

Quality Account

2018 : 2019



Delivering the best possible
care to all our communities
in Leeds and beyond

Contents

Part 1:

- 04 Statement on quality from the Chief Executive of Leeds Community Healthcare

Part 2:

Priorities for improvement and statement of assurance from the board 2019/20:

- 07 **Priority 1:** Maintain quality across all services and aim for outstanding rating
- 07 **Priority 2:** Strengthen organisational approach to service user engagement and experience at all stages of care delivery
- 08 **Priority 3:** Strengthen our learning mechanisms for incidents and good practice
- 08 **Priority 4:** Develop and implement new models of care and new ways of working

Quality Improvement Priorities 2018/19:

- 09 Safe
- 11 Effective
- 13 Caring
- 14 Responsive
- 15 Well led
- 16 **Statement of Assurance from the Board**
- 17 Celebrating success
- 20 Improving outcomes
- 24 Examples of everyday care

Mandated Statements on Quality:

- 31 Review of services
- 31 Participation in clinical audit and national confidential enquiries
- 36 Participation in clinical research
- 37 Proportion of income conditional to Commissioning for Quality and Innovation payments

- 39 Care Quality Commission registration
- 41 Secondary uses service for inclusion in the hospital episode statistics
- 41 Information governance
- 43 Payment by results
- 43 Freedom to Speak Up Guardian
- 44 Learning from deaths
- 46 Reporting against core indicators

Part 3:

An overview of Quality of Care:

- 51 Staff Satisfaction
- 52 Work Race Equality Standards
- 53 Leadership
- 54 Just Culture
- 54 Patient Engagement Initiatives within service planning
- 55 Complaints and concerns
- 56 Friends and Family Test (FFT)
- 57 Patient Engagement and Involvement
- 58 New Models of Care
- 59 Safeguarding
- 60 Infection Prevention and Control – Shaping the Future

Appendices:

- 63 **Appendix 1:** Healthwatch Leeds, NHS Leeds Clinical Commissioning Group
- 64 **Appendix 2:** Statement of Directors responsible for the Quality Account
- 65 Acknowledgements
- 65 How to make a comment on the Quality Account
- 66 Glossary



Part

1

Statement of Quality

Leeds Community Healthcare Trust (LCH) provides community healthcare services across the health economy of Leeds and neighbouring areas. The Trust was last inspected by CQC in February 2017 and was rated 'good' overall.

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

We provide a range of community-based health services across Leeds and surrounding areas and offer high quality healthcare in the most appropriate setting for our patients, whether that is in their own home, a local health centre, in-patient setting or within a health and justice setting.

We also provide health promotion and education services to improve the health and well-being of all the people across our health economy

Working closely with other organisations such as our acute hospital colleagues, the Mental Health Trust, Leeds City Council, primary care including General Practitioners, 3rd sector organisations and our commissioners, we make sure that if patients need to move between health and social care settings, they can do so quickly and easily.

We believe that:

- Patients have the right to safe, evidence-based and innovative care.
- Patients should be able to access the most appropriate service for their needs in a timely fashion.
- Staff should have access to relevant training and development which supports them to deliver excellent care.
- We work best when we work with our patients, staff and others to develop and deliver services.

We also believe that quality is a core thread throughout our services, carried out by our services and staff on a daily basis. When things go wrong or we do not live up to the expectations of our service users and the public, we will review and where possible make changes. We will also learn from our mistakes and put actions in place to reduce the risk of errors reoccurring.

This quality account looks at how far the Trust has progressed in delivering quality in 2018/19 and describes the areas and focus for LCH improvement planning and quality objectives for the coming year.

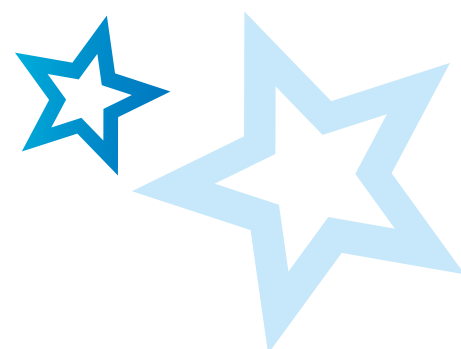
The quality account priorities set for the 2019/20 reporting period have been discussed and ratified by the Quality Committee with final agreement by the board on 24 May 2019.

We have focused on 4 main areas for the coming year to present within the Quality Account to formulate targeted key measures to ensure tangible, sustainable change and improvements which include:

- 1 Maintain quality across all services and aim for outstanding rating: CQC and Quality Challenge+**
Looking at continuous quality improvement across services.
- 2 Strengthen organisational approach to service user engagement and experience at all stages of care delivery**
Reinvigoration, collaboration and wider introduction of patient engagement and experience initiatives across LCH.
- 3 Strengthen our learning mechanisms from incidents and good practice**
Introduction and embedding learning from across services, sharing good practice from both incidents and excellence.
- 4 Develop and implement new models of care and new ways of working** including integrated pathway development, service developments, tenders and sub-contracting arrangements. Working across boundaries to ensure quality is maintained or improved.

We will also continue to monitor and progress the 2018/19 targets which were not fully achieved in the year. These include:

- Ongoing targeted action plans to improve and reduce the waiting times within the Child and Adolescent Mental Health Service (CAMHS) which remains a priority for 2019/20 for the Children's Business Unit and will continue to be tracked and monitored through SMT and the governance structure.
- Ongoing targeted action plans to improve the access for children with additional needs (ICAN) also remains a priority for 2019/20 for the Children's Business Unit and will continue to be tracked and monitored through SMT and the governance structure.
- The outcome measure and target for 2019/20 for avoidable category 4 pressure ulcers will remain at zero. This measure will be tracked within the governance structure on a monthly/quarterly basis.
- The FFT equality data measure is being reviewed within the 2019/20 work plan for the Patient Experience Team with discussions taking place on how we can achieve equality of responses with a focus on the new FFT national requirements.
- The Quality Challenge+ visit measures have been revised for 2019/20. The measures will be tracked within the governance structure on a monthly/quarterly basis.





Part  2

Priorities for improvement 2019/20

The Quality Priorities agreed for the 2019/20 reporting period have been devised to continue from the 2018/19 priorities and to ensure that LCH continues to strive to achieve our vision and live our values seamlessly throughout our services.

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

Priority 1

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

1. Implement action plans to address improvement recommendations from external reviews to the agreed timescale.
2. Define the Quality Challenge+ success measure and ensure that:
 - a. At least 80% of Quality Challenge+ visits are reported as good or outstanding following a peer review visit.
 - b. Increase the number of Quality Challenge+ peer reviewers across LCH who actively engage in the Quality Challenge+ process.
3. Quality Impact Assessments (QIA) undertaken on a timely basis, monitoring and escalation of impact embedded across the organisational performance process.
4. Services have access to reliable outcome data to inform service development and linked to Quality Improvement.



Priority 2

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

1. Develop a Patient Engagement and Experience Strategy:
 - a. Agree an implementation plan which has SMART objectives; to include impact measures and review timetable.
 - b. Agree the process and support structure to services to increase patient engagement across the organisation.
 - c. Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations.
2. Implement a Patient Experience and Engagement Framework:
 - a. To establish current position across the organisation.
 - b. Includes chosen models for engagement.
 - c. Identifies key actions.
 - d. Directly link to the organisation's strategic priorities.

3. Develop patient experience and engagement service staff champion role and quarterly meetings:
 - a. Aims, membership and Terms of Reference of the group are clearly defined.
 - b. There is representation from each service/team across the organisation.
 - c. Expectations of the role are clearly defined.
 - d. The group feeds into reporting structures via the Patient Experience Team.
4. Organisation-wide roll out of 'Hello my name is...' campaign.
5. Agree focus of an 'Always Event' for one service in each business unit.

Priority
3

Strengthen our learning mechanisms from incidents and good practice

1. Set up a repository on ELSIE for all learning from incidents and good practice.
2. Roll out FABULEEDS across LCH:
 - a. Gain good practice stories from Business Units in each quarter and disseminate across services.
 - b. Provide an annual poster of good practice for display in services.
 - c. Ensure that learning from good practice is escalated to senior staff leaders through the governance reporting structure.
3. Support focused events for all staff on learning from incidents and excellence to showcase good practice and learning.
4. Review and strength our Patient Safety, Experience and Governance Group (PSEGG) by:
 - a. Focusing on learning and identification of emerging themes.
 - b. Discussion and dissemination of learning through services by active members of the group.
 - c. Wider dissemination through the governance committee's to senior leaders of any emerging themes and trends.
 - d. Hold focussed workshops through the year for open discussion and sharing across services.
 - e. Explore how we can include service users or representatives and the wider community in PSEGG meetings and workshops.

Priority
4

Develop and implement new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries ensure quality is maintained or improved

1. Increase the number of patients who are active with self-management/care across the neighbourhood teams.
2. Quality Impact Assessments consistently being completed for all new pathways/pilots/contracts etc., including post completion assessment and / or project evaluation undertaken on a timely basis.
3. Clinical governance structures fully established and functioning effectively at the commencement of delivery of services
 - Review and agree model.
 - Implement model and documentation for all service and pathway developments, tenders implemented since 1 April 2019.

Quality Improvement Priorities 2018/19

The following section describes how the Trust performed against each of the quality priorities. The Trust made significant progress with the quality targets during 2018/19. There are a number of quality improvements where we will continue to make progress, and these continue to remain a target to achieve within the 2019/20 organisational priorities.



Safe

Priority 1: Providing harm-free evidence based care

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>To reduce avoidable harm</p> <p>Reduce the number of avoidable pressure ulcers:</p> <ol style="list-style-type: none"> 50% reduction in avoidable category 4 pressure ulcers from the 17/18 figure with an overall aim of no avoidable Category 4 pressure ulcers within the Trust. 20% reduction in category 3 avoidable pressure ulcers from 2017/18 baseline. <p>Target outcome: Partially achieved</p>	<ol style="list-style-type: none"> There were 2 category 4 pressure ulcers identified as avoidable to the Trust in 2017/18. Two category 4 pressure ulcer was found avoidable to LCH in 2018/19 after review and investigation. The overall aim to have no category 4 pressure ulcers has not been achieved. However, a full root cause analysis of these incidents has been completed with learning disseminated for future prevention across LCH. We continue to aspire to having no Category 4 pressure ulcers avoidable to the Trust. Not achieved The target for avoidable Category 3 pressure ulcers in 2018/19 was 10. There were 7 Category 3 pressure ulcers found to be avoidable to LCH after review and investigation. Achieved <p>All pressures ulcers identified by services are reported and are all reviewed to identify where possible causation and prevention measures. Pressure ulcers found to be category 3 and 4 and some unstageable pressure ulcers undergo further investigation to identify any learning for the services and organisation.</p>	<p>The issues around pressure ulcer development are complex in nature and sometimes involve patients not following healthcare advice and this can lead to pressure ulcer development. There is usually a very good reason for this, but it can cause added complexity for staff who are managing increasingly complex care in the community. The Trust has reviewed and updated the investigation and learning processes from pressure ulcers in 2018/19. This aims to make the process more conducive to learning as opposed to blame to try and ensure learning becomes embedded in order to prevent future pressure ulcers. It is hoped this approach, in addition with ensuring there is a real focus on learning from pressure ulcers at the Patient Safety and Experience Governance Group, will enable the Trust to achieve the 2019/20 targets as below:</p> <ul style="list-style-type: none"> Zero category 4 pressure ulcers avoidable to LCH. The target for avoidable category 3 pressure ulcers for 2019/20 has been reduced to seven. <p>These measures will be tracked within the governance structures on a monthly and quarterly basis.</p>

Quality area for action	Progress in 2018/19	Ongoing progress in 2019/20
<p>Achieve or maintain good or outstanding rating for all services (CQC and internal Quality Challenge+)</p> <p>Increase the number of services rating themselves as good or outstanding against the Quality Challenge+ Standards and to demonstrate improvement for services that have been rated as requiring improvement by the Care Quality Commission:</p> <ol style="list-style-type: none"> 70% of services rate themselves as good or outstanding through the Quality challenge+ self-assessment. 80% of services rated as good or outstanding following a (Quality Challenge+) peer Quality visit. Good and outstanding services will share learning and approaches to achieving the Quality Challenge+ standards with other services. (Quality Challenge +partners). Services currently rated 'requires improvement' by CQC achieve a good or outstanding rating if re-inspected. <p>Target outcome: Achieved</p>	<ol style="list-style-type: none"> All services who completed a self-assessment rated themselves as good or outstanding with an overall total of 84.4% (38/45). Achieved There was a challenge in 2018/19 for all services to undergo a Quality Challenge+ visit due to factors including service pressures, limited visitor capacity and resources. This meant that not all services received a visit. However, where services were identified as required improvement in previous inspections or concerns were identified, all these services received an inspection. Overall 74% (20/27) of services were rated good or outstanding. Partially achieved Monthly reports are produced and reviewed within the Clinical Effectiveness Group and learning disseminated through the services. Achieved Services currently rated as requires improvement produce an action plan to address the areas of concern which are monitored and tracked. These can be short term or long term initiatives. The services rated as requiring improvement will have a review visit planned to take place earlier than the annual review timetable. Achieved 	<p>The Quality Challenge+ measures for 2019/20 have been amended to ensure that the team members are involved in the completion of the self-assessment forms as this was one area where a number of staff had feedback that they had not been involved in the process.</p> <p>There will be a targeted approach to ensure that all services are visited and where requirements are identified also receive a follow up visit.</p>
<p>Always Events</p> <p>Learning what quality care means to our patients, and working in partnership with our patients to improve their experience of LCH using the Always Events Toolkit:</p> <ol style="list-style-type: none"> 200 staff within LCH to attend Always Events awareness sessions. At least two services from each of the Business Units will have identified an Always Event with their service users. <p>Target outcome: Achieved</p>	<ol style="list-style-type: none"> Patient engagement sessions were conducted at staff induction and the concept of Always Events were presented at a number of events throughout the year within LCH. These included within the continence service patient engagement event. Achieved LCH will participate in the Always Event Toolkit initiative commencing in January 2019 supported by NHS England and NHS Improvements. Services have been identified to focus the NHE/I toolkit initiative. One service is currently working closely with the lead on finalising an initiative to embed an Always Event. Achieved 	<p>The Trust will be rolling out the 'hello my name is' campaign within the Always Event initiatives. The Trust is being supported by NHS England and NHS Improvements to identify and implement Always Events within services across the Trust to help deliver a better patient experience.</p>

Effective

Priority 2: Engaging staff, service users and the public to improve the quality of care

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community</p> <p>Evaluation of self-care service currently being trialled in Neighbourhood Teams and adoption of principles into business as usual:</p> <ol style="list-style-type: none"> 1. Embed self-management approach in Neighbourhood Teams (NT) (informed by pilot evaluation). 2. NT staff trained to enable roll-out and embedding of LCH's NT self-management model in line with the agreed plan. 	<ol style="list-style-type: none"> 1. Training was completed across LCH during 2018/19. A Health Coaching Steering Group re-focused efforts on identifying staff for training, pre-training preparation and evaluation of the impact. Achieved 2. Qualitative information was captured from Self-management pilot. Impact stories were collected from services using health coaching to feed into evaluation. Steering Group focussing on quantitative evaluative information via use of Patient Activation Measures (PAM), including barriers to using this tool systematically – see page 24 for further information and examples of self-management. Achieved 	<ul style="list-style-type: none"> • Self-management lead roles will continue to be embedded with the self-management approach and adopted as business as usual within the Neighbourhood Teams. • The confidence questionnaire within the Foot Protection Service is now an embedded practice to evaluate the patient experience both prior to and after receiving the support from the service. • There will be continued progress with the roll out of the use of health coaching across the Trust. Within quarter 1 2019/20 a strategy and defined approach will be developed which aligns to the system wide plans which involves partner organisations.
<p>To review patient's confidence in self-care within the new Foot Protection Service within the Specialist Business Unit:</p> <p>Evaluate the confidence of patients in following self -management care plans within the new Foot Protection Service.</p>	<p>The confidence questionnaires are now established within the service to evaluate patient's experience with the self-management care plans. Achieved</p>	
<p>Continue to roll out and embed health coaching/restorative approach as part of asset based approaches to support better conversations and patients to be empowered to self-manage:</p> <ol style="list-style-type: none"> 1. Roll out and embedding of health coaching and restorative practice in services across the organisation in line with the agreed city-wide plan. (number to be determined for LCH). 2. Measures put in place to evaluate the impact of better conversations and 'working with' patients. 	<ol style="list-style-type: none"> 1. Health coaching training delivered to 99 staff in 2018/19: Better Conversations team: 3 sessions. Achieved 2. To agree in quarter 1 2019/20 our strategy and approach in relation to developing and embedding use of health coaching, restorative practice and better conversations, aligned with system plans. Achieved 	
<p>Target outcome: Achieved</p>		

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Quality Improvement (QI)</p> <p>Develop a clear and appropriate QI model and methodology for use across the organisation which is evidence-based:</p> <p>Up to four organisation-wide QI projects to be undertaken during 2017/18 on key priority areas. In addition, a minimum of 8 projects undertaken at team / service level using the agreed QI methodology.</p> <p>Target outcome: Achieved</p>	<p>Four QI projects were identified and progressed throughout 2018/19. These included a project within the Children's Community Nursing Service which looked at how they can ensure that patients and families receive a consistent, coordinated and joined up care across all care providers. The Continence, Urology and Colorectal Service (CUCS) undertook a project which looked at ensuring that patients receive the most clinically appropriate continence products at the right time. The South Leeds Recovery Hub and the council joined up to look at how they can ensure a safe transfer of patients from the service into hospital. The organisation also commenced a project which looked improving staff health and wellbeing.</p> <p>The QI team also supported services with applying QI methodology in other service level projects which included an e-coli project and on the introduction of safety huddles. A QI resource pack was developed to support QI implementation locally.</p>	<p>An organisation Quality Improvement Strategy is being developed and will be ratified within 2019/20 which will set out our objectives of developing a culture of continuous quality improvement. The QI team will continue to roll out training on QI methodology and support services and teams with projects.</p> <p>The QI will also focus on how the organisation can also increase staff feeling they are able to influence change within their service and/or the organisation. This is following the results of our recent staff survey where the Trust has remained consistently a low scorer in this area.</p>

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Outcome Measures</p> <p>Increase the number of services using outcome measures that are effective and meaningful and ensure that data from outcomes is extracted to ensure that outcome measures are meaningful:</p> <p>Implement the roll out of an outcomes programme that is clinician agreed and patient determined and in line with the Business Committee agreed plan.</p> <p>Target outcome: Partially achieved</p>	<p>Within quarter 4 the Quality Committee received a report highlighting that staff are actively engaged in activities to monitor and improve clinical outcomes.</p> <p>We established a self-assessment process for services to be incorporated into the Quality Challenge+ process.</p> <p>We have established a baseline for the use of clinical outcomes across the organisation.</p> <p>A scoping survey with all LCH services in regards to clinical outcomes achieved a 75% response rate, and of those 82% had an identified clinical outcome measure that was approved for use. It showed that those outcome measures in use, were, to a variable extent, available through the clinical system in use or LCH performance data module PIP.</p>	<p>SMT and Quality Committee have approved plans for next year's programme of work that will focus on reporting systems.</p> <p>SMT have approved funding for a project manager and support officer to implement the roll out of the outcomes programme.</p> <p>Leeds CCG have agreed to fund work that is required in business intelligence and SystmOne as part of their city wide support team.</p> <p>Posts for the Project Manager and Project Support Officer were advertised and recruited into at the end of April.</p> <p>In 2019/20 the outcome programme for LCH will concentrate on ensuring that all services have business intelligence and data support required to ensure the Trust can centrally report on clinical outcome measures. The new Program Lead will oversee this programme and work with individual services to ensure measures are appropriate, linked to city-wide patient outcomes and utilised as part of the Trust-wide quality improvement approach to measurably improve patient outcomes.</p>

Caring

Priority 3: Engaging staff, service users and the public to improve the quality of care

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Quality Area for Action: Family and Friends Test (FFT)</p> <p>Increase the response rates for FFT using baseline from the end of 2017/18:</p> <ol style="list-style-type: none"> Increase the uptake of FFT across all Services to achieve a minimum 3% increase in response rates by the end of 2018/19. Partially achieved Services to share learning and 3 changes made as a result of FFT feedback from service users. Achieved 	<p>Steady progress was made throughout the year on increasing the FFT returns. There was acknowledgement that some services found the increase quite difficult for a number of reasons including a high proportion of services users being longstanding patients, patients accessing a number of services leading to survey fatigue and services already receiving a high number of FFT responses.</p> <p>Learning is shared within services with the introduction of 'you said, we did' boards and sharing of feedback at handover, huddle meetings.</p>	<p>The Patient Experience Team will be reviewing the national changes to the FFT requirements for 2019/20 and will undertake targeted worked across the Business Units to reflect the national changes and ensure that we collect meaningful data to help improve services and patient experience.</p> <p>One of the focus areas for the Patient Experience Team in 2019/20 will be to look at how we share learning from patient experience and engagement across LCH.</p>
<p>Ensure FFT equality data is reflective of the patient population through promotion, in order to identify and better understand health inequalities; and bring about improvements in patient care:</p> <p>Services to improve on the equality of FFT data from the baseline developed from the 2017/18 data. Not achieved</p>	<p>The improvement of equality of FFT data has not been achieved in this reporting period due to competing priorities to progress and identify a robust and sustainable methodology.</p>	<p>A Patient Experience and Engagement Strategy will be developed within 2019/20 with the support from our 3rd sector colleagues and patient groups.</p>
<p>Target outcome: Partially achieved</p>		

Responsive

Priority 4: Access to services

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Access to services</p> <p>Reduce internal waiting times, understand waits and agree further priority areas for intervention:</p> <ol style="list-style-type: none"> Children and Adolescent Mental Health Service (CAMHS) - All first appointments will be undertaken within 12 weeks. Not achieved Access for Children with Additional Needs (ICAN) - Pre-school children will be seen for ASD assessment within 12 weeks. Not achieved 80% of initial appointments for OT and PT should be seen within 12 weeks. Achieved 	<p>There are still ongoing difficulties relating to waiting times in a number of services. There is targeted approach to review the capacity and demand of the service to identify key actions to help support and reduce the waiting times for services.</p> <p>The Eating Disorders service: Continue to offer all routine appointments within 4 weeks and all urgent within 1 week.</p> <p>The Community CAMHS/crisis team: We are in the process of moving emergency assessments from Community CAMHS into Crisis with a view of this being completely removed once the newly developing Crisis team is at full capacity. We continue to offer all emergency appointments within 4 hours. All urgent referrals are seen within 1 week.</p> <p>For routine referrals: the service has a 22.5 week wait for Neuro developmental assessments (ASD/ADHD) and 15.6 weeks for Next Steps (previously called Consultation Clinic). Internal waits – we have 25 internal waiting lists and 5 are over 12 weeks.</p>	<p>Further funding is being made available to support teams with recruitment into extra posts. Pathways are being reviewed to ensure a smooth and seamless care pathways are developed.</p> <p>There will be focussed time to enable full development and implementation of the Neuro Development pathway. This will help to prevent double waits for patients and their families and will enable a move towards a maximum 12 week wait. There will also be a significant reduction of the current waiters on the list.</p> <p>Robust review of case management and management supervision procedure is taking place within teams. Training on letter and report writing is being developed to reduce clinical admin time. There will be continuing support to move all staff across to electronic diaries. Job plans continue to be revised, ensuring they reflect current need of service and to assist clinicians in offering the appropriate allocated slots.</p> <p>CAHMS staff will receive Cognitive Behavioural Therapy (CBT) training in order for them to offer group therapy to address CBT internal waits.</p> <p>Text reminders have now commenced to help reduce the 'did not attend' rates within services. The Standard Operating Procedure for the management of missed appointments/did not attend is being updated.</p> <p>There will be continued work to implement Emotional Disorders pathway.</p> <p>A review of internal waiting lists is currently taking place with a view to move them across to pathway waiting lists, considering national data requirements are met.</p>
<p>To develop a pilot in one service in relation to tracking follow-up appointments. The learning from this will be used to shape a plan to develop this across services: Achieved</p> <ol style="list-style-type: none"> Service identified. Pilot plan and project established. Learning will be identified. Evaluation completed in relation to potential to roll out across services and business requirements to enable this. 	<p>ICAN ASD Assessments within 12 weeks</p> <p>Number of children seen within 12 weeks = 11.3% and number seen within 18 weeks = 88.7%.</p> <p>Follow up Medical Appointment within 4 weeks</p> <p>Overall 70% of children seen within 4 weeks of follow up appointment.</p> <p>80% of initial appointments for ICAN OT and PT should be seen within 12 weeks</p> <p>Occupational Therapy - 68.4% of children seen within 12 weeks. 80% of children seen within 13.3 weeks of referral.</p> <p>Physiotherapy - Target met with continual improvement in wait times. 89.8% of children of children seen within 12 weeks. 80% of children were seen within 8.5 weeks.</p>	
<p>Target outcome: Partially achieved</p>	<p>Actions will continue to address the challenges with waiting times.</p>	

Well led

Priority 5: Recruitment and retention of staff

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Leadership</p> <p>Develop leadership and management throughout the Organisation through implementation of the leader development LEAD Programme and development of the senior leadership team:</p> <p>Reporting will be timed with cohorts to the programme. We will measure the quality impact through surveys which will assess achievement of personal learning objectives, impact on the team and feedback from line managers to be conducted 6 months following completion of the cohort to allow for change to take place.</p> <p>Target outcome: Achieved</p>	<p>The redesigned offer went live during Q4 2018/19 after development and engagement activities throughout the year. Leading LCH (3 day programme) commenced in January 2019 and three cohorts (28 leaders) have successfully completed the programme, with very positive feedback. Management Essentials went live during February 2019; 1 course has been delivered. Manager as Coach has delivered two cohorts during this quarter, engaging 88 leaders during 2018/19. Communications regarding the overall offer have been successfully developed and launched.</p>	<p>A new talent management approach including tools to support staff and managers will be developed through a process of engagement. The Trust will also launch the LCH Leadership Competency Framework which will underpin the future Leadership and Management Programme.</p>
<p>Staff engagement</p> <p>‘Creating the working life we want’ by increasing year on year the National Staff Survey score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey*:</p> <p>Increase in the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey.</p> <p>Target outcome: Achieved</p>	<p>Staff survey results for 2018/19 were received during Q4; analysis and feedback of these has been a significant focus during this period. Results are showing signs of significant improvement on key indicators. 46 of the 66 questions have had positive changes year on year from 2017: 73% of staff feel satisfied with the support they receive from their managers, there is an increase of 9% in the number of colleagues who feel respected and valued at work. Results have been fed back to teams, and engagement discussions are underway at team and service levels. A targeted approach is being offered to support services who benchmark below the LCH average, together with learning from those which feedback most positively.</p>	<p>Although we have improved in our staff survey scores from the 2017 survey, there will continue to be a focus on the areas identified as requiring improvement. This includes employee’s engagement and staff feeling supported within their role.</p> <p>Services will be supported to review their individual results and help focus on developing actions plans to improve the areas identified as requiring improvement.</p>

Quality area for action	Progress in 2018/19	Ongoing Progress in 2019/20
<p>Staff retention</p> <p>To improve retention and reduce trust turnover:</p> <ol style="list-style-type: none"> 1. Reduce staff turnover to 14.5% from 14.8%. 2. Delivery against the NHS Improvement retention plan. <p>Target outcome: Achieved</p>	<p>In January 2018 the trust was invited to join an NHS Improvement programme aimed at improving retention rates of nursing staff and set out a retention plan to support this. Work has continued throughout the year to introduce a number of initiatives to support retention. The trust is below the trust target of 14.5% and much lower than other community trusts who report over 21%.</p> <p>NHS Improvement has recently recognised the trusts improvement in retention and has compared progress with other trusts involved in this programme and within the region and sector. The trust has achieved the second highest reduction in turnover amongst its cohort of 19 NHS Trusts.</p>	<p>Although the Trust currently has a good retention rate and achieved the second highest reduction in turnover, we will continue to progress and monitor our recruitment and retention through 2019/20 to ensure that we have a sustainable workforce to provide high quality services to all.</p> <p>The Trust will develop and implement an organisational wide workforce plan and will focus recruitment and retention drives in the known 'hard to recruit' roles to help reduce vacancy rates. The Trust will also focus on apprenticeship roles ensuring that they align with workforce needs and future planning.</p>

Although the LCH 2019/20 quality priorities have a different emphasis than the 2018/19, the outstanding priorities not yet achieved in 2018/19, still remain a focus for staff. Maintaining service improvements in these areas and evaluating outcomes are continuing to support and influence care provision across all LCH services to ensure we provide the best possible care to every community in Leeds.

Statement of Assurance from the Board

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

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

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

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

Celebrating success

There were many successes achieved within LCH during 2018/19 both big and small as well as the NHS celebrating 70 years. This year's celebration of the NHS at 70 allowed for reflection on how healthcare services have changed and evolved to the success story it is today and also for LCH to reflect on our journey.

We have seen services lost through competitive tendering and acquired services over the years. We have progressed as an organisation and have aspirations for the future, for our services and also for patients and the local community.

Each Business Unit (Adults, Children's and Specialist Services) holds annual celebration events to showcase the excellence work of our teams and individuals.

Below is a snapshot of some of our celebrating successes from 2018/19.

70
YEARS
OF THE NHS
1948 - 2018



Equality and Diversity

In recognition of our continued dedication to workplace diversity, LCH has been ranked 49 in The Inclusive Top 50 UK Employers List – a definitive list of UK based organisations that promote inclusion across all protected characteristics, throughout each level of employment within an organisation.

Announced in November the Inclusive Top 50 UK Employers is a list of companies identified as the most inclusive across the nation. There were more than 1,000 entries for the awards.

The Inclusive Top 50 UK Employers List recognises the outstanding efforts of organisations that have begun their journey to attracting and retaining a truly diverse workforce, achieving equality, diversity and inclusion at its purest form. Demonstrating the promotion of all strands of diversity including age, disability, gender, LGBT, race, faith & religion; the list focuses on representation at management, senior, executive and board level.



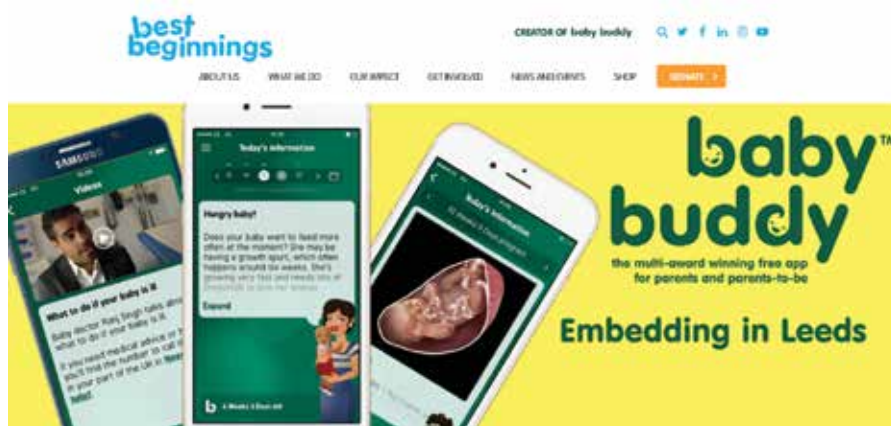
'Babies, Brains and Bonding' wins national award!

The Infant Mental Health Service training programme 'Infant Mental Health: Babies, Brains and Bonding' achieving first place for the 'Contribution to Health Visiting Education' award from the Journal of Health Visiting. The team beat off three other teams and received their award last week. The training, which has been delivered to more than 2300 practitioners in Leeds, is an integral part of the Infant Mental Health Service offer. Rebecca Fellows, Assistant Psychologist said: "Receiving this national recognition is a fantastic achievement! Health visitors play such a vital role in the infant mental health agenda across the city and to work so closely in training the health visitors has always been a priority for the service.



Infant Mental Health Service

The Infant Mental Health Service have had a paper published in the journal 'Child and Family Clinical Psychology Review' about service user participation and how they involved parents in filming the 'understanding your baby' series.



The 12 films are included on the Best Beginnings website and the national Baby Buddy app.

Dietetics' double award win!

A digital innovation from our Nutrition and Dietetics Service has had a brilliant double win at the 2018 Building Better Healthcare Awards in London.



Supported by the LCH Service Improvement Team and in collaboration with healthcare IT specialists AireLogic Ltd, the team created an electronic pre-assessment tool for patients seeking dietary treatment for Irritable Bowel Syndrome (IBS).

The Functional Gut Disorder (FGD) form allows patients to enter their information via the online tool which is then reviewed by a dietitian prior to their first appointment – saving time on form-filling during appointments and empowering patients.

The e-form was named winner of both the 'Best Healthcare Software – Patient Centred' and 'Patients Choice' awards at a ceremony held in October 2018.

New Research Award

One of the Community Dietitian's won the British Dietetics Association's Research Symposium 1st prize for New Research. This was awarded for research on Iodine screening for women of childbearing age.

Children's Services rated 'Outstanding' by Ofsted

Leeds Community Healthcare is delighted to be sharing with Leeds City Council in the fantastic news that children's services for Leeds have been rated by Ofsted as 'Outstanding'. The judgement is made all the more special as Leeds is the first major city to achieve this standard.

This highlights the outstanding work that our health visitors, school nurses and safeguarding teams carry out on a day to day basis which can often come at times of increased pressures.

Children's Services across Leeds have been on a continuing journey of improvement since 2010 and all health and social colleagues involved in the inspection are being congratulated for the huge and positive difference they are making to the lives of children and families in Leeds.

Leeds has now been recognised at the highest level – and partners across the city will continue to forge ahead during 2019 towards a shared ambition to make Leeds the best city for children to grow up in.



Improving health outcomes

Safety Huddles

Safety huddles have been introduced within services across LCH to share information about potential or existing safety problems facing patients or staff. Safety huddles are a brief multidisciplinary meeting which is aimed to give an opportunity for all staff to understand what is happening with patients in their care and address any immediate or future care needs or risks. The huddles are aimed at increasing safety awareness among staff, allowing teams to develop action plans to address identified or potential risk for both patients and staff, and to raise a culture of safety. The Safety huddles compliment the quality boards already in use across services.



Self-Management Team

The Neighbourhood Team (NT) Self-Management Pilot was initially funded October 2017 - March 2018 as one of a series of winter initiatives to support NT capacity and outcomes.

Recruitment took place for a Self-Management Lead and four Self-Management Facilitators clinical role initially on a 6 month secondment.

The pilot initially focussed on working with the Armley and Chapeltown NT clinicians to identify a cohort of patients in order to test out the following assumption - that a proportion of patients using a different model of clinical care have the potential to self-manage.

The initial criteria for selection included patients requiring insulin and Low Molecular Weight Heparin (LMWH) administration, stoma care, simple wound care and catheter care.

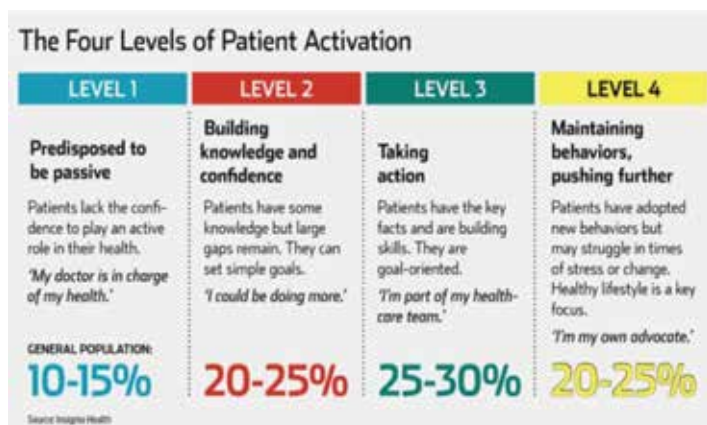
A programme of intervention has been delivered to facilitate and empower patients to manage their own health care needs based on the principles of health coaching and better conversations.

The Initial findings found that the greatest impact on capacity has been seen with patients self-managing insulin and catheter bag changes. For example, one patient had been seen 14 times per week (3 hours 15 minutes) in order to have his Insulin administered. Post Self-Management Facilitator working with him, he is now administering his own insulin and visits have reduced to just once weekly (15 minutes) to ensure his confidence remains high and to prevent future relapses working towards discharge to his GP's care.



There is evidence that following working with a Self-Management facilitator patients experience improved health literacy and knowledge in concerns to when their health is deteriorating. This allows them to be proactive in managing their long term conditions impacting on use of health resources.

PAMs as an outcome measure – how we measure improvement



Patient Activation Measure (PAM) is a validated tool to support self-management. It assesses the underlying knowledge, skills and confidence to enable an individual to manage their own health

The analysis of initial PAMs shows that all patients referred for Self-Management Facilitator input were at either at level 1 or 2 of activation. They therefore lacked the skills, knowledge and confidence to actively manage their long term conditions.

83% of patients following Self-Management Facilitator intervention have increased levels of activation and 62% have moved to activation level 3 or 4.

In order to maintain behavioural change the aim is for Neighbourhood Team patients would ideally to be enabled to move to activation level 3 or 4.

Although initial referral are for simple non-complex care the impact of patients' self-managing has been far wider than just the care delivered for example returning to employment as outlined in case studies. The rate of referrals was equivalent across the 2 Neighbourhood Teams giving early indication of a transferable model.

Of the patients seen by the Self-Management facilitator over 85% are self-managing elements of their care following intervention.

Recommendations regarding the next steps for implementation include:

There is a plan for further roll out across the Neighbourhood Teams. There has already been interest from Neighbourhood Teams after sharing of the results from the pilot highlighting an appetite to expand the project. This needs to be a consistent approach throughout all teams to ensure that the self-management function can be embedded.

Always Events®

Always Events® is a national NHS initiative which is 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.' The creation of an Always Events® is a practical methodology for achieving this goal by asking patients and people who use services "What matters to you?" in addition to "What's the matter?"

One of the main examples of an Always Event is the 'Hello my name is' campaign which is being rolled out across LCH in 2019.

hello my name is...

There has been two initial quality improvement projects identified for a co-production approach including the Always Event methodology:

1. The co-ordination of care for children with complex needs, planned engagement with children and their parents and carers to ensure that the service review is developed collaboratively with them.
2. The Continence, Urology and Colorectal Service (CUCS) review to ensure that the service is meeting the needs of the patients and carers. In September 2018, 259 patients and their carers attended the annual awareness day within the CUCS. Feedback from this event will help focus on some key areas which should be Always Events.

ReSPECT

(Recommended Summary Plan for Emergency Care and Treatment)

The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest, but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not cardiopulmonary resuscitation (CPR) should be attempted if the person's heart and breathing stop.

ReSPECT may be used across a range of health and care settings, including the person's own home, an

ambulance, a care home, a hospice or a hospital. Professionals such as ambulance crews, out-of-hours doctors, care home staff and hospital staff will be better able to make immediate decisions about a person's emergency care and treatment if they have prompt access to agreed clinical recommendations on a ReSPECT form.

Training will be disseminated across LCH within key services such as the Adult Neighbourhood teams and Children's Community Nursing Team. Evaluation of the training and how the new documentation is being used will be completed within 2019/20 across LCH.

Lessons learnt

Learning from incidents

Things can and do go wrong and mistakes are made. What is important that through comprehensive review, investigation and analysis that we can identify why the mistake happened, what the contributory factors were and what we can do to try to mitigate from the incident happening again. Through reviewing of trends and repeat reoccurrence of events we can help improve safety across the organisation, building a strong culture of 'Just Culture' for our staff and fair, open, transparent and inclusive investigation process for our patients.

We have reviewed our incident reporting processes in 2018/19 to build on the learning tools available within the organisation and to increase our organisational memory for sustainable learning improvements.

Anonymised learning from individual incidents across LCH is now shared and accessible to all on the Trust Intranet and disseminated to teams across LCH for wider discussion. Learning and actions are discussed with the Patient Safety and Effectiveness Group to identify area of concern or where targeted actions need to be addressed for teams or as an organisation. Workshops will take place within 2019/20 open to all staff to drop in for open discussion and learning across the organisation.

The new learning from lessons resource has been developed for the purpose of sharing learning and will allow us to improve patient and staff safety through the sharing of what went wrong and identifying what the learning is for all across the Trust.



Examples of shared learning

There has been a number of incidents where anticipatory palliative care medicines has been prescribed by both primary and secondary care which have not been in line with local prescribing guidelines. This has not then been checked at prescribing which has led to missed or unsuitable dosages being given.

A National Patient Safety Alert was received which identified that pulse oximeters intended to be placed on fingers were being used on other body extremities including ears to test oxygen saturation. This resulted in inaccurate pulse readings. The alert message reiterating the proper use of pulse oximeters was disseminated through multiple message outlets across the organisation including through managers, team meetings, lesson learnt bulletin, staff notice boards and organisation electronic notices.

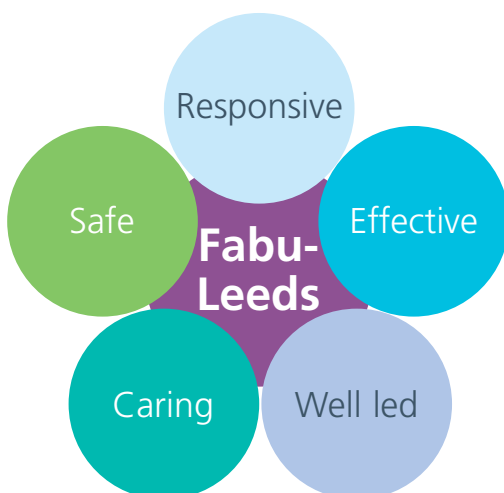
Key messages given to staff include:

- When first transcribing palliative medicines onto the Medication Administration Record (MAR) Chart to be aware of local prescribing guidance.
- To be aware/familiarise yourself of the LCH document 'Symptom Management Guidance in the Last Days of Life'.
- Be particularly vigilant of use of Opioids - Morphine, Diamorphine and especially Oxycodone.
- Make sure midazolam is prescribed as 5mg/ml (or equivalent 10mg/2ml) and not 5mg/5ml.

Learning from excellence

Fabu-Leeds is a new learning concept which has been developed for teams and individuals to share good and outstanding practices for other teams and individuals to learn from. This concept is also about celebrating excellence within teams and building a culture of continual learning.

We are using the CQC fundamental standards as a framework to help showcase outstanding practices, providing a supportive network of learning and showcasing excellence.



FABU-LEEDS

Aim: To capture the excellent service and good practice across LCH and for other services to learn from them.

CHILDREN BUSINESS UNIT	SPECIALIST BUSINESS UNIT	ADULT BUSINESS UNIT
<p>What has been done?</p> <p>They have increased clinical capacity by working in collaboration with their Advice Support Team. The team managers had weekly meetings with the administrative staff and monthly meeting with clinical staff to support the change process.</p> <p>Why was this done?</p> <ol style="list-style-type: none"> To improve the service user's experience. To increase CSEF staff capacity in terms of face to face contacts. To ensure benchmarking targets were being met and meeting this continued to be effectively assessed. 	<p>What has been done?</p> <p>They have set their team agenda and minutes around the LCH trust's values.</p> <p>Why was this done?</p> <p>This was done to help them to remember the values and to embed them in the service.</p>	<p>What has been done?</p> <p>They have organised paid tea time training sessions to raise awareness with staff for patients at risk of falls.</p> <p>Why was this done?</p> <p>The session was organised in response to the increasing number of patients at risk of fall, who were receiving care from the Neighbourhood Team.</p>

CARING | RESPONSIVE | EFFECTIVE | WELL LED | SAFE

Above: Example of the poster produced to highlight some learning from excellence across the three Business Units

Examples of everyday care from across LCH

Adult Business Unit:

Support provided by one of the Neighbourhood Team to enable an elderly lady to remain in her own home

Mrs A was referred initially to one of the Neighbourhood Team (NT) for care of category 2 pressure areas on both heels. Mrs A is known to suffer with Alzheimer's disease with significant impact on her daily life and poor communication with little speech. Mrs A lacks mental capacity regarding moving and handling, safety and is at risk of falling. Her husband reported long periods of immobility from a time spent in hospital. Her husband was keen to keep his wife at home in familiar surroundings.

Therapy assessment of Mrs A's mobility following a period of domiciliary rehabilitation resulted in Mrs A being able to mobilise safely with a wheeled Zimmer Frame. This enabled Mrs A to maintain her mobility and muscle strength for longer supported independent living. Mrs A demonstrated her ability to learn how to use a new walking aid and learnt to improve her centre of balance which reduced the risk of falling.

Integrated and proactive patient centred care working between the NT nurses and therapists with the family and patient. The NT supported Mrs A and her husband's wish for her to remain safely at home.



The NT always ensures that they:

- Make Every Contact Count (MECC)
- provide person centred care and ensure a shared decision making approach is taken whenever possible
- consider Best Interest Decision (BIA)
- instigate Better Conversations / Health Coaching approach
- advocate #Homefirst.



Specialist Business Unit:

Pathway redesign of the Foot Protection Service

In January 2017 a city wide group of health care professionals submitted a bid, with the support of Leeds CCG, to NHS England for monies to improve the quality of foot care for patients with diabetes in the city. In April 2017, the city was told we were successful in gaining two years funding.

A community based Foot Protection Service (FPS) was developed to provide an integrated diabetes foot pathway in the city in order to reduce the number of diabetic amputations. A new pathway was developed, agreed, communicated and delivered.

The focus was to educate patients and train health care professionals to make sure that everyone is aware of the risks of foot ulcers and even amputation to the legs and feet with having diabetes especially if it is not well controlled. The aim is to make sure that all patients understand their own risks and what they can do to help themselves. In addition, healthcare professionals to screen for early signs of complications and to give appropriate advice to the patient and make any necessary onward referrals.



Example of a successful outcome for a patient

72 year old patient with type 2 diabetes, hypertension and angina with generally poorly controlled diabetes since the initial diagnosis in 2014. The patient was taking two medications to try to control the diabetes.

For this patient, education was identified as the key factor for the patient to be able to lower the future risk of amputation and other complications such as stroke or heart attack.

During the assessment the podiatrist and patient agreed on three main individual goals and discussed how they would be achieved which included:

1. To understand ways of better controlling the diabetes. Patient booked an appointment to see the Specialist Diabetic Nurse.
2. Patient to check their feet daily for any wounds or signs of infection, wear appropriate supportive footwear, checking it before they put them on for any foreign objects that could damage the feet.
3. Patient would apply an emollient to both feet daily, at the same time as checking her feet. Patient was given a 'Feet In Diabetes' leaflet.

The patient's feedback at the 3 month review appointment; 'I have attended the Leeds programme and made some really good changes, my bloods have got so much better that the diabetes consultant has discharged me and they said that I no longer have to go onto the insulin which had been the plan. My feet look much better, I put the cream on and check them every day I have no concerns with them at all. I feel like I have changed my life'.

'I have attended the Leeds programme and made some really good changes... I feel like I have changed my life.'



Community Neurology

Community Neurology Rehabilitation Service comprises of a number of services including inpatient and outpatient rehabilitation, community based neurological, stroke rehabilitation and Parkinson's Rehabilitation.

A review of hospital discharges in Leeds for patients who have had a stroke or traumatic brain injury highlighted the need for pathway development to improve the patient experience and accessibility to services for all patients – 'All patients should receive the right therapy in the right setting at the right time for their rehabilitation journey'.

Stroke

Achievements and developments in the Stroke Pathway include:

- Relaxation of stroke team criteria which includes the key changes of:
 - removal of the timeframe of a 6 week cut off following a stroke
 - rehabilitation provided for a period of 12 weeks rather than the previous limitation of 6 weeks
 - service now accepting patients requiring assistance of 2 to transfer or mobilise.
- Following extra funding allocated for this year, the number of staff within the Community Stroke Team was increased. New roles were created
 - including a nursing role, clinical psychologist and extra therapy assistants. This enabled the team to provide further rehabilitation appointments and widen the scope of the multi-disciplinary team.
 - Relationships between community, hospital colleagues and the Stroke Association improved with better communication, increased trust and regular sharing of learning across the pathway to improve the patient experience.
 - New initiatives have been identified to support integrated working and the development of knowledge and skills of the stroke pathway workforce. This has included secondment opportunities and development of cross organisation rotations.
 - New ways of working have been developed to improve capacity and efficiencies within the community team.
 - All of the above has contributed to a shared vision and aim which is to improve patient experience and flow out of hospital and reducing length of hospital stay.



Children's Business Unit: Working together - successes

Connecting with Dads Conference

Understanding the nature and effect of fathers' involvement on the health and well-being of children can help to inform best practice within perinatal and infant mental health services, with the shared aim of improving family psychological and health outcomes. This is the premise upon which the Infant Mental Health service decided to organise a local conference: 'Connecting with Dads: The Importance of Fathers in the Lives of Their Babies' organised by practitioners for practitioners to share best practice on how professionals can engage fathers more and think about some of the barriers and how these could be overcome.

The conference included a range of presentations from services in Leeds working across the perinatal period. This included speakers from the Community Midwifery Service, the Perinatal Mental Health Service, the Infant Mental Health Service, the Baby Steps Team, Leeds Dads, and Caring Dads as well as fathers sharing their own experiences about what worked well and what could be improved with regards to their involvement.

The conference was attended by over 50 practitioners and evaluated positively. The 'Connecting with Dads' conference was successful in bringing practitioners across Leeds together to begin conversations around how we can improve engaging fathers in the whole perinatal experience with the hope of improving health outcomes for the whole family.



One dad shared that he felt traumatised by the birth experience of his baby but that he had not been asked how he was managing by any health professional

Feedback from dad's found that dad's often felt that they were not encouraged to take part in discussions during appointments and felt disconnected with the whole experience both before and after the birth of their child. One dad shared that he felt traumatised by the birth experience of his baby but

that he had not been asked how he was managing by any health professional. He also did not feel welcomed at any clinical visits or included in any discussions. Following feedback from dad's, health professionals within services have been able to reflect on their own practices and collectively reviewed how they can better engage with dad's both before and after a child is born.

Children's Speech and Language Therapy Service (CSLT): Orange Team Pilot Project

The aim of the project was to improve stakeholder experience of booking appointments and to optimise CSLT staff capacity in terms of clinical time for face to face contacts. This was also to ensure that benchmarking targets were being met and waiting lists continue to be effectively managed.

The Orange Team, which is one of the CSLT mainstream teams, worked with administrative team colleagues to pilot a central booking system for mainstream school appointments in a specific part of Leeds. A central booking system was already in place for clinic appointments and this was extended to school appointments. The waiting lists for school

assessments and interventions in Orange team exceeded 18 weeks at the start of the pilot.

The impact of the pilot on children, young people, the team and the organisation has been to increase available clinical time for CSLT staff, benchmarking targets set by service leadership have been met. The waiting lists have met the 12 week target.

The pilot was completed and continued as standard service delivery in Orange team. From January 2019 it was rolled out in another part of the city, with a plan to extend across the whole city by the end of 2019.

Jen's story

Jen was referred to the Integrated Children's Additional Needs (ICAN) Service as he was struggling to sleep on a night and was constantly up and down which affected the whole family. The service worked with the family to support Jen to get a better sleep routine and understand why this is important. Jen's mother was off work for some time with stress related to Jen's situation.

Following involvement from the ICAN Paediatric Neurodisability (PND) service, Jen has managed to turn his whole routine around and understand the importance of good sleep and the different cycles of sleep he goes through. He now plays rugby for the elite team at school, his concentration at school has improved and he's even managed a school trip to France which was a big deal for the family. Jen's mother is now back at work too!



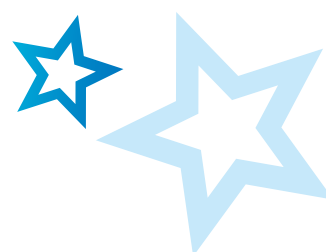
Children and Adolescent Mental Health Service (CAHMS) – Transition Team

Transitions is a joint pathway with joint responsibilities between children and adult services. Adult services include statutory and 3rd sector services. Transitions is a process whereby young people are supported in identifying the most appropriate adult service for their need and are prepared for the differences between the adult and children's services. The differences can include the nature of the involvement of family and the need for independence. A transfer of care takes place on or before the young person's 18th birthday, however transitional support may continue for 3 months post this date.

LCH has worked with our adult service partners on the joint pathway between CAMHS and adult specialist which has recently been reviewed as part of a focused piece of work to improve the pathway between children and adult services.

Additional gaps in service provision were identified in young persons' transitions across Leeds, which included the need for a learning disability transitions worker. This post has recently been successfully recruited into which will support the team. It was also identified that there was a requirement to review our internal referral process within LCH to ensure there was a smooth pathway into the Transition Team when a young person has been identified as meeting the criteria for transition.

There were also other identified possible changes which would support young people requiring the support from adult services which included changes to the adult eating disorders acceptance criteria, the possibility of adult NHS services lowering the thresholds to accept young people in crisis and the need for better established pathways with 3rd sector colleagues. These are to be addressed in the recent NHS Innovations Learning Collaborative that LCH is taking part in which will focus on Leeds Transitions for young people.





HENRY Programme

HENRY is a national initiative which was set up to provide a wide range of support for families in the early years of a child's development. The approach is designed to support behavioral change which helps parents gain the confidence, knowledge and skills they need to help the whole family adopt a healthier, happier lifestyle and to give their children a great start in life.

LCH in collaboration with Leeds City Council to form a 'Healthy Families Grow Up Group' to provide support to families with children of primary school age. The group is a 10 week programme which includes a support group where parents can share ideas and suggestions on maintaining a healthy family. Sessions include:

- How to build healthy routines into family life... and how to maintain them.
- Ideas for family activities, healthy meals and snacks.
- Coping with everyday challenges of leading a healthy family lifestyle.
- Understanding children's behaviour as they grow and develop.
- Peer pressure, outside influences on body image and emotional connections with food.

A parent's comment after completing the HENRY Programme, "I really learned a lot. I loved sharing with others and hearing their stories. It helped me realise I'm not the only one – it's not just me. As a family we play more games together. The children are more involved in preparing meals and we eat meals together at the table. Everybody is more aware of healthy eating and being more active".

'Everyone is more aware of healthy eating and being more active'





Statements on
Quality as Mandated
in the Regulations

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

Review of Services

During 2018/19 the Trust provided and/or sub-contracted 65 NHS services with £144.2m of income. The Trust has reviewed all of the data available to it on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2018/19 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 £1.1m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

Clinical Audit

A central database of all planned annual clinical audits is held by the Clinical Audit and Effectiveness Team who monitor the progress of the annual programme. The monitoring of the audit results, summary report and improvement/action plans are reviewed within the Clinical Effectiveness Group.

All clinical audits that are planned to be undertaken within LCH **must** be registered on the clinical audit and effectiveness registration database.

National Clinical Audits

During 2018/19 **five** national clinical audits and **one** national confidential inquiry covered the NHS services that LCH provides.

During that period LCH participated in **80%** of national clinical audits and **100%** of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that LCH was eligible to participate in during 2018/19 are as follows:

Eligible National Clinical Audits

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme

Sentinel Stroke National Audit Programme

National Audit of Intermediate Care

Learning Disability Mortality Review Programme (LeDeR)

National Diabetes Audit – Diabetic Foot Care Audit

Eligible National Confidential Enquiries

Long Term Ventilation Study

The national clinical audits and national confidential enquiries that LCH participated in during 2018/19 are as follows:

National Clinical Audits participated in
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme – 2 year data collection
National Audit of Intermediate Care
Learning Disability Mortality Review Programme (LeDeR) – commenced March 2019
National Diabetes Audit – Diabetic Foot Care Audit – Commenced March 2019

National Confidential Enquiries participated in
Long Term Ventilation Study

The national clinical audits and national confidential enquiries that LCH participated in, and for which data collection was completed during 2018/19 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 – data just requested. Will be reported on during the next financial year Clinical Audit: data collection will commence during 2019	100% of all cases identified
Sentinel Stroke National Audit programme	March 2019 – no data has been submitted at present. The Trust has collected data for the past 12 months. We are working with the Sentinel Stroke National Audit Programme team to submit the data.	100% of all cases identified Zero data submitted
National Audit of Intermediate Care	Organisational audit not fully submitted, however: Home Base 58 Service Users Questionnaires Submitted 20 PREM Questionnaire's (this is returned directly by the service user) In-patient service Bed Based 33 Service Users Questionnaires Submitted 16 PREM Questionnaire's (this is returned directly by the service user)	100% of all cases identified
Learning Disability Mortality Review Programme (LeDeR)	Audit commenced in March 2019 – cases will be identified within 2019/20 audit period for submission	Cases for inclusion yet to be identified
National Diabetes Audit – Diabetic Foot Care	Audit commenced in March 2019 – cases will be identified within 2019/20 audit period	Cases for inclusion yet to be identified

The reports of 6 national clinical audit(s) were reviewed by the provider in 2018-19 and LCH intends to take the following actions to improve the quality of healthcare provided:

National Audit	LCH action following review in 2018/19
Sentinel Stroke National Audit programme	This audit requires information to be inputted into the national database which LCH and partner organisation has not currently submitted any data. The results are yet to be published online for 2017-18 data submission period. Stroke is now being addressed with a city wide approach. The intention is to develop and implement a system wide action plan.
Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)	National report published which identifies recommendations to improve the care for patients undergoing pulmonary rehabilitation due to chronic obstructive disease (lung disease). Individual local report has been published and recommendations are currently being reviewed to identify an action plan.
Chronic Neurodisability Study – cerebral palsy	National report published which identifies recommendations to improve the care provided to patients aged 0-25 years with Chronic Neurodisability condition with cerebral palsies. Recommendations have been reviewed by the service to ensure that an action plan is produced and that the recommendations are embedded.
UK Parkinson's Audit	Individual Service Level report published April 2019. Recommendations currently being reviewed prior to Improvement plan being developed.
National Audit of Intermediate Care	National report and Organisation Level report published which is currently under review. An appropriate action plan will be produced following the review.
Falls and Fragility Fractures Audit programme (FFFAP)	National report published which identifies recommendations following the 2017-18 audit. Local results and recommendations identified within the report and improvement plan ongoing.

Local Clinical Audit

The reports of **106** local clinical audits were completed by LCH in 2018-19 and LCH intends to take the following actions to improve the quality of healthcare provided:

- The Community Gynaecology Service completed an audit which looked at the assessment and management of women who have heavy menstrual bleeding against the National Institute for Health and Care Excellence (NICE) NG 88. The findings from the audit have ensured further discussions with other clinicians have occurred on the audit. The audit shows that all women attending the clinic received a comprehensive history recorded (100%) but improvements have been made to the template to allow for an option to record further management needs. Through the audit being undertaken, women now have their Body Mass Index recording according to treatment needs and not automatically when using the service but that the number of full blood count (blood test) taken should be increased.
- The Child and Adolescent Mental Health Service looked at how the access assessment form 1 had been completed and measured compliance against NHS England guidance and whether it had been

produced in accordance with the Data Protection Act 1998. The audit showed that for many of the standards the service had achieved 100% compliance but that we could do even better for a few others. Due to this, the service has amended the form used to make it easier to use and will undertake another audit next year.

- An audit completed by the medicine management team looked at how controlled drugs are managed within a children's inpatient area. The audit has been developed using standards from the Controlled Drugs Regulations (2013) and NICE Guidance (NG46) for Safe Management of Controlled Drugs (2016). The audit shows that record keeping is in line with best practice and has been shared with staff but that unwanted or out of date drugs need to be disposed of as soon as possible.
- Wetherby Young Offender Institute participated in an audit which looked at improving antimicrobial stewardship due to the risk of becoming resistant to antibiotics. The audit used two key documents which were from the Department of Health and NICE guidance (NG15). The audit demonstrated how LCH demonstrate that we have a high standard of practice when medicines are given. The audit shows that the correct product had been used (99.1%) and showed an improvement compared to the previous audit. This has been shared with different teams within LCH, pharmacists and General Practitioners.
- The Integrated Children with Additional Needs (ICAN) Service completed an audit which looked at the use of the Canadian Occupational Performance Measure (COPM) in the pathway for children and young people aged over 5 years with mild/moderate motor impairment. The audit had four standards and showed that further learning on the pathway process was required including whether the COPM had been repeated at follow up appointments.

- The Child and Adolescent Mental Health Service looked at how information is recorded in the case notes for young people who are fed through a nasogastric tube as part of their treatment. The audit measured against different standards which included Guideline for Nasogastric Tube Management (NHS Improvement 2016), Nasogastric Tube Misplacement, Continuing Risk of Death and Severe Harm (NHS Improvement 2016). The standards set initial placement checks for nasogastric and orogastric tubes. Changes to the documents used by staff when inserting the tube, feeding care plan and feeding log have been introduced following the audit which will improve the care for young people.
- An audit has been completed which looked at how care leaver's health summaries were being offered to care leavers aged 18+ in Leeds. The audit had been identified following a visit by the Care Quality Commission and based on the Department of health document 'Promoting the health and Well-being of Looked After Children 2015. The service has now amended the template which records the information that is given to the care leavers.

During 2018/19 all services were required to participate in the annual documentation audit and produce an improvement plan to identify required improvements. Our Neighbourhood Teams within the Adult Business Unit included collection of data relating to end of life care, pressure ulcer management and falls in keeping with some of the priorities for improving patient care in the organisation.

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

This table does not include audits that will be continued into 2019/20:

Local clinical audits completed during 2018/19 - by business unit

Adult Services		
<ul style="list-style-type: none"> Documentation Audit Quality Challenge+ Environment Audit Chronic Wound Care Assessment Audit 	<ul style="list-style-type: none"> PLACE Audit Holistic Assessment (all Neighbourhood Teams) Patient satisfaction – pelvic floor dysfunction clinics 	<ul style="list-style-type: none"> Health and Safety Audits End of Life Pressure Ulcer Falls Audit
Children's Services		
<ul style="list-style-type: none"> Documentation Audit (all services) Quality Challenge+ Compliance with NICE guideline for Depression for Children and Young People Compliance with NICE guideline for Eating Disorder for Children and Young People Re-audit Providing Assurance of Medicine Storage Audit of Information Documented in Case Notes for Young People who are/have Nasogastric Feed Environment Audit PLACE Audit 	<ul style="list-style-type: none"> Occupational Therapy Caseload and Goal Management Obesity in Children Care Leavers Health Summaries Re-audit of Medication Review Appointments in patients on Methylphenidate In-Patient CAMHS Length of stay and Treatment Audit UNICEF BFI Breastfeeding Staff and Mothers Audit Gold Award Controlled Drugs Audit Hand Hygiene Audit 	<ul style="list-style-type: none"> School Screening Calibration Recording Audit Clinical calibration recording Audit Mattress Audit Scanning of Audiology Results Children community Nursing Oximeter Clinic Audit Audit of New Daytime Wetting Service Care Leavers Health Summaries Audit of Recurrent Respiratory Infections in Children with Downs Syndrome Use of the COPM in the over 5s MMP
Specialist Services		
<ul style="list-style-type: none"> Documentation Audit (all services) Heavy Menstrual Bleeding Making Best Use of Clinical Radiology Services Prior To Referrals Into The Community Podiatry Controlled Drug Audit – CNRC Missed and Delayed Dose Audit (Wetherby YO1) Missed and Delayed Dose Audit (CNRC) Essential Steps Mattress Audit Environment Audit 	<ul style="list-style-type: none"> PLACE Audit Informed Consent for HIS 2nd Cycle Hand Hygiene Audits Hoist Sling Audit Sharps Audit PGIC Compliance Audit CQUIN2 – Alcohol and Tobacco Use Treatment Plan In Relation To Risk and Clinical Need and Rationale for Care Quality Challenge+ Prescribing Standards - CNRC 	<ul style="list-style-type: none"> Re-audit Transport Use Audit (Service and other Services in the BU) Emergency Contraception Provision UK National Audit Supervision Audit Allocation of an Up-To-Date Risk Code in the Last 18 Months Supervision Audit Use of Environmental Template on EPR-Lone Worker Risk Filter Function Re-audit Antimicrobial Stewardship WYOI



Clinical Research

The number of patients and staff receiving NHS services provided or sub contracted by LCH in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 776.

The number of patients and staff receiving NHS services provided or sub contracted by LCH in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 776.

LCH continued to be very active in recruiting participants from across the Trust to the Yorkshire Health Study until it closed to recruitment in Sept 2018.

The use of the Trust's staff bank (CLASS) to facilitate Occupational Therapist capacity to deliver the 'OTIS' falls prevention trial proved very successful with 128 Leeds residents randomised onto the study. Importantly this approach also facilitated the development of expertise amongst staff who hadn't previously been involved in clinical research delivery.

A further study commenced recruitment in 2018 supported through the use of CLASS employed staff. The Achilles Tendinopathy Management study (ATM) compares the treatment of Achilles tendinopathy with platelet rich plasma injections with a placebo.

The Trust continues to host strong research collaborations in a number of services, in particular

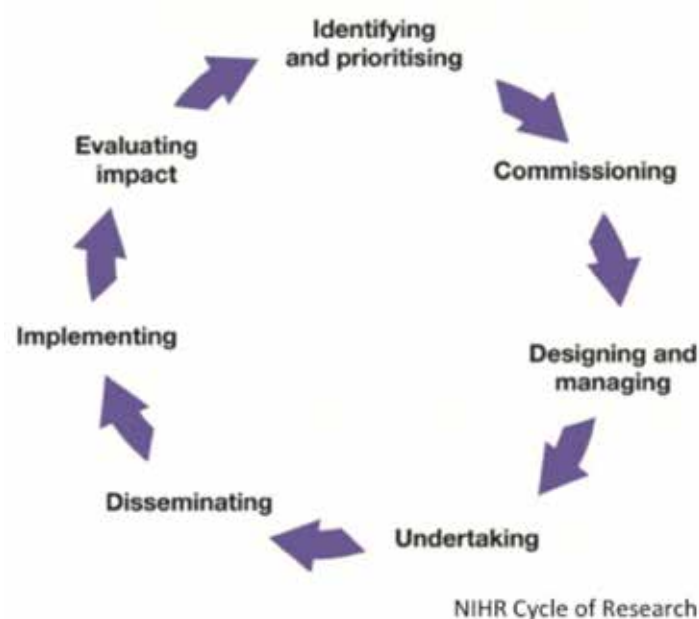
in musculoskeletal (including podiatry) and with regards to palliative care through strong links to St Gemma's Hospice.

Working alongside the University of Leeds and researchers based at St Gemma's Unit of Academic Palliative care, the Trust's research nurses has been involved in a number of different studies including 'STIOC' (an observational study of diagnostic criteria, clinical features and management of opioid-induced constipation in patients with cancer pain), 'MePFAC' (Methylphenidate versus placebo for fatigue in advanced cancer), 'STEP' (Supporting Timely Engagement with Palliative Care) and 'LCPA' (The Leeds Cancer Pain Assessment).

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

The research strategy for 2019-2022 is currently been reviewed and will be developed with a stronger emphasis that LCH will become a centre of research excellence where:

- Staff are enthused about research activity and perceive it to be part of their 'day job'.
- Leaders understand how and why research is core NHS business.
- World class research is practiced in all of the communities that it serves, which is translated into improvements in care and clinical outcomes.
- Partners in the statutory, academic, industry and voluntary sectors seek research collaboration with us as an organisation of first choice.



It is the ambition of LCH to provide opportunities to participate in world class research to its patients and their families, the findings of which are translated into improvements in care and clinical outcomes.

The Leeds Community Healthcare (LCH) Research department facilitates and manages LCH participation in projects that range from nationally funded multicentre research, to student research and local service evaluations.

Commissioning for Quality and Innovation (CQUIN)

A proportion of LCH income in 2018/19 is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Commissioner	CQUIN goal	Reporting process/achievement	Actual (YTD)
LEEDS CCG 1a	Improvement of staff health and wellbeing	This CQUIN requires organisations to achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on health and wellbeing, MSK and stress.	Partially achieved 75% (Staff survey data in)
LEEDS CCG 1c	Improving the uptake of flu vaccinations for front line staff within Providers	This CQUIN sets a target for 18/19 of 75% of staff having received the flu vaccination.	Achieved (Flu data in)
LEEDS CCG 2a	Provider Network	This indicator incentivises providers to contribute to the development of a formal partnership agreement or network structure across all bed bases within the Community Care Beds Service.	The working assumption is that LCH are actively engaged in the Provider Network. Anticipated to be achieved

Commissioner	CQUIN goal	Reporting process/achievement	Actual (YTD)
LEEDS CCG 3a,b,c	Tobacco screening, brief advice, referral and medication offer	These three CQUINs apply to adults (18 plus) admitted to inpatient units for longer than a day. It requires monthly data submission to confirm the number of patients: <ul style="list-style-type: none"> • Screened for smoking (a) • Given brief advice and (b) • Referred on (c) 	Achieved
LEEDS CCG 3d,e	Alcohol screening and brief advice or referral	These two CQUINs apply to adults (18 plus) admitted to inpatient units for longer than a day. It requires monthly data submission to confirm the number of patients: <ul style="list-style-type: none"> • Screened for drinking risk levels (d) • Given brief advice or referred (e) 	Achieved
LEEDS CCG 4	Improving the Assessment of Wounds	The indicator aims to increase the number of full wound assessments for wounds which have failed to heal after four weeks.	Achieved
LEEDS CCG 5	Personalised Care and Support Planning	The aim of this CQUIN is the delivery of personalised care and support planning, the quality of conversations and the impact on individual levels of knowledge, skills and confidence of patients managing their long-term conditions.	Achieved
LEEDS CCG 6	STP and Control Total Risk Reserve	Leeds Community Healthcare NHS Trust are required to contribute to STP/ ICS transformation initiatives and demonstrate to the STP / ICS governance arrangements how it is supporting and engaging in the local STP initiatives.	The Trust has a nominated representative and is actively engaged in the STP plan. Anticipated to be Achieved
LEEDS CCG 11	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	This CQUIN aims to improve the experience and outcomes for young people when they transition out of Children and Young People's Mental Health Services (CYPMHS) on the basis of their age.	Achieved
NHS E H&J 8a	Staff Health and Wellbeing	This CQUIN requires an improvement in staff health and wellbeing across the service. 1a Improvement of health and wellbeing of NHS staff, 1b, Healthy Food for NHS staff, visitors and patients, 1c Improving the uptake of Flu Vaccinations for front line staff within providers.	Achieved
NHS E H&J 8b	Personalised Discharge and Transition Planning Wetherby YOI and Adel Beck	Early planning for release is crucial, with early confirmation of the resettlement arrangements that will be in place when the young person leaves the institution. This is so interventions are able to start promptly on release and the young person has an opportunity to prepare themselves for where they are likely to be living and what they are likely to be doing.	Achieved
NHS E H&J 8c	Escort and Bed watch	The Escort and Bed watch CQUIN aims to look at alternative ways to manage healthcare within the Prison setting and in turn reduce the amount of hospital transfers and bed watches taking place.	Achieved

Commissioner	CQUIN goal	Reporting process/achievement	Actual (YTD)
NHSE Public Health 9	Reduce Health inequalities by improving uptake Screening and Immunisation Programmes	The Provider should be able to demonstrate how they identify and address any health inequalities in the S7a Services they deliver; evidencing procedures they have in place to identify and support those persons who are not accessing the service (including those with protected characteristics, mental health conditions and learning disabilities), those considered vulnerable/ find services hard to reach and take proportionate and appropriate actions.	Achieved
NHSE 10	CAMHS Transitions	This CQUIN will improve transition/transfer/discharge planning, improve patient and carer involvement, and improve experience and outcomes with regard to transition between services.	Achieved

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



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

The Care Quality Commission has not taken enforcement action against LCH during 2018/19. In August 2017 the CQC published the final reports on its announced inspection, 31 January – 2 February 2017, and unannounced inspections of Hannah House, Leeds Sexual Health and the Single Point of Urgent Referral. The CQC rated the Trust overall as 'Good'. Most of the CQC improvement actions were completed in 2017/18, the remaining improvement actions were completed in the first half of 2018.

Hannah House completed all CQC improvement actions in 2017/18 but maintained focus throughout 2018/19 on embedding and sustaining those actions along with a wider programme of quality improvement and staff engagement and development.

The Children and Young People's CAMHS In-Patient service at Little Woodhouse Hall successfully completed the two outstanding must-do actions which related to ensuring staff compliance with statutory mandatory training ensuring timely completion of the outstanding action from the Mental Health Act inspection relating to personal search training. The Personal Search Management

policy has been refreshed to reflect best practice and staff have been trained in the new approach.

Leeds Sexual Health service completed the outstanding actions which related to ensuring staff compliance with the appropriate level of safeguarding training and other statutory mandatory training, ensuring clinical supervision standards are consistently achieved, providing effective support for all staff groups and displaying waiting times in clinics.

Community Neuro Rehabilitation Unit completed actions related to providing appropriate dementia training for staff and addressing recommendations of a Legionella Risk Assessment.

Adult services completed actions relating to clarifying in training records the required level of safeguarding training and ensuring dementia awareness is incorporated into mandatory training. Staff compliance is monitored through service and business unit performance management processes.

The requirement to ensure systems for monitoring environmental issues in community clinics are consistent was completed through doing IPC, Health

and Safety and fire risk assessments at the same time to enable an overarching understanding of environmental risks and triangulation of assessment information.

Senior Management Team (SMT) and Quality Committee received assurance through reporting regarding progress with implementing and embedding the CQC action plan. The Director of Nursing and Medical Director have quarterly engagement meetings with the CQC to review progress in implementation of the action plan and wider quality performance and management.

To support preparation for the next inspection by CQC, which will include the new CQC Well-Led Review, the Trust instigated a peer Well Led review by Cambridgeshire Community Health Services NHS Trust. Many of the findings of the peer review reflected development requirements already identified and being progressed, however there were a few additional development areas identified which we have incorporated into our plans.

LCH has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2018/19:

Review of care for people over 65

The Care Quality Commission (CQC) visited Leeds in October 2018 as part of a system review of how health and social care work together in the city to support people over the age of 65.

They looked at three things:

1. Keeping people at home
2. Supporting people at times of crisis
3. Helping people get home again after hospital

They found a number of positive reflections on the work of LCH teams including:

- Leeds has a strong embedded neighbourhood model which is considered a real strength.
- The frontline has a positive approach (with particular shout-outs to Single Point of Urgent Referral (SPUR) and the Recovery Hubs).
- There is good Occupational Therapy (OT) support in the community.

- There is good end-of-life care, with 85% of people dying in their preferred place.
- There is good multi-disciplinary working in Recovery Hubs.
- Relationships are strong and there is a collective purpose.

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

A cross partnership Task and Finish Group of senior quality and practice leads established to support the Leeds partnerships through the CQC local system review developed a joint action plan to address the CQC recommendations. The actions were informed by the December 2018 Summit and further by a Health and Wellbeing Board convened meeting in January 2019 in which members of the Partnership Executive Group (PEG), Integrated Executive Group (ICE), Leeds Provider Committees in Common (LPICC) and System Resilience and Assurance Board (SRAB) were represented. This ensured full senior partnership agreement and ownership. Accountability for progress will be via Leeds Health and Wellbeing Board with regular reporting to the Board. LCH is supporting implementation of the action plan: several actions require a system response and implementation by all partners. None of the actions relate solely to LCH.

Actions that require a system response and therefore LCH engagement are:

- Strengthening the focus on people's experiences across their journeys / pathways of care.
- Embedding the culture of 'home first' and moving people away from hospital throughout the system, especially in the hospital setting.
- Development and implementation of a population health management (PHM) approach to enable identification and tailoring provision to support members of communities who are most at risk.
- Ensuring robust evaluation and clear exit plans for pilot schemes to develop and improve provision in the community.
- Work to reduce hospital admissions as higher than the England average.
- Rolling out patient choice policy as a priority.
- Development of a workforce strategy for Leeds.

Secondary Uses and Hospital Episode Data

LCH submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- that included the patients valid NHS Number was 100% for admitted care and was 99.98% for outpatient care
- that included the patient's valid General Medical Practice Code was 98.1% for admitted care and 99.88% for outpatient care.

*The above confirms data available for 1 April 2018 to 28 February 2019; the submission timetable for data does not require data for 2018/19 (to 31 March 2019) to be submitted until May 2019.

Information Governance

LCH Data Security and Protection Toolkit overall score for 2018/19 was 'Standards Met'. The mandatory 32 assertions have been achieved.

The Trust recognises that information is an important asset, supporting both clinical and management needs and is fully committed to ensuring that personal information is protected and used appropriately. The Trust has submitted a self-assessed score that **all data security standards have been met** for the Data Security and Protection Toolkit (DPST), which is the successor to the Information Governance Toolkit.

The Trust's information governance group develops relevant policies and strategies to control data security and other information related risks. As a community trust, sharing information has been identified as an area where secure email and electronic record sharing are replacing paper based forms of communication.



The introduction of data security measures has reduced the risk of data loss through the use of mobile devices. The Trust has demonstrated its commitment to being an accountable data controller by appointing a Data Protection Officer. The information governance group has revised the information governance policies and procedures to ensure they are robust and compliant with the General Data Protection Regulation and the Data Protection Act 2018 (in force from 25 May 2018).

In recognition of the importance of data security, the Trust has a target of 95% of staff compliance with information governance training. Training compliance is fully monitored, and attendance is enforced where necessary.

Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) was introduced as part of a new UK Data Protection Act 2018 (DPA), which repealed and replaced the 1998 Act. The new legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner.

- 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).
- 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.

One incident has been reported to the Information Commissioner's Office (ICO) under the mandatory reporting requirements. The incident related to the disclosure of personal data to an incorrect recipient via the postal service.

A fact-find has been undertaken in the wake of the incident and process improvements have been actioned, where appropriate, to prevent recurrence.

We will continue to monitor and assess information governance breaches. When weaknesses in systems or processes are identified there will be interventions undertaken at source. Low level and near-miss events will be monitored and when there are common themes we will undertake Trust-wide communications to address these themes. We will continue to support Information Governance (IG) training through the national e-learning programme and ensure staff takes part in annual Information Governance training.

The Trust has a highly developed IG function and framework. It maintains effective links with the Trust's clinical teams through directorate and clinician representative delegates at the Information Governance Group meetings. The Trust's Senior Information Risk Owner (SIRO) (Executive Director of

Finance and Resources), Caldicott Guardian (Executive Medical Director) and the Data Protection Officer are members of this

group. The group is a sub-group of the Audit Committee, thereby maintaining a reporting line to the Board of Directors as required by regulation. The group monitors IG breach incidents, maintaining

oversight of breaches, as well as

triggering appropriate responses to clusters of low-level incidents.

Risks to data security are managed by ensuring that all staff with access to patient-identifiable data have the requisite access permissions and have completed their compulsory information governance training. All IT equipment is fully encrypted and has effective information governance to ensure essential safeguarding of our information assets from all threats.

The Trust made a self-assessment against the Data Security and Protection Toolkit (DSPT) of all data security standards have been met as at 31 March 2019.



Payment by Results

LCH was not subject to the Payments by Results clinical coding audit during 2018/19 by the audit commission.

'Freedom to Speak Up' Guardian Role

Speaking Up at LCH is a practice not a position. We have many ways for staff to speak up (managers, Ask Thea, Human Resources (HR), Staffside, easy direct access to directors, Anti Bullying and Harassment Officers, the Freedom To Speak Up Guardian). We encourage all staff to speak up about what matters to them, their colleagues and the care we offer. This work seeks to embed speaking up as a practice and culture across our organisation.

We offer a programme of pastoral support to all staff who speak up. This includes regular phone calls, texts, emails and face to face meetings. We offer meetings with the Chief Executive and the directors where required.

We feedback as things unfold to the staff who have shared concerns. Sometimes other issues arise too and we work with the staff member to ensure they have links to the relevant Trust departments on these areas.

We would address any concern about detriment through speaking up by working with the Chief Executive and board members to investigate. We also have a Non-Executive Director (NED) responsible for speaking up.

The Freedom To Speak Up work has continued to build on the foundations we have created as a Trust. We see the Freedom to Speak Up work as a practice not a person. We have many mechanisms for this to happen so that this practice spreads and becomes culture.

We have assurance measures aligned to the Freedom to Speak Up Guardian role. We are reporting quarterly to the National Office as required. The guardian role has worked with staff from across the organisation. Staff from within different occupational groups have approached the Freedom Guardian during the last year including nurses, admin, Healthcare Assistants (HCAs), medical staff, managers and Allied Health Professions (AHPs) such as physiotherapists and occupational therapists.

The Freedom to Speak Up Guardian role is involved with change work in the Trust including the admin review and Public health integrated nursing service work and works with teams facing challenges.



A joint piece of work looking at a guardian role in General Practice in Leeds is taking place in December 2019 to explore the best model for the city with the Clinical Commissioning Group (CCG), General Practitioner (GP) Confederation, LCH, Royal College of General Practitioners (RCGP) and local practices supported by input from the National FTSU Office.

There was a peer review in January with Locala and LCH to look at each other's work on Freedom To Speak Up. This involved interviews with Chief Executive Officer (CEO), Non-Executive Director (NED), Freedom to Speak Up Guardian, a staff member who has used the service and others from across the organisation.

We are developing learning from the role and feeding this into the strategic programmes and plans of the Trust.

The role is strongly supported by the Chief Executive, Board and across the organisation.

Feedback from staff is positive and supports retention, culture change, good culture / leadership and further staff involvement.

Learning from deaths

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

The highest number of deaths reported within LCH is within the Adult Business Unit which can experience fluctuations in the number of fast track patients on caseloads and therefore variations in the number of expected deaths.

Not all deaths of patients who are under the care of Specialist Business Unit require a review. There are a number of services in the SBU which are exceptions to the review process. This decision was taken following the guidance from 'National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care First Edition'.

All patients who die whilst under the care of the Specialist Business Unit where a review is required are heard within the Adult Business Unit process.

Review / Investigation	Qtr1	Qtr2	Qtr3	Qtr4	Total
Level 1 Mortality Review (Adult)	168	234	314	295	1011
Level 2 Mortality Review (Adult)	36 (21%)	39 (17%)	60 (19%)	54 (18%)	189 (19%)
Level 2 proceeding to Mortality Surveillance Group Review	6 (17%)	7 (18%)	9 (15%)	12 (22%)	34 (18%)
Death proceeding to SI	0	0	1	1	2

Good practice and learning gained from the Adult Mortality Reviews:

- A mortality case reviewed at Level 1 (did not trigger a Level 2 investigation) was escalated by the Clinical Pathway Lead as requiring further review and reflection, as a multi-agency case, due to concerns around communication and management of the fast track discharge. This resulted in a meeting between representatives from the Acute Trust Ward's leadership team, the Neighbourhood Team and the Health Case Management Team to reflect upon ways of improving communication and management of highly complex patients in order to achieve preferred place of death (PPD).
- Positive feedback from the mortality case reviews relating to the compassionate and sensitive case management of end of life patients by the Neighbourhood Teams.
- A theme related to the prescribing and

transcribing of anticipatory medications has been identified. These are predominantly no harm incidents and are investigated and lessons shared locally and across the ABU. Any relating to controlled drugs are also reported and investigated in conjunction with the LCH Medicines Management Team and included within the quarterly report.

Where a death has occurred and a SI investigation has been undertaken, these cases are now reviewed within the ABU Mortality Governance Review meeting (this could be a case review or lessons learnt summary). The group are vigilant to any emerging themes.

Accuracy of ABU reporting continues to improve with completion of the Level 1 and 2 reviews and a more informed understanding of a normal range of data.

A number of learning points were identified within the Specialist Business Unit (SBU) from the review meetings including:

- The importance of maintaining effective and regular communication between all disciplines involved in patient care particularly where care is complex.
- The importance of thorough case management through caseload reviews by the Neighbourhood team.
- The importance of reading patients case notes prior to rescheduling patient visits to identify any changes in the patient's care or condition.

The Quality Lead for the SBU has met with the lead for the respiratory service to review their process for reporting deaths and ensure compliance with the 'Mortality Review and Responding to Deaths Policy'. There have been a number of conversations between the Quality lead and service lead for clarification on process and to discuss reported deaths to identify if level 1 mortality assessment is required.

In January 2019 the SBU hosted a workshop on Mortality Review and sharing the learning from the past year.

Child deaths (expected and unexpected)

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

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

Review / Investigation	Qtr1	Qtr2	Qtr3	Qtr4	Total
Expected Death CDOP Review only (Child)	5	0	2	4	11
Unexpected Death SUDIC (Child)	3	5	6	5	19

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

Learning from the CDOP and SUDIC processes are shared and discussed at the LCH Safeguarding Committee as well as the Children's Mortality Governance Group.

All the expected deaths in 2018/19 have been in a place of the families choosing with support from the Children's Community Nursing Services as identified in their care plan.

LCH Level 2 reviews have been completed to share good practice and identify possible improvements.

Good practice:

- Support for staff involved via formal supervision and informal support from peers and colleagues from hospice and other services.
- Good relationships with children's palliative care team.

Areas for improvement:

Communication to children's services of a child's death, especially if this occurs in hospital. There have been a couple of occasions when this has been delayed which causes the family and staff additional stress. Action taken: Discussions with Children's Hospital to improve communication pathways facilitated by Team Leader, Children's Nursing.

The newly formed Children's Mortality Governance Group meeting commenced in January 2019 chaired by a Consultant Child and Adolescent Psychiatrist. LCH CDOP representatives are part of the group and will be updating on investigation findings and possible outcome alongside SUDIC team.

Reported incident deaths (adult and child)

During 2018/19, there were 263 reported deaths within LCH through the Datix incident reporting system. This comprises the following number of deaths which occurred in each quarter of that reporting period:

Qtr1	Qtr2	Qtr3	Qtr4	Total
72	57	67	67	263

A recent case heard by the coroner highlighted communication failure between the multi agencies involved and with the patient and family. LCH with our partner organisation have identified key learning and actions to help mitigate the risk of this tragic event happening again. LCH has acknowledged that improvements are needed in our communication processes which includes updating our internal processes and working with our partner organisation on pathway redesign. This will ensure that there is a clear pathway and clear areas of responsibilities within the service.

Reporting against core indicators

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

Prescribed Information

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

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

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



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

**definition has changed since Quality Account guidance was issued

LCH considers that this data is as described for the reasons: Gaining staff opinion on LCH as an organisation and how we work together is very important to LCH. Levels of engagement at LCH have increased. For the key engagement indication of 'staff recommendation of LCH as a place to work', LCH achieved a +9.4% year-on-year difference scoring 63.6% (4.2% above national average).

The Trust has seen a statistically significant improvement (meaning that there has definitely been an improvement in those areas since 2017) in four of the key nationally-reported themes:

- Health and wellbeing
- Immediate manager support
- Safe environment from violence
- Staff engagement
 - There has not been a decline in any of the key themes since 2017
 - LCH scored at most 5.1% below the average whereas the highest response above the mean had a difference of +11.2%.

Most significant improvements year-on-year in local question scores (with larger changes of between +6% and +10% year-on-year compared with changes experienced between 2016 and 2017) relate to senior manager communication, immediate manager support and employee engagement measures of 'recommendation as a place to work and receive treatment', all areas of focus for engagement work in 2018.

The Trust intends to take the following actions to improve this indicator: There is a structured support programme in place to identify and work with those services which experienced particularly negative feedback or low levels of engagement with the National Staff Survey. All Business Units are required to report into the Performance Panel on their broad and local engagement initiatives throughout the year. Furthermore, the Staff FFT (Friends and Family Test) has recently been modified to more closely reflect National Staff Survey content and thereby acts as a pulse for the three quarters between National Survey.



We use a broad range of methods and platforms to listen, share information and engage throughout the organisation. Particularly impactful examples include, but are not limited to, our '50 Voices' engagement group; and our Leaders Network sessions where participants are invited to 'call a conversation' on any topic.

Linked to this are our well-embedded Vision, Values and Behaviours, **'Our Eleven'** – we hold each other to account using these, and they are an important part of our organisational and cultural identity.

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**

Staff Friends and Family Test

Your opportunity to feedback on the trust - click here for more details

Q1

Out now!

Prescribed Information

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

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

Reporting year	Percentage satisfaction all of the time
2013/14	77.0%
2014/15	83.5%
2015/16	84.2%
2016/17	83.5%
2017/18	83.4%
2018/19	88.8%

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

Patient experience data collection is a national requirement of all IAPT services with satisfaction a measured post screening and at the end of treatment. Audits are carried out on a quarterly basis to review the outcomes to identify any learning or trends.

The Trust intends to take the following actions to improve this indicator:

Continue to work with key partners in secondary care mental health to help improve the mental health pathways and service user experience. Continue to improve access and increase capacity within the service. Ensuring services users are kept up to date of waiting times and provide those who are waiting information on how to keep themselves safe and where they can obtain help and advice from other services or support groups.

Improving Access to psychological therapies (IAPT):

- Proportion of people completing treatment who move to recovery – 50.4%
- Waiting times to begin treatment:
 - 72.7% within 6 weeks of referral (target 75%)
The service has experienced a significant number of increased referrals above capacity levels around 12% higher than the previous year. There has been a number staff vacancy's which has impacted on waiting times with a recognised local and national shortage of Psychological Wellbeing Practitioners. The waiting list has been managed through a range of service initiatives.
 - 99.8% within 18 weeks of referral (target 95%).



Prescribed Information

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

Reporting year	Number of all patient safety incidents (PSIs)	Number (and %) of PSIs that occurred within LCH care	Number of PSIs that resulted in severe harm or death (caused directly by the PSI)	Number as a percentage of all PSIs
2015/16	4207	3215 (76.4%)	49 (47 severe harm + 2 deaths)	1.2% (LCH PSI incidents)
2016/17	4189	3156 (75.3%)	61 (60 severe harm + 1 death)	1.93% (LCH PSI incidents)
2017/18	4759	3250 (68.3%)	63 severe harm 9 (14%) avoidable 54 (83%) unavoidable * 1 avoidable death to LCH	1.9% (LCH PSI incidents)
2018/19	4201	2921 (69.5%)	77 severe harm 6 (8%) avoidable 65 (84%) unavoidable 6 (8%) ongoing * 1 avoidable death to LCH	2.6% (LCH PSI incidents)

*Defined as avoidable to LCH through the SI process due to a falls risk assessment not being completed whilst under LCH care. In 2018/19 LCH has reviewed the falls risk assessment criteria to ensure that where there is a risk of a patient falling that early review and risk reduction interventions are implemented.

LCH considers that this data is as described for the reasons: LCH has a strong reporting culture with staff encouraged to be open when something has occurred. LCH continue to report all incidents that affect our patients including those that occur in other organisations such as care homes or hospitals. An example of this would be a pressure ulcer obtained in hospital with treatment being provided by our Neighbourhood Team after discharge.

The Trust intends to take the following actions to improve this indicator: In 2018/19 we have continued to provide incident training across the organisation and provide support to staff in incident review and investigations. We have updated our serious incident, falls and pressure ulcer investigation documentation.

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



Part

3

An overview of quality care

This section of the Quality Account provides information of the quality of care based on performance in 2018/19 against quality and performance indicators agreed by the LCH board and also performance against other relevant indicators set out by regulators.

Greater detail will be provided on:

- NHS Staff Survey
- Work Relations Equality Standard
- Leadership
- Patient Engagement in Service Planning / Provision
- Learning from Patient Experience
- Friends and Family Test (FFT)
- Patient Engagement and Involvement
- New models of Care
- Safeguarding
- Infection Prevention and Control

Staff survey

The way the staff survey results are analysed nationally before we receive them locally has changed in 2018 – there are no key findings this year. From the benchmarking report:

“Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. Please note that you cannot directly compare Key Finding results to theme results.”

Examples of how LCH scored against key themes

‘Safe environment – bullying and harassment’

The results out of 10 are as follows:

	2015	2016	2017	2018
Best	8.8	8.7	8.7	8.8
LCH	7.9	8.5	8.5	8.5
Average	8.3	8.4	8.4	8.4
Worst	7.9	8.0	8.0	7.1

‘Does your organisation act fairly with regard to career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?’

Percentage of people who responded yes:

	2014	2015	2016	2017	2018
Best	95.2%	94.8%	92.3%	92.4%	93.8%
LCH	90.7%	89.3%	92.2%	89.6%	89.6%
Average	91.2%	90.0%	89.8%	88.5%	89.2%
Worst	82.1%	82.6%	81.6%	80.0%	73.7%

Staff survey results 2018

Adapting to change and delivering improvements

46 of the 66 questions asked in the staff survey have had positive changes year on year from 2017.

The most significant changes relate to senior manager communication, immediate manager support and recommendations of LCH as a place to work and receive treatment.

Only 9 questions showed a year-on-year decline.

Working together

Our Staff Survey response rate of 52% compares really well with the national NHS average of 43%.

10% more colleagues believe that Senior Managers try and involve staff in important decisions.

Leading by example

8% more colleagues believe that leaders act on feedback.

73% of colleagues said they were satisfied with the support from their immediate line manager.

Caring for one another

Colleagues feeling recognised and valued at work has gone up by 9%.

Caring for our patients

81% of colleagues said care of patients and service users is our top priority.

Making the best decisions

9% more colleagues would recommend LCH as a place to work.

6% more colleagues would recommend LCH to a friend or relative.

Finding solutions

There is still more for all of us to do. The results of this year's survey are great and tell us we're moving in the right direction.

Everyone here at LCH has played their part in this achievement.

A BIG Thank You to all staff who took the time to tell us about their experience

© Leeds Community Healthcare NHS Trust, Jan 2019 ref: 2023

Errors / near misses / incidents:

- Questions involving errors, near misses and incidents have also shown a positive change since 2017.
- In questions 16a and 16b which involve witnessing errors, near misses and incidents LCH is now above average.
- Question 17c 'When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again' has been steadily increasing in positive response and LCH now has the best score.

Immediate manager support:

- Immediate manager questions had a dramatic dip in 2017, with LCH showing the worst response

of all comparable trusts in several questions but response appears to have recovered and LCH is now scoring at National average for these measures.

Resourcing (staff):

- For question - there are enough staff at this organisation for me to do my job properly LCH response has risen to 7.8% and is now above average which is a significant improvement from previous years.

LCH will be working with our staff to ensure that actions plans are devised for any areas that require attention. We will also be striving to continue to improve our position of the key indicators that have remained static and those which have also seen a rise with a hope to improve the position even further.

Work Relations Equality Standard (WRES)

If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to.

To this end, during the last year we have continued work to build knowledge, skills and behaviours within the healthcare community. In common with other public service organisations we have policies to guide us in achieving this aim; however, it is the way we implement our policies that makes a difference.

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

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

LCH continues to make progress, agreeing the WRES action plan with additional resource and launching the Reverse Mentoring programme between BME staff and Trust Board members.

WRES Indicators | Workforce indicators | NHS England

#02

Relative likelihood of BME staff being appointed from shortlisting

In 2018, white shortlisted applicants were 1.45 times more likely to be appointed from shortlisting than BME applicants.

Come along to the **#Raceforquality event** on the **20 March 2019** to find out about LCH WRES metric 2 data.

To save your place, email simone.cleeve@nhs.net and include any dietary and access requirements.

To work towards reducing the numbers of staff experiencing inequality of opportunity or treatment, we continue to provide opportunities for all staff to access face to face 'Unconscious Bias' awareness sessions and is included in the 2 day Recruitment and Selection Managers course.

In 2019 LCH was included in the Inclusive Top 50 UK Employers, a definitive list of UK based organisations that promote inclusion across all protected characteristics, throughout each level of employment within their organisation.

In 2014 LCH received the 'Disability Confident' - employer accreditation, and have commenced work to achieve a 'Disability Confident' – leader accreditation in 2020.

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

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

LCH is working hard to ensure the WRES action plan is integrated throughout the organisation.

WRES Indicators | Workforce indicators

#03

Relative likelihood of BME staff entering the formal disciplinary process

In 2018, BME staff were 1.24 times relatively more likely to enter the formal disciplinary process compared to white staff.

Come along to the **#Raceforquality** event on the **20 March 2019** to find out about LCH WRES metric 3 data.

To save your place, email simone.cleeve@nhs.net and include any dietary and access requirements.

Leadership

Leading by example

➔ Are you new to a leadership post?
 ➔ Has leadership been identified as your development need?
 ➔ Do you aspire to have a leadership role?

If you answered **YES** to any of these questions, talk to your manager about the options below:

YOUR NEEDS	YOUR SOLUTION	YOUR COMMITMENT
<ul style="list-style-type: none"> Are you fulfilling your potential as a leader? How well do you know your leadership style? Do you know what is expected of you as a leader in LCH? Are you making the most of the potential of your team? 	<p>Leading LCH course</p> <ul style="list-style-type: none"> You and your leadership skills How you lead others Leading within the wider system 	<p>YOUR COMMITMENT</p> <p>3 consecutive days and a 2 hour launch event</p>
<ul style="list-style-type: none"> Do you have the essential knowledge and skills to be a manager in LCH? Do you know how to manage all your resources effectively? Do you need to polish up on your 'people management' skills? Do you know how to manage continuous improvement? 	<p>Essential Management course</p> <ul style="list-style-type: none"> Essential skills to manage people How you manage change How you manage resources 	<p>YOUR COMMITMENT</p> <p>3 days (not consecutive)</p>
<ul style="list-style-type: none"> Would you like to manage your conversations better? Would you like the skills to empower your team? Would you like more confidence when managing the performance of your team? Do you find yourself 'doing all the doing'? 	<p>Manager as Coach (MAC) course</p> <p>Using coaching skills in your day to day conversations</p>	<p>YOUR COMMITMENT</p> <p>3.5 days (not consecutive)</p>

How to apply Discuss your needs with your manager first. Choose your solution(s) and complete the relevant nomination form with your manager. The forms and more information can be found on Elsie.

© Leeds Community Healthcare NHS Trust, January 2019 ref: 2126

At LCH we are committed to developing our staff and ensuring we have strong leadership and management throughout the organisation.

We are building on our strong Leadership and Management foundations to enable managers and aspiring managers from across the organisation to access Leadership and Management development. We are considering options to scale up the development offer to reach more people both within LCH and across Primary Care; and we are working closely with the Leeds Health and Care Academy on the development of their System Leadership module.

We are embedding a Leadership Competency Framework (LCF), based on the LCH values and behaviours as well as engagement with stakeholders. It is envisaged this will support constructive discussions about leadership potential and development needs, linked with appraisal processes and the emerging LCH Talent Management approach.

We are identifying our critical roles within the organisation, and engaging services in the development of an improved talent management approach, linked with appraisal processes.

Just culture

Mistakes can occur and therefore errors in the workplace will certainly happen. It is often the way we handle the mistaken that can dictate their resolution.

By establishing a 'just culture' organisations can learn to avoid the risks of unnecessarily and harshly blaming employees which can lead to distrust, lower workplace morale and further incidents. A 'Just Culture' is a culture in which individuals are not punished for actions, omissions or decisions taken by them which are appropriate with their experience and training, but where gross negligence, wilful violations and destructive acts are not tolerated.

A 'Just Culture' ensures that staff involved in a patient safety incident are treated fairly, and which supports a culture of openness and transparency to ensure opportunities to learn from mistakes are maximized.

LCH is committed to supporting staff through incident management and learning when things go wrong. We want to ensure that we have robust support structures in place and are able to have open and honest conversations without apportioning blame. Staff can often feel responsible when things go wrong and on occasions can feel an essence of blame from patients or families which can be difficult.

LCH is considering how we can include patients, carers and other service users in our investigation process with the aim for a more collaborative approach to help with learning, exploring root cause and where required system change.

Patient engagement initiatives within service planning / provision

New Child Mental Health Unit

It is very important to the Trust that the voice of young people, families, staff and the local community has a strong presence in the development of the new CAMHS in-unit to be built in Leeds and we will continue to work together to make sure we get it right.

So far, we have held two engagement sessions with young people and one session with parents and carers. The sessions have helped us to understand what is important to people in the design of the new building and how we improve both patient and visitor experience at the new unit. We have also asked for feedback on our plans developed so far.

We have also held a drop-in information session for members of the public to view and comment on initial plans. Our staff, construction and design representatives were all on hand to answer any questions about the unit.

We will continue to involve young people, their families and carers, member of the public, staff and our partners throughout the project.

Child Development Centre relocation

We want to ensure our services are provided in the very best facilities. Over time it became apparent that the building, which housed the Child Development Centre, was no longer suitable. During June to September 2017 we asked for feedback on plans to relocate the Child Development Centre from the St James' Hospital site to the Reginald Centre. Overall, engagement has shown that the proposals to move was positively received. We invited people to come and hear about the outcomes of engagement for our proposals to relocate the child development centre.



We held two information sessions to talk to people about our plans, ask any questions and be shown where the service would be delivered from. In moving to the Reginald Centre children are now seen in a modern, fit for purpose community environment which is providing an improved care environment and facilities for patients and staff.

Friends of LCH

We asked for feedback about changing the term 'members' to 'Friends of LCH' to describe people's relationship with us and how people can continue to be involved in the work of the Trust. 75% of people that responded said they were supportive of the name change. Those not in support were concerned that members have a stronger influence than friends. We are confident that changing the name will not change the relationship people have with us or the impact they can have.

Staff Thank You awards

We invite 'Friends of LCH' and involve people in judging the Trust staff 'Thank You' awards based on our 'How we work' behaviours.



Complaints and concerns

This year we have reviewed our processes following an internal audit of our feedback policy to ensure that all complaints are initially risk assessed to identify any immediate patient safety risks and highlight any immediate learning or areas for improvement.

Staff support has also increased to provide comprehensive and individualised responses to complaints. We also aim to resolve all complaints or concerns as soon as we can.

To help us to achieve this:

- Clinical Leads risk assess the complaint as soon as they are logged on our Datix system to identify any immediate patient safety risks or learning.
- The Service Lead reviews all completed investigations, draft responses and recommended learning and action plans prior to the response being sent for Executive review and CEO (Chief Executive Officer) review/sign off.
- Actions, learning and identified themes are reviewed and discussed and shared across the organisation through the clinical governance structure.
- Compliments and outcomes of concern and complaint investigations are discussed with named practitioners as part of individual appraisal or supervision and with service teams.

In the last year the Trust has seen the amount of patient feedback received by traditional channels continue to reduce. During 2018/19 we received 152 complaints relating to services LCH provides. Of the complaints we received, the Trust upheld either in part or fully 43%. Two complainants asked the Trust to re-open their complaints to look at issues again. Two referrals were made to the Parliamentary and Health Services Ombudsman but we received no further contact from the Ombudsman during the reporting period. There were 365 concerns raised and a total of 126 enquiries recorded. We also received 1472 compliments.

The top themes for complaints in 2018/19 as categorised within our Datix reporting system were:

1. Clinical judgement / treatment
2. Appointment
3. Attitude, conduct, cultural and dignity issues.
4. Confidentiality of information
5. Access and availability

Patient engagement and involvement

LCH is committed to listening to our service users, carers and the public to ensure our services meets the needs of the community. We are committed to hearing patient stories throughout the organisation to hear what really matters.

Board members hear direct from patients or a family member the impact of both positive and negative experiences. Members of the board also commit to participate in service visits to gain a better insight into services from both staff and patients.

We aim to significantly improve our organisational offer for Patient Experience and Engagement over the next 12 months and hope to continue to develop this as a main priority. This will ensure that our services are continuously improving and are reflective of the needs of the communities we serve.

The Organisation has committed to this development and has recently recruited to 2 new job roles to lead and drive this work; we now have a Patient Experience and Engagement Lead and a Patient Engagement, Experience & Participation Officer in post.

Our starting point for this improvement is the commissioning of Healthwatch Leeds to complete a report outlining our current position. This involved semi-structured interviews with staff across the organisation to establish a baseline across all services. This report, along with in-house fact finding and reviews, will provide recommendations on how we move forward within Patient Experience and Engagement.

We will implement a framework to establish and measure our progress; this will likely take the form of the NHS Improvement 'Patient Experience and Improvement Framework' to aim towards achieving good and outstanding ratings within CQC standards.

We aim to create a Patient Experience and Engagement Strategy in collaboration with Patients, staff, Carers and families. To support the strategy we will implement a delivery plan including impact measures and a review timetable. This will ensure there are robust procedures in place to measure progress and effectiveness.

We will implement process that will be shared and accessible to provide guidance on Patient and family engagement to allow for services to take the lead on engagement activities with support from the Patient Experience Team. We will engage staff to reinvent



the 'Experience/Engagement Champion' roles and to have staff representation at quarterly meetings from all services/teams. We will review the use of 'Engagement standards' in line with our framework and strategy.

We aim to work with our partners in Leeds to develop a city-wide engagement network allowing for learning to be shared and for a more consistent experience of engagement to be embedded across the City. We are a member of the Leeds People's Voices Group and are on the working group for the Big Leeds Chat 2019; the 2nd annual event of its' type in Leeds to bring together members of the public and key decision makers across Health, Primary and Secondary Care and the Voluntary Sector. We will work with our partners to create an engagement space for the people of Leeds to tell us what they want and need from health care services, and give the opportunity for the public to discuss key issues with decision makers within these organisations.

We will support the role out of the 'Hello, My name is' campaign in September 2019 and will work with the Communications Team and Workforce to embed the initiative within all staff levels. We will support the implementation of the 12 month forward plan from July 2019 to maintain momentum post roll-out in September. A mobilisation plan is in place for Q1-Q2.

We will continue our work with listening to patients experience through the Friends and Family Test and also from feedback from complaints and concerns to help drive our service improvements.

New Models of Care

Mental Health Support for Children and Young People

Thanks to closer working relationships between South West Yorkshire Partnership NHS Trust; Leeds and York Partnership NHS Foundation Trust; Bradford District Care NHS Foundation Trust and Leeds Community Healthcare NHS Trust and the introduction in April 2018 of the New Care Model (national pilot) for Children and Adolescent Mental Health Services (CAMHS) progress is being made to support more children and young people with mental health problems closer to home.

Evidence shows that care provided closer to home has better health outcomes than most hospital admissions and is importantly better for families and carers - reducing travel time and unnecessary anxiety.

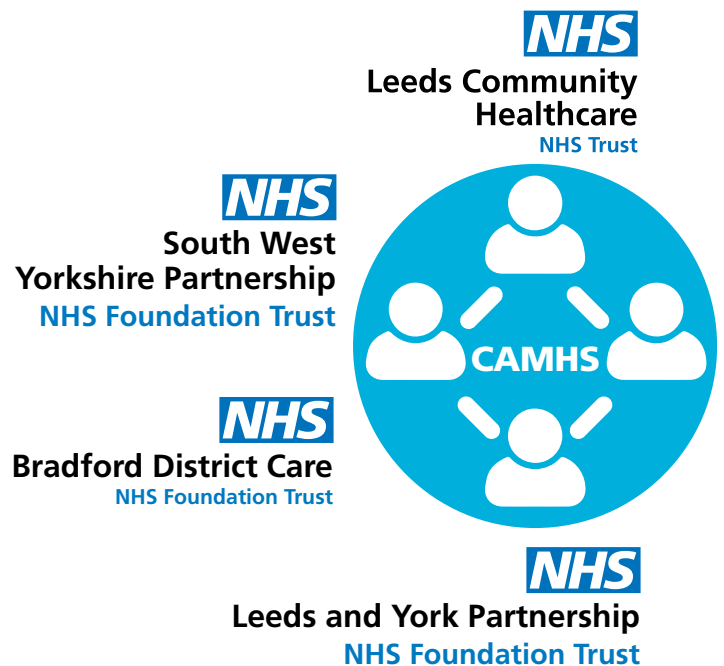
LCH is leading the work for new care models for the Partnership. Information collected to date, shows that by adopting a shared approach across West Yorkshire and Harrogate the number and length of hospital bed days for children and young people across the area has reduced in the last six months from 708 occupied days in April 2018 to 536 in September 2018. The money saved means funding is available to organisations across the area with £500k worth of investment in community services - ensuring more children and young people are cared for closer to home.

Through the introduction of the new care navigator role twenty one children and young people were also supported locally in the last six months without hospital admission.

However, children and mental health services remain poor in terms of assessment waiting times and providing timely access and meeting increasing demand. More must be done.

Working in partnership with other organisations, including the police, local authorities and community organisations is critical to further improving care for children and young people in communities. You can see a good example of this in the work of Bradford's safer spaces for children and young people in mental health crisis. This provides an alternative to hospital bed days whilst reducing unnecessary A&E attendance. It has the potential to be rolled out across other Partnership areas.

The Partnership's work is also supported by a £13m capital investment from NHS England to build a new Children and Adolescent Mental Health Unit in Leeds. Led by Leeds Community Healthcare NHS Trust on behalf of the Partnership, the new purpose built specialist CAMHS unit is due to be completed in the next two years. It will support young people suffering complex mental illness. Importantly this means they will receive care locally if and when they need specialist hospital care. There are currently eight general adolescent beds for patients across West Yorkshire which are provided by Leeds Community Healthcare NHS Trust in Leeds. This new unit will bring a significant increase in capacity and provide 18 specialist places and four psychiatric intensive care unit (PICU) beds. These 'extra' beds are in part due to reallocating hospital beds across the country so that young people get specialised inpatient care nearer to where they live.



Safeguarding

LCH ensures there are systems and processes in place to promote the safeguarding and wellbeing of the people of Leeds. Safeguarding is about working closely with families and partner agencies in health and social care to respect to the rights of everyone to live life free from abuse, neglect or emotional harm.

The LCH Safeguarding Team exists to guide and support staff, managers and service leaders in fulfilment of their safeguarding duties; including, as part of our corporate function, working with our Contracting and Business Development Team to ensure LCH's commitment to safeguarding is reflected in our tendering and contracting processes such as delivery of Custody Suite and 0-19 years Healthy Child services. During 2018/19 we have built on our commitment to safeguarding:

- Reviewing the safeguarding training compliance status of staff across the Trust and reconfiguring our Electronic Staff Record system to accurately reflect the level of training required for each role. All departments and teams in the Trust have responded the challenge of ensuring we are equipped with relevant knowledge to safeguarding the people of Leeds and each other in line with 'Safeguarding children and young people: roles and competences for health care staff' (Intercollegiate Document March 2014).
- Working closely with strategic partners in the Leeds Safeguarding Children Partnership to respond to the systems and process changes arising from the publication of 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (July 2018); which seeks to strengthen local partnership working and the robustness of processes for child safeguarding practice reviews and child death reviews.
- Working closely with strategic partners in the Leeds Safeguarding Adults Board to revise the safeguarding adult procedures; developing the 'Leeds Approach'; clearly and firmly placing service users at the heart of safeguarding practice. 2019 will see the embedding of the 'Citizen-Led Multi-Agency Safeguarding Adults Procedure: Talk to me, hear my voice'.



- The LCH safeguarding team were integral to the planning and delivery of a highly successful self-neglect conference promoted under the 'Talk to me, hear my voice' banner and scheduled to be repeated in May 2019.

External scrutiny of safeguarding children practice has been a strong feature of 2018/19. A CQC Review of health services for Children Looked After and Safeguarding in Leeds in June identified practices across Health Visiting, School Nursing, Leeds Sexual Health Service, CAMHS and the Children Looked After health service of which we can be proud whilst remaining committed to continuous improvement and development.

The CQC findings were reinforced by Ofsted's Inspection of Children's Social Care Services in October/ November of 2018 which found that "Children are placed at the centre of work within the city and strong multi-agency strategic partnerships are promoting effective practice...". Their judgement was that children's services in Leeds are outstanding.

2019/20 will be another challenging and exciting year as we look to continuously strengthen, develop and integrate our safeguarding practice with that of our colleagues in NHS Leeds CCG, Leeds Teaching Hospitals Trust, Leeds and York Partnership Foundation Trust, Leeds Safeguarding Children Partnership, Safer Leeds, The Leeds Safeguarding Adults Board and the Leeds GP Confederation.



Infection Prevention and Control – shaping the future

Throughout the year the Infection Prevention Team 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 and basic hygiene at the heart of safe care and clinical practice, and we are committed to a 'zero tolerance' approach to preventable healthcare associated infection.

Over the past year the Infection Prevention team 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. Central to this has been the work around the national reduction of the number of Gram-negative bloodstream infections (BSIs) with an initial focus on Escherichia coli (E.coli) through upstream approaches to public health and health promotion. In addition LCH has achieved the local and national targets for reportable infections: Clostridium difficile (CDI) and MRSA bacteraemia.

NO cases of MRSA bacteraemia have been assigned to LCH within 2018/19

Throughout 2018 the Infection Prevention Team have coordinated various awareness campaigns at a variety of venues and engaged with LCH staff groups and the wider community.

Throughout this we have worked towards the following objectives:

- Raise the profile of Infection Prevention Control
- Hydration awareness
- Sepsis awareness
- Promote the I-Spy E.coli campaign
- Address seasonally important issues such as influenza, Norovirus, hand hygiene
- Highlight sharps safety compliance, both organisationally and with the general public
- Reinforce that IPC is 'everyone's responsibility' across the healthcare economy

The Infection prevention Team began work to reduce E. coli bacteraemia burden in Leeds by 10% yearly leading to a 50% reduction in 2020 as set out by the Department of Health. Focusing on the elements of education, hydration and UTIs. Partnership work has taken place across the city including hydration awareness days, a television advert on the Leeds TV Channel and public campaigns in the city centre.



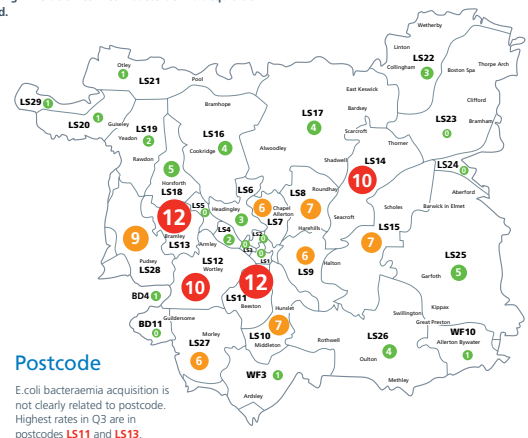
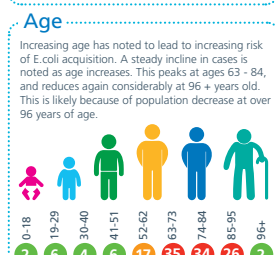
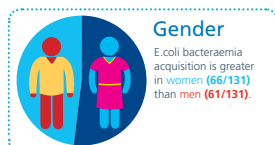
A significant highlight of 2018/19 is our success in vaccinating LCH staff through the Flu Vaccination Campaign. The Infection Prevention team were challenged with a requirement to vaccinate 75% of our frontline staff before the end of January 2019.

A comprehensive action plan has been developed which included an innovative social media campaign, the novel use of storytelling; and the use of our flu bug characters, Frankie and Flo. This is the first year that the IPC team have worked collaboratively with Informatics to develop an electronic consent form, which has been pivotal in the data success around data collection.

Leeds E.coli BSI incidence Q3 October-December 2018

NHS
Leeds Community Healthcare
NHS Trust

In Q3 131 Leeds E. Coli bacteraemia cases have undergone root cause analysis (RCA) to identify patterns and trends with the Leeds Community setting in relation to E.coli bacteraemia acquisition. The following patterns / trends have been identified.





Going forward throughout the year LCH views the prevention of Healthcare Acquired Infection as a key priority. 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.



The IPC Team celebrated the success of having two members of the team nominated for the NHS 70 Awards and Winner of the Flu Fighter of the Year by NHS Employers.





Appendices



Appendix 1

Healthwatch Leeds

Many thanks for the opportunity to comment on the LCH Quality Accounts 2018/2019.

The report is very well written and gives a clear and accessible overview of the LCH approach to delivering quality services, as well as some very good case studies of the services that LCH provide. It is also a very reflective report and transparently highlights areas where work has been done to improve services or where more work needs to be done in future.

From a service user involvement perspective, it is very positive to see that LCH have made this priority area 2 for 2019/2020 with clear actions going forward. As Healthwatch Leeds we undertook an independent review of LCH engagement practices in 2019 and in doing this were asked to provide a full picture of what works, what doesn't and what could be put in place for future. We very much support this priority focus on hearing patient/service user voice and look forward to supporting LCH as they develop their strategy and action plan on this in 2019/2020. We also very much welcome priority 3 in terms of learning from incidents and developing an open culture of continuous improvement. Again Healthwatch Leeds were invited by LCH to be part of the review of on the LCH complaints process with a particular focus on thinking how it would feel to receive the complaints letter, a good example of an open and learning approach to getting it right for people who use LCH services. This open, reflective approach is also seen in the internal and external peer review programmes. In terms of the action around looking at how patient experience/engagement is shared (p13), it would be good to see this being linked directly into the Quality improvement work (p12).

In terms of services, the concerns raised by LCH about timely access to mental health services, CAMHS and IAPT services, is a concern that we would strongly share and wish to see significantly improve for the people of Leeds. Both those services are undergoing reviews in some ways so it would be great to see consistent capturing and reporting of patient experience and people outcomes of these new services as the key mechanisms that we measure the success of these two critically important Leeds mental health services. We would also like to hear patient experience evaluation of the new approach to transitions and CAMHS as that develops, transitions being an area where people have consistently highlighted issues.

From a city-wide strategic perspective, LCH, along with all health and care partners in Leeds play a key role in delivering on our citywide Leeds health and care Plan which advocates for person-led, community focused, left shift services. LCH have played a strong leadership role in the city, actively playing a strong role in Health and Wellbeing Board, the Partnership Executive Group and other key city-wide transformational boards. Many of the case studies provided in the quality accounts demonstrate that holistic whole person thinking required to better meet the people of Leeds health and care needs.

NHS Leeds Clinical Commissioning Group

Thank you for providing the opportunity to feed back on the Leeds Community Healthcare NHS Trust Quality Account for 2018/2019. In our work together throughout the year we have been able to see great progress made towards meeting quality priorities for the people of Leeds and explore the challenging priorities that will take longer to happen. What we have seen is well described in this quality account. The mandatory elements of the account are also noted.

The hard work over the year has been well described and creatively presented in this quality account. We have shared the account with wide ranging members of our team here in the Clinical Commissioning Group; all of whom you will be familiar with. They have taken the opportunity to formally acknowledge the content of the account and make comments to you that reflect their thoughts. These are summarised in this letter.

The quality account is clear and transparent. Any member of the public could pick this document up and see what was achieved last year and what LCH will continue to work on in the next year. The colouring of words in red when something has not been achieved, contributes to this clarity for the public. Any targets not met were backed up with clearly identified learning and plans to continue work to meet them.

The achievements for the last year and priorities for the coming year are very clearly described and reflect the priorities of the Leeds population. It is reassuring to see service user engagement as a clear priority with a clear plan aligned to it. Similarly, staff feedback is encouraging and well above national benchmark for community trusts.

We note the continued use of the Quality Challenge+ tool to improve the standards of services offered. It is promising to see that the related target has been met and that efforts will continue in preparation for the imminent Care Quality Commission inspection and to target the few areas which were not rated 'good' or 'outstanding'. This work will of course support the trust ambition to achieve an 'Outstanding' Care Quality Commission (CQC) rating.

We acknowledge the hard work of the Neighbourhood teams and the wider trust to support the people of Leeds to avoid damage to their skin in the form of pressure ulcers.

Not only has the target of reducing avoidable category three pressure ulcers been met but it has also been lowered for the coming year. We look forward to seeing the same progress over the next year for avoidable category four pressure ulcers.

The continued work on a coaching and self-management approach to care is heartening, builds upon previous pilot work and works towards a population health management approach to care in Leeds.

The newer work to develop a trust quality improvement strategy is welcome, as are the ongoing efforts to develop meaningful patient centred outcome measures to let us know that the care delivered to the population of Leeds is effective.

The 'Celebrating Successes' section is a particular strength of the quality account. This raises the profile of all the good work that is being done. We look forward to seeing the contribution of these and the FABU-LEEDS initiative in the coming year.

It is good to see so much coverage of the children's business unit. The account accurately describes the achievements and challenges of the year, the latter particularly in relation to access/waiting times for the Child and Adolescent Mental Health Service (CAMHS) and Integrated Children's Additional Needs (ICAN) services.

Congratulations on the progress made on the recruitment and retention of staff. We see that you will be building on the success of achieving the second highest reduction in staff turnover, by focussing on roles known to be hard to recruit to.

The examples of everyday care are an inspiring and grounding reminder of the ongoing hard work and dedication of the LCH workforce. The stories are also a helpful reminder of the breadth of services offered to the population of Leeds. The described commitment to using patient and staff feedback to inform service developments further supports LCH as a responsive and patient focussed organisation.

We appreciate the opportunity to review the quality account and look forward to continuing to work with you over the coming year.

Appendix 2

Statement of Directors' responsibilities in respect of the Quality Account

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the Regulations and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to May 2019
 - papers relating to quality reported to the board over the period April 2018 to May 2019
 - feedback from Leeds Clinical Commissioning Group on 12/06/2019 and Healthwatch Leeds received on 14/06/2019
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
 - the national staff survey Autumn 2018
 - the Head of Internal Audit's annual opinion of the trust's control environment dated 26/04/2019
- CQC inspection report dated 29/08/2017
- the Quality Report presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- 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 2019
Neil Franklin, Chair



Signed  Date 31 May 2019
Thea Stein, Chief Executive



Acknowledgements

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2018/19 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

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

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

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

www.leedscommunityhealthcare.nhs.uk

How to Comment on the Quality Account

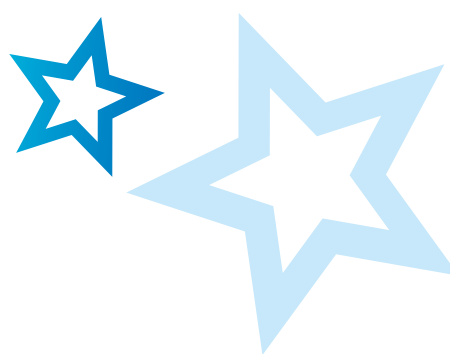
If you would like to comment on this document contact us:

- By email to lch.pet@nhs.net

Please ensure you include 'Quality Account 2018/19 feedback' as the subject of your email.

- In writing to:

The Clinical Governance Manager
Quality Account 2018/19 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
1st Floor, Stockdale House
Headingley Office Park
Victoria Road
Headingley
Leeds LS6 1PF



Services provided by Leeds Community Healthcare NHS Trust

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

www.leedscommunityhealthcare.nhs.uk

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

SUDIC – a review of progress of unexpected child death.

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

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

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

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

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

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

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

NCEPOD – reviews clinical practice and identifies potentially remediable factors.

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

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

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

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

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

PAM – is a tool that enables healthcare professionals to understand a patient’s activation level, or their level of knowledge, skills and understanding to help support them in their own health and care.

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

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

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

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

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

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

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

ReSPECT – is a process that creates a plan with a patient on what they would like to happen if they were unable to express their wishes in an emergency situation. It provides health and care professionals responding to an emergency with a summary of recommendations to help them to make immediate decisions about that person’s care and treatment.

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

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

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

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

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

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

WRES – Workforce Race Equality Standard.



**Quality
account**

2018 : 2019

