Quality Improvement Strategy
2014-2017

Safe • Compassionate • Effective
Foreword

The National Health Service is the only healthcare system in the world with ‘quality’ as part of the legislation. A trust delivering high quality care will be offering care that is clinically effective and safe whilst giving a positive experience to patients.

At Leeds Teaching Hospitals NHS Trust we are committed to ensuring that every patient receives the safest, highest quality care for their individual needs. This will ensure that our patients have the best clinical outcomes, delivered with compassion in a safe environment, resulting in a positive experience.

The Trust has been committed to improvements in the quality of care for many years and we have reported our successes through our annual Quality Account. To achieve our ambition to be the best for quality we need a clear strategy and approach to quality improvement.

In October 2013, we held a workshop to set our quality ambition and our Quality Improvement Strategy has been derived from the outcomes of this workshop. This strategy outlines the approach that everyone in our hospitals will be taking to improve quality for our patients between now and 2017.

Our patients expect to receive the very best care when they come into hospital and this strategy will help us achieve this for every patient, every time.

I look forward to seeing the positive and continuous changes in quality and safety over the next three years and knowing that the care we provide at Leeds Teaching Hospitals is the best it can possibly be.

Dr Yvette Oade
Chief Medical Officer
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Section 1
Introduction and context

To achieve our ambition for the highest quality care for all we have developed a Quality Improvement strategy for the next three years (2014-2017). This will contribute to the delivery of our vision and goals over the next five years. The strategy is also aligned to the Research & Innovation and Education & Training plans, which have recently been approved by the Trust board.

1.1 National context

The NHS outcomes framework (2012) sets out the 5 domains of quality against which the NHS will be measured.

- **Domain 1**: Preventing people from dying prematurely;
- **Domain 2**: Enhancing quality of life for people with long-term conditions;
- **Domain 3**: Helping people to recover from episodes of ill health or following injury;
- **Domain 4**: Ensuring that people have a positive experience of care; and
- **Domain 5**: Treating and caring for people in a safe environment; and protecting them from avoidable harm.

The Francis II report (2013) was a defining point of change in the NHS. It is evident that the NHS must change its approach to the delivery of care with greater focus on the quality and safety of care for patients.

The Keogh report (2013) into hospital mortality rates highlighted that all trusts must understand more about the care they provide to patients and develop a consistent approach to continuous improvement in quality.

The Berwick report (2013) made a clear statement for the NHS that ‘the single most important change in the NHS…would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care top to bottom and end to end’.

1.2 Local context

Leeds Teaching Hospitals NHS Trust is one of the largest acute trusts in the UK, providing care to approximately 2 million patients per year.

Following a six-month programme of staff consultation and engagement, the Trust has launched a five year strategy, called ‘The Leeds Way’. This sets out a clear vision to be the best provider in the country for integrated and specialist care through our five core values and goals.

The Leeds Way is illustrated on page 8

1.3 Our service

Leeds Teaching Hospitals NHS Trust is one of the largest hospital trusts in the UK. We provide care for the population of Leeds, as well as patients from further afield - regionally, nationally and internationally.

The Trust provides care in seven hospitals across five sites and works closely with other providers, like Community and Partnership Trusts and primary care, to deliver integrated care for the people of Leeds, the Yorkshire and Humber region and beyond.

The Trust provides highly complex care in many specialties across our children and adult services. We also have a national and international reputation for our research in musculoskeletal and cardiovascular care.

The Leeds health economy, along with the whole of the NHS, faces a major financial challenge in the next 5 years.
## Section 1

### Introduction and context

LTHT Five Year Plan

<table>
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<th>Our vision</th>
<th>The leader in specialist and integrated care</th>
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<td><strong>Our goals</strong></td>
<td>1. The best for patient safety, quality and experience</td>
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<td>2. The best place to work</td>
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<td>3. A centre of excellence for specialist services, research, education and innovation</td>
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<td>4. Seamles integrated care across organisational boundaries</td>
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<td>5. Financial sustainability</td>
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<td><strong>Our objectives</strong></td>
<td>Drive quality improvement for patients to become the safest healthcare organisation in the country.</td>
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<td>Involve patients in their treatment and use their feedback on services they receive.</td>
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<td>Deliver all the mandatory standards in line with the NHS Constitution and all regulatory requirements including improvement of care, capacity and demand management.</td>
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<td>Develop a highly engaged, high performing workforce and positive patient centred culture delivering great care for patients.</td>
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<td>Ensure the Trust is a leading provider of specialist services. Deliver commissioners’ activity and improved patient pathways by widespread deployment of improvement techniques, removing waste and increasing productivity. Be an outstanding research and education organisation.</td>
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<td>Improve care and services through integration and collaboration across networks and partners.</td>
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<td>Improve financial margins to support the delivery of high quality care. Seek out mutual business development growth opportunities to benefit the Trust, its patients and the Leeds City Region.</td>
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**The Leeds Way**  
Patient-centred  
Fair  
Collaborative  
Accountable  
Empowered
Section 2
Our quality improvement ambition

Our aim is to:

- Be one of the safest hospitals in the UK
- Be one of the best for quality of care in the UK
- Develop an integrated health and social care service with our partners.

This strategy will help us realise the potential of our existing work on safety and quality, and how we can further work with our partners to realise our ambition. This will ensure that the Trust will be consistently working to the highest level of quality and safety.

We will do this by focussing on four main areas:

- **Harm free**: Developing a world-class culture of ‘first do no harm’ to deliver the safest healthcare in the UK. This will focus on harm free care in our wards.
- **Patient experience**: Improving the experience for patients and carers whilst in our care.
- **Avoidable mortality**: Improving our national mortality rate to be one of the best in the UK.
- **Integrated care with partners**: Developing improvements in care for the whole of the pathway of care for patients with specific conditions by engaging with our partners in health and social care to deliver more effective care.

Key projects for 14/15 include:

- Reduce number and harm from falls in adults
- Reduce avoidable cardiac arrests
- Develop fully integrated care through improving the management of patients with;
  - Cardiovascular disease
  - Chronic Obstructive Pulmonary Disease
  - Fractured Neck of Femur
- To identify and learn from avoidable mortality
- Improve the patient experience through
  - Responding to and learning from complaints
  - Obtaining and learning from patient feedback
- Working with the Yorkshire and Humber Improvement Academy (YHIA)
- Improving the safety of care through the Yorkshire & Humber Academic Health Sciences Patient Safety collaborative

**Future quality improvement projects**

Quality improvement projects from 2015-2017 will include:

- Diabetes care
- Prevention of pressure ulcers
- Prevention of Acute kidney injury
- Improving end of life care.
Section 2
Our quality improvement ambition

Quality Ambition

The leader in specialist and integrated care

- Patient Experience
- Harm Free
- Avoidable Mortality
- Integrated Care with Partners
Section 3
Our programme of work (2014-2015)

3.1 Harm free care, supported by Haelo: reduce number and harm from falls in adults (Breakthrough collaborative)

Why: The total number of adult falls and those leading to serious harm or death continues to be a cause for concern and has been identified in a number of serious incidents over the past two years. Work undertaken already on the acute medicine floor has demonstrated significant improvements. The trust continues to have too many patients falling and suffering harm, such as fracture.

How: Using breakthrough series collaborative quality improvement methodology, overseen by an LTHT expert falls panel.

Who: 15 adult wards across LTHT.

When: Started July 30 2014 and due to complete first wave by March 31 2015.

Outputs: To reduce harm from inpatient falls by 50% in early implementer wards.

Driver diagram

Goal
Reduce inpatient falls by 50% on pilot wards by 31/03/2015

Primary drivers
- Leadership / Trust level
- Shop Floor Engagement
- Education

Secondary drivers
- Training - training package for falls champions for each ward
- Environment and equipment
- Spread of knowledge/success - RCA/R1 reviewing and learning, post falls review
- Big room discussions
- Assessment - Falls briefing and MDT booklet
- Interventions - Falls risk assessment, Pharmacy review, Physio assessment, BP and practicalities
- Toileting and frequency checks
- Success measures - how many days since
- Ensure all staff have the education, knowledge and skills -
  - Deliver education package
  - Standards and competency evidence
  - Documented assessment, etc.
3.2 Reduce avoidable Cardiac Arrests: deteriorating patients (Breakthrough collaborative)

**Who:** 15 adult and children’s wards identified that they have a need to improve the identification and appropriate decision making for the sick adult and child.

**When:** Started July 30 2014 and due to complete first wave by July 31 2015.

**Outputs:** To reduce avoidable cardiac arrest calls in pilot wards by 70%.

**Why:** The Trust has 700+ cardiac arrest calls per year. These represent a mix of true cardiac arrests and urgent calls for medical advice. Research evidence suggests this indicates a failure to identify and respond appropriately to the deteriorating patient.

**How:** Using breakthrough series collaborative methodology for quality improvement, we will be working with early implementer areas across adult and children’s services.

**Driver diagram**

- **Primary drivers**
  - Identify and respond to deterioration
  - Culture, teamwork and accountability
  - End of Life care

- **Secondary drivers**
  - Effective management of life threatening medical condition
  - Reliable documentation of NEWS
  - Taking timely action on NEWS
  - Own/understand and act on your data
  - Strengthen team working
  - Celebrate success
  - Identify education and support needs to change local practice and behaviours
  - Flatten hierarchies
  - Timely identification of all patients approaching end of life
  - Strengthen communication and agree roles and responsibilities
  - Timely Advance Care Planning (with DNA CPR discussions)
3.3 Integrated Care: Leeds Institute for Quality Healthcare

The Leeds Institute for Quality Healthcare (LIQH) integrates the ideas from international high-performing systems with our own expertise and capability, particularly in working with patients/service users, carers and communities.

The three chosen clinical priority areas for 2014/15 are:

1) Cardiovascular Disease: people who have heart disease and often other conditions too

Why: Cardiovascular Disease has a major impact on individuals, families and the provision of health care. It is recognised that there are three main areas where improvements to care will have a big impact for all. The areas currently identified to focus on are:

- People who have the co-morbidity of depression and coronary artery disease
- Arrhythmias (irregular heart beat)
- Appropriate diagnosis of chest pain.

Every pathway can benefit from better early intervention, rapid assessment, and cross-speciality working.


Who: Representatives from Leeds health and social care services.

When: Started July 2014.

What will improve: The standard of care across the whole pathway in the three main focus areas.

2) Chronic Obstructive Pulmonary Disease (COPD): people having difficulty breathing because of chronic lung disease

Why: Significant benefit to patients if improvement to Primary Care management indicators are made. High COPD emergency readmissions and costs for respiratory care with significant variation in practices in primary care. Important end of life care decisions are not being consistently made. The areas currently identified to focus on are:

- Early appropriate detection and diagnosis
- Personalised early planning for the future, including crisis and medicines management
- Variations in the COPD pathway.


Who: Representatives from Leeds health and social care services.

When: Starting September 2014.

What will improve: Standard of care by early diagnosis and reduced variation in care along the patient pathway.
3) Fracture neck of Femur: frail elderly people who fall and break their hip

**Why:** The early detection of and intervention in frailty, post-surgery care and discharge including managing co-morbidity dementia.

Leeds has 668 operations for fractured neck of femur per year in the over 60s, with 290 returned home. Leeds research (POPP) expects an increase of 15% in falls and subsequent injuries of people aged 65+ in the city, between 2012 and 2020. Admissions for falls in Leeds are high, with A&E data on injuries due to falls higher than rest of the country.

The areas currently identified to focus on are:

- Early detection of frailty and potential for falls
- Post-operative: engagement with primary care to provide care, rehabilitation, access to equipment, and engaging community assets
- Care for people who have dementia.

**How:** Through multidisciplinary teams working together from across Leeds Health and Social Care.

**Who:** Representatives from Leeds health and social care services.

**When:** Starting November 2014.

**What will improve:** The number and harm from falls will decrease, the decision for surgery will be taken in the best interests of patients and earlier discharge from hospital will occur.

**Note:** This workstream links to the falls reduction programme outlined in section 3.1.

3.4 Avoidable Mortality

**Why:** Over the last 3 years our crude mortality rates have fallen year on year, however, our risk adjusted mortality comparative to other hospitals has shown a rise. To achieve our vision of being the best for quality of care we need to investigate and, where necessary, learn from patients who die in our care. Nationally all trusts are focussing on their mortality rates and we need to be doing the same.

We aim, as a major teaching hospital, to be in the top 10% of trusts for the lowest mortality rates in the NHS with a goal of no avoidable deaths in the Trust.

**How:** Through a quality improvement programme to reduce the number of avoidable deaths on all wards over the next three years.

**Who:** Multi-disciplinary staff from across the Trust.

**When:** Programme to start in September 2014 and run over the next three years.

**What will improve:** Reduction in mortality rates, to be in top 10% of teaching hospital trusts.

**Note:** This workstream links to the reduction in cardiac arrests programme outlined in section 3.2.

3.5 Patient Experience

**Why:** The patients we provide care for have an expectation and right to be treated with compassionate care. Over the next three years the trust aims to improve the experience of our patients by working on the following areas:

- #Helmomnameis
- Friends and Family Test
- Every Contact Counts
- Supporting vulnerable patients
- Complaints
- Patient & Public Involvement
3.6 Complimentary improvement work with the Yorkshire and Humber Improvement Academy

1) Urgent Care Collaborative

**Why:** Emergency departments across the region are facing similar challenges and pressures. There is evidence that innovations, such as senior doctor triage, can be implemented to provide an improved model of care. This is a structured opportunity to test out improvements and to share learning.

**How:** A community of improvement for urgent care across Yorkshire and Humber, supported through a collaboration between Collaboration in Leadership for Applied Health Research and Care and the Improvement Academy, and funded by the Yorkshire and Humber Academic Health Science Network.

**Who:** A lead consultant from Leeds Teaching Hospitals is joining lead consultants from Sheffield and York to develop this programme, which will involve 5-6 Emergency Departments in Yorkshire and Humber and other key partners such as the Yorkshire Ambulance Service.

**When:** This is a two-year programme between 2014 and 2016. The development phase started in June 2014.

**What will improve:** Demonstrable improvements in the speed and appropriateness of treatment for patients attending the Emergency Department.
Section 3
Our programme of work

2) Patient Safety Collaborative

Why: Too many people are harmed by things going wrong during their healthcare. The vast majority of these patient safety incidents are not the fault of the people providing healthcare but are a result of problems with systems, procedures, environment, behaviours and pressures. NHS England is supporting the formation of Patient Safety Collaboratives (PSCs) covering the whole geography of England, aiming to develop a culture of continuous learning and improvement to make healthcare safer.

How: The Yorkshire and Humber Patient Safety Collaborative is one of the 15 PSCs in England. Safety improvement programmes will be established in areas that are important to patients, healthcare professionals and the public, enabling front-line teams to involve patients and their families in making care safe.

Who: Leeds Teaching Hospitals is among the network of NHS partner organisations and improvement fellows who form the Yorkshire and Humber PSC. Support is provided by the YHIA and the NHS IQ.

When: Established by NHS England in July 2015 for a period of five years.

Outputs: Safer care for patients as demonstrated through national metrics and measures of patient safety culture.
Section 4
How will we deliver this strategy?

4.1 Methodology
To achieve our ambition we need to have a consistent approach to how we will deliver improvements to our care. We will be using established and proven quality improvement tools and techniques to help us achieve this. These can be summarised in the following diagram:

A consistent approach to making change and measuring improvement is the recognised key to achieving our goals.

4.2 System and process
If programmes are to deliver the improvements in care and safety culture that we know are possible, there needs to be work to ensure that the form and function of the trust is aligned to improving quality. This has two overarching elements:

1) Capability and resources
Provide resources that staff can draw on to develop the knowledge and skills. This includes QI training and Leadership for Improvement Training, Deanery pre/post registration training and culture survey methods to capture the patient voice to fully understand how we can improve.

2) Aligning all trust functions to respond to the needs of frontline teams
Frontline teams need to be supported by all the other functions within the hospital to deliver the quality improvements. This will change the role of Informatics, Finance and HR functions to more closely align to the delivery of quality and safety of care.

Our Quality Improvement Strategy will:
• Approach quality improvement in a systematic way by building from where care is provided. We will deliver this through the frontline of care and not from a push from the top.
• Develop a team based approach to improving quality by developing the quality and safety culture of all our teams.
• Provide regular and meaningful information on the care our staff deliver and the improvements they are making. We will celebrate and share success across the Trust.
• We will equip the teams with the quality improvement knowledge and skills needed to improve.
• We will empower teams to become independent improvers of care supported by non-clinical services.
• The Trust Board will “go and see” the improvements.
• Spot Quality Improvement champions amongst all our teams.
4.3 Partnerships

LTHT is embracing a range of programmes and individual improvement initiatives. Partners include Salford Royal Hospital (Haelo), The Leeds Institute for Quality Healthcare (LIQH) and the Yorkshire and Humber Academic Health Sciences Improvement Academy.

Salford Royal Hospital NHS Trust is recognised as delivering the highest quality care for its patients. They are working with their quality improvement team (Haelo) in delivering a patient safety focussed quality improvement programme in the Trust from July 2014.

Through the Leeds Medical and Nursing senate, the Leeds Institute for Quality Healthcare (LIQH) has been formed [www.leedsqualityhealthcare.org.uk]. This unique partnership between health and social care providers across Leeds will provide the basis for improving the care delivered across the whole pathway. The LIQH is using the tools developed by Intermountain Healthcare in Utah, USA, a recognised world leader in improving quality and lowering cost. The team behind the LIQH programme uses established UK and world leaders in quality improvement.

The Yorkshire & Humber Improvement Academy (YHIA) [http://www.yhahsn.org.uk/improvement-academy/] (part of the Y&H Academic Health Science Network) is working in the Trust as a key partner in the development and delivery of our quality improvement ambition by working with our clinical teams to deliver real and sustainable improvement. YHIA has also been working to develop an approach to the identification and learning from avoidable mortality.

4.4 How will we measure progress?

To successfully change the quality and safety of care it is important to demonstrate that we are measuring the improvements we make. These can be divided into those measures which are reported by all NHS Trusts and those which we will use to demonstrate improvement for each QI programme.

Quality and Performance (Q&P) metrics

The following Q&P metrics are mandated to the Trust and are a whole trust reflection on quality and finance. These are monitored locally and nationally and the results are made available to the public. These will reflect the safety culture of the Trust and will be indicators of quality and safety improvement:

- Response to the Friends and Family Test.
- Responding to and learning from complaints.
- Numbers of patients developing an hospital acquired infection (HCAI).
- The number of never events, defined as serious harm to patients which should be avoided.
- The number of incidents occurring compared to the patients who receive our care.
- Reducing harm to patients through the recording and reporting through the monthly safety thermometer.
- The quality improvement initiatives are developed each year to focus on specific, often ward/specialty level, improvements to quality and safety.
- The reporting of annual mortality statistics as an indicator of possible avoidable deaths.
- The recording of staff opinion at a high satisfaction rate is commonly seen in the highest quality hospitals.
Specific QI measures

In addition to the above Trust wide metrics, each individual QI programme will have specific measures of improvements being made to quality. Each year there will be a QI plan for the specific programmes of work. Details of the work programme for 14/15 are shown in Section 3.

The Trust is also engaged in improvements in measures of patient safety culture and patient experience (including PRASE – Patient Reporting and Action for a Safe Environment) which will indicate the progress towards our vision for safe compassionate and effective care being realised.

Strategy group

The delivery of the strategy will be through a QI group. The group will bring together oversight of;

- monitoring the indicators of quality improvement
- the progress of improvement through the programmes
- the alignment of the support services to support quality improvement.

Each improvement programme will have project management arrangements suitable to the programme of work. Six monthly reports comparing progress with our ambition will be published internally to staff and reported to the Quality Committee.
The Trust will use a wide range of evidence, observations, user-feedback, audits and external assessments to assess the quality of our services.

Once this Quality Improvement Strategy has been implemented, we will see positive improvements across the Trust.

5.1 How will this strategy impact on patients?
Delivering the highest quality of care will make a difference to our patients as:

- care will be tailored to the needs of the individual and their family
- patients will be safe in our care with reduced risk of harm
- patients will experience the high quality care that they have a right to expect
- the outcome of their care will be the best that is possible for their condition.

5.2 How will this strategy impact on staff?

- Staff will decide, plan and deliver the improvements in the quality and safety of our care
- Staff will receive training and development in leadership and quality improvement to equip them to deliver higher quality care
- Staff will be empowered to take action to improve care
- Staff will be part of a culture of continuous improvement in care
- Staff will see and celebrate the success of improvements in quality of care.
Section 6
Glossary of terms

**Acute Hospital Trust**: An Acute Hospital Trust is an NHS organisation responsible for providing healthcare services.

**Berwick Report**: Published in 2013, this national review of the safety of the care in the NHS challenged the service to aim to eradicate all avoidable harm.

**Board (of Trust)**: The role of the Trust’s Board is to take corporate responsibility for the organisation’s strategies and actions.

**Bradford Institute for Health Research**: Research organisation focussed on quality improvement as part of the Yorkshire & Humber Academic Health Sciences Network.

**Breakthrough collaborative**: The methodological approach to delivering quality improvement whereby small groups learn from each other on changes they have made to improve quality.

**Clinical Service Units (CSU)**: The operational management unit overseeing the delivery of care provided to patients. The Trust has 19 CSUs lead by Doctors and supported by Nursing and management colleagues.

**Every Contact Counts**: An important health improvement initiative to use all health care contact with patients to promote a healthy lifestyle. Mainly targeted to patients with lung and/or heart conditions.

**Francis II Report**: The published review of care provided by Mid Staffordshire NHS Trust.

**Friends and Family Test**: The Friends and Family Test is a national NHS tool allowing patients to provide feedback on the care and treatment they receive and to improve services. It asks patients whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment.

**Haelo**: Haelo is an innovation and improvement centre which hosts improvement experts, clinicians, improvement fellows and researchers to improve population health and healthcare.

**Healthwatch Leeds**: Healthwatch is the new independent consumer champion that gathers and represents the public’s views on health and social care services in England. It operates both on a national and local level and ensures that the views of the public and people who use the services are taken into account.

**Hospital acquired infection (HCAI)**: Defined as infections acquired by patients whilst they are receiving care as an inpatient.

**Keogh Report**: A review conducted by Sir Bruce Keogh (NHS Medical Director for England) of the quality of care and treatment provided by those NHS trusts and NHS foundation trusts that were persistent outliers on mortality indicators, the findings and recommendations of which were published in July 2013.
Leeds Involving People (LIP): An organisation that represents the independent voice of people through the promotion of effective involvement. It involves the community in the development of health and social care services by ensuring their opinions and concerns are at the centre of decision making processes.

Leeds Institute for Quality Healthcare (LIQH): A joint and innovative partnership between health and social care services in Leeds aimed at improving the quality of care along the patient journey.

Leeds Medical and Nursing Senate: A professional forum of senior medical and nursing staff from health and social care which is working together to improve the quality of care for patients.

NHS England: The organisation set up to manage the NHS.

NHS IQ: Organisation whose focus is to improve the quality of care across the NHS.

Patient Reporting and Action for a Safe Environment (PRASE): Research study into the safety of the environment for patients whilst in hospital. Unique feature is it asks patients to identify the environmental risks they perceive to be affecting the safety of their care.

Primary care management indicators: Measure used to assess the quality of care provided by primary care services.

Quality Committee: The Trust Board Committee which oversees the quality of care provided to patients on behalf of the Trust Board.

The Leeds Way: The approach being taken to deliver the Trust's strategy and vision over the next five years.

Yorkshire and Humber Improvement Academy (YHIA): Developed as part of the Yorkshire and Humber Academic Health Sciences Network. Purpose is to drive improvements to quality by working directly with acute Trusts and being a vehicle for sharing lessons.

Yorkshire and Humber Academic Health Sciences Patient Safety collaborative: A new initiative due to roll out in 2015 where learning to improve the safety of care will be coordinated.