NHS
Leeds Community Healthcare
NHS Trust

Quality Account

2025-2026

About Annual Quality Accounts

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

They look at:

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

If you would like this information in another language or format such as large print, please contact Leeds Community Healthcare NHS Trust by calling **0113 220 8500** emailing **lcht.lch.pet@nhs.net** or visiting this web page: **www.leedscommunityhealthcare.nhs.uk/contact-us/**

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Part 1: Introduction

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

It is a privilege to introduce this Quality Account, which reflects our continued commitment to delivering safe, high quality, compassionate care for the people and communities we serve. Over the past year, colleagues across the Trust have continued to demonstrate professionalism, resilience, and dedication; qualities that remain central to our purpose and to the experience of those who rely on our services.

As we look ahead, our work is increasingly shaped by a clear national direction. The **NHS 10 Year Plan Fit for the Future** sets out an ambitious vision for transforming health and care through prevention, personalised support, better use of data and technology, and integrated models of healthcare. We have made significant progress in 2025/26 to align with this long term strategy, and ensure that quality, value, and innovation underpin everything we do. We share many examples of those in this year's report.

The Trust's Strategic Goals set out our priorities in our progress towards the 10 Year Plan, with evidence of our delivery against these priorities provided in part two of the Quality Account. Part Three outlines how we are meeting the Care Quality Commissions Key Questions of 'Are we Safe, Effective, Caring, Responsive and Well Led?'

This year, a key milestone has been our active role in the **National Neighbourhood Health Programme**, which is reshaping how services are organised around local people and places. We are proud to be at the forefront of developing neighbourhood based models of care that bring together community services, primary care, social care, and the voluntary, community, and social enterprise sector. These partnerships are already enabling more coordinated support, earlier intervention, and more personalised care pathways, making a tangible difference to outcomes and equity across Leeds.

During 2025/26, we also continued to advance our **Quality and Value programme**, ensuring that our services remain efficient, sustainable, and focused on what matters most to patients. Our teams have embraced this with energy and creativity, continually seeking new ways to enhance responsiveness, safety, and the experience of care. The programme is showing some significant improvements in waiting times, and made a significant contribution to keeping patients out of hospital.

At the same time, we do of course encounter challenges and it is important we identify those areas where we know, and our patients tell us we are not getting things right. We are a learning organisation, and a culture of openness and

transparency is vital to delivering safe care. The NHS National Oversight Framework – an assessment of performance against key metrics – identified key ongoing issues for the Trust on access to services, specifically impacted by waiting lists and staff sickness levels, and on staff engagement. We hope the work undertaken on our Strategic Goals will impact on this assessment in 2026/27. We also continue to work on our approach to learning and improvement from patient safety incidents and from feedback about our services. The Trust's results against the Workplace Disability and Race Equality Standards continue to show disparity for our disabled and ethnic minority colleagues whilst at work.

Despite our challenges, none of this progress would be possible without the exceptional people who work in this organisation. I want to publicly thank every member of staff for their commitment to delivering care that is safe, effective, and compassionate. Their dedication shines through every page of this Quality Account and continues to shape the trust we build with our communities.

We are proud to present this year's Quality Account, which sets out our achievements, our learning, and our ambitions for the year ahead as we continue to deliver high quality care and play our part in shaping a future ready NHS.

Sara Monroe
Interim Chief Executive

Helen Thomson,
Deputy Lieutenant
Acting Chair

About Leeds Community Healthcare NHS Trust (LCH)

Leeds Community Healthcare NHS Trust (LCH) serves a population of over 800,000 people and delivers care to around 5000 people every day. We are an award-winning Trust, with many of our services and teams recognised locally, regionally and nationally for their achievements.

We employ more than 3,400 people, who provide a range of community healthcare services for the people of Leeds and some specialist care services across the wider Yorkshire and the Humber area. Care is always provided in, or as near to, a person's own home as possible.

Our services are organised into three business units:

- **Adult Services**
- **Specialist Services**
- **Children and Families Services**

The three business units are supported by **Corporate Service teams**. A full list of our patient facing services is set out on the following pages.

Our services

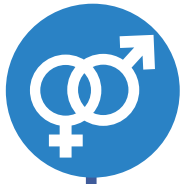
Adult Services

- 13 Neighbourhood Teams
- Triage Hubs
- Response Team
- Home Ward
- Wharfedale Recovery Hub
- Neighbourhood Nights
- Palliative and End of Life Care
- Self-Management
- Integrated Clinics
- Health Case Management
- Bed Bureau
- Community Care Beds / Recovery Beds
- Therapy Supported Discharge
- Community Discharge Team / Transfer of Care

Specialist Services

- Community Neurology Team
- Community Stroke Team
- Speech and Language Therapy (SLT) Services and Speech and Swallowing Service
- Leeds Mental Wellbeing Service (LMWS)
- Diabetes Leeds Partnership
- Adult and Children's Nutrition and Dietetics
- Tier 3 Weight Management
- Podiatry (foot health)
- Community Dental Service
- Musculoskeletal Services
- Leeds Community Pain Service
- First Contact Physiotherapy
- Custodial Healthcare (Wetherby Young Offenders Institute, Adel Beck Secure Children's Home and Aldine House Secure Children's Home)
- Police Custody Suites Healthcare Services across West Yorkshire, South Yorkshire, Hull and Humber
- Community Intravenous Antibiotics Service (CIVAS)
- Tuberculosis (TB)
- Homeless and Health Inclusion Team (HHIT)
- Cardiac Service
- Respiratory Service
- Respiratory Virtual Ward
- Leeds Sexual Health
- Community Gynaecology
- Long COVID Community Rehabilitation Service
- Tissue Viability
- Continence, Urology and Colorectal Service (CUCS)
- Falls







Children and families services

Integrated Children's Additional Needs Service (ICAN):

- Occupational Therapy
- Physiotherapy
- Community Paediatric Clinics
- Paediatric Neurodisability Clinics
- Child Protection Medical Service
- Growth and Nutrition Clinics
- Adoption and Fostering Service
- Springfield Neonatal Follow Up Clinic
- Audiology Service
- Continuing Care and Healthy Short Breaks
- Inclusion Nursing Service
- Hannah House

Children and Young People's Mental Health Services (CYPMHS):

- Crisis Service
- Community Outreach Service
- Transitions Service
- MindMate Single Point of Access
- MindMate Support
- Youth Justice Service Team
- Input to Therapeutic Social Work Team
- Crisis Call Line
- Eating Disorders Service
- Enhanced Support Team
- Therapies Team
- Medication Support

- Children's Community Nursing Service
- Children's Speech and Language Therapy
- 0-19 Public Health Integrated Nursing Service (0-19 PHINS)
- Infant Mental Health Service
- Children's Community Eye Service
- School Immunisations Service

Vision and values

Our vision, values and behaviours ('Our Eleven') guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. Our vision is that **we provide the best possible care to every community** and is underpinned by our values and implemented through our behaviours, as shown in the graphic below.

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 behaviours (how we work):

Caring for our patients

- Seeing things from their point of view.
- Acting on individual needs in the best way we can.
- Treating people with respect, dignity, kindness.
- Ensuring we keep high quality and complete patient records.

Making the best decisions

- Being willing to take a decision.
- Gathering sufficient information from the right sources.
- Making decisions which are logical and evidence-based.
- Taking a long-term view about what is best for the future of our patients and the Trust.

Leading by example

- Being clear about what needs to be done.
- Helping others to develop their abilities.
- Acting as a role model by taking responsibility.
- Keeping our promises and being prepared to say what we think.
- Setting high standards for ourselves and others.

Caring for one another

- Being thoughtful in the way we treat one another.
- Keeping our emotions under control.
- Listening to one another.
- Being sensitive to other people's situations.
- Treating them with kindness.
- Being flexible in the way we work with others.

Adapting to change and delivering improvements

- Looking at the way things are done now and suggesting new ways of working.
- Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust.
- Being able to adapt to new ways of working and to changes in the ways in which we deliver care.

Working together

- Being supportive of colleagues.
- Building relationships both inside and outside the Trust.
- Communicating clearly and persuasively.
- Being open to others' ideas.
- Finding out what is important to others in order to get things done.

Finding solutions

- Adopting a positive approach to problems.
- Looking for ways to solve them.
- Showing a sense of enjoyment and commitment to what we do.

Patients' experience

Patient case studies and their lived experience are shared with our Board from our patient's and services. These have been shared within the Account and highlight how our vision, values and behaviours were included in the care delivered by LCH, and where learning from feedback is identified, some examples include:

Adult Business Unit

Board heard an experience presented by the Healthcase Management Team. The patient had given permission for her experience to be shared anonymously. A 38-year-old lady, originally living in the community but now in a care home was diagnosed with Multiple Sclerosis in 2012 and had associated complex health and care needs which required 24-hour care.

A presentation was shared which detailed the complexity of her care needs, personal relationships and the challenges faced by the Healthcare Management Team in managing her journey through the care system.

The Trust Chair thanked the members of staff for presenting a complex story so powerfully. The Trust Chair asked if members of the Team felt they were supported effectively to manage such complex and challenging cases. The members of staff said that these cases were emotional, but the Team worked well as a unit to support one another, and the leadership team were aware of the challenges.

The Chief Executive provided assurance that the Trust worked hard to ensure that the appropriate psychological support was in place for staff and de-briefs were scheduled to allow leaning from every case to be considered. It was noted that the patient had been under the care of the Trust for several years and whether some of the issues which had added to the complexity of her case, for example personal relationships and financial management, could have been identified earlier. The staff said that this was a particularly complex and challenging case, but concerns had not been raised, and several health professionals had been involved in her care, including her GP.

This experience reinforced the importance of early identification of emerging risks, strong multi agency communication, and ongoing staff support when managing long-term, complex conditions.

Children's Business Unit

The Trust was privileged to welcome a long-term young service user to the Board Meeting to share their experience. This child has accessed a range of services provided by the Children's Continuing Care and Nursing Service (CCNS) over many years, including continuing care at home, respite at Hannah House, and support through inclusion schools.

The service was able to support the child and their mother to attend the Board Meeting and contribute directly to the patient voice. Their reflections offered a rare and powerful insight into their experience of our care pathways. They spoke candidly about the impact of the services on their daily life, the importance of fostering independence for both child and parent and the joy and enrichment they experience through Hannah House and associated support.

This contribution was particularly meaningful given that many children who attend Hannah House are non-verbal and unable to communicate their experiences in conventional ways. It was an extraordinary opportunity for the Board to hear directly from a child about how much they value the independence, inclusion, and experiences provided by our services.

The discussion also explored the family's thoughts and feelings around the forthcoming transition to adult services and the difficulties they were facing. Mum shared an opportunity for learning by emphasising the importance of parents receiving support and being able to connect with other parents and carers with similar experiences. Their perspective was invaluable in helping the Trust understand the emotional and practical challenges of this journey.

The Board was disappointed to hear about the lack of support Mum felt she was receiving through the transition process from child to adult care. The Executive Director of Operations said that she would attempt to liaise with colleagues in the city and ensure that feedback on the family's experience and the challenges were captured and feedback given to the appropriate services.

After many years of care, the service will be deeply saddened to say goodbye to this young person, whose experience has helped shape and inspire our commitment to delivering compassionate and person-centred care.

This experience reaffirmed the importance of listening with compassion, working in partnership with families, and ensuring that our behaviours consistently reflect the values we aspire to. The Board recognised the courage it took for the family to share their story and acknowledged the responsibility this places on the Trust to respond with openness, learning and improvement. As this young person prepares to transition to adult services, their journey continues to shape our commitment to delivering care that is person-centred, respectful and responsive. The insights shared by the family will directly inform our ongoing work to strengthen support for parents and carers, improve the transition experience, and ensure that every interaction reflects the kindness, integrity and accountability that underpin our values.

Part 2: Review of Quality

Our Review of Quality starts with the work we have completed with our partners to keep patients at the centre of joined up approaches to care to better meet their health needs. This section supports and leads into our achievement against our Trust Priorities 2025/26.

Review of Quality Performance 2025/26 and Priorities for Quality Improvement 2026/27

Our Strategic Goals reflect our commitment to delivering safe, effective, sustainable, patient centred care whilst driving continuous improvement across our services. Each year we challenge ourselves to achieve measurable outcomes against annual priorities, our Wildly Important Goals, that are underpinned by our Strategic Goals.

This section describes what we have achieved during the year in addition to highlighting areas where we have experienced challenges to achieving our aims. There is further evidence of achievement of the priorities across the wider Quality Account. We will continue to work towards these priorities in 2026/27. Progress against the priorities and any escalation of concerns are reported to the Trust Leadership Team and Board regularly.

These are our overarching **Strategic Goals**:

- Work with communities to deliver personalised care.
- Enable our workforce to thrive and deliver the best possible care.
- Collaborating with partners to enable people to live better lives.
- To embed equity in all that we do.
- Use our resources wisely and efficiently both in the short and longer term.

From our strategic goals, these were our 2025/26 **Wildly Important Goals**:

- Support the development of the foundations of the community element of the Neighbourhood Health Model by April 2026.
- Reduce the backlog of people waiting for our services in line with the national targets for 2025/26.
- Transform our services through year 2 of Quality and Value, for more effective service delivery that ensures equitable access and financial balance.

Our three Wildly Important Goals for 2025/26 were partly achieved with good progress, and work will continue in 2026/27:

Wildly Important Goals	Progress
Support the development of the foundations of the community element of the Neighbourhood Health Model by April 2026. 	**Integrated Care Models:** • We rolled out a citywide model for Active Recovery with a single care record. • Developed the Integrated Team Model with an initial focus on End of Life and adaption for working-age adults. • Introduced a support line for people at End of Life with respiratory disease. • Developed models for non-clinical Multi-Disciplinary Teams (MDT). • Developed a Proactive Care Framework for Leeds. **Prevention Frailty and Falls:** • Established a Frailty and Falls Hub in Gipton and Armley. • Developed falls prevention training for the Voluntary Care Sector and non-clinical teams. • Enhanced our population health targeting approach by developing dashboards and an e-falls predicator. **Neighbourhood Infrastructure and Design:** • Agreed neighbourhood footprints across the city. • Aligned LCH Integrated Neighbourhood Team to the footprints. • Developed Multi Neighbourhood Specialist Service Design Principles. • Developed Neighbourhood Hub Design Principles. **Digital Innovation and Technology:** • Established the process and hub to include wearable technology in the Leeds model. • Developing a shared ReSPECT care plan. • Rolled out our Recovery Care Plan to community team for smoother transfer of care.

Wildly Important Goals	Progress
Reduce the backlog of people waiting for our services in line with the national targets for 2025/26. 	Over the past year, we have undertaken significant work to improve access to our services and ensure that people receive timely care. This has included strengthening referral pathways, increasing clinical capacity, and improving the way we prioritise and schedule appointments. On 6 January 2025, 6119 patients were waiting over 40 weeks for an appointment. By 8 April 2026, this figure had reduced to 1210, representing an 80.2% reduction. For the Trust's nationally reported Community Sit Rep services, which contribute to the National Oversight Framework (NOF): • The Trust has moved into Segment 3 of the NOF, driven largely by reductions in the longest waits across waits in a number of services. • Paediatric Neuro Disabilty is now the only service contributing to 52 week waits within the NOF. • No adults are waiting over 52 weeks in Community SitRep services. • Performance against the 18-week standard has improved, with the Trust currently achieving 80.6%, exceeding the 78% Medium Term Planning target. • CUCS, Adult SLT, Podiatry, MSK, Diabetes and Children's SLT have eliminated 52 week waits, marking a significant improvement in long wait management. Outside of the Community Sit Rep services the only areas in the Trust which still have waits over 52 weeks are CYPMHS (specifically within the Neuro Disability pathway) and Community Dental. Services are applying structured and risk-based prioritisation approaches and have also strengthened their approach to safety-netting and communication with patients and families. Waiting Well information and clear signposting are being used consistently. Additional targeted capacity via Access LCH funding is helping to manage the longest waiters while maintaining safe clinical oversight. Waiting list validation is taking place, Datix reporting is embedded and reviewed, and risks associated with extended waiting times are actively managed through risk register processes. These mechanisms ensure that patients remain on the correct pathways and that any emerging risks are identified and addressed promptly.

Wildly Important Goals	Progress
	Overall, the combination of targeted capacity, improved prioritisation, strengthened safety-netting and increased targeted capacity ensure that long waits are reducing safely and sustainably, and that services continue to focus on maintaining high-quality, equitable access for patients. The Access LCH Steering Group will continue to monitor this work and is now focussing on supporting services to reduce waiting lists down to 18 weeks. We recognise that sustaining this progress will require continued focus, close monitoring, and collaboration across teams. Reducing waiting times remains a key priority for 2026/27, and we will continue to build on the improvements made to ensure that timely, equitable access to care is consistently achieved.
Transform our services through year 2 of Quality and Value, for more effective service delivery that ensures equitable access and financial balance.  	**Evidence of progress** **This year the service redesigns included:** **Adult Business Unit:** Proactive Care Community Matrons, Pharmacy Technicians, Palliative Care, Self-Management. **Children's Business Unit:** CYMPHS, Fair Days work across the full Business Unit. **Specialist Business Unit:** LMWS, Cardiac, Respiratory, Diabetes, CNRS with further work by MSK SLT, Podiatry, Falls. **Corporate:** Corporate Redesigns for year 2 include Finance, Clinical Governance, Clinical Education, Administration. Underperformance in progress is offset by overachievement in Trust wide initiatives. **Estates:** All on track including sales of Otley HC and review of third party contracts and a review of utilisation. **Trust-wide Initiatives:** Overachievement, activities include interest received, procurement initiatives, and reserves. Detailed examples can be found in the wider account.

Supporting Quality Improvements and Achievements for 2025/26

In addition to the evidence of our work towards achieving our annual Wildly Important Goals, we will share examples of how we are working towards our Strategic Goals in this section. It should be noted that there is overlap of some service improvements across the Strategic Goals and some Strategic Goals, such as equity, are cross cutting throughout all of our improvements.

Strategic Goal - Work with communities to deliver personalised care

By partnering closely with local communities to understand what matters most to people, we can use that insight to design and deliver care that is tailored to individuals' needs, preferences, and circumstances.

Adult Business Unit

National Neighbourhood Health Implementation Programme (NNHIP): Impact in Leeds

Leeds was selected as a National Neighbourhood Health Implementation Programme (NNHIP) site, with Neighbourhood Teams and our Community Matrons, playing a central role in delivery. Through closer partnership working with Primary Care, Adult Social Care and Third Sector organisations, Local Care Partnership (LCP) leadership teams have been established to support coordinated, neighbourhood-based care.

Community Matrons are leading proactive care pilots that focus on anticipatory case management to improve outcomes for people with complex needs. The Advanced Respiratory Proactive Care Pilot in Seacroft and Cross Gates is a key example, supporting people with severe frailty, palliative needs and respiratory conditions. Every individual is supported by a Care Coordinator and Community Matron, with access to medical interventions (such as Community Respiratory Team input), non-medical support (including carer support and practical help), and a dedicated advice line delivered with Leeds City Council Telecare and Yorkshire Ambulance Service.

Early impact is promising. The service is improving access to health and care across Leeds and showing wider system benefits. Among MDT-reviewed cases, 43% were assessed as avoiding an A&E attendance or hospital admission at that time, through interventions such as medication reviews, enhanced community monitoring and referrals to third sector services. While hospital admissions remain unavoidable for some patients with highly complex needs, the early indications suggest potential reductions in A&E attendances, emergency admissions, bed days and outpatient appointments. Further data is needed to confirm longer-term system impact and inform wider rollout.

To support NNHIP delivery, Neighbourhood Teams were remodelled in 2025/26 into a new model with two clear functions: Urgent Community Response (including the Response Team and Home Ward) and Planned Proactive Care, each with dedicated staffing to strengthen clarity, capacity and impact. In 2026/27, teams will continue working with PCNs and LCPs to embed proactive care across Leeds, with the ambition that every neighbourhood provides coordinated support to the most vulnerable 2-3% of residents (around

600–900 people), helping people remain independent at home, reducing avoidable deterioration, and easing pressure on unplanned care services.

This joined-up approach means people receive holistic, personalised care that helps them stay well and independent for longer while reducing the risk of crisis.

Debra's husband John is one of the people benefitting from this pilot, and she said:

> "They have been coming quite regularly and when they come they engage with John and actually listen to what John says. So rather than a doctor who would come in and diagnose they actually spend time listening to John's version of events. It's more holistic. They may come to just ask him about his chest but then they ask about other aspects so there is an overall concern and interest in his whole condition rather than just one specific aspect of it. I really like that they can get us in touch with other departments quite quickly. So, for instance, if John needs other breathing assistance, they are the conduit to get us in touch with the right people there."

Urgent Care Response

To support the development of our Urgent Care Response we have remodelled our Clinical Triage Hubs where our experienced clinical staff assess information from GPs, hospitals, social care teams, and other professionals to ensure each person is directed to the service that best meets their needs. We have developed our Response Team to provide rapid support for adults at risk of being admitted to hospital due to a sudden change in health. These initiatives are supported by the Home Ward that provides hospital-level support for people who are unwell but can safely receive treatment in the comfort of their own home.

Children's Business Unit

Children and Young People's Community Nursing: Complexity Tool Development

There has been a sustained rise in demand for Children and Young People's (CYP) Community Nursing, with caseloads doubling over the past nine years without additional funding and increasing clinical complexity. Historically, the absence of robust complexity data in community settings has limited the Trust's ability to demonstrate this change, prioritise care effectively and ensure children receive the right care at the right time.

In response, the Trust identified and adapted an appropriate complexity assessment approach, using the RCN 'Future Proofing Children's Community Nursing' Sussex tool as a foundation. Working collaboratively with clinical teams, the Children's Community Nursing Service refined the tool to ensure consistent use across community settings and to capture a full 24 hour picture of a child or young person's needs.

The enhanced tool has received RCN support and is now being piloted in Leeds. In partnership with the RCN, the Trust is contributing to its development as a national UK wide tool, supporting a standardised approach to measuring complexity in CYP community nursing.

This work has also been shared nationally through the Queen's Institute for Community Nursing Babies, Children and Young People Forum, strengthening the evidence base and raising the profile of community nursing as a critical component of high quality, sustainable care for children and young people.

Children's Speech and Language Therapy: Improving Access by Reducing Did Not Attend (DNA) and Was Not Brought (WNB) Appointments

The Children's Speech and Language Therapy (CSLT) service delivered a quality improvement project to reduce Did Not Attend (DNA) and Was Not Brought (WNB) rates, supporting Leeds Community Healthcare NHS Trust priorities to improve access, reduce wasted appointments, and optimise clinical capacity.

Review of practice identified inconsistent recording and variation in how information was communicated to families. Engagement highlighted that missed appointments were often linked to families not fully understanding the reason for referral or what to expect, particularly where English was an additional language.

A consistent, compassionate approach to managing WNBs was implemented across the service, aligned with safeguarding and service policies. To improve accessibility and equity, the service developed a patient information video introducing the service, reasons for referral, and what families can expect from appointments. The video is available in the ten most commonly used languages, with a transcript accessible via the Recite tool on the service website.

Children, young people, parents, and carers co produced the resource through the LCH Youth Board and Leeds Parent/ Carer Forum, ensuring it was clear, inclusive and responsive to community needs.

Impact:

- Sustained reduction in DNA rates.
- Improved utilisation of clinical time.
- Reduced waiting lists.
- More children and young people seen sooner.

This work demonstrates the Trust's commitment to compassionate, inclusive, and data-driven improvement, ensuring every appointment counts and families feel informed, supported, and engaged in their child's care.

Here is the link to view the video **Information for parents and carers - Leeds Community Healthcare**

Preschool Autism Pathway

Over the last year, we have worked hard to make the preschool autism pathway better. We have done this together with the Leeds Parent Carer Forum. We now have a new Needs Led Support Offer that helps parents get support more quickly. It has three levels:

- **Support for all** – online information and videos.
- **Focused support** – small group workshops.
- **Specialist support** – one to one sessions.

We have also made the referral form and process easier to use so children can be triaged more quickly. To help reduce waiting times for autism assessments for children with medical needs, we have employed temporary resources. Our focus continues to be reducing the waiting list whilst provided child centred care. An anticipated increase in complaints followed changes to our service offer. All complaints were addressed promptly, reassuring families that care remains timely, appropriate and needs-led.

Occupational Therapy Mild-Moderate Motor Problems Pathway

We have made significant improvements to the pathway. In the past, children had to wait for more than 12 months to receive Occupational Therapy. Currently, children are waiting less than 18 weeks for support. We did this by reviewing our practice based on latest evidence and different way of working ideas from the therapists working in this area. We also worked hard to keep more of our trained Occupational Therapists. Parents can now choose if they want their child's first assessment to be on the phone or in a face-to-face clinic. Our Occupational Therapy support workers can also give a short block of extra help if a child needs it.

Strategic Goal - Enable our workforce to thrive and deliver the best possible care

Our goal is to create a supportive, inclusive and appropriately resourced working environment where staff feel valued, equipped and confident to do their jobs well to provide high quality, compassionate care. By enabling our workforce to thrive, we strengthen staff retention, morale and performance, which directly improves outcomes and experiences for patients, families and communities.

Adult Business Unit

Neighbourhood Therapy

Changes have taken place in how the Neighbourhood Team Physiotherapists and Occupational Therapists are operationally managed. This change was brought about primarily to provide dedicated leadership for the Therapy Teams. In order to improve the effectiveness and productivity of the therapy workforce, to improve the therapy staff satisfaction and their health and wellbeing.

Due to a mismatch in the therapy capacity and demand after the COVID 19 pandemic the waiting times for a Neighbourhood Team therapy assessment and rehabilitation had increased. This created clinical risk and was impacting negatively on the therapy clinical outcomes.

In March 2024 our longest wait time in weeks for Physiotherapy was: 71 weeks (routine referrals) and 51 weeks (high priority) and for Occupational Therapy 51 weeks (routine) and 20 weeks (high priority), there was also inequity in the wait times within individual teams across the city. This also impacted significantly on staff morale leading to challenges with recruitment and retention of therapy clinicians.

In March 2026 our longest wait time in weeks for Physiotherapy was: 37 weeks (routine referrals) and 12 weeks (high priority) and for Occupational Therapy 25 weeks (routine) and weeks 10 weeks (high priority).

There has been a **15% reduction in the total number of waiters** (routine and high priority) from **1625 in 2024 to 1388 in 2026**. There has also been a **75% reduction in the total number of high priority waiters from 600 in 2024 to 152 in 2026**. This means patients are seen sooner and are more likely to achieve their rehabilitation goals and less likely to experience any harm, such as a fall, whilst waiting since the implementation of these changes.

Specialist Business Unit

Patient Safety Panel: Police Custody Healthcare

The Patient Safety Panel was introduced in response to themes from our internal accreditation programme Quality Challenge Plus and staff feedback, which highlighted inconsistent visibility of learning from incidents and variable feedback to reporters. The panel was established as a key improvement to ensure incidents lead to meaningful action and shared learning.

The panel provides a structured, system-based approach to reviewing incidents within Police Custody Healthcare, enabling early identification of themes and trends and promoting collective ownership of risk. This aligns with the Patient Safety Strategy and supports a more consistent and transparent approach to incident management.

Since implementation, there has been more consistent reporting of low- and no-harm incidents, alongside moderate-harm incidents, indicating increased confidence in reporting. Regular sharing of learning and improved feedback to staff has helped demonstrate that concerns raised are reviewed and used to inform service improvement. Early feedback suggests improved staff confidence in how incidents are managed and learned from, supporting a stronger safety culture.

Although we do not yet have formal quantitative or qualitative outcome data, early indicators are positive. Feedback from the most recent Quality Challenge Plus suggests staff feel more assured that incidents are taken seriously, that learning is being shared, and that investigations are being handled more consistently and appropriately. Overall, the panel has supported a stronger culture of reflective practice, transparency, and collective responsibility for patient safety.

Strategic Goal - Collaborating with partners to enable people to live better lives

Through collaboration, we can share expertise, coordinate services and address wider factors that affect health and wellbeing. This partnership approach helps people receive the right care, in the right place, at the right time to support better outcomes, improved experiences and healthier lives.

Adult Business Unit

HomeFirst Programme - Phase 2

The Leeds HomeFirst Programme ran from 2023/25 and has transformed the Leeds partnership approach to supporting people across our intermediate care services. The Programme also brought health and care partners together to solve shared problems and reinforced our **#TeamLeeds** approach.

Through the dedication and collaboration of teams across the system, intermediate care has been revolutionised in the city resulting in over 1,000 avoided hospital admissions each year than we would have seen without these changes.

The average hospital stay has also been reduced significantly by around eight days, enabling hundreds more people to benefit from reablement services and return home sooner, with the support they need to live independently.

Building on this success the next phase, HomeFirst Phase 2 which started in 2025, brings together LCH alongside partners

from the local authority, NHS, third sector, primary care, and independent providers. They have worked alongside local residents to develop neighbourhood health and care services that work together to proactively prevent health and wellbeing deterioration, with the goal of enabling more people to live well and independently and be supported in their own homes.

Achievements for 2025/26:

- Built on HomeFirst and continue to develop our intermediate care offer so that people spend less time away from their own bed, can be supported closer to home, and enable smooth and timely transfers from hospital and community beds.
- Implement a neighbourhood proactive care model that works with people and families to improve health outcomes for those most at risk (5-7% people living with frailty and long-term conditions). Develop our approach to 'Creating the Conditions' for this way of working, contributing to the Neighbourhood Health model.
- Undertook a Prevention Diagnostic that aims to promote independence and avoid, delay or reduce people's needs for care and support services and ensure that we improve our approach to targeting people that will benefit most.

The prevention diagnostic was a is a proactive, data-driven assessment undertaken with an external partner to determine the benefits and opportunities of working preventatively in identifying disease early, managing risk factors, and preventing illness progression rather than just treating established disease. The Prevention Diagnostic was completed in Autumn 2025, with outcomes informing our next phase of work. Work on Intermediate Care and Neighbourhood Proactive Care continues.

The HomeFirst Phase 2 Programme is a key part of delivering our collaborative approach to Neighbourhood Health and we are part of the city's work as a wave one site for the National Neighbourhood Health Implementation Programme.

The Neighbourhood Clinics

The Neighbourhood Clinics (formerly Integrated Wound Clinics) became a commissioned service in April 2025 and have expanded in line with the Trust's Best Place of Care approach. Clinic availability has increased from 41 to 86 days per week across the city, supporting long-term patients and see an average of 175 new patients each month. Skill-mixed teams ensure consistent, high-quality and efficient care.

Working closely with the Leeds Integrated Care Board and Leeds Medical Committee, the Trust has taken initial steps towards a citywide wound care pathway. This includes the introduction of a new four-route referral pathway, featuring Leeds' first SystmOne-to-SystmOne GP referral into LCH. The pathway has reduced duplication, administrative burden and delays, while improving data quality to support service planning and population health needs through more robust data collection.

Despite the challenges of expansion, feedback has been positive, with staff reporting high job satisfaction and professional pride. Strong leadership focus on staff engagement continues to support the delivery of high-quality, sustainable care.

Specialist Business Unit

Community Cardiac Service

The Service identified a duplication of work for the elective Percutaneous Coronary Intervention patient pathway. This group of patients have a planned admission on the day of the procedure and are generally discharged the same day, without complications.

Prior to admission they are seen in an LTHT outpatient clinic by a cardiologist where the procedure is explained. They are also given rehabilitation advice by the LTHT nursing team on the telephone prior to their admission. The community cardiac team's input post procedure was a duplication of this.

The aim of the new pathway was to reduce duplication of work, increase capacity within the community cardiac service whilst ensuring the patients were still able to be referred onto Active Leeds for the exercise component of cardiac rehabilitation.

Implementing this new pathway is beneficial for patients who are seen by Active Leeds quicker as they don't have to wait to see a community cardiac nurse first, and active rehab can be started sooner.

In stopping the LCH nursing element of this pathway there has been a reduction of 260 referrals into our service a year. A calculation of the time saved by removing this duplication equated to over an hour per referral and has supported the service's contribution to the Quality and Value programme.

Since making the change we have been in regular contact with LTHT and Active Leeds to support with any referral issues. To date these have been minimal and easily resolved.

General Practice Nursing

The Professional Lead for General Practice Nursing is employed by Leeds Community Healthcare NHS Trust, and is embedded directly within general practice, providing citywide oversight, advocacy and professional leadership for the general practice nursing workforce across 86 practices / 19 Primary Care Networks in Leeds. Over the past year we have worked with colleagues across the Leeds system to support the development and understanding of Nursing Associates (GPNA), General Practice Nurses (GPN) and Advanced Practice (AP) within primary care. This has included contributing to national research opportunities, such as the GPNA study with University College London which is studying the perspectives on the nursing associate role within primary care, and participating in the city wide group involved in the national **AP Research project evaluation led Birmingham City University** (Phase 2). We have also begun exploratory work on the **AP Matrix** as a shared framework to support capability, supervision and quality.

Through the role, we have strengthened engagement across the workforce by developing the GPNA, GPN, AP and Infection Prevention and Control forums, which are increasingly being used to articulate the development needs of neighbourhood teams and highlight workforce priorities emerging from frontline practice. In addition, we have initiated the development of a General Practice Nursing ebook - an accessible, contemporary resource designed to showcase the breadth, impact and evolving professional identity of modern GPN roles across Leeds. This will support recruitment,

retention and greater visibility of integrated ways of working as neighbourhood teams continue to develop. The book is written in conjunction with the West Yorkshire training hub and will be taken forward as a four-country publication by the RCN pending a successful pilot.

Strategic Goal - To embed equity in all that we do

By understanding and addressing differences in access, experience and outcomes for different communities and staff groups, reducing health inequalities, and tailoring services we aim to support our population to achieve the best possible outcomes for our diverse populations.

Children's Business Unit

0-19 Public Health Inclusion Nursing Service

The universal Specialist Public Health Nurse antenatal contact has been reinstated for all first time parents after being paused in June 2022 due to capacity pressures. This early, preventative visit is vital for building relationships, identifying emerging needs before birth, and ensuring families receive timely public health information and support.

The contact enables early recognition of risks, supports safeguarding, and helps engage other services where needed. As outlined in the Healthy Child Programme, antenatal home visits provide essential insight into family circumstances, support continuity of care, and allow holistic assessment, maternal mental health screening, domestic abuse enquiry, and preparation for birth.

Data shows we completed over 55% of universal first-time parent, targeted or specialist contacts, 39% of all other families expecting a baby received a digital pack that offers health advice and contact details if they would like 0-19 contact prior to the birth. We reach over 94% of all pregnant people who we are notified about.

New Oral Health Team

The new Oral Health offer has been developed with our Lead Dental Nurse, Lead Oral Health Staff Nurse and Healthcare Support Workers. This welcome new service offer has been developed very quickly in response to some unexpected public health funding.

The team have responded with a targeted oral health intervention pilot (funded for 12 months) that commenced April 2025 and includes two schools with engagement events and the provision of toothbrushes and toothpaste for children identified as being at risk of dental decay. The team can offer up to three visits and support dental self-referral or refer to Access and Prevention Scheme and the Leeds Dental Institute. Over the year the team has contacted and completed interventions with the following:

Oral health interventions	Number
Number of initial referrals for band 5 OH Intervention	**70**
Number of initial telephone contacts	**60**
Number of F2F or follow up contact	**23**
Number of access and prevention referrals	**23**
Number of siblings reached from the contact	**85**

Positives

- High family satisfaction and improved accessibility, particularly for families facing language barriers.
- GBO improvements: several families achieving or maintaining high scores (9-10).
- Schools increasingly sharing updated contact information.
- Community engagement strengthening trust, engagement and awareness.

Challenges

- Outdated contact details can remain a barrier to engagement.
- Occasional confusion or distress from families receiving unexpected calls -mitigated by proactive letters.
- Interpreter needs and repeated contact attempts continue to be resource intensive.

Outcomes from Questionnaires

- Improved dental registration (3 families newly registered).
- Better fluoride toothpaste use (6 children).
- Healthier snacking behaviours emerging.
- Increased brushing routines.
- Reduced dummy/bottle use in at least one family.

Transition pilot for Afghan families

In April 2025, the 0-19 team supported around 50 Afghan families who arrived in the UK under a relocation programme. Prompt communication from the Transitions Team enabled rapid planning and coordinated support. Over the following six months, the 0-19 Public Health Integrated Nursing Service (PHINS) delivered outreach sessions in a community setting, providing child health advice and support through a multidisciplinary team including a Lead Specialist Public Health Nurse, Staff Nurse, Family Health Worker, Healthcare Support Worker and administrative staff.

Families received essential resources, including Red Books, Bookstart packs, Healthy Start vitamins and oral health packs, with interpreters provided for Pashtu and Dari speakers. Many families had experienced significant trauma and insecurity, impacting physical, emotional and mental health. Targeted support was delivered throughout June and July 2025.

Feedback highlighted confusion about the role of 0-19 PHINS alongside GP services. In response, PHINS worked closely with primary care to establish a monthly health stall, improving engagement and access. This enabled early identification and support for issues such as dental decay, feeding difficulties,

poor nutrition, bedwetting, failure to thrive, underweight children and trauma related complex needs.

This responsive, multi agency approach has ensured families receive timely health advice and clear pathways to support. School aged children have successfully enrolled and adapted to education, with older children awaiting college placements. The initiative demonstrates the flexibility, partnership working and impact of the 0-19 PHINS in meeting the needs of newly arrived vulnerable families.

Specialist Business Unit

Community Diabetes Service: The Leeds Programme within Probation Services

The Community Diabetes Service piloted delivery of the LEEDS type 2 diabetes education programme as an outreach offer for people recently released from prison. The pilot supported individuals living in Probation-managed accommodation and highlighted challenges during transition to community living, including navigating healthcare services, limited medication supply and discontinuity of care.

The outreach approach enabled engagement with diabetes education and other services, including podiatry, and was positively received by participants and the Probation Service.

The pilot worked with four people living with type 2 diabetes who were temporarily residing in a Probation Service-managed hostel following release.

During the pilot, one individual was supported to engage with and access the podiatry service and diabetes education through the standard community offer, attending a local venue with assistance in place.

The pilot highlighted several challenges experienced by people transitioning from the structured environment of prison into independent living. This included difficulty navigating healthcare systems immediately after release particularly when individuals were discharged with only a limited supply of medication and uncertainty around accommodation, which affected communication, continuity of care and the ability to plan ongoing diabetes support. The findings reinforced the value of flexible and responsive outreach approaches during this period, when people may be at increased risk of disengaging from healthcare.

Feedback from both the people involved, and the Probation Service, was positive, with participants describing the offer as supportive and accessible. Staff within the Probation Service reported that the outreach model aligned well with their aims for improving health and stability among people leaving custody.

Learning from the pilot will inform future pathway development and discussions with commissioners about sustainable, targeted support to improve equitable access to services.

Strategic Goal - Use our resources wisely and efficiently both in the short and longer term

Prioritising resources where they have the greatest impact, reducing waste and duplication, and investing in services, workforce and infrastructure supports long-term improvement.

Trust-Wide

Quality and Value Programme

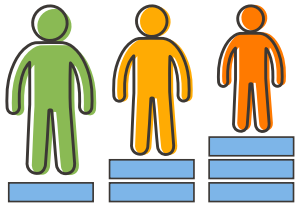
Our Quality and Value Programme has underpinned much of this years improvement and efficiency work. This year has been the second year of our cost improvement approach 'Quality and Value' which is all about balancing the need for financial sustainability without compromising quality, safety, equity, and effectiveness. It is underpinned by a bottom-up approach methodology where staff are supported to develop ideas that redesign services to be more efficient and effective. This year we have had 33 live clinical service redesigns. These have included:

- **Adult Business Unit** - have been reviewing service elements such as Pharmacy Technicians and Self-Management. There have also been some success stories with redesigns from last year that have continued implementation, for example eye drop activity has dropped by 20% and reduction is being maintained; and within a review of palliative care early support visits, there has been a reduction of 67% of patients receiving only one visit per month.
- **Children's Business Unit** - have been taking a business unit approach by embedding 'A Fair Days Work' across all services, which means that referral booking, job planning and productivity is being managed in a standardised and sustainable way.
- **Specialist Business Unit** - continue to take all their services through a redesign approach with this year's focus being on LMWS, Cardiac, Respiratory, Diabetes, and Community Neuro Rehabilitation Team (CNRT).
- **Corporate Teams and Operational Management** - over 200 staff engaged with as part of the admin redesign and a new, more centralised model is now being consulted on; over 200 leaders engaged with to start developing a new leadership model that will better support a Neighbourhood Health way of working; development of a new Finance structure has enabled achievement of their full Cost Improvement Plan (CIP).
- **Our estates portfolio** has been rationalised to create over £500k of savings. Anything we can save in infrastructure costs helps protect frontline clinical services.

More detailed examples of some of our service redesigns are held within the wider Account.

From a financial perspective, over £12m of recurrent savings has been identified of the £14m target, that's nearly 90% of all savings identified and is a much better position than we were in this time last year. The progress around achieving recurrent savings is fantastic and means we take less of a financial risk into next year and that our services remain sustainable. Our approach to recurrent savings, through the Quality and Value Programme, means that we ensure that patient safety and experience will not be compromised before making any changes to services.

From a Quality and Equity Perspective, over 500 service users have been engaged with, in partnership with Healthwatch Leeds. And this intelligence is being used to inform how we deliver and develop community services in the future. Our Equity and Quality Impact Assessments (EQIA) process is well embedded into the change process. We have completed 52 Equity and Quality Impact Assessments (EQIAs) are related to Quality and Value, with a further 21 pending, and the process is being further reviewed to be stronger on assessing the impact on workforce changes. A new contract for Interpretation and Translation services is being implemented, providing an improved service offer for better value.



Plans for the third and final year of Quality and Value are already starting. One of the main aims will be to review all of the learning from using our staff led change methodology so that we can embed a culture of continuous quality improvement beyond the programme.

Medium Term Plan

This year NHS England has required us to develop 5-year Medium Terms Plans that demonstrate our contribution to the Ten-Year Health Plan – Fit for the Future. Plans have had to include our longer-term assumptions around activity levels, finances, and workforce numbers, underpinned by a strategic narrative that demonstrates how we will support the three shifts of hospital to community, analogue to digital, and illness to prevention. LCH's strategic priorities will include:

- Supporting the Leeds system in implementing Neighbourhood Health.
- Integrating with Leeds and York Partnership Foundation Trust to create a new community Trust for the city.
- Improving performance elements such as access, waiting lists, staff sickness, and staff engagement.
- Continuing to achieve financial sustainability through our Quality and Value programme.

Specialist Business Unit

Specialist Weight Management Service Tier 3

The team have worked to increase capacity through nutrition and lifestyle group education and support. This has resulted in an increase in average weekly first and follow up contacts without the need to increase staffing and whilst maintaining a high satisfaction score of 88.5% very satisfied or satisfied with groups.

Average weekly contacts have increased from 79 in 2024/25, to a current average of 96 weekly contacts. Although a comparison of initial appointments from 2024/25 to 2025/26 is not available due to a pause in accepting new patients, the data from 2023/24 to 2025/26 shows consistent initial appointments, this is despite staff absence within the service.

Insights gained from patient feedback resulted in the creation of workbooks tailored to individual group sessions with ongoing improvement from feedback with a focus on accessibility. The team also completed a student-led project aimed at increasing the diversity of foods represented within our group education, with the goal of improving equality and diversity within our nutrition and lifestyle group sessions.

Patient feedback

"Very useful I've learnt so much since joint the group and speaking to professionals."

"I have had such great support with helping me with my weight, from swapping some meal ideas to exercises. Was able to explain any issues I had and any difficulties I experienced and every time the support was excelled. I would always recommend this help as it helps you change your views on the foods you're eating. Throughout this programme I have managed to lose weight and change some old habits."

"The sessions were very informative, and useful. The only negative I have to say is some weeks the groups were large, and people were speaking over the top of the person running the session so maybe smaller groups in future would be beneficial."

"What I found best, was knowing that I wasn't alone in what I was thinking or feeling. It was good to hear others' opinions."

Community Diabetes Service: Elimination of internal waiting lists

The Diabetes Team undertook significant efforts to eliminate internal waiting lists to ensure the timely delivery of care. Earlier this year, over a two-month period, two Band 6 Diabetes Specialist Nurses (DSNs), supported by additional funding provided to the team, committed extra hours to address the internal waiting list of 120 patients. Of these, 83 patients were safely discharged with a clear management plan for primary care. The remaining 37 patients were allocated to a designated DSN caseload holder for ongoing management, thereby fully resolving the internal waiting list.

The 2026/27 Trust Priorities and Wildly Important Goals

The Quality Account looks forward to 2026/27 as well as looking back on 2025/26.

How we agreed the priorities

Our Strategic Goals drive organisational progress, with annual goals providing evidence of delivery against our wider ambitions. As these goals align with the Board Assurance Framework, progress against our Wildly Important Goals demonstrates how we achieve high quality care whilst mitigating organisational risks.

Quality improvement priorities have been developed in line with national, regional, and local context, informed by commissioning and regulatory requirements, and aligned with key initiatives within the NHS Long Term Plan and NHS Constitution.

Our vision

We provide the best possible care to every community we serve.

Strategic goals 2026/27

Work with communities to deliver personalised care.

Enable our workforce to thrive and deliver the best possible care.

Collaborating with partners to enable people to live better lives.

To embed equity in all that we do.

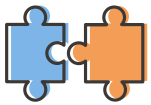
Use our resources wisely and efficiently both in the short and longer term.

Wildly Important Goals 2026/27

Support rollout of the Neighbourhood Health Model across the Leeds system including active participation in the National Neighbourhood Health Implementation Programme.

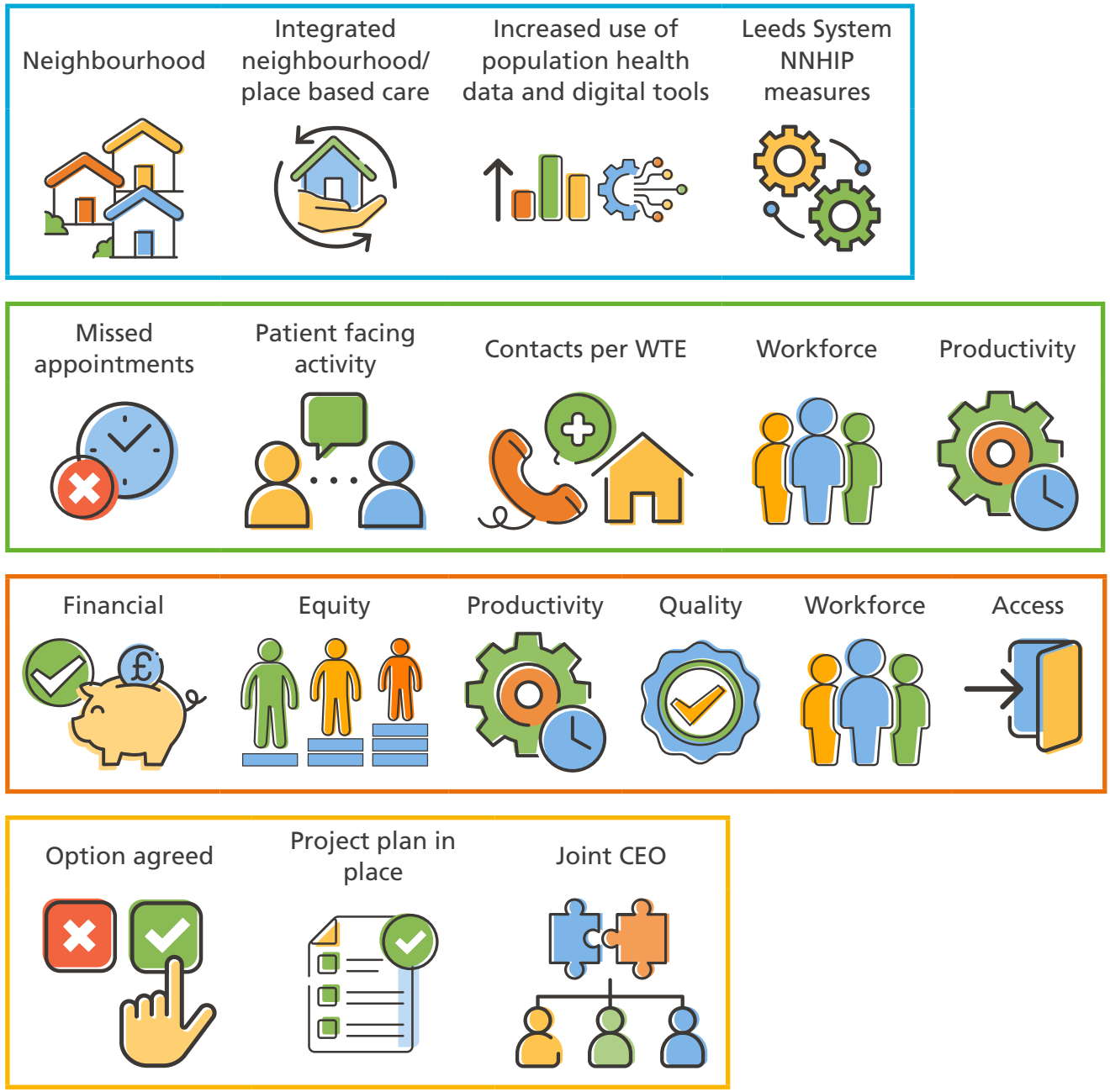
Drive improvements in our National Oversight Framework position through staff engagement, reducing waiting lists, minimising sickness absence, and boosting productivity.

Transform our services through Year 3 of the Quality and Value programme to deliver more effective, equitable, and financially balanced patient care and embed continuous quality improvement as standard practice through a QI-enabling plan.



Oversee and implement the integration of LYPFT and LCH to improve patient care delivery and optimise resources.

The Outcome Measures for our Wildly Important Goals:



Part 3: Quality Improvement

Other Quality Improvements

As detailed in the introduction this part of our Quality Account will be structured by the CQC's Key Questions of are we Safe, Effective, Caring, Responsive and Well Led?

SAFE

Being a safe organisation is everyone's responsibility, underpinned by a culture of openness, collaboration, and learning. It means that people are protected from avoidable harm, abuse, neglect, bullying, harassment, and discrimination, with their rights and liberty upheld in line with legislation. Concerns and improvement ideas are used to strengthen safety through continuous learning, informed by clear understanding of key risks.

Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 2 April 2026)

There were 5799 clinical incidents reported in total in 2025/26, compared to 6525 in 2024/25. Of those there were 3681 clinical incidents within the Trust during 2025/26, meaning the incident occurred whilst the patient was under the care of LCH. Incidents are then assessed to understand the level of harm to the patient and whether the care provided by LCH contributed to that harm This is a 26.7% decrease from 2024/2025 where there were 5019.

Of the total LCH incidents reported in 2025/26:

- 2875 were no or low physical harm (4612 in 2024/25).
- 234 were moderate physical harm (303 in 2024/25).
- 55 were severe harm (54 in 2024/25).

The remaining 20 relate to deaths (no comparable data for in 2024/25 due to changes in reporting).

In July 2025, the Trust fully implemented the NHSE Learning from Patient Safety Events (LFPSE) system, adopting national definitions of harm. These clearer, standardised thresholds have improved our understanding of where more significant harm occurs, but mean harm levels are not directly comparable with previous years. For example, some incidents such as meatal tears are now classified as severe harm due to permanent physiological impact. Due to an additional increase in meatal tears, a dedicated improvement group has been established to understand the increase in incidents.

Incident reporting trends at Wetherby Young Offenders Institute (WYOI) have also been influenced by service changes. In 2024/25, reporting increased significantly following leadership changes and a drive to improve reporting quality, alongside system pressures that led to rises in peer on peer assaults and self-harm. In 2025/26, incident numbers

have reduced following changes in population complexity, improved reporting clarity and service reconfiguration as we worked with the prison leadership team.

Overall trends show a return toward expected levels; however, the Trust remains alert to the risk of under reporting. Ongoing work is focused on embedding consistent reporting standards to ensure incident data provides a reliable basis for learning, assurance and patient safety improvement.

All significant changes to incident patterns are reported into the Trust Executive Director led Quality Assurance and Improvement Group for awareness and action.

2025/26 also marked our second full year of PSIRF implementation. All incidents resulting in moderate harm, severe harm or death were reviewed to identify learning and determine the appropriate level of investigation. Statutory Duty of Candour was completed in 33 incidents where care contributed to harm, with a continued commitment to applying Duty of Candour professionally for all patients experiencing harm.

Our focus remains on embedding learning to reduce recurrence, particularly in our most frequent areas of harm: falls, skin damage and unexpected clinical deterioration. While these improvements demonstrate a strong commitment to learning and quality improvement, the ongoing challenge is to ensure learning translates into sustained improvements in patient safety and outcomes.

National Patient Safety Strategy

Specific guidance supporting the implementation of the national Patient Safety Strategy was released in September 2022. The Strategy challenges Trusts to investigate incidents in a more meaningful way to gain the most learning. LCH launched their dedicated and individualised Patient Safety Incident Response Plan (PSIRP) in January 2024 with a review in 2025.

Learn Together
Supporting involvement after safety events in healthcare

In 2025, an internal audit of PSIRF compliance provided limited assurance, prompting a comprehensive action plan to strengthen patient safety systems and processes across the Trust.

In response, we have retrained all clinical incident handlers, enhanced our incident management system (Datix), and strengthened Trust-wide training to reinforce Duty of Candour and clear expectations for high-quality incident closure.

During this period our six Patient Safety Specialists have also actively supported Learning Response Leads to apply PSIRF methodologies in investigations and led improvements with services. Improvements have included an updated lower limb framework and a revised wound infection framework, now tailored separately for registered and non registered staff. Patient feedback, including the prompt to “look beyond the bandages”.

In addition, a cross system review of diabetes pathways is underway and to address communication gaps between LCH clinicians and community carers, a shared care agreement has been introduced, providing clear, individualised care recommendations to ensure consistent patient care across different care pathways.

While incidents in these areas remain a challenge, ongoing

review have enabled learning to be identified efficiently, reducing the need for multiple individual investigations. This supports the Trust's patient safety strategy and allows resources to focus on delivering improvement plans that achieve measurable safety benefits for patients.

Patient Safety Incident Response Plan – Trust Priorities

As part of our PSIRP, the Trust has three key patient safety improvement areas: falls, pressure ulcers and deteriorating patient, the following outlines some of our improvements in those areas:

Falls

The LCH Falls Improvement Group continues to lead delivery and oversight of a Trust wide Falls Improvement Plan, aligned to PSIRF and informed by learning from patient safety incidents. The plan uses quality improvement methodology to address recurring themes and ensures falls prevention practice aligns with NICE guidance and World Falls Guidelines through the LCH Falls and Bone Health pathway.

Progress has been made in key areas, including improving data quality and reporting, strengthening IT reliability, and embedding a consistent learning from incidents approach across services, despite the challenges of a complex and evolving care environment.

The Trust's falls training offer has been strengthened, with updated training for registered staff, newly implemented training for non-registered staff, and bespoke sessions delivered in response to incident learning. Falls champions have been established across adult services, supported by bimonthly meetings to promote timely communication, awareness and frontline ownership of falls prevention.

In addition, the Community Falls Service continues to work across Leeds to support people at risk of falls, reinforcing a system wide approach to reducing harm and improving patient outcomes.

Here are some of their additional achievements from the Community Falls Service:

Community Falls Service

The Community Falls Service works in close partnership with LTHT Falls Clinic Geriatricians to support people at high risk of falls in the community, reducing the need for hospital outpatient attendance. Specialist Physiotherapists provide vestibular assessment and rehabilitation in patients' homes or local clinics, addressing dizziness and balance issues that contribute to falls. Therapy Assistant Practitioners deliver the evidence-based Otago strength and balance programme, alongside joint working with Active Leeds to support community group exercise programmes.

Key achievements include:

- Updated LCH Falls and Bone Health Pathway, aligned to NICE Falls Guidance (NG249, 2025).
- Updated falls training for registered staff and newly developed training for non registered staff.

- Development of a Leeds Falls Pathway for non-clinical roles, with training delivered to third sector partners.
- Roll out of a care home falls training programme, supporting the Healthy Leeds Plan priority on frailty, falls and injuries.
- Ongoing work to improve access for communities who experience health inequlaities.
- Continued positive feedback from patients and carers.

The Clinical Lead for the Community Falls Service also co chairs the Leeds citywide Falls Steering Group, supporting a consistent, system wide approach to falls prevention and ensuring alignment between Trust and city pathways.

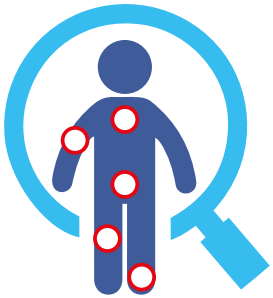
Citywide Falls Steering Group

The group brings together partners and stakeholders across Leeds to deliver a coordinated approach to falls prevention. Priorities for 2025/26 focus on supporting the Frailty: Falls and Injuries priority within the Healthy Leeds Plan, targeting areas with high rates of unplanned hospital admissions due to falls.

Key areas of work include continued development and implementation of falls pathways across care homes and the third sector, embedding citywide learning into system improvement; monitoring and evaluating falls prevention services such as Active Leeds, Home Plus and Telecare, with a focus on health equity and outcomes; strengthening primary falls prevention to support healthy ageing; and piloting digital technology to proactively identify people at risk of falls.

To support assurance and improvement, a Trust wide annual audit has been developed for completion in 2026/27, enabling services to demonstrate alignment with falls guidance and supporting the reduction of falls and falls resulting in significant harm, including hip fractures.

Pressure Ulcers



Pressure ulcers remain a key area of patient harm and are overseen through a dedicated Pressure Ulcer Improvement Plan, led by the Tissue Viability Service. The Improvement Group, now strengthened with representation from all clinical business units, meets regularly to review learning from incidents and drive improvement aligned to NICE guidance.

Key actions this year include development of a Trust wide improvement plan informed by patient safety themes, strengthened links with service teams to support effective visit allocation and case management, and a focus on ensuring appropriately experienced clinicians review complex patients. An audit of pressure ulcer documentation is planned to assess compliance with the management template and provide assurance that patients are being reviewed holistically.

Learning from investigations identified inconsistent completion of individualised management plans. A Trust wide survey (133 responses) informed targeted training delivered during the EPUAP (European Pressure Ulcer Advisory Panel) Stop Pressure campaign, reinforcing personalised care and the principle of “What matters to me?”. Further sessions are planned to increase reach and impact.

The Trust adopted the National Wound Care Strategy Programme pressure ulcer categorisation guidance in January 2025 and ratified an updated Pressure Ulcer Prevention

and Management Policy in October 2025. A collaborative approach to training has been maintained, with pressure ulcer prevention training available across health and social care, and mandatory for staff supporting patients at highest risk, strengthening prevention and reducing avoidable harm.

Deteriorating Patient

Acute and unexpected deterioration remains a significant patient safety risk and is overseen through a Trust wide Deteriorating Patient Improvement Plan, led by the Deteriorating Patient Improvement Group. The group, chaired by the Head of Infection Prevention and Control, has strengthened representation from all clinical business units and meets quarterly to oversee delivery and assurance.

A comprehensive improvement plan has been developed, informed by learning from patient safety incidents and investigations. Strong links with service level groups support effective visit allocation, caseload management and urgent response pathways, with a clear focus on ensuring patients at risk are reviewed by appropriately skilled clinicians and that escalation processes are followed consistently.

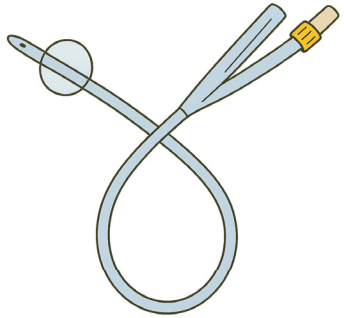
In 2025, the Trust launched the Management of the Deteriorating Patient Policy (PL396), standardising escalation for adults and children across LCH. An audit of patient records is planned to provide assurance on compliance with clinical observations, NEWS2 scoring and escalation decision-making, and to confirm holistic patient assessment.

Training continues to be strengthened, with deterioration and sepsis education embedded within statutory training. Access to RESTORE2 training supports recognition of the 'soft signs' of deterioration, including for people with learning disabilities. Further training focused on undertaking and recording observations will be launched in 2026.

Work is ongoing to improve data quality and reporting, including development of a dedicated deteriorating patient dashboard linked to Datix, alongside improvements to clinical equipment standardisation and IT infrastructure. These actions aim to support timely recognition, escalation and safe care for patients at risk of deterioration.

In line with our PSIRP there are also service led improvement plans, here are some examples:

Meatal Tears



A meatal tear is where the skin at the end of the penis where the urethra exits the body erodes, usually due to the presence of a urinary catheter. This can be permanent skin damage which would be considered a severe harm to the patient.

Incident surveillance identified an increase in meatal tears in the second half of 2025. A dedicated working group was established to review data six weekly. Analysis showed variation between teams compared to the national benchmark of 10% of patients with indwelling catheters experiencing a meatal tear. Higher rates in some teams highlighted improvement opportunities, the highest rate was 22%, while very low or zero reporting in others raised potential under

reporting but equally opportunities to share good practice.

Actions underway include development of a new care plan and a specific read code to improve data capture and staff awareness. Joint work with LTHT is strengthening documentation of meatal condition at hospital discharge and at the first community visit, supporting clearer identification of where harm occurs and where learning should be targeted.

Although reporting levels have not yet reduced, this reflects increased staff awareness, revised harm definitions and previous reporting inconsistency. New guidance aims to standardise assessment and reporting, supported by clear definitions, photographs and written descriptors. Refresher training, checklists and staff resources are planned, alongside development of a comprehensive induction booklet.

A new community urology clinic for suitable catheter patients is being piloted to inform future neighbourhood models of care. Reporting data has been shared with teams to support discussion, improve consistency and embed learning to reduce harm.

Clinical Triage Hubs in Neighbourhood Teams

Following patient safety incidents related to Neighbourhood Team Triage, a dedicated working group was established. Staff feedback identified the need for a single Electronic Patient Record across all 13 teams, which is now live and is improving triage efficiency and supporting improved response times.

Incident themes continue to highlight challenges where referrals are made by other providers without confirmation that the Neighbourhood Team can accept the patient, particularly for care required within 72 hours. During periods of escalation in February and March, some delays in triage were reported; these were assessed as no or low harm and investigated appropriately.

Capacity has been strengthened through the recruitment of four new triage clinicians, all of whom are trained in therapy triage and continuing to build confidence as new processes are embedded. While staffing pressures remain a challenge, triage processes are becoming increasingly streamlined through the S1 work.

Insulin Errors in the Neighbourhood Teams

The Insulin Error Group reviews insulin related incidents every six weeks. The service delivers approximately 12,000 insulin administrations each month, with 30–50 reported errors per month, including missed or delayed doses, incorrect insulin type and use of out of date insulin.

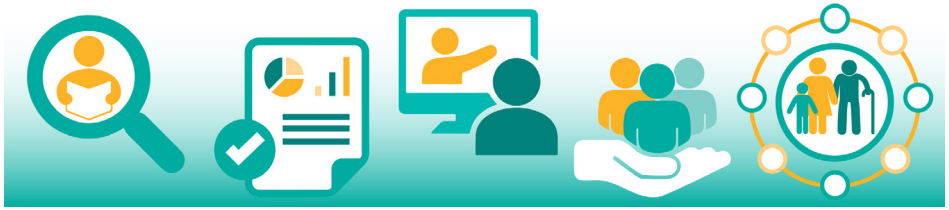
A programme of improvement is underway to reduce risk and strengthen oversight. The insulin administration record is being simplified, and a pilot has commenced to target daily safety checks towards patients at highest risk. A plan to implement automated care plan allocation will further support safety, enabling real time recording of visit outcomes and generating alerts for missed or delayed visits.

A detailed data review identified key themes including human factors, allocation issues and S1 processes. Actions include reviewing low dose insulin prescribing to identify deprescribing opportunities, exploring rescheduling of once daily insulin outside peak morning periods, and gathering patient feedback through a targeted survey.

Administrative safety checks have been refined to focus on a smaller cohort of patients, with no increase in incidents observed following this change. Ongoing improvements to the administration chart will further support safer insulin administration and reduce avoidable harm.

Patient Safety Summit

The LCH Patient Safety Summit continued in 2025/26 to support shared learning, peer review and peer support. The Patient Safety Summit is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience.



At the summit two or three cases or situations are identified to discuss where there is potential for learning and then all cases are captured and shared across the organisation in the Love to Learn website. This year the following cases have been shared:

- Safeguarding concerns and pressure ulcers.
- Clinician experience of being involved in the PSIRF process.
- Update on the Learning from the Lives and deaths of those with learning disabilities.

Inquest

This year, LCH saw a 100% increase in inquests, reflecting increased HM Coroner scrutiny of deaths and the introduction of the Medical Examiner role. A review confirmed these external factors as the primary drivers in addition to internal factors relating to the earlier recognition of patients who are acutely deteriorating.

Despite this increase, Coroner-issued learning for LCH has been minimal, with feedback highlighting the Trust's strong culture of transparency and early learning identification, strengthened through implementation of PSIRF and improved pre inquest learning processes.

One Regulation 28 Prevention of Future Deaths report was received relating to a short delay in first aid, alongside learning on visit allocation and ensuring appropriately qualified clinicians support complex patients. improvement plans are in place to address these areas.

Overall, this reflects our continued improvement approach with robust pre inquest learning and safety oversight and demonstrates that LCH has strong Well Led governance of the Inquest process and that our management was Effective supporting Safe care.

LCH have also received positive feedback from HM Coroner, Families and staff in relation to our inquest process:

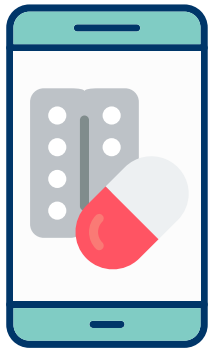
HM Coroner: His Majesty's Coroner said that 'in light of the Trust's candid acceptances of care provided and the evidence that highlighted the changes that have been put in place since, it was not found necessary to issue a Prevention of Future Deaths (PFD) report'.

Staff: 'I wanted to just thank you for all your support throughout all of this process, it was quite a stressful time for me and you were so kind and supportive which I am very appreciative for' and 'thank you for your support [...] it's felt genuinely supportive'.

Family: 'Your investigation has given some reprieve to our grief. Changes which have been made have fed into that. Thank you for the investigation which is very thorough and insightful and notes where care could be more robust. I wish this level of scrutiny was across the board'.

Medicines Optimisation

The Medicines Optimisation Team have supported improvements across the organisation in 2024/25.



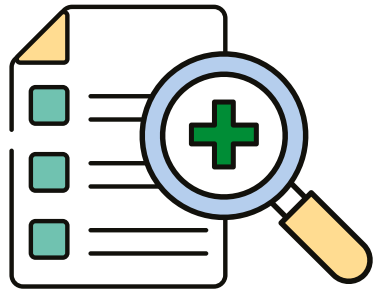
Roll out of e-Prescribing continues across the organisation. For patients of the Leeds Sexual health Service, e-prescribing has enabled patients undergoing online consultations to be able to collect their prescribed medicines from their local community pharmacy. E-Prescribing improves timely access to medicines for patients, enhances clinical roles and contributes to better service efficiencies.

The policy framework for safe and secure handling of medicines was reviewed, and policy documents were re-formatted to make the information easier for clinician to access and use. Feedback has been positive with clinicians appreciating the 'bite sized' practice notes to help them navigate the wide arrange of legislation governing medicines handling appropriately.

EFFECTIVE

Effective care means that people and communities achieve the best possible outcomes through needs-led, inclusive care that reflects individual circumstances and protected characteristics. Services work together around the person, supported by leadership that embeds continuous improvement through routine review of outcomes, quality indicators and best practice.

Clinical Audit



All clinical audits that are planned to be undertaken within LCH must be registered on the services' annual clinical audit plan and entered onto the clinical effectiveness registration database.

National Clinical Audits

During 2025/26 eight national clinical audits covered the NHS services that LCH provides. During that period, the Trust participated fully in five and partially in a further one (a delayed submission), of the eight national clinical audits which it was eligible to participate. LCH have been unable to submit full datasets for two audits due to problems with data collection and reporting, which are not limited to LCH. LCH are making significant efforts to achieve compliance with both audits. LCH are submitting partial datasets to one audit.

LCH are aware of the potential risk to reputation and shared learning by not contributing to all national audits and as such we do intend to fully participate in any audits applicable to our organisation as soon as possible.

The reports of five national clinical audits were reviewed by LCH in 2025/26 and LCH intends to take the following actions to improve quality of healthcare provided.

Source of all audits listed below is NCAPOP:

National Adult Diabetes Audit (NDA) – HQIP (Diabetes Prevention Programme element).

Analysis: Overall, Leeds demonstrates a slightly stronger than average performance, with a greater proportion of areas above the national benchmark than below.

Action: To work with neighbourhoods and providers to make sure structured education activity is recorded consistently and accurately and understand whether health equity impact attendance and review the referral process.

National Epilepsy 12 Audit – HQIP

Analysis: 100% results were above the national average in KPI 2, 4, 9 and 10.

Action: Ongoing training and supervision to ensure expertise, we will ensure existing process and professionals are in place and commissioned to meet the audit requirements.

National Respiratory Audit Programme (NRAP) – HQIP

Analysis: We are below the national average for dyspnoea scoring.

Action: Amendments to talk sessions; improved goal setting and improved consistency of staff will promote consistent exercise progression to will improve this.

Sentinel Stroke National Audit Programme (SSNAP) – HQIP

Data is not currently being provided due to national reporting issues.

National Audit of Cardiac Rehabilitation - NHS England Digital

National Adult Diabetes Audit (NDA) – HQIP (National Diabetes Foot Care element)

Analysis: We are below the national average in two areas, and above the national average in two areas.

We are below the national average for providing new ulcer appoints within 13 days. Data being analysed to identify improvement.

We are below the national average of patients who are alive and ulcer free at 12 weeks we acknowledge our patient group (seen in the home) will have high fragility and multiple systemic conditions causing delays in healing, areas of deprivation and patient demographics contribute to these findings. Improvements are being assessed.

We are above the national average for patients self-presenting with ulceration. This indicates patients can and do contact and access the podiatry service and the education given within podiatry contacts is being taken on board to seek urgent input when required.

We are above the national average on patients presenting with less severe ulceration. This data is linked to less admissions and shows we are a responsive service.

Actions: We have worked hard with patient education and the nursing team streamlining referrals and providing education to teams, referrals are quicker now, and patients are seen earlier in their ulcer journey.

National Audit of Eating Disorders (NAED) – HQIP

Delayed Submission

The staffing survey requires accurate team-level information (workforce/caseloads) that required clinical leadership team review prior to submission. There was a delay in finalising our data, we remained in contact with NAED and submitted the data in April 2026.

Analysis (year one):

1) Access and waiting times

The national average waits for Children and Young Peoples Community Eating Disorder Service (CYPCEDS) were 14 days to assessment and 4 days to treatment; however, there was wide variation with waits reported up to 450 days.

Action: We can use these national medians as a benchmarking reference point.

2) Referral routes

Analysis: The audit found that self-referrals and referrals from education were frequently accepted alongside health pathways.

Action: We have a self-referral pathway. We also have processes in place to link with local schools/colleges to support early identification; we intend to expand this service.

3) Treatment offer and NICE-recommended psychological therapies

Analysis: They reported on the therapeutic provision in community teams: 85% of CYPCEDS teams offer Cognitive Behavioural Therapy and 86% offer family therapy for eating disorders.

Action: Our service offers a comprehensive therapy menu, with the appropriate supervision and training support.

4) Diagnostic coverage

Analysis: Across teams, CYPCEDS treatment coverage reported: Binge Eating Disorder (BED), Avoidant/Restrictive Food Intake Disorder (ARFID), both showing potential access gaps and wide variation.

Action: Our service has pathways for BED but is not currently commissioned for ARFID. Clear shared care pathways and escalation routes linking with partners require review.

National Obesity Audit – HQIP

Analysis: We expect that NHS England to publish an annual report and quarterly dashboards of the data

Action: In the interim we have focussed on improved data collection.

Local Clinical Audit

Three Trust-wide audits and 151 local audits were registered as part of the Annual Clinical Audit Programme for 2025/26:

Trust-wide

- Infection and Control Suite of Audits.
- Risk, Health and Safety Environmental Audit for high-risk areas.
- Record Keeping Audits.

Local audits

Number of Service Specific Clinical Audits Registered 2025-26	
Adult Business Unit	8
Children's Business Unit	57
Specialist Business Unit	76
Corporate including Medicine Management	10
TOTAL	**151**

Local Clinical Audits Completed as of March 2026 (2025/26 annual rolling audit programme) by Business Unit

An additional 30 were started but not complete by the end of 2025/26

Adult Services (audits completed)

- Record Keeping Audit.
- Environmental Audit.
- Infection Control Audit.
- PEOLC Anticipatory Medication Audit.
- Assessment and treatment of strength and balance in patients referred to neighbourhood team physiotherapy for falls.
- Community nursing safe staffing tool.
- Neighbourhood Team rescheduled and cancelled visit Audit.

Children's Services (audits completed)

- Quality Challenge+.
- Record Keeping Audit.
- Environmental Audit.
- Infection Control Audit.
- Re-Audit Virtual Antenatal Audit.
- Re-Audit Every Sleep a Safe Sleep (ESASS).
- Annual rolling Breastfeeding Initiative National Audit (completed quarterly).
- Re-Audit Review of Child in Need (CiN) caseload and 0-19 PHINS involvement with Children Social Work Service (CSWS).
- ASQ Coverage.
- Audit of Multi Agency Risk Assessment Conference (MARAC) and 0-19 involvement.
- Support and Guidance Audit.
- Re-Audit Review of effectiveness of service offer following changes.
- Evaluation of Antipsychotic Prescribing Practices in CAMHS for Behavioural Management Across Community and Inpatient Settings.
- MMST Team 4 – Outcomes of Request for Support/ Interventions completed.
- Audiology Results Scanning Audit.
- Open Access Waiting List Audit.
- MMST Team 3 – Outcomes of Request for Support/ Interventions completed.

- Clinic Calibration Audit.
- Down Syndrome Audit.
- Calibration Recording Audit - School Screen.
- ENT Referral Sent Audit.
- BAA National Standards for Audiology Audit.
- Otoaccess Data Upload Audit.
- School Screen Tier 1 Audit.
- School Screeners Calibration Audit.
- Auditing the effectiveness and impact of EMDR within an early intervention preventative service.

Specialist Services (audits completed)

- Quality Challenge+.
- Record Keeping Audit.
- Environmental Audit.
- Infection Control Audit.
- No access visits.
- Audit of CSSD and blade removals to prevent sharps incidents.
- Nail surgery Audit.
- Mandatory Audit of Radiology requests (required by LTHT).
- Steroid injection LocSSIPs Audit.
- Extracorporeal Shockwave Therapy treatment.
- The importance of a dietitian as part of the rehabilitation MDT within a recovery hub.
- Community Matron Audit.
- Gonococcal resistance to antimicrobials surveillance programme (GRASP).
- Parkinsons Audit.
- Quality and Documentation of Step 3 supervision on PCMIS.
- PGD audit and LocSiPP compliance within Injection Therapy.
- Review of newly implemented changes to the processing and discharge pathway for patients receiving Zoledronic Acid (ZA) infusions. This includes evaluating the effectiveness of the current ZA Standard Operating Procedure (SOP) and making revisions where necessary to support improved practice.
- Review of SystmOne template for DKA safety.
- Undertake an audit of VW discharges admitted to hospital.
- Use of Supervision flags/notes.
- School Screeners Tier 1 Audit.
- A clinical audit of provision of evidence-based falls assessment and management within the Community Falls Service.
- HOS AR additional contact.

Corporate Services (audits completed)

- SUDIC Audit.
- Strategy Discussion Attendance by CYPMHS and Documentation on SystmOne.
- Strategy Discussion Attendance by Children's Speech and Language Therapy Service (CSLT) and Documentation on SystmOne.
- Equity and Quality Impact Assessments (EQIA).
- CSWS Referrals Using SystmOne.

Examples of audits undertaken and action plans to improve the quality of healthcare provided by the Trust are highlighted below:

Audit title: Every Sleep a Safe Sleep (ESASS)

The ESASS re audit reviewed how well safe sleep messages are being delivered to families and whether staff are consistently checking infant sleeping spaces during visits.

The findings demonstrate clear improvements in infant safety, with two fewer sleep related overlay deaths in 2025 and a substantial increase in staff viewing babies' sleeping spaces during visits, rising from 58% to 91%. More unsafe sleep products are being identified and removed, and parents report a better understanding of what a safe sleep environment should look like. Learning from the programme shows that safe sleep messages are well received, that physically seeing the sleep space makes conversations more effective and helps identify risks, and that consistent language and clear documentation are essential for safeguarding and supporting SUDIC investigations. Improvements include a target for staff to view sleeping spaces in at least 60% of visits (and 100% for twins and premature babies), updated SystmOne templates to support consistent recording, continued sharing of safe sleep guidance with families, and wider learning shared across teams, safeguarding leads, and commissioners. Overall, the ESASS programme is helping families create safer sleep environments and reduce sleep related risks, with a further audit planned for 2026 to ensure continued progress.

Audit title: Extracorporeal Shockwave Therapy (ESWT) Record Keeping Audit

This audit found that documentation within the Leeds Community Podiatry Service for Extracorporeal Shockwave Therapy (ESWT) is generally strong, with overall compliance exceeding 80% across all standards, supporting safe and consistent patient care. The body part treated was clearly recorded in 96% of cases, safety checks and contraindications in 88%, and NSAID advice in 92%, demonstrating effective use of SystmOne templates and good communication with patients. However, formal consent was documented in only 80% of records, presenting a potential clinical and legal risk. Learning from the audit highlights the need for greater consistency in recording consent, supported by clearer prompts and reminders. In response, targeted staff training and reminders will be implemented, consent fields within the SystmOne template will be reviewed, and findings shared through team meetings to embed learning. Overall, the service is delivering ESWT safely and in line with clinical guidance, with planned improvements and a re audit in July/August 2026 to further strengthen patient safety and documentation quality.

Audit title: Anticipatory Medication Audit

This audit highlighted important learning about how

anticipatory medications are used in the final days of life across Leeds community settings. It showed that current practice has shifted, with morphine now used more commonly than diamorphine, supporting a move to morphine as the first line opioid due to familiarity and cost effectiveness. While all four types of anticipatory medicines (opioid, benzodiazepine, antiemetic and antisecretory) remain clinically necessary, the audit demonstrated that antiemetic and antisecretory medicines are used far less often and in lower quantities than previously assumed. This learning supports reducing standard vial quantities to minimise waste without compromising patient care. The audit also identified that differences in dose intervals between hospital and community settings are driven by practical considerations, and that a universal move to shorter intervals was not supported by palliative care teams. Overall, the learning has informed clearer, more evidence based guidance that better reflects real world practice, promotes consistency, and supports safe, efficient use of medicines at the end of life.

Information Governance and Data Accuracy

The Trust remains committed to ensuring high standards of data accuracy, security, transparency and legislative compliance. Personal and confidential data is protected and used appropriately, supported by the Trust's Data Quality Framework and Data Quality Dashboards, which enable services to monitor and improve data quality.

The Trust complies with UK GDPR, the Data Protection Act 2018 and the Common Law Duty of Confidentiality, supported by an appropriately appointed Data Protection Officer. Effective information governance is overseen by the Senior Information Risk Owner (SIRO) through the Information Governance Approval Group, which provides assurance to the Audit Committee and Board, supported by the Caldicott Guardian.

The Trust uses robust organisational and technical controls to ensure confidentiality, integrity and availability of data, including staff training, risk management, records management, IT security controls and cyber resilience measures.

Compliance with the Data Security and Protection Toolkit (DSPT) demonstrates assurance against the Cyber Assurance Framework. The DSPT was successfully completed and independently audited for 2024–25. Mandatory data security training compliance has been maintained at 95%.

All data breaches are assessed in line with national requirements. Of 358 reported incidents, four met the threshold for external reporting. The Information Commissioner's Office was satisfied with the Trust's management of all reported breaches.

Palliative Care and Learning from Deaths

Adults

Leeds Community Healthcare remains an active partner in the Leeds Palliative Care Network. Since October 2025, the Trust's Practice Development Lead for Palliative and End of Life Care has co chaired the Network alongside an LTHT consultant, ensuring strong community representation and continued executive oversight.

The ReSPECT process continues to be embedded across Leeds. LCH is represented nationally through membership of the

Resuscitation Council ReSPECT Sub Committee, while locally a multi partner audit of ReSPECT use is nearing completion. The findings, due in early 2026/27, will inform quality assurance, future development and education. A citywide project is also underway to improve cross system sharing of ReSPECT plans to better support patients' wishes across care settings.

In 2025/26, 77.3% of patients supported by LCH died in their first preferred place of death, with 81.8% achieving their first or second preference. Only 17% of patients on neighbourhood team caseloads with recorded preferences died in hospital. Correctly coded data for preferred place of death records stands at 83.3% with both place of death and preferred place of death recorded. Deaths at home remain higher and more complex than pre pandemic levels, reflecting demographic changes in the over 65 population.

The 2024/25 citywide report showed 44% of people who died in Leeds had an Electronic Palliative Care Coordinating Systems (EPaCCS) record, with 85% having either an EPaCCS or ReSPECT plan in place. Addressing inequalities in access remains a shared priority.

LCH nurses verified 67% of expected deaths in community settings, rising to 72% for expected home deaths, supporting timely care and reducing distress for families and pressures on primary care.

Learning from Deaths reviews continue with multidisciplinary input and improved quality assurance. Work with Learning Disability colleagues has strengthened timely involvement in relevant reviews. The Medical Examiner service continues to develop, including consideration of timely certification for rapid burials.

Other Improvements

Through the Leeds Palliative Care Network, LCH has worked with LTHT to create easy read versions of end of life care information which is now available through Leeds Palliative Care Network website. The focus for next year will be promoting this information.

An audit of the use of medication at the end of life has now concluded. A poster about the audit was accepted and presented at a Hospice UK conference. The recommendations were reviewed and some changes to the recommended first line medications and quantity prescribed have been updated. Updated guidance for clinically assisted hydration and our policy for managing syringe drivers have been approved and some improvements in our procedures updated in line with t guidance. Embedding these changes in practice will be a focus for the coming months.

Plans for next year

Priorities for the coming year include continued staff development, nursing home support, prioritisation of patients with end of life needs, promotion of accessible end of life information, and embedding updated guidance following end of life medication audits and policy reviews.

Children

A review is undertaken following the death of every child who resides in the Leeds area (excluding newborn children who do not leave the hospital prior to death). During these meetings we review the child's journey through our services, acknowledging the quality of care provided and identifying any learning opportunities that could change future practice.

This year has seen the continued embedding of a process to allow more scrutiny of each death and we are continuing to develop and review our processes for continuous improvement. Cases have time for a presentation and then wider discussion regarding the positive care received and any action required because of learning identified. There is an action plan in place which is discussed at each meeting and is where the biggest changes are happening.

Here are some examples of the work undertaken this year:

Next to me cribs

Information has been reviewed and reshared following an increased use of next to me cribs and the sad death of a child using one of these, we have reviewed our messaging provided to families. The risk of twins shared the cribs was already well known within our 0-19 PHINS teams. Parents are directed to The Lullaby Trust for additional information. The Leeds wide Child Death Overview Panel are escalating the concern to the National Team.

Sling use while breastfeeding

Following the death of a baby (nationally) where the baby's airway was blocked due to the position they were held in while within the sling, a national alert was issued and shared with 0-19 PHINS for immediate action. Information was shared with practitioners and via the 0-19 Facebook page for families.

Parental responsibility work

Following review of several deaths the child death meeting was not assured that there was a clear process for recording parental responsibility in a child's Electronic Patient Record (EPR). Having parental responsibility means you have legal rights and duties relating to your children's upbringing.

Parental rights and responsibilities: What parental responsibility is - GOV.UK

This was discussed with our Safeguarding Team and the legal terms and definitions regarding children's law in England and Wales was re-shared with our teams. The Trust also has a Consent to Care / Treatment Policy which clearly outlines staff responsibility in relation to consent.

Who's in the house

There were concerns raised within the child death meeting where there was limited information about recording significant relationships in the records. An external speaker was recruited to present a session on analytical documentation. That session was recorded and is accessible in our Safeguarding Resource Library, for all LCH practitioners to have access. The session also reiterates the importance of documenting who lives in a household.

Learning from Lives and Deaths of People with a Learning Disability and Autistic People – LeDeR

Learning from the lives and deaths of people with a learning disability and autistic people is fully embedded within the organisation's mortality reporting processes. The Named Nurse for Learning Disabilities contributes by highlighting positive practice delivered by LCH staff and sharing key learning points. Insights from reviews have directly informed and improved practice through the following actions:

- Restore2 training is now offered to staff within community teams.

- Easy-read materials have been mapped against all documentation and produced accordingly.
- The clinical system now prompts staff to alert the Named Nurse for Learning Disabilities to support mortality reviews and promote organisational learning.

The Oliver McGowan Mandatory Training on Learning Disability and Autism

To ensure all staff develop the required knowledge and to meet the statutory requirements of the Health and Care Act 2022, the organisation is working with partners across the city to deliver the Oliver McGowan Mandatory Training. Staff will attend the Tier 1 interactive webinar or the face-to-face Tier 2 sessions, which are confirmed to continue throughout 2026.

Assessing Capacity in People with a Learning Disability to Manage their Diabetes

Following multiple clinical consultations regarding diabetes management in people with a learning disability, a guidance document was developed to support staff in completing capacity assessments. The document outlines the macro level nature of the decision, provides suggested clinical questions, and includes vignettes to support professional judgement. This resource has been shared across West Yorkshire and has received positive feedback.

Learning Disability Improvement Standards for NHS Trusts

The organisation continues to strengthen care for people with a learning disability through a structured workplan, with progress reported via the Safeguarding Committee. Improvements have been achieved through updates to processes and policies, including:

- A deterioration policy that includes a dedicated section on considerations for people with a learning disability.
- A process developed with a partner organisation to ensure suction equipment can be ordered for people with a learning disability.
- Updates to the 'What Makes Good Care' chart to enhance signposting for people, families, and carers.
- A dedicated nail surgery pathway created by the Podiatry service for people with a learning disability.

Key areas for improvement next year

- Continued collaboration across the city to support the long-term delivery of the Oliver McGowan Mandatory Training in Learning Disability and Autism.
- Further promotion and consistent recording of reasonable adjustments through person-centred care planning.

NICE Guidance

As a Trust we have a robust approach to ensuring we are concordant with NICE Guidance and evidence-based practice. In 2025/26 we assessed 278 pieces of guidance for relevance. Of those 81 were assessed as being relevant to LCH (27 for information only and 54 for assessment). There are 14 (from 2021/26) currently open, being assessed or with actions plans in place to achieve concordance. Six pre-date 2025/26, three of those were reopened for assessment to support proposed service changes in 2024/25.

CARING

Being a caring organisation means that people are treated with kindness, empathy, and compassion, and know that they matter. Their experience, privacy, and dignity are respected, and their wishes and choices are actively considered. Support is personalised to achieve the best possible outcomes, including enabling people to live as independently as possible.

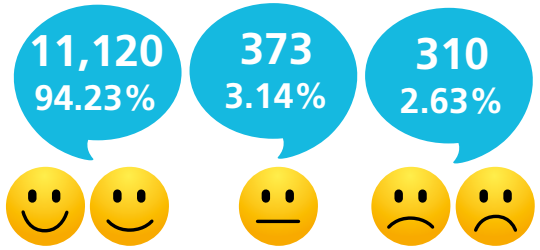
Patient and Service User Satisfaction

(The data was extracted from a live system on 2 April 2026)

We continually seek feedback from people who use our services via the Friends and Family Test (FFT) which can be accessed via an online link, a QR (Quick Response) Code, paper postcards and SMS message. The FFT is available in a standard easy-read format and is translated into the five most spoken languages in Leeds. We also have child friendly Friends and Family Tests that have been coproduced with children and young people. Our aim is to continually make giving feedback more accessible to people whose first language is not English, or who have additional communication or accessibility needs.

11,795 FFT responses

Between 1 April 2025 and 31 March 2026, 11795 FFT responses were shared. Of those, 9641 (81.74%) used the online or SMS survey, showing that this is becoming an increasingly popular option. Despite this, we still received a significant number of responses in writing (2154 - 18.26%) which demonstrates the importance of enabling people to give feedback in different ways.



Survey results showed that 11120 (94.23%) of people using our services felt they were good or very good. We received 310 (2.63%) as poor or very poor responses. 373 (3.14%)respondents felt the service was neither good nor poor or answered 'don't know'.

Feedback included:

Adult Business Unit

"All staff are so kind, helpful and caring." **Wharfedale**

"Communication, compassion, and coordination 10/10." **Health Case Management Service**

"Not enough communication with client and decision made without consulting. No callback despite leaving messages. Misunderstanding that Health Case Management were to work together with issues - this is not the case. Decisions made are told to you not asked by HCM." **Health Case Management Service**

"Nurses and matrons very professional thorough and helpful. Daily visits are very supportive and reassuring. Results are received quickly, communication is good. Visits are not rushed. We have found it an excellent service." **Neighbourhood Team**

"I would go so far as to say they 'went the extra mile' and I am extremely grateful to them." **Therapy Team**

Children's Business Unit

"Compassionate and very personalised care. I felt very listened to and supported at an extremely vulnerable time." **0-19 Public Health Integrated Nursing Service (PHINS)**

"I have reached out numerous times and no help offered." **Children's Community Nursing Service**

"Took time to listen to everything Great with my child Great advice Book follow up in at convenient time." **Integrated Children's Additional Needs Service (ICAN)**

"Excellent informative course, full of information and really engaging with lots of practical activity." **Children's Speech and Language Therapy (SLT)**

"It was very interesting leaning about the different ways I could manage my stress and anxiety which will ultimately help me manage throughout the days." **Children and Young People's Mental Health Service (CYPMHS)**

Specialist Business Unit

"Physiotherapist was very professional but empathetic and friendly which put me at ease." **Musculoskeletal Service**

"Everyone friendly, helpful whilst remaining professional. Listened carefully and answered in considered manner. Informative and diligent throughout the course. Comprehensive subject coverage. Easy to understand booklets helpful in completing exercising at home." **Respiratory Service**

"Welcoming from all staff. Excellent communication from doctor and nurse give advice and explanation." **Community Gynaecology Service**

"Made to feel at ease communication during procedure was brilliant a lovely experience." **Community Dental Service**

"It is noted that offering short term support would not be beneficial to myself as this would only start to unpick the mass amount of trauma that I have experienced. There were no psychologists taking any patients on anyone for the long term therapy required. Upon reflection, I have no idea where I am supposed to go for the support that is actually required? I have no idea how I would cope when situations with my mental health become serious and impact on my physical health." **Leeds Mental Wellbeing Service**

Satisfaction within groups

The Patient Experience Team continues to be a member of the Communities of Interest Network which helps to tackle inequalities across the city and works with local community groups to build relationships. The team worked with the learning disability team to create an easy read complaints form which will be added to our external web pages and proactively shared with relevant groups and services with the aim of making the complaints process more accessible. The team continue to monitor and update the internal staff intranet pages 'Making information accessible' to ensure there is good quality and up to date information and advice for staff to help them provide information to patients in accessible formats, dependant on their communication needs.

Patient Engagement

We involve patients, service users, communities and staff in shaping and improving services through ongoing feedback and involvement. During 2025/26, the Patient Experience Team supported services to deliver targeted engagement activities with patients and carers across the communities we serve.

A vacancy in the Patient Engagement Officer role for part of the year limited capacity and delayed some strategic objectives. Since recruitment, progress has accelerated, with renewed focus on strengthening Trust wide patient involvement.

Key improvements include refreshed Engagement Principles, support for Patient Safety Partners through the Trust Safety Inclusion Project, review of Friends and Family Test questionnaires, and alignment with the national shift from engagement to involvement. Attendance at Equity and Quality Impact Assessment panels has strengthened patient involvement and assurance, including appropriate challenge to ensure compliance with NHS Act 2006 (Section 242), for example pausing a clinic closure pending service user involvement.

Engagement Champions

Engagement Champions continue to support patient involvement within services. The bi monthly Engagement Champion Group has focused on carers, accessibility and person centred engagement, providing tools and resources to embed engagement in day to day practice. This includes promoting internal engagement guidance, use of patient feedback in teams, and supporting Trust wide improvement work.

Surveys

Targeted surveys have supported service pilots, new teams and service changes, ensuring the patient voice informs decision making and care improvement. Examples include:

- **Tier 3 Weight Management - Medication Pathway:** captured patient outcomes, experiences of dignity and fairness, and informed service optimisation.
- **Patient Experience Telephone Line Pilot:** informed accessibility and responsiveness, with feedback actively shaping the pilot.
- **MSK Soft Knee Clinic:** gathered feedback on shared decision making and experience to support service refinement and improved outcomes.

Engagement Principles

In 2025/26, the Trust reviewed its Engagement Principles, adopting Making it Real and CQC 'I Statements' to reflect patient and carer perspectives of being Safe, Effective, Caring, Responsive and Well Led. Engagement sessions are now

developing measurable evidence against these principles, strengthening assurance and improvement.

The principles have been mapped against Healthwatch Leeds' 'Making Neighbourhood Health Services Work for People', ensuring alignment with local expectations and supporting a clear, person centred and measurable engagement framework.

Citywide Partnerships

The Patient Engagement Team continues to work collaboratively across Leeds to improve experiences and address health inequalities. The Carer Steering Group will be reinvigorated in 2026 with partners including Carers Leeds and Family Action, supported by a co produced Carers Hub and quarterly carer awareness training for staff.

The Trust remains active in the Third Sector Steering Group, People's Voices Partnership, Communities of Interest Network, and Healthwatch Leeds 'How does it feel for me?' programme. Real time patient stories involving LCH services have been shared with services and at Board level, supporting learning, improvement and system wide assurance.

Youth Board

Youth Board is an opportunity for young people in Leeds to influence key NHS priorities across the city, whilst gaining new skills and a competitive edge for their CVs. Our Youth Board currently has a membership of 34 young people aged 14 – 19 years old. They live across a diverse area within Leeds that enables them to share a variety of perspectives.

Current Youth Board member, Caitlin, 17, said "I initially joined to be involved in the NHS as I'm aspiring to have a future career in paediatrics. After joining, my confidence quickly grew and would encourage others to get involved."

Madison, 16, also said "I felt very welcomed into the youth board community and could do whatever I was comfortable with, and I became at ease with public speaking as well as sharing my opinions and ideas."

Watch Caitlin and Haris talk about what the youth board is, the youth board meetings and their favourite thing they have done as part of the youth board **https://youtu.be/ddisfX3h1s4**

Annual General Meeting

We held our Annual General Meeting in October which was attended by twelve Youth Board members.

Our Youth Board members reflected on what has gone well throughout the year and also discussed how they would like to shape the Youth Board and raised the following suggestions which we are currently working on:

- New Application process.
- Introduce terms of agreement for members.
- Develop an access policy.
- Explore new meeting venues.
- Develop roles for Youth Board members such as: Access Lead, Social Media Lead and Secretary.
- Introduce an action plan / tracker to track projects / consultation and involvement in developing services healthcare services.

Celebrating Success

Awards

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

External Awards

Winner of the AHP Digital Practice Award 2025 – awarded by NHS England: David Roberts, Senior Digital Clinical Advisor, Leeds Community Healthcare

David led the development of a digital platform transforming sexual health services, improving access, efficiency, and equity through innovative EPR integration, patient-centred design, and impactful AHP-led digital leadership.

Silver Chief Nursing Officer Award for Social Care: Liz Grogan, Head of IPC, Leeds Community Healthcare

Liz Grogan, Head of Infection Prevention and Control (IPC), was honoured with the Silver Chief Nursing Officer (CNO) Award for her outstanding contribution to social care. This prestigious recognition celebrates individuals who go above and beyond in their work, making a lasting impact on the lives of those they support.

Leeds' HomeFirst Programme shortlisted for national awards

HomeFirst Programme | Leeds Health & Care Partnership

The Leeds Health and Care Partnership's HomeFirst Programme has received national recognition after being shortlisted for multiple awards, including the HSJ Awards 2025 in the Transforming Care for Older People Award category and the LGC Awards in the Health and Social Care category. HomeFirst is an innovative, person centred and integrated intermediate care programme that supports more people to receive care at home or return home sooner following a hospital stay. The programme is delivered through a strong partnership approach involving Leeds Community Healthcare NHS Trust, Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership Foundation Trust, and a wide range of other partners, reflecting the collaborative effort underpinning its success.

Chief Nursing Officer Award for teamwork and improving patient care: Amy Dinery, Healthcare Support Worker, Leeds Community Healthcare

Amy Dimery, a dedicated healthcare support worker, has received a Chief Nursing Officer award for making a significant difference to the lives of neurodiverse children and their families across Leeds. One of just 100 recipients out of 27,500 healthcare support workers in the region, the award recognises her outstanding commitment to NHS values and delivering excellent patient care.

LCH nominated for Employee Benefit Award

Leeds Community Healthcare NHS Trust and CPC Drive (the lease car scheme) were finalists at the 2025 Employee Benefits Awards in the Best Voluntary Benefits category for the work carried out on maximising affordability of vehicles, particularly electric and ultra-low emitting vehicles, through the subsidised salary sacrifice scheme.

Chief Nursing Officer Award for Compassion: Leanne Huntington, Senior Healthcare Support Worker, Leeds Community Healthcare

Leanne Huntington, Senior Healthcare Support Worker has received a Chief Nursing Officer Award for Excellence in Compassion. This prestigious accolade recognises nurses and healthcare support workers who go above and beyond to deliver care with empathy, respect, and kindness.

HSJ Partnership Award: Shortlisted - LCH adult dietitians

LCH Adult Dietitians were part of a project led by Interface Clinical Services and Leeds Health and Care Partnership titled 'Creating Prescribing Efficiencies of Oral Nutritional Supplementation in Leeds'. The project was shortlisted in the Best Contribution to Improving the Efficiency of the NHS category at the HSJ Partnership Awards.

Chartered Society of Physiotherapy Education Award: Kirsten Lamb, MSK Physiotherapist, Leeds Community Healthcare

Kirsten Lamb, MSK Physiotherapist and First Contact Physiotherapist was awarded an Education Award by the Chartered Society of Physiotherapy. This has enabled Kirsten to present her research into patient access to First Contact Physiotherapy at the World Physiotherapy Congress in Tokyo later this year.

Antibiotic Guardian Award: Shortlisted - Antimicrobial Resistance (AMR) Framework for Roma Communities

The project 'Developing a framework for co-production to prevent antimicrobial resistance (AMR) in the Roma Population in West Yorkshire', has been nominated under the Tackling Health Inequalities in AMR category at the Antibiotic Guardian Awards. It was developed by Anna Crowther, Senior Matron at Leeds Community Healthcare NHS Trust. The framework focuses on co-production approaches to address AMR within underserved communities.

Senior Clinical Research and Practitioner Award: Dr Jill Halstead-Rastrick, Clinical Head of Podiatry Service, Leeds Community Healthcare

Jill Halstead-Rastrick, Podiatrist, Clinical Head of Podiatry Service and Clinical Lead for Research has been awarded the National Institute for Health and Care Research (NIHR) Senior Clinical Research and Practitioner Award. Jill will continue to lead the Research team and over the next five years. This award will support Jill to explore community foot pain solutions, midfoot osteoarthritis treatment and build clinical research capacity at Leeds Community Healthcare NHS Trust.

HSJ Digital Award: Shortlisted - Leeds Sexual Health

Leeds Sexual Health's Online HIV Prevention and Chlamydia Treatment in Leeds programme has been shortlisted for a HSJ Digital Award in the Optimising Clinical Pathways through Digital category.

Queens Institute of Community Nurses

This year five of our amazing nurses achieved the prestigious Queens Nurse status through their focus and determination to embed learning leadership and excellence to patient care in the community. They are:

- Lynne Chambers
- Gail Greenwood
- Paula Groves
- Julie Hobson
- Leanne Parker

Internal Awards

Thank You Event

Every year we celebrate our amazing staff and their achievements at our Thank You ceremony. Board members will surprise colleagues at their bases and present them with a hamper, balloons and a certificate for being shining examples of our magnificent staff behaviours.

This year an amazing 88 nominations were submitted for the Thank You Event from across the Trust.

A huge well done to all of our colleagues recognised this year and to all of our colleagues across the Trust who support the delivery of high-quality care every day.

RESPONSIVE

Responsiveness means that people and communities are at the centre of care planning and delivery. People, those who support them, and staff can easily access information, advice, and advocacy to support understanding and shared decision-making. We ensure services meet diverse community needs, with feedback actively sought, acted on, and used to drive improvement.

Complaints, concerns and compliments

(The data is taken from a live system and was retrieved on 2 April 2026)

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

In 2025/26 the Trust received 1432 compliments, concerns, and complaints. This was a 9.9% decrease (from 1590) in feedback from the previous year overall. This equates to a 2.47% increase in complaints and concerns and a 16.1% decrease in compliments. Complaint and concern data has been combined because all expressions of dissatisfaction are recorded as a complaint under the PHSO standard and some services have piloted implementation this year.

Although the data for complaints/concerns combined is stable, services shared that not all locally resolved concerns were being recorded and recording compliments is a continued area for improvement. We therefore anticipate an increase as the PHSO standards are fully implemented in 2026/27.

Year	20-21	21-22	22-23	23-24	24-25	25-26
Compliments	982	929	965	933	1064	893
Concerns	366	594	544	342	381	254
Complaints	103	101	145	144	145	285
Total	1451	1624	1654	1419	1590	1432

Complaints

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

There were 285 complaints received in 2025/26. Of the 285, 272 related to LCH services only, 13 related to LCH and other organisations (multi-sector complaints).

LCH is a provider of NHS funded services, and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2025/26 the Ombudsman received one complaint for Leeds Community Healthcare NHS Trust. LCH proactively works with the Ombudsman to resolve complaints. The PHSO highlighted areas for improvement, they acknowledged that the Trust had implemented appropriate actions to remedy the impact and therefore did not need to take any further action for a complaint escalated in 2024/25.

Parliamentary and Health Service Ombudsman (PHSO) Standards

As part of our commitment to improving complaint handling and aligning with the Parliamentary and Health Service Ombudsman (PHSO) standards, we commenced a PHSO pilot in June which focuses on early resolution. The aim is to reduce lengthy processes and provide timely, fair outcomes for complainants. Where a complaint requires a more detailed review, services will work closely with individuals to ensure transparency and engagement.

The initial phase of the pilot included the CYMPHS and MSK teams. We have now progressed to Phase 2, expanding the pilot to include Leeds Mental Wellbeing Service, North 1 Neighbourhood Teams, Leeds Sexual Health, and Integrated Children's and Nursing services (ICAN). We have received positive feedback and key learning in phase 1 of the pilot, which includes closer engagement with the complainant and a streamlined process. We are gathering feedback from complainants on the new process.

Alongside the pilot we have introduced an option to divert calls to reception to discuss any general enquiries. We have also signposted callers to our Patient Information Hub for further information on our service.

Previously, a high proportion of calls were general enquiries, which often led to delays and misdirection. By enabling callers to select the appropriate service at the point of contact, we have improved efficiency and reduced unnecessary transfers. This change ensures that individuals receive timely support from the correct team, enhancing overall satisfaction and reducing pressure on our phoneline.

Complaints received within the year by Team/Service:

The teams with the highest complaints have been included. The remaining complaints were received across 34 teams with 29 teams receiving 10 (one team) or less complaints and 14 teams received one complaint.

Service	Complaints (including PHSO)
Children's and Young People's Mental Health Service	53
Musculoskeletal and Rehabilitation Service	52
Leeds Mental Wellbeing Service	37
ICAN South	16
North 2 Adult Neighbourhood Team	14

This data is inclusive of the PHSO pilot where all expressions of dissatisfaction are recorded as a complaint rather than being separated into concerns and complaints. This means, for this transition year, those services appear to have more complaints.

Complaints by subject:

Subject	
Clinical judgement/treatment	97
Appointment	57
Access and availability	30
Attitude, Conduct, Cultural and Dignity Issues	29
Communication	20

Except for the higher reporting teams, complaints by subject were evenly spread across the remaining teams.

At Trust level

Our Trust Priorities for 2025/26 and continuing into 2026/2027 have had a strong focus on increasing access to services and reducing waiting lists. The lists were closely monitored throughout 2025/26 by services and monitored through Quality and Performance Panels held monthly by Business Units with escalations to meetings chaired by our Executive Director of Operations and our Executive Director of Nursing and Allied Health Professionals.

At service level

Services follow a continuous improvement ethos, and complaints and concerns are opportunities to inform continuous improvements, some examples of how services have made improvements from complaints:

MSK

The biggest rise in MSK has related to administration processes and service contact issues. During 2025/26 the administration services were moved into a central team with a period of instability within the administration function. The MSK Service meet regularly with Administration Service leadership to try and find solutions to ensure the Administration Team is able to provide the appropriate level of support.

The main themes for clinical concerns and complaints were patient expectations not being met. This year we sourced external funding via the learning and development funding for a whole service session on Consultation Skills to try and help equip clinicians with more tools to manage our increasingly complex caseload.

It should be noted that the MSK service receives an average of 741 referrals per week and provides 1448 average weekly contacts, meaning that complaints per thousand contacts or incidence of complaints, is extremely low.

Podiatry

Although not a higher reporting team, there was a predicted rise in complaints and concerns related to the changes in buildings used and changes in the eligibility to access the service, resulting in patients feeling like their expectations were not being met. The service communicated intentions to patients via letter in line with the EQIA at the time. Considering the number of sites closed (5) and caseload numbers impacted the concerns and complaints were lower than anticipated, which is testament to good planning and delivery of the workstream. We continue to respond in a timely manner to concerns relating to workstreams including offering clinical lead support to staff in applying the domiciliary eligibility criteria fairly and consistently and conversations with patients to provide assurance and information when concerns are raised.

Another rise in concerns has been related to administration, specifically patients not being able to get through on the telephone lines. Administration leadership sits outside the Podiatry service and has faced staffing pressures impacting their workforce. Administration leaders have been asked to attend Podiatry weekly leadership meetings to allow for collaboration and early intervention to support any of these concerns in a timely manner. So far this is proving to be positive and proactive.

All learning from themes is factored into our weekly bulletins via email, monthly hub team meetings and full staff meetings so all staff are aware and can engage with the learning.

Leeds Mental Wellbeing Service

Within Leeds Mental Wellbeing Service (LMWS) there has been a slight increase in concerns and complaints throughout 2025 compared with 2024.

New themes from Primary Care Mental Health, which is part of LMWS, in 2025 have related to long waits, discharge, poor communication and clinician attitude. The longer waits concerns were due to increased waiting lists that have since been reduced. There has been a general lack of understanding from other services/ professionals of the remit of Primary Care Mental Health that has led to discharge complaints. Work in relation to this is ongoing with various services within the Leeds system. The increase in concerns around therapist attitude is managed and supported by managers for individual complaints.

For NHS Talking Therapies, there have been increases in concerns around discharge decisions due to suitability which correlates to the service reviewing the assessment processes and suitability criteria. There have also been some new concerns/complaints which refer to having multiple assessments. There has been a change in guidance in May 2024 for multiple event/Complex PTSD and the introduction of increased numbers of suitability assessment appointments for these clients. Whilst this is often necessary to have this assessment by the relevant trained clinician, it can be difficult for clients to understand and undergo an extended assessment process. This is something we are continuing to refine and amend in response to feedback. There was also a complaint regarding the 'Improving Low Mood using Islam' treatment group due to this not being a replicated offer for other religions. Whilst this was understood, the evidence base is not yet comprehensive enough for this provision for other religions but is something the service are keen to contribute to and embed within the standard offer in the future, in line with the Health Equity Action Plan.

Learning from complaints

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below:

You shared:
Podiatry: There was a delay in a referral to the Vascular Service to another NHS Trust.

We did:
While it was the responsibility of the GP to consider and request the referral, learning was identified around Podiatrists following up on any delays in referral to the GP. Learning was shared with Podiatrists to reduce risk of delays and potential deterioration of a patient's condition.

You shared:
Speech and Swallowing service: There was a concern expressed about the use of thickeners being prescribed for Parkinson's Disease patients on a specific medication and the consideration of recent evidence.

We did:
Whist the service considered the medication use with Parkinson's Disease Patients and followed current national guidance. Learning was to develop a leaflet that would help patients make an informed decision when taking specific medication with thickeners.

You shared:
North 2 Neighbourhood Team: The patient's family were expecting a visit from the team and instead received a telephone call assessment.

We did:
Whilst there was a planned appointment for the patient, this could be in the form of a face-to-face visit or telephone assessment. The complaint identified a need to provide patients and families with a leaflet which provides information about the service and how the service operates.

We continue to share learning from complaints and develop actions when learning is identified.

Concerns

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

There were 254 new concerns received in 2025/26.

All concerns are shared with the service. Concerns are responded to directly wherever possible, and services utilise the feedback to create service improvements where possible. Those services with more than 10 concerns are detailed in the following tables:

Concerns received within the year by service:

Service	Concerns
MSK (pre PHSO pilot)	28
Podiatry	21
Leeds Sexual Health (pre PHSO pilot)	17
LMWS (pre PHSO pilot)	15
ICAN West (pre PHSO pilot)	12
West 2 Neighbourhood Teams	12

Concerns received in year by subject:

Subject	
Appointments	65
Clinical judgement/treatment	51
Access and availability	37
Attitude, conduct, cultural and dignity issues	30

Compliments

There were 893 compliments received during 2025/26. Compliments are received in various forms including in writing and verbally.

Compliments by service (above 50):

Service	Compliments
CYPMHS	161
Nutrition and Dietetics	89
Patient Flow Services	84
Community Falls Service	51

Health Equity

This year LCH has developed our response to NHSE's Statement on Information on Health Inequalities. We have ensured systems are established to enable us to outline the extent to which we have exercised our functions in line with the 5 domains:

Understanding health needs:

Draw on local analysis, demographic insight and population health outcomes data to identify risk factors for health inequalities and Core20PLUS population groups.

Use qualitative intelligence and community engagement to challenge quantitative sources.

Understanding healthcare access, experience and outcomes:

Disaggregate data (at a minimum by ethnicity, deprivation, age and sex) and analyse core performance data to identify drivers of unwarranted variation in access and outcomes across population groups and geographies, including PLUS groups.

Improving data quality, collection and analysis:

Address data quality issues by triangulating sources and identifying gaps in datasets (including where key demographic data is recorded as unknown), taking practical steps to make systematic improvements, with a focus on ethnicity, housing and disability recording.

Using information on healthcare inequalities:

Use information on healthcare inequalities to develop actionable insights that inform strategic commissioning and service delivery.

Evaluate impact and embed information routinely into board reporting and governance mechanisms.

Publishing information:

At a minimum, publish information on healthcare inequalities as part of annual reports.

Embed health inequalities data into other data publications throughout the financial year, such as public board papers, through any relevant channels.

We have also continued our commitment to demonstrating how we meet our statutory duties relating to health equity:

- **Public Sector Equality Duty** to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carry out activities. Our Equity and Quality Impact
- **Accessible Information Standard** to identify, record, flag, share, meet and review the communication needs of people with disabilities and sensory impairments which is being delivered through our 'About Me' project and a range of communication improvements, supporting Leeds wide commitment to improving 'the 3Cs' – communication, compassion and coordination.

- **Equality Delivery System (EDS22)**, the national framework for assessing equality in the NHS, with Domain 1 focussed on commissioned services and this year included 0-19 service, Long Covid Rehabilitation Services and, Seacroft and Crossgates respiratory pilot, rated as 'Achieving' and with associated improvement plans relating to data availability and analysis, cultural competency and 3rd sector engagement.
- **Patient and Carer Race Equality Framework (PCREF)**, the anti-racism framework for mental health services, which in LCH relates directly to Leeds Mental Wellbeing Service and Children and Young People's Mental Health Services although our own Racial Equity in Care improvement work has been extended across all services, with improvements focussed on lived experience, data and analysis, culturally appropriate service delivery including interpreting and translation.
- **Armed Forces Covenant** to have due regard to the principles of the covenant for currently serving members of the UK Armed Forces (regular and reserve), veterans and family members and ensure they are not disadvantaged as a result of their service. This work is aligned to our VCHA accreditation and associated workplan, focussed on raising awareness of the needs of the Armed Forces community and data quality improvements to enable analysis of key performance metrics.

VETERAN AWARE

ARMED FORCES COVENANT
EMPLOYER RECOGNITION SCHEME
BRONZE AWARD
Proudly supporting those who serve.

WELL LED

Being well led means there is an inclusive culture of continuous learning and improvement, shared by leaders and staff and driven by the needs of people and communities. Leaders support staff and work in partnership to deliver safe, integrated, person-centred, and sustainable care, while reducing inequalities. Effective governance and management systems ensure risks, performance, and outcomes are understood and used to drive improvement.

Spotlight on Clinical Research

We are committed to growing community based clinical research that benefits the people of Leeds and strengthens the services we provide. Research is embedded within clinical care, improving patient experience, supporting staff retention and ensuring services respond to the changing needs of local communities.

Over the past three years, we have embedded a clinically led research model, supported by a growing, clinically active research team. This has strengthened delivery of evidence-based treatments within LCH services and led to recognition as the leading recruitment site for four rehabilitation studies. We are building on this success to establish a national reputation for delivering research closer to home.

Clinical highlights include studies in shoulder diagnosis, talking therapies, and exercise interventions for children with cerebral palsy, alongside a strong focus on self management. This includes research in speech and swallowing, mental health,

and osteoarthritis, delivered in partnership with Leeds Older People's Forum to reduce pressure on neighbourhood teams and support care at home.

Further achievements include our first commercial study on diabetic wound dressings, our first drug study within Community Gynaecology, and system wide studies delivered with LYPFT and LTHT, where LCH provided rehabilitation support in patients' homes.

Growth and Development

The research team has grown from 4 to 10 staff since 2023 through joint clinical research roles and secondments, supported by a 15% increase in income and £160k from NIHR fellowships. Targeted investment has strengthened capacity in community nursing and mental health, supporting joint grant submissions and growing inclusion focused research.

Research capability has been developed across services through advice, a quarterly newsletter, and secondment opportunities. Eight staff have been seconded, leading to promotions, national funding, and expanded research activity across frailty, community nursing, speech and swallowing, and brain injury.

To strengthen research culture, research champions have been embedded across the Trust, with 37 staff engaged across more than half of services. This has driven increased study spread, tripled research consultations since 2023, and growth in personal grant applications and awards.

At a city level, LCH continues to contribute to the development of a single Leeds research model, supporting commercial research and primary care involvement. An integrated citywide research post has accelerated cross system collaboration, including early adoption models in sexual health and diabetes services.

LCH also continues to support home-grown research, with NIHR funded work in MSK, stroke, Long COVID and community rehabilitation. In 2025, £1.3m of additional funding was secured to support people with post viral conditions. This year also saw the Trust host its first NIHR doctoral candidate, and national recognition through an NIHR senior award for the Trust's Head of Research.

Research inclusion

We actively support research that improves inclusion for under served communities, including people with diabetes, stroke and cerebral palsy. NIHR incubator funding has enabled partnership with Leeds Older People's Forum to develop a research toolkit for the voluntary and third sector, supporting wider participation in research delivery.

We have also begun exploring barriers to participation through interviews with people who declined or took part in LCH research. Early learning highlights the importance of clear communication, accessibility, practical support and demonstrating personal benefit, which will inform future work to improve inclusive research opportunities.

Children's Focus

This year has been really exciting for ICAN. We have grown our research skills and are doing more new projects than ever. Some of our staff are even taking research courses. One Physiotherapist is doing a research Master's degree, and three staff members have done the National Institute of Health Research (NIHR) Associate Principle Investigator training programme to learn how to lead research.

ICAN is part of three NIHR national research studies, which is a huge achievement:

ICAN Physiotherapy is a site for two Randomised Controlled Trials (RCT) for children with Cerebral Palsy:

- **SPELL** - testing new stretching programmes.
- **ROBUST** - testing strengthening programmes.

ICAN Occupational Therapy and Physiotherapy are also a site for:

- **CHESS** - a Randomised Control Trial testing interventions to improve selfcare for young children with neurodisability.

There's even more! ICAN Occupational Therapy is teaming up with an external company who are making a new app to assess a child's environment remotely.

Infection Prevention and Control

During 2025/26, the LCH Infection Prevention and Control team continued to provide specialist advice and support to professionals and members of the public. The service is delivered over 7 days/week by a team of specialist nurses and their support colleagues, and works with LCH teams, care homes, nurseries, specialist inclusive learning centres and home care agencies.

The team was delighted to receive a rating of outstanding following the annual LCH Quality Challenge Plus visit. Our visitors found us to be very passionate about looking after the Leeds community and supporting staff and services, and we were recognised for the positive impact our service has not only for the Trust but across the whole Leeds system. This is through our continuing partnership with Leeds City Council, which brings opportunities to work with people to prevent infections and improve their health.

Safeguarding

The Trust remains firmly committed to protecting our population through effective multi-agency collaboration and meaningful public engagement, in line with our organisational vision and values. We continue to recognise Leeds City Council's Social Work Service as the lead agency for safeguarding activity. A core and ongoing priority for LCH is to raise awareness and empower staff to recognise the signs and symptoms of abuse and to take timely, appropriate action.

Safeguarding activity continued to increase across the wider health economy. Adult self-neglect remains a significant area of focus; in response, the Leeds Safeguarding Adults Board (LSAB), working with partners, commissioned Social Care In Excellence to explore new approaches that better equip staff to support patients experiencing these challenges. Safeguarding training across all domains is subject to continuous review to ensure it reflects the evolving landscape and emerging risks.

LSAB Leeds Safeguarding Adults Board

Work is underway to review and streamline our current PREVENT processes, including the development of a new policy that will support and better equip staff to support those experiencing or at risk of radicalisation. We are also prioritising support for staff in relation to sexual safety in the workplace. With strong engagement from senior leaders across LCH, we have established a robust reporting, support, and response process.

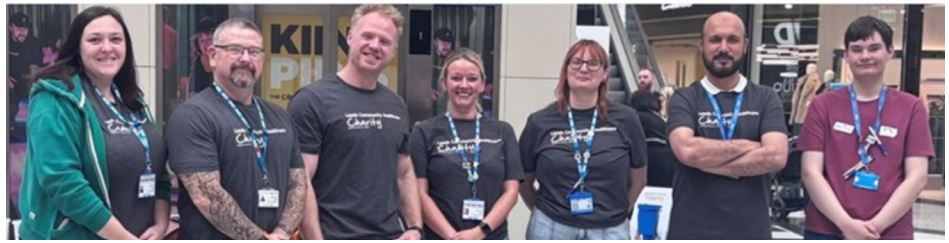
Clinical Education

Clinical Education Team
Practice Learning Facilitators

During 2025/26, the Clinical Education Team continued to provide high quality training and support to staff and students across Leeds Community Healthcare NHS Trust. Seven preceptorship cohorts were delivered to support newly appointed staff transitioning into community roles, alongside dedicated support for preceptors. A new pre preceptorship offer for third year students was developed and will be introduced in 2026.

The team supported over 850 pre and post registration learners across a wide range of professions, representing a 5% increase on the previous year. This included supporting T level health students and providing regular student network sessions to enhance placement experiences, including collaborative sessions with other Leeds trusts and universities.

The team also promoted education and community health through engagement at Trust events and public initiatives, including delivering basic life support training at a charity community event (see photo below of staff attending the event), supporting wellbeing, learning and public awareness.



Staff Health and Wellbeing

The health and wellbeing (HWB) of our staff is a key focus of our work and is represented within our annual Trust Priorities. During the last year we have made progress across a wide range of health and wellbeing topics in a variety of ways:

Direct support:

- **The Critical Incident Staff Support Pathway (CrISSP)** was relaunched in April 2025 following a 3-month gap and has been promoted at business unit celebration days and other LCH events. Referrals have increased over the year, with 30 debriefs conducted to date, across all business units, and three additional facilitators trained over the year. Feedback from staff has been overwhelmingly positive, with participants citing the support, normalisation of the impact of events, and the chance to reflect with their teams as beneficial.
- **Reflective space**, using a variety of psychological and organisational development models, has also been provided to specific teams in both clinical and operational business units. This has helped staff to manage change, navigate new ways of working, wellbeing or distress due to service pressures.
- Approximately 50 individuals have requested **psychological support**, resulting in psychological consultation and follow up, advice and support or onward referral.
- Following the national protests against asylum seekers and refugees we have supported a series of **safe spaces**, led by the Race Equality Network, for all LCH with the aim of hearing from and supporting staff from diverse cultural

backgrounds who are affected by the sociopolitical climate, and their allies.

Training and awareness events:

- We have increased awareness of our Employee Assistance Programme and App, and hosted an all-service webinar in December 2025, and encouraged use of the programme. Regular reports and liaison with the provider show that we fall into their expected range of uptake (8-12% employees per year).
- We have delivered training on 'Managing Yourself and Your Team through Change' to two cohorts of managers, with a further session planned in 2026.
- We have delivered an Autism awareness workshop to People Partners and Administrators Operational team to promote understanding of lived experience and the need for individual reasonable adjustments. Work is also underway to coproduce resources for understanding and supporting staff with Attention Deficit and Hyperactivity Disorder.
- As part of our visible commitment to staff wellbeing, we have renewed our Mindful Employer Charter and continue to access and share resources to support staff wellbeing.

Staff Networks as part of our Inclusion and Belonging Hub

The Trust have several active staff networks in recognition that our staff bring their own diverse experiences to their working lives and the importance that the Trust both supports those diversities in the workplace for wellbeing but also encourages learning from those colleagues with lived experience.

Disability, Neurodiversity and Long-Term Conditions Network

This network provides a safe and supportive space for staff with lived experience of disability, neurodiversity and long-term conditions. Working closely with the Trust's Equality, Diversity and Inclusion (EDI) team, the network supports listening, shared learning and open discussion. Around 5% of staff have declared a disability, recognising that not all disabilities are visible or permanent. As a Disability Confident Leader, the Trust is committed to listening to staff experience and improving inclusion and support.

Race Equality Network (REN)

The Race Equality Network brings together staff from ethnic minority backgrounds to champion equality, reduce discrimination and promote inclusive working environments. The network uses WRES and Staff Survey data to drive improvement and has played a key role in responding to staff feedback following national and local events. Actions have included targeted work to address Islamophobia, the establishment of peer support groups, safe spaces to support wellbeing, and workforce coaching initiatives. The network is supported by an executive sponsor and aligned People Consultant and continues to strengthen staff voice and engagement.

Pride Staff Network

The Pride Staff Network supports LGBTQIA+ colleagues by promoting awareness, belonging, advocacy and challenging stigma. Key achievements include Pride and LGBT History Month events, peer support, co-working opportunities, senior leadership training and influencing inclusive policy development. Planned activity includes open network events, mentoring and coaching opportunities and continued visibility through Pride engagement.

The three staff networks work collaboratively and contribute to the People and Culture Committee, ensuring staff voices inform leadership discussion and organisational improvement.

Workplace Disability Equality Standard (WDES)

The NHS Workforce Disability Equality Standard (WDES) is a mandated, evidence-based tool for NHS trusts in England to improve workplace experiences for disabled staff. Introduced in 2019, it uses 10 metrics to compare the career opportunities, experiences, and treatment of disabled and non-disabled staff to drive inclusion and equality.

Across WDES metrics, disabled staff continue to experience disproportionately higher levels of bullying and harassment, reduced access to career progression, greater pressure to work when unwell, lower feelings of being valued, and less consistent experiences of reasonable adjustments compared with non disabled colleagues. While some overall improvements are seen, gaps have not closed and, in some areas, have widened. This highlights the need for a more consistent, disability confident approach to management practice, workplace adjustments, progression and culture.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory NHS framework introduced in 2015 to ensure employees from Black and minority ethnic (BME) backgrounds have equal access to career opportunities and fair treatment. It uses nine specific metrics to identify gaps between BME and white staff, aiming to improve workplace experience and patient care

WRES data shows some improvement across several metrics, including reduced harassment from patients, the public and colleagues, and improved perceptions of fairness in career progression. However, Black and minority ethnic staff continue to experience higher levels of bullying, discrimination from managers or teams, and less confidence in equitable opportunities than White colleagues. Despite progress, persistent disparities remain, indicating the need for continued focus on inclusive leadership, behaviour and culturally informed decision making.

Freedom to Speak Up

Freedom to Speak Up is well established at Leeds Community Healthcare, underpinned by the principle that 'Speaking Up is a practice, not a position'. Staff have multiple routes to raise concerns, including managers, HR, Staffside, directors, and the Freedom to Speak Up Guardian and Champions, supporting a positive and inclusive listening culture.

All staff who contact the Guardian are offered confidential; trauma informed support tailored to their needs. The service works closely with staff networks, Staffside, safeguarding, HR and security colleagues, including ongoing work linked to the NHS Sexual Safety Charter. The Guardian is actively involved in induction, preceptorship, clinical student forums and new starter engagement.

There were 261 concerns overall raised with the Freedom To Speak Up Gaudian and the speaking up champions from April 1 2025 and March 31 2025.

The Staff Survey results for FTSU for 2025/26 are positive, 72% of staff feel safe to raise concerns, a strong local and regional result. The service aims to respond within two hours, achieving this in around 90% of cases. There was an 82.6% score of staff who reported feeling secure to raise concerns about unsafe clinical practice. This is an improvement on last year (81.6%) and is consistently higher than the national average (71.1% in 2025).

Themes and assurance are reported regularly to the Board, People and Culture Committee and senior leaders. External audit has provided sufficient assurance, feedback remains highly positive, and the Trust continues to share good practice regionally and nationally, including peer reviews and national learning events.

Since winning the 2020 HSJ Freedom To Speak Up Organisation of the Year we have supported other NHS trusts and organisations in their Freedom To Speak Up work. This includes supporting Leeds City Council create its first Freedom To Speak Up Guardian with continued support, supporting Leeds GP Confederation in its FTSUG work, working with Leeds Third Sector organisations to support speaking up with Third Sector colleagues.

This year we have been asked to carry out peer reviews of two NHS Trusts' FTSUG service. Finally, we have worked with the NHSE Speaking Up Team in offering a national webinar which took place in October.

Part 4: Board Assurance

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

Statement of Assurance from the Board

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

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

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

Clinical Audit

LCH are committed to learning through audit, including both national best practice audits and local audits. This year clinical audit is held within the Effective section above.

Review of Services

During Financial Year 2025/26 Leeds Community Healthcare NHS Trust provided and/or sub-contracted 86 NHS services. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by NHS services reviewed in Financial Year 2025/26 represents 100% of the total income generated from the provision of NHS services by Leeds Community Healthcare NHS Trust for Financial Year 2025/26.

Core Indicators

These are our 2025/26 Key Performance Indicators that show how we have performed in our Trust reporting:

Indicator	Target	2024/25	2025/26
Duty of Candour Breaches	1 per year	5	2
Attributed MRSA Bacteraemia Infections	0 per year	3	0
Clostridium Difficule Infections	3 per year	0	0
Never Event Incidence	0 per year	0	0
CAS Alerts Outstanding	0 per year	1	1
Patient Satisfaction - Percentage of Respondents Reporting a 'Very Good' or 'Good' Experience in Community Care (FFT)	95%	94%	92%
Total Number of Formal Complaints Received	No Target	162	285
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	92%	26.2%	32.6%
Number of patients who waited more than 52 Weeks for a Consultant service	0 per year	1104	448
Percentage of patients waiting less than 6 weeks for a diagnostic test	99%	98.2%	97.5%
Percentage of patients waiting less than 18 weeks for a non-Consultant service	95%	61.6%	81.0%
Staff Turnover	14.5%	10.9%	9.2%
Percentage of staff who left the organisation within 12 months	20.0%	21.4%	Not reported this year
Total sickness absence rate (Monthly) (%)	6.5%	5.9%	7.1%
AfC Staff Appraisal Rate	90.0%	83.5%	80.4%
Statutory and Mandatory Training Compliance	90.0%	88.8%	90.3%
Starters / leavers net movement	0	-12	+125
Compliance in Level 1 and 2 Patient Safety Training	No Target	84.6%	89.5%
Number of Patient Safety Incident Investigations (PSII)	No Target	4	17
Number of overdue PSII actions	No Target	3	12

Indicator	Target	2024/25	2025/26
Number of Pressure Ulcers incidents	No Target	648	981
Number of Falls incidents	No Target	518	484
Number of Deteriorating Patient incidents	No Target	8	176 (via additional information section, improved reporting)
Number of Meatal Tear incidents	No Target	21	47
Number of Clinical Triage incidents	No Target	58	295
Compliance with statutory Duty of Candour	No Target	89.4%	94.4%
Zero tolerance RTT waits over 65 weeks for incomplete pathways	0	851	Not reported this year
Zero tolerance RTT waits over 78 weeks for incomplete pathways	0	615	Not reported this year
Community health services two-hour urgent response standard	70%	79.4%	82.7%
Available virtual ward capacity per 100k head of population	No Target	22.9	92.1
Number of CAMHS Eating Disorder patients breaching the 1-week standard for urgent care	No Target	15	16
% CAMHS Eating Disorder patients currently waiting less than 4 weeks for routine treatment	95%	50.0%	57.1%
Number of children and young people accessing CAMHS - year to date	No Target	12,585	13,092
Percentage of Children over 5 currently waiting more than 18 weeks for a Neurodevelopmental Assessment	No Target	95.5%	97.8%
No of Patients accessing treatment with LMWS service	No Target	32,364	30,805
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	No Target	59.6%	53.1%
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	95%	99.4%	98.4%
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	95%	93.7%	87.4%
'RIDDOR' incidents reported to Health and Safety Executive	No Target	6	6
The overall percentage of staff who have identified as BME (including exec. board members)	14%	13.70%	15.0%

Indicator	Target	2024/25	2025/26
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	100% by year end	96%	100%
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 18 week standard	<=1.0	1.05	0.96
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 52 week standard	<=1.0	0.97	0.95
Difference in access to services for patients living in IMD1 vs IMD2-10 - Non-Consultant 18 week standard	<=1.0	1.17	1.15
Number of NICE guidelines with full compliance versus number of guidelines published in the year prior to last financial year applicable to LCH	100% by year end	100%	100%
Number of NICE guidelines with full compliance versus number of guidelines published last financial year applicable to LCH	No Target	100%	91%
NCAPOP audits: number started year to date versus number applicable to LCH	100% by year end	40%	88%
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	100% by year end	67%	39%
Total number of audits completed in quarter	No Target	80	58

CQC Statements

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

In October 2019, overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

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

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

Community CAMHS (now CYMPHS) was rated good for effective and caring, requires improvement for safe, responsive and well led.

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

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

Part 5: What Other People Think of Our Quality Account

Healthwatch

Leeds Community Healthcare NHS Trust Quality Account 2025-26

Thank you for this opportunity to comment on Leeds Community Healthcare NHS Trust's Quality Account for 2025-26. The account demonstrates the significant breadth and scale of the Trust's work and its ongoing commitment to improving quality, patient safety and people's experience across community services in Leeds.

It is positive to see how people's experiences are captured and used to inform improvement, including the continued development of the Patient Experience Team and the range of listening activity described. We have worked with the Patient Experience Team at the Trust on citywide work including the People's Voices Partnership and How Does It Feel For Me working group. As the Trust works to integrate with Leeds and York Partnership NHS Foundation Trust, we hope that expertise within each Trust around people's experience is not lost and is further enhanced. The Trust's alignment with Healthwatch Leeds' 'Making Neighbourhood Health Services Work for People' report, and wider citywide work through How Does It Feel For Me shows a willingness to listen, learn and work collaboratively. The inclusion of "You Said, We Did" examples, particularly in relation to complaints and feedback, supports transparency and helps illustrate how learning is being taken forward.

There are also positive examples where feedback and learning have influenced service change, including work on access and waiting times, improved communication with people waiting for services, and targeted support for families who are navigating pathways such as pre-school autism services. These areas reflect issues raised consistently by local people and it is helpful to see them acknowledged and addressed within the report.

However, while engagement activity is often well described, the Quality Account would be strengthened by clearer communication of the impact of the engagement. In several areas there is reference to people's stories, programme such as How Does It Feel For Me and the 3Cs (Communication, Coordination and Compassion), and feedback being shared at Board level, but less clarity on what has changed as a direct result for people, carers and communities. Explicitly linking insight to decisions made, service redesign or measurable improvement would help to better understand how people's voices shape delivery.

The Trust's focus on reducing health inequalities and improving equity is a notable strength of this year's account. The range of initiatives described, including work with communities, the application of the Accessible Information Standard, and the use of equity and quality impact assessments, demonstrates a genuine commitment to understanding and responding to different needs. As this work develops, it would be valuable to see clearer evidence of the impact these approaches are having on people's experiences and outcomes, and how learning is shared across services and partnerships. We would also be keen to see further ways in which the Trust can adopt the principles

of the 3Cs in all areas of its work, given their importance to good health and care experiences.

The Quality Account highlights an organisation increasingly focused on partnership working and neighbourhood-based approaches to care. As these models continue to grow and evolve, there may be further opportunity to strengthen co-production by involving people, carers and communities at an early stage in service development and evaluation, rather than primarily through feedback once services are in place. Continued close working with Healthwatch Leeds, including clear feedback loops that show how local information informs priorities and decision-making, would support this ambition and help ensure that people's voices remain central.

From a public accessibility perspective, the Quality Account is comprehensive but lengthy and, at times, technically detailed. We would appreciate consideration given to developing more accessible companion materials, such as a short public summary and clearer signposting to key messages and improvements that matter most to people. Reducing reliance on acronyms and increasing the use of plain language, visuals and real-life examples would also help further support accessibility and understanding.

In summary, this Quality Account presents a thorough picture of the Trust's activity, achievements and challenges. It demonstrates a strong commitment to learning, improvement and partnership working. Further strengthening the focus on impact, co-production and co-design, and accessibility would enhance the account and support continued collaborative working to improve outcomes and experiences for people across Leeds. We look forward to continuing to work closely with the Trust in the coming year and beyond.

Integrated Care Board

NHS West Yorkshire
Integrated Care Board

The Integrated Care Board in Leeds Review of Leeds Community Healthcare NHS Trust Quality Account 2025/26.

The West Yorkshire Integrated Care Board (WY ICB) acknowledges receipt of the draft 2025/2026 Quality Account from Leeds Community Healthcare NHS Trust and welcomes the opportunity to review the account and provide this statement.

The Quality Account was shared with key members of the ICB and reviewed by the ICB's Quality Team in Leeds. We acknowledge that the report is still in draft form and some additional information may still need to be added prior to final publication, so please accept our feedback on that basis.

The Quality Account demonstrates the Trust's continued commitment to delivering safe, effective, compassionate and person-centred care for the people of Leeds. We particularly welcome the Trust's strong contribution to the development of neighbourhood health models and its leadership role within the National Neighbourhood Health Implementation Programme. The examples provided throughout the report demonstrate a clear focus on integrated working, prevention, reducing inequalities and supporting people to remain independent within their communities.

The ICB recognises the substantial progress made in reducing waiting times across several services, including the reduction in patients waiting over 40 weeks and the elimination of 52 week waits in several community services. We also acknowledge the work undertaken through the Trust's Quality and Value

Programme to improve access, redesign pathways and ensure services remain sustainable whilst maintaining a focus on quality and patient safety.

We are encouraged by the Trust's commitment to partnership working across Leeds, including developments within HomeFirst Phase 2, neighbourhood proactive care, integrated wound care pathways and collaborative work with primary care, local authority and voluntary sector partners. These developments support the wider ambitions of the Leeds Health and Care Partnership and the NHS 10 Year Plan.

The Quality Account reflects a mature and open approach to learning and improvement. We welcome the Trust's continued focus on patient safety through implementation of the Patient Safety Incident Response Framework (PSIRF), strengthening of falls, pressure ulcer and deteriorating patient improvement work, and ongoing emphasis on learning from incidents, complaints and patient experience.

The ICB recognises that challenges remain, particularly in relation to workforce pressures, access to some services, staff engagement and reducing inequalities experienced by some patient groups and staff communities. We welcome the Trust's acknowledgement of these challenges and its clear commitment to continued improvement during 2026/27.

Overall, the Quality Account provides a balanced and comprehensive overview of the quality of services provided by Leeds Community Healthcare NHS Trust during 2025/26. The ICB looks forward to continuing to work closely with the Trust and partners across the Leeds health and care system to improve outcomes, reduce inequalities and deliver high-quality neighbourhood-based care for the people of Leeds.

Yours sincerely

Sarah Wighton
Associate Director of Nursing and Quality
West Yorkshire Integrated Care Board

Statement of Directors' responsibilities in respect of the Quality Account

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

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

The content of the Quality Account meets the requirements set out in the Regulations and supporting guidance.

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

- Board minutes and papers for the period April 2025 to June 2026.
- Papers relating to quality reported to the Board over the period April 2025 to May 2026.
- Feedback from North West Yorkshire Integrated Care Board on 13 May 2026 and Healthwatch Leeds received on 1 May 2026.
- The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- The external auditors opinion of the Trust's control environment, from the internal audit report dated October 2021.
- CQC inspection report dated 28 October 2019.
- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the Board

Signed ..... Date: 31 May 2025

Helen Thomson - Deputy Lieutenant,
Acting Chair

Signed..... Date: 31 May 2025

Sara Monroe, Interim Chief Executive

Acknowledgements

We would like to sincerely thank everyone who contributed to the content and publication of our Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Leadership Team and the Board of Directors.

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

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

How to Comment

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

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

Please ensure you include 'Quality Account 2025/26 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance
Quality Account 2025/26 Feedback
Clinical Governance Team
Leeds Community Healthcare NHS Trust
Building Three
White Rose Office Park
Millshaw Lane
Leeds
LS11 0DL

Glossary

Board Assurance Framework – A structured method used by boards to identify, assess and manage key strategic risks.

Care Quality Commission (CQC) – The independent regulator that monitors, inspects and rates health and social care services in England.

Children and Young People's Mental Health Service (CYPMHS) – NHS services providing mental health assessment and support for children and young people.

Clinical Audit – A quality improvement process that measures care against agreed standards to identify improvements.

Clinical Coding – The use of standardised codes to record diagnoses and treatments in patient records.

Commissioners – NHS organisations responsible for planning, funding and purchasing healthcare services for local populations.

Data Protection Legislation – Laws that set out how personal data must be handled, stored and protected, including GDPR requirements.

Datix – An electronic system used to record and manage patient safety incidents, complaints and organisational risks.

Fair Day's Work – An approach promoting reasonable workloads, fairness and staff wellbeing.

Frailty – A condition associated with ageing that increases vulnerability to illness, falls and loss of independence.

Friends and Family Test (FFT) – A feedback tool asking whether patients would recommend the service they received.

Goals Based Outcomes – Measuring progress based on goals agreed between patients and professionals.

Health Case Management Team – A team that coordinates care for people with complex or long term needs.

HomeFirst Programme (Phase 2) – An initiative supporting people to leave hospital as soon as they are medically ready.

Information Governance – The framework of policies and practices that ensure information is lawful, secure and appropriately managed.

Innovation and Research Council – A national body coordinating and supporting research and innovation across the UK.

Inquest – A formal judicial investigation into the cause and circumstances of a death.

Integrated Care Models – Approaches where organisations work together to deliver coordinated care around people's needs.

Leeds Integrated Care Board (ICB) – The NHS organisation responsible for planning and funding services across Leeds.

Leeds Safeguarding Children's Board (LSCB) – A multi agency partnership that works to protect children and promote their welfare.

Local Care Partnerships (LCP) – Groups of organisations working together to deliver joined up care for local populations.

Medicines Management – Processes ensuring medicines are prescribed, stored and used safely and effectively.

Medium Term Planning Framework – A plan setting organisational priorities and resources over the next 5 years.

Methodology – The approach or set of methods used to carry out a project, activity or research.

National Institute for Health and Care Excellence (NICE) – Provides evidence based guidance to improve health and social care.

National Neighbourhood Health Implementation Programme (NNHIP) – A programme supporting delivery of neighbourhood based health models.

National NHS Staff Survey – An annual survey capturing NHS staff views on their experience of working in the NHS.

National Oversight Framework – A system used by NHS England to monitor the performance of NHS organisations.

NCAPOP – The organisation that manages and hosts national clinical audits and outcome programmes.

NCEPOD – A body that reviews clinical care to highlight learning and improve patient outcomes.

NHS 10 Year Plan – A long term plan setting out how the NHS will improve services and health outcomes.

NHS Digital – Provides data, systems and digital services to support health and social care.

NHS England (NHSE) – The national organisation responsible for leading and overseeing the NHS in England.

Patient Engagement – Ways in which patients and carers are involved in shaping and improving services.

Patient Experience – What patients report about what happened during their care and how it made them feel.

Patient Information Hub – A central source of information for patients, carers and the public.

Patient Safety Incident Investigation (PSII) – A detailed investigation into the most serious patient safety incidents.

Patient Safety Incident Response Framework (PSIRF) – The NHS approach for learning from and responding to patient safety incidents.

Patient Satisfaction – A measure of how satisfied patients are with the care they received.

PCN (Primary Care Network) – Groups of GP practices working with other services to deliver coordinated local care.

Prevention Diagnostic – Analysis used to identify opportunities to move towards a model of preventing illness or deterioration.

Prevent – A national programme aimed at stopping people from being drawn into extremism or terrorism.

Pressure Ulcer – Damage to the skin and underlying tissue caused by prolonged pressure.

Quality and Value – Delivering safe, effective care while making best use of resources.

RCT (Randomised Controlled Trial) – A research study comparing treatments by randomly assigning participants.

RESPECT – A document/pathway for patients and families to plan in advance for a patient's end of life wishes.

Risk Assessment – A process to identify hazards and assess the potential impact of risks.

Staffside – Representatives from trade unions and professional bodies who work with management on workforce issues.

Strategy – A long term plan setting out how an organisation will achieve its objectives.

SUDIC – A review process following the unexpected death of a child to identify learning and improvements.

Third Sector – Non profit and voluntary organisations, including charities and community groups.

Trust Board – Executive and non executive directors responsible for the governance of an NHS organisation.

WDES (Workforce Disability Equality Standard) – A framework to improve equality for disabled NHS staff.

WRES (Workforce Race Equality Standard) – A framework to address race equality for NHS staff.

Thank you for taking the time to read our Quality Account for 2025/2026. You can also view this document via our website at:

www.leedscommunityhealthcare.nhs.uk