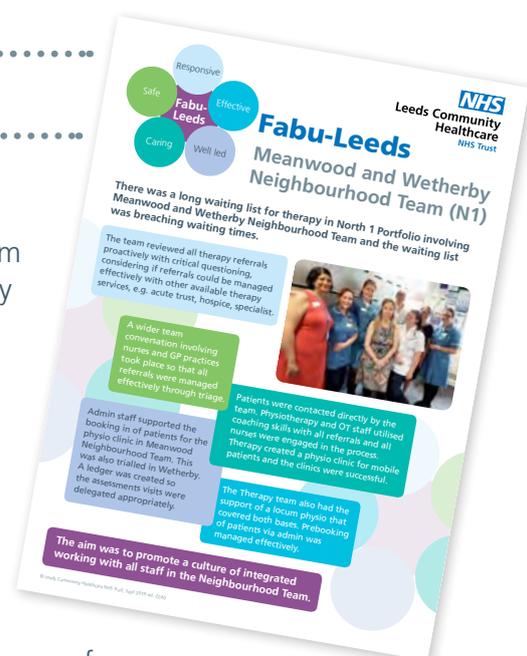
Learning from incidents

The fabu-leeds concept was devised in 2019 to support services to share learning and good practices. LCH recognises that good and innovative practice occurs every day across our services, which could help other services.

The North 1 Neighbourhood teams identified that there was a long waiting list for therapy input and there were breaches in waiting times for patients. The team reviewed all therapy referrals proactively with critical questioning, considering if referrals could be managed effectively with other available therapy services including hospital, hospice and other specialist services.

Through wider team conversations involving partnership working with nurses and the GP practices in the area, all referrals are now managed through an effective triage service. Patients are contacted

directly by the team with physiotherapy and occupational therapy staff utilising coaching skills. The therapy service created a successful physio clinic for mobile patients with admin supporting the process of booking patients for the new clinic. A ledger was created so assessments visits were delegated to the most appropriate medical professional. By putting the patient at the centre of what we do and working in an integrated way with our partners, the team has developed a process to actively triage and respond to capacity and demand issues.



Medicine Management

In 2019 the Medicine Management team devised a new insulin medication chart to support the safe administration of insulin. Analysis of medication incident data had established that insulin was the riskiest medicine LCH staff administered in terms of the likelihood of an error becoming a harm incident.

Any actions that can be introduced to make insulin administration safer and reduce the number of insulin related incidents would have a positive contribution to reducing the number of harm incidents.

This investigation of insulin related incidents showed the design of the previous Injectable Diabetic Administration Chart used by Neighbourhood Teams may have been a contributory factors in some of these.

The chart was redesigned to help reduce the risks and introduced in June 2019 with the following features:

- If a patient has more than one type of insulin this would be written on one chart rather than separate ones
- Colour coding of different time slots to reduce the risk of AM and PM doses being mixed up
- Requirement for staff to sign each time a dose is administered to confirm the product is being used within 28 days of opening
- No space at the edge of the page to add further columns instead of re-writing a new chart
- Guidance on duration of action of commonly used insulins

Antimicrobial stewardship at HMYOI Wetherby

Antimicrobial resistance is one of the biggest threats to health. Overuse and inappropriate prescribing of antibiotics is driving antimicrobial resistance. It is estimated that antibiotic 'superbugs' will kill more people than cancer by 2050.

As part of a city-wide approach to antimicrobial stewardship (an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness), we embarked on an antibiotic audit programme at HMYOI Wetherby.

The first audit, conducted in 2017, provided baseline information. Over a further three audit cycles, the Medicines Management team worked with the clinical team to develop the audit tool, the sampling period used and the data collection method.

Four audits have now been completed, with feedback provided to prescribers, and the wider clinical team, after each audit. A number of improvements in antibiotic prescribing have been seen as a result of the audit work:

- Increase in the documented indication for use from 85% to 98% - this helps clinicians understand why the antibiotic is being used, so that appropriate review can be undertaken
- Increase in adherence to local prescribing guidelines for drug choice from 49% to 100% - this contributes to reducing antimicrobial resistance by ensuring that only effective treatment is prescribed
- Increase in the recording of allergies on the clinical system – which helps to ensure that patients do not receive inappropriate treatment

This work was presented at the inaugural Leeds Community Healthcare **Clinical Audits Plaudits** event in November 2019. Further work with the Prison Healthcare Team to review the length of antibiotic treatment courses for acne will be undertaken in 2020.

Stock on Shelves

During late 2016, a review of the dressing supply pathway was undertaken. This identified a number of delays in the prescribing process including:

- The time spent by Nurse Prescribers writing prescriptions for dressings
- The time spent by GP practices writing prescriptions for dressings
- The time taken by community pharmacies to fulfil prescriptions for dressings as they often had to order in specific dressings before they could deliver them to patients

All of these potential delays meant that patients may not have their wound dressed optimally which could have an impact on wound healing and also meant that clinical time was being wasted trying to resolve supply problems.

Agreement was reached between Leeds Community Healthcare and NHS Leeds Clinical Commissioning Group to trial a different supply pathway for dressings. Instead of writing prescriptions, a Woundcare Formulary would be drawn up, and stock of dressings would be held in each of the Neighbourhood Team clinical bases. Staff could then take the dressings they required with them on each patient visit. Any unused dressings could be returned to stock.

Working with the Wound Prevention and Management Service, Kippax Neighbourhood Team were the first base to pilot the new system in August 2017. The process was reviewed and refined with roll out to each Neighbourhood base. The last area of the city went live with 'Stock on Shelves' in February 2019.

A number of improvements in the dressings supply pathway have been seen:

- A reduction in delays in dressings getting to patients – which means that dressing change visits are no longer aborted
- A reduction in the time spent by Nurse Prescribers writing prescriptions. Prior to the Stock on Shelves system, Nurses wrote an average of 1,625 prescriptions per month. This has dropped to 222 prescriptions per month, freeing up nursing time for clinical care
- An increase in the adherence to the products included in the Woundcare Formulary, ensuring evidence-based, cost-effective use of products
- Reduction in waste

This was a complex piece of work to implement, and the rewards for all the efforts are now being realised.



Chronic Pain Service: morphine equivalent dose tool

The dose of oral morphine in non-cancer pain where harms outweigh benefits is 120mg (or equivalent) per day. As part of the implementation of the new Chronic Pain Service, the Medicines Management team was asked to review a tool developed in Oxford that calculates morphine equivalent daily doses. Reviewing, and aiming to reduce, pain medication intake is a key element of the new Chronic Pain Service.

On review, it was discovered that the Oxford tool did not follow the Leeds Opioid Conversion Guide, which meant that different results, and different care plans, might be calculated in error.

We decided to develop a Leeds Opioid Conversion Tool and integrate the calculator into SystmOne to support practitioners in the new Chronic Pain Service with calculating and documenting current morphine equivalent consumption by patients attending the service.

Working with the clinical team and the SystmOne Clinical Adviser, a Leeds tool was developed, and has been integrated into SystmOne.

Further evaluation will take place during 2020/21 to assess the impact of the service, and the tool, in reducing on the use of pain medication by patients.

National Patient Safety Strategy

The National Patient Safety Strategy was launched in July 2019. This sets out an ambitious change in how patient safety incidents are managed.

There are several components to the Patient Safety Strategy which aims to enable continuous improvements in patient safety by building a culture of patient safety and a patient safety system.

LCH is currently developing an implementation plan which will look at how we can successfully implement the strategy across the organisation. Work is continuing on building a 'Just Culture' which supports the strategy, ensuring that staff feel empowered and supported when incidents occur. At LCH we are aiming to build on our culture of openness to support improvement planning and learning from incidents. We are focusing on how we can support patients, carers and families to take an active part in the investigation process from the beginning.

Examples of everyday care from across LCH and success outcome for patients

Children's Business Unit:

0-19 Public Health Integrated Nursing Service (PHINS)

In May 2019, school staff from a high school in Leeds linked with the Clinical Triage Team in the 0-19 PHINS service for some support with a young person who was disengaging from school and who had entered the school with a knife in their bag. The parents were very worried and were desperate for some support with their teenager.

The young person met with one of the nurses from the PHINS team within the school setting. Following the completion of an emotional health and wellbeing assessment, the young person and nurse agreed to three sessions, which was in accordance with the emotional health and wellbeing pathway. The young person was able to explore feelings and reflect on the situation they found themselves spiralling into. The young person was always polite and chatted at length about behaviours, life so far and the lifestyle choices they were making.

The young person talked about the knife incident in school and told the nurse they were only carrying it for protection purposes, not because they wanted to use it on anyone in particular. The nurse and young person talked about the implications of carrying a knife;

fighting on the street and being involved in gang fighting. The nurse and young person talked through strategies for re-establishing family relationships.

The intervention was over a period of eight weeks. By the end of the third session the young person had built a better relationship with their family and school. A fourth session was left available during the exam period just in case the young person needed someone to talk to.

The nurse received a phone call from school staff during the summer to say that the young person wanted to say they were fine and did not need the fourth session. The young person even managed to sit their GCSE exams in June/July 2019 successfully.

By the end of the third session the young person had built a better relationship with their family and school



Children's Speech and Language Therapy Service (CSLT)

Top Ten Tips Animation

In January 2018, the Children's Speech and Language Therapy (CSLT) Parent Work team set a long term goal of producing information on the LCH website to support parent training. The team currently delivers a range of face-to-face workshops for parents across a number of the CSLT pathways or offers. The workshops support clinical interventions with children and young people.

The team used a questionnaire with parents/carers attending face-to-face workshops across the city. We asked what they would find useful to access via the website. The results indicated that parents/carers would prefer information to be easy to manage, to be visual and convenient to access at home. They wanted something which supports but does not replace face-to-face workshops or clinical consultations.

Funding was obtained from LCH to carry out the work with an external animation company, which focused on the information and support provided in the under 5s workshop. Written information was already available via the website – Top Ten Tips

for Talking. Animations were produced in a draft version which was shared with parents/carers and professionals for their views. The final version was launched in May 2019 via social media, to coincide with National Children's Day. Briefings have been produced for other services at LCH and there is now the ability to send links to the animations to parents/carers via the SystemOne text-messaging function.

An online survey is in place to collect feedback from stakeholders. The quantitative and qualitative feedback received so far has been positive, for example 'Great idea to promote parent-child interaction and language learning through animations. The message will spread far and wide this way.' A neighbouring trust has requested permission to put a link to the animations on their website.

There have been presentations at the Royal College of Speech and Language Therapists Hub Event in Leeds in June 2019 and at the Baby Week Launch event in Leeds in November 2019. The team is now working on developing other workshop materials for use online in 2020.

The Language Development Pyramid



Tip 1 Get down to your child's level



Tip 2 Comment on what you're both looking at/doing



Tip 3 Model words correctly



Tip 4 Dummies and bottles



Tip 5 Give choices (no more than two at a time)



Tip 6 Reduce screen time



Tip 7 Share books and sing nursery rhymes



Tip 8 Follow your child's lead in play



Tip 9 Playing is fun...



Tip 10 Reduce questions





Integrated Service for Children with Additional Needs (ICAN)

The Story of ICAN and the IDOs

ICAN has spent a number of years ambitiously developing pathways and offers across all areas of the service to better meet the varied needs of our service users through a more integrated approach. From July we have been supported by the Trust to utilise significant resource to conduct a number of IDOs (Integrated Design Office). This rapid improvement approach has allowed the ICAN Team to come together with the support of the SystemOne Team, Major Change Project Team, Quality Improvement Team, and work collaboratively with clinicians, administrative staff, stakeholders and our service users to significantly advance the work that had begun previously. The process was immersive with us focusing on one topic for 3-4 days for each IDO.

To date we have had the following IDOs:

- Patient Triage process
- Community Paediatric Clinics
- Special Educational Needs
- Complex Communication
- Electronic Patient Records
- Citywide services i.e. neonatal abstinence, adoption and fostering.

Each IDO has had specific aims and therefore required a cross section of attendees to best represent and inform the conversations and direction of travel for the development of the service and implementation of change.

Each IDO has produced a range of outcomes including:

- Service offer – clearly articulated to provide purpose, resource required, entry and exit points for service users
- Integrated referral criteria – based on the child's needs rather than the service offered
- Revised referral form and process
- Competencies in the form of 'Witnessed Assimilated Supervised Proficient' (WASP) framework documents
- Reporting requirements that will provide data for performance reports and staff involved in delivering services
- Process maps with guides for administrative and clinical staff

Whilst the outputs of the IDOs have been vast, the outstanding success of this approach has been the meaningful engagement of staff across the Children's business Unit and extended to stakeholders and service users. Each IDO has had the collaboration of attendees to improve the service – this has been pivotal to the success of the workshops and commitment to take improvements forward. We have agreed realistic and detailed plans for implementation with all attendees and these have been adhered to. We have shared responsibility for implementation, and clear mechanisms for ongoing monitoring.

Physiotherapy service

The parents of a three year old girl with Rett Syndrome requested further involvement from the Integrated Children with Additional Needs (ICAN) physiotherapy service to help improve her mobility.

The ICAN (Integrated Service for Children with Additional Needs) physiotherapy service worked with the parents to identify the family's goals and tailored the physiotherapy to meet these goals. The physiotherapy team increased their input by providing a block of physiotherapy delivered by physiotherapy assistants, updating the physiotherapy programme at home and at nursery so that it focused on the family's goals, and adjusted the child's equipment to challenge her abilities. The service also supported the family to pursue additional avenues for further support.

The child has now taken five steps independently in her walking frame, which is fantastic. Her sitting balance and standing ability has improved due to a combination of the family completing a daily physiotherapy programme, increased NHS physiotherapy input, and two blocks of private physiotherapy. She is now able to hold her head

up for much longer and she no longer experiences dystonic (uncontrollable) movements. She is also tolerating her standing frame far better, which is a great improvement.

The West ICAN team were nominated by the child's parents for the Yorkshire Evening Post Health Awards, and won the Community Healthcare Award category.



Team members who attended the awards are (L-R) Sharon Hopton (Health Visitor), Paige Copeland (Physiotherapist) and Nicki Arkell (Speech and Language Therapist)

Wheelchair Skills Course

One of the Children's Physiotherapy Assistant in the ICAN service, approached the Quality Improvement team outlining an idea about introducing a wheelchair skills course for children, to maximise their independence. Two of the Children's Physiotherapy Assistants had identified a problem: children were being issued with wheelchairs but were struggling to use the wheelchair independently. The Children's Community Physiotherapy Service ran annual wheelchair skills training with Whizz Kidz, a national charity, but the Whizz Kidz programme was not targeted at children with learning disabilities.

The Physiotherapy Assistants developed a wheelchair skills course which can be tailored to any child. They also developed an outcome measure to evaluate the course. They now run wheelchair skills sessions throughout the year for children who are on the physiotherapy caseload; the sessions are flexible and can be

delivered on a one-to-one basis or in a group. One of the assistant's has trained other physiotherapy assistants to use the wheelchair skills course and plans to deliver further training on the outcome measure.

The course is being really well-received by children and families and is making a real difference. All children have improved their scores using the new outcome measure. One 9 year old said, "I push myself round the shop instead of mum now", and a 14-year-old said, "I'm now allowed to go with my cousin who is the same age as me around the shops together with mum nearby". The Physiotherapy Assistant now plans to train staff in schools so that they can continue to work with children on their wheelchair skills, and offer the course to children who are not on the physiotherapy caseload. The assistant is also linking with Leeds Wheelchair Services to develop the course and include advanced outdoor wheelchair skills.



One of the Physiotherapy Assistants has been shortlisted for an Advancing Healthcare Award in the category of 'The NHS Employers award for outstanding achievement by an Allied Health Professional or healthcare science apprentice, support worker or technician' for her work on the wheelchair skills course. They also attended the Trust's Quality Improvement training course and is using what she learnt to make more stuff better – including the system for administering orthotics, which is being trialled and getting good feedback.



Children’s Mental Health Service

Transition process from child to adult service

In April 2019, following a Serious Incident investigation involving the transition of care across Leeds Community Healthcare’s (LCH) CAMHS and Leeds and York Partnership NHS Foundation Trust’s (LYPFT) Adult Mental Health Service, an opportunity arose to participate in the NHSI Improving Healthcare Transition Collaborative. The collaborative was sponsored by Leeds Community Healthcare NHS Trust and the project team included representatives from:

- CAMHS transitions service, crisis service and out-of-hours service
- LYPFT Adult Mental Health Service teams e.g. crisis, acute liaison psychiatry service (ALPS) and community mental health team
- Commissioners
- Young people

The methodology used for the project was the Model for Improvement.

LCH was in the first cohort of the Improving Healthcare Transition Collaborative, which contained 32 NHS Trusts. The launch event was 22 May 2019 with the final 150-day event on 10 October 2019.

The aim of the collaborative is that by February 2020, all CAMHS and adult mental health service staff know the revised referral process for young people aged 17 years and 9 months to 18 years who attend the emergency department in crisis. In 2018, there were 792 referrals from the emergency department to CAMHS. Of these 792, 42 were aged between 17 years 9 months to 18 years. Of these 42, 29 young people had no recent history in CAMHS.

In having this aim, there was acknowledgement that:

- There is a well-established transitions protocol in CAMHS, however the pathway for the target population is not robust

- Adult mental health service staff were unclear whether they could accept referrals for young people under 18 years of age
- Young people said:
 - “Make sure young people see fewer practitioners, and the practitioners know the referral process”
 - “Communication about the referral process and what to expect is really important and will give confidence in the system”

The CAMHS transitions guidelines have been updated to include a clear referral process for young people aged 17 years 9 months to 18 years who attend the emergency department in crisis. The guidelines were co-produced by CAMHS and adult mental services.

In the new process, young people without a recent history in CAMHS will be seen by adult mental health services. In the old process, there were between 8 and 14 steps from the young person attending the emergency department to the young person being referred to Adult Mental Health Service Single Point of Access, depending on whether the young person turned 18 during the process or remained under the age of 18 respectively. In the new process there are five steps.

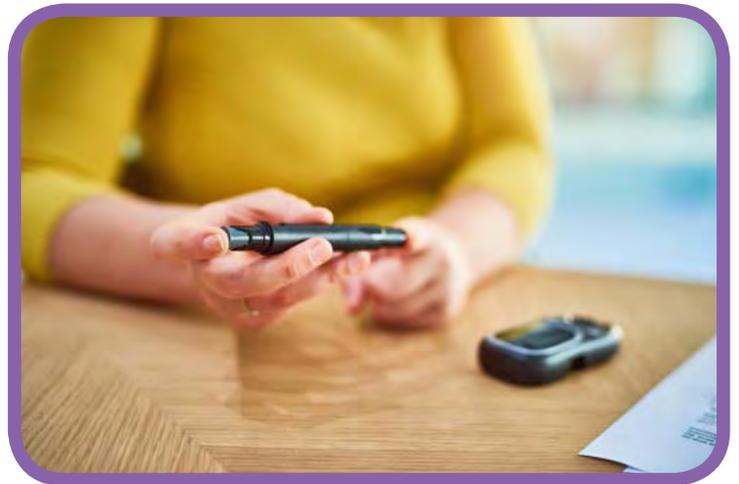
Improving the referral process, and communicating the process to all adult mental health service and CAMHS staff, aims to ensure that young people access the most appropriate service without delay. Young people will not be passed around between services and therefore will not have to tell their story to multiple practitioners; the importance of this improvement was emphasised by the young people involved in the project.



Adult Business Unit:

Neighbourhood Team

A patient was referred to the Neighbourhood Team (NT) from hospital following a diagnosis of diabetes and a new wound. The patient needed twice daily administration of insulin and daily wound dressings. The patient lived in a bungalow with their spouse and was normally self-caring. The patient had mild learning disabilities and the spouse had some mental health issues. The hospital thought the patient would be unable to manage their insulin at home safely, even though they self-managed other medication. The patient was independently mobile indoors and used a mobility scooter outside and used it every day for shopping and eating out.



Twice daily visits were put in place by the NT on hospital discharge. Both the patient and spouse found this very intrusive on their time and this created stress between them and a decline in the spouse's mental health. After discussion about how to manage the situation, the patient decided they would try to learn how to self-administer the insulin and to take over wound care once this was appropriate.

The Community Matron referred the patient to the self-management staff in the NT who then worked closely with the staff visiting on a daily basis. They were able to spend longer periods with the patient allowing continuity of care, as well as ongoing teaching and encouragement. Visits were reduced over time and as the wound improved, it could be managed twice weekly by the practice nurses from the GP surgery.

The self-management team were essential in allowing the patient time and support to achieve her goal of independent insulin administration. It was crucial that the patient had identified this and was willing to try to achieve it although she initially lacked confidence.

Community Matron

Kari's story

Kari is a 58 year old lady with multiple health problems including bi-polar disorder which was diagnosed some 20 years ago along with chronic obstructive pulmonary disease (COPD) and chronic heart failure. Kari loves to write, particularly poetry and has often found inspiration during trips to the local supermarket. Kari lives on her own and struggles to go out due to her conditions which can leave her feeling isolated, frustrated and can affect her mood. Kari is reliant on carer support which she has had to pay for herself. Kari could only afford 2½ hours of care per week and had previously struggled to obtain carers through agencies. This heightened Kari's anxiety and Kari struggled to carry out her daily activities. Kari has had numerous admissions to hospital and has struggled with managing her conditions at home.

Kari was referred to the Neighbourhood Team following an admission to hospital. The Neighbourhood Team assessed Kari as requiring carers three times a day to help support her daily

needs. This care was being provided to Kari as part of her health needs which eased her anxiety about affordability.

Kari feels more empowered to call the Community Matron when she needs help

On discharge from hospital, Kari was also introduced to a Community Matron who supports her to maintain her health needs without going into hospital or seeing her GP. The Community Matron can also assess medication needs, prescribe and monitor medication. Prior to the involvement of the Community Matron, Kari had received both positive and negative experiences of healthcare which had affected her confidence of calling for help when she needed it most. Kari now feels confident that the Community Matron will assess her appropriately and only send her into hospital when absolutely necessary. Kari feels more empowered to call the Community Matron when she needs help and that she is seen as a person and not 'just a DNAR form'.

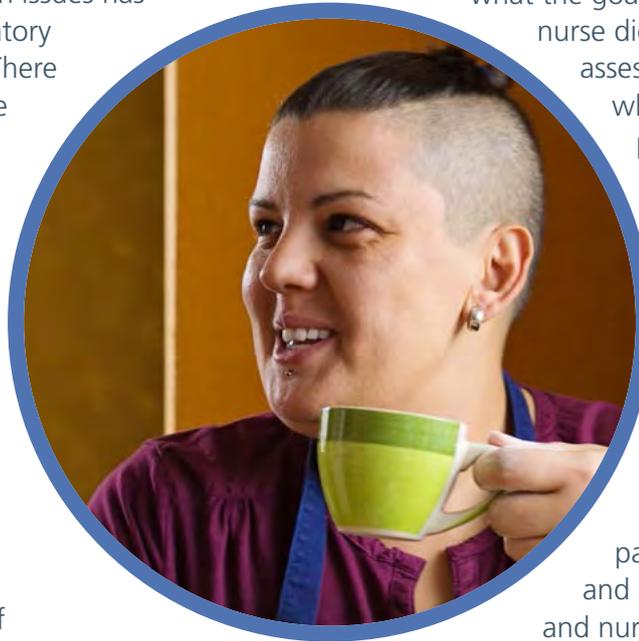


Specialist Business Unit:

Respiratory Service

A patient in their 30s with severe respiratory disease and long standing mental health issues has been well known to the Respiratory Service for a number of years. There had been concerns raised as the patient was known to smoke whilst using oxygen in their home. One of the respiratory nurses worked with the patient to reduce the risks posed to both the individual and others by smoking whilst using oxygen. On the initial visit by the respiratory nurse, the patient did not engage and told the nurse to leave.

The nurse had gone to the appointment with an agenda of establishing whether there was a safety issue that needed to be managed. The patient's next of kin contacted the service to make a complaint about the visit. The nurse was able to talk to the next of kin and explain the rationale for the approach used in the visit and the next of kin provided more detail regarding the patient's history. This enabled the nurse to better understand the patients' needs and preferences. The nurse and next of kin agreed that visiting regularly, focusing on one thing that was important to the patient and keeping the visits short was a good first step to providing care.



At the next visit the nurse and patient discussed what the goals and priorities were. The nurse did not complete a formal assessment, but just asked what was important to the patient. The patient stated they wanted to stop smoking and the nurse subsequently facilitated five joint visits with One You Leeds (a stop smoking service). At each visit, the nurse did not use a laptop or use any measured observation approaches, unless the patient was clinically unwell and agreed to this. The patient and nurse worked together weekly and the patient engaged really well with the process. The patient successfully went from smoking 60 cigarettes daily to only having two cigarettes in total over a three week period.

Following this intervention, the patient also agreed for therapy input to be included in their care. The aim is that with time, a positive, trusting relationship can have a positive effect on the patient's quality of life.

Tuberculosis Service

The Service had to carry out a large screening programme for Tuberculosis (TB) at a local traveller site. This was a huge piece of work that required a lot of co-ordination and engagement of the population living there. The team worked together with other services such as CIVAS, the Homeless and Health Inclusion Team and the Infection Control team to carry out the necessary screening for more than 180 individuals in a two week period alongside all the usual work commitments.

Throughout the process, all relevant stakeholders were involved which included commissioners, Public Health, Leeds Gate, and the patient group. A debrief event allowed those involved to feedback on the success of the screening programme, and how well the services had worked collaboratively to get the job done. The team attended the TB nursing forum, where they highlighted the work they had done at the traveller site and presented it at the national TB leadership conference.



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 2019/20 the Trust provided and/or sub-contracted 73 NHS services with £161.1m of income. The Trust has reviewed all of 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 2019/20 represents 100% of the total income generated from the provision of NHS services by the Trust for the year.

In addition, the Trust also provided £1.3m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

Clinical Audit

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

National Clinical Audits

During 2019/20 **five (5)** national clinical audits and one (1) national confidential enquiries 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 national clinical audits and national confidential enquiries that LCH was eligible to participate in during 2019/20 are as follows:

Eligible National Clinical Audits	The National Clinical Audits participated in during 2019/20
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	✓
Sentinel Stroke National Audit Programme	✓
National Diabetes Audit – Diabetic Foot Care Audit	✓
UK Parkinson’s Audit	✓
National Audit of Cardiac Rehabilitation	✓
Eligible National Confidential Enquiries	The National Confidential Enquiries participated in during 2019/20
Mental Health Clinical Outcome Review Programme	✓

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

The national clinical audits and national confidential enquiries that LCH participated in, and for which data collection was completed during 2019/20 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 Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	Organisational audit: submitted. This will be included in the report that will be published in November 2020 Clinical Audit: data collection commenced during 2019 and the reporting timeline has been extended by the provider. Interim report intended to be available summer 2020	100% of all cases identified
Sentinel Stroke National Audit Programme	March 2020 – no data has been submitted nationally due to Leeds Teaching Hospital NHS Trust (LHT) not registering the patients for the past 21 months. Therefore, the Trust cannot upload our data. The Trust has continued with collecting data for the past 21 months, but it has not been processed or entered on the national database. Discussions have taken place with the Sentinel Stroke National Audit Programme team to request how the Trust can participate in the audit which is not possible without LHT.	0% of all cases identified submitted 100% patient identified recorded on internal database
National Diabetes Audit – Diabetic Foot Care Audit	Clinical Audit: Data collection commenced and has continued upload data onto an external database throughout the financial year. All cases have been identified but the final figure is not available at this current time.	100% of all cases identified
UK Parkinson's Audit	Requires submitting data collection for a minimum of 10 patients with Parkinson's and submit a minimum of 10 Patient Reported Experience Measures (PREM) questionnaires. 10 data collection 10 PREM questionnaires submitted	100% of all cases identified
National Audit of Cardiac Rehabilitation	The audit identified the number of patients who started a core delivery rehabilitation cardiac rehabilitation programme. The sample size 734 patients identified	100% of all cases identified

National Confidential Enquiries	Number of cases submitted	Percentage
Mental Health Clinical Outcome Review Programme	2 cases	100% of all cases identified

The reports of **four (4)** national clinical audit(s) were reviewed by the provider in 2019-20 and LCH intends to take the following actions to improve the quality of healthcare provided:

National Audit	LCH action 2019/20
Sentinel Stroke National Audit Programme	<p>This audit requires information to be inputted into a national database. The results are published by the national provider in graph format. Even though the Trust has not submitted data for the audit due to the issues identified, national results have been reviewed by the service.</p> <p>The team will continue to deliver best practice and collect local data. Once local results are available then an improvement plan will be developed by the service.</p>
UK Parkinson's Audit - delayed	<p>Individual Service Level report due to be published February 2020. There has been delay due to COVID-19.</p> <p>Recommendations currently being reviewed prior to Improvement plan being developed Given the challenges of the current situation we are extending the submission date for Service Improvement Plans to the end of November 2020.</p> <p>In the meantime, our Service Improvement Team will be reviewing your Individual Service Reports and drafting very simple overviews for each of you, highlighting three things you are already doing well, and one or two areas which would benefit from service improvement planning. They will be in touch by email with these draft ideas when it looks as though services are returning to 'normal', hopefully in June/July.</p> <p>Based on the early findings of the audit by the audit lead, suggest we are implementing the guidelines and evidence base in our daily practice. Areas identified for improvement include: implementing a training competency covering Parkinson's guidelines, assessment, and intervention, as a specific part of new starter's induction within the service. We also need to embed Expiratory Muscle Strength Training as part of our services therapy programme.</p> <p>The audit requirement and initial finding have been disseminated through a poster which had been presented at the Trusts Clinical Audit Plaudit Event in November 2019.</p> <p>Local improvements and benefits from the audit are the following:</p> <ul style="list-style-type: none"> • Developing a checklist of competency for all new starters will ensure consistency of delivery and knowledge across all staff which will ensure evidence based practice for all patients with Parkinson's seen by the Speech and Swallowing Team. • A clearer pathway and information leaflet across Trusts will ensure the patient journey is clear and transparent and based on the evidence base and guidelines. • Training on Expiratory Muscle Strength Training will benefit patients with Parkinson's rehabilitation.

National Audit	LCH action 2019/20
<p>UNICEF UK Baby Friendly Initiative – Gold Revalidation Report</p>	<p>All Gold accredited services are required to undergo a formal revalidation process one year following Gold accreditation. This is achieved via submission of an annual portfolio which includes data and audit results relating to the Baby Friendly standards, as well as actions taken and evidence of progression.</p> <p>The report confirms that the 0-19 PHINS is highly commended for the quality of the evidence submitted and the thorough way in which the necessary processes to embed and further develop care related to Baby Friendly standards has been planned and implemented.</p> <p>The service celebrated the achievement of the Gold award, using the opportunity to significantly raise the profile of their work within the organisation as well as an opportunity to recognise the contribution of staff.</p> <p>The service has looked at succession planning with the development of an audit plan and a team of Train the Trainers. A new Guardian has been appointed within the Health visiting service and the role has been taken by the Executive Director for Nursing and Allied Health Professionals.</p>
<p>Review of Emergency Contraception</p>	<p>The review of practice of emergency contraception has been undertaken by the Leeds Sexual Health Service and has been completed against the Faculty of Sexual Reproductive Health Guidance.</p> <p>The audit has been completed before and these results have been compared to the previous year's findings</p> <p>The audit looked at the number of women requesting emergency contraception within a one month timeframe at the Leeds Sexual Health Service.</p> <p>The results have shown that 97% of woman had been assessed for an intra uterine device which is a slight increase from 92% previously. The report also confirmed that 90% of women were given contraceptive advice compared to 71% last year and that 68% presenting at the service were given sexual health advice which is an increase from 25%.</p> <p>The following actions have been developed based on the findings which are developing an electronic template for recording of the assessment for an intra uterine device and improve on the percentage of women being given sexual health advice.</p>

Local Clinical Audit

The reports of **143** local clinical audits were reviewed by the provider in 2019-20 and LCH intends to take the following actions to improve the quality of healthcare provided:

- HM Wetherby Young Offenders' Institute (HM WYOI) undertook an audit reviewing the number of new arrivals being offered, and subsequently receiving, a Dry Blood Spot Testing (DBST) screening for Blood Borne Virus' such as Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). The audit found that 88% (30) were offered the DBST and that 65% (22) received the DBST. Whilst this is an improvement from the 2018 results (uptake of the DBST was 27%), the service is not yet achieving the national target of 75%. The audit also identified that not all children who meet the criteria are offered the DBST through the opt-out process. The service is therefore reviewing the 'opt out process' it implemented following the 2018 audit cycle to ensure that all new arrivals are offered the screening.
- An audit examining the Trust's compliance with Duty of Candour requirements took place in July 2019 as a result of Care Quality Commission (CQC) inspection feedback. The audit found that a verbal apology was given in 92% of incidents audited, but highlighted areas for improvement being the recording of Duty of Candour on Datix and understanding of the Duty of Candour requirements. Following the audit, the Duty of Candour policy was reviewed and the new process was disseminated via a number of mediums. The Datix and Serious Incident templates were aligned to ensure completion of Duty of Candour on Datix. Additionally, Duty of Candour compliance would be managed by the Patient Safety Team to ensure compliance.
- Within the Integrated Children's Additional Needs (ICAN) service, an audit was undertaken to review the transition process from paediatric to adult services for young people with complex neurodevelopmental health needs. Whilst good practise was identified in the audit (e.g. the transitions letter was copied to relevant professions in 98% of cases, parents and carers were consulted in 98% of cases, and the diagnosis and associated health problems were clearly stated in 95% of cases), the audit ultimately highlighted that transition-transfer documents weren't utilised routinely or consistently, with the formal transitions process starting before the young person reached 16 years of age in just 25.6% of cases reviewed. Additionally, the audit highlighted that the transitions documents was difficult to locate on SystemOne in 100% of cases. Following the audit, training will be delivered to paediatricians, nurses, allied health professionals, and administrative staff on using and completing the transitions document. The service is also developing a standardised transition-transfer document template which could be used Trust-wide and would enable multi-professional contribution to the transitions document.
- The Safeguarding and Children Looked After team completed an audit looking at the number of Care Leavers in Leeds being offered a Healthcare Summary by the age of 18. Previous audit cycles identified that as few as 30% of Care Leavers had a Healthcare Summary attached to their record. As a result, regular reminders were shared with the Looked After Children team and the Healthcare Summary document was reviewed to make it more relevant to Unaccompanied Asylum Seeking Children (UASC), who historically had particularly low levels of Healthcare Summaries attached to their records. The latest audit cycle in October 2019 identified that 85% of Care Leavers had a Healthcare Summary attached to their record.
- An audit of documentation for IV Diuretics in the Cardiac Service overall highlighted a good standard of record keeping for that aspect of the Cardiac Service. The audit identified an area for improvement as the recording of the goals of treatment at the onset of treatment. The actions taken forward as a result of this audit were to raise this issue with Cardiac Nurses involved in the delivery of this service to result in improved communication with other healthcare professionals.

- The Adult Learning Disability Speech and Language Team completed an audit that looked at how new referrals are triaged by the service against a number of standards. The audit identified areas of good practice including areas of improvements required. The results has focussed the team to increase the number of face to face contacts each week which should reduce the length of time that patients are waiting to be seen.
- The Trust embarked on a joint venture with the Leeds Teaching Hospital Trust and NHS Leeds CCG that looked at reviewing and implementing the most clinically and cost-effective wound care formulary and how to improve practice for patients in the future. The audit focussed on the current process of identifying and treating wound infections and how to improve practice for the future. Any new process looked at a number of drivers which were cost efficiency, safety, allowing early intervention of treating infections and allowing staff to access the product through a stock on the shelves initiative; to ensure that any treatment or process implemented following the results will be based on best practice. The audit results identified that significant savings and cost effectiveness could be achieved by using the wound infection framework and stock on shelves initiative. Good practice identified that Leeds are delivering the most cost and clinically effective care to the patients of Leeds CCG and achieving the getting it right first time (GIRFT) project through treating local wound infections quickly, first time.
- The Community Intravenous Administration Service completed an audit that looked at the vascular access device care offered to patients and has been developed using standards set out in NICE guidance CG139: Healthcare-associated infections: prevention and control in primary and community care. The audit demonstrated that for patients who require an access device in place for their treatment are receiving care to a high standard and against best practice as the service scored 100% against all of the individual areas.
- The 0-19 Public Health Integrated Services (PHINS) completed an audit based on a topic identified with the commissioners. The audit completed looked at three parts of the referral pathway (economic wellbeing, substance misuse for parents and carers, emotional health and wellbeing) for the service. The audit has been developed using standards from the Healthy Child Programme (2009), NICE Pathway on Emotional Health and Wellbeing for Children and Young People and local Trust pathways for the service. The audit demonstrated areas of good practice for each of the individual pathways and where improvement could be made. Completion of the audit has provided insight into the knowledge and skills which influence contacts with families and young people and that the young person was central to the planning and goal setting and strong partnership working with children centres.
- An audit completed by the Wound Prevention and Management Service looked at the assessment of chronic wounds. The audit has been undertaken previously as part of the CQUIN improving the assessment of wounds and the Trusts Wound Care Clinical Framework. The audit shows that patients with chronic wounds has a wound assessment completed (84.8%) and met the CQUIN target of 80%.
- The Child and Adolescent Mental Health Service looked at how information is recorded in the care notes for young people who are fed through a tube called a nasogastric tube as part of their treatment. The audit showed that all young people who had a nasogastric tube (100%) documented in their care notes. When the young person has arrived with the nasogastric tube in place, which will not always be from a Leeds hospital, the initial passing of the tube and checks showed was 80% this has resulted in an admission checklist been introduced. The re-audit demonstrates areas of improvement and good practice for when another tube is required to be inserted, a feeding plan being available and the daily feeding log but that recording of the external tube length and referencing the tube at each shift could be improved. The audit findings have been shared with the team and staff training commenced.
- An audit completed by the medicine management team looked at how controlled drugs are managed within a children's inpatient area. The audit has been developed using standards from the Controlled Drugs Regulations (2013) and NICE Guidance (NG46) for Safe Management of

Controlled Drugs (2016). The audit shows that record keeping is in line with best practice and has been shared with staff but that unwanted or out of date drugs need to be disposed of as soon as possible.

- The Community Dental Service completed an audit that looked at antibiotics being given to patients. The audit has been completed against standards published by the Scottish Dental Clinical Effectiveness Programme dental prescribing guidance (2016) and the Faculty of General Dental Practitioners antimicrobial prescribing guidance (2019). The records of children and adult patients that had been given antibiotics whilst attending three different clinics were looked at. The audit demonstrates that there were many standards that achieved 100% but to ensure that all of these are met, an antibiotic auto note has been introduced as a reminder. The audit had been presented at the Trust clinical audit plaudit event.

During 2019/20 all services were required to participate in the annual record keeping 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 2020/21:

Local clinical audits completed during 2019/20 - by Business Unit

Children's Services		
<ul style="list-style-type: none"> ● Record Keeping Audit (all services) ● Quality Challenge+ ● Environmental Audit ● PLACE Audit ● Deliberate Self-Harm Assessment Procedures Audit ● Transitions for Young People with Complex Health Needs Audit ● Audiology Results Scanning Audit ● Clinics Calibration Records Audit ● 0-19 Audit of Referral Pathways ● Re-Audit for Young People who are/have been Nasogastric Fed within the Adolescent In-patient Unit ● Timeliness of Adoption Medicals (Adults) 	<ul style="list-style-type: none"> ● UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Assessment ● Audit in Medication Review Appointments in patients on Methylphenidate in the West ● Local Safeguarding Conversations ● School Calibration Recording Audit ● Use of the Canadian Occupational Performance Measures (COPM) in the over 5s Mild to Moderate Motor Impairment Pathway ● UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Revalidation ● Hand Hygiene Audit ● Audit into the Timeliness of Adoption Medicals ● Mattress Audit 	<ul style="list-style-type: none"> ● OT Caseload and Goal Management ● Compliance with NICE Guideline (NG69) for Children and Young People with Eating Disorders ● Initiating Early Discharge Planning as part of Care Plans and Care Planning Meetings within the Adolescent In-patient Unit ● Management of Constipation within the Community Paediatric Clinic ● Time between receipt of referral and initial assessment – are we meeting the 4 week standard? ● Assessing Speech, Language and Communication needs for clients who speak a language other than English

Adult Services

<ul style="list-style-type: none"> ● Documentation Audit (x2 cycles) ● Quality Challenge+ ● Environment Audit ● PLACE Audit ● Record Keeping Audit 	<ul style="list-style-type: none"> ● Re-audit Chronic Wound ● Pressure Ulcer Management Audit (All services) ● End of Life Audit (All services) ● Falls Audit (All services) 	<ul style="list-style-type: none"> ● Cancelled and Re-scheduled Visits (13 Neighbourhood Teams) ● Stock on Shelves Wound Infection Project
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Specialist Services

<ul style="list-style-type: none"> ● Record Keeping Audit (all services) ● Quality Challenge+ ● Essential Steps ● Mattress Audit ● Environment Audit ● PLACE Audit ● Informed Consent for HIS 2nd Cycle ● Hand Hygiene Audits ● Hoist Sling Audit ● Audit of Cleaning Non-Invasive Clinical Equipment ● IV Diuretic Documentation Audit ● Vascular Access Device Audit ● Utilisation of Therapist Skills Audit ● Audit of Antibiotic Prescribing ● Discharge Planning Audit 	<ul style="list-style-type: none"> ● Prescribers Entresto Audit ● Spinal Injection Audit ● Safeguarding Children Audit ● Patient Centred Care in Diabetic Clinic ● Environmental Template Completion Lone Worker Risk Assessments ● Harmful Sexual Behaviour Audit ● Bed Occupancy at the CYRPT ● Re-audit Review of Practice of the Emergency Contraception ● Medicines Invoice Reconciliation – Controlled Drug Audit ● Heart Failure Drug Optimisation Audit ● Patient Safety Audit within Police Custody Service ● MDT Spinal Injection Audit 	<ul style="list-style-type: none"> ● Emergency Contraception Provision UK National Audit ● Knee MRI Audit ● PGD Audit ● Alcohol Withdrawal Audit (CIWA Scoring) ● Dry Blood Spot Testing Audit ● Audit of Safeguarding Children at WYOI ● Triage Tool Audit – Learning Disability Team ● Radiography Activity Audit ● Application of Fluoride Vanish for Children Under 16 ● Quality of Intra-oral Radiographs in the Theatre Setting Audit ● MDT Spinal Surgery Audit ● Controlled Drug at Police Custody Audit
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Corporate Services

<ul style="list-style-type: none"> ● Mental Capacity Act Audit ● Care Leavers' Health Summary Audit (x2 audit cycles completed) ● ADHD Prescribing at WYOI ● Audit of Missed and Delayed Doses at WYOI ● Audit of Antimicrobial Stewardship at WYOI 	<ul style="list-style-type: none"> ● Audit on Compliance with Duty of Candour Requirements ● Audit of Controlled Drugs at Community Neurology Rehabilitation Centre (CNRC) ● Audit of Controlled Drugs at Little Woodhouse Hall (LWH) 	<ul style="list-style-type: none"> ● Audit of Prescribing Standards at Community Neurology Rehabilitation Centre (CNRC) ● Baseline Audit on the Use of Quality Boards ● Controlled Drug Audit at Community Dental
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Clinical Research

The number of patients and staff receiving NHS services provided or sub contracted by LCH in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 497.

Our recruitment intelligence projections show that a further 190-240 patients and staff would have been recruited through new and existing ethically approved research in Quarter 4 of the financial year but for the COVID-19 outbreak.

The Trust continued to host strong research collaborations in a number of services, in particular in musculoskeletal (including podiatry), the children's and young people's secure estate (CYPSE) and with regards to palliative care through strong links to St Gemma's Hospice.

Working alongside the University of Leeds and researchers based at St Gemma's Unit of Academic Palliative care, the Trust's research nurses have continued to be involved in a number of different successful National Institute of Health Research (NIHR) portfolio studies including 'ACTMED' (Assessing medicines at the end of life), achieving 33 accruals which is 137% of its target, and 'STEP' (Supporting Timely Engagement with Palliative Care), achieving 32 accruals which is 200% of its target. The team paused studies in March due to COVID-19, however prior to this they were recruiting well to other portfolio studies including Exploring the role of the descending Modulatory system in Cancer Pain, to which 25% of accrual target had been achieved prior to pausing.

The development of research about Child and Adolescent Mental Health, hosted within Wetherby YO1 and Adel Beck secure children's home specialist has continued to develop over the past year with successful recruitment to two significant studies. 'Using QbTest to aid the identification of Attention Deficit Hyperactivity Disorder (ADHD) in young people in the criminal justice secure estate' recruited 60 young people (100% of target), and the 'Secure Stairs' evaluation study (Secure Stairs is the Framework for Integrated Care for the Children and Young People in the Secure Estate) recruited

104 (70% of target) in Q4 making LCH the highest recruiting site nationally. This study would have achieved 100% of its site target but for the COVID-19 pause.

The research Strategy for 2019-2022 was ratified in February. Work against the new strategy was due to begin in April with short term goals being planned to deliver in March.

On the 2 March 2020 LCH received its first notification of an Urgent Public Health (UPH) study for COVID-19. On the 16 March all face to face recruitment was suspended as per the updated NIHR guidance and subsequently on the 23 March all studies were officially 'paused' in order for Clinical Research Network (CRN) funded resource to be re-directed into urgent public health research for COVID-19 as requested by the NIHR. In total LCH has 'paused' 44 studies, and delayed the set-up of a further four trials.

A complete return to business as usual for Research and Development (R&D) may be delayed for up to 18 months based on current estimates for UPH trial durations; however this is subject to continuing discussions with the CRN Yorkshire and the Humber (Y&H), however discussions continue across the network and regular updates will be available via the trusts COVID-19 intranet page.

During Q4 UPH research recruited predominantly in acute and primary care settings, the role of community was to facilitate the deployment of CRN funded staff to deliver these studies across the region, gather data, conduct follow ups and set up community studies as they came online.

The CRN provided assurance that the usual metrics will not apply for Quarter 4 of the 2019/20 financial year, and that metrics will be re-aligned to support the delivery of urgent public health research moving into the new financial year.

Commissioning for Quality and Innovation (CQUIN)

A proportion of LCH income in 2019/20 is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Commissioner	CQUIN	Description	Actual (YTD)
LEEDS CCG 2	Improving the uptake of flu vaccinations for front line staff within Providers	<p>Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.</p> <p>This CQUIN target for 2019/20 of 80% of staff to be immunised to receive 100% of the payment. There is the option this year of including staff who have had the vaccination elsewhere provided we are able to demonstrate an auditable trail.</p>	Achieved the target of >80%
LEEDS CCG 3a	Alcohol and Tobacco – Screening	<p>Screening and brief advice is expected to result in 170k tobacco users and 60k at risk alcohol users receiving brief advice, a key component of their path to cessation.</p> <p>Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.</p>	100% of inpatient admitted to LCH services were screened for smoking use and 96% screened for alcohol use.
LEEDS CCG 3b	Alcohol and Tobacco – Tobacco Brief Advice	<p>Of the denominator, those who are given brief advice as outlined in the Alcohol and Tobacco Brief Interventions E-learning programme-including an offer of Nicotine Replacement Therapy (whether or not this offer had been taken up).</p> <p>Achieving 90% of identified smokers given brief advice.</p>	100% of identified smokers were given brief advice, were offered nicotine replacement therapy and were offered a referral to stop smoking services.
LEEDS CCG 3c	Alcohol and Tobacco – Alcohol Brief Advice	<p>Of the denominator, those who are given brief advice as outlined in the Alcohol and Tobacco Brief Interventions E-learning programme, or offered a specialist referral if the patient is potentially alcohol dependent.</p> <p>Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.</p>	100% of patients identified as drinking above low risk levels were offered brief advice. All were offered GP referral. 2 declined and 1 had already been referred to the GP and was engaging with support offered.

LEEDS CCG 5a	Mental Health Data: Data Quality Maturity Index	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI). Data quality and completeness is measured via the Mental Health Services Dataset (MHSDS) that is submitted monthly to NHS Digital.	Achieving score above >95% Ongoing monthly checks to audit data quality and ensure compliance. Monitor monthly data quality reports and address any issues reported.
LEEDS CCG 5b	Mental Health Data: Interventions	Achieving 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention* (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period. Compliance is measured via the Mental Health Services Dataset (MHSDS) that is submitted monthly to NHS Digital.	Achieving above the 70% threshold. The service will continue to monitor and report compliance.
LEEDS CCG 8	Stroke Six Month Reviews	Improved stroke rehabilitation is a key pillar of the stroke improvement landscape and a commitment in the Long Term Plan. The 6 month assessments have been highlighted as the most fundamental part of that work and the strongest ask from stroke survivors. The 6 month reviews also provide an opportunity for enhanced personalisation of care through identification of further support needs e.g. through social prescribing. A target of 55% of patients coming through the Community Stroke Team in the whole year should be achieved.	There were 15 patients on data validation that had been discharged in error. These patients were contacted and offered 6 month reviews. The service is working with the performance team to ensure that live data is available and to rectify any anomalies in the data.
CQUIN 9	Improving awareness and uptake of screening and immunisation services for targeted groups	The Provider must carry out an annual audit of its compliance with this obligation (Equity of Access, Equality and Non-Discrimination), and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result. To increase and support access to commissioned screening and immunisation programmes to those who do not readily take up this offer or who DNA.	All targets on track. Home education young people are identified and will be invited to a Community Clinic The team will continue to engage and attend Cottingley Springs traveller site to promote and offer immunisations. Immunisation for children in Specialist Inclusive Learning Centre (SILC) units. The SILC nurses will continue to offer immunisations to those young people within the SILC sites. The School Immunisation Team will immunise the children who attend SILC units within a main stream setting.

<p>CQUIN 10</p>	<p>Personalised care and Support Planning – Liaison and Diversion Services</p>	<p>Ensure completion of a personalised care plan for every service user.</p> <p>A review of the screening and assessment tool, exploration of the benefit to implementing use of the Outcomes Star and continue efforts to gain Service User feedback. As identified above, the service will prioritise the progression required in terms of:</p> <ul style="list-style-type: none"> • Completing the review of the screening and assessment template ready for implementation in first quarter 20/21 • Agreeing outcome measures and working to add into the new screening and assessment template • Exploring different approaches to gaining service user feedback • Completing development of local competence framework informed by the national L&D framework. 	<p>Actions completed in line to fully achieve target</p>
<p>CQUIN 11</p>	<p>Supporting People at risk of Suicide and Self Harm – Secure Estate Wetherby YO1 and Adel Beck</p>	<p>The 2019/ 2020 Supporting People at risk of Suicide & Self Harm – Secure Estate CQUIN is to be delivered over one year with an aim of developing healthcare service for those who are at risk of suicide or self-harm and ensuring those services provided meet the expectations of relevant NICE Guidance and associated Quality Standards.</p>	<p>Significant process of action plans progressed throughout the year to achieve target.</p>
<p>CQUIN 12</p>	<p>Addressing staff training needs in Tier 4 CAMHS services</p>	<p>The key aim is to transform existing Tier 4 inpatient and community services for children and young people by adopting and adapting where necessary, appropriate team based training, including elements and principles of the CYP IAPT programme that will help improve outcomes for children and young people, and by providing assessment and treatment which is based on best evidence, outcomes focused and client informed.</p>	<p>Achieved all targets and improvements made throughout the year.</p>

Care Quality Commission



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

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The Care Quality Commission has not taken enforcement action against LCH during 2019/20.

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

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

- **Sexual Health services** were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive and well led. This was an improvement on the last inspection.
- **Children and young people's services** were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.
- **Inpatient CAMHS** was rated good for caring, requires improvement for safe, effective and responsive. Well led was rated as inadequate. This was the same overall rating as the last inspection.
- **Community CAMHS** was rated good for effective and caring, requires improvement for safe, responsive and well led.
- **Dental services** were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

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

LCH has developed robust action plans to address the findings and these will be monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2017 but acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.



LCH has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2019/20:

- Mental Health Act 1983 Monitoring Visit to the Inpatient Child and Adolescent Mental Health Service.

LCH intends to take the following action to address the conclusions and requirements reported by the CQC:

- Development and ratification of the Blanket Restrictions SOP to ensure consistent practice across the service in line with national guidance and best practice.
- To undertake monthly audits on restrictive intervention and attend the Reducing Restrictive Interventions Group at the local Mental Health Trust to share learning and receive peer support.
- Include service information relating to restraint and seclusion into a new service Operational Manual.

- Review the seclusion policy and undertake weekly review of restraint and seclusion forms in the patient records to ensure in line with Code of Practice.
- Develop a flowchart to be included in staff induction on recording the information provided to patients when they are detained under the MHA along with their capacity to consent to treatment. Six-monthly documentation audits to be undertaken on recording of information provided to patients at detention and their capacity – results and assurance will be provided at the MHA Governance Group.

Building permission has been granted for a new purpose-built CAMHS unit which is due to open in 2021. Enhancement to the current facility is being completed to ensure the ongoing safety of patients.



Secondary Uses and Hospital Episode Data

LCH submitted records during 2019/20 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 99.97% for outpatient care
- that included the patient's valid General Medical Practice Code was 100% for admitted care and 99.84% for outpatient care

*The above confirms data available for 1 April 2019 to 29 February 2020; the submission timetable for data does not require data for 2019/20 (to 31 March 2020) to be submitted until May 2020.

Information Governance

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

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

The Trust's information governance group functions have been revised to include governance for the Data Protection Officer duties and monitoring of cyber security related risks.

The information risk management approaches have been reviewed and strengthened throughout the Trust. The SIRO management structure has been advanced and identifies data ownership at more granular level than previously.



The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians – Review of data security, consent and opt outs report, via a self-assessment within the Data Security and Protection Toolkit (DSPT). Compliance with all 10 Data Security Standards has been met as at 31 March 2020.

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



Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) was introduced as part of a new UK Data Protection Act 2018 (DPA).

The new legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner. The Trust demonstrates compliance:

- A Data Protection Officer is in post to support the monitoring of data protection compliance and personal data breaches.
 - The approach to the management of personal data related incidents has been revised and a different reporting and escalation criteria was produced by NHS Digital in September 2018 - Guide to the Notification of Data Security and Protection Incidents.
 - Incidents calculated as externally reportable **must** be reported to the Information Commissioner's Office (ICO), through NHS Digital's Data Security and Protection Toolkit (DSPT).
- Where there has been a personal data related incident that would likely result in high risk to the rights and freedoms of the data subject affected must be communicated with.

Four incidents were reported to the Information Commissioner's Office (ICO) by the Trust during 2019/20. All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented.

Risks to data security are managed at all levels, this includes ensuring that all colleagues with access to personal identifiable data have the necessary permissions to perform their job role and have completed their compulsory data security awareness training. All data security arrangements are reviewed for adequacy on an annual basis. All IT equipment is fully encrypted and has effective organisational and technical measures in place to maintain essential safeguarding of our information assets from threats.

Payment by Results

LCH was not subject to the Payments by Results clinical coding audit during 2019/20 by the audit commission.

'Freedom to Speak Up' Guardian (FTSU)

The Freedom to Speak Up (FTSU) index report 2019 was published in October 2019, it is the first of its kind and it focuses on FTSU and openness which is seen as core to good culture.

LCH is listed as sixth best in the country based upon the answers given to questions taken from the staff survey.

At LCH there is a culture of speaking up. This is expressed as 'Speaking Up is a Practice Not a Position'. At induction, new staff are introduced to this approach by the Chief Executive and the mechanisms for staff to use to speak up and be heard. These mechanisms include managers, staff networks, Ask Thea, Non-Executive Directors visits to teams, direct and easy access to directors / Chief Executive, Staffside, HR and the Freedom To Speak Up Guardian (FTSUG). Staff are encouraged to use these. We work to hear and understand the voices of all staff.

There is a clear process for the FTSUG work - the concerns are raised with the Chief Executive and then the relevant directors and senior managers. Actions, plans and further exploration are taken from there. Feedback to the staff member raising the concern is a key part of this, as is the pastoral support offered to that staff member

The FTSUG works and reports quarterly to the National Guardian Office and internally within LCH. The FTSUG meets with the Chief Executive, Chair and Non-Executive Director appointed to support speaking.

The FTSU work has three assurances. The first is that it reports nationally and internally within LCH. This offers data and information at NGO, Board and Senior Management Team level. The second is whether the role sees staff from across the four units of LCH - Adults, Children, Specialist and Corporate. The work does always cover these areas. It also sees



NHS
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Freedom to Speak Up Guardian



I'm John Walsh and I'm your Freedom to Speak Up Guardian.

I'm independent and completely impartial: my role is to support you in raising your concerns about patient care and patient safety. And, just as importantly, I'm also here to listen to your concerns about cultures and behaviours at work. I can help you to approach your manager, HR, staffside and Board members to get your voice heard.

If you have something you'd like to talk through with me, please get in touch and I'll work with you in person or by phone or email to find solutions.

You can call me on **07949 102 354** or email me at: lch.freedomtospeakup@nhs.net

Speaking up – it's a practice not a position

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staff from all disciplines - managers, nurses, medics, AHPs, HCAs, domestics, etc. This assures the role is covering the organisation. Third is local comparison where we look at local NHS organisations and see if the numbers of staff seen are comparable. In this we measure well.

There was a peer review of the LCH FTSUG service within 2019. This was an independent review by an external body and spoke to key people involved in the process such as a staff member who spoke up, Chief Executive, Managers. The LCH FTSUG service evaluated well.

The recent FTSUG Index covering 180 NHS Trusts placed LCH as 6th in the country for an open inclusive culture. This was based on NHS Staff Survey questions.

The FTSUG role is an evolving one and we are always looking for new ways to develop and strengthen the work.

Learning from deaths

Leeds Community Healthcare NHS Trust has contact with a significant number of patients within the city, with very few in an inpatient environment. For many of the people who die under the care of the NHS this is an inevitable outcome particularly given we provide end of life care in peoples own homes, and many receive excellent care in the time leading up to their death.

The Francis Inquiry report into the care failings identified at Mid Staffordshire NHS Foundation Trust, identified one of the significant measures that was not acted on appropriately was a mortality rate significantly higher than expected for the Trust. The NHSE National Guidance on Learning from Deaths (2017) provides the underpinning for the framework that NHS Trusts now follow. Within this it emphasises that 'Community NHS Trusts should carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach'.

Our responsibility as a Trust encompasses the following requirements:

- Ensure we have adequate governance arrangements and processes that include, facilitate and give due focus to the review, investigation and reporting of deaths.
- Ensure that we share and act upon any learning derived from these processes.
- Ensure adequate training and support is provided to staff to support this agenda.
- Have a clear policy for engagement with bereaved families, or carers, including giving them the opportunity to raise questions or share concerns and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage of the process.
- Have a clear Mortality and Learning from Deaths Policy that details how we respond to, and learn from, deaths who die under our management and care.
- Collect and publish on a quarterly basis specified information on deaths, through a paper and an agenda item to a public Board meeting in each quarter.

The LCH Mortality and Learning from Deaths Policy, 2017 details our Trust response to both of these and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.

All **adult patients** who die whilst receiving care from LCH are reviewed but are not always reported as an incident through the Datix reporting system. All deaths undergo an initial level 1 mortality assessment and where triggered on assessment, a deeper level 2 investigation will be completed. *Following a level 2 investigations, a number of cases will receive a further review through the Mortality Surveillance Group to help identify key learning points and explore for any trends. Where identified, deaths which fall within the serious incident category are reviewed following the serious incident process.*

The Mortality Surveillance group meets regularly which scrutinises data and information across the organisation.

The Trust is compliant with the Learning Disabilities Review Programme (LeDeR) system for reporting any deaths in a patient with Learning Disabilities whilst under the Trust's care. There has been one death that fall into these criteria within 2019/20 reporting period. However, not all people with a LD are adequately coded by primary care to enable cross referencing of our manual system. We continue to explore how we may be assured.

We are in the process of establishing how our local acute hospital and LCH could electronically link to identify any community deaths that occur within 30 days of discharge from hospital to ensure our learning is combined, and are looking to utilise the newly implemented Medical Examiner system within the acute hospital to lead on this.

We are working on improved coordination with the acute hospital to improve the identification of patients with a Learning Disability or Severe Mental Illness in both Trusts, as at present the Trusts have different mechanisms for identifying and coding these patients.

Learning from the acute hospital has resulted in an additional step in our mortality process, such that deaths in a patient with learning disability are independently reviewed by a member of the LCH LeDeR reviewer team to ascertain whether there is any additional learning that can be identified.

At the request of the CCG, LCH agreed to undertake the mortality reviews for the Non Alliance Community Care Bed Bases, this was because they were not formally reviewing their mortality cases. We noted an increase in the number of CCB deaths within Q3 to that seen within the previous quarters of 2019/20 and the mortality case review process did not identify any areas of concern. In most cases compassionate and effective End of Life care was provided.

Review / Investigation	*Qtr1	Qtr2	Qtr3	Qtr4	Total
Level 1 Mortality Review (Adult)	261	258	275	269	1063
Level 2 Mortality Review (Adult)	43	36	43	39	161
Level 2 proceeding to Mortality Surveillance Group Review	14	15	15	13	57
Death proceeding to SI	0	0	0	0	0

Good practice and learning gained from the Adult Mortality Reviews:

Enabling linkage between the Neighbourhood Teams (NTs) mortality data and the Primary Care Network (PCN) clinical meetings is awaiting maturity of the PCNs. Where possible NTs are present when deaths are discussed at some GP meetings.

It has been agreed that a condolence card, rather than headed paper will be used as a method to further engage with families and we are linked with the patient engagement team regarding further work to explore how to offer condolences. This will help give a more personalised opportunity to raise concerns or be involved in the review of care.

Learning themes and actions taken are noted:

- Clarity on case management and coordination when several teams are involved in delivering End of Life care.
- Lack of case manager or senior clinician availability and oversight within the last days of life
- Appreciating deterioration in severely frail patients when approaching end of life, and lack of certainty regarding reversibility of condition
- Communication issues with family and carers
- Communication and care coordination between primary care and neighbourhood teams whilst jointly caring for patients in their last days of life

Work is underway in the Central locality to establish how we can better coordinate care for patients at home between primary care and the neighbourhood teams. Whilst not established from the perspective of end of life care initially, it is expected that the increased communication and coordination in regards to these patients will have a positive impact on the improvement areas noted above.

ReSPECT (a personalised plan created with an individual for when they are unable to express their choice) is being rolled out to primary care alongside LCH colleagues at present, and an increased use of this is expected to assist with clarity of diagnosis and communication between healthcare professionals from different teams.

In order to review the Adult Business Unit (ABU) mortality case presentations in a timely basis, an additional 'extraordinary' mortality review meeting is planned in April 2020. This is to ensure that case reviews are heard within three months of the death occurring.

Action taken to policy/procedure or protocols

Deteriorating Patient Guidance and use of NEWS2 now fully implemented and embedded within ABU.

Child deaths (expected and unexpected)

There are established robust processes within Children's Services around unexpected deaths via the Sudden Unexpected Death In Childhood (SUDIC) process and Child Death Overview Panel (CDOP).

A new Child Death Review Panels across the Leeds area went live on 1 October, 2019. LCH is an integral partner of these panels.

All children's deaths (0 -18 years of age) are reviewed by the statutory Leeds Child Death Overview Panel (CDOP) in order to identify whether there is any learning to influence better outcomes for children and young people at both local and national level.

All unexpected deaths are further scrutinised by the Sudden Unexpected Death in Childhood (SUDIC) process, as part of CDOP. LCH is commissioned to lead the SUDIC process on behalf of the Leeds Safeguarding Children Partnership (LSCP). The SUDIC process aims to understand the reasons for the child's death, address the possible needs of other children and family members in the household and also consider any lessons to be learnt to safeguard and promote children's welfare in the future. The decision of whether a child's death meets the SUDIC criteria is made by the Designated Paediatrician for SUDIC and throughout the process the child remains under the jurisdiction of HM Coroner.

Review / Investigation	Qtr1	Qtr2	Qtr3	Qtr4	Total
Expected Death CDOP Review only (Child)	2	1	4	4	11
Unexpected Death SUDIC (Child)	3	4	2	3	12

Good practice and learning gained from the Children's Mortality Reviews:

Learning from the CDOP and SUDIC processes are shared and discussed at the LCH Safeguarding Committee as well as the Children's Mortality Governance Group. Key learning from 2019/20 includes:

- Keep them safe keep them seen campaign – the importance of wearing high visibility clothing while cycling
- The importance of discussing smoking, alcohol and drug use when working with pregnant and new families in respect to co-sleeping. The work of Public Health Integrated Nursing Service (PHINS) practitioners has been recognised in providing this information as part of assessment in a timely and sensitive way.
- Advice about neck position in care seats, swing seats and other seating is given to parents to parents at an appropriate age, specifically for premature and under 4 weeks of age.

All the expected deaths in 2019/20 have been in a place of the families choosing with support from the Children's Community Nursing Services as identified in their care plan.

All child deaths have been reviewed at the LCH Child Death Review Group to share good practice and identify possible improvements.

Good practice:

- Praise noted for the Children's Community Nursing Service in respect of the care they provided for the children and families with expected deaths
- New format of the Leeds Child Death Review Panel (system-wide meeting) which commenced in October 2019

Areas for improvement:

- Communication to children's services of a child's death, especially if this occurs in hospital. There have continued to be a few of occasions when this has been delayed which cause the family and staff additional stress. Actions taken: Discussions with Children's Hospital to improve communication pathways facilitated by Team Leader, Children's Nursing. Staff have been encouraged to report similar incidents via Datix® and these will be followed up in order to improve communication, identify possible trends and share learning across the Leeds health economy.

The Children's Mortality Governance Group meet monthly chaired by a Consultant Child and Adolescent Psychiatrist. LCH CDOP representatives are part of the group and provide updates on investigation findings and possible outcomes alongside SUDIC team.

Reported incident deaths (adult and child)

During 2019/20, there were 81 reported deaths within LCH through the Datix incident reporting system. This comprises the following number of deaths which occurred in each quarter of that reporting period:

Qtr1	Qtr2	Qtr3	Qtr4	Total
28	26	14	13	81

Reporting against core indicators

All Trusts are required to report performance against a set of core indicators using data made available to them by the Health and Social Care Information Centre. Many of the core indicators are not relevant to community services. Those that are applicable to LCH are shown below.

Prescribed Information

21. The percentage of staff employed by, or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

The table below 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.

Year	Number of staff employed	% of those staff employed who recommend the trust to family or friends	National average (Community Trusts)	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%
2018/19	2833	75%	53%	83%-37%
2019/20	3155	77%	78%	86%-36%



*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

LCH considers that this data is as described for the reasons: Gaining staff opinion on LCH as an organisation and how we work together is very important to LCH. Levels of engagement at LCH have increased. For the key engagement indication of 'staff recommendation of LCH as a place to work' the percentage of staff of staff who would recommend LCH as a place to receive care has steadily increased.

The Trust intends to take the following actions to improve this indicator: There is support in place to identify and work with those services which experienced particularly negative feedback or low levels of engagement with the National Staff Survey. All Business Units are required to report into Performance Panel on their engagement initiatives throughout the year.

We use a broad range of methods and platforms to listen, share information and engage throughout the organisation.

LCH has a workforce strategy which focuses on key initiatives to ensure our workforce is supported when needed and has a voice. There has been several new initiatives throughout 2019/20 which includes a confidential counselling service.

Prescribed Information

22. The Trust's 'Patient experience of community mental health services' indicator score with regards to a patient's experience of contact with a health or social care worker during the reporting period.

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

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%
2018/19	88.8%
2019/20	89.6%

LCH considers that this data is as described for the 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 on a quarterly basis to review the outcomes to identify any learning or trends. In August this year we became aware of issues with our contractor for administering the feedback questionnaire, resulting in few returns in the latter part of the year, but we have now engaged a new sustainable provider to administer this service. The results above therefore are based on clients from the first quarter of 2019-20.

The Trust intends to take the following actions to improve this indicator: Work has continued this year to improve the service provision we offer. The service has been recommissioned and is now known as Leeds Mental Wellbeing Service. The service offer is broader including primary care mental health and enhanced perinatal offers. The new model addresses some of the gaps in provision across the city and aims to provide a smoother transition between different elements of the service now that they are all under one organisational umbrella. The service has also increased its digital offer enabling a greater number of clients to access treatment in new and different way and without waits. The service has also increased capacity to address historical waiting lists for Step 3 therapies, and work continues on this. We are working with our partners to involve service users in co-production of element of the service, in particular around barriers to accessing treatment in more deprived areas and we have employed health support workers and are developing a sustainable peer support programme to improve the experience of individual in using the service and transitioning in and out of the service. Through our improvement plans we have continued to improve access and increase capacity within the service but recognise that there is still some work to do.

However, we will ensure that services users are kept up to date of waiting times and provide those who are waiting with information on how to keep themselves safe and where they can obtain help and advice from other services or support groups.

Improving Access to Psychological Therapies (IAPT):

- a) Proportion of people completing treatment who move to recovery – 49.4% (target 50%)
- b) Waiting times to begin treatment:
 - 1. 45.5% within 6 weeks of referral (target 75%)
 - 2. 99.23% within 18 weeks of referral (target 95%)

Prescribed Information

25. The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Reporting year	Number of all patient safety incidents (PSIs)	Number (and %) of PSIs that occurred within LCH care	Number of PSIs that resulted in severe harm or death (caused directly by the PSI)	Number as a percentage of all PSIs
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 9 (14%) avoidable 54 (83%) unavoidable *1 avoidable death to LCH	1.9% (LCH PSI incidents)
2018/19	4201	2921 (69.5%)	77 severe harm 7 (9%) avoidable 70 (91%) unavoidable *1 avoidable death to LCH	2.6% (LCH PSI incidents)
2019/20	5920	4112 (69.5%)	89 severe harm 7 (8%) avoidable 82 (92%) unavoidable	2.2% (89/4112) (LCH PSI incidents)

LCH considers that this data is as described for the reasons: LCH has continued to strengthen our reporting of incidents and supporting staff to log all incidents. We can see that this year there has been a significant increase in reporting of patient safety incidents following the introduction of additional categories which is indicative of a positive reporting culture. LCH continue to report all incidents that affect our patients including those that occur in other organisations such as care homes or hospitals. An example of this would be a pressure ulcer obtained in hospital with treatment being provided by our Neighbourhood Team after discharge.

The Trust intends to take the following actions to improve this indicator: In 2019/20 we have reviewed how we can work with other organisations on patients feeding and learning from incidents that occur in one health provider and affects the care provision in another.

Comparative data: Within the NRLS (National Reporting and Learning Systems) dataset LCH is within the top quartile of reporting, however with the difference in services that community organisations manage, direct data comparison is not feasible.



An overview of quality care

This section of the Quality Account provides information of the quality of care based on performance in 2019/20 against quality and performance indicators agreed by the LCH Board and also performance against other relevant indicators set out by regulators.

Greater detail will be provided on:

- Workforce Race Equality Standard
- Workforce Disability Equality Standard
- Workforce Strategy
- Complaints and concerns
- Friends and Family Test (FFT)
- Patient Engagement and Involvement
- Improving Health Outcomes
- Safeguarding
- Infection Prevention and Control

Workforce Race Equality Standard (WRES)

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 race equality and continue to resource and support the LCH Black, Asian Minority Ethnic (BAME) staff network in creating an inclusive environment for patients and staff.

LCH continues to make progress, delivering the WRES action plan, in particular the launching of two cohorts of the Reverse Mentoring programme between BAME staff and Trust Board members/senior managers. A third cohort is planned to be launched in January 2020, together with the #RaceForEquality event - a call to arms to tackle race inequality in LCH and the wider NHS.

To work towards reducing the numbers of staff experiencing inequality of experience and opportunity, we continue to provide opportunities for all staff to access face to face 'Unconscious Bias' awareness sessions and deliver the Compassionate and Inclusive leadership session as part of the Leading LCH management development programme.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.



Staff with their pledges at the Race for Equality event



#Raceforequality

Workforce Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable LCH to compare the employment experiences of disabled and non-disabled staff.

We have published data for each of the metrics on our website and have used this information to develop a local action plan to improve the experience of disabled staff. We believe a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for.



The Trust has achieved and retained the accreditation of Disability Confident Employer and is currently in progress to achieve the next level and become Disability Confident Leaders.

Inclusive Employees

The Inclusive Top 50 Employees is a definitive list of UK based organisations that promote inclusion across all protected characteristics, through each level of employment within their organisation.

LCH provided a strong Top 50 UK Inclusive Companies submission with the clear intent of improving on the 2018 position (49th) and was shortlisted in the Top 50 UK Inclusive Employer list.



Workforce

The Workforce Strategy for 2019-2021 was agreed in May 2019. It aims to ensure LCH's workforce is able to deliver the best possible care in all our communities both within Leeds and beyond in terms of the regional services that we provide, adapting and responding to current and anticipated requirements, challenges and opportunities.

The direction of travel is towards increased integration with health and care partners across primary care; across the city of Leeds and across our integrated care system, the West Yorkshire and Harrogate Health and Care Partnership. The pace of change is swift, and organisational agility is essential. With that in mind, this strategy covers just two years in the first instance.

We propose to achieve the aim of the Workforce Strategy by focusing on the following key priorities:

- Leadership and skills
- Resourcing
- Wellbeing
- Diversity and Inclusion
- Integration and Partnership
- Proactive analytics

Underpinning our priorities is a commitment to fostering a fair and just culture and one in which our staff are engaged, seeking at all times to embody the Leeds Community Healthcare values and behaviours. When we talk about culture at LCH, we mean, 'how we do things around here'.

Priorities Progress:

Leadership and skills - LCH's redesigned Leadership and Management offer, **Leading by Example**, was launched in January 2019 to deliver training to 180 managers and aspiring managers.



Take up was encouraging across the three modules of the programme and external interest from the GP Confederation and Primary Care Networks.

A **Leadership Competency Framework (LCF)**, which is rooted in the LCH '7 Behaviours', has been developed and tested with the early cohorts of participants on Leading LCH. Feedback from this, and the preceding engagement period, has been very positive.

A **Shadow Board** development programme was commissioned and successfully completed in 2019/20.

A **Board Leadership** programme was developed and implemented during 2019/20.

Resourcing – LCH has experienced an increased rate of recruitment in 2019/20 with additional recruitment to new services. Well-received recruitment initiatives continue, including the now-annual LCH Bus Tour, which is part of the annual LCH campaign to attract newly qualified nurses to the organisation. It took place in May to take second and third year students around three of our neighbourhood teams.

Links continue with the Leeds citywide 'One Leeds Workforce' programme of work, which includes intent in due course to consistently brand and advertise health and care roles in Leeds via a single portal. In May 2019, as part of the same programme of work, a Health and Care Careers event was held, with LCH taking part alongside citywide partner organisations.

Work is currently underway on looking at how our administration staff support clinical services and the requirements of our patients and the public. A project team is actively engaging with colleagues from across the organisation to identify where improvements can be made and reduce waste and duplication.

Nursing Associate roles have been implemented across services to help support teams and there has been the introduction of Self Care Facilities within the Adult Business Unit to support patients in managing their own health in their own home.

The Adult Business Unit is also looking at implementing the new national District Nursing Apprenticeship. It is aimed at nurses who would like to develop a career in District Nursing.

Wellbeing

There has been significant progress on health and wellbeing since April 2019 which is beginning to demonstrate an impact.

- LCH is attracting media interest about some of our innovative approaches around retaining staff and supporting their resilience, health and wellbeing. The recent conversations about mental health were particularly singled out by the Guardian and most recently the Nursing Standard
- 16 staff trained as Mental Health First Aiders (MHFA) and first group supervision session taken place
- A Workforce Disability Equality Standard (WDES) Action plan in place which was developed with input from a Board Development Workshop
- First meeting taken place with ten staff keen to be involved in establishing Disability network, for staff with disabilities, both visible and hidden
- 30 Managers have already attended the Reasonable Adjustment/Equality Act Training
- Bi-monthly training is provided for managers around attendance management. However due to low uptake, options being explored as to a more bespoke offer out in teams
- Momentum around the Health and Wellbeing (HWB) agenda is maintained through the HWB Engagement Group/HWB Steering Group, which reports on progress through the Committee structure to Trust Board.
- As part of the NHSi HWB Programme, progress updates are provided against an Action Plan
- A full range of HWB support continues to be offered for staff to access, under the Feel Good Pledge brand
- As the people before process culture of the organisation grows, where open conversations/stories from staff about their HWB issues is 'the norm', leaders are equipped and upskilled to work in an inclusive and compassionate way and increasing their knowledge base around 'disability', are all contributory factors leading to improving staff health and wellbeing, and a reduction in sickness absence rates



MHFA England

- The power of staff stories continues, with staff feeling confident and supported to talk about and share their personal experience and the support they received from the organisation

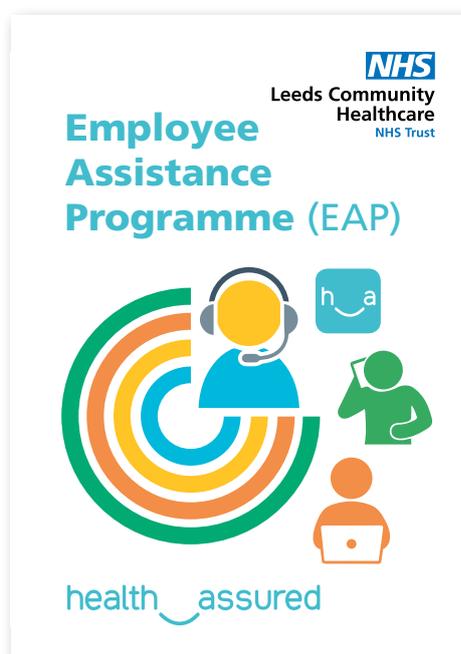
At LCH we are committed to looking after our staff and have introduced a number of initiatives and support facilities to help staff when required.

We have a number of Feel Good Pledges to help support staff in times of need and to maintain a good work life balance.

This includes flexible work hours, buying of additional annual leave, discounted gym membership, access to mental health services and musculoskeletal services as well as staff counselling and recognising staff achievement and good practices with our Thank You Events - #lchsaysthankeyou.



We also have a new Employee Assistance Programme (EAP) which is a confidential employee benefit designed to help staff deal with personal and professional problems that could be affecting home life or work life, health and general wellbeing. The EAP service provides a complete support network that offers expert advice and compassionate guidance 24/7, covering a wide range of issues.



Complaints and concerns

In the financial year 2019/20, the Trust processed over 2200 pieces of patient feedback through compliments, enquiries, concerns and complaints.

	Recorded in 2019-20
Compliment (or positive comment)	1564 (69%)
Concern	431 (19%)
Complaint	174 (8%)
PALS: Enquiry signposted	55 (2%)
PALS: Enquiry for LCH	46 (2%)

Last year saw the number of compliments and complaints both increase on the previous year's activity. All concerns are monitored to ensure that any ongoing issues are managed appropriately and within the remit of the Trust processes.

	2017-18	2018-19	2019-20
Complaints	196	137	174
Concerns	248	355	431
Compliments	2260	1497	1564

Concerns

Of the 431 concerns recorded by the Trust in 2019-20, they were split among services as follows:

Concerns by BU	Concern
Adult Services	95
Children's Services	82
Specialist Services	221
Operational Support Services	7
Corporate and HQ functions	26
Total	431

A number of concerns logged by services the subject was not captured within the records. However of the data captured, the overall top five themes of concerns are:

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

Across the Business Units, it is not unexpected to see the Specialist Services record more than double the

concerns of the other two groups of services. It has long been recognised that the nature of the services within the Specialist Services are more likely to receive complaints and concerns. The majority of concerns received by services within the Specialist Business Unit are often dealt with incredibly positively and effectively. The Leeds Sexual Health Service, Podiatry and Community Urology and Colorectal Service (CUCS) reported the most concerns across the year.

The CUCS has undergone changes to service specification relating to prescribing of products which has resulted in the service receiving a lot of feedback which the Patient Experience Team has supported.

Complaints

The Trust received 200 original complaints during the year. Of these 26 were withdrawn due to not related to LCH care and therefore passed on, withdrawn directly by the complainant or withdrawn by LCH as no consent was received from the appropriate individual to proceed. The remaining 174 were investigated as appropriate.

Across the complaints received, 358 subjects were recorded of which the top five subjects and their most selected sub-subjects were:

Primary subject	Sub-subject
1. Clinical judgement / treatment	Clinical judgement / professional opinion
2. Appointment	Waiting times
3. Management of operations or treatment	Continuity / coordination of care
4. Communication with patients	Verbal communication
5. Attitude, conduct, cultural and dignity issues	Staff attitude and communication

In terms of the how the complaints were split across the services, as with the concerns, we see the Adult and Children's Business Units receiving similar numbers while the Specialist services continue to see the highest number of complaints received.

	Total number of complaints	Fully upheld	Partially upheld	Not upheld	Ongoing at end of 19/20
Adult Services	52 (30%)	5	25	20	2
Children's Services	47 (27%)	14	21	12	0
Specialist Services	69 (39%)	6	22	41	0
Operational Support Services	1 (1%)	0	1	0	0
Corporate and HQ functions	5 (3%)	1	2	1	1
Total	174	26 (15%)	71 (41%)	74 (42%)	3 (2%)

Due to the current public health restrictions, we have seen a significant drop off in the number of contacts from the public being made to the Patient Experience Team at the end 2019/20 reporting period.

Actions and Improvements

Following any complaint investigation, all identified practical actions relating to patient care or documentation were completed by the relevant services.

Individual supervision, training, support and development has been provided to members of staff across the Trust services as they have been identified in complaints and where their practice has been identified as needing improvement.

In addition to individual learning and support to improve practice, the Trust has completed the following actions or noted the following examples of learning as a result of complaints received in the year:

- Services have made changes to enable patient choice and involvement in their care including changing the clinicians involved in care; amending appointment locations and offering alternative methods of communication wherever possible.
- Services working with third party organisations have given much consideration to how the complaints process work can work more effectively for the benefit of patients. The lessons about communication and effective sharing of information have been taken forward to improve patient experience.
- A collective area of learning for the year has shown many patients raising concerns that they were not notified when their referrals were

received and they were left not knowing what was happening with their treatments. This is an area the PE Team is looking to support further in the coming year.

- Services have been communicating with their commissioners following complaints to consult on potential improvements to services. Examples include altering compulsory questionnaires for patients to enable them to opt out; this is particularly important for some who may have answered already. The system as it was could send the same questionnaire multiple times; it was noted to be confusing as patients may think they could not progress in the service without completing it every time. Another service worked with their commissioner to compose and send out letters to all stakeholders across the city to ensure the service was supported in the necessary action it was taking, despite multiple patient complaints.
- Multiple actions in relation to the overall theme of communication have been completed over a range of subjects, these include consent; personal information and how/when it is recorded; the way staff talk to or write to patients and their representatives or families; the clarity of information about different elements of different service processes. Again this theme and the potential actions the Trust can take to reduce complaints about it is work the Patient Experience Team is looking to progress in the coming year.

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. At LCH we always aim to listen to the views of patients and staff to help us identify what is working well, what can be improved and how.

The FFT process was reviewed nationally in 2019 and from April 2020, the question will be changed to invite feedback on the overall experience of using the service. As well as providing an insight into how our patients feel about a service, the additional comments are used, where possible, to make improvements.

In 2019 we used the feedback received from the FFT on a number of initiatives including:

- **Nutrition and Dietetics** – patients gave feedback that they would like more time during their consultations with clinicians. The team have now introduced electronic copies of their questionnaires that can be completed before a patient arrives for their appointment if appropriate, therefore freeing up more time during their consultations.
- In July the **Health and Homeless Inclusion Team** launched their FFT, inviting feedback from members of the Gypsy and Traveller and Homeless communities that perhaps we would otherwise seldom hear from, if at all. The feedback received so far has been really positive, with service users describing staff from the service as respectful, caring, trustworthy and the way information is given is really valued.

- Following service feedback, the **CUCS team** have introduced an Standard Operating Procedure around the service criteria and prescribing of continence products to help ensure information given to service users is validated and consistent. An increase in the FFT recommendation rate has been noted from Quarter 1–3 (Q1 – 93.1%, Q2 – 95.31%, Q3 – 100%), indicating patients are increasingly satisfied with the service they are receiving, this could in part be attributed to the improvements made by the service in the information given by patients.

Services and teams continue to use FFT data and comments to feedback to individuals and team members at meetings and during staff huddles so colleagues can consider what feedback is being reported and make changes big or small where they can. FFT data is also used to help support staff appraisals and revalidation.

Friends and Family Question
Homeless and Health Inclusion Team

Thinking about the service we provide...

Overall, how was your experience of our service?

Very good Good Neither good nor poor Poor Very poor Don't know

What could we do better?

Were you treated with respect and kindness by our team?
How did we show this?

About you
What age are you:
16-24 25-34 35-44
45-54 55-64 65-74 75+
What is your ethnic background:
Gender: _____

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Friends and Family Question

Leeds Community Healthcare NHS Trust

Thinking about the service we provide...

Overall, how was your experience of our service?

Very good Good Neither good nor poor Poor Very poor Don't know

Please tell us why you gave this answer?

Please tell us what we could do differently?

About you
What age are you:
16-24 25-34 35-44
45-54 55-64 65-74 75+
What is your ethnic background:
Gender: _____

Once completed please email this form to

Young People's Friends and Family Question

Leeds Community Healthcare NHS Trust

Thinking about the service we provide...

Overall, how was your experience of our service?

Very good Good Neither good nor poor Poor Very poor Don't know

What are the best things about us?

What could we do better?

About you
What age are you:
0-5 6-15 16-24
What is your ethnic background:
Gender: _____

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Patient engagement and involvement

The Trust's Patient Engagement Strategy was agreed in October 2019. LCH is committed to ensuring we engage patients and the public in everything that we do and this strategy aims to outline to the organisation how we will achieve this.

This includes engagement from Board level to front line services, to ensure the patient voice is loud and clear in all we do. There has been a lot of great work over recent years from individual services to ensure we engage with patients whenever possible and we are keen to build on this to create an organisational culture that engages patients and the public in all that it does.

Our strategy sets out how the Trust will ensure patient engagement becomes embedded across the whole organisation to ensure that the patient voice is central to everything that we do. We propose to achieve the aim of the Engagement Strategy by focusing on the following key priorities including Culture of Engagement, Working with others, Leadership, Listening to everyone's voice, We are all experts and How we do what we do.

We will do this by:

- Building an awareness and understanding of Always Events within the Trust and develop an Always Events Oversight Group to support the identification of Always Events within all Business Units; this will involve patients, carers and staff.
- We will sign the Leeds Commitment to Carers initiative to demonstrate our commitment to carers who access our services, and to our staff who may have caring responsibilities. We will work closely with Carers Leeds to deliver Carer Awareness training, Training for Managers and Working Carer Clinics.
- We will define the aims and objectives of an LCH people's network; reviewing our approach to an LCH people's network and how we engage networks in the city and the people that use our services.
- Implement new Friends and Family Test guidance and question in line with national guidance and embed this across the organisation. A plan will be developed to guide how we identify service specific FFT questionnaires.
- The Trust Board will listen to patient stories at Board meetings, and we will establish an approach to ensure the people's voice forms part of LCH governance meetings.

Patient Engagement Initiatives in 2019



This year LCH launched our **Youth Forum** which is a group run by young people on things that matter to young people. The group has already had an impact on the way we run services and the way we provide information including providing input into the design and feel of the new in-patient CAMHS unit. The group meet monthly to discuss any aspect of care and well-being which is important to the group or for young people across Leeds.

As part of a wider Quality Improvement (QI) project within the **Children's Community Nursing Service (CCNS)** (supported by the NHS Improvement Academy), the Patient Experience Team facilitated interviews with eight families who access the CCNS services in the Trust, to hear their stories and experiences, to look at how the CCNS teams work together across the different functions; what is going really well and whether there are opportunities to make things better for the families who access these services. Using the Improvement Academy Patient Experience Toolkit, the feedback from the family/carer interviews was collated and overarching themes were identified. The feedback and themes were fed back to the staff from the Children's Community Nursing Services, along with Staff Culture Survey results, and Improvement actions were identified for the teams to take forward.

Friends of Hannah House - the Patient Experience Team have worked with the team at Hannah House to develop how local volunteers could support interactions with the children at busy times; for example, mealtimes. A person specification was developed and the opportunity was shared locally. There have been two 'Friends of Hannah House' identified who will attend the service to read to children, and support play times.

The Patient Experience Team supported the celebration of the ' #hellomynameis... Campaign' at the LCH AGM in September, this was very well received and we were honoured to have Chris Pointon, co-founder of the campaign, to present on the day. We are now working to support how this is continued to be embedded across the Trust and are gathering suggestions from staff, patients and families about how to take this forward.

hello my name is...

The **Patient Engagement Staff Champion's** meetings have developed over the last 12 months, we now have 55 identified staff champions from a range of services across the Trust. A Champion role description has been produced, along with terms of reference for the group; these will be reviewed as the group develops. The Patient Experience Staff Champions discuss, and share good practice and learning. An example of this is the Nutrition and Dietetics service which presented their Feedback Poster created using MES (Membership Engagement System) following training in July. The poster outlined the current Friends and Family Test response rate and recommendation rate as well as comments and a 'You Said, We Did' section highlighting improvements made within the service based on patient feedback. This has been shared amongst the Patient Experience Staff Champions as good practice to recreate in other services.

There was LCH representation at the **Big Leeds Chat** in Leeds City Market and at the local chats in Otley and Rutland Lodge. Feedback from, and on, the event is being collated by Healthwatch Leeds and the CCG to produce a report that will be shared.

Design for the new Child and Adolescent Mental Health Service (CAMHS) Unit

The Trust in collaboration with partners is building a regional CAMHS unit. Prior to planning permission being granted, the service was keen to gain the ideas and thoughts of patients, carers, families and other young people on what the designers needed to consider. There were three consultation groups held prior to the planning being approved.

The groups discussed floor and wall coverings, room furniture, colour schemes, outside space, art décor etc and dining room design.

They also suggested the following:

- Outside space (existing wooded area) to include an area where young people can spend time with their families and pet dogs. This idea came from a young person who had a lengthy stay at the current inpatient facility and explained that they really missed their dog.
- The dining area should have areas with some privacy for those who may find mealtimes extremely difficult.
- A family room should exist where families can spend time with their children, prepare a meal and watch TV etc.
- Parents suggested a room with drink facilities where they could leave coats etc, make a drink and meet other parents for peer support etc.

The next stage is to look at a name for the unit with young people and their families being consulted on their ideas around what it could be called.



Improving health outcomes

Integrated Health Visiting and School Nursing Service

One of our biggest launches in the year was the new integrated Health Visiting and School Nursing service – which works in very different ways to provide the best possible support to families and children. Care is delivered by the best placed person rather than multiple services and is centred around the family need. This was done in collaboration and team working with our commissioner (Leeds City Council), our staff and most importantly families and young people.

Inpatient Child and Adolescent Mental Health Service (CAMHS)

A new purpose built 22 bedded regional CAMHS unit has been granted building permission. Building works is scheduled to commence in 2020 with the aim of opening to patient admissions from September 2021.

The building has been designed to increase the provision of inpatient CAMHS services and provide a safe, effective, responsive and local inpatient unit for West Yorkshire children and young people.

Community Dental Service – big improvements for 2020

In January 2020 the referral-only Community Dental Service began working from three full-time clinics, allowing it to offer more flexible appointments and improved services for the 9,500 patients it treats each year.

The current clinics are fully accessible and equipped with specialist equipment so that patients with specific additional needs can be treated. New services, such as sedative injections have been introduced, meaning fewer anxious patients need to go to hospital for dental treatment under general anaesthetic. A home/domiciliary care offer for patients who are unable to attend a clinic is also being developed.

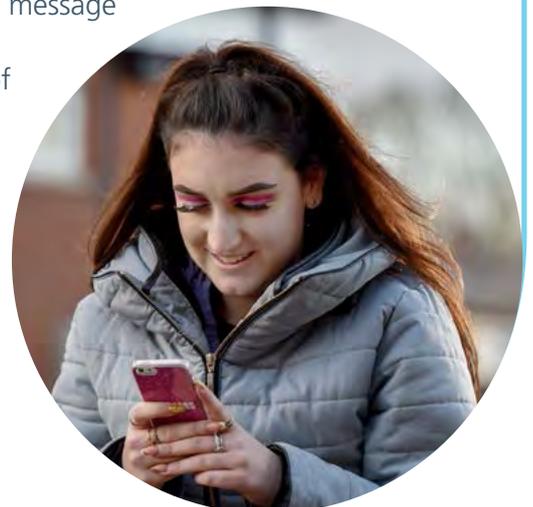
Patients, key stakeholders and staff were asked about proposals to relocate some services and close some part-time clinics. 68.3% of respondents fully supported the changes allowing the service to reduce waiting times and deliver the best possible patient care. Patients who are affected by any changes to the location of the clinics are being supported.



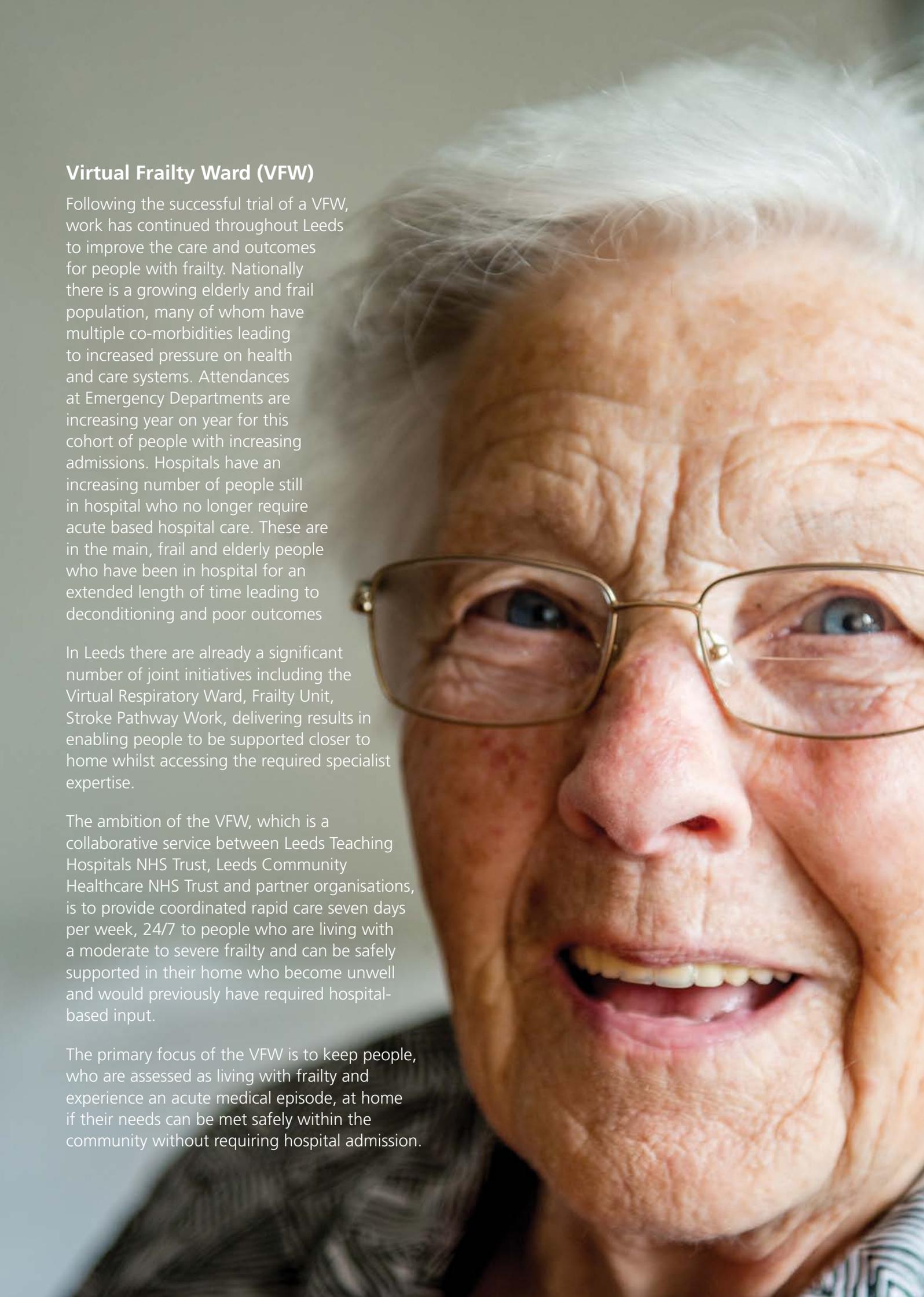
ChatHealth is a confidential text messaging service that allows



young people aged 11-19 to text a 0-19 Specialist Public health Nurse for advice. The team aim to reply within one working day and young people will get an immediate bounce back message to confirm we have received their text. Texts are not seen outside of 8.30am to 4.30pm but there is an aim to extend this. Information is provided out of hours on how to keep safe and who to contact in an emergency.



The service has been well received amongst young people to start a confidential conversation of what is important to them.



Virtual Frailty Ward (VFW)

Following the successful trial of a VFW, work has continued throughout Leeds to improve the care and outcomes for people with frailty. Nationally there is a growing elderly and frail population, many of whom have multiple co-morbidities leading to increased pressure on health and care systems. Attendances at Emergency Departments are increasing year on year for this cohort of people with increasing admissions. Hospitals have an increasing number of people still in hospital who no longer require acute based hospital care. These are in the main, frail and elderly people who have been in hospital for an extended length of time leading to deconditioning and poor outcomes

In Leeds there are already a significant number of joint initiatives including the Virtual Respiratory Ward, Frailty Unit, Stroke Pathway Work, delivering results in enabling people to be supported closer to home whilst accessing the required specialist expertise.

The ambition of the VFW, which is a collaborative service between Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and partner organisations, is to provide coordinated rapid care seven days per week, 24/7 to people who are living with a moderate to severe frailty and can be safely supported in their home who become unwell and would previously have required hospital-based input.

The primary focus of the VFW is to keep people, who are assessed as living with frailty and experience an acute medical episode, at home if their needs can be met safely within the community without requiring hospital admission.

Safeguarding

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

Safeguarding is about working closely with families and partner agencies in health and social care to respect the rights of everyone to live life free from abuse, neglect or emotional harm.

The LCH Safeguarding Team exists to guide and support staff, managers and service leaders in fulfilment of their safeguarding duties; including, as part of our corporate function, working with our Contracting and Business Development Team to ensure LCH's commitment to safeguarding is reflected in our tendering and contracting processes such as delivery of Custody Suite and 0-19 years Healthy Child services.

During 2019/20 we have built on our commitment to safeguarding:

- A review of the safeguarding training compliance status of staff across the Trust is nearing completion (for adult safeguarding) our Electronic Staff Record system is being reconfigured to accurately reflect the level of training required for each role.
- All departments and teams in the Trust have responded the challenge of ensuring we are equipped with relevant knowledge to safeguard the people of Leeds and each other in line with 'Safeguarding children and young people: roles and competences for health care staff' (Intercollegiate Document March 2019).
- Working closely with strategic partners in the Leeds Safeguarding Children Partnership to continue to embed the systems and process changes which arose from the publication of 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (July 2018); which seeks to strengthen local partnership working and the robustness of processes for child safeguarding practice reviews and child death reviews.
- Working closely with strategic partners in the Leeds Safeguarding Adults Board we revised and embedded the Citizen-Led Multi-Agency Safeguarding Adult Procedures (published April 19) which now incorporates the voice of the citizen 'Talk to me, hear my voice'. In developing the 'Leeds Approach' we are clearly and firmly placing service users at the heart of safeguarding practice.

- LCH safeguarding team worked in partnership with Safer Leeds and Leeds United Football Club to provide a multi-agency stalking and coercive control. This was to assist with developing a shared understanding of coercive control and safeguarding and raise the profile and understanding of best practice. The LCH safeguarding team were integral to the planning and delivery of a highly successful multi-agency self-neglect conference promoted under the 'Talk to me, hear my voice' banner in 2018 which was repeated in May 2019 with equal success.



A CQC review of health services for Children Looked After and Safeguarding in Leeds in 2018 identified practices across Health Visiting, School Nursing, CAMHS and the Children Looked After health service of which we can be proud whilst remaining committed to continuous improvement and development in 2019/20.

2020 will bring new opportunities to expand, build upon and strengthen our professional relationships with NHS Leeds CCG, Leeds Teaching Hospitals Trust, Leeds and York Partnership Foundation Trust, Leeds Safeguarding Children Partnership, Safer Leeds, The Leeds Safeguarding Adults Board and the Leeds GP Confederation in providing excellent safeguarding practice across Leeds.

Infection Prevention and Control (IPC) – shaping the future

Throughout the year the Infection Prevention and Control Team has continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for. 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.

Throughout the past year the team has worked closely with care delivery staff within LCH and the wider health economy to promote a clear message emphasising the importance of safe infection prevention practice. There has been one case of MRSA bacteraemia assigned to LCH within 2019/20, where wider learning has been taken and shared with partners across the system.

Bespoke IPC training has been offered through partnership working to 157 care homes throughout Leeds and, as a result, we have seen a reduction in outbreaks as well as a significant reduction in the number of days that an establishment is closed for.

A Sepsis Citywide Working Group has been established to ensure as a system we are working collaboratively around improving knowledge and awareness on the deteriorating patient, embedding NEWS2 throughout the system and the use of RESTORE throughout the care home economy.

In February 2019 the IPC team achieved the 75% target vaccinating frontline staff for influenza and we were shortlisted alongside Leeds City Council for the NHS Employers Flu Awards for 'Best Flu Fighter Care Campaign'.

We welcomed 125 delegates and 16 exhibitors to our first I-spy E.coli Conference where a range of speakers shared evidence-based knowledge on E.coli. Central to this has been the work around the national reduction of the number of Gram-negative bloodstream infections (BSIs) with an initial focus on Escherichia coli (E.coli) through upstream approaches to public health and health promotion, where we saw a 3% decrease in figures throughout 2018/2019.



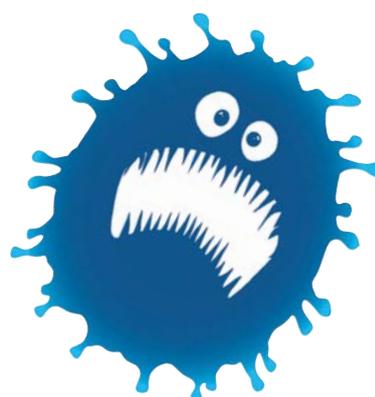
In September the team were delighted to be awarded 'Team of the Year' at the Infection Prevention Society Conference in Liverpool. Joanne Reynard was also awarded 'IPC Practitioner of the Year' for all of her hard work with IPS as Branch Co-ordinator and the seasonal staff influenza programme.

Throughout 2019 the Infection Prevention Team has coordinated various awareness campaigns at a variety of venues and engaged with LCH staff groups and the wider community.



- Hydration Awareness
- Sepsis Awareness and the use of Restore in Care Homes and conference in September
- Promote the I-Spy E.coli Campaign and Conference
- Address seasonally important issues such as influenza, Norovirus, hand hygiene
- Highlight sharps safety compliance, both organisationally and with the general public
- Reinforce that IPC is 'everyone's responsibility' across the healthcare economy

Going forward throughout the year LCH views the prevention of Healthcare Acquired Infection as a key priority. A priority will be around partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with LCC. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders, and keeping the patient at the centre of healthcare delivery.





Appendices

Appendix 1

Healthwatch Leeds

It is clear that much work has been going on to improve services. Following our work with the Trust during the previous year, when LCH leaders recognised that they had a clear ambition to put people at the centre of their services and wanted an external perspective as to how the current practice was happening. We undertook this external, independent review and have seen these ambitions starting to be put into practice.

They have invited us to sit on their Patient Safety, Experience and Governance Group and have been very active in the citywide Peoples Voices Group, the Big Leeds Chat, the 'how does it feel for me' project (which gives real time feedback about peoples experiences moving in and around health and care in Leeds) and the Inclusion for All hub where there has been a focus on ensuring the Accessible Information Standard is met.

They have also recently approached us to help with some engagement work on the reset of services following lockdown. It's clear to us that there is a real commitment from LCH to put people at the heart of what they do.

Access to mental health services is still a priority issue and LCH have a key role in this with CAMHS and Leeds wellbeing service. We also welcomed the 0-19 text service and look forward to seeing how that evaluates.

Some comments on the Quality Accounts themselves:

Some of the start of the report might be hard to understand because of some jargon... such as Priority 4 "delivering a left shift with partners" and discussions about "Always Events" with no explanation as to what they are. Examples like this make it challenging for the layperson to persevere with the report.

One of the measures for the 1st priority being to achieve Outstanding is as measured by the regulator. An inspection may not take place in 2020 /2021 and so there may not be a reliable measure. Also there is not necessarily congruence between a regulator's finding of excellence and the patients experience of excellence. There is also some jargon on Box 1 page 7. It might not be clear to people what ABU, CBU and SBU means.

Priority 3 Could there be a sharper focus on diversity and engaging all members of the community. It also emphasises carers ...which is good... but doesn't emphasise enough how to engage users who might find it hard to become involved

Priority 4 More use of "left shift" without explanation and could be interpreted politically. There is a lot of use of jargon in this section.

The reporting on progress in 2019/2020 is very process orientated. There is much information on what has been done but very little on what has changed as a result of the activity.

A good example of that is on page 13 the mention of the need for a continuous focus on eradicating category 4 pressure ulcers but don't actually say what progress has been made. Likewise with the item on CAMHS.

This theme continues with the example on page 16 on learning from Incidents. a new system of triage was put in place which sounds like it was more efficient. But was it better for the patients? Where is the evidence of that?

In the medicines management example they introduced a new system... but did the number of insulin related incidents actually reduce?

The case examples from Page 20 onwards are better as they do describe outcomes for people, e.g. the PHINS example.

Another example of wanting to know impact s the Freedom to Speak up on Page 45. It sounds like a great initiative. but what impact has it made...what has changed?

The same question...what was the impact on patients and families can be asked over and over again, e.g. Adult Mortality Reviews. Lots about process but not much about what has changed as a result.

NHS Leeds Clinical Commissioning Group

Thank you for providing the opportunity to feed back on the Leeds Community Healthcare NHS Trust Quality Account for 2019/2020. In one of the most challenging years the NHS has ever experienced we can see, in the Quality Account, a continued commitment to the quality of care patients receive and renewed commitment to going further in the coming year.

The account builds on the easy to read and engaging format of last year with staff and patient images and stories; it also has a clear focus on what matters to patients. The open and honest reflections and shared next steps to build on the successes and areas for improvement identified in the latest Care Quality Commission inspection were welcomed. The ambition to become an outstanding trust is clear and how that will be achieved confidently described.

We can see increased clarity this year on workforce strategy and value the 'people before process' approach to the wellbeing of staff. This is supported through your use of staff stories and the Health and Wellbeing Board to really highlight what matters to staff. It can also be seen in staff recommending the trust to family and friends as a place to receive care. That it has increased year on year since 2014 and in the main above the national trend gives confidence that it will be followed by an increase in staff recommending the trust as a place to work.

The account describes how staff are encouraged to speak up to support improvement and there is a strong theme of working together for patients and with patients at the heart of everything staff do. The renewed commitment to keeping patients safe building on the work of the last year is seen and will be supported by governance through the Quality Assurance and Improvement Group.

The ambition for Leeds to improve the health of the poorest the fastest is a clear priority for Leeds Community Healthcare Trust too. The improvement priorities reflect this and a continued commitment to involving patients as services change and develop in the coming year.

It is great to see examples of good practice in the services provided for children and families described in the account. In particular, how children and families are involved developing the Integrated Service for Children with Additional Needs (ICAN), 0-19 Public Health Integrated Nursing Service (PHINS) and Children's Speech and Language Therapy Service (CSLT). In addition all of the hard work undertaken on the transition between the Children's Mental Health Service to the adult service is described. This is a key priority for children and young people and the account shows how committed Leeds Community Healthcare Trust are to that.

We also particularly note the positive examples of:

- Services provided for adults showing a focus on promoting independence through self-management and working with patients as partners. This demonstrates responsive and well led collaboration in the development of the Virtual Frailty Ward and the Post Covid-19 community rehabilitation pathway.
- The development of the Leeds mental well-being service which serves to respond to the needs of the local population in a much more integrated way and no doubt will prove invaluable in the coming months.
- 'Stock on shelves' and better medication management initiatives which improve quality of care within pathways and reduce unnecessary waste in the local system.

All of which represent welcome collaborations that aim to build services around people.

In summary we feel the account is a good reflection of the trusts position in 2019/20 and sets out the areas still to focus on openly and honestly in to 20/21 and we look forward to seeing the progress in the coming year.

Appendix 2

Statement of Directors' responsibilities in respect of the Quality Account

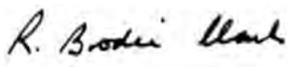
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality 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 2019 to May 2020
 - papers relating to quality reported to the Board over the period April 2019 to May 2020
 - feedback from Leeds Clinical Commissioning Group on 18 September 2020 and Healthwatch Leeds received on 11 September 2020
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
 - the national staff survey Autumn 2019
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated June 2020
- CQC inspection report dated 28/10/2019
- 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.
- 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 31 May 2020
Brodie Clark, Chair



Signed  Date 31 May 2020
Thea Stein, Chief Executive



Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2019/20 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have

demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

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

www.leedscommunityhealthcare.nhs.uk

How to Comment on the Quality Account

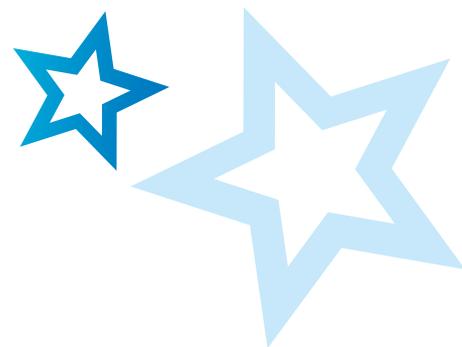
If you would like to comment on this document contact us:

- By email to lch.pet@nhs.net

Please ensure you include 'Quality Account 2019/20 feedback' as the subject of your email.

- In writing to:

The Clinical Governance Manager
Quality Account 2019/20 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
1st Floor, Stockdale House
Headingley Office Park
Victoria Road
Headingley
Leeds LS6 1PF



Services provided by Leeds Community Healthcare NHS Trust

For a full list of services, please visit the 'our services' section on our website:

www.leedscommunityhealthcare.nhs.uk

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Left shift – moving clinically appropriate care and treatment for patients from hospitals into the community. The aim is that this will lead to better health and wellbeing, better quality of care as well as sustainable and efficient services. LCH aim to support the reduction of referrals and treatment in hospital by providing pro-active care, early intervention and self-management.

LGBT – a collective term for a community of people who identify themselves as Lesbian, Gay, Bisexual or Transgender.

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

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

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

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

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

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

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

SUDIC – a review of progress of unexpected child death.

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

WRES – Workforce Race Equality Standard.

WDES – Workforce Disability Equality Standard.



**Quality
account**

2019 : 2020

