



Leeds Community
Healthcare
NHS Trust

Quality Account

2020-2021



About Annual Quality Accounts

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

They look at:

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

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Part 1: Introduction

Introduction from the Chief Executive

Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2020/2021. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

Our response to the COVID-19 pandemic has been a major focus of our work in 2020/2021. This has included the challenges of significant staff redeployment throughout the Trust; increased complexity of cases as we support hospitals and care homes through intensive difficulties and the management of waiting lists in a way that has ensured a proper and effective prioritisation against the criterion of clinical need. We have continued to deliver the highest quality and the safest, most effective care throughout this challenging time.

At all times we have sought to deliver care and professional standards that:

- Are of the highest quality.
- Value service user engagement and experience at all stages of care delivery.
- Develop and embed continuous quality improvement.

The high quality of the care we provide is testimony to our staff. Their commitment, compassion, and flexibility to support our communities throughout the pandemic has been outstanding. As an organisation, Leeds Community Healthcare NHS Trust (LCH) is proud of the way our colleagues, partners

and communities have come together and worked 'as one' to provide outstanding care within the challenging landscape of the pandemic.

The wellbeing of our LCH Team matters greatly to us. Throughout these unprecedented times we believe that by caring for ourselves and each other in ways that have gone beyond the ordinary, we have continued to provide an organisation that supports the delivery of the best possible care to our communities.

We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the harshest and most challenging of circumstances.



A handwritten signature in black ink that reads "Brodie Clark". Below the signature is a horizontal line with a small tick mark in the center.

Brodie Clark CBE
Chair



A handwritten signature in black ink that reads "Thea Stein".

Thea Stein
Chief Executive

About Leeds Community Healthcare NHS Trust (LCH)

LCH is proud to provide great care to our communities of over 790,000. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, though we also provide some services across the region and will continue to review this in line with our Trust Strategy.

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

[This video tells you more about what we provide](#)

Vision and values

Our vision, values and behaviours guide how we work and exemplify the way we deliver our services. 'Our Eleven' of our vision is that 'we provide the best possible care to every community' and is underpinned by our values and implemented through our behaviours.

[This video shows how we work at LCH](#)

11 Our Eleven

- 1 vision:** We provide the best possible care to every community we serve
- 3 values:**
 - We are open and honest and do what we say we will
 - We treat everyone as an individual
 - We are continuously listening, learning and improving
- 7 magnificent behaviours (how we work):**

 Caring for our patients	
 Making the best decisions	
 Leading by example	
 Caring for one another	
 Adapting to change and delivering improvements	
 Working together	
 Finding solutions	

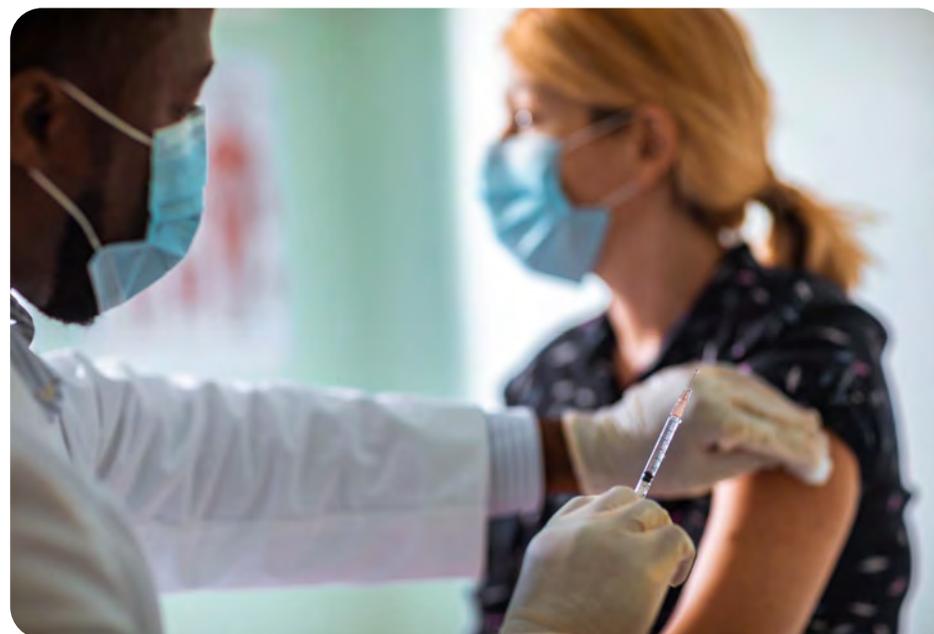
COVID-19 pandemic

The last 12 months has seen an unprecedented change in how services have been delivered to meet the challenges the COVID-19 pandemic has presented. In response, the Trust has fundamentally changed the way we work to maximise our ability to safeguard the health of our communities. The Trust has delivered continuous service and quality improvements during 2020/21 to meet the evolving needs of our patients and colleagues and has moved us much closer, much quicker towards some of the aims of the NHS Long Term Plan. This includes our digital journey, the introduction and implementation of virtual appointments, clinics and meetings that aim to improve accessibility and efficiency were expediated due to the pandemic.

The Quality Account is framed around the work we have completed towards the national response to the pandemic in addition to our work at community level:

The Leeds COVID-19 vaccination programme – A complete multi agency ‘Team Leeds approach’ to a pandemic

The Leeds COVID-19 Vaccination Programme began vaccinating the Adult population of Leeds (circa 733,587) on 8 December 2020. By the end of March 2021 48.1% of the GP-registered adult population had been vaccinated (circa 353,000 people). With approximately 60,000 people having also received their second dose of the vaccine. The 1st phase of the vaccine programme Cohorts 1-9, focused on prioritising older people, Residential and Care Home Residents, Health and social care staff, people identified as Extremely Clinically Vulnerable and moved on to include those aged 50 and over.



Leeds Community Healthcare’s Executive Director of Operations, Sam Prince was appointed Senior Responsible Officer for the Leeds COVID 19 Vaccination Programme.

The programme is multi agency and has a totally collaborative approach to vaccinating the Leeds population at the centre of everything it does.

All the NHS Trusts and providers including Community, Hospital, Mental Health, GPs Primary Care Networks (PCN), Community Pharmacies, the CCG as well as Leeds City Council, Public Health and many many others too numerous to mention, have joined together to achieve this monumental partnership achievement within the city.

Aims and principles of the programme

The Programme aims to vaccinate the eligible population of Leeds against COVID-19 in order to minimise the health and economic impact of the disease. Our principles are:

1. To do what is right for the people of Leeds ensuring everyone has the opportunity to have the vaccination.
2. Listen and act on insight and feedback from citizens, communities, and staff to provide the most effective and accessible service.
3. 'No one left behind' initiative to increase uptake, focussing on providing an accessible and acceptable service for all groups for whom a more tailored approach is required.
4. To develop and work from a balance of larger venues (for optimum throughput) and smaller sites, which can be flexed, scaled or moved relatively easily, based on need and requirements.
5. Ensure we have safe but proportionate delivery models.
6. Take a 'one workforce' approach to all staffing resources where this is possible i.e. staff are 'pooled' and then assigned to and moved between different vaccination models as required in a flexible way whilst respecting staff choice, health and wellbeing.
7. We continue our TeamLeeds ethos, and yet have 'city' leads for different aspects of the programme who are supported by small teams on behalf of the city.
8. We use the PCN geography to plan where possible except where a cohort approach would better increase uptake e.g. homeless, clinically extremely vulnerable etc. to plan.
9. We will ensure the programme continues to develop and deliver models, which are sustainable over the longer period, and moves towards BAU style of operating over time.

6

The COVID-19 Pandemic and vaccine programme rollout within Leeds has highlighted that by agencies working together, even the most difficult and demanding challenges can be both managed and overcome.

[Watch this video of 'Our colleague's experience of the Vaccination Centre'](#)

Virtual Frailty Ward

We have developed a Virtual Frailty Ward with our partners in Leeds Teaching Hospitals Trust, our General Practice partners, our third sector partners and others across our primary care network as we work within an integrated care System. The Virtual Frailty Ward supports the health management of people in the community and is preventing admission into acute services where appropriate care can be delivered at home.

Long-COVID Rehabilitation Pathway

Commencing in September 2020, the Trust in conjunction with Primary Care and Leeds Teaching Hospitals NHS Trust established a community multi-disciplinary team (MDT) to respond to the post COVID-19 needs of Leeds patients in one of the first dedicated COVID-19 rehab pathways in the UK. This new pathway provided a response to the emerging awareness of the long-lasting physical (fatigue and breathlessness), cognitive and psychological problems following a confirmed/suspected COVID-19 infection. This innovative progressive integrated pathway provided assessment and ongoing management of patients facing ongoing symptoms in the community, focussing on self-management. Digital technology has supported this integrated approach through a weekly virtual MDT bringing the most appropriate specialists together. As this and other services have had to evolve to respond to the novel clinical needs of this group of patients, research

continues to be undertaken to investigate the longer term impact of COVID-19 to inform the evolving service offer.

Oxygen at home

In response to the COVID-19 pandemic various clinical pathways have also been developed and introduced to ensure patients received the right care, in the right place at the right time by the right person. One of these pathways was the home oxygen pathway to prevent hospital admissions and facilitate patients to receive care in their own home or enable a timely discharge from hospital for patients with respiratory symptoms. This was delivered in the main by the the Trust's Neighbourhood Teams. This pathway enabled senior healthcare professionals in the Neighbourhood Teams, the Virtual Ward for Frailty or the Community Respiratory Team to consider oxygen at home in patients with an oxygen saturation of 91% or less. This prescribing activity took into account an environmental risk assessment and patients were reviewed and if required supported to be weaned off home oxygen by the Respiratory Team. Having proven successful in delivering high quality response care in patients own homes, this was expanded where patients were also able to be supported by the administration of sub-cutaneous fluids by the Neighbourhood Teams within their own home.

Colleague story

Jo's Story

Jo explained that she was a Community Matron working as part of the Seacroft Neighbourhood Team and had to self-isolate at home during the pandemic working on triage management. She returned to work at a time when there was intense pressure on care homes and patients were deteriorating significantly.

Jo was able to provide support to care homes by telephone and developed action plans to support patient's care management with daily support reviews. Care homes welcomed the support and good relationships were made and maintained. Jo felt that this would continue after the pandemic.

Multi-disciplinary team meetings had been established every day involving care home staff, staff from the neighbourhood team and pharmacists. Input from the Trust had supported the workforce in care homes and ensured that patients received continuity of care. In terms of the city-wide response weekly meetings with the care home sector had ensured that good practice and learning was widely shared.

The Chief Executive asked whether Jo felt supported by the organisation in terms of their mental health and wellbeing. Jo shared that staff had faced significant challenges around the number of deaths which had occurred in care homes but from her personal perspective she had felt well supported by her immediate team and the support and advice provided by the wider organisation.

A Non-Executive Director said it was excellent to hear first-hand about the Trust's work in supporting care homes and asked how much learning was specifically related to COVID-19 or whether there was wider support care homes required in the longer term. Jo said that she thought it was a mix of both.

Much of our work is dependent on the effective engagement with our patients, communities and colleagues.

Engagement

Listening to patient, user, and staff voices



We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year several services including Leeds Sexual Health, Community Gynaecology, Community Neurology, Cardiac Service, Speech and Language Therapy (Adult LD) and Community Diabetes, have received support from the Patient Experience Team. They have developed more service-focused patient and carer surveys to gather feedback into recent and proposed service changes. This includes the introduction of telephone and video consultations and how this has felt for people, what is working well and what could be improved upon.

Some examples of this work included:

All our **patient/carers surveys** are now set up in easy-read format, including Friends and Family Test (FFT).

Speech and Language Therapy (SLT) – an online easy-read survey for patients with Learning Disabilities accessing the SLT service.

There is guidance on our intranet for **creating accessible patient information** that includes easy-read and large print formats available for all services.

Leeds Sexual Health – the service launched their patient survey in 2020/21 and included a QR code, text message links and a paper copy to share the survey with service users. The online method of return has proved successful with 52 out

of the current 89 responses (58.43%) being received online. The online method addresses previous patient concern of completing the survey due to the highly confidential nature of the service.

Community Diabetes – patient feedback has been used to ensure that staff are having better conversations with patients accessing virtual appointments. This has included the virtual appointment works if they access using a smartphone rather than computer as it limits some of the options including the live chat and question and answer functions. The Community Diabetes service has now developed a troubleshooting guide to support people in accessing the LEEDS structured educational programme via the Microsoft Teams application.



Our champions for good diabetes care have attended the programme and understand its importance. They provide us with invaluable insights into what we could do differently to help shape and improve the course.

We have adapted the programme into a virtual offer, although this is less interactive and engaging as we would normally like to be, the feedback has been amazing. When we first started to run the live sessions, we invited some of our patient champions along to a rehearsal virtual session so they could give us the feedback and we could make the session even better.

The Leeds Programme have developed a video to help raise awareness so patients know they can self-refer for support.

Patient and service user satisfaction

We continually seek feedback from our patients and service users of their experience. Although our overall response rate was lower than in 2019/20, we achieved high levels of satisfaction. We received 1251 feedback responses responses to the Friends and Family questions, feedback was received from postcards and online.

Survey results show that 1182 or 94.5% of our patients/service users felt our services are good or very good, with 984 or 78.7% rating the service as very good, 25 or 2.0% rated the service as poor or very poor, with 11 or 0.9% rating the service as very poor. **Feedback included:**

'Friendly, very informative always willing to help' and 'great service and lots of knowledge gained' within our Children's 0-19 service. Feedback for our Cardiac Team included 'warm and friendly approach to treatment of effects of heart complications. A clear explanation of drugs required', the Community Intravenous Administration Service received feedback to include 'everything was perfect' and an example of feedback for our Neighbourhood Teams included 'One visit from an OT is not a good thing. Years ago you got out of hospital, you got a visit from your GP. Not anymore. Get on with it yourself' and 'dedicated to the job, respectful, always pleasant, helpful. Always with a smile. Simply the best'.

Satisfaction within groups

Leeds Community Healthcare NHS Trust are committed to addressing inequity, it is important to us to ensure we are meeting the needs of all marginalised patients and service users including those with protected characteristics under the Equality Act 2010. The survey responses consider ethnicity, age

and gender and highlight:

- 98.4%/ 60 of 61 patients and service users from a Black or Minority Ethnic background felt the services were good or very good.
- 95.9% 327 of 341 of patients identifying as female and 95.1% 197 of 207 of patients identifying as male felt services were good or very good.
- There were no identified trends in responses within feedback by age ranges shared.

As an organisation we have employed a Health Equity Lead to develop and lead our Health Equity Strategy, to address inequities in the care we provide and pathways we are part of, in order to achieve greater fairness in access to our services, experience of services and in the difference our services make to people's health.

In consideration of the low percentage of responses identifying an ethnic minority background and gender, our Engagement Team are reviewing how feedback can be more accessible and are involving our Health Equity Lead and Engagement Champions to consider next steps.

Compliments

There were **982 compliments** received during 2020/21:

Adult Services

'...provided a very thorough assessment. Both my mum and dad were really happy with the visit and the individual, she explained things really clearly and thoroughly so my mum and dad felt part of the assessment and felt their voices were heard, they were open and honest conversations and they felt part of the careplanning.' **Wetherby Neighbourhood Team**, Feb 2021.

'Thank you for your help and working so speedily. It's amazing how all the teams came together so quickly and how it worked. I pass on my thanks to you and the palliative team.'
Health Case Management Team, December 2020.

'The nurse had been optimistic and supportive, and the patient has now had a stoma reversal and said that the nurse's optimism helped him get back to full health.'
Community Urology and Colorectal Service, June 2020.

Children's Services

'Your help during a conversation before Christmas was especially reassuring as we had reached a point of crisis, and for that I am especially grateful. Our concerns were taken seriously, and actions were swiftly implemented, which again we are grateful for.'
Community CAMHS, February 2021.

'The care all staff show is impeccable, she enjoys the interaction from different staff, encouraging sensory/visual play. I don't know what we would do without your service.'
Children's Continuing Care and Short Breaks, October 2020.

'The Speech and Language Therapist was such a kind person with a gentle, confident and reassuring manner. The work and support she gave was fabulous.'
Children's Speech and Language, September 2020.

Specialist Services

'You did good for me. I feel lots better. I didn't think I would do it but I did what you said and it worked. Other people have said how much better and brighter I am.'
Adult Dietetics, April 2020.

'We would like to take this opportunity to thank the rehabilitation team who delivered expert care and encouragement within our home whilst ... was recovering from his stroke. A special thank you to ... who were very supportive administering their expertise whilst displaying a friendly manner at all times.'
Community Neurology, June 2020.

'A patient has asked me to pass on his gratitude and thanks to 'the nurse who saved his life' following him receiving CPR by her.'
Custody Suite, July 2020.

'I just wanted to say a big thank you to the team today for being so lovely and helpful with removing my coil. To all the people who spoke to me over the phone and the lovely nurse I saw. The team went out of their way to make sure I had everything in place contraceptive wise and it was very much appreciated.'
Leeds Sexual Health Service, August 2020.

Complaints

Leeds Community Healthcare NHS Trust are proud to be a learning organisation. When our patients and services users experience of our care delivery is not positive, we want to listen and take action to learn from the feedback and make the necessary changes to improve our patients experience of our services. As a provider of NHS funded services, we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2020/21 the Ombudsman received three complaints by Leeds Community Healthcare NHS Trust.

One was resolved and the Trust provided a letter of apology and evidence of learning to the Ombudsman and two are ongoing.

In 2020/21 the Trust received 1451 compliments, concerns and complaints. This was a decrease on feedback from the previous two years.

There were 103 new complaints and 366 new concerns received in 2020/21:

	2018-19	2019-20	2020-21
Compliments	1497	1564	982
Concerns	355	431	366
Complaints	137	174	103

Of the 103, 13 were passed on to other organisations as they did not relate to LCH, nine were withdrawn and two were rejected.

Complaints, concerns and compliments are reviewed by the Patient Experience Team and any trends are shared with the teams and overseen by the Clinical Governance Team.

Complaints received within the year by team/service for those with 5 and above:

Service	
Quality and Professional Practice Directorate	16
Leeds Mental Health and Wellbeing Service	11
CAMHS Community	10
West 2 Adult Neighbourhood Service	10
West Yorkshire Custody Suites	8
Leeds Sexual Health Services	6
Inpatient and Crisis Services	5
North 2 Adult Neighbourhood Service	5

Of the 16 complaints received to the Quality and Professional Practice Directorate, 13 were passed to other organisations, and two were rejected.

Complaints received within the year by subject for 5 and above:

Subject	
Clinical judgement/treatment	31
Appointment	16
Attitude conduct cultural and dignity	15
Management of operations/treatment	8
Communication	6

This is a similar picture to last year as the highest areas of complaint subject. Learning this year has included support for colleagues in the development of non-clinical skills and colleagues have been supported to complete reflective learning accounts where appropriate. A review of written communication has been completed. Future communications are to be co-produced with our patients.

We have made improvements to our internal complaint documentation this year to ensure we are able to capture and evidence our learning and actions from complaints comprehensively in 2021/22.

Concerns

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

Concerns received within the year by service:

Service	
Podiatry	36
CAMHS Community	35
QPD	27
Leeds Sexual Health	27
Adult Citywide Services	22
MSK/Rehabilitation	20
Health Visiting	20
North 2 Neighbourhood Team	20

Concerns received in year by subject:

Subject	
Appointments	92
Clinical judgement/treatment	45
Communication	34
Attitude	22
Management of treatment	17

A Concerns Toolkit is being developed to support teams to manage concerns in a way that promotes learning and action planning and focus further on service improvement opportunities.

Compliments

Compliments are received and recorded by services. Compliments are then shared, where appropriate, to highlight good practice.

Compliments by service above 50:*

Service	
North 2 Neighbourhood Team	131
Patient Flow Services	107
West 2 Neighbourhood Team	91
Children's Community Services	85
Children's Speech and Language	61
South 1 Neighbourhood Team	60
North 1 Neighbourhood Team	56
Adult Citywide Services	55
CAMHS Community	52

*Data from the complaints, concerns, compliments is accurate as at 13th June 2021, as the system is live, the data may be subject to slight change.

Learning from complaints and feedback

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services.

Patient's story

A child received treatment from the Trust's Community Dental Service. The child could not attend a high street dental surgery and was referred to the Trust to treat some decaying teeth that were causing pain.

Due to an administrative error the child was not placed on the correct waiting list and the family were not contacted until the service recommenced following partial closure due to COVID-19. The child had been in severe pain with toothache throughout lockdown.

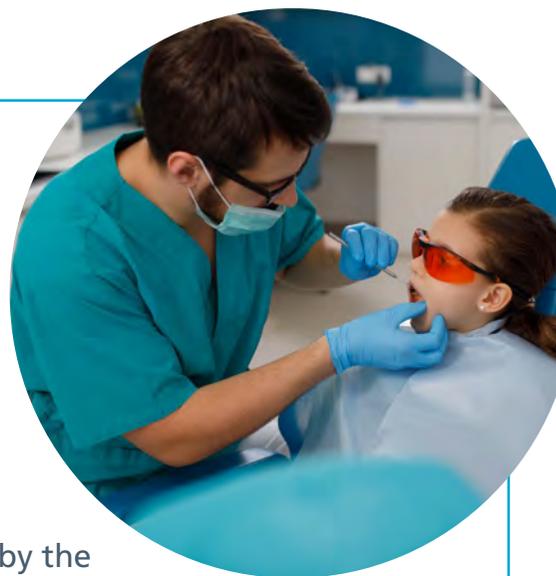
The child's family felt that they had been let down let down by the Trust's Dental Services. A treatment plan was put in place for the child at the nearest dental clinic.

As a result a review of the management of the dental waiting list was completed. The service reviewed 22,000 dental records over three weeks and created a priority waiting list to ensure that the service was meeting the need of patients as appropriately and as quickly as possible.

The service developed guides for waiting list management and supported the team in the implementation. Some team members became champions and continually monitor the waiting lists to ensure patients are correctly triaged.

All patients on the waiting list now have 'comfort calls' to ensure they still want and require treatment and assess any changes in presentation.

In the final stage of the response to learning from the patient's experience the service introduced Digital First for all new patients. This mean everyone has an initial digital appointment.



Issues raised	Key changes identified	What difference will this make?
Delay in assessments for Autism Spectrum Disorder (ASD)/Attention Deficit and Hyperactivity Disorder (ADHD) due to waiting lists.	<p>There has been a national increase in referrals to services offering assessment of ASD. The Trust continue to work with commissioners and colleagues across Leeds and the ICS to consider longer term solutions.</p> <p>In addition, we have been able to complete over 1000 neurodevelopmental assessments from additional resource that was been commissioned to prioritise and support the waiting list.</p>	By working together for a solution, the Trust can ensure patient and family voices are heard.
Complaints relating to attitude conduct cultural and dignity issues.	A trend in complaints identified a need for non-clinical skills and colleagues were supported in completing reflective learning accounts.	Improved communication with patients. Staff members follow their professional registration process for reflective learning for revalidation that develops their professional practice.
Services being stepped down as a result of COVID-19 national guidance.	All services completed risk assessments to minimise the impact of the national guidance.	All services aim to provide the best service possible whilst adhering to national guidance and providing as many safety nets as possible to safeguard patients.
Communication between services and patients.	A review of written communication was completed and future communications are to be co-produced with our patients.	This ensures when possible communication is completed in a way that is meaningful for patients.
A parent complained after their child was re catheterised in community instead of the hospital as required.	Individual support was offered to the colleague. Additional learning related to family involvement and a Family Involvement Group was established.	Parents/carers will be involved in developing the service. The first meeting identified the children were bored whilst staying as inpatients and a Netflix subscription was secured from the LCH Charity.

Part 2: Review of Quality Performance 2020/21

This section reviews the priorities we set for 2020/21 and describes what we have achieved during the year together. It is to be noted that the challenges brought by the COVID-19 pandemic has impacted on the achievement of some of our priorities in full.

Priority 1: Be Outstanding.

What we said we would do	What we have achieved to date
Understanding and alignment organisation-wide of the vision for 'outstanding'.	Our vision to be outstanding includes an embedded approach to sharing good and outstanding practice across the organisation. Our Quality Challenge Plus programme supports the identification of outstanding practice. That practice is shared through feedback at leader's meetings such as a Quality and Improvement Assurance Group in addition to various methods of sharing learning. Our 2021/24 Quality Strategy will include a focus on the dissemination of learning.
Embed robust Quality Challenge process that supports achieving CQC outstanding.	<p>Quality Challenge Plus was partially suspended in 2020/21 due to the pandemic. It restarted in April 2021. Existing data was used to decide which services were visited during Q2 and Q3 (13/65). The full programme was paused for Q4. Planning for the 2021/2022 programme includes prioritisation of services requiring a revisit from their last assessment.</p> <p>Quality Walk training continues in 2021 to ensure ongoing delivery of the programme.</p>
Embed applicable sections of the National Patient Safety Strategy.	<p>The Trust has identified two Patient Safety Specialists to lead the roll out of the programme. The organisation has participated in NHS England commissioned training for the Patient Safety Strategy in 2020/21.</p> <p>An implementation plan has been initiated and we are increasing patient and family involvement in our safety reviews wherever possible. The Trust is working towards the recruitment of our Patient Safety Partners.</p> <p>The national Strategy timelines have been extended to account for the pandemic however The Trust intends to continue work towards implementation by April 2022.</p>

What we said we would do	What we have achieved to date
<p>Outcomes development Agreed Business Unit specific targets:</p> <ul style="list-style-type: none"> • 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. 	<p>There has been a focus on outcome development work supporting our Reset and Recovery agenda that includes triangulating data and information to understand the clinical impact of changes in service delivery. This approach also ensured that changes in practice do not negatively impact specific communities and supports health equity.</p> <p>All services are asked to complete a quarterly self-assessment to provide oversight as to where they are in terms of their implementation of COMs. Although we restarted self-assessment in quarter 4, this was done on the understanding that it was optional for those who had capacity to complete the documentation. As we have moved into 2021/22, we have made it an expectation that all services will be involved in self-assessment. Services are being supported to understand their current position.</p> <p>Adult Business Unit leadership are developing COMs for all clinical pathways. This will take some time but there is an aim to incorporate COMs within the Neighbourhoods transformation programme, which has commenced in 2021/2022.</p> <p>Children’s Business Unit are exploring how outcomes are reported back to them to ensure the data received is meaningful and can be transferable to other services where relevant. The COVID-19 pandemic has led to some services progressing sooner than others where there is good evidence of clinicians recording the use of goal-based outcomes. A plan will be developed towards systematic and meaningful reporting in 2021/22.</p> <p>Specialist Business Unit will use the outcomes self-assessment as part of the routine quality picture, work continues to maximise the impact of the work as information collection is continuing.</p> <p>The terms of reference of the sub committees and groups were reviewed in 2020/21. This included Safeguarding Committee, Mental Health Act Governance Group and Quality Assurance and Improvement Group.</p>

What we said we would do	What we have achieved to date
<p>Improved effectiveness scores for Quality Committee and sub committees reflecting new meeting structures in place evidenced.</p>	<p>The effectiveness of each was reviewed by members assessment questionnaires:</p> <p>Safeguarding Committee - the response rate was 63.6% of the membership.</p> <p>Based on responses received the average effective score = 84 (90 being the maximum possible score). This has increased from 78 last year.</p> <p>Mental Health Act Governance Group - members scored the Group highly in terms of capability and ways of working (the questionnaire asks for scores on a scale of 1 = strongly disagree and 5 = strongly agree). Members scored the Group highly in terms of conduct of business and effectiveness of decision making (the questionnaire asks for scores on a scale of 1 = strongly disagree and 5 = strongly agree).</p> <p>The effectiveness of QAIG showed a response rate of 47.9% of the membership and attendees.</p> <p>Based on responses received the average effective score = 44 (with 55 being the maximum possible score). This is the first effectiveness review of this group, as it was established in 2020/21.</p>
<p>Quality Impact Assessments (QIA) becomes business as usual.</p>	<p>The QIA process has been fully reviewed and now includes a strong focus on both Quality and Equity (EQIA). The documentation has been reviewed and the governance process updated. The planning of the review was completed in 2020/21. The governance process and organisational training was established during Quarter 4 with the roll out commenced in April 2021. The Trust will continue to implement and embed the EQIA process across the organisation.</p>
<p>Establish integrated mortality review of deaths 30 days post discharge.</p>	<p>We can now reliably identify the deaths that occurred within 30 days of discharge from LHTT and have agreed communication channels to facilitate better integrated approaches to the mortality reviews. The Trust has done as much as is reasonable to progress integrated reviews, however input can be variable due to the impact of COVID 19.</p> <p>During the COVID-19 pandemic there has been a focus on maintaining timely case review of mortality reviews despite the increased number of deaths seen this year. The Trust has monitored the impact of COVID-19 related deaths by increasing the number of case reviews.</p> <p>The GP lead for End of Life Care now attends the Trust Adult Mortality Review meetings.</p> <p>A standard letter has been created inviting primary care to attend and contribute to any Level 2 mortality reviews involving their patients, and increased attendance from the Trust staff at primary care mortality meetings has been facilitated.</p> <p>The Learning Disability Lead now attends the Adult Mortality Reviews to support the Trust's approach to Learning Disability Mortality Reviews (LeDeR) and identify local learning in addition to the learning shared by the national LeDeR programme.</p>

Priority 2: Develop and embed continuous quality improvement which engages staff and service users.

What we said we would do	What we have achieved to date
<p>Progress the implementation of the Making Stuff Better (Continuous Quality Improvement).</p> 	<p>We have continued the implementation of the Making Stuff Better ethos. Our governance reports contain a section to capture how we have learned or made changes as a result of the work we have done across the year. Specific examples can be found throughout the Quality Account.</p> <p>The Quality Improvement Team continued their focus on the 'Making Stuff Better' to showcase and support the improvement work staff in the Trust are working on every day.</p> <p>Quality Improvement Training continued in 20/21 with downloadable guides to support our Quality Improvement approach. The Trust also held QI huddles and ran an innovation line to support continuous quality improvement.</p>
<p>For everyone; enable and support; sharing good stuff:</p> <ul style="list-style-type: none"> 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. Provide tools, training and resources to frontline staff and leaders that help them identify and deliver improvements across their areas of work. 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. 	<p>Christine's Screens Down, Activity Up initiative in our 0-19 service highlights how colleagues have been enabled to make improvements.</p> <p>The Physiotherapy Team developed and provided wheelchair skills for children to build their confidence and ability.</p> <p>The Nutrition and Dietetics Team developed a duty rota to support patients and colleagues.</p> <p>Our colleague Grace shared her experience of utilising her skills differently whilst she was shielding to improve the support available to care homes during the pandemic. The story highlights how the Trust has enabled staff to make changes and work differently in response to the COVID-19 pandemic as Grace supported care homes virtually whilst she was shielding at home.</p> <p>Lisa shared her sister's experience of coercive domestic abuse and how supporting our frontline colleagues to ask the right questions at the right time can make the difference to those experiencing abuse. This has now been implemented within the Looked After Children service.</p> <p>The Health Case Management Team developed a monthly newsletter to communicate important information and updates efficiently to the whole service.</p>

What we said we would do	What we have achieved to date
<p>Ensure our Clinical Quality Improvement (CQI) approach is a key enabler for achieving outstanding service delivery and being an outstanding place to work.</p>	<p>We have developed larger scale initiatives, some in response to COVID-19, and are detailed below. They include the:</p> <ul style="list-style-type: none"> • The Leeds COVID-19 Vaccination Programme • Virtual Frailty Ward • Long-COVID Pathway • Oxygen at Home Initiative
<p>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.</p>	<p>Alignment continues for these areas. There will be an increased focus in 2021/22 through our Quality Challenge Plus programme in addition to the development of our Quality Strategy that will include a focus on how learning from each of these areas is captured and shared to maximise the impact on improvement.</p> <p>During 2020/21 Quality Challenge Plus was paused at intervals to support clinical teams in their response to the COVID-19 pandemic. However, work has continued to align these areas under the Making Stuff Better umbrella as findings from clinical audit, quality improvement and service developments are triangulated and included in the service assessments completed for Quality Challenge Plus.</p> <p>Our Operational Development and Improvement Team (ODI) are supporting the Quality Challenge Plus programme where any improvement actions are identified during the services Quality Challenge.</p> <p>Our monthly Quality Forum is embedded as a partnership approach between the ODI and Clinical Governance Team. The forum is open access for colleagues to discuss any governance, quality and quality related topic. This includes an opportunity for shared learning and support to improve quality.</p>

Christine's Quality Improvement – Screens Down, Activity Up

The initiative was aimed at reducing obesity and increasing activity for children to improve their health outcomes and reduce health inequity. An infograph was developed to be shared across the service and was included in 0-19 health assessment to support conversation and promote healthier lifestyle choices.

Feedback from parents and carers on the initiative included:

“People use phones far too much. This is useful information.”

“My family has limited screen time and we try to spend more time outside rather than in and watching telly.”

“I like it. It really gives the message out and I think I will be trying this out. Hopefully it will encourage more families to do this.”

“It was a good reminder. I am always trying to encourage my older son to come off his computer. This is a very good programme and you should use it in schools as well. Family time is so important. Everyone needs to connect.”

Leeds CITY COUNCIL **NHS Leeds Community Healthcare NHS Trust**

SCREENS Down **ACTIVITY Up**

0-19 Public Health Integrated Nursing Service

Being more physically active helps to:

- In pregnancy...**
 - Improve mood
 - Improve sleep
 - Control weight gain
 - Lower blood pressure
- With your baby...**
 - Contribute to brain development
 - Build relationships and bonds
 - Encourage movement and coordination
 - Develop muscles and bones
- Childhood and beyond...**
 - Build confidence and social skills
 - Improve concentration and learning
 - Maintain a healthy weight

Here are some ways to be more active:

Pregnancy <ul style="list-style-type: none"> Gentle exercise: Swimming Yoga Climbing the stairs 	Under 5s <ul style="list-style-type: none"> Tummy time Play with toys Messy play Playgrounds 	5–18s <ul style="list-style-type: none"> Sport Dance Climb Workouts 	Family activities <ul style="list-style-type: none"> Nature walks Gardening Outdoor play Board games
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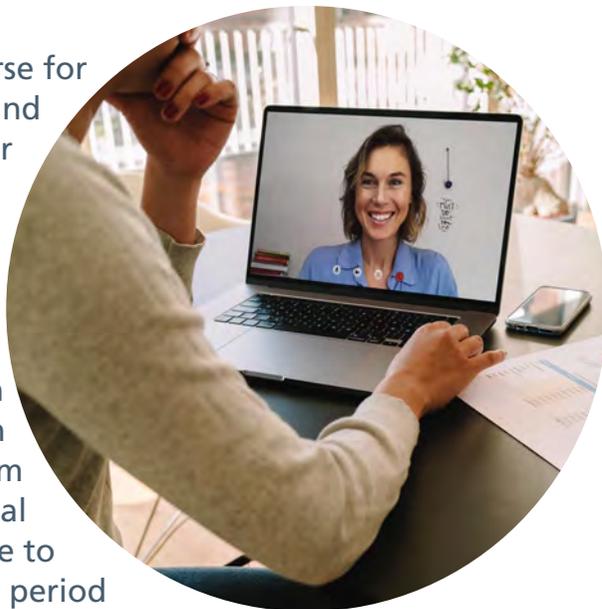
Choosing a healthy balance of daily activity and reduced screen time improves family health, happiness, sleep and school readiness

www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity

© Leeds Community Healthcare NHS Trust, July 2018 ref: 2207

Grace's Story

Grace is a Named Nurse for Adult Safeguarding and had undergone a liver transplant previously that meant she had to shield until the end of June 2020. Grace worked at home for 14 weeks in total. Grace had been supported by her team through regular virtual contact and been able to work throughout the period by working virtually with care homes by supporting incident management and safeguarding issues and queries.



The Chief Executive asked whether Grace felt supported by the organisation in terms of mental health and wellbeing. Grace advised she had felt well supported.

A Non-Executive Director said it was excellent to hear first-hand how the Trust was supporting care homes. Grace explained that her work had involved contacting care homes by telephone and in the main they had been very receptive to offers of support.

Lisa's Story

Lisa shared her sister's story to raise awareness about coercive control as a form of domestic abuse. Fiona's husband's depression had escalated into a pattern of controlling and paranoid behaviour and included rationing Fiona's money, hiding her passport, with continued accusations of infidelity. This resulted in her not seeing members of her family, death threats and an assault on Lisa's husband when Fiona's husband tried to cut his throat, and ultimately, Fiona's murder.

Lisa outlined the input of health professionals throughout this period, including a lack of recognition of the risk from his behaviour, a lack of follow up for missed psychiatry appointments, and a lack of shared information and communication that Lisa and her family felt could have resulted in a different outcome.

Lisa suggested how professionals might ask 'sticky questions' if they suspected domestic abuse, for example, to ask if the service user felt they were in an equal relationship, to look for clues and to challenge any derogatory behaviour.

Lisa was asked what the organisation might do, particularly with its staff, to increase awareness of coercive behaviour in relationships. Lisa advised that the Looked After Children team had changed their patient contact forms to include a question about whether a service user ever felt threatened or scared.

Wheelchair Skills

Our Children's Physiotherapists recognised a need to increase independence for children across the city who have been issued with a powered or self-propelling wheelchair in school and home environment. Due to waiting lists, there was a lack of opportunity to develop the skills to be fully independent in powered or self-propelling wheelchairs.

"I push myself round the shop instead of mum now."

In response they assisted with running the **Whizz Kids** wheelchair course over the summer holidays, gaining knowledge and ideas to use in assistant led therapy blocks and developed a step by step guide to deliver wheelchair skills sessions across the city.

The sessions increased in confidence and ability of the children. A parent said, "he is more independent and helps by pushing himself around when we go shopping. This means I can hold the trolley or shopping basket and not have to push him and the trolley around." The child said, "I push myself round the shop instead of mum now."



Nutrition and Dietetics - 'Duty Clinician'

The team created a 'duty clinician' rota; every senior clinician volunteers to be on the rota when they are office-based, to make sure that there is always someone there when needed. We bought a dedicated phone that is only used for this purpose, so it's not engaged on routine phone calls, and the duty clinician always keeps it close by.



Positive feedback illustrates the positive difference it has made to patients, our team and colleagues in other teams. One clinician said, "as a new starter Duty Clinician gave me greater confidence by knowing I have a specific person that can provide support via a quick phone call," and a colleague in another service said, "this is efficient and has prevented an unnecessary re-referral".

What we said we would do	What we have achieved to date
<p>We will develop an infrastructure that enables the people's voice to have a much bigger influence and measure the impact of this.</p>	<p>Progress has been maintained on implementing our Patient Engagement Strategy and our Operation Plan despite the difficulties presented throughout the COVID-19 pandemic. The overarching aim to 'deliver the best possible care in all our communities' has remained a focus but with added responsiveness to the needs of our services, the experiences of patients, carers and the public. We have focused on supporting key organisation wide workstreams learn from the way we delivered services during the peak of the pandemic when we reset our services, Health inequalities and Digital inclusion, that again focuses on how we utilise our experience during the height of the pandemic in the delivery of services going forward but ensure we provide equitable and accessible care for all.</p>
<p>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.</p>	<p>We signed the commitment. As a result of our ongoing work around Carers in partnership with Carers Leeds and Leeds City Council, we have been awarded a Certificate of recognition of the Trust's Commitment to Carers as part of the Leeds Carers Partnership Commitment to Carers and were a finalist for the Health Service Journal award for the System Led Support for Carers award. The certificate recognises the Trust's commitment to:</p> <ul style="list-style-type: none"> • Work in partnership with others to support carers. • Be a carer-friendly employer. • Train and supporting the workforce to be carer-aware.
<p>We will implement and embed new Friends and Family Test guidance and question in line with national guidance.</p>	<p>The Trust implemented the Friends and Family Test national guidance and completed an organisational rollout of training, information giving and support that has resulted in ongoing feedback as detailed in part one. We have introduced online, card and additional methods of QR code usage to increase feedback.</p>
<p>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.</p>	<p>Our CAMHS Service has co-produced new shared careplans with the Youth Board that are pending implementation. The service is initiating a Parent Group as an outcome to support the implementation and evaluation of the careplans with the Youth Board.</p> <p>There are examples within the account of how the Trust is engaging with our community and patients. An example is the Team Leeds initiative approach to the COVID-19 pandemic:</p> <p>Since the start of the COVID-19 pandemic, the city of Leeds has been working together to support local people. Over the last year the NHS, Leeds City Council and voluntary sector have worked with local people to address the challenges of COVID-19, we call this approach #TeamLeeds.</p>

What we said we would do

We will define the aims and objectives of an LCH people’s network and work closely with existing networks in the city.

What we have achieved to date

Over the last year we have given local people opportunities to share how their lives have been impacted by the virus. We have been using this information about people’s needs, preferences and experiences to shape our response to the pandemic. We’d like to share with you some of the ways we’ve been listening to people over the last 12 months:

- The Healthwatch Leeds weekly check-ins have given people in Leeds an opportunity to share their views on a number of COVID-19-related topics.
- The Leeds Voices winter preparation work has looked at the impact of COVID-19 on a number of diverse communities in Leeds.
- [Forum Central’s ‘Moving Together Leeds’ film.](#)
- [The Leeds Communities of Interest Forum meets regularly to hear the voice of people in Leeds.](#)
- The Leeds People’s Voices Group (PVG) has carried out work to understand the barriers for people who are digitally excluded.
- #TeamLeeds is working together to hear and respond to your feedback about the vaccine programme.
- We have worked with our colleagues across West Yorkshire to understand the impact of COVID-19 across our region.

Sam's Story

Sam shared her experience of the care and support received for her mum during the lockdown.

Sam's mum was 91 and had been a very active and sociable lady until her diagnosis with terminal cancer. She made a decision to only receive palliative care with her preferred place of death being the hospice. The pandemic meant that Sam was her only contact, the isolation and lack of emotional support from her wider family and friends had a significant impact on her health and wellbeing during this time.

When Sam's mum's condition deteriorated, lockdown restrictions meant GP home visits were not possible. The Trust's Neighbourhood Team visited and a 'Do Not Resuscitate Order' was agreed with the GP. A care package was started by the Neighbourhood Team, however, staff did not have the time to deliver the full care package of a cooked meal, and she was offered toast. Sam's mum cancelled the visits as the support was not being provided as assessed.

As her mum continued to deteriorate support for end of life care at home was arranged as she was too frail to be moved to the hospice. The Neighbourhood Night Service provided a night sitting service which was outstanding and allowed her to die at home with dignity supported by compassionate care.

Sam said the impact of caring for a loved one at the end of life was often underestimated and can be exhausting. Final reflections on her experience was that her mum's last weeks and months could have been better with improved communication and availability of assessment and support. Once she became end of life, care had been delivered with dignity and compassion and overall the services provided by the Trust had been excellent particularly the Neighbourhood Night Service.



Initiatives to support carers

Within palliative care, as patients approach end of life and their symptom management requires anticipatory medications, some patients and carers may wish to be trained to give injections to manage pain and other symptoms. The Trust's guidance sets out inclusion and exclusion criteria and following agreement that these are met and consideration of any risks, the carer will be provided with training on the procedure for administering specified subcutaneous medication commonly used at end of life via a subcutaneous cannula.

Given the current circumstances of COVID-19 a more flexible approach allows clinical staff to offer patient self-administration or carer administration where appropriate and following a discussion with the patient and family. The change in guidance has been agreed and supported by the Head of Medicines Management and Controlled Drug Accountable Officer. This amended position will be reviewed after the impact of the COVID-19 pandemic on EoL Care passes.

Part 3: Other Quality Improvements

Improving Health Equity

We are here to provide the best possible care in every community. There are currently unfair and avoidable differences in the health of different groups and communities, which come from differences in poverty, education, employment, living conditions, the environment and the impact of racism and discrimination. Our aspiration is for health equity, where there are no such differences. This is a very long-term goal, but through our actions now and in the future, we contribute to this in a range of ways:

- As a large employer and buyer and in our environmental impact (known as being an 'Anchor Institution').
- By contributing to an increase in healthy behaviours (population health).
- As a provider of community health services, through ensuring the care we provide, and the pathways we are part of, are equitable – that there is fairness in access to our services, experience of services and in the difference our services make to people's health.

To progress equity in our care and pathways, our approach is to go beyond the delivery of our Public Equality Duty, delivering on the requirements in the NHS Phase 3 Urgent Actions on Health Inequalities, and to support the vision of Leeds to be "a healthy and caring city for all ages, where people who are the poorest improve their health the fastest".

To do this, we began to look at everything we do with an 'equity and inclusion lens'. This started with our senior leadership and a series of Board and Committee workshops

exploring what it is we want to achieve around health equity and how we would work, culminating in a set of commitments:

- ✓ We consider inequity a serious and avoidable harm to our communities. Where we identify it, we will act.
- ✓ We will not be complacent. We will go beyond our legal duties to fully address the needs of all our diverse communities, in new ideas and current practice.
- ✓ We will listen and act where there are differences in diverse communities' access, experience and outcomes in our services. We apologise where we have had this information and not yet acted.
- ✓ We will focus on the health needs of all our communities, tackling inequalities in the health of communities not already accessing our services as well as those who already are.
- ✓ We will work with our diverse staff communities to address inequities in health as well as inequities in their experience of the workplace, supporting staff health and financial wellbeing.
- ✓ Collaboration with communities, third sector and other partners will be core to the way we work.
- ✓ We take our role as a large organisation seriously and will continue to find ways that we can contribute to wider improvements in health equity through employment, what we buy and how we use resources.
- ✓ We will be clear and open about our progress. This starts with understanding how we're doing now and developing new ways to measure our progress and the impact of our actions.

Complementing the strategic work undertaken this year, our services and corporate teams have worked to identify and act on inequities. Some of our teams are designed to address health equity for specific communities or groups, such as our Learning Disability Lead and Homeless and Health Inclusion Team (HHIT).

The **HHIT service** is commissioned from the margins. The target populations the team engages with are; people experiencing homelessness, women who are sex working, Gypsies and Travellers. We are aware we are not offering a service for Roma people, we are currently trialling accepting referrals for Roma people to assess health needs to feedback to our commissioners. Vulnerable migrants and ex-offenders are included in our population groups we work with, but these are usually commissioned from specialist primary care providers.

Other services, commissioned to provide care to the wider population, have looked at the differences in access, experience and outcomes for different communities and groups within their services and developed new approaches to make improvements in the health of those communities.



The **Long-COVID service** analysed their referral data and identified low numbers of referrals for elderly people, despite evidence that elderly people who have pre-existing health conditions may take longer to recover from a COVID-19 infection, just as they would from other illnesses. They explored the reasons for low referral rates and found there was a lack of understanding about the symptoms of Long-COVID in elderly people, who may not present with the typical signs and symptoms, but where a gradual decline or worsening frailty or dementia without another identified underlying cause could also be signs of Long-COVID. To address this, the service have designed and distributed a poster to all care homes and to services working with older people, to raise awareness of persistent COVID-19 symptoms in the elderly so that they can receive appropriate care.

Our work in the last year is supporting the development of our Health Equity Strategy, due to launch in June 2021. Our priorities for the next year include a focus on **data and analysis** to understand where there are inequities and from there, what we can do to address them. These will help us understand current performance and develop meaningful measures of progress of equity in service delivery. To promote equitable care and pathways we will be sharing our change stories, looking at **cultural change** (continuing our equity and inclusion lens on everything we do) and learning for staff about what this means and how we achieve it. In the first year, we will also have an initial focus on 3 contextually important areas, where we already have significant data and analysis to enable us to take action: **mental health; frailty; and long-COVID.**

Race Equality Network @LCH I Can Be Me



The role of the network is supporting people from Black, Asian and minority backgrounds working for the Trust, 2020/2021 has seen the network develop with increased membership. What were the BAME Freedom To Speak Up Champion roles were developed in response to the Workforce Race and Equality

Standard. Discussions found that staff experience higher numbers of discrimination incidents and that staff under report incidences of racial discrimination from colleague or service users.

[You can see our 'I Can Be Me' campaign launch video here.](#)

The @LCH I can be me campaign focusses on staff pledging:

- I am open to conversation
- I have a commitment to equality and inclusion
- I will play my part in bringing us all together
- Colleagues who make the pledge can then wear their badge with pride.

Work this year has included a move away from the use of BAME as an identifier. The '**No More BAME**' initiative was started after consulting network members in November 2020. The members felt that a name change to our support network was needed.

It was felt that identifying everybody from an ethnic minority background together into one group of 'other' didn't acknowledge or seek to understand our individualities.

Consultation found the use of the term BAME felt 'lazy' and 'tired' and risked becoming a conversation blocker.

Following consultation, the Network were proud to announce we will now be known as **LCH Race Equality Network**. This not only clearly states our purpose but also our aims.

Reverse Mentoring

Our black and minority ethnic Reverse Mentoring Scheme was officially launched in January 2019 and continued throughout 2020/2021.

The scheme supports the development of trust and begin open conversations about the issues affecting staff from black and ethnic minority backgrounds and aims to improve understanding and appreciation of black and ethnic minority staff in Leeds Community Healthcare by senior managers.

What is reverse mentoring?

Reverse mentoring is where a black or ethnic minority member of staff (Mentor), is paired with a more senior white employee of the same organisation (Mentee).

It is called reverse mentoring because it enables black and ethnic minority staff, who tend to be in a more junior position, to mentor senior staff - including directors and board members - about what it is like to work within the organisation as a BAME person. Reverse mentoring requires the trust of each party and a willingness to learn from each other.

At LCH we see the value of being an organisation that promotes the diversity and inclusion of its staff. However, despite the vital role that BAME staff play, discrimination in many forms is still a reality. In many subtle ways this leads to

unequal, unfair, poorer work experiences and treatment.

This is an exciting development and one that we hope will be another way in which we can tackle conscious and unconscious bias in the Trust.

[Please watch our colleague's reflective discussion of Reverse Mentoring here.](#)

Leeds Community Healthcare NHS Charity

The Leeds Community Healthcare NHS Charity was identified as an area of work to be developed in 2020 and sits within the Patient Experience Team. A Charitable Funds Administrator joined the Trust in November 2020 on a one-year contract, working 15 hours per week, to support the work of the charity.



An Operational Group for the charity was formed which meets monthly to discuss and oversee

work on the priorities of the charity, and other matters such as fundraising ideas and raising the Charity's profile. The group is made up of both clinical and corporate staff and includes representation from the Youth Board. The group is chaired by the Executive Director of Nursing and AHPs and feeds directly into the Charitable Funds Committee.

The Trust charity became a member of NHS Charities Together in summer 2020 and has been successful in securing several funding grants as part of COVID-19 appeal funding. **Some of this funding has been spent on the following:**

Psychological and Wellbeing Support for Staff

In response to the impact of the Coronavirus pandemic; this has included funding a part time Clinical Psychologist role.

The need for staff support was recognised from the outset of lockdown. In line with National initiatives various measures were put in place to support staff as much as possible in their work, with awareness that there would be a great impact from the COVID-19 pandemic on our community services. This was supported by redeployed time from the CNRS neuropsychology team to begin with but as services reset this resource was no longer available, yet the need still very evident.



Since commencing in her post Pav (and Jo) have been able to continue to support the ODI team from a Clinical Psychology perspective. Drawing upon research and guidance published by the British Psychological Society we have provided a range of support including; offers of training (Wellbeing in the workplace; Burnout and Resilience; Trauma; Supporting Leaders); drop in sessions (e.g. The Mindful Bite); group/team support

and 1:1 staff support. Additionally, we have supported the Shielding group, the BAME Staff Network and helped facilitate conversations around challenges, perceptions and identity. Each area of work has served to inform the others with the development of further ideas and the intention of creating a compassionate and supportive Trust.

There has been great feedback on the work completed and have encouraged those who have benefitted to take this

forward into the workplace themselves to support a collective culture of support and compassion for all:

“I just wanted to say that I am very grateful that ODI has arranged Mindfulness sessions this October / November. Palvinder Rao is very calming and supportive. On a personal note, I have been struggling recently, so I was very relieved to see that there was some support that I can access. I also feel as though LCH is looking after me, through this service provision, which is a comforting feeling to have. Thank you to you, and to ODI, in arranging these sessions. I really appreciate it.”

Our work has captured particular poignant themes within the workforce. These have included compassion fatigue, burn out, trauma, moral injury and adjustment. We continue our endeavour to create helpful language and understandings around these understandable responses to the pandemic and support people to stay in work where this is feasible or transition back into work in the smoothest way possible. Our vision is to support the delivery of quality patient care by looking after our staff.

Provision of tablets

An application was approved to provide tablets with internet access to unpaid carers who access/support others to access Trust services. We hope that this funding will help to promote digital inclusion



for carers, support digital healthcare access and help to reduce social isolation in unpaid carers group. This funding is being

delivered alongside ongoing partnership work with Carers Leeds and 100% Digital Leeds.

Hannah House

The charity also continues to administer a fund for Hannah House which covers the costs of running a minibus for outings and maintaining a sensory aquarium for children with additional needs.

Other examples

Warm clothing for homeless service users, a 12 month television subscription service for the inpatient CAMHS facility, and a week-long event of virtual arts and wellness workshops to promote staff wellbeing.

Fundraising plans

Plans are being developed and include a team of Trust staff who will walk the Yorkshire Three Peaks in Summer 2021. We



hope that this and other initiatives will raise funds for our LCH charity so we can continue to provide additional services and enhanced care for the patients, carers and staff of the Trust. We are very proud of the work that has been undertaken this year by the charity and look forward to what's to come as we continue to grow and develop both within the Trust and in the communities we serve.

Patient Engagement Champions

Engagement Champion meetings have continued over the last 12 months, frequency of these meetings has increased from bi-monthly to monthly in direct response for a request for support from staff in these roles. The number of Engagement Champions across the organisation now sits at over 70 members of staff, with a good spread across all three business units and services within them. We are working with services who do not have a Champion to identify people to lead this work and join the group. Attendance at meetings has improved consistently with an average of 30-40 staff attending each monthly meeting; this has been positively impacted by a move to virtual meetings using MTeams, meaning more staff have capacity to attend. Improved engagement of staff and attendance at meetings has reflected an overall increased demand for support around Engagement work in service reset and recovery, and greater challenges in hearing the voices of patient and carer experiences during the pandemic, particularly the voices of communities at greatest risk of health inequalities. Staff have fed back that the forum is incredibly helpful in supporting engagement in services, sharing and listening to good practice and improving knowledge and skills.

Agenda items at the Engagement Champion meetings have included guest speakers from 100% Digital Leeds and the Trust Information Governance team, Digital storytelling, service updates and sharing best practice/learning, the Accessible Information Standards and health inequalities. Several meetings in Autumn 2020 took a focus on Reset and Recovery; project managers for reset joined the group and together we explored how to ensure the patient and carer voice is at the centre of all reset work. To support this a Trust engagement toolkit has been developed which is now available on the

intranet; this includes templates, guidance, and information to strengthen each service's approach to patient experience. The Engagement pro-forma has been developed to facilitate individual service conversations on embedding patient/carer experiences into reset and ongoing service delivery, feedback for the document and process has been really positive. This has allowed the Patient Experience Team to introduce conversations and information on high priority areas such as health inequalities, accessible information and digital inclusion.

Services have received further to develop patient and carer surveys to capture insights into people's experience of care; both as ongoing service development and in direct response to the coronavirus pandemic. Feedback is now being used by services to help shape and develop service provision moving forward, particularly around the impact of COVID-19 and how this has seen services working and providing care differently. An example of this is the Leeds Sexual Health Service; they continue to receive feedback from patients regarding the length of time spent waiting to get through to the triage phone line under the new ways of working. LSH have collated this patient feedback to support a Case for Change to make improvements to the telephone system to ensure it is fit for purpose, as more positive feedback suggests patients do actually find the telephone triage offer incredibly helpful. With support from the team the service were able to develop an online survey which has doubled the number of responses they now receive and is continuing to capture vital feedback from people who have accessed the service and the general public.

Always Events®

Our **Continence, Urology, Colorectal Service** developed their vision statement for their Always Event® that as a patient ' I will always know what to expect before being examined'. The aim being to ensure that all patients had a really good understanding of any assessments or examinations that may be needed at their appointments to minimise any embarrassment and improve sensitivity and patients experience.

To do this the team have removed the term 'continence' from their name badges to improve confidentiality for patients attending their clinics. There is a planned review of the information sent to patients prior to their appointments to ensure it is relevant to their assessment rather than sending general literature that may not be relevant. This piece of work has been paused as the team have been redeployed during the COVID-19 pandemic following national guidance.

Our Children's Services identified an Always Event® to always ask what children, young people and families would like to happen when children and young people with complex health needs move from children's services to adult's services. Initial telephone interviews had been initiated and a survey is being developed to support this always event. The completion has been delayed due to the implication of the COVID-19 pandemic, including some redeployment following national guidance.

Incident reporting

There were 9455 incidents reported within the Trust during 2020/21 of these, 6253 were reported as an incident relating to receiving care from the Trust, of those 5295 were patient safety incidents.

Most patient safety incidents result in no injury or minimal harm. There were 429 incidents reported as moderate harm and there were 104 major harm incidents reported.

All incidents are reviewed by an incident handler (usually a line manager) to determine any causation factors, share positive practice and identify any learning. All incidents resulting in moderate and major harm are reviewed in detail at our weekly serious incident decision meetings where there is a positive and open learning culture. The aim of the meeting is to understand where the Trust can learn from incidents. Positive practice is shared with the teams and any learning that is identified is shared with the organisation at an appropriate level to gain the most benefit from learning.

The meeting also identifies any incidents that require external reporting as a serious incident. An in depth review of the incident is then completed to understand how the incident occurred, what the causation and contributing factors were and how we can reduce the likelihood of recurrence by learning from the findings.

During this period, the Trust started the journey to implementation of the national Patient Safety Strategy that aims to investigate incidents in a more meaningful way to gain the most learning. The implementation has been captured in our Quality Strategy and includes a strong focus on how learning will be shared in a more effective and responsive way to maximise the impact and reduce the recurrence of similar incidents.

*Data from the incident reporting system is accurate as at 13th June 2021, as the system is live, the data may be subject to slight change.

Infection Prevention and Control

Throughout the year the Infection Prevention and Control Team have worked tirelessly in response to the COVID-19 pandemic. Alongside many of the normal activities we undertake we have 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 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 have worked closely with care delivery staff both working within LCH and the wider health economy to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic. As a service we have supported and provided specialist advice to LCH staff as well as other providers throughout the Leeds economy such as schools nurseries, care homes, work places and many more. We have continued to build the strong foundation we have in place prior to the pandemic around collaborative working, in response to testing, providing Covid-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to outbreaks.

Bespoke IPC provision, support and training has been offered through partnership working to 157 care homes and hospices throughout Leeds.

In February 2021 the IPC team achieved the 75% target vaccinating frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

In July Liz Grogan and Joanne Reynard were delighted to be awarded the title 'Queen's Nurse' for services – with the patient always being at the heart of what we do. In December Liz Grogan was awarded Highly Commended Leader of the Year in LCH and the IPC team were awarded 'System Team of the Year' for their hard work in response to Covid-19 throughout the healthcare system.



- Hand hygiene.
- Reinforce that IPC is 'everyone's responsibility' across the healthcare economy.
- Hydration Awareness.
- Promote the I-Spy E.coli Campaign.
- Address seasonally important issues such as influenza and Norovirus.
- Highlight sharps safety compliance, both organisationally and with the general public.
- PPE and Fit testing provision.
- Environmental audits.
- Resetting training to support services during the pandemic.

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.

Medicines Optimisation

The Medicines Optimisation team have supported various quality improvements in 2020/21. These include the re-introduction of steroid joint injections in MSK and Podiatry Services. The services have reviewed their guidance on the use of steroid joint injections as they were stood down in response to the COVID-19 pandemic due to the immunosuppressant effect of the steroid itself.

Re-introduction of steroid joint injections includes the use of all other reasonable non-injection pain management options before steroid therapy is considered, individual patient risk assessment prior to the use of a steroid to determine balance of risks versus potential benefit, and the use of lowest effective dose of steroid.

In preparation for the transfer of Little Woodhouse Hall to Leeds Partnership Foundation Trust on 1 April 2021, the pharmacy and medicines optimisation service provision was enhanced to ensure safe use of medicines during the transition period.

The Virtual Ward Frailty continue to update their clinical pathways in line with changing patient demand, recent developments include introduction of a wider range of fluids to support management of dehydration, a venous thromboembolism prophylaxis pathway for patients with COVID-19 pneumonia, a Pharmacist who can prescribe to enable timely access to medicines and intravenous antibiotic pathways for the management of cellulitis.

Safeguarding

The Safeguarding Team have continued to provide their full-service delivery during the pandemic. In addition, they have supported the Neighbourhood Teams by completing clinical visits and have worked at the vaccination centre to support the pandemic response.

They have provided additional support for the multi-agency 'front door' service where social care referrals and initial safeguarding assessments are completed.



The team adapted to the pandemic within their service by offering online domestic abuse training. Through a more accessible approach the Team secured a significantly higher attendance for the training than when it was delivery face to face.

Workplace 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.

The Trust continues to make progress, delivering the WRES action plan, in particular the launching of the third cohort of the Reverse Mentoring programme between Black and Asian staff and Trust Board members/senior managers. In March 2021 the Trust launched 2 cohorts of the LCH (Race equality) Allyship Programme, a continuous process in which someone with privilege and power seeks to first learn about the experiences of Black ethnic groups (as a whole), empathise with their challenges and build relationships with them, adding their voice to that of your other than White colleagues.

At LCH we continue to raise awareness of race equality and continue to resource and support the LCH staff Race Equality network in creating an inclusive environment for patients and staff.

Workplace Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable the Trust to compare the employment experiences of disabled and non-disabled staff. The Trust is committed to promoting fairness and equality of opportunity for the diverse workforce it employs and we have made some progress within the WDES arena in the last year. It is acknowledged, however, that the work in this area is less mature than that associated with race.



Our aim is to follow a similar roadmap to that associated with the work on race and to support us to do this, we need to have an insight into who our staff are, where they are employed within the organisation and what their experiences are, working for the Trust. We use standard equality monitoring questions that have been developed and agreed across all NHS organisations. The data helps us to understand our workforce and how we can improve working conditions and 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.



Apprenticeships

The trust has supported many clinical and non clinical apprenticeships since its introduction in May 2017 and has also shared funds with the wider health and care system to support the development of three adult care workers and four registered nurses.

Plans are in development to increase the number of clinical apprenticeships now available to our staff and we are preparing to support our Nursing Associates and Assistant Practitioners to gain their full nursing registration as well as introducing the new District Nursing apprenticeship for our nurses who want to further develop their skills and progress their careers.

We have several staff studying for business administration, data analysis, and leadership and management qualifications and this is the experience of just one of our managers who is nearing the end of her studies:

I've been incredibly grateful to be able to take part in the Chartered Manager Degree Apprenticeship supported by Leeds Community Healthcare NHS Trust. I didn't have the opportunity to complete a degree when my peers did as a school leaver, but completing the degree alongside working has meant that I have had access to real work examples to demonstrate my competencies for the degree standard; whilst learning management and leadership theory that I have been able to put into practice as my team and career have developed over the last three years. I feel very privileged to have been very well supported by my line manager and wider directorate and I'm looking forward to making them and my family proud when I graduate in December this year.

Part 4: Celebrating Success



Awards

At LCH we are proud of the hard work our colleagues, teams and services do on a daily basis. Their commitment to safe, effective, and responsive care was even more in evidence during an unprecedented year for all of us.

Despite the backdrop of a global pandemic our colleagues continued to shine throughout 2020/2021 with achievements both big and small recognised at a local, regional, and national level.

Here are some examples:

Thank You Event 2020-21 (December 2020)

There were a record 123 entries for this year's Thank You Event which takes place every December. The event sees staff nominated by their LCH colleagues for achievements across six different categories. This year winners received a trophy and certificate from an Executive Director during a surprise 'pop up' virtual presentation.

This year, the **'Team of the Year'** category received the most entries. To recognise this, the Trust declared all 3300 staff 'Winner' of the Team of the Year award. To celebrate each colleague received a letter of thanks from the Chair and Chief Executive along with a commemorative 'Team LCH' pin badge.

In the leadership category, **'Co-Leaders of the Year'** were the Race Equality Network Chairs Kulvant Sandhu, and James Forrest who helped the Network to create a clear structure, new ways of working and forged partnerships inside and outside the Trust. They have provided clear, creative and distributive leadership and have clearly displayed the Trust values and behaviours in their work, especially 'leading by example'.

[Please watch our video showing an overview from our Thank You Event, Celebrating Success](#)

LCH Infection Prevention and Control Team Outstanding Achievement Award (Leeds System)

Awarded by the Trust on behalf of all health and social care partners across the City for the work the team did to ensure

safe practices across health and social care settings in Leeds during the pandemic. The award was presented virtually as part of the Trust's annual Thank You Awards 2020 with senior representatives present from Leeds City Council and NHS partners.

Beverley Calvert

You're Simply Marvellous Award (December 2020)

Sponsored by The Pumping Marvellous Foundation, the award acknowledges the value Health Care Professionals bring to the treatment of Heart Failure, improving patient outcomes throughout the UK. Beverly was nominated by a local patient and was one of only five individual healthcare professionals chosen nationally!

ChatHealth

Winner of the 'Nursing in Mental Health' award, Nursing Times

Our 0-19 team is part of the nationwide nursing community that



operates ChatHealth as an important part of its service offer. Young people aged 11-19 years can text a 0-19 Specialist Public Health Nurse for confidential health support and advice on a range of health issues.

Young people receive real-time advice (between 8.30am-4.30pm, Monday - Friday) on health issues such as: **sexual health, emotional health and wellbeing, bullying, healthy eating and general health concerns.**

Thomas Currid, programme lead at the University of Essex, who announced the win, said: "The winner provided a safe, accessible and innovative initiative; it is a true reflection of the current situation and brought about a new approach. They felt

it had a great reach and spread and gave coverage to other areas such as social issues as well as mental health support."

LCH Library Services receive Regional Recognition

Helen Swales, Library Services Manager, won Head of Library and Knowledge Services North Award (Yorkshire and the Humber Health Libraries and Knowledge Network) and the whole library team won a bronze Library Superstar award at the same event for their work on the trust book club, specifically their special edition on Rennie Eddo-Lodge's book, 'Why I'm No Longer Talking to White People About Race'.

Finalist in the F2SUG Organisation of the Year category, HSJ awards (outcome yet to be announced)

Finalist alongside Carers Leeds in the System Led Support for Carers award category (outcome yet to be announced).

Winner, HSJ Awards 2020 F2SUG Organisation of the Year

Leeds Community Healthcare were winners in the 2021 HSJ Award for the Freedom to Speak Up Organisation of the Year. Our entry focussed on innovation, staff support, commitment to diversity, cultural spread and inclusion. The winning team were Kulvant Sandhu and John Walsh.

Finalist, HSJ Awards 2020 alongside Carers Leeds System Led Support for Carers award

In 2018, the Trust recognised that we could be better at supporting staff who have caring responsibilities and carers who are our patients or those who support our patients. LCH and Carers Leeds have worked together to deliver a programme of work to recognise carers as key partners in care and to support the needs of carers who have contact with the Trust as well as carers within our workforce.

Compassionate and Inclusive Leader – 2021

Kulvant Sandhu was awarded the Role Model of the Year at the National Black Asian and Minority Ethnicity Health and Care Awards.

Highly Commended – NICE Shared Learning Awards

Kulvant Sandhu and Fiona Allport received the highly commended entry in the NICE Shared Learning Awards for their submission of Developing a 3Ds Clinical Framework in a Community Integrated Team. The clinical framework is now featured on the NICE Shared learning database as an evidence-based guidance to support embedding the NICE guidelines on Dementia, Delirium and Depression.

Commitment to Carers – Certificate of recognition

The Trust was awarded a certificate of recognition for its Commitment to Carers as part of the Leeds Carers Partnership during 2020. This was in recognition for the ongoing hard work across the whole organisation to support Carers and our Working Carers. The Leeds Commitment to Carers is a city wide commitment to supporting 72,000+ unpaid carers in Leeds introduced and managed by the Leeds Carers Partnership of which the Trust is an active partner.

LCH Staff triumph at AHA Awards

Gemma Hawtin, physiotherapy assistant, was recognised as the Advancing Healthcare Awards AHA Overall Winner at a ceremony held in London in October 2020.

Gemma and Michelle Lyons, Physiotherapy Assistant at LCH also picked up the NHS employers award for outstanding achievement by an AHP or healthcare science apprentice, support worker or technician, in recognition of their Wheelchair Skills Programme.

Nurse of the Year – British Journal of Nursing Awards

Louise Popple, Infection Prevention Nurse was awarded the coveted Nurse of the Year Award at this prestigious event.

Nurses Liz Grogan and Joanne Reynard are entitled to be Proud. Liz and Jo, both senior Infection Prevention Nurses were awarded the prestigious Queen's Nurse title during 2020 by the Queen's Nursing Institute (QNI). The title of Queen's Nurse (QN) is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice and the Queen's Nurse programme supports them to develop their professional skills and deliver outstanding patient care in the community.

During its first ever online ceremony Liz and Joanne received their formal induction to the Institute by Dr Crystal Oldman CBE and Chief Executive of the QNI, who acknowledged the contribution of all Queen's Nurses in this eventful year.

In December, Liz Grogan was awarded Highly Commended Leader of the Year in LCH and the IPC team were awarded 'System Team of the Year' for their hard work in response to COVID-19 throughout the healthcare system.

Diabetes

The service has received confirmation that the Structured Education Programme has once again been QIZMET approved for a further 3 year. Accreditation has been granted and the assessor commented that they were very impressed at how we have adapted during the pandemic and approved us with no recommendation for change.

Learning

Safety Summit

October 2020 saw the introduction of a quarterly LCH Safety summit, a forum to share learning. These wider conversations, with representation from all Business Units and multiple disciplines are providing an opportunity to experience inspiring patient safety conversations, share best practice, share learning in a timely manner across the whole organisation for the gain of improving patient safety. Here are some examples from the October 2020 edition of Safety Snapshots newsletter:

Incident: Delay in referral of diabetic foot ulcer to Podiatry, resulting in amputation of great toe

Learning	Action
Delay identifying the wound as a Diabetic foot ulcer	Development of 'Pressure Ulcer or Foot Ulcer?' poster which will be circulated when finalised.
Delay making referral to specialist team	Anyone with a foot wound of any size and duration to refer to Diabetes Limb Salvage Service (LTHT) or Foot Protection Service (LCH).
Inappropriate initial assessment	Ensure allocation of registered staff for initial holistic assessment of new patients.
Involving patients as partners in their care	Further embed self-management and patient centred goal setting in care delivery.

Incident: Category 3 Pressure Ulcer to patient's spine

Learning	Action
Inadequate discharge planning resulting in inappropriate equipment	LCH now have a quarterly meeting set up with LTHT patient safety team to share incident trends/themes. Incidents with harm to patients are escalated through a direct conversation with the relevant organisations. In addition we are keen to involve partner organisations in conversations and investigations where shared learning is evident. If this is identified and you are unable to establish who to involve please contact the Patient Safety Team who will support with this (for example, Villa Care, Care Homes, Home Care, Equipment stores).
Risk assessment not inclusive of spine as a specific anatomical location of risk	This has now been added to the Adult Purpose-T risk assessment on SystemOne to facilitate more consistent and robust assessment and documentation.
Lack of communication with partner organisations involved in care	Don't forget that sometimes it is quicker and more effective to have a direct conversation than send an email / leave a communication for partner agencies.

Incident: Delay in psychiatric assessment for young person in custody

Learning	Action
Lack of clear pathway	Pathways being developed with partner organisations to reduce risk of same occurrence in the future
Lack of communication with partner organisations involved in care	Don't forget that sometimes it is quicker and more effective to have a direct conversation than send an email / leave a communication for partner agencies

National Patient Safety Strategy

Whilst patient safety is a practice and not isolated to a specific role or position, aligned with the Patient Safety Strategy we are pleased to have identified our Patient Safety Specialists to champion this practice across the organisation. Work is progressing around more meaningful partnerships with patients, families and staff throughout our investigations. Further to the introduction of the Safety Summit, we have commenced a review of how we learn in LCH which will continue to be a focus for the forthcoming year.

Specialist Business Unit – Podiatry have been working closely with Neighbourhood teams in 2020/2021 during the COVID-19 pandemic as there were two episodes of redeployment of podiatrists to support system pressures.

During this time podiatrists and nurses embraced cross working and developed locality training. Prior to the COVID-19 pandemic there were known pathway delays to podiatry for foot wounds and this was reflected in some of the patient safety incidents.

Since the end of redeployment and return to service, Podiatry have maintained closer working relationships by aligning a member of staff to each Neighbourhood Team throughout

Leeds and improve mutual working. Since this we have seen a reduction in incidents and delays and increase in timely referrals for vulnerable people with foot wounds and those who are high risk of foot wounds and amputation.

Adult Business Unit – A joint project between the Tissue Viability Service and Podiatry Service led to the development of a poster in October 2020 to assist clinicians in differentiating between foot ulcers and pressure ulcers on the foot – and specifying the need for an immediate Podiatry referral. This poster was also incorporated into the Pressure Ulcer Prevention Booklet for Healthcare Professionals.

In November 2020, the Lower Limb Recommendations were published by the National Wound Care Strategy Programme (NWCSP). These have been reviewed and a revised Lower Limb Assessment and Management Clinical Care Framework has subsequently been developed. This has been a project led by the Tissue Viability Service, but with an integrated approach – incorporating the input and expertise of colleagues in the LCH Podiatry service and the Vascular and Podiatry Services at LTHT. This framework clarifies the pathways for wounds on the lower limb, including those that occur on the foot. There are plans to implement and embed this framework in 2021/22.

Children's Business Unit – Following feedback from a father involved in our 0-19 PHINS service feedback was provided that practitioners were professional, supportive and friendly but very focussed on mum and at times he was largely ignored. He felt there were missed opportunities from all health staff to ask him how he was feeling and about his role as a parent.

Mum suffers from mental health issues and he now realises he was her carer. He was subject to domestic abuse with mum being the perpetrator. He was not asked if he felt at risk of domestic abuse but was aware that mum was. He felt it would be helpful if dads could be empowered to be involved and support was obvious to them from any health professional. Positively he felt once recognised by 0-19 (HV) service he was supported through the court process and speaks highly of his health visitor. Once he was aware of the service, we offer he knew he could access, but he feels health in general do not always acknowledge fathers.

The service has made changes to include fathers more. They now have a parental mental health pathway as opposed to a maternal mental health pathway. There are greater links with local dad support groups, and these are shared with dads. The service actively encourages dads to be a part of the appointments. The Trust does acknowledge there is always more to be done and will continue to promote the role of dads within the 0-19 service.



Learning from Deaths

Adults

The impact of the COVID-19 pandemic has been evident during 2020/2021 in the increased number of deaths on the Neighbourhood Team caseload, and the work required by the teams to provide care and ensure appropriate and timely review of these deaths. Despite the increased workload, no lapses in care related to end of life care have been recorded during the past year and no significant issues relating to the quality of care impacting upon patients or families experience of end of life care.

In response to the impact of the pandemic:

- The Neighbourhood Team offer was enhanced and now routinely includes home oxygen, sub-cutaneous fluids and enhanced clinical observations; this is delivered both by the Virtual Ward and NTs. This enabled a robust response for the increase in deteriorating patients with increasingly complex health needs and more rapid deteriorations seen with COVID-19.
- The clinical team responded to the change in anticipatory care guidance and the rapidly developed anticipatory care medication management in Q1 and Q2.
- There has been an increase in the numbers of ABU registered nurses able to verify death, during 20.21 ABU RNs verified 1,858 deaths (own home and care home)
- The ongoing impact upon clinical staff providing the end of life care in 2020/21 is now well understood and support and individual clinical supervision continues to be provided. An opportunity has been identified to undertake Schwartz Rounds in the future and will be equally beneficial.

Although the number of patients choosing to die out of hospital noted in 2019/20200 has continued in 2020/2021, the above measures have supported the number of patients able to die in their first or second preferred place of death to be consistently maintained at over 75%.

Mortality Reviews

Our work on the mortality review process continued.

The Trust has progressed work with colleagues in secondary care to ensure that deaths within 30 days of discharge from hospital are reviewed in a coordinated manner, and from Quarter 4 have been able to identify these patients within our Level 1 reviews. Whilst the implementation of the Medical Examiner system within LTHT is not yet fully established, the Trust has established processes in order to ensure learning is shared between the Trusts for these deaths in order to better facilitate shared learning.

The Trust continues to work with colleagues in primary care to improve coordinated review of deaths in the community. Where possible Neighbourhood Teams are present when deaths are discussed at some GP meetings and a letter has now been designed inviting primary care to attend or contribute to Level 2 review meetings when their patients are being discussed.

Despite altering our Level 1 review forms during 19.20, identification of patients with a learning disability (LD) or severe and enduring mental illness (SMI) has remained significantly lower than the community prevalence. The Trust continues to work with partners across the city to improve this, and to better identify these patients whilst the utilisation of primary care read codes is established through improved transferability between data systems.

Learning from work with Leeds Teaching Hospital Trust (LTHT) has resulted in us adding an extra step into the mortality review process for deaths of patients with a LD, which are now independently reviewed by a member of the West Yorkshire LeDeR reviewer team.

Specific learning identified in review this year included:

- Improved communication between the clinical team and families and patients approaching end of life care.
- Improved involvement and oversight of the senior clinician.
- Ensuring patients who are known to be approaching the end of life have the ReSPeCT documentation and that planning ahead conversations have been completed and documented. A new planning ahead template has been created to support the conversations.
- Care would have been supported by closer involvement and face to face visits by the patients GP.
- A theme of how to better meet the spiritual needs of patients at the end of life is being discussed with commissioners.

Children's

There are established robust processes within Children's services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).

The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. The Trust is an integral partner of these panels. For each possible scenario there is a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. The

Trust would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

Following the concerns raised at Mortality Surveillance Group and in the Internal Audit report of 2019/20, Children's Business Unit Learning from Deaths meetings have taken place regularly and been quorate throughout 2020/21.

The themes and learning have included systems and communication between agencies and partners. Reviews have highlighted the need for process review of communicating the needs of children in their final days across differing care providers and decision making for the child. This includes the sharing of important information that has led to care and support not being given promptly to children and parents in a clear and coordinated way.

Work is ongoing to standardise and improve communication with a plan to merge the database of Child Deaths in Leeds. There is continued focus on appropriate reflective learning at each stage of the process, in view of the prolonged nature of investigations and reports into the death of a child.

Additional learning from deaths is included below:

- Public health advice has been provided around bath times and swimming pools.
- Collaborative working resulted in road improvements with better markings and lighting. Work is ongoing considering a safe cycling campaign.
- Family members have not always been able to be present at the end of life due to COVID 19. In those cases, staff provided care and comfort to the young people, for

example by giving foot massages and ensuring the young people was as comfortable as possible.

- The Health Visiting Team appropriately assessed a child who required an admission to hospital for a resulting procedure. The child passed away in hospital. The child had been cared for by Martin House for several days and the family were supported by the Trust.
- Following the review of the death of a young person, potential learning was identified for LTHT, Martin House and LCH following a rapid discharge from hospital to home. The needs of the young person were not communicated effectively to LCH but care was supported by Martin House staff at home. Immediate learning was identified of how services talk to each other.
- A review of a child who was cared for by Martin House highlighted not all services were informed that meant Local Care Direct verified the child's death. Correct procedures are to be established.

Notification is variable and the process for children after their death requires standardisation. The delay in receiving this information resulted in the delay of support being offered by LCH to the family.

In response:

The variation in services provided by Community Trusts and the flexibility with which a Community Trust can 'carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach'² has to-date prevented benchmarking across Community NHS Trusts for mortality data. We continue to work with NHS Benchmarking and other community Trusts to ascertain a way to benchmark our data against comparable trusts for comparison.

Work continues with partners in the city to establish more inclusive reviews for patients whose care has cross organisational boundaries, and whilst progress has been made in this regard during 2020/21 it is planned to continue to seek cross-organisational input in a more robust and reliable way. The move to an Integrated Care Partnership model for the city may provide alternative fora and processes by which this can be improved further.

The Trust database and centrally available mortality data for reporting is now reliable and robust, and enables increased surveillance of any geographical area of type of death moving out with control totals. During 2021/22 the aim is to continue to maximise the dataset available to enable meaningful analysis in line with the health equity agenda. This data can currently only be obtained through a manual search of the patient record, which is too time-consuming for the volume of patients in our dataset.

Part 5: Priorities for Quality Improvement 2021/2022

The Quality Account looks forward to 2021/22 as well as looking back on 2020/21.

How we agreed the priorities:

- The priorities build on current Reset and Recovery plans and key initiatives aligned to city priorities and the NHS Long Term Plan, as well as work that has been agreed internally as priority.
- There are significantly fewer priorities, five, reflecting the Board's wish to provide greater focus on the key priorities for any year, the necessity of continued response to the impact of COVID-19 and a reflection that our priorities will continue to be supported by strategies already approved by the Board.
- The Trust's plan will need to flex and iterate throughout the year in response to the impact of COVID-19 on our staff, our patients, the #TeamLeeds system and the country as a whole, national planning guidance when issued (expected quarter 1 21/22) and commissioning intentions.

Our 2021/22 priorities are:

1. Build our services back better.

Key focuses will include:

- Reducing COVID-19 related backlogs as part of a wider programme of work to develop and embed standardised sustainable approaches to measuring, recording, reporting and managing waiting lists led by clinical assessment of need.
- Developing and embedding new ways of working that offer different means of accessing and experiencing our services dependent on need and suitability for the patient:
 - digital approaches.
 - establishing infrastructure and processes that enable services to produce appropriate and effective self-management materials.
- Embedding use of Quality Impact Assessments to assess the impact of new ways of working / changes on health inequalities and ensure that mitigations are in place.

2. Play a full part in #TeamLeeds' ongoing response to COVID-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow.

Key focuses will include:

- Maintaining leadership and support for the vaccination programme.

- Maintaining 'mutual aid' staffing arrangements that support provision of essential Trust and partner services.
- Working with partners to develop / further develop and implement service developments and initiatives in the city plan that prevent admission and improve discharge from LTHT – COVID-19 rehab, Stroke, Virtual Ward (Frailty), Virtual Respiratory Ward, HHIT, Therapy Supported Discharge, CIVAS, Night Care Home Response Pilot .

3. Promote and support the health and wellbeing of our workforce.

Key focuses will include:

- Explore the health and wellbeing needs of diverse communities and groups within the Trust, in order to provide a more tailored and inclusive health and wellbeing offer.
- Provide and expand a comprehensive health and wellbeing offer to our staff, with a good balance between physical and psychological well-being, and responsive offers to specific priority needs, including effective access to clinical psychology support.
- Equip leaders with the appropriate skills, knowledge and confidence to hold effective health and wellbeing conversations and risk assessments as a regular part of 1:1s, appraisals and other conversations with their team members.

4. Develop integrated provision with a stronger focus on prevention, self-management and pro-active care.

Key focuses will include:

- Playing a full part in the Integrated Care Partnership, develop collaborative governance structures and priority

programmes that support our ambitions for better, more integrated care in the city.

- Developing community offers that support people to keep well / stay at home or in the community maximising partnership working with primary care, the 3rd sector and other healthcare partners e.g. Care Home Support development (EHCH), development of integrated nursing clinics with primary care, Urgent Community Response developments, Integrated rehabilitation and reablement local offer, Community Cancer Support Service.
- Develop more integrated working and pathways between services within and across BUs and with partners e.g. engagement in LCP development and initiatives across all 3 BUs, integration between NTs and both ABU city-wide and SBU services, development of CBU 'offers' and transition pathways from childrens services to adult services.

5. Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity.

Key focuses will include:

- Develop focus and competencies in all services and corporate functions to understand, mitigate and reduce health inequalities in existing delivery and service change, including the robust use and review of EQIA processes.
- Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities.
- Improve communication and access to services through implementation of Accessible Information Standards.
- Test new partnership approaches with the 3rd Sector that drive reduction of health inequalities.

Part 6: Board Assurance

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

Statement of Assurance from the Board

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and 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 Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

Review of Services

During 2020/21 the Trust provided and/or sub-contracted 67 NHS services with £169.6m of income.

The income generated by the NHS services reviewed in 2020/21 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 £1.2m 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 2020/21 **four (4)** national clinical audits and **one (1)** national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in **100%** of national clinical audits and **100%** of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2020/21 are as follows:

Eligible National Clinical Audits	The National Clinical Audits participated in during 2020/21
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	✓
Sentinel Stroke National Audit Programme	✓
National Diabetes Audit – Diabetic Foot Care Audit	✓
National Audit of Cardiac Rehabilitation	✓

Eligible National Confidential Enquiries	The National Confidential Enquiries participated in during 2020/21
Learning Disabilities Mortality Review Programme (LeDeR)	✓

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

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2020/21 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
Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)	Organisational audit – submitted. The report has been delayed due to COVID-19 and national audit being paused.	100% of all cases identified
Sentinel Stroke National Audit Programme	March 2020 – no data has been submitted nationally. Therefore, the Trust has been unable to upload our data due to external factors beyond our control. The Trust has continued collecting data, 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 more effectively. This issue has now been rectified which has allowed LCH to upload our data over the past month.	100% patient identified
National Diabetes Audit – Diabetic Foot Care Audit	Clinical Audit – Continuous data collection commenced and has continued upload data onto an external database. This audit had been paused in line with NHS England due to COVID-19 pandemic. Any cases identified throughout this timeframe can be uploaded onto the national database. May 2019 to May 2020 we added 29 patients with ulcers. May 2020 to May 2021 46 were entered.	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 prior to the audit being paused was 734 patients. This is expected to increase due to the timeframe for submitting data has been recommenced.	100% of all cases identified

National Confidential Enquiries	Number of cases submitted	Percentage
Learning Disabilities Mortality Review Programme (LeDeR)	Organisational audit – submitted. The report has been delayed due to COVID-19 and national audit being paused.	100% of all cases

The reports of three (3) national clinical audit(s) were reviewed by the provider in 2020-21 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit	LCH action 2020/21
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.</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>
UNICEF UK Baby Friendly Initiative – Gold Revalidation Report	<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>
Review of Emergency Contraception	<p>The review of practice of emergency contraception has been undertaken by the Leeds Sexual Health Service and has been completed against the Facility of Sexual Reproductive Health Guidance.</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 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 123 local clinical audits were reviewed by the provider in 2020-21 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- An offer is made to each child on arrival at Wetherby YOI for Dry Blood Spot Testing (DBST). The purpose is to identify if there has been any Blood Borne Virus exposure that requires treatment. A finger prick test is used with samples sent to an offsite lab with results being returned electronically for review and action. Historically uptake in BBV screening has been low in Wetherby YOI as screening was offered using Venous Blood Sampling on a 'would you like' approach. A new approach 'opt out' was to be utilised in co-ordination with non-venous sampling in an effort to increase the uptake of screenings. The audit showed that 100% of young people that were admitted to WYOI had a DBST offered via the routine admission process. This is a huge improvement since the last audit as lowest offering figures were 83%. This has led to a one minute guide for staff to refer to as well as increasing the awareness of the reason for testing.
- An audit was undertaken by the CAMHS Learning Disability Service which looked at compliance with the NICE Guidelines for Prescribing. The audit was completed to review the prescribing practices for young people with a learning disability who commence anti-psychotic medication. The audit highlighted good practice in the completion of correspondence to the GP and family, and the completion of the EPR medication form. The audit has led to improvement in the baseline physical health monitoring, and the development of a standardised form in the electronic patient records. The audit has led to enhanced appreciation and awareness of the importance of monitoring physical health when a young person with intellectual disability is prescribed psychotropic medication.
- An audit was completed to review the wound assessment and management provided to patients by Neighbourhood Teams. The audit found significant improvements in practice since the previous audit cycle, although areas for improvement continue to be evident to continue the trend of improvement and achieve the audit standards. For example, only 64% had their wound assessment reviewed in the last four weeks, and only 59% of patients had a photo taken of their wound in the last four weeks. These results have led to significant work within the WPMS to improve wound assessment and management. For example, the Wound Assessment Template is being revised which will make it easier to complete.
- For many years, the Medication Administration Record (MAR) Charts used at were usually written by General Practitioners for children that required care within Hannah House. In 2019, following the withdrawal of the NMC Standards for Medicines Management transcription of MAR Charts by registered nurses became possible and provision for this was included in the LCH Medicines Code. This presented the opportunity for the nurses at Hannah House to transcribe the MAR Charts for children during their stay. Three senior nurses were given training in transcription and competency assessed by the LCH Medicines Management Team. The audit showed that the charts were transcribed with clarity and done safely so that the risk of a medication error because of poor transcribing was small. Completion

of required information and legibility was much improved on the previous process. There were however some occasional omissions of information or writing details outside the requirements of the Transcribing Standard Operating Procedure. The audit findings have been shared and learning introduced to improve standards further and subsequently improve patient safety.

- An audit was completed to review the service's adherence to the NICE Quality Standard 34 and ensure that all young people who self-harm should have an initial assessment of their risk and a collaboratively developed risk management plan to reduce their risk of self-harming again. The audit illustrated that practitioners complete the CAMHS Risk Management Plan (Our Plan) but that these are not routinely uploaded onto the EPR, CareNotes. This may be due to technology barriers and/or practitioners being unaware that this is a requirement. It also identified a discrepancy between CAMHS pathways, which must be addressed to ensure that risk assessment is standardised across all pathways. The changes that will be implemented in CAMHS as a result of the audit will allow for a better picture of baseline risk to be initially assessed. An increase in OurPlan completion will allow more collaborative planning between CAMHS and service users to manage these risks. In addition, increased completion of the risk formulation will allow for more effective information sharing between young people, families, CAMHS and GPs.
- A new process for the initial review of patient safety incidents resulting in moderate harm or above was introduced in October 2019. This was initially introduced for Pressure Ulcers and has since extended to include all patient safety incidents across the Trust. A '72hr review' is expected to be undertaken to provide assurance that there were no

lapses in the care provided by the Trust or identify where there are potential lapses in care and therefore a need for further investigation. The 72hr review process incorporates a multi-professional review meeting to conclude immediate learning and agree further investigation and reporting requirements. This audit examined the quality and robustness of this newly introduced process, specifically in the accuracy of the 72hr reviews which provide the evidence on which decision making is made. It is positive to observe that 100% (49/49) of the reports reviewed contained information that either fully or partially aligned with both Datix and the EPR. The audit has identified areas where improvements are required, namely that actions were partially or fully identified in only 36% (17/47) of the reports reviewed, were partially or fully SMART in only 33% (16/49) of reports reviewed, and there was evidence of actions being fully or partially followed-up/completed in 50% (13/26) of reports reviewed.

- An audit of Buddy System for Overseeing UPP Families During COVID-19 Pandemic has been completed. This audit was completed to ensure that all children on the 0-19 PHINS caseload had a named practitioner who was working within the service and had not been redeployed during the COVID-19 pandemic. The audit has demonstrated that practitioners have covered their colleagues' work and that the most vulnerable children have had their needs assessed during a period of intense pressure. The audit also showed excellent record keeping and use of summary and plan for clear communication of actions in records.
- The Community Dental Service's completed an audit to ascertain compliance with the 'Was not Brought' Policy for existing paediatric patients. It found significant areas for improvement around recording decisions for such patients

and ensuring they were followed-up appropriately. An action plan was developed, with a notable recommendation to adopt the Sheffield Community Dental Service's WNB policy which is robust and has been adopted by the British Dental Association.

- An audit was completed to ensure that the 0-19 PHINS service has maintained the safety of children on the Universal Partnership Plus (UPP) caseload during the COVID-19 pandemic. The audit provided assurance that the most vulnerable children have had their needs assessed during a time of intense pressure. The audit identified excellent record keeping and use of summary and plan for clear communication of actions in records.
- It is important to audit Mental Capacity Act practices (including consent) to ensure the care and treatment delivered is in-line with legislation and best practice. Everyone working in health and social care who makes decisions for people who lack capacity has a duty to know about and follow the MCA's codes of practice. This is also part of CQC's Key Lines of Enquiry (KLOE) for Effectiveness domain to assess compliance in this area. This is a re-audit looking at the practices and compliance of consent and the MCA within an in-patient area. The results shown 100% compliance with standards and therefore shows a clear improvement in the evidence of good practice within all patient records and staff responses, the care and treatment they are delivering is in accordance with the law on consent and MCA (2005) legislation.
- 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 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.

- The community dental team looked at how prescriptions were being prescribed to patients. This re-audit was conducted to ensure compliance with the NHS Counter Fraud Authority 2018 guidance pertaining to the prevention of prescription fraud. The audit reviewed 90 prescriptions across three sites and identified some areas for improvement, such as ensuring all information is recorded on the prescription form (drug, dose, frequency, etc.).

During 2020/21 all services were required to participate in the annual record keeping audit and produce an improvement plan to identify required improvements.

Additionally, the Infection Prevention and Control Team undertake a range of local audits. These include: Environmental audits, Essential Steps to Safe, Clean Care audits and audits that have been developed in light of COVID-19 pandemic. 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 2021/22:

Local Clinical Audits completed during 2020/21 - by Business Unit

Adult Services

- Quality Challenge+ (all services)
- Environment Audit
- Infection control audits relating to the use of PPE
- Record Keeping Audit – all services
- Hand Hygiene Audits

Children's Services

- Record Keeping Audit (all services)
- Quality Challenge+
- Environmental Audit
- Mental Capacity Act
- Audiology Results Scanning Audit
- Clinics Calibration Records Audit
- 0-19 Audit of Referral Pathways
- UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Assessment
- Audit of buddy system for over-seeing UPP families during COVID-19 pandemic
- Completion of Safeguarding Visits during COVID-19
- School Calibration Recording Audit
- UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Revalidation
- Hand Hygiene Audit
- Audit into the Timeliness of Adoption Medicals
- Mattress Audit
- OT Caseload and Goal Management

Specialist Services

- Record Keeping Audit (all services)
- Quality Challenge+
- Environment Audit
- Informed Consent for HIS 3rd Cycle
- Hand Hygiene Audits
- Audit of Cleaning Non-Invasive Clinical Equipment
- IV Diuretic Documentation Audit
- Audit of Antibiotic Prescribing
- Hep B Vaccination (MSM and Sex Workers)
- Prescribers Entresto Audit
- Compliance of was not brought policy (Safeguarding children)
- Safeguarding Children Audit
- Vascular Access Device (VAD) IPC Clinical Audit (postponed from 2019-20)
- Accuracy of information from St George's Crypt
- Anterior Knee Pain (AKP) Assessment and Treatment
- Re-audit Review of Practice of the Emergency Contraception
- Safeguarding Police Custody Service
- Patient Safety Audit Police Custody
- MDT Spinal Injection Audit
- Emergency Contraception Provision UK National Audit
- Knee MRI Audit
- Dry Blood Spot Testing Audit
- Audit of Safeguarding Children at WYOI
- Quality of Intra-oral Radiographs in the Theatre Setting Audit
- PGD Audit
- All planned discharged should have a documented plan in records and place of discharge
- Treatment of Lateral elbow pain in the MSK Service

Corporate Services

- 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 on Compliance with Duty of Candour Requirements
- National audit of Learning Disability
- Baseline Audit on the Use of Quality Boards
- 72 hr audit
- Antimicrobial Stewardship at YOI
- Missed and Delayed Dose Audit – WYOI
- Transcribing Standards Audit (Hannah House)
- Use of Mental Capacity Act (MCA) within CAMHS Adolescence Inpatient Service

Clinical Research

The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 659.

The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2020/21 participating in research approved by a research ethics committee was 659. The majority of these patients and/or staff participated in studies related to COVID-19 and labelled by the National Institute for Health Research (NIHR) as 'Important Public Health research'. In addition to providing access to high quality ethically approved research to LCH service users and staff, we have also provided significant resource to the delivery of the Novovax COVID-19 Vaccine Trial which brought together research staff from across Leeds NHS organisations to deliver the highest recruiting UK site for the trial. Kath Black, LCH research nurse was awarded highly commended colleague of the year in recognition of her tireless and unwavering dedication to this effort alongside her work seconded to support frontline colleagues working in the neighbourhoods during the height of the pandemic.

The LCH COVID-19 rehabilitation service has been at the forefront of service evaluation and study development around 'Long-COVID'. The LCH led cross organisational Leeds team have been highly productive in terms of publication output which have included influential BMJ editorials. This has made a significant contribution to national discussion about the required research agenda around Long-COVID.

LCH in partnership with the Leeds GP Confederation has harnessed the collaborative and integrated working models

that have made vaccine trial delivery so successful in the UK, and directed this into a leading city wide collaborative community based research team. This work is focussed on the improvement of access to high quality clinical research that is relevant and accessible and will benefit the health and social outcomes of the people living in Leeds.

Work within the Trust's MSK service to scope and develop grass roots research development amongst clinical practitioners has led to the submission of applications from 2 physiotherapists for pre doctoral NIHR awards.

CQC Statements

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

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

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

Sexual Health services were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well led. This was an improvement on the last inspection.

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

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.

The Trust has developed robust action plans to address the findings. Those plans have been progressed and where appropriate are also managed within the organisations risk register with documented and monitored mitigation to ensure safe, effective processes are in place. In addition, the action plan has been monitored through the governance structure to ensure there is full oversight of the progress.

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

Secondary Uses and Hospital Episode Data

The Trust submitted records during 2020/201 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 99.65% for outpatient care that included the patient's valid General Medical Practice Code was 99.23%

The above confirms data available for 1 April 2020 to 31 March 2021.

The Trust did not submit any 'admitted care' data into SUS during 2020/21 due to CRU ward closure (COVID-19).

Data Accuracy

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 national codes of practice 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 2018. 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 Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, who works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms, including education, policies and procedures, IT / information security controls, IT vulnerability testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

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). During the 2020-2021 reporting year an extension was granted to the 30 September 2020 for Trust to comply with all 10 Data Security Standards due to supporting the COVID-19 pandemic response, compliance has been achieved by the extended deadline date.

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.



Information Governance

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 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.

One (1) incident was reported to the Information Commissioner's Office (ICO) by the Trust during 2020/21:

Summary of incident	Date of incident	Nature of incident	No. of individuals affected	Lessons learned
A rapid change in process occurred to support patient engagement during the COVID-19 pandemic. Resulting in a multi-disciplinary team meeting notes of a young patient being sent by email to the wrong parent. The emailed letter contained sensitive information relating to the patient's physical and mental health.		Disclosed in error	1	ICO confirmed no action to be taken. A peer review of any new process has been implemented locally. The re-enforcement of the security controls to be deployed in similar circumstance has been recomunicated to minimise re-occurrence.

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 upgraded its organisational and technical measures in place to maintain essential safeguarding of our information assets from threats.

Core Indicators

Safe – Year End 2020/21

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

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
Overall Safe Staffing Fill Rate - Inpatients	SL	>=97%	-	2020/21	100.7%	94.0%	84.9%	79.7%
				2019/20	94.7%	97.1%	97.0%	87.2%
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.06 to 1.73	1.99	2020/21	2.12	1.97	1.83	2.07
				2019/20	1.18	1.40	1.40	1.62
Serious Incident Rate	SL	0 to 0.1	0.05	2020/21	0.05	0.06	0.05	0.04
				2019/20	0.04	0.04	0.06	0.09
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	9	11	2020/21	3	5	1	2
				2019/20	2	0	5	7
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	4	2020/21	1	1	0	2
				2019/20	0	0	0	3
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	14	14	2020/21	4	4	3	3
				2019/20	-	-	-	-
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	50%	2020/21	50%	58%	61%	75%

Caring – Year End 2020/21

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

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Inpatient and Community (FFT)	SL	≥95%		2020/21			95.7%	97.1%
				2019/20	96.7%	96.6%	94.5%	93.2%
Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Inpatient Care (FFT)	SL	≥95%		2020/21			-	100.0%
				2019/20	85.7%	90.7%	95.7%	100.0%
Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT)	SL	≥95%		2020/21			95.7%	97.1%
				2019/20	96.7%	96.6%	94.5%	93.2%
Total Number of Formal Complaints Received	SL	No Target	97	2020/21	19	35	29	14
				2019/20	62	59	48	34
Total Number of Formal Complaints Received Related to COVID-19	SL	No Target	13	2020/21	1	5	5	2
				2019/20	-	-	-	0
Number of Formal Complaints Upheld	SL	No Target	36	2020/21	14	9	5	8
				2019/20	19	37	25	12
Number of Formal Complaints Responded to within timeframe	SL	No Target	80	2020/21	20	17	22	21
				2019/20	33	50	51	27
Number of Compliments Received	SL	No Target	902	2020/21	148	244	261	249
				2019/20	-	-	-	-

Effective – Year End 2020/21

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

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
CAMHS T4 - Percentage of inpatients admitted who have had a Care and Treatment Review undertaken within 18 weeks of admission	SL	100%	100%	2020/21	100%	100%	-	100%
CAMHS T4 - Percentage of inpatients who have had a Care and Treatment Review undertaken every 3 months	SL	>=95%	100%	2020/21	100%	100%	-	100%
CAMHS T4 - Percentage of inpatients who have been screened for alcohol and tobacco usage and offered advice/ interventions as appropriate	SL	100%	100%	2020/21	100%	100%	100%	100%
Number of NICE guidelines with full compliance versus number of guidelines published in 2018/19 applicable to LCH	RB	100%		2020/21	85%	87%	87%	87%
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	No Target		2020/21	54%	56%	56%	57%
Clinical Outcome Measures - Percentage of services at stage 3; measures agreed and services have access to them	RB	75%		2020/21				28%
Clinical Outcome Measures - Percentage of services at stage 6; using measures with some patients some of the time	RB	60%		2020/21				14%
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%		2020/21	0%	0%	33%	33%
Priority 2 audits: number completed year to date versus number expected to be completed in 2020/21	RB	100%		2020/21	7%	19%	21%	31%
Total number of audits completed in quarter	RB	No Target		2020/21	4%	9%	36%	33%

Responsive – Year End 2020/21

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

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	≥92%	81.4%	2020/21	88.7%	76.5%	80.6%	82.1%
				2019/20	99.3%	98.7%	97.6%	94.4%
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2	2020/21	0	0	0	2
				2019/20	0	0	0	0
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	≥99%	29.7%	2020/21	24.1%	19.4%	33.4%	34.1%
				2019/20	100.0%	94.1%	100.0%	88.0%
% Patients waiting under 18 weeks (non reportable)	SP	≥95%	73.6%	2020/21	69.2%	71.9%	71.7%	74.7%
				2019/20	97.9%	98.4%	97.7%	95.5%
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	≥95%	99.3%	2020/21	99.3%	99.3%	99.1%	99.4%
				2019/20	99.9%	99.3%	98.7%	99.0%
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	≥75%	63.3%	2020/21	37.9%	58.1%	73.2%	81.1%
				2019/20	57.4%	48.0%	40.4%	37.2%

Well-led – Year End 2020/21

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

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
Staff Turnover	LS/JA	<=14.5%		2020/21	11.4%	10.0%	9.1%	10.2%
				2019/20	13.1%	13.0%	13.1%	12.6%
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%		2020/21	21.6%	24.9%	15.1%	13.0%
				2019/20	20.1%	17.3%	17.8%	19.9%
Stability Index	LS/JA	>=85%		2020/21	88.6%	89.9%	90.2%	88.2%
				2019/20	87.6%	85.7%	87.6%	88.8%
Short term sickness absence rate (%)	LS/JA	<=2.2%		2020/21	1.0%	1.4%	1.5%	1.3%
				2019/20	1.5%	1.5%	2.1%	2.2%
Long term sickness absence rate (%)	LS/JA	<=3.6%		2020/21	3.3%	3.5%	4.0%	3.4%
				2019/20	3.9%	3.4%	3.8%	4.0%
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%		2020/21	4.3%	4.9%	5.5%	4.7%
				2019/20	5.4%	4.9%	5.9%	6.2%
AfC Staff Appraisal Rate	LS/JA	>=95%		2020/21	81.8%	83.6%	79.6%	75.4%
				2019/20	84.6%	85.6%	85.2%	88.3%
6 universal Statutory and Mandatory training requirements	LS/JA	>=95%		2020/21	91.3%	93.2%	92.5%	86.1%
				2019/20	93.8%	90.9%	92.0%	90.6%
Medical staff appraisal rate (%)	RB	100%	-	2020/21				87.1%
				2019/20	100.0%	100.0%	100.0%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4
Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	LS/JA	>=52.0%	-	2020/21		71.0%	-	
				2019/20	71.1%	81.6%	-	
Percentage of staff who are satisfied with the support they received from their immediate line manager	LS/JA	>=52.0%	-	2020/21			-	
				2019/20	73.3%	61.2%	-	
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	5	2020/21	2	2	1	0
				2019/20	-	-	-	-
WRES indicator 1 - Percentage of BME staff in the overall workforce	LS/JA	No Target	-	2020/21	10.9%	10.7%	11.1%	11.1%
				2019/20	9.8%	10.0%	10.0%	10.3%
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	-	2020/21	4.1%	3.9%	4.4%	4.0%
				2019/20	3.3%	3.7%	3.6%	3.5%
Total agency cap (£k)	BM	4306	2546	2020/21	2546	550	557	689
				2019/20	1158	1220	1025	947
Percentage Spend on Temporary Staff	BM	No Target	6.2%	2020/21	5.0%	3.9%	4.0%	4.4%
				2019/20	6.2%	6.2%	5.9%	5.5%

Finance – Year End 2020/21

By finance, we mean the Trust's financial position is well managed. This is not a CQC Domain.

Finance	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4	
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	-1.5	2020/21	0.0	0.0	-2.3	-1.5	
Capital expenditure in comparison to plan (£k)	BM	2550	2183	2020/21	417	518	63	1185	
CIP delivery (£k)	BM	910	800	2020/21	399	401	399	401	
COVID specific costs identified and submitted (£k)	BM	No Target	1963	2020/21	570	357	359	677	Of which £88k is related to the vaccination centres

Year End – Year End 2020/21

KPIs associated with financial sanctions.

Measures with Financial incentives/ Sanctions	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4	Potential Financial Impact
LMWS – Access Target; National Measure (excluding PCMH)	SP	19%	14.1%	2020/21	12.0%	12.7%	15.2%	16.6%	Incentive paid where access is above 19%. Maximum incentivised value on achievement of 25% £15,340,557.
LMWS – Access Target; Local Measure (including PCMH)	SP	19%	17.4%	2020/21	14.2%	17.0%	18.8%	19.4%	
T4 CAMHS - Occupancy	SP	88.7%	93.5%	2020/21	93.5%	77.0%	66.9%	73.5	Should the annual occupancy rate fall below the expected level of 88.7% the Commissioner shall claw back the number of days below the threshold at the full daily rate of £603.13. For activity between 88.7% and 95% we will pay the provider a marginal rate of 70% of the daily rate.
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%		2020/21	-	39.8%	50.8%	83.3%	
LCPS - Number of Serious Incidents and Never Events not reported by email within 2 working days	SP	0		2020/21					
LCPS - Number of Serious Incidents and Never Events where final investigation wasn't completed within 60 working days	SP	0		2020/21					
LCPS - Annual audit report of referrer satisfaction with the service to be received by the CCG within 1 month of the date it is due	SP	0		2020/21					
LCPS - Any patient listed for a category 2 procedure listed in the NHSE EBI guidance should have within the record agreed documentation that the patient meets the required inclusion criteria	SP	0		2020/21					
0-19 - % of infants who had a face to face newborn visit within 14 days of birth	SP	>=87%	93%	2020/21	92%	93%	93.0%	93.0%	

Measures with Financial incentives/ Sanctions	Responsible Director	Target	Year End	Financial Year	Q1	Q2	Q3	Q4	Potential Financial Impact
0-19 - % of 6-8 week reviews completed within 12 weeks of birth	SP	>=83%	95%	2020/21	43%	12%	55.0%	95.0%	
0-19 - % of 12 month reviews completed within 12 months	SP	>=80%	84%	2020/21	79%	66%	85.0%	84.0%	
0-19 - Number of PBB Programmes commenced	SP	>=83		2020/21			3	4	0.25% of contract value (annual)
0-19 - Number of HENRY Programmes commenced	SP	>=80		2020/21			3	13	0.25% of contract value (annual)
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	96.1%	2020/21	96.0%	98.6%	95.1%	96.1%	
0-19 - % of 0-19 staff (excluding SPA) co-located in Children's Centres	SP	43%		2020/21			0%	0%	Agreement that sanction waived for 2019/20
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%		2020/21			0	0	
LSH - HIV testing uptake on first appointment in MSM with unknown status	SP	>=85%	78.2%	2020/21	77.9%	81.5%	79.6%	72.4%	
LSH - Number of people accessing EHC and leaving with a form of contraception	SP	>=70%	75.0%	2020/21	85.9%	70.3%	76.7%	71.2%	
LSH - Service should diagnose 85% towards the chlamydia diagnosis rate in 15-24 year olds	SP	>=2967	2561	2020/21	503	1406	2055	2561	
LSH - Percentage of clients requesting an appointment to be seen within 48 hours of contacting the service unless they choose to opt out	SP	>=58.4%	98.9%	2020/21	99.3%	98.9%	99.0%	97.8%	20% of incentive budget; £9,752.19 per month. Commissioners aware that underperformance on this target is related to 8% increase in footfall and LCH will not therefore incur a penalty
PolCust - % of calls attended within 60 minutes	SP	>=95%	93.9%	2020/21	94.0%	93.9%	94.0%	93.7%	0.50% deduction from monthly invoice
PolCust - Provision of a full rota	SP	>=90%	99.9%	2020/21	100.0%	99.96%	99.9%	100.0%	£350 deduction per missed shift

F2SU

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



At Leeds Community Healthcare we have focussed on building an effective and caring speaking up culture. In the national 2020 Freedom To Speak Up Index Report we rate joint fourth out of all NHS Trusts for this culture. This is a tremendous achievement for all involved in this work - those who speak up, the Speaking Up Champions, the board, the Chief Executive, the Non Executive Director who leads on Speaking Up and the managers who work with concerns. It expresses how we as an organisation try to hear and understand our staff.

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

There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support.

During COVID-19 we have developed new forms of the speaking up work. Central to this has been the development of Speaking Up Champions. We have 10 BAME Speaking Up Champions who are doing quality work supporting BAME colleagues. We also have a new Speaking Up Champion who is working with our Safeguarding Team and will focus on working with staff who have or are facing domestic violence and abuse.

The Freedom To Speak Up Guardian has also facilitated the support group for staff who shield since last July. This group meets fortnightly to support staff who are clinically extremely vulnerable. This work offers peer support for staff and for the trust an expert reference group on working with the issues around shielding. The West Yorkshire and Harrogate Partnership recently profiled this work on a webinar to support work around people who shield. As a result of the webinar a hospital in the region has now started a group for staff who shield led by their Guardian. A CCG in the region is also looking at creating a similar supportive space for their staff who shield.

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

The work supporting Leeds GP Confederation and Leeds GP practices to build speaking up work continues. This is one of the national vanguard sites for speaking up in General Practice.

We are also working with Leeds City Council colleagues to support their development of this work. We understand this is the first such work in a local authority in the country.

Other features of the work this year include:

- LCH were the winner in the 2021 HSJ Award for Freedom To Speak Up Organisation of the Year.
- We presented at an event by the Royal College of GP's along with GP's from across the region on Problems in Practice looking at Duty of Candour, Speaking Up and Critical Incidents.
- We spoke at two regional Freedom To Speak Up conferences about our work and culture.
- The RCN asked the FTSU service at LCH for consultancy advice on their work.
- We ran sessions with ACAS to share learning and work.
- We have mentored and supported Guardians in other trusts.
- We undertook a peer review on the Speaking Up service at Leeds Teaching Hospital to support their work.
- We are working with the Guardian at Leeds Teaching Hospital on Gap Analysis - looking at how national reviews and learning correlate with our practice.
- Blogs on national NHS websites and a YouTube video sharing the positive work between the BAME Staff Network and the Freedom To Speak Up Guardian service.

The work continues to evolve and grow. It is a sign of our strong commitment to our people and their needs.

[You can watch our F2SU Trust video here.](#)

Part 7: Appendices

What people think of our quality account: Our commitment

Appendix 1 – Comments from our Partners

Healthwatch Leeds

Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative, with the welcome inclusion of brief personal accounts by patients helping to illustrate some of the findings.

The report demonstrates some great service user engagement, and we have worked closely with the LCH engagement team as part of the citywide Peoples Voices Group, Inclusion for All Hub and Complaints Sub Group so are pleased to see included in the report the work that's been done on making patient-facing information more accessible, as well as the commitment to strengthen implementation of the Accessible Information Standard in 21-22.

It is worth mentioning though that there is quite an emphasis upon virtual and online resources – which is great for those who can access and benefit from this, but the Quality Account doesn't give a clear sense of what the options are for those who can't.

A few other areas we thought worth mentioning include the very welcome inclusion of commitments to reducing pandemic backlogs in 2021-22 alongside activity on wellbeing of the workforce (there won't be a serious dent in the first without extra attention on the second).

We also felt it worth commending the Trust on their virtual frailty ward and Long Covid Service initiatives.

With regards to Complaints, Concerns and Compliments it doesn't appear to be that clear on how you differentiate between Concerns and Complaints in your terminology, perhaps it would be helpful in the Quality Account to describe the difference. This has been updated in response.

Given the emphasis on quality improvement, the table giving the number of complaints, concerns and compliments might need some further exploration. If you were to calculate the percentage for each category you will find a steady decrease in the proportion of compliments and a corresponding increase in concerns. Detail regarding the oversight of complaints, concerns and compliments added.

In part six we are told that the CQC found 23 breaches of legal requirements and 14 minor breaches of regulation. While this should be put in the context of a good Quality Account, it perhaps needs further explanation/detail of the 'robust action plans to address the findings' that have been developed. Additional information added.

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

NHS Leeds Clinical Commissioning Group

Thank you for sharing a draft copy of your Quality Account 2020/21 with Leeds Clinical Commissioning Group (LCCG).

The CCG acknowledges the challenges posed by the pandemic over the last year and the significant amount of work the Trust completed towards the national response in addition to the work at community level. We commend the Trust for maintaining a focus on quality and securing quality improvements during this difficult time.

The document describes well the underlying ethos and values of the organisation and the achievements realised against the Quality priorities identified for 2020/21. The focus on patient feedback and staff wellbeing is evident and helps to drive the ambition towards being outstanding through honing in on the things that matter to patients and staff. The impact of this is well articulated in the positive testimonials embedded in the different workstream updates and which provide a really helpful dimension to the Quality Account (alongside the many awards that staff and services have been given)

We note and welcome the intention to continue the focus on patient feedback and staff wellbeing as we try to reset and recover from the pandemic over the coming months and look forward to working with you as we progress against the changing landscape of the NHS.

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 2020 to May 2021.
- Papers relating to quality reported to the Board over the period April 2020 to May 2021.
- Feedback from Leeds Clinical Commissioning Group on 10th June 2021 and Healthwatch Leeds received on 10th June 2021.
- The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- 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.

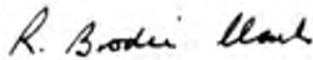
There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.

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 2021

Brodie Clark CBE, Chair



Signed Date: 31 May 2021

Thea Stein, Chief Executive

Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2020/21 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

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

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



How to comment

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

By email to lch.pet@nhs.net

Please ensure you include 'Quality Account 2020/21 feedback' as the subject of your email.

In writing to:

The Clinical Governance Manager
Quality Account 2020/21 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
1st Floor, Stockdale House
Headingley Office Park
Victoria Road
Headingley
Leeds LS6 1PF

Glossary

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

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).

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.

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

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

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

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

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

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

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

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

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

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

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

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

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

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

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

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

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

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 nonexecutives that are responsible for the day to day running of an organisation.

WRES – Workforce Race Equality Standard.

WDES – Workforce Disability Equality Standard.

Thank you for taking the time to read our Quality Account for 2020/21.
You can also view this document via our website at
www.leedscommunityhealthcare.nhs.uk

If you would like hard copies of this report, please email
lch.comms@nhs.net or call **0113 220 8512**.

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

