Quality Account
2018/19
Contents

Part 1: Chief Executive’s Statement from the Board
1.1 Introducing the Trust .......................................................... 5
1.2 Development of the Quality Account .................................. 5
1.3 Chief Executive’s Statement on Quality ............................. 6
1.4 Leeds Teaching Hospitals NHS Trust at a glance ............... 7
1.5 Care Quality Commission - inspection and ratings ............ 9

Part 2: Improving our Quality of Service
2.1 Progress against our Quality Goals 2018/19 ....................... 12
2.2 Our Priority Improvement Areas for 2019/20 ..................... 13
   2.2.1 Quality Improvement Strategy ................................. 14
   2.2.2 Summary of Leeds Improvement Method ................. 15

Part 3: Review of Quality Programme
3.1 Leeds Improvement Method Value Streams ....................... 17
3.2 Patient Safety
   3.2.1 Improvement in the Care of Patients with Sepsis .......... 20
   3.2.2 Acute Kidney Injury (AKI) ....................................... 21
   3.2.3 Deteriorating Patients ............................................. 22
   3.2.4 Reduction in the incidence of falls and harm sustained by patients following a fall 23
   3.2.5 Safety Huddles ..................................................... 24
   3.2.6 Reducing Pressure Ulcers ....................................... 25
   3.2.7 Improving Care for Patients with Parkinson’s .......... 26
   3.2.8 Maternity Care - Reduction in harm including 3rd degree tears 27
   3.2.9 Reducing Rates of Healthcare Associated Infections (HCAI) ........................................ 28
   3.2.10 Medications without Harm .................................... 30
   3.2.11 Reducing Harm from Preventable Venous Thromboembolism (VTE) ......................... 32
   3.2.12 NHS Safety Thermometer .................................... 33
   3.2.13 Safeguarding Vulnerable People ............................. 34
   3.2.14 Scan 4 Safety ..................................................... 35
   3.2.15 Serious Incidents .................................................. 36
3.3 Patient Experience .......................................................... 38
   3.3.1 Priorities ............................................................... 38
   3.3.2 Gathering feedback on building a new hospital in Leeds ................................. 38
   3.3.3 Always Events ....................................................... 39
   3.3.4 Patient and Public Involvement in Speciality Services ......... 40
   3.3.5 What have we done to improve the experience of patients in 2018/19 ................. 41
   3.3.6 Positive engagement with our Service Users ................... 43
   3.3.7 National Patient Surveys ........................................ 44
   3.3.8 Complaints ........................................................ 46
   3.3.9 PALS ................................................................. 47
   3.3.10 Friends and Family Test ....................................... 48
3.4 Clinical Effectiveness ................................................................. 49
  3.4.1 End of Life Care ................................................................. 49
  3.4.2 Improving our discharge process ....................................... 50
  3.4.3 Hospital Mortality ............................................................. 51
  3.4.4 Readmissions ................................................................. 54
  3.4.5 Patient Reported Outcome Measures .............................. 56
  3.4.6 Seven Day Service .......................................................... 57
  3.4.7 Medicines Optimisation .................................................. 58
3.5 Staffing ...................................................................................... 59
  3.5.1 Staff Friends and Family Test (Staff FFT) ......................... 59
  3.5.2 Staff Survey ................................................................. 60
  3.5.3 Nursing Workforce ........................................................ 62
  3.5.4 Guardians of Dafe Working ........................................... 63
  3.5.5 Freedom to Speak Up ..................................................... 65
3.6 Performance Against National Priority Indicators .................... 65

Part 4: Statements of Assurance from the Trust Board
4.1 Review of Services ............................................................... 67
4.2 Participation in Clinical Audit ................................................. 67
4.3 Information Governance and Data Quality ........................... 69
4.4 Goals agreed with Commissioners (CQUINS) ....................... 72

Part 5: Participation in Clinical Research
5.1 Participation in Clinical Research ........................................... 75

Appendices
Appendix A: Statement of Directors’ Responsibilities in respect of the Quality Account ........ 77
Appendix B: Statements from Local Stakeholders ............................................ 78
Appendix C: Glossary of Terms ................................................................... 82
Appendix D: Trust Participation in NCEPOD and National Audits ......................... 86
Appendix E: CQUINS 2017-19 ............................................................ 89
Appendix F: Performance against National Priority Indicators ............................... 90
Part 1: Chief Executive’s Statement from the Board
Part 1: Chief Executive’s Statement from the Board

1.1 Introducing the Trust

The Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest and busiest NHS acute health providers in Europe, a regional and national centre for specialist treatment, a world renowned biomedical research facility, a leading clinical trials research unit, and also the local hospital for the Leeds community. This means we have access to some of the country’s leading clinical expertise and the most advanced medical technology in the world. Each year we treat around 1.5 million patients across 7 hospital locations:

- Leeds General Infirmary
- St James’s University Hospital
- Seacroft Hospital
- Wharfedale Hospital
- Chapel Allerton Hospital
- Leeds Children’s Hospital
- Leeds Dental Institute

We have a £1 billion budget, providing local and specialist services for our immediate population of 770,000 and regional specialist care for up to 5.4 million people.

Our patients are at the heart of everything we do. We employ almost 17,000 people who are committed to delivering high quality care to all our patients all of the time. We also have an international reputation for excellence in specialist care, research and medical training. We contribute to life in the Leeds region, not only by being one of the largest employers, but by supporting the health and well-being of the community and playing a leading role in research, education and innovation.

1.2 Development of the Quality Account

Our Quality Account for 2018/19 has been developed with our staff, stakeholders and partner organisations, including clinicians and senior managers, commissioners at NHS Leeds Clinical Commissioning Group (CCG), and Healthwatch Leeds. It has been approved by the Trust Board
1.3 Chief Executive’s Statement on Quality

On behalf of the Trust Board and staff working at Leeds Teaching Hospitals NHS Trust, I am pleased to introduce you to our Quality Account for the year 2018/19.

Once again we had much to be proud of in our achievements during the last 12 months. We have continued to make improvements in quality and safety whilst facing significant operational challenges; these achievements are highlighted in the Quality Account.

We have continued to experience pressures relating to emergency admissions and capacity within our hospitals throughout the year, which has affected all NHS trusts, particularly during the winter months. We have continued to work with our partners in health and social care to improve the flow of patients, and the progress we have made was recognised in the local system review that was undertaken by the CQC in October, publishing their final report in December 2018. The review was carried out under Section 48 of the Health and Social Care Act 2008, as part of a national programme. The aim was to look at how people move through the health and social care system in Leeds, exploring local area commissioning arrangements and how organisations are working together to meet the needs of people who use our services, their families and carers, to help us understand people’s experiences of care and what improvements could be made.

We have established a quality improvement programme, focusing on our internal processes for discharging patients earlier in the day and we are seeing some early successes in this, which will be progressed in 2019/20. We have further expanded the service we established with Villa Care at Wharfedale hospital last year to additional wards at St James’s hospital. This will continue to be a priority in 2019/20, focusing on patients in our hospital beds who have been assessed as being medically fit for discharge.

We have continued to develop our approach to quality improvement in 2018/19, using the Leeds Improvement Method and this is making a big impact on the services we provide for patients as it continues to be embedded in our safety culture. You will see the progress we have made against this in the Quality Account together with the goals for continued improvement in 2019/20.

The CQC undertook an inspection of some of our core services in August and September 2018 together with a use of resources and well-led review in line with the revised inspection framework. We were delighted to be rated as outstanding in critical care, Leeds Dental Institute and use of resources and good overall, to reflect the excellent progress we have made in embedding our Leeds Way Values and the Leeds Improvement Method, creating a positive culture where staff feel engaged. This was reflected in the results of the NHS Staff Survey where we were one of the highest performing Trusts nationally compared to the previous year’s results.

We have worked with our clinicians, managers and local partners at NHS Leeds Clinical Commissioning Group and Healthwatch Leeds to identify the priorities set out in our Quality Account for 2019/20. I hope you enjoy reading this summary of our achievements in 2018/19 and the work we have to done improve quality and safety in our hospitals. To the best of my knowledge, the information in this document is accurate.

Signed

Julian Hartley, Chief Executive
Date: 26/06/2019

Signed for, and on behalf of the Trust Board
1.4 Leeds Teaching Hospitals NHS Trust at a glance

Our Vision
To be the best for specialist and integrated care

Leeds Teaching Hospitals NHS Trust at a glance

Our Vision
To be the best for specialist and integrated care

Leeds Teaching Hospitals NHS Trust

Our Values - the Leeds Way
Patient-centred, Fair, Collaborative, Accountable, Empowered

What our patients and carers say...
Outstanding care, Helpful staff, Compassionate, Professional, Supportive, Kind

Leeds Teaching Hospitals NHS Trust

St James’s University Hospital
Leeds Cancer Centre
Chapel Allerton Hospital
Seacroft Hospital
Chapel Allerton Hospital
Leeds Dental Institute
Wharfedale Hospital

Leeds General Infirmary
Leeds Children’s Hospital

We employ more than 17,000 people across 7 hospitals on 6 sites
We serve a local population of approximately 770,000 people

# hello my name is...
To date, more than 13,000 of our staff have signed up to the campaign and pledged to provide patient-centred care to our patients.

Outstanding care, Helpful staff, Compassionate, Professional, Supportive, Kind

Leeds Teaching Hospitals NHS Trust

The Leeds Teaching Hospitals NHS Trust
Our Strategic Goals

The best for patient safety, quality and experience

The best place to work

A centre of excellence for specialist services, research, education and innovation

Hospitals that offer seamless, integrated care

Financially sustainable

Our Values

Our staff worked together to develop our values. This is known as ‘The Leeds Way’. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients.

Patient-centred
Consistently deliver high quality, safe care.
Organise around the patient and their carers and focus on meeting their individual needs.
Act with compassion, sensitivity and kindness towards patients, carers and relatives.

Fair
We will treat others how we would wish to be treated.
Strive to maintain the respect and dignity of each patient, being particularly attentive to the needs of vulnerable groups.

Collaborative
Recognise we are all one team with a common purpose.
Include all relevant patients and staff in our discussions and decisions.
Work in partnership with patients, their families, and other providers - they will feel in control of their health and care needs.

Accountable
Act with integrity and always be true to our word.
Be honest with patients, colleagues and our communities at all times.
Disclose results and accept responsibility for our actions.

Empowered
Empower colleagues and patients to make decisions.
Expect colleagues to help build and maintain staff satisfaction and morale - more can be achieved when staff are happy and proud to come to work.
Celebrate staff who innovate and who go the extra mile for their patients and colleagues.
1.5 Care Quality Commission - inspection and ratings

Leeds Teaching Hospitals NHS Trust

Overall rating

|----------------|----------------------|------------|------|---------|------|-------------|------|-----------|------|

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/provider/RR8

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

The full report is available at this link: www.cqc.org.uk/provider/RR8
We continued to work with partners, including commissioners at NHS England and NHS Leeds CCG and with regulators at NHS Improvement and the Care Quality Commission.

The Leeds Teaching Hospitals NHS Trust was required to register with the Care Quality Commission (CQC) under Section 10 of The Health and Social Care Act 2008 from 1 April 2010.

The Trust is required to be compliant with the fundamental standards of quality and safety. The Trust’s current registration status is registered with the CQC without conditions (compliant). The Care Quality Commission has not taken enforcement action against Leeds Teaching Hospitals NHS Trust during 2018/19, and has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC revised its inspection framework in 2018/19, introducing a more focused, risk orientated approach to Inspection.

During the inspection cycle the Trust is visited on three occasions:
- core service inspection - The CQC are required to inspect a maximum of four core services out of ten in each cycle
- use of resources review - This is undertaken by NHS Improvement on behalf of the CQC; a rating is given for overall use of resources
- provider well-led review.

The Trust received the routine provider information request (RPIR) at the end of May 2018. The returns were submitted to the CQC on 11 June 2018.

Information to support the preparation for the Use of Resources review was submitted to the CQC on 11 August 2018, co-ordinated by the Corporate Finance Team in conjunction with the Corporate Operations Team and CSUs.

The CQC arrived unannounced to undertake the core service inspection on 21 August 2018. The CQC inspected three core services - surgery, medicine and urgent and emergency services. In addition, the CQC brought two inspection teams to review the critical care core services and also the Leeds Dental Institute location during the well-led review in September 2018.

The CQC did not identify any significant risks to patient safety during their visits, or during the feedback meeting.

The use of resources review was undertaken by NHSI on 23 August 2018. There were no significant concerns identified during this review by NHSI.

The provider well-led review was undertaken 25-27 September 2018. This consisted of a three-day schedule of interviews with Executive Directors, Non-Executive Directors, Heads of Departments and a range of staff focus groups.

The well-led review was arranged during the week of the Trusts Annual General Meeting (AGM), Trust Finance and Performance Committee and also the Trust Board on 27 September. It was also noted that the CQC review of the Leeds Health Care System was being undertaken during that week, which was arranged through a different department at the CQC as part of a national review programme.

The CQC also recruited a specialist Mental Health advisor to the team who focused specifically on the care of patients with mental health conditions in our hospitals as part of the wider inspection process.

The CQC published their final reports on 15 February 2019. The Trust was rated Good overall and Outstanding for Critical Care, Leeds Dental Institute and Use of Resources.

The CQC reports included 15 actions that the Trust must take under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were set out in the action plan that has been developed. These requirements and the associated actions were reviewed at Quality Management Group on 21 February 2019. They were discussed with Heads of Nursing and Clinical Directors in February 2019 and with the CQC local inspectors at the engagement meeting on 5 March 2019. The action plan was also reviewed with commissioners at NHS Leeds CCG at the joint quality meeting on 12 March 2019.

The Trust submitted the action plan to the CQC on 14 March 2019.

The action plan will be monitored for assurance by the Quality Assurance Committee.
Part 2: Improving our Quality of Service
Part 2: Improving our Quality of Service

2.1 Progress against our Quality Goals 2018/19

Patient Safety
Nationally set priorities, our continued commitment to provide harm free care, alongside feedback from patients and carers helped us to shape our areas of focus for Quality Improvement. These include:

- Improving the care of patients with sepsis (see section 3.2.1)
- Improving the recognition and response of the patient clinically deteriorating (see section 3.2.3)
- Reducing the incidence of falls and harm sustained by patients following a fall (see section 3.2.4)
- Reducing harm and Improving Patient Safety Culture by Integrating Daily Patient Safety Huddles on Wards (see section 3.2.5)
- Reducing the number of hospital acquired pressure ulcers (see section 3.2.6)
- Improving care for patients with Parkinson’s (see section 3.2.7)
- Reducing healthcare associated infections and promoting the best use of antibiotics- (see section 3.2.9).

Patient Experience
Our staff, local partners, HealthWatch Leeds, and our patients and their carers helped us determine our patient experience priorities (see section 3.3.1):

- Supporting two ‘Always Events’, which aim to:
  - Improve the night time experience for patients
  - Improve the anaesthetic / theatre experience for patients
- Reporting how we have obtained public and patient feedback and taken this into account, in our planning of ‘Building the Leeds Way’
- Each bed holding CSU undertaking two new patient and public involvement activities and reporting how using the feedback obtained has influenced patient care.

Clinical Effectiveness
Continued pressures on our capacity impact the ability to manage our patients effectively and optimally within both emergency and elective pathways. Therefore, our Leeds Improvement Method Value Streams (see section 3.1) were selected to improve flow across different areas of the Trust.

Key achievements from 2018/19 include:

- Transurethral Resection of Prostate (TURPs) Pathway:
  - The average length of stay has reduced from 39 hours to 24 hours.
  - Total time spent in outpatient clinic reduced by 58%, from 64 minutes to 27 minutes
  - Effective and respectful communication means all patients now receive 6 weeks’ notice for their surgery
- Improving patient flow in Emergency Department
  - 91% improvement in the number of interruptions to the Junior Doctor while completing clerking of the patient
  - Ward round engagement; 29% improvement in Junior doctors feeling the ward round provided a positive learning experience
  - MDT meeting: reduction of time taken from 40 minutes to 25 minutes, using a different model has increased productivity by 41%
- Improving patient flow in Orthopaedic Centre elective pathways in total hip and knee replacement patients
  - 91% improvement in the number of interruptions to the Junior Doctor while completing clerking of the patient
  - Ward round engagement; 29% improvement in Junior doctors feeling the ward round provided a positive learning experience
  - MDT meeting: reduction of time taken from 40 minutes to 25 minutes, using a different model has increased productivity by 41%
- Reducing the number of hospital acquired pressure ulcers (see section 3.2.6)
- Improving care for patients with Parkinson’s (see section 3.2.7)
- Reducing healthcare associated infections and promoting the best use of antibiotics- (see section 3.2.9).
- Orthopaedic Centre elective pathways in total hip and knee replacement patients
  - Improvements in the scheduling process, including offering patient s more choice regarding their surgery date, means the scheduling team reduced the time spent on rework from 80% to 10%; a huge productivity gain
  - Collaboration between surgeons and support staff has created an 80% reduction in theatre tray set up time for knee replacement procedures; from 59 minutes to 9 minutes
  - Early Mobilisation; Length of stay in recovery reduced from 17 to 4 hours (78% improvement) meaning patients are in a better environment for their needs.
2.2 Our Priority Improvement Areas for 2019/20

We know from our Quality improvement work in recent years that early improvements in patient experience and processes occur, but delivering true impact on patient outcomes across the Trust (for example reducing cardiac arrests and falls) takes several years of commitment to both identifying the interventions that make a difference and adapting these at scale across the Trust. This is matched by the findings from the Virginia Mason Institute that work streams can take 3 years or more to improve outcomes for patients.

Therefore, our priorities for the Trust for 2019/20 identified as:

- Those existing improvement programmes that need ongoing commitment to ensure improvements already made are sustained, spread and embedded across the Trust
- Alongside supporting new areas of work to continually improve the services we provide
- The overarching principle for all these work streams is their importance to provide a positive patient experience, high quality care, with optimal outcomes. They have been grouped under the section headings below for the requirements of this Quality Account document.

Clinical Effectiveness

We continue to support the sustainment and spread of improvements within all our Leeds Improvement Method Value Streams from 2019/20, for example:

- Embedding improvements in flow within Outpatient Services
- Adult Cardiac Surgery
- General Surgical Admissions
- Emergency Department at the Leeds General Infirmary
- Critical Care Flow to Neurosciences.

Patient Safety

We continue to support our Patient Safety and Harm Free Care Improvement Programmes to improve outcomes further and spread the improvements Trust wide. These include: Sepsis including Antimicrobial Stewardship, Pressure Ulcers, Falls, and Maternity Services. New areas of focus include: Healthcare acquired infections and discharge.

Patient Experience

The outlined priorities for the coming year are:

- To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for a CSU to respond to a complaint
- To support the expectation that families should receive a Death Certificate within five days of death, by improving the time taken to issue a medical certificate of cause of death (MCCD)
- To further grow relationships with external Organisations, and in doing so, improve opportunities for the public to support the Trust in different ways
- To deliver a project focussed on improving patient interactions with the nursing workforce, enhancing overall patient experience.

Progress against all our quality objectives will continue to be monitored, measured, and reported to the appropriate governance groups and committees within our Quality Committee Structure and summaries provided to the Quality Assurance Committee.
2.2.1 Quality Improvement Strategy

We published our first Quality Improvement Strategy in 2014 and are really proud of the improvements we have achieved in the last 4 years. Having created excellent foundations to take our ambitions significantly further, we updated our Strategy for 2017 - 2020, which was approved by our Trust Board in March 2017.

In our 2017-2020 Quality Improvement Strategy we reflect on the progress we have made and set our ambitions for the next 3 years, including areas we wish to improve even further, as well as setting new priority areas. It focuses on four main areas, with patient experience at the heart.

This strategy is shaped by:
- Working with our staff and patient representatives
- Our current work with the Virginia Mason Institute and partner organisations
- Our collaborative quality improvement work, supported by partners, including the Improvement Academy.

Quality Improvement Framework 2019/20
2.2.2 Summary of the Leeds Improvement Method

The Quality Improvement Strategy brings together our existing approaches to improvement; utilising both Lean Methodology and the IHI Model for Improvement, to form the Leeds Improvement Method (LIM). Our underpinning philosophy of LIM is that everyone working at LTHT is empowered to make improvements in their daily work bringing the benefits of a safe, high quality experience, for every patient and member of staff.

During 2018/19 we continued to grow our capability to deliver, scale up and spread implementation of the Leeds Improvement Method, working with the prestigious Virginia Mason Institute. Our Kaizen Promotion Office (KPO, Kaizen refers to use of Lean methodology and continuous improvement) lead was formally accredited by Virginia Mason in the methodology meaning LTHT can now certify leaders in the method independently.

Through our Value Streams and by Educating, Training and Coaching increasing numbers of our workforce, we are enabling use of the approach in more of our everyday work and becoming a place where everyone is committed to continually improving the quality of care for our patients.

Our education, training and development programmes, including an introduction for all staff at Trust Induction has engaged with over 9403 staff in the use of the method.

Total training numbers currently stand at:-

Our aims in 2019/20 are:

- To utilise our ‘Building Improvement Capability Formula’ for education and training that will enable wider reach of the method into our workforce and right across our business
- To undertake a review of leadership and management training organisationally with the aim of embedding LIM and the world class management system.
Part 3: Review of Quality Programme
3.1 Leeds Improvement Method Value Streams

Key Achievements for 2018/19

Of the original five Value Streams, three of the value streams transitioned to operations within the year of 2018/2019, having undertaken and embedded work from the Rapid Improvement Weeks. These include Elective Orthopaedics, Urology Discharge and Time to First Consultant Review. The two remaining Value Streams of Neurosciences Critical Care and Ophthalmology Outpatients are still currently on-going, both reaching their fifth Rapid Improvement Event.

In addition, 2018/2019 has seen the launch of two new Value Streams; Acute General Surgical Admissions and Adult Cardiac Surgery. Both of these Value Streams have completed their first Rapid Improvement Weeks and have seen encouraging start to both understand the work at the point of delivery, but also to begin to engage staff within the continuous improvement cycle. Planning for delivery of the next Rapid Improvement Weeks is currently in process.

Our Aims in 2019/2020

Our aim is to develop Value Streams in alignment with the organisations vision, organisational objectives as well as operational goals. Work has begun to develop the golden thread to link all of these through directly to supporting continuous development within key areas. To demonstrate this work is now underway to launch a Value Stream within the Emergency Department at the LGI, and planning will commence within 2019/20 to develop a Cancer MDT Value Stream. The value streams identified will continue to support the achievement of the NHS constitutional standards.

Ophthalmology Outpatients – Kaizen Plan

- Integration of cross-CSU working to deliver significant patient improvement.
- Time taken to book patients reduced 81%.
- 54% improvement number of patients offered appointment choice.
- Testing a new way of working to share expertise and the burden of work.
- Time to confirm an outcome reduced from 90 minutes to 1 minute.
- Clinic set up improvement allows clinics to start on time.
- 85% improvement in number of patients needing to be re-directed.
- Check in time reduced by over 50% for all eye clinic patients.
- Testing a new way of working to share expertise and the burden of work.
- Reducing interruptions to Consultants by 85%.
Part 3: Review of Quality Programme

Critical Care Flow Value Stream – Kaizen Plan

- Standardised information flow to ensure decision sharing is consistent and timely.
- A reduction in set up time for an eDan from 29 minutes to just 6 minutes where systems have been pre-populated.
- 28% reduction in time taken for patients to leave Critical Care once ready.
- Time taken to gather information reduced 85% to under 6 minutes. Accuracy of digital roster information now 100%.
- 96% reduction in time taken for the MDT to complete a rehabilitation; now under 2 hours.
- Increasing direct interaction with patients during the ward round by 850%.
- Less than 7% of forms now need additional information; 92% improvement.
- Standardising information sharing to achieve 83% compliance with all categories.

Adult Cardiac Surgery Value Stream – RPIW Trajectory

- A reduction of 92% for patients cancelled on the day due to Critical Care bed availability.
- An 80% reduction in patients prepared unnecessarily for surgery.
- Small scale tests done in real time and feedback gathered from patients in-flow.
- Created a ‘One best way’ test to standardise the pre-op process with standard work.
- Used 5S to organise and standardise patient information for a quality, patient driven experience.
Surgical Assessment Unit Value Stream- RPIW Trajectory

78% reduction in waiting time for triage: from 23 to 5 minutes.

100% improvement in patient feedback regarding understanding of the process.

68% of blood samples sent within 5 minutes: 68% improvement.

Patients were 100% satisfied with care provided using the new process.

100% of patients understood the next step in their care plan.

Testing a new process that delivers a senior decision in under 1 hour a 78% improvement.

Emergency Department Value Stream- RPIW Trajectory
3.2 Patient Safety

3.2.1 Improvement in the Care of Patients with Sepsis

Background
Sepsis is a life-threatening condition that arises when the body’s response to an infection causes it to attack its own tissues and organs. Recognising the signs early and treating without delay is critical to improving outcomes for people who develop sepsis. LTHT is committed to ensuring sepsis is identified and treated promptly by focusing on a number of measures and processes to reduce the burden and devastating impact sepsis can have.

Key Achievements in 2018/19
We have been working towards the three standards outlined in the Sepsis CQUIN 2015-18 which include:

- Timely identification of patients with sepsis in Emergency Departments and Acute Inpatient settings
- Timely treatment of sepsis in emergency departments
- Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis.

Improvements have been made in relation to timely identification and screening of patients on admission to a hospital setting, however a key challenge still remains the timely treatment of patients and ensuring IV antibiotics are prescribed and administered at the earliest opportunity; this remains a priority as we move into 2019/20. Further details in relation to the CQUIN indicators can be seen in section 4.4.

LTHT has re-launched its sepsis faculty, which now includes a quality improvement collaborative to facilitate workstreams across clinical areas with a clear aim of providing timely assessment and treatment, and improving the quality of ongoing care for patients with sepsis.

Within LTHT World Sepsis Day 2018 was marked by holding sepsis focused events across the Trust to raise awareness of the importance of early recognition and treatment of sepsis, and the improvement measures in place.

In addition, the introduction of pre-stocked sepsis trolleys for several medicine and surgical wards now help with early assessment and identification of sepsis; including blood culture packs.

LTHT hosted its inaugural Sepsis conference in May 2018, which was a great success with national speakers, patient stories and a number of educational sessions for staff to facilitate shared learning.

Aims for 2019/20
- Timely identification and treatment of sepsis in emergency departments and acute inpatient settings
- Antibiotic review within 24-72 hours
- Reduction in antibiotic consumption per 1,000 admissions
- A second Stamp out Sepsis (SOS) conference is planned for October 2019, led by LTHT and involving colleagues from community and primary care.
3.2.2 Acute Kidney Injury

Acute Kidney Injury (AKI) is a major cause of harm, with half a million people sustaining AKI in England every year. It has a major impact on patients, including increased length of stay in hospital, the risk of progression into chronic kidney disease, and an increased risk of dying. It is estimated that AKI could be preventable in 20-30% of cases, so making improvements in the detection and treatment of AKI can make a big difference for our patients.

Following conclusion of the Healthcare Foundation project, a number of interventions were introduced into clinical areas to improve the recognition and treatment of AKI. These include;

- An AKI alert is now visible on all wards within the Trust, allowing staff from all areas to complete the care bundle when the patient is identified as having AKI.
- The AKI staging and advice regarding ongoing care is now automatically populated in the Electronic Discharge Advice Notice (eDAN).
- Monitoring of hydration is now included in the Ward Healthcheck audits
- Patient information leaflets have been developed to increase patient awareness.

Moving forward, we will continue to ensure that AKI remains a key focus on all of our hospital wards; in addition the standards relating to the management of AKI will be monitored via the Trust Clinical Audit Programme and ongoing support will be provided via the Quality Improvement Steering Group.
3.2.3 Deteriorating Patients

Background

Our multidisciplinary QI faculty was formed in July 2014; when we started a breakthrough series collaborative with 14 wards trialling small-scale tests of change, to reduce avoidable deterioration. Following testing, an intervention bundle of the most successful interventions (including escalation of care stickers, and a brief guide for staff recording observations) was created, and tested across all pilot wards, before beginning to scale up to other Trust areas.

Our faculty is more passionate than ever about continuing to improve the treatment and care of our patients when they deteriorate on our wards, to ensure they receive safe, timely, and effective treatment and care, and better end of life care.

Due to the use of E-Obs now being embedded throughout the organisation our bundle of interventions has evolved and now includes:

- Safety Huddles
- 1:1 NEWS Training & Observations Made Easy
- Escalation of Care Sticker to trigger ReSPECT
- ReSPECT form
- Post 2222 Call Review.

Key Achievements in 2018/19

- In June 2018 there was the LOWEST number of cardiac arrests that the Trust has seen.
- This year we achieved a 30% step-reduction in cardiac arrest calls across the Trust.
- We continued to see the reduction in the number of cardiac arrests per year.
- Some of the faculty members went to Bradford Royal Infirmary in June 2018 to present our work and share good practice. They are in the early stages of their reducing avoidable deterioration collaborative, therefore were really keen to learn more about our work and gave us some excellent feedback.
- Successful implementation of NEWS2.

Aims for 2019/20

In 2019/20 we aim to support adaptation of interventions in non-ward areas and develop new innovations to strive towards our goal of improving the care the care of our deteriorating patients by achieving our goal of a 50% reduction in cardiac arrest calls across the Trust. In addition, the implementation of the ReSPECT continues to be a key focus.
3.2.4 Reduction in the incidence of falls and harm sustained by patients following a fall

Background
Falls are the most common cause of injury in a hospital and result in both psychological and physical harm including, bleeding, fractures, or even death in vulnerable patients. Falls have an annual cost to the NHS of £2.3 billion, with an average cost of £2,600 per fall.

Annually there are over 200,000 falls reported to the NRLS across the health economy. Falls have a significant and lasting impact for patients and those resulting in harm are more likely to occur in acute Trusts.

Key Achievements in 2018/19
- There has been a sustained reduction in both all falls and falls with harm as measured by the monthly prevalence audit Safety Thermometer.
- Since April 2017 falls with harm have seen a statistically significant reduction of 62%.
- Throughout the year, pro-active CSU’s have been working to reduce falls. Oncology CSU have produced a short video for patients to access on how they can prevent a fall whilst in hospital. Abdominal Medicine & Surgery CSU have focused on improving compliance with falls prevention training. Neurosciences CSU hold monthly falls meeting to share learning from local incidents.

Aims for 2019/20
Our ambition for 2019/20 is to:
- Embed and scale up Quality Improvement work
- Sustain improvements made to the number of patients suffering a fall
- Achieve 90% compliance with staff training in falls prevention
- Review and update the falls prevention competencies
- Participate in the continuous Royal College of Physicians inpatient hip fracture audit.

In addition the Trust will be working towards achieving the standards outlined in the 2019/20 CQUIN ‘Three High Impact Actions to Prevent Hospital Falls’, as follows;

- Lying and standing blood pressure recorded at least once
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics)
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

The rate of falls per 1000 bed days has seen a 17% reduction since April 2018.
3.2.5 Safety Huddles

Background
In partnership with Yorkshire and Humber Improvement Academy and supported by a ‘scaling up’ grant from The Health Foundation between 2015-17 we have established and embedded ‘Safety Huddles’ across our organisation. We are now supporting other organisations scale up safety huddles across the region.

Safety Huddles are team meetings, which take place at a regular time each day for 5 to 15 minutes, and involve all members of the team. Team members can confidently speak up and jointly act on any safety concerns they have, allowing wards to continually learn and improve, as well as to celebrate success. Safety Huddles are focused on one or more agreed patient harms (identified by the team) such as falls, pressure ulcers, or avoidable deterioration, and ownership of ward data is a crucial part of the huddle, for example, monitoring days between falls etc. Huddles take place on > 91% of wards at LTHT; 45% have seen a step reduction (statistically significant) reduction in harm such as falls. Our evaluation data has shown that Safety Huddles have led to a positive shift in teamwork and safety culture.

Key Achievements in 2018/19
- In June 2018 the huddles team won a HSJ award for ‘Enhancing value through increasing patient safety and reducing litigation’ award.
- LTHT won a Health Business Award in December 2018 for Patient Safety, following the success of the Safety Huddles improvement programme.
- Following the successful implementation of Safety Huddles within the Portering Team a number of other teams across LTHT are now huddling, such as Outpatient areas and Radiotherapy.

Aim for 2019/20
Our ambition for 2019/20 is to:
- Embed Safety Huddles in the remaining clinical areas
- Sustain improvements in patient safety across the Trust.
3.2.6 Reducing Pressure Ulcers

Background
It is estimated that 80-95% of all pressure ulcers are avoidable. Pressure ulcers are painful, can lead to chronic wound development and can have a significant impact on a patient’s recovery, their quality of life and can lead to an increased length of stay in hospital. The trust’s ambition is to reduce all avoidable pressure ulcers by 10% year on year.

As part of the actions to reduce pressure ulcers, work continues on the Trust wide pressure ulcer collaborative launched in November 2017 which has seen the implementation of the SSKIN bundle across LTHT. In addition, there has been a 43% reduction in Hospital Acquired Pressure Ulcers across the 16 pilot wards.

Key Achievements in 2018/19
• The Trust went for its longest period over the summer achieving 62 consecutive days without a Category 3 or above hospital acquired pressure ulcer.
• Following the successful implementation of the SSKIN bundle in all adult inpatient areas, it has now been adapted and rolled out across all paediatric inpatient areas.
• The PURPOSE T risk assessment tool has been successfully adapted into an e-form for use on PPM+ in all adult inpatient areas.
• The use of the teaching and learning resource ‘SSKIN week’ for staff in inpatient ward areas has continued and was presented at the WOUNDS UK conference in Harrogate in November 2018.

Aims for 2019/20
• Continue working towards a zero tolerance for Category 4 pressure ulcers and a 10% reduction year on year of all acquired pressure ulcers.
• Adapt and implement SSKIN bundle and PURPOSE T for Maternity areas
• Continue the Stop the line pilot for Category 2, 3 and U hospital acquired pressure ulcers in the collaborative wards.
• Launch a new e-learning package which will replace the current competencies for level 2 pressure ulcer prevention priority training.
• Develop a business case to scale up and roll out the purple blanket initiative across LTHT.
• Roll out of the specialist wound assessment e-document on PPM+ to vascular, dermatology and plastics.

Developed Pressure Ulcers per 1,000 Bed Days
3.2.7 Improving Care for Patients with Parkinson’s

Background
There are approximately 1500 patients with Parkinson’s in the Leeds area, and around 30-40 inpatients in the Trust with Parkinson’s at any time. In 2016, following feedback from patients and carers, we formed our Parkinson’s Quality Improvement Collaborative with the aim of:

- Identifying and promptly administering Parkinson’s medications
- Improving culture, teamwork, and accountability
- Identifying and promptly managing patients with swallowing difficulties.

With the help of patients and carers we have developed and tested a bundle of interventions to ensure patients receive timely medication and holistic care.

Key Achievements in 2018/19

- The Trust has sustained a reduction in the delay in patients receiving their first dose of medication after admission from over 7 hours to 67 minutes.
- We have continued to implement the bundle of successful interventions Trustwide.
- By raising awareness of the need for timely administration of medication and the role every team member can play, we have seen a reduction in omitted Parkinson’s medications from 15% to 1%.
- A Parkinson’s liaison service is now fully established across the Trust.

Aim for 2019/20
Our ambition for 2019/20 is to:

- Continue the Trustwide implementation in the remaining clinical areas
- Sustain improvements in patient safety across the Trust.
3.2.8 Maternity Care - reduction in harm including 3rd degree tears

Background
In September 2017, a Quality Improvement collaborative was set up with the aim of reducing Obstetric Anal Sphincter injury (OASI). Members of the collaborative included Consultants, Midwives, the Head of Midwifery, Midwifery managers, Research Midwives and a QI Fellow. Our proposed changes were a combination of interventions adapted from RCOG OASI care bundle, which required embedding locally and new interventions designed by the team.

Key Achievements
- There has been a statistically significant reduction in OASI rates since 2017.
- The introduction of PEACHES training.
- Introduction of Safety Huddles in Midwifery.
- A key focus has been on the use of Ventouse and Episcissors for assisted deliveries, as this reduces the risk of perineal trauma caused by forceps delivery.
- Doctors and Midwives who have completed the PEACHES training have been identified as champions to provide support to colleagues.

Training & Education

What is PEACHES?
- **P** - Position
- **E** - Extra midwife (present at birth)
- **A** - Assess the perineum (throughout)
- **C** - Communication
- **H** - Hands-on technique (Manual perineal protection - MPP)
- **E** - Episiotomy if required
- **S** - S-L-O-W-L-Y

All LTHT Midwives and all trainee doctors received PEACHES and Episiotomy training prior to the February 5th 2018 launch date.

Aims for 2019/20
- To continue to embed PEACHES and sustain the improvements made.
- The maternity unit has been supported to appoint a Clinical Leadership Fellow to commence work in September 2019 to continue to improve in quality in the maternity service.
- We continue to participate in the national maternal/neonatal safety collaborative.
- We will be looking at Induction of Labour as a QI initiative.

Staff on the Delivery Suite achieving 7 days without a OASI
3.2.9 Reducing Rates of Healthcare Associated Infections (HCAI)

Background
The reduction of HCAI’s remains a key priority for the Trust and there has been a significant fall in patients diagnosed with Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemias, associated with care they received from LTHT.

Key Achievements in 2018/19
- In 2018/19 LTHT went 175 consecutive days without an MRSA blood stream infection (BSI). The great news is that the lengthening gap between incidences of MRSA BSI means that our changes are becoming embedded and sustainable.
- Infection Prevention Nurses (IPN) presented their achievements in reducing HCAI’s at the International IP Society conference held in September 2018.
- IPN’s were commended at the Nursing Standard awards in October 2018, for the outstanding work in reducing harm from CDI.
- As part of the HACI faculty LTHT Launched an intervention bundle to reduce BSI on 17 pilot wards.
- We launched short animated video’s enabling staff to refresh on the fundamental aspects of care in relation to reducing CDI.
- We introduced rapid testing for influenza in in the Emergency Departments and also a rapid test pilot for norovirus.
- Introduction of digital stool charts (Bristol Stool chart) has enabled accurate recording of patient’s symptoms as part of digital transformation.
- To support clinical teams with the management of patients with infections we have introduced digital infection prevention records.

Total apportioned CDI cases
Aims for 2019/20

- In 2019/20 we aim to build on the foundations of the HCAI collaborative and scale up the implementation of HCAI interventions bundle across all LTHT wards to achieve and sustain further reductions in the BSI, with education and training a key focus.

- We will strengthen guidance on recognising diarrhoea and produce a Personal Protective Equipment (PPE) visual aid following continuous improvement through collaborative work, which will deliver the right equipment, at the right time for the right patient.

- Expand the current HCAI collaborative to increase awareness of antimicrobial stewardship and reduce the incidence of CDI cases.

Our ambition is to continue to focus on the national ambitions of “Zero tolerance” to MRSA bacteraemia, and reducing Gram negative bacteraemia, namely Escherichia coli, Klebsiella species and Pseudomonas aeruginosa by 50% by March 2021 and prevent avoidable CDI.
3.2.10 Medications without Harm

Leeds Teaching Hospitals NHS Trust is good compared to our peer Hospitals in terms of reporting and learning from situations when things don’t go according to plan with medicines; this is essential in encouraging a positive learning culture.

LTHT demonstrates a good incident reporting culture compare to our peer nationally, this is illustrated in the chart below.

Very few of the incidents with medicines cause any harm to our patients and we continue to try to eliminate this completely. The Trust has a low rate of incidents causing harm when compared to our peers and other Trusts. The graph below shows percentage of incidents recorded as causing harm where LTHT is in black and our peers are in grey.
Leeds Teaching Hospitals NHS Trust has responded to an international initiative called the World Health Organisation (WHO) Global Patient Safety Challenge. This challenges many organisations worldwide to make changes to reduce the level of severe, avoidable harm related to medications by 50% over 5 years. The three priorities to help focus this work are to consider the areas of polypharmacy, which is when people are taking a lot of different medicines; high risk situations and transfer of care. In England a group from NHS Improvement have set up a Medicines Safety Programme and our work in Leeds is prioritised in line with this.

**Aims for 2019/20**

In 2019 we will be working to further improve our reporting of incidents and learning more about what we might do differently. This year we want to learn equally from situations where care with medicines was really good as well as when things might not have gone so well.
3.2.11 Reducing Harm from Preventable Venous Thromboembolism (VTE)

Background
Patients admitted to hospital are at risk of developing a venous thromboembolism (VTE) or blood clots. Reducing the risk of these occurring is an important part of patient care. Assessing adult patients who are admitted to hospital for their risk of developing blood clots or their risk of bleeding helps us decide how best to care for each patient.

Key Achievements in 2018/19

- We have updated our training resource to include lessons learned from investigations into Hospital Acquired Thromboembolism (HAT).

- On World Thrombosis Day in October 2018 we organised a second Trust-wide study session; following the success of the previous year. The event focused on awareness of VTE, and what actions can be taken to reduce the risk to our patients.

- We also published a Learning Points Bulletin and Quality and Safety Matters Bulletin highlighting lessons learned from preventable HATs; these were circulated trust-wide in October 2018.

Aims for 2019/20

- To improve risk assessment rates and achieve the 95% target while ensuring we continue to investigate HATs and feedback learning to clinical staff.

- Our IT department are developing an alert which will highlight that the VTE risk assessment needs completing, this should be available soon and should result in improved risk assessment rates.

- We are developing a bespoke VTE prevention e-learning package and film to include case studies and key learning from RCAs at LTHT.

- We are working with the electronic medicines team to ensure that patients who require VTE prophylaxis receive it within 14 hours of admission.

Percentage of admitted patients risk-assessed for VTE against the national benchmark of 95%

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Reporting period</th>
<th>Trust performance</th>
<th>National acute average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)¹</td>
<td>Q1 2018/19</td>
<td>91.5%</td>
<td>95.6%</td>
</tr>
<tr>
<td></td>
<td>Q2 2018/19</td>
<td>91.5%</td>
<td>95.44%</td>
</tr>
<tr>
<td></td>
<td>Q3 2018/19</td>
<td>92.5%</td>
<td>95.6%</td>
</tr>
<tr>
<td></td>
<td>Q4 2018/19</td>
<td>92.7%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

¹ Excludes independent sector providers
3.2.12 NHS Safety Thermometer

Background

The NHS Safety Thermometer Classic provides a ‘temperature check’ on harms associated with falls, pressure ulcers, catheter associated urine infections (CAUTIs) and venous thromboembolism (VTE). Data is collected nationally on one Wednesday every month. Results are published on the NHS Safety Thermometer website. This is a prevalence audit and therefore gives a snap shot view of patients in the bed base at the time of the audit and differs from the incidence for the month.

Key Achievements in 2018/19

Since December 2017 Harm Free Care performance has remained above 95% for six months.

The national tool accounts for harms that happen prior to admission and is outside of our influence. Therefore we record this separately to the harm that happened whilst in our care.

New Harm Free Care has remained above 97% since December 2017

The improvements in our performance over time are due to a reduction in all falls, falls with harm, new pressure ulcers categories 2 to 4 and new CAUTIs remaining stable.

Aims for 2019/20

Our ambition for 2019/20 is to:

• Sustain improvements made to the number of patients receiving Harm Free Care
• Achieve greater than 97% Harm Free Care.
3.2.13 Safeguarding Vulnerable People

Background
The Trust is committed to safeguarding all children, young people and adults at risk of abuse; we believe that everyone has an equal right to protection from abuse, regardless of their age, race, religion, gender, ability, background or sexual identity.

Leeds Teaching Hospitals NHS Trust continues to work to enhance safeguarding practice and standards across the whole organisation to safeguard our most vulnerable patients and to continue to develop and embed a culture that puts safeguarding at the centre of care delivery.

The safeguarding team continues to work to raise the profile of Safeguarding across the Trust, the aim being for the Safeguarding team and safeguarding process to be integrated into the work of the LTHT, for the team to be highly visible and that staff feel informed and confident in accessing safeguarding advice.

Key Achievements in 2018/19
- We have co-facilitated a City wide conference alongside Leeds Safeguarding Adult Board and other NHS providers in Leeds on the theme of ‘a shared understanding of self-neglect’. The Safeguarding team is grateful to The Children and Young People’s Diabetes team and Tissue Viability team who led two excellent workshops which were very well received.
- Following a full review of mandatory safeguarding training in 2017/18 we are proud to report that in 2018/19 we have reached our ambitious targets.
- The team has represented the Trust on a number of Serious Case Reviews, Serious Adult Reviews and Domestic Homicide Reviews within the city. The trust continues to play a full part in Safeguarding across the region. Partnerships have been strengthened with the police safeguarding/anti-terrorist unit with trust representation at various multi-agency forums including modern day slavery, Prevent and the Channel process. We have also participated in city wide multi-agency strategic work led by Safer Leeds on older adult abuse and rough sleepers.

Aims for 2019/20
To align LTHT policy and practice with the new Leeds Safeguarding Adults Board (LSAB) Citizen-Led Safeguarding Adult Policy is expected to be in place by end of April 2019.

A series of light bites is planned for the year to complement the requirement for ‘additional learning’ for healthcare professionals as outlined in the Department of Health intercollegiate document published in June 2018.

The LTHT Safeguarding Children Team in collaboration with other health partners has developed a West Yorkshire wide policy for the identification and management of fabricated or induced illness. The LTHT safeguarding team aim to facilitate a regional wide conference to launch this new and important document which will provide recommendations on interagency working to keep children safe from harm.
3.2.14 Scan 4 Safety

Background
LTHT was one of six demonstrator sites for a programme that utilises standards to associate; patient, product, place and process. This brings with it significant safety and efficiency benefits.

Key Achievements in 2018/19
- Expiring stock is now identified proactively reducing wastage and making significant financial savings.
- The Electronic Health Record (EHR) mobile application is now in full use across the Trust and allows direct access to numerous nursing forms as well as electronic observations, improving care and increasing time spent with the patient.
- Reporting is now in place to allow for real time stock management, reducing the number of operation cancellations or delays.
- Funding has been allocated by NHS Improvement to extend the deployment across the West Yorkshire Association of Acute Trusts (WYAAT).

Aims for 2019/20
- Commence the implementation of an improved point of care data capture solution across all six WYAAT Trusts.
- Extend roll out of patient location capture across all clinical areas.
- Link point of care capture of products directly with the EHR to improve the patient’s record.
- Reduce the amount of paper required throughout the theatre pathway.

Scan4Safety Standards

- **Right Patient**: Setting standards to make sure we always have the right patient and know what product was used with which patient, when.
- **Right Product**: Setting standards to make sure our staff have what they need, when they need it.
- **Right Place**: Setting standards to make sure that patients and products are in the right place.
- **Right Process**: Setting standards and implementing common ways of working to deliver better and more easily repeatable patient care.
3.2.15 Serious Incidents

We are committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence: weekly meetings are held within the Trust to ensure these conversations take place.

The Trust Board receives a report on new serious incidents and the actions taken to reduce the risk. A more detailed discussion on serious incidents, including the lessons learned takes place at the Quality Assurance Committee; this Committee provides assurance on the follow up of incidents and the implementation of learning, including undertaking more detailed reviews of any areas of concern identified. This year has seen an increase in the total number of serious incidents reported.

Learning from incidents

The Trust’s Lessons Learned Group continues to increase widespread learning from serious incidents across the Trust. Five learning points bulletins were produced and disseminated Trust-wide during 2018/19, covering various topics including Never Events, VTE prevention, and discharge planning.

Lessons Learned are shared on the staff intranet, allowing all staff to access the learning points bulletins, videos, and resources to assist with learning.

Quality and Safety Matters bulletins are also produced when important safety concerns need to be disseminated quickly and in a succinct format. These are focused on topics identified through local investigations or from national learning. They are sent to all wards and departments within the Trust to ensure that all staff are aware of these risks and actions required.

Incidents reported by harm 2018-19 (NRLS*)

NHS Improvement now report monthly data from the National Reporting & Learning System (NRLS) that includes data for the full year 2018/19. Previous Quality Accounts have only been able to report on six-monthly data. However, this more up-to-date data does not include the same comparator data with other Trusts that has previously been reported in the Quality Account.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Trust Performance 2018/19</th>
<th>Benchmark range for acute (non-specialist) Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of patient safety incidents reported</td>
<td>23,595</td>
<td>2,383 - 43,090</td>
</tr>
<tr>
<td>No. of patient safety incidents that resulted in severe harm</td>
<td>23</td>
<td>2 - 128</td>
</tr>
<tr>
<td>No. patient safety incidents that resulted in death</td>
<td>15</td>
<td>0 - 54</td>
</tr>
<tr>
<td>Percentage of patient safety incidents that resulted in severe harm</td>
<td>0.097%</td>
<td></td>
</tr>
<tr>
<td>Percentage patient safety incidents that resulted in death</td>
<td>0.063%</td>
<td></td>
</tr>
</tbody>
</table>

*Source: NHS Improvement monthly NRLS report England April 2018 to March 2019
LIST (Leeds Incident Support Team)
The Leeds Incident Support Team (LIST) is a voluntary group of LTHT staff who have previously been involved in serious incidents. They have made a commitment to be available to talk to other staff who may become involved in a similar type of incident. They will talk through the process of an investigation and provide peer support.

Never Events
The NHS Never Events list provides an opportunity for commissioners, working in conjunction with trusts, to improve patient safety through greater focus, scrutiny, transparency and accountability when serious patient safety incidents occur. Nationally the most commonly reported Never Events relate to retained surgical items, wrong site surgery, and wrong implants.

We have reported seven Never Events during 2018/19 under the following categories:
- Connection of a patient to medical air instead of oxygen x2
- Wrong site surgery x1
- Wrong implant / prosthesis x1
- Feeding via a misplaced naso gastric tube x1
- Retained foreign object x2.

All of these Never Events were reviewed with the Trust’s Chief Medical Officer and Chief Nurse and also with our commissioners at Leeds West CCG. They have also been reviewed with the clinical teams to ensure immediate action has been taken to reduce the risk of recurrence, that Duty of Candour regulations have been followed, and that they have been investigated in line with our serious incident procedure.

Learning the Leeds Way
In September 2018 the Trust hosted a patient safety conference in Leeds ‘Learning the Leeds Way - Innovation and Collaboration for Change’. The event was attended by 120 delegates from a variety of clinical areas and professions in LTHT alongside colleagues from other NHS organisations in Yorkshire; the focus of the event was to share both lessons learned and best practice in relation to maintaining patient safety. Dr Bill Kirkup was the Keynote speaker and shared his experiences of working on national investigations such as the Morecambe Bay enquiry.

“Really good to have real examples to reflect on”
“Very inspiring and thought-provoking conference”
“Lots to take back and share with my teams”
“Provided so much assurance on the learning processes from significant events”
3.3 Patient Experience

3.3.1 Priorities

Background

Last year we continued to embed new approaches to including patients and the public in the work of the Trust. The Trust continued to support the implementation of two ‘Always Events’ aimed at improved night time experience of patients and improved the anaesthetic and theatre experience. We have also been working closely with our clinical service units (CSUs) to ensure they participate in patient and public involvement activities which improve and positively influence patient care. Finally, we actively engaged the public in discussions about building a new hospital in Leeds, in order to inform the planning process.

Our Aims for 2019/20

1. To reduce the time it takes for complainants to receive a response to their concerns.
2. To support the expectation that all families should receive a Death Certificate within five days of a patient death.
3. To further grow relationships with external organisations, and in doing so, improve opportunities for the public to support the Trust in different ways.
4. To increase the number of volunteers available to support the Trust to gather feedback from patients.
5. To deliver a project, focussed on improving patient reporting of nursing, and to test interventions which may be useful in influencing this.

3.3.2 Gathering feedback on building a new hospital in Leeds

The Children’s Hospital hosted another fantastic ‘In Your Shoes’ conference earlier in the year where around 50 members of the Youth Forum and other young people met to share their experiences of living with a long-term illness and of hospital care. As part of the meeting, young people had the opportunity to see our proposals for a new Children’s Hospital at the LGI; their feedback will help shape the future design.

In addition, further feedback on the new hospital build was gained from the Trust Patient Reference Group (PRG); the group will be kept up to date on progress and is looking forward to continuing their involvement in discussions.
3.3.3 Always Events

Theatre and Anaesthetics

As part of the Theatre and Anaesthetic related Always Events, the team are reviewing four aspects of the patient journey.

Key achievements from the initiative include;

- Provision of visual information in the admission lounge describing the theatre pathway, that has also been made available in Polish
- Changes to written and verbal information provided on pain management
- Clearer explanations about the role of PACU (Post Anaesthetic Care Unit), how long patients will be there, and what they can expect to happen
- Provision of dignity screens in PACU for patients who have recovered consciousness.
- Making sure staff names and roles are clearly visible to patients
- Improving the response for patients when pain relief is ineffective
- Provision of telephones for patients to update relatives from PACU or providing an opportunity to ask staff to do so
- The development of flash cards in different languages, to support patients to be safely prepared for surgery.

Calm at Night

During 2018/19 work has continued on four pilot wards to support patients to have an improved nights sleep. We have introduced banners to signal ‘quiet time’ and to encourage staff to support an environment with minimal noise; earplugs and sleep masks are available for patients.
3.3.4 Patient and Public Involvement in Speciality Services

One of our quality goals last year was to undertake two new patient and public involvement activities and report on how using the feedback obtained has influenced care within the Trust. At each Patient Experience Sub Group meeting a Senior Manager from a CSU provides a presentation outlining improvements that have taken place as a direct result of patient and public feedback and involvement. Some of these improvements include;

**Neurosciences**
- Patients with Parkinson’s disease have reported that they were worried that if they moved wards that staff would not be familiar with managing their condition. As a result, the service provided information to support other ward areas to understand the care required for this patient group.

**Ward L24 Nursing Feedback**

- Patients provided feedback regarding the discharge process and outlined that this was slow; in response the service undertook an improvement project. The introduction of pre-pack medications onto the ward was one of the initiatives introduced which has assisted in patients being ready for discharge before mid-day.

- In a survey, 66% of patients reported that they could not always find somebody to talk to; in response, the service have recruited ten volunteers to assist in bridging this gap. This is in addition to the volunteer/stroke ambassadors that are already part of the service.

- Friends and Family feedback for the service identified that patients would like more access to therapy resource; the service has trialled a new way of working, with therapy staff being included as part of the ward team. This is proving very successful, as it enables the sharing of expertise between therapy and nursing staff and ensures patients have better access to therapy interventions, particularly over a weekend period.

**Discharge Team**
- The Trust worked with members of the public to produce posters and information leaflets to support the understanding of the discharge process and additional services available, in order to provide clarity for patients on what is a very complex process.

- The Trust has appointed eight more Discharge Co-ordinators across services to support patients and families through the discharge process.

- A Carers Leeds support worker is now in place to assist families when a patient requires ongoing care after discharge. This is in response to feedback received from families who have reported difficulties in understanding what needs to happen when their relative is not able to go home and a care facility is required.

**Trauma & Related Services**
- The CSU have introduced Pain Team daily walk rounds on some wards in response to patient feedback regarding pain levels. This has improved pain management for patients and has been positively received.

- Our patient involvement groups have contributed to the development of new patient information resources; a key focus for this work has been the major trauma centre as patients explained they do not understand how a major trauma centre works and what repatriation entails when they are well enough to be moved closer to home.
Catering Services

- Significant changes were made to the menu for patients in October 2018. Since then, patients have had the option to say whether they would like a smaller food portion, this is because it is known that for some patients a full portion size can feel overwhelming and can prevent them wanting to eat.

- Afternoon cake continues to be an option that is offered on our older people wards to help them maintain the nutritional intake they require.

- In the Trust we have a significant number of patients who suffer with dementia, arthritis or stroke or who may have difficulties with their grip. As a result, the catering team have introduced the option for patients to have finger food available with every course during lunchtime and evening meals helping to maintain patient’s independence.

3.3.5 What have we done to improve the experience of patients in 2018/19

Carers

The carers’ webpage on the Trust internet site has been updated to provide much more information for carers on how to access support.

The Trust has introduced a second carers support worker to help families and patients who are in the position of choosing a self-funded care home and need support and guidance with the process. The post has helpfully been funded by Carers Leeds, who have a long established relationship with the Trust.

One exciting initiative which has begun this year has been to offer support from Carers Leeds for staff in the position of juggling work alongside a caring responsibility. Carers Leeds have been working in the organisation to facilitate staff support sessions.

Interpreting Services

We aim to ensure that patients receive the most appropriate access to interpreting services, at the right time and in the right place. The Trust provides spoken interpreting, sign language and communicator guide interpreting, both face to face and by telephone.

One of the key successes of 2018/19 has been the introduction of software which adds speech, reading and translation capability to the Trust website; this enables users to access text online where English is not a first language. It also facilitates access to information for people with Dyslexia, and those with mild visual impairments. Patients now have improved access to information leaflets which are also available on the Trust website.

During 2019 we will be working with communities to obtain feedback on the interpreting service provided and establish any further improvements needed. We will also be trialling use of video interpreting equipment, which can be very useful in clinical settings where privacy is required.
Think Drink
As a result of the Think Drink campaign introduced in January 2018 the Trust has reduced pre surgical fluid fasting time from 13 hours to just over 4 hours. This is great news for adult surgical patients who are now better supported to recover more quickly following surgery because they are better hydrated.

Volunteers
The Trust have been working hard to encourage more people to volunteer their time and support patients and staff.

In October 2018, we were excited to agree a project to work with the Royal Voluntary Service (RVS) in two of our ward areas. The RVS will train 20 volunteers, to support our older patients to mobilise more and to encourage them to have an appropriate nutritional intake. This will offer an opportunity for our patients to move more during the day so supporting a speedier recovery from their illness.

The Trust continues to be successful in working with Leeds University Students Union to provide Bedside Buddy volunteers to the Children’s Hospital. This scheme enables parents to have a much needed break from their caring responsibilities knowing that their children are in the safe hands of a volunteer to keep them entertained.

We are also excited about work we are doing with local solicitors, DAC Beechcroft and Abbey Grange School. Pupils at the school will be supported by staff at DAC Beechcroft to work alongside patients in a volunteering role, so growing their skills and confidence in interacting with the health service.

Finally, the Trust has recently been successful in securing funding from the Pears Foundation to develop a model to support an increase in youth volunteering. We are very much looking forward to seeing many more young people supporting our patients in the future as a result.

In April 2018, the Trust was fortunate to celebrate 40 years of hospital radio volunteering at Chapel Allerton. We were pleased to welcome Andrew Edwards, BBC Radio Leeds DJ and the Mayor of Leeds to our celebration event.
3.3.6 Positive engagement with our Service Users

Patient and Public Involvement activity
In May 2018, the new Trust Patient Experience Strategy was launched - this document had been developed following consultation with the Trust Patient Reference Group.

During the year, the Reference group have also advised on a number of different projects including an initial proposal relating to disabled parking, and the Scan4Safety initiative. Additionally, they have advised on the patient experience element of a new system, which monitors the care provided in ward areas.

The Trust is very pleased to have been successful in securing funding from NHS Citizen this year to undertake a pilot project which is concentrating on supporting members of the public to become actively involved in the Quality Improvement work taking place in the Trust. We hope through this initiative that we learn how to make public contribution meaningful and enjoyable for the people who get involved.

The Trust Engagement and Involvement team directly supported a number of pieces of work across a range of specialities. These included:

- **A Haematology patient survey review**: This was completed in May 2018, following the publication of the National Cancer Patient Experience Survey results, to explore the views of haematology patients about their experiences of the cancer haematology service.
- **Me, Medicines, and IT**: Workshops were held in January 2019 to consider ways in which technology might be used in the future to improve patients’ experience of taking medicines for long-term conditions.
- **Radiotherapy Involvement day**: This took place in February 2019 and gave members of the public the opportunity to find out more about Radiotherapy treatments and the department.

The Patient Experience Team have continued to be successful in utilising patient, carer and public involvement volunteers from a variety of diverse backgrounds. During the year, the volunteers have completed a number of significant projects. These have included:

- Administering a Deaf and Hard of Hearing questionnaire in Audiology clinics.
- Auditing PALS and complaints information Trustwide.
- Gathering feedback on patient perceptions of porters and housekeepers
- Supporting an Oncology initiative to deliver ‘A Perfect Chemotherapy Day’. The volunteers were utilised to capture patient feedback and inform the clinical team whether patients considered the changes an improvement on their previous experiences.

The next scheduled piece of work the volunteers will be supporting is a ‘Time to Dine’ survey for Adult Therapies which will look at all aspects of patients’ experience of mealtimes.
Trans Day of Remembrance 2018
The Trust hosted a Trans Day of Remembrance event in November 2018 which was led by our trans and non-binary communities in partnership with LTHT, LYFT Rainbow Alliance, Yorkshire MESMAC and Leeds City Council. Participants were able to hear from a range of speakers from the trans and non-binary communities.

Working with Healthwatch
The Trust continues to have a strong relationship with Healthwatch Leeds which is demonstrated by an ongoing commitment to the Citywide Patients Voices Group. The Trust contributed to the ‘Big Leeds Chat’ which brought together health and social care organisations; feedback from the event will be used to inform improvement projects in 2019/20.

Engaging with Our Members
In 2018/19, the Trust continued to engage with Trust Members, as of January 2019 there were 25,374 Members registered, 9,588 of which have moved to electronic communications. During 2019/20 the Trust plan to run a membership recruitment drive to encourage further engagement with the local population.

3.3.7 National Patient Surveys

National Inpatient Survey 2017
The Inpatient Survey 2017 reported a small improvement, which resulted in the Trust being ranked 8th most improved Trust when compared to a group of 69 Trusts. However, the Trust scored less well in questions relating to nursing, that had been seen in previous years.

As a result of these findings, the Trust is undertaking a project to understand this data better and to help identify where particular service improvement may be needed. A regular audit is now underway, and patients are regularly being asked about their interactions with nurses. The audit results will be analysed to identify areas of good practice and areas requiring improvement.

National Cancer Patient Experience Survey 2017
This year, we heard that 1,087 patients responded to a questionnaire about their cancer care in the Trust.

The Trust compared the same as other Trusts delivering cancer care for the majority of questions. However, the Trust scored more positively on eight questions and more negatively on two questions. When asked to rate their care on a scale of zero (very poor) to ten (very good) patients gave an average rating of 8.8, which was slightly above the national average.

The cancer team are taking forward a project to address the areas that patients, through this important feedback, have identified as needing further work. This began in March 2019.
<table>
<thead>
<tr>
<th>Questions for which LTHT fell outside the expected range that would be expected for a Trust of our size (better score)</th>
<th>LTHT</th>
<th>National average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing your GP: Saw GP once / twice before being told had to go to hospital</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Seeing your GP: Patient thought they were seen as soon as necessary</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Clinical Nurse Specialist: Patient given the name of the CNS who would support them through their treatment</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>Hospital care as an inpatient: Given clear written information about what should / should not do post discharge</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Hospital care as an inpatient: Staff told patient who to contact if worried post discharge</td>
<td>96%</td>
<td>94%</td>
</tr>
<tr>
<td>Care from your general practice: GP given enough information about patient's condition and treatment</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>Your overall NHS care: Patient given a care plan</td>
<td>45%</td>
<td>33%</td>
</tr>
<tr>
<td>Your overall NHS care: Taking part in cancer research discussed with patient</td>
<td>45%</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions for which LTHT fell outside the expected range than would be expected for a Trust of our size (worse score)</th>
<th>LTHT</th>
<th>National average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital care as an inpatient: Patient had confidence and trust in all ward nurses</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>Hospital care as an inpatient: Always / nearly always enough nurses on duty</td>
<td>59%</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Maternity Survey 2018**

The Maternity survey sampled women who had delivered babies under the care of the Trust in February 2018; 204 women returned a completed survey.

The Trust are delighted to report that Maternity services were ranked 1st when compared to a group of 69 Trusts, in addition, the Trust’s Maternity services were the most improved in that group. This is because they scored statistically better on 18 questions than other Trust Maternity services and worse on only 2 questions.

As a result of their exceptional performance the Trust midwifery team were invited to a national workshop in November 2018 to share their good practice.
3.3.8 Complaints

During 2018/19 we have focussed on improving the timeliness of complaint responses, reducing the number of those reopened, and improving the experience for those wishing to make a complaint following a bereavement.

Number of new complaints received (cumulative)

Although more complainants contacted the Parliamentary Ombudsman than the previous year, the number being accepted for further investigation by the Parliamentary Ombudsman has reduced. We believe this is a result of the Trust’s improved complaints process and the thorough investigations undertaken.

Number of complaints reopened (cumulative)

We continue to advocate the use of recorded meetings to resolve complaints, and the Trust has seen an increase in the use of this method during 2018/19; by meeting with the complainant this reduces the response time and allows for open discussion, increasing the likelihood of complainants being satisfied with the initial response.

Key Achievements in 2018/19

We delivered a range of bespoke training sessions to clinical teams and staff groups across the Trust to increase their knowledge of the complaints process and how to respond to complaints. Our complaints process ensures complainants receive timely updates in relation to the investigation of their concerns and that an effective relationship is established between the complainant and the complaints team.

Delays for a patient referred for Physiotherapy: Physiotherapy are introducing an electronic referral system which will reduce the time it takes for referrals to be received into the department and shorten the overall waiting time for patients.

A patient was given four telephone numbers to call but no one answered any of them: The Ophthalmology team are reviewing the processing of calls to their service and will meet with the Telecommunications Team to consider any technological solutions available to respond to calls and quickly signpost patients to the correct person or department.

Aim for 2019/20

• To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for us to respond to a complaint.
• To obtain feedback from complainants in a variety of ways and to use this to improve their experience.
• To improve the capture of equality monitoring data across complaints.

Local Improvements include:

The Trust hosted the National NHS Complaints Managers Forum. It was great to see complaint managers from across the country coming together to reflect on current practice and to learn from one and other.
3.3.9 PALS

During 2018/19, the Trust recorded an increase in the number of PALS concerns received. The PALS service has reviewed the capturing of information, and now records details of PALS concerns resolved by the central team; this data was not captured previously and has contributed to an increase in the numbers as demonstrated in the chart below.

The team are very pleased this year to be able to report that they have achieved a significant reduction in the length of time taken to resolve PALS concerns by implementing an improvement programme. This has resulted in the number of PALS cases being open more than 40 working days reducing by 99.25%.

They are also pleased to report that in the last 6 months there has been an increase of 8% in the number of compliments received. This shows that the public are recognising and sharing positive experiences more frequently.

The graph below compares the number of PALS concerns received in 2017/18 with those received in the same months in 2018/19.
3.3.10 Friends and Family Test

Background
The Friends and Family Test (FFT) enables patients to provide feedback at discharge about their hospital experience. We use various methods to capture this information across the Trust.

Key Achievements in 2018/19
Some of the achievements of the Friends and Family Test team this year have included:

- An increase in the number of patients providing feedback
- A Patient Experience Competition for ward teams was held to show how they respond to their FFT feedback. The winning team was awarded their prize at Trust Board in November 2018
- A FFT workshop which was run in August 2018 in conjunction with Children’s Services with the aim of improving response rates. As a result, patients and parents are now able to provide feedback using an electronic tablet which has increased the number of people taking part. We have also introduced stickers for our young people to encourage them to tell us what they think about our service
- Delivering FFT certificates to wards and departments to celebrate achievement of improved response and recommendation rates. Some wards and departments have achieved consistently high standards for over 12 months resulting in the presentation of a gold award
- Improving the % recommended rate reported by patients in the Trust’s Emergency Department.

Aims for 2019/20
- The FFT team will continue to support and encourage clinical services to share and act upon their feedback.
- There will also be a focus on sharing stories that demonstrate how feedback has improved patient care.
3.4 Clinical Effectiveness

3.4.1 End of Life Care

Background
Ensuring that dying patients and their families receive the best possible care remains a priority within LTHT. A programme of improvement work has been established, which aligns with the National Ambitions for Palliative and End of Life Care (EOLC) (2015 - 2020), Best Practice Guidance, and feedback from the CQC; this work is overseen by the End of Life Care Group. Working collaboratively with the Citywide Leeds Palliative Care Network (LPCN) allows us to progress work across organisational boundaries to achieve the best outcomes for our patients and their families.

Key Achievements in 2018/19

- EoLC is well embedded in all CSU quality improvement plans, informed by intelligence and feedback from families and carers, this includes review of all complaints relating to care of dying patients to enable learning to be shared across all CSUs.
- Supported the development of the first e-ReSPECT form across all CSUs to enable future care plans and wishes to be captured and shared.
- Application of Leeds Improvement Method to enhance the quality and efficiency of the palliative care service, ensuring we provide a responsive and effective service.
- Providing Clinical Leadership to the National Audit of Care at the End of Life (NACEL); and to the Yorkshire and Humber Palliative and EoLC Group.
- Collaboration with LPCN/CCG:
  - Enhanced utilisation of hospice beds for specialist palliative and end of life care
  - Production of Clinical guidelines to support patient/carer self-administration of injectable medication for symptom relief
  - Development of new models of EoLC for frail patients and patients with Chronic Obstructive Pulmonary Disease (COPD), and heart failure.
- Delivery of palliative care priority training for all staff groups, and development of an in house bespoke eLearning priority training modules for Trustwide use.
- Excellent feedback on educational initiatives, including:
  - Regional study days
  - Link Nurse and AHP conference for our EoLC champions
  - Significant extension to availability of medical student placements.
- Appointment to Macmillan funded Enhanced Supportive Care project, to promote earlier access to palliative care.
- Cost effective prescribing; £19K has been saved on symptom management medication within oncology CSU.

Aims for 2019/20

1. To promote wider use of the updated Rapid Discharge Plan (RDP) and working collaboratively with community partners and local hospices to ensure we are enabling dying patients to be cared for in the location of their choice.
2. To run a successful SUPPORT campaign to ensure we are consistently meeting the needs of families of dying patients.
3. To develop a sustainable model of best practice for bereavement care in order to meet the needs of families who require additional support post bereavement, encompassing the national guidance on learning from deaths.
4. To consider the workforce implications of the predicted rise in frailty, cancer and dementia over the coming 10-15 years, ensuring we have the services to meet our patients’ needs.
3.4.2 Improving our discharge process

Background

Delays in discharge can be extremely frustrating for patient and carers, lead to a poor patient/carer experience, increased risk of hospital acquired infections and deconditioning; it is therefore vital that patients are discharged once medically optimised.

Following analysis of our discharge processes across the Leeds Health and Social Care System, it was identified that there was room for improvement in the timeliness of discharge for patients in which complex discharge planning was not required.

As a consequence, the Discharge QI Collaborative was established. We are using PDSA cycles and a breakthrough series collaborative model to test and share interventions that could be practically used in a ward based setting to enable discharges to occur earlier in the day.

Key Achievements in 2018/19

- Establishing a strong multi-disciplinary faculty to support our collaborative ward teams.
- Our launch (Learning session 1) was attended by over 80 members of frontline multidisciplinary staff from our pilot wards.
- We have established a data dashboard for our 16 pilot wards, with run charts demonstrating weekly the percentage of discharges before 4pm.

Aims for 2019/20

- Achieve our goal; 80% of patients on pilot wards are discharged by 4pm.
- Continue to coach our pilot wards to test interventions aimed at improving discharge.
- Host Learning session 2; to share successes and failures, to ignite learning and work towards developing our intervention bundle.
3.4.3 Hospital Mortality

There are two national trust-level mortality indicators:

- The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the observed number of deaths following admission to the Trust and the expected number of deaths based on the England average, given the characteristics of the patients treated (risk adjusted). It is produced and published quarterly by NHS Digital.

- The Hospital Standardised Mortality Ratio (HSMR), developed and published by Dr Foster, compares the number of observed deaths at the Trust with a modelled (risk adjusted) expected number.

The HSMR differs from the SHMI in a number of respects, including:

- The SHMI includes all deaths, while the HSMR includes a basket of 56 diagnoses (around 80% of deaths).
- The SHMI includes post-discharge deaths (30 day), while the HSMR focuses on in-hospital deaths.
- The HSMR is adjusted for more factors than the SHMI, most significantly palliative care and social deprivation.
- The SHMI is expressed as a rate where 1 is the national average; the HSMR is expressed as a rate where 100 is the national average.

The table below shows the Trust's latest published SHMI and HSMR, for the period October 2017 to September 2018. The Trust continues to fall within the "as expected" for SHMI.

### Trust SHMI & HSMR Oct-17 to Sep-18

<table>
<thead>
<tr>
<th>Trust Level Mortality Jul-17 to Jun-18</th>
<th>Spells</th>
<th>Value</th>
<th>Observed deaths</th>
<th>Expected deaths</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHMI</td>
<td>125,884</td>
<td>1.0744</td>
<td>4,279</td>
<td>3,983</td>
<td>0.8932-1.1196</td>
</tr>
<tr>
<td>HSMR</td>
<td>60,455</td>
<td>107.1</td>
<td>2,578</td>
<td>2,407</td>
<td>103.00-111.31</td>
</tr>
</tbody>
</table>

The SHMI Indicator by rolling 12 month reporting period

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Reporting Period</th>
<th>Trust Rate</th>
<th>National Average</th>
<th>National Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHMI</td>
<td>Oct 14 to Sep 15</td>
<td>1.01</td>
<td>1.00</td>
<td>0.652 - 1.177</td>
</tr>
<tr>
<td></td>
<td>Jan 15 to Dec 15</td>
<td>1.01</td>
<td>1.00</td>
<td>0.669 - 1.173</td>
</tr>
<tr>
<td></td>
<td>Apr 15 to Mar 16</td>
<td>1.02</td>
<td>1.00</td>
<td>0.678 - 1.178</td>
</tr>
<tr>
<td></td>
<td>Jul 15 to Jun 16</td>
<td>1.00</td>
<td>1.00</td>
<td>0.694 - 1.171</td>
</tr>
<tr>
<td></td>
<td>Oct 15 to Sep 16</td>
<td>0.98</td>
<td>1.00</td>
<td>0.690 - 1.164</td>
</tr>
<tr>
<td></td>
<td>Jan 16 to Dec 16</td>
<td>0.98</td>
<td>1.00</td>
<td>0.691 - 1.189</td>
</tr>
<tr>
<td></td>
<td>Apr 16 to Mar 17</td>
<td>0.97</td>
<td>1.00</td>
<td>0.708 - 1.212</td>
</tr>
<tr>
<td></td>
<td>Jul 16 to Jun 17</td>
<td>0.97</td>
<td>1.00</td>
<td>0.726 - 1.228</td>
</tr>
<tr>
<td></td>
<td>Oct 16 to Sep 17</td>
<td>0.99</td>
<td>1.00</td>
<td>0.727 - 1.247</td>
</tr>
<tr>
<td></td>
<td>Jan 17 to Dec 17</td>
<td>1.02</td>
<td>1.00</td>
<td>0.720 - 1.218</td>
</tr>
<tr>
<td></td>
<td>Apr 17 to Mar 18</td>
<td>1.06</td>
<td>1.00</td>
<td>0.699 - 1.232</td>
</tr>
<tr>
<td></td>
<td>Jul 17 to Jun 18</td>
<td>1.07</td>
<td>1.00</td>
<td>0.698 - 1.257</td>
</tr>
<tr>
<td></td>
<td>Oct 17 to Sep 18</td>
<td>1.07</td>
<td>1.00</td>
<td>0.698 - 1.268</td>
</tr>
</tbody>
</table>
The Trust SHMI rates have consistently fallen within the expected range however the HSMR is above the expected range.

The Trust uses tools provided by Dr Foster to review more current mortality rates, as the SHMI is published 9 months in arrears. The table below shows the Trust’s most recent HSMR position where the relative risk is deemed to be significantly worse than the benchmarked expected range;

**Trust HSMR Feb-18 to Jan-19**

<table>
<thead>
<tr>
<th>February 2018 to January 2019</th>
<th>HSMR (basket of 56 diagnoses)</th>
<th>HSMR (all diagnoses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed deaths</td>
<td>2,516</td>
<td>3,038</td>
</tr>
<tr>
<td>Expected Deaths</td>
<td>2,347</td>
<td>2,857</td>
</tr>
<tr>
<td>HSMR</td>
<td>107.2</td>
<td>106.3</td>
</tr>
</tbody>
</table>

For the reporting period October 2017 to September 2018 LTHT had a crude death rate of 33.2% of deaths reported in the SHMI with a palliative care coding. This figure is less than the National average of 33.6%, and within the National range of 14.3% to 59.5%.

**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Trust Percentage</th>
<th>National Average</th>
<th>National Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 17 to Sep 18</td>
<td>33.2%</td>
<td>33.6%</td>
<td>14.3% - 59.5%</td>
</tr>
<tr>
<td>Jul 17 to Jun 18</td>
<td>31.1%</td>
<td>32.9%</td>
<td>13.4% - 58.7%</td>
</tr>
<tr>
<td>Apr 17 to Mar 18</td>
<td>30.2%</td>
<td>32.3%</td>
<td>12.6% - 59.0%</td>
</tr>
<tr>
<td>Jan 17 to Dec 17</td>
<td>31.0%</td>
<td>32.0%</td>
<td>11.7% - 60.3%</td>
</tr>
<tr>
<td>Oct 16 to Sep 17</td>
<td>29.1%</td>
<td>31.2%</td>
<td>11.5% - 59.5%</td>
</tr>
<tr>
<td>Jul 16 to Jun 17</td>
<td>29.9%</td>
<td>31.1%</td>
<td>11.2% - 58.6%</td>
</tr>
<tr>
<td>Apr 16 to Mar 17</td>
<td>29.6%</td>
<td>30.7%</td>
<td>11.1% - 56.9%</td>
</tr>
<tr>
<td>Jan 16 to Dec 16</td>
<td>28.1%</td>
<td>30.1%</td>
<td>7.3% - 55.9%</td>
</tr>
<tr>
<td>Oct 15 to Sep 16</td>
<td>28.2%</td>
<td>29.7%</td>
<td>0.4% - 53.3%</td>
</tr>
<tr>
<td>Jul 15 to Jun 16</td>
<td>26.0%</td>
<td>29.2%</td>
<td>0.6% - 54.8%</td>
</tr>
<tr>
<td>Apr 15 to Mar 16</td>
<td>24.2%</td>
<td>28.5%</td>
<td>0.6% - 54.6%</td>
</tr>
<tr>
<td>Jan 15 to Dec 15</td>
<td>23.6%</td>
<td>27.6%</td>
<td>0.2% - 54.7%</td>
</tr>
<tr>
<td>Oct 14 to Sep 15</td>
<td>22.4%</td>
<td>26.6%</td>
<td>0.2% - 53.5%</td>
</tr>
</tbody>
</table>
Weekend Care

Weekday and Weekend HSMR - emergency admissions

<table>
<thead>
<tr>
<th>Trust HSMR - Emergency Admissions Feb-18 to Jan-19</th>
<th>Spells</th>
<th>Value</th>
<th>Observed deaths</th>
<th>Expected deaths</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday</td>
<td>74,383</td>
<td>103.8</td>
<td>2153</td>
<td>2089.1</td>
<td>98.8 - 107.5</td>
</tr>
<tr>
<td>Weekend</td>
<td>24,010</td>
<td>110.4</td>
<td>778</td>
<td>678.1</td>
<td>106.8 - 123.1</td>
</tr>
</tbody>
</table>

The table above shows the Trust HSMR for emergency patients split by weekday (Monday - Friday) and weekend (Saturday & Sunday) day of admission; weekday admissions are within the expected range however weekend admissions have a higher than expected risk.

The Trust SHMI and HSMR have for a number of years consistently fallen within the expected range and close to the national average of 1.0 (SHMI) or 100 (HSMR). Increased mortality rates during Jan, Feb and Mar of 2018 have resulted in a rise in the Trust SHMI for the latest reported period (Apr-17 to Mar-18) to 1.059 (within expected range) and for the same period an HSMR of 107.5 (higher than expected).

This data has been analysed and a defined cause for the increase cannot be determined, however the Trust have taken several steps to further understand the potential causation and identify any lessons learned to ensure consistent and correct coding. Actions undertaken have included further investigations in relation to clinical coding and reviews of care provided to patients during the outlined period; no concerns regarding patient care were raised however, a number of improvements were noted in relation to clinical coding processes.

The Trust board has had, and continues to have oversight of the work undertaken and improvements made.

Mortality Reporting and Learning from Deaths

National Guidance on Identifying, Reporting, Investigating and Learning from Deaths in Care was published by the National Quality Board in March 2017. In light of this guidance and the previous work of the Mortality Improvement Group, the Trust was well placed to introduce an updated Mortality Review Procedure in June 2017. As part of this work a new screening tool for all adult deaths was launched. Prior to this time the Trust already had a specialty mortality review process in place involving discussion and review at mortality governance meetings. Improvements have been made over the last 18 months, culminating in a screening compliance rate of 91% overall for Q4 2018/19. During 2018/19 2945 of LTHT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
<th>Number of Adult Deaths Screened</th>
<th>% Adult Deaths Screened</th>
<th>Number of Adult Deaths Triggered for Case Record Review (CRR)*</th>
<th>% of those Adult Deaths Screened that Triggered for CRR</th>
<th>Total Number of CRRs completed (including SJR)</th>
<th>Number of Structured Judgement Reviews</th>
<th>Number of Potentially Avoidable Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19 Q1</td>
<td>687*</td>
<td>581</td>
<td>88%**</td>
<td>191</td>
<td>33%</td>
<td>222</td>
<td>129</td>
<td>8 (1%)**</td>
</tr>
<tr>
<td>2018/19 Q2</td>
<td>663*</td>
<td>565</td>
<td>90%**</td>
<td>194</td>
<td>34%</td>
<td>172</td>
<td>105</td>
<td>9 (1%)**</td>
</tr>
<tr>
<td>2018/19 Q3</td>
<td>752*</td>
<td>652</td>
<td>90%**</td>
<td>230</td>
<td>35%</td>
<td>234</td>
<td>131</td>
<td>5 (0.7%)**</td>
</tr>
<tr>
<td>2018/19 Q4</td>
<td>843*</td>
<td>742</td>
<td>91%**</td>
<td>196</td>
<td>26%</td>
<td>213</td>
<td>140</td>
<td>9 (1%)**</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2945*</td>
<td>2540</td>
<td>90%**</td>
<td>811</td>
<td>32%</td>
<td>841</td>
<td>505</td>
<td>31 (1%)**</td>
</tr>
</tbody>
</table>

*The total number of deaths includes adult deaths and children, infant and neonatal deaths.

** The percentage screened is only in reference to adult deaths.100% of children, infant and neonatal deaths are fully investigated without the need for screening. The total number of adult deaths in 2018/19 was 2830.

*** Identified through Datix and the mortality review process as requiring a level 2 or serious incident investigation (level 3)
Learning from deaths is captured on a quarterly basis and shared widely with Clinical Service Units. Themes of recent key learning include; changes made to guidelines where required, the importance of excellent communication, early discussions about patient wishes and expectations were beneficial, and considering difficulties in families accessing the hospital and any financial resources that may be available to support this. Lessons learned from completed Serious Incident Investigations are also captured and shared.

- An example of key learning and action taken is in the Major Trauma Centre, where the referral pathway for frail elderly patients was reviewed. Injuries sustained against a background of complex underlying issues may mean they would not be candidates for active intervention and may benefit from staying locally to improve access for families and social support.

- A further example would be in Abdominal Medicine and Surgery where the ward nursing team for patients with long and complex admissions were invited to attend the weekly multi-disciplinary handover meeting following the Liver Transplant MDT meeting.

A further thematic review of learning is underway.

Our mortality data, and learning from deaths, will continue to be overseen by our Mortality Improvement Group, and reported to the Quality Assurance Committee and Trust Board.

### 3.4.4 Readmissions

The Trust performs better than its peers with lower readmission rates following an elective or non-elective admission. Sometimes, after patients are discharged from hospital, they may need to be re-admitted again for a variety of reasons. Some readmissions are unavoidable, such as for patients returning following cancer treatment or for some cases the relevant care in the community may not be available. Nevertheless, it is important that hospitals closely monitor their readmission rates to ensure that these are as low as possible.

The graphs below show monthly re-admission rates for patients who had originally been in hospital for planned care (elective) and those who had originally been in hospital as an emergency (non-elective). The average performance for our peer hospitals is also shown. Our rates are consistently lower than other teaching hospitals for both categories of patients.
Readmissions to the Trust within 28 days of discharge: elective spells, aged 16 years +

Readmissions to the Trust within 28 days of discharge: non-elective spells, aged 0-15 years

Readmissions to the Trust within 28 days of discharge: non-elective spells, aged 16 years +
3.4.5 Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) aim to measure improvement in health following certain elective (planned) operations. These are: hip and knee replacement (groin hernia and varicose vein ceased to be collected on 1 October 2017 following consultation on the future of PROMs by NHS England). Information is derived from questionnaires completed by patients before and after their operation and the difference in responses is used to calculate the ‘health gain’. It is therefore important that patients participate in this process, so that we can learn whether interventions are successful.

Trust participation rates for hip and knee replacement are in line with the national average.

The following table shows the average Health Gain for each of the PROMs procedures for each of the scoring systems, for both LTHT and the England average; (note that the condition-specific systems are not applicable to certain procedures). Average Health Gain is measured by comparing the results of the pre-operative questionnaire with the post-operative questionnaire. The outcomes show that LTHT is within with the expected range across the various procedures.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>EQ-SD Index</th>
<th>EQ VAS</th>
<th>Oxford Hip Score</th>
<th>Oxford Knee Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hip Replacement Primary</strong></td>
<td>0.44</td>
<td>10.88</td>
<td>21.98</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>England Average</strong></td>
<td>0.46</td>
<td>13.88</td>
<td>22.21</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Knee Replacement Surgery</strong></td>
<td>0.32</td>
<td>6.24</td>
<td>N/A</td>
<td>17.29</td>
</tr>
<tr>
<td><strong>England Average</strong></td>
<td>0.34</td>
<td>8.15</td>
<td>N/A</td>
<td>17.10</td>
</tr>
</tbody>
</table>

Source: NHS Digital; 2017/18 YTD
3.4.6 Seven Day Service

Background
The Seven Day Service Standards were developed by the Academy of Medical Royal Colleges in 2013 in response to the "weekend effect" of increase mortality rates for patients admitted at the weekend. They apply to patients admitted non-electively.

- Standard 1 Patient Experience
- Standard 2 Time to First Consultant Review - 14 hours from admission
- Standard 3 Multi-professional Team Discussion
- Standard 4 Handover
- Standard 5 Diagnostics - access to Radiology and other diagnostics
- Standard 6 Consultant Directed Intervention - such as Interventional Radiology
- Standard 7 Liaison Mental Health
- Standard 8 Ongoing Review - once daily for ward level care, twice for critical care
- Standard 9 Transfer to Community, Social and Primary Care
- Standard 10 Quality Improvement

The Trust is an early implemenetor of the Seven Day Service standards. Performance against the four priority standards (highlighted in bold) has been monitored using a 6 monthly survey of patients notes up until April 2019.

Key Achievements in 2018/19
The Trust achieved compliance with all 4 priority standards in April 2018;

- Standard 2 Time to First Consultant Review - 14 hours from admission
- Standard 5 Diagnostics - access to Radiology and other diagnostics
- Standard 6 Consultant Directed Intervention - such as Interventional Radiology
- Standard 8 Ongoing Review - once daily for ward level care, twice for critical care

Improvement was mainly attributable to the introduction of a second daily ward round on the Elderly Medicine wards and a quality improvement project focussing on the admission process in Acute Medicine.

Aims for 2019/20
A new Board Assurance Framework was introduced in February 2019. We need to develop an efficient and effective way of delivering this.

Redefinition of the priority standards has meant that compliance has now reduced. Therefore a key aim for 2019/20 is to achieve and maintain a minimum compliance rate of 90% across all standards.
3.4.7 Medicines Optimisation

The National goal of medicines optimisation is to help patients to improve their health outcomes, to understand how best to take their own medicines, to avoid taking unnecessary medicines, to help to reduce wastage of medicines, and to improve medicines safety.

In Leeds medicines optimisation is about making sure that the right patients get the right choice of medicines, at the right time, whilst making sure this happens through patient-centred conversations.

In 2018/19 we successfully implemented a new electronic prescribing and medicines administration (EPMA) system, known as eMeds, for all adults and children who are cared for as inpatients in the hospital.

All important information about medicines in this electronic system is part of the single Leeds Care Record. Making sure all healthcare professionals can see information about an individual’s medicines helps make medicines use safer. It also helps patients and carers to get the best from the treatment with medicines. Work started in 2019 to extend the use of the EPMA system to include outpatient care.

In 2018 we introduced our work as one of the partnership organisations proudly implementing the Me + My Medicines campaign, a city wide programme of tools, educational material and events to improve the effectiveness, experience and safety of medicines, by encouraging more everyday conversations to deal with unresolved issues patients have relating to the proper and appropriate use of their medicines.

In 2019 we will be supporting more health care professionals, patients, and carers to get involved and to start with the aspect of the campaign that benefits their patients the most.

Find out more at https://meandmymedicines.org.uk/get-involved

The Connect with Pharmacy programme uses an electronic tool to help the hospital pharmacy teams to share information about an individual patient’s medicine directly with their local community pharmacist.

Sharing information in a timely way about medicines across Pharmacy teams is crucial when a patient is admitted to hospital and when they are subsequently discharged from hospital.

The Connect with Pharmacy systems help Medicines Optimisation teams across Leeds to signpost patients who might benefit from Community Pharmacist support, as well as sharing information that can help avoid medicines waste such as stopping the delivery of a medicine filled compliance aid to a patient who is in hospital. We aim to spread the use of this initiative throughout 2019.
3.5 Staffing

We know that positive patient outcomes are dependent on positive staff experience. Our ambition is to make LTHT the best place to work and have the most engaged workforce in the NHS. Our workforce has increased from 15,200 in March 2014 to 18,396 in March 2019.

Apprenticeships are used in the Trust to both support recruitment of new staff and maximise the development potential of our existing staff. In addition, we use apprenticeships to support our social mobility, employability and schools’ engagement agenda. During 2018/19 the Trust had 596 apprentice staff commence employment, surpassing the 2.3% government public sector target. In November 2018 LTHT were named as one of top 20 Public Sector Organisations nationally.

Our achievements in relation to the apprenticeship scheme have been acknowledged as a leading programme within the NHS and has seen us visited by both the Minister for Apprenticeships, the Rt Hon Anne Milton and Sir Mark Sedwill, Head of the Civil Service in England.

Our work has been referred to in numerous government publications including the NHS long Term plan. Our approach has seen us shortlisted for a number of awards including:

- ERSA Employer of the Year
- UK SOMO Organisation of the Year
- Runner up for the Yorkshire & Humber Region at the National Apprenticeships Awards.

3.5.1 Staff Friends and Family Test (Staff FFT)

Background

NHS England introduced the staff FFT in April 2014 in all NHS Trusts. The staff FFT is a feedback tool for staff, intended to support and influence local improvement work. It allows an organisation to take a “temperature check” on how staff are feeling and is a complementary engagement activity to the annual NHS Staff Survey.

All staff are offered the opportunity to complete the staff FFT in Q1, 2 and 4. The survey is made available during a 2 week window in each of the 3 quarters.

The FFT includes two simple questions and staff are asked to respond to the questions using a scale between “extremely likely” and “extremely unlikely”. The results of the questions which are based on staff’s recent experience of working in the organisation are shown below.

Key Achievements in 2018/19

The results have shown continuous improvement in responses throughout the FFT surveys, overall the FFT results have improved since implementation in 2014.

Staff FFT Results for 2018/19

<table>
<thead>
<tr>
<th>Results</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Rate (numbers of staff, students and volunteers)</td>
<td>2406</td>
<td>2379</td>
<td>1988</td>
<td>2475</td>
</tr>
<tr>
<td>How likely are you to recommend LTHT to Family and Friends if they needed care or treatment?</td>
<td>83%</td>
<td>87%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>How likely are you to recommend LTHT to Family and Friends as a place to work?</td>
<td>66%</td>
<td>70%</td>
<td>71%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Aims for 2019/20

The results of Staff FFT by CSU & Corporate Service are circulated to individual management teams for on-going dissemination and review, this will be used in conjunction with staff survey results. This is used in conjunction with staff survey results.

2018 Staff Survey results have been shared with CSU/Corporate Teams and action plans are being implemented in response to the staff survey results.
3.5.2 Staff Survey

Summary
The annual NHS staff survey was published on the 26 February 2019 and was completed by 38% of eligible members of staff.

Background
The survey, which is sent to every single employee of the Trust, looks at ten key themed areas to identify where organisations are performing well and where improvements need to be made. They are:
- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment - bullying and harassment
- Safe environment - violence
- Safety culture
- Staff engagement.

Key Findings used in previous years have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. Each theme is made up of a number of questions.

Findings
LTHT performed better than the national average for acute trusts in all areas. In particular, staff demonstrated high satisfaction with our safety culture, management of violence and aggression, and approach to equality, diversity and inclusion with all three areas receiving scores that are close to the best average score for 89 Acute Trusts.

Staff Engagement

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Trust performance</th>
<th>National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>6.7</td>
<td>6.8</td>
</tr>
<tr>
<td>2015</td>
<td>6.9</td>
<td>7.0</td>
</tr>
<tr>
<td>2016</td>
<td>7.1</td>
<td>7.0</td>
</tr>
<tr>
<td>2017</td>
<td>7.1</td>
<td>7.0</td>
</tr>
<tr>
<td>2018</td>
<td>7.3</td>
<td>7.0</td>
</tr>
</tbody>
</table>

LTHT staff engagement score has increased for the fifth consecutive year and there has been a steady increase in the staff engagement score over the last five years, which demonstrates the positive impact the Leeds Way is having. In December 2018, LTHT were delighted to receive the HSJ Award for Staff Engagement.
Results for question Q21c ‘I would recommend my organisation as a place to work’

<table>
<thead>
<tr>
<th>Question</th>
<th>Reporting period</th>
<th>Trust performance</th>
<th>National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend my organisation as a place to work</td>
<td>2014</td>
<td>53.2%</td>
<td>58.0%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>58.8%</td>
<td>60.3%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>63.8%</td>
<td>61.1%</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>64.5%</td>
<td>60.7%</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td>70.7%</td>
<td>62.6%</td>
</tr>
</tbody>
</table>

Results for question Q21d ‘If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation’.

<table>
<thead>
<tr>
<th>Question</th>
<th>Reporting period</th>
<th>Trust performance</th>
<th>National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation</td>
<td>2014</td>
<td>63.0%</td>
<td>65.4%</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>69.9%</td>
<td>69.3%</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>74.3%</td>
<td>69.1%</td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>75.0%</td>
<td>70.8%</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td>80.5%</td>
<td>71.3%</td>
</tr>
</tbody>
</table>

Over the last five years the Trust’s performance on the National Staff Survey for ‘Staff recommendation of the organisation as a place to work and receive care’ has improved significantly. We continue to perform better than the national average.

Results for question Q14 ‘Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?’

<table>
<thead>
<tr>
<th>Question</th>
<th>LTHT score 2014</th>
<th>LTHT score 2015</th>
<th>LTHT score 2016</th>
<th>LTHT score 2017</th>
<th>LTHT score 2018</th>
<th>National Average for acute trusts 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?</td>
<td>86.4%</td>
<td>86.6%</td>
<td>86.3%</td>
<td>88.7%</td>
<td>89.3%</td>
<td>83.9%</td>
</tr>
</tbody>
</table>

The score for this questions shows us performing better than the national average.

Results for question Q13c ‘In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?’

<table>
<thead>
<tr>
<th>Question</th>
<th>LTHT score 2015</th>
<th>LTHT score 2016</th>
<th>LTHT score 2017</th>
<th>LTHT score 2018</th>
<th>National Average for acute trusts 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?</td>
<td>19.0%</td>
<td>17.8%</td>
<td>19.1%</td>
<td>16.9%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

We continue to perform in line with the national average for this question: the Trust wide team of Dignity at Work advisors, alongside Human Resources and line managers, work to create a culture where bullying and harassment is promptly addressed and acknowledged. The Leeds Way values and behaviours set out how we expect staff to behave, clearly signposting that bullying and harassment is unacceptable.
3.5.3 Nursing Workforce

Background
Throughout 2018/19 the Trust has focused on the recruitment of newly qualified registered and unregistered workforce, embedding of new apprenticeship routes for Nursing Associates and Nurse Apprentices.

In addition, we have strengthened real time reporting of staffing levels through the introduction of the Nurse Staffing Status Report (NSSR). This provides oversight of staffing levels across the Trust, allowing staff to be deployed to wards in need of additional support.

All CSU’s have completed their establishment reviews, identifying opportunities for new roles to be developed and ensuring wards have the right staff, with the right skills, at the right time.

We have also seen a consistent reduction in agency spend across the Trust and an increase in the use of bank staff in 2018/19.

Key Achievements in 2018/19
Recruitment: Registered Staff – Nurses, Midwives and Operating Department Practitioners (ODPs)
In 2018/19 in partnership with our city partners we attended a number of recruitment events, promoting Leeds as a city to work and live with an array of career pathways and development opportunities. In 2018/19 we recruited over 295 newly qualified staff which progress through our bespoke introduction to professional practice programme and preceptorship.

Nursing Associates/Nurse Apprenticeships
Our first cohorts of Nursing Associates qualified in January 2019 and are in the process of registering with the Nursing and Midwifery Council (NMC). Once registered we will have 18 Nursing Associates employed within the trust, undertaking preceptorship and leading the way for this new role. Throughout 2018/19 we have recruited 65 trainee nursing associates with a further 35 planned for April 2019.

Advanced Clinical Practitioners (ACP)
In partnership with Health Education England, the Trust continues to recognise the need for Nurses and Allied Health Professionals (AHPs) to develop advanced practice skills through the Masters pathway in advanced practice. The trainees work alongside the medical and nursing workforce in delivering specialist care for patients.

The trust recruited 22 multi professional trainee ACPs in 2018/19 with plans for a further 35 trainee places in autumn of 2019.

Pilot of Coaching Empowered Learning in Leeds (CELL)
In May 2018 we introduced a new model of learning which uses a coaching philosophy to support and develop our future nurses. Student nurses are empowered to make decisions, problem solve and plan for patients in their care from the start of their clinical placement. As part of a pilot this was introduced onto a respiratory ward with very positive feedback received from patients, staff and learners. Due to its success CELL will be introduced to more wards throughout 2019.

Aims for 2019/20
• To increase the number of apprenticeships for trainee nursing associates and apprentice nurses.
• Further reduce the cost of agency and increase bank supply.
• Be part of the ‘One Workforce’ Leeds initiative to look at workforce requirements city wide.
• For LTHT to be the employer of choice, retaining and developing our current healthcare workforce.
3.5.4 Guardians of Safe Working

Background
The Trust’s Guardians of Safe Working are responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service (TCS) for doctors and dentists in training. If doctors in training work beyond their contracted hours, they should report this extra work electronically. This is overseen and reporting processes are in place to convey the results to CSU management teams; any safety concerns identified are escalated within 24 hours. A junior doctor forum has been established and information is reported to the Trust Board quarterly.

Key Achievements in 2018/19
We typically see about 50 reports per month. Whilst this is a relatively low level of engagement, they have still allowed us to identify areas of concern.

LTHT has seen virtually no fines for working hours breaches in the last 12 months. This reflects the resources that are put into rota management and the high level of communication between Medical Deployment and the specialties.

During this year, we have seen a lot of unfilled junior doctor posts in Paediatrics. Morale amongst trainees in this area was already low. We’ve seen a great response from the Children’s Hospital team with dramatic changes to working practices. Morale amongst trainees has improved despite the vacant posts.

We have seen the oncology CSU using information from exception reports to justify new training posts.

It has been rewarding to see how despite the problems with the implementation of the junior doctors contract in 2016, the trust has established good systems for improving safe working hours and junior doctors working conditions.

Aims for 2019/20
We aim to improve the understanding of work schedules and exception reporting amongst trainees and supervisors using multimedia approaches.

We hope to work with the Trust for a more widespread policy for taking breaks.

Where specialties have appointed a lead consultant to look at exception reports we have seen much better progress and engagement and the ability to create change. Some examples of this are oncology and general paediatrics.

Exception reporting from T&O and Neurosurgery contributed to a need for change in the work environment.

The Junior Doctors Forum continues to develop and we have been impressed by the commitment of individual junior doctors in implementing safe working under the rules of the new contract.

We continue to be concerned about the level of engagement of junior doctors and supervisors in the process of exception reporting. This is a national phenomenon, not a local one.

Exception reporting has proved extremely helpful in highlighting where there are areas of unsafe working. This continues to be our top priority and we will continue to raise concerns to the Trust board when needed.
Plans to address gaps in Junior Doctor Rotas

Background
Gaps in trainee doctor rotas are a national problem and have multiple causes with some specialties being difficult to recruit to on a regional or national basis. The general approach in the Trust is to make LTHT a great place to work and through this to build a positive reputation in order to attract candidates to apply for jobs, and improve staff retention rates. This is through collaboration between Medical Education Leeds, Corporate HR, CSUs and the Guardians of Safe Working Hours.

Key Achievements in 2018/19 and Aims for 2019/20

Improving Working Lives Agenda: The work in LTHT is ground-breaking, we are recognised nationally as a pioneering Trust, having improved trainee engagement and working environment. In 2019/20, our focus is on areas for improvement highlighted in the National Trainee Survey (NTS):

- Working with the deployment team, to optimise rota notice periods. In addition, we have engaged with trainees to establish improved methods of communication
- We are working with four CSUs to identify the reasons why trainees complete exception reports, especially where they relate to gaps in rotas. These are the CSUs with the greatest number of reports. Our aim is to re-write rotas where appropriate
- We are trialling the ‘Forward App’ as a new and effective communications tool for teams of trainees. We are making improvements based on feedback from trainees
- We are looking at innovative ways to promote breaks during shifts e.g. the work undertaken in acute and elderly medicine to introduce mid-shift doctors’ meetings to discuss specific patients and determine whether any additional support is required. Participants are encouraged to take a break and have a drink
- A lot of work has gone into improving and streamlining induction; where trainees have rotated in and out of the Trust in less than 12 months, there is a reduced need to attend the full induction.

Improving the Quality of Placements:
Linked to the work set out above, we have worked with specific CSUs to improve arrangements for supervision, escalation of problems and handover. In the 2018 NTS, LTHT was rated second in Yorkshire & Humber for overall satisfaction.
3.5.5 Freedom to Speak Up

Background

Staff can also raise concerns via a number of routes, including via; their line manager in the first instance, Dignity at Work Advisors, the Chaplaincy, their Trade Union, Royal Colleges or Professional Bodies, a designated Non-Executive Director.

Since October 2016 LTHT has had Freedom to Speak Up arrangements in place. Currently Joe Cohen is the Freedom to Speak up Guardian and has a team of 17 Freedom to Speak Up Leads. Operating under the Freedom to Speak Up Policy they provide a support service to all staff and volunteers who wish to raise concerns. The Guardian and Leads can support staff through the process of speaking up as well as handling concerns on behalf of staff. As part of this process they discuss with staff how they would prefer to be kept updated with the process of any investigation, and ensure that staff expressing concerns do not suffer detriment. If it is felt that a member of staff is beginning to suffer detriment as a result of raising a concern the Guardian can intervene directly with those responsible, via Senior HR, and ultimately can escalate to the Chief Executive if required.

The Chief Executive, and contact details for Protect (formerly Public Concern at Work) and Whistleblowing Helpline are included in the Freedom to Speak Up Policy if a person feels the need for external support outside of the Trust.

The Guardian reports to Trust Board and in particular to the responsible Non-Executive Director to provide assurance that concerns received are dealt with appropriately. Alongside these duties the Guardian is responsible for promoting and embedding a positive culture throughout the organisation which recognises and embraces concerns as opportunities to improve the way we care for our patients and staff.

Key Achievements in 2018/19

During the period April 2017 to March 2018 a total of 23 concerns were raised in the organisation compared with 22 in the previous 12 months. This has more than doubled in the year to March 2019, with 57 concerns being raised.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Apr 17-Mar 18</th>
<th>Apr 18-Jan 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviours</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Process</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>57</td>
</tr>
</tbody>
</table>

Please note - the activity detailed above reflects only cases reported centrally. Concerns raised with local managers are not logged centrally

A coordinated communications plan was developed and launched including a poster campaign to ensure all staff and volunteers would have easy access to the Freedom to Speak Up Guardian/Leads.

Speaking up is now promoted from day one of employees’ experience as it is a component part of their Corporate Induction day.

Aims for 2019/20

In the year ahead there will be a systematic effort to integrate the Freedom to Speak Up agenda into as many training and development models as possible. This will emphasise that speaking up is a positive expression of our Leeds Way Values.

Normalising speaking up continues to be the priority by embedding a culture in which concerns are routinely raised in a safe and supported conversation with the person’s line manager.

In January 2019 the Guardian was invited to deliver a customised session to new Nurse Associates at Leeds University. It is anticipated this will be a regular event going forward.

The Guardian will be working with Regional colleagues, exploring ways of coordinating activities throughout our Integrated Care area.

3.6 Performance against National Priority Indicators

The Trust’s performance against the national priority indicators is summarised in Appendix E.
Part 4: Statements of Assurance from the Trust Board
Part 4: Statements of Assurance from the Trust Board

The Leeds Teaching Hospitals NHS Trust considers that the data within our Quality Account is accurate. Processes are in place within the organisation to monitor data quality and to train staff in collecting, inputting and validating data prior to reporting it internally or externally. An ongoing programme of improvement is in place led by the Information Quality Team, Clinical Information & Outcomes Team, and the Information Technology Training Team.

4.1 Review of Services

During 2018/19 the Leeds Teaching Hospitals NHS Trust provided NHS services across 120 specialist areas, known as “Treatment Functions”, and/or sub-contracted NHS services to a core population of around 780,000, and provided specialist services for 5.3 million people.

The income generated by the NHS services reviewed in 2018/19 represents all of the total income generated from the provision of NHS services by the Leeds Teaching Hospitals NHS Trust for this period.

Leeds Teaching Hospitals NHS Trust has reviewed all of the data available to it on the quality of care in all of these NHS services. We have reviewed the quality of care across these services through the bi-monthly Trust Board Quality and Performance Report (QPR) and internally through the performance review process.

The Trust’s quality governance meeting structure also routinely reviews quality and performance measures to gain assurance on quality improvements.

4.2 Participation in Clinical Audit

Background

The Trust is committed to improving services and has a systematic clinical audit programme in place which takes account of both national and local priorities. The Trust programme is managed within Clinical Service Units by the Clinical Director and Head of Nursing within each CSU, supported by the Clinical Audit Leads in each specialty.

Key Achievements

Compliance with the Trust Mandatory Programme for 2018/19 has been 95% (95% for Medical Audits and 95% for Nursing Audits).

The Department of Health recommended 60 specific national audits that all hospitals in England should contribute data to, if relevant to the services they provide. Five audits were determined not applicable to the Trust. The Trust contributed data to 91% (50) of the recommended national clinical audits and 100% (5) of the confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in during the reporting period are listed in Appendix D, together with individual participation rates.

The Trust did not participate in five of the national clinical audits that it was eligible to participate in:

- The National Cardiac Rehabilitation Audit
- Surgical Site Infection Surveillance Service Audit
- Inflammatory Bowel Disease programme (IBD Registry)
- Sentinel Stroke National Audit Programme (SSNAP)
- Chronic Obstructive Pulmonary Disease (COPD)

The Trust did not participate in these audits due to the development of IT systems and collection tools following changes in process to enable full participation in the future. Work is on-going to improve data capture and support quality improvement. Due to technical delays associated with functionality this process has taken longer than anticipated.

The reports of 39 national clinical audits were reviewed by the provider in 2018/19 and all national audit reports once published are reviewed and a summary of learning completed, outlining areas of good practice, recommendations for improvement, and actions to be taken. The reports of 81 local clinical audits were reviewed by the provider in 2018/19 and the examples of learning and actions from these can be found on the next page. 21 reports of the
Trust Mandatory Clinical Audit Programme were reviewed by local governance and the Trust wide Clinical Audit and Learning Forum in 2018/19.

% Compliance with Trust Clinical Audit Mandatory Programme

Examples of Learning from Audit
During the completion of the Trust mandatory programme specialties identify actions in order to improve practice. Examples include:

- Increased use of pre-printed procedure specific consent forms may reduce discrepancy in the information provided before each procedure - Consent Medical Audit Q2
- To agree at the multi-disciplinary team meeting that a locally approved abbreviations list will be implemented - Health Record Keeping Standards Medical Audit Q3
- All wards/areas to review their employees net hours balance at the end of each roster and design future rosters to accommodate hours owed to either employee or organisation - Roster Nursing Audit Q2.

Local Audit - Use of IV Paracetamol
Adult Critical Care wanted to review the amount of intra venous paracetamol used in their area, and undertook an audit to determine this. Several recommendations were made by the auditor including updating prescriptions to reflect the way the paracetamol was given, and asking matrons to review their ordering of paracetamol to improve waste reduction. The matron and senior sisters implemented the actions to improve practice in Critical Care.

Aims for 2019/20
The Quality Governance Team intends to raise the profile of Clinical Audit in 2019/20; a Clinical Audit ‘working lunch’ is planned for September 2019.

A new Clinical Audit training programme has been developed and commenced in March 2019. The aim of the training is to highlight the principles and process of Clinical Audit, its links with broader quality improvement, and provide additional support to staff undertaking audits within their clinical areas.

In addition to this, the Quality Governance Team aims to support CSUs to articulate actions and learning from both national and local audits to help facilitate wider learning across the organisation.

Local Audit - Mental Capacity for Admission and DOLS
The Neuro-rehabilitation service undertook an audit to assess the completion of ‘capacity for treatment’ forms. The audit found that some patients did not have the mental capacity form completed as soon as they were admitted. Following discussions with the team in this area an addition was made to the ‘clerking in’ form to cover mental capacity to ensure that this was not missed.
4.3 Information Governance and Data Quality

Statement on relevance of Information Quality and actions to improve

Information Governance is a framework for handling information in a confidential and secure manner.

The Trust ensures that it holds accurate, reliable, and complete information about the care and treatment provided to patients. Clear processes and procedures need to be in place to give assurance that information is of the highest quality. High quality information is important for the following reasons:

- It helps staff provide the best possible care and advice to patients based on accurate, up-to-date and comprehensive information
- It ensures efficient service delivery, performance management and the planning of future services
- It ensures the quality and effectiveness of clinical services are accurately reflected
- It ensures the Trust is fairly paid for the services we provide and care we deliver.

The Trust maintains a high standard of Information Governance and has met the NHS Data Security & Protection Toolkit requirements for 2018/19.

The Trust is fully committed to ensuring that personal information is protected and used appropriately. It is constantly reviewing its existing processes to significantly reduce the likelihood of data loss.

Data Security and Protection Toolkit (DPST)

The Data Security & Protection Toolkit (DSPT) is an annual self-assessment audit that the Trust is required to complete to ensure that the necessary safeguards are in place for managing patient and personal information. The DSPT replaces the Information Governance Toolkit of previous years.

Leeds Teaching Hospitals NHS Trust is required to submit all mandatory evidence against 40 standards, which we achieved. Initiatives included within the measured areas include:

- Personal Confidential Data
- Staff Responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding to Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- Accountable Suppliers

The DSPT is self-assessed by the organisation and, in 2018/19 the Trust successfully submitted all mandatory evidence for its accreditation. This demonstrates that the Trust has robust controls in place to ensure the security of patient and staff information.

Data Security and Protection Toolkit Findings

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Level 0</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total Req’ts</th>
<th>Overall Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSPT V1 (2018-19) New</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>40</td>
<td>N/A</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Version 14.1 (2017-2018)</td>
<td>0</td>
<td>0</td>
<td>27</td>
<td>18</td>
<td>45</td>
<td>80%</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Version 14 (2016-2017)</td>
<td>0</td>
<td>0</td>
<td>29</td>
<td>16</td>
<td>45</td>
<td>78%</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Version 13 (2015-2016)</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>21</td>
<td>45</td>
<td>82%</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Version 12 (2014-2015)</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>20</td>
<td>45</td>
<td>81%</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Version 11 (2013-2014)</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>22</td>
<td>45</td>
<td>82%</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>
Clinical Coding

The Clinical Coding team record activity information for the Trust in a specialised coded format, following strict data collection rules. Accurate coded data is vital for financial, planning, reporting and benchmarking purposes.

The Trust has a continuous programme of audit and training in place in order to ensure that the department produces high-quality coding.

Audit

The Trust was subject to the Payment by Results clinical coding audit during 2018/19. Every year, a 200 consultant episode audit is undertaken in order to fulfil our Data Security & Protection Toolkit (formerly Information Governance Toolkit) requirements. This audit is completed by an NHS Digital Approved Auditor using a nationally-agreed methodology.

The audit this year covered many of the different specialties in the Trust, over all sites. The results are below:

<table>
<thead>
<tr>
<th></th>
<th>Total from episodes audited</th>
<th>Total correct</th>
<th>% correct</th>
<th>Change from 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary diagnosis</td>
<td>200</td>
<td>181</td>
<td>90.5%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Secondary diagnosis</td>
<td>943</td>
<td>827</td>
<td>87.7%</td>
<td>-5.4%</td>
</tr>
<tr>
<td>Primary procedure</td>
<td>132</td>
<td>127</td>
<td>96.2%</td>
<td>+6.2%</td>
</tr>
<tr>
<td>Secondary procedure</td>
<td>297</td>
<td>259</td>
<td>87.2%</td>
<td>-8.5%</td>
</tr>
<tr>
<td>Overall</td>
<td>1572</td>
<td>1394</td>
<td>88.7%</td>
<td>-4.4%</td>
</tr>
</tbody>
</table>

The national standard required (Level 2) is 90% for primary diagnosis and procedures and 85% for secondary diagnosis and procedures.

There has been a small regression in results from the previous yearly audit. It is thought that this due to a combination of staffing issues within the department and normal variation of audit results.

LTHT will be taking the following actions to improve data quality;

Regular Audit Timetable

We have recently enhanced our audit programme by improving the frequency of regular team audits. This has meant that each team is now audited on a six-monthly basis and around 120 consultant episodes are reviewed each time. We expect this to lead to improved data quality in future.

Training Plan

A new training and development plan has been introduced to give new starters a roadmap to accreditation and to provide increased support for the coding staff.

The aim is for all staff to have achieved the National Clinical Coding Qualification within three years of starting in post. This will ensure that staff are confident and have the skills to produce accurate, high-quality coding, in-line with national standards.

Approved Trainer

Formerly, mandatory coding training had been purchased from an external provider. This year, one of our team has qualified as an NHS Digital Approved Coding Trainer and it is hoped that having an in-house trainer on site will improve consistency and frequency of training delivery and give the staff a designated point of contact for their training needs.

Consultant Review of Coding

The department has plans to introduce regular Consultant validation of the coding, to more pro-actively guide training and specifically target audit. These reviews will be carried out in a timely manner, so that it is possible to amend coding before national submission.
NHS Number and General Medical Practice Code Validity

We continue to use the national data quality dashboard tool to support a review of the accuracy and quality of data submitted, and benchmark against the rest of the NHS. As with previous years, we submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are published nationally.

The percentage of records in the published SUS Data Quality Dashboard for the period April 2018 to March 2019 which included a valid NHS number can be seen in the table below.

Percentage of records in the published SUS Data Quality Dashboard which included a valid NHS number

<table>
<thead>
<tr>
<th>Type of care in the NHS</th>
<th>% of records</th>
<th>% above the national average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient</td>
<td>99.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>99.9%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>96%</td>
<td>-1.7%</td>
</tr>
</tbody>
</table>

The percentage of records in the published SUS Data Quality Dashboard for the period April 2018 to March 2019 which included a valid General Medical Practice Code can be seen in the table below:

Percentage of records in the published SUS Data Quality Dashboard which included a valid General Medical Practice Code

<table>
<thead>
<tr>
<th>Type of care in the NHS</th>
<th>% of records</th>
<th>% above the national average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted patient</td>
<td>100%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>99.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>100%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>
4.4 Goals agreed with Commissioners (CQUINS)

2018/19 CQUIN

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

Further details of the agreed goals for 2018/19 and for the following 12-month period can be seen below.

<table>
<thead>
<tr>
<th>Quarter Requirements</th>
<th>Q1 Signed off Performance</th>
<th>Q2 Signed off Performance</th>
<th>Q3 Signed off Performance</th>
<th>Q4 Local Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving Staff Health &amp; Wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a. Staff Survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: Achieve a 5% point improvement in two of the three NHS annual staff questions.</td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Improving Staff Health &amp; Wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Healthy food for NHS staff, visitors and patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target: Maintain four changes from 2016/17 and introduce three new changes 2017/18 (re sugar content)</td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Improving Staff Health &amp; Wellbeing</td>
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<tr>
<td>1c. Improving the uptake of flu vaccinations</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Target &gt; 70%</td>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td>Reducing the impact of serious infections</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2a. Timely identification of patients with sepsis in emergency departments and acute inpatient settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target &gt; 90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving Staff Health &amp; Wellbeing</td>
<td></td>
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</tr>
<tr>
<td>2b. Timely treatment of sepsis in emergency departments and acute inpatient settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target &gt; 90%</td>
<td></td>
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<td></td>
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<tr>
<td>Reducing the impact of serious infections</td>
<td></td>
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<tr>
<td>2c. Assessment of clinical antibiotic review between 24-72 hrs of patients with sepsis who are still inpatients at 72 hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets are: Q1 &gt; 25%, Q2 &gt; 50%, Q3 &gt; 75%, Q4 &gt; 90%</td>
<td></td>
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<tr>
<td>Reducing the impact of serious infections</td>
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<tr>
<td>2d. Reduction in antibiotic consumption per 1,000 admissions</td>
<td></td>
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<td></td>
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<tr>
<td>Target 2% reduction for each category</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving services for people with mental health needs who present to A&amp;E (Joint CQUIN with LYPFT and other partners, primary care, police, ambulance, substance misuse etc)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Target 20% reduction in attendances at A&amp;E for specified cohort of patients</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Offering Advice &amp; Guidance</td>
<td></td>
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</tr>
<tr>
<td>Providers to have A&amp;G services for non-urgent GP referrals, allowing GPs to access Consultant advice prior to referring patients to secondary care.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Target A&amp;G operational for 35% of total GP referrals by 1 Jan 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Proactive and Safe Discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part a) and Part b)</td>
<td></td>
<td></td>
<td></td>
<td>On hold 2018/19</td>
</tr>
<tr>
<td>Risky behaviours Alcohol &amp; Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1 year CQUIN 2018/19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## NHS England Spec Comm

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Not achieved</th>
<th>Partial achievement</th>
<th>Achieved</th>
<th>Local assessment - achieved to be signed off</th>
<th>Local assessment - achieved to be signed off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving HCV Treatment Pathways through ODNs - Governance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improving HCV Treatment Pathways through ODNs - Stewardship</td>
<td>Not applicable</td>
<td></td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BI4 Improving Haemoglobinopathy Pathways through ODN Networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TR3 Spinal Surgery: Networks, Data, MDT Oversight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM3 Auto-immune Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC3 CAMHS Screening</td>
<td></td>
<td></td>
<td></td>
<td>CQUIN income foregone</td>
<td></td>
</tr>
<tr>
<td>GE3: Medicines Optimisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA2 Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WC4 Paediatric Networked Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM2 Cystic Fibrosis Patient Adherence (Adult)</td>
<td>Value of CQUIN is less than resource required to deliver it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local QIPP Incentivisation scheme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part 5: Participation in Clinical Research

The Trust has an ambitious strategy for research and innovation, aimed at harnessing the significant advances in clinical science and technology for the benefit of patients in Leeds, by improving access to world-leading research studies. Evidence shows that highly research-active Trusts provide a better quality of care to patients, and the core function of the Research and Innovation team is to ensure that our CSU’s have access to the requisite support and infrastructure through which patients can benefit from participating in research.

Over the past 12 months, the Trust has further strengthened its position as a leader in research, conducting a large number of clinical trials and other research studies across all specialties. This portfolio of studies is kept under active review to ensure a balance between delivering large simple studies and the Trust’s leading role in delivering complex studies which involve smaller numbers of patients.

During 2018/19, the Trust was the third highest performing Trust in England for projects recognised by the National Institute for Health Research (NIHR), playing a leading role in recruiting patients into high quality studies. This year we involved 20,983 patients in over 450 research studies across the Trust. The number of patients participating in research studies in 2018/19 is the highest on record for the organisation.

The Trust also continues to lead the way nationally against NIHR initiation and delivery targets for clinical trials. This demonstrates that we are recruiting patients into trials in a fast and effective manner. During 2018/19 the Trust continued its impressive performance in delivering commercially-funded research, with 77% of hosted commercial clinical trials meeting their recruitment target within the time agreed with the Sponsor. This puts the Trust first in the UK when compared to peer organisations in NIHR League tables.

A major highlight was the launch in November of the Yorkshire Lung Screening Trial, funded by Yorkshire Cancer Research and led by Professor Matthew Callister. This innovative project aims to assess whether a community-based screening programme is effective in detecting lung cancer in smokers in areas of high deprivation across Leeds. The trial aims to recruit 7,000 patients and a fleet of mobile vans stationed in supermarket or shopping centre car parks are used to recruit and screen patients.

In partnership with the University of Leeds, the Trust was successful in winning funding from the Industrial Strategy Challenge Fund to establish the Northern Pathology Imaging Co-operative. This £17m project, which brings together 27 NHS academic and industrial partners, aims to create the world’s leading centre for the creation and evaluation of artificial intelligence (AI) algorithms to enable improved diagnosis of cancer patients. The project builds on the successful partnership with Leica Biosystems, which has seen the Trust take a global lead in the deployment and use of digital pathology technology.

During 2018/19, the Research and Innovation department commenced a major improvement programme to refresh its structures and processes to improve the service it provides to researchers and CSU’s across the organisation. This programme uses Leeds Improvement Methods to re-engineer processes and incorporate digital technology to improve the flow of information across multiple teams distributed across the organisation and access to key documents. This programme will continue throughout 2019/20 and its key aim is to increase the number of studies open and patients recruited into them across the organisation.

During 2018/19, the Research and Innovation department commenced a major improvement programme to refresh its structures and processes to improve the service it provides to researchers and CSU’s across the organisation. This programme uses Leeds Improvement Methods to re-engineer processes and incorporate digital technology to improve the flow of information across multiple teams distributed across the organisation and access to key documents. This programme will continue throughout 2019/20 and its key aim is to increase the number of studies open and patients recruited into them across the organisation.
Appendix A:
Statement of Directors’ Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care issued guidance on the form and content of annual Quality Accounts, which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010. The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017. These added new mandatory disclosure requirements relating to ‘Learning From Deaths’ to quality accounts from 2017/18 onwards.

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

- 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 Account, 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, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

........................................... Date .................................................. Chair

........................................... Date .................................................. Chief Executive
Appendix B: Statements from Local Stakeholders

Joint comments from Healthwatch Leeds, and the Overview and Scrutiny Committee for Health, Public Health and Social Care in Leeds

The LTHT Quality Accounts is a clear and well-presented document. Following on from some of the actions highlighted in their Quality Accounts priorities presentation to us in April and in this report, we think LTHT should be congratulated on their efforts to date in antimicrobial stewardship and healthcare-acquired infections. We know that Leeds is considered an exemplar nationally on this, and for the way in which it collaborates effectively with the Health and Wellbeing Board. It’s great to see this featuring so prominently in their plans for 19/20 - no mean feat when it is so easy to lose sight of very real “long-term” threats like antibiotic resistance in the midst of having to, as every other Trust does, manage the continuing day-to-day pressures we’re all aware of in patient flows and overall demand.

We were also pleased to learn of the innovations the Trust has been trying in relation to language in patient-facing written communications: taking the time to consider carefully how things like pain are articulated makes a crucial difference to patients’ experience, and the Trust should be encouraged to continue and build on these approaches.

It would have been good from a transparency point of view to have had more detail on some of the more positive headline quality stats from last year - e.g. a 91% improvement in interruptions to junior doctors while clerking patients looks good at face value, however it wasn’t clear if we were still dealing with a problem of still-high numbers in absolute terms.

We can understand a desire on a part of providers to put their “best foot forward”, however if there remains work to do on a deep-seated or entrenched problem, providers need to be encouraged to acknowledge this openly and frankly. We would expect to see “no blame” cultures of learning and adult-to-adult communication among staff at providers, and ideally this should carry through to the Quality Accounts.

Whilst it is positive to hear of the partnership working with patients, families and carers, as well as empowering patients to make decisions in the values of the Trust, we would like to see more evidence of this throughout the Quality Account.

Healthwatch Leeds is pleased to be able to continue to work positively with the Trust, in particular on developing mechanisms in the city to measure patient experience as patients move in and out of health and care services in Leeds and contributing to developing their priorities over the next few years.

As well as this statement we have sent a number of questions relating to items in the Quality Account that we think would help in enhancing the report further.
Dear Craig,

Thank you for providing the opportunity to feedback on the Quality Account for Leeds Teaching Hospitals NHS Trust for 2018-19. This account has been shared with key individuals across the Leeds Clinical Commissioning Group and this response is on behalf of the organisation.

We acknowledge that the report you provided for review and comment is in draft form and additional information will be added and amendments made before final publication. Please accept our observations of your report on that basis.

We would like to congratulate the Trust on the publication of the CQC report in February 2019 which rates LTHT as Good overall and outstanding for critical care, Leeds Dental Institute and Use of Resources.

We found the report to be a very comprehensive and easy to read document which is well laid out and includes good and appropriate use of illustrations to help keep reader’s interest. It is generally easy for the public to understand and gives just enough detail, although in places an explanation of terms may be helpful for example ‘Kaizen plans’ and ’KPO officer’.

The priorities for 2018/2019 are clear and linked to priorities/ambitions for 2019/2020, with accompanying narrative structured in line with domains of quality around safety, effectiveness and experience. This outlines the aims of improving harm free care, improving staff/patient engagement and using continuous improvement methodology as a consistent vehicle to develop services. The report’s sections link well to the strategic goals and vision.

The vision and values are well described and flow through the document and the Quality Improvement strategy ‘on a page’ is a useful representation of the underlying ethos of the Trust and illustrated in a way which the public an easily relate to. We are pleased to see...
the continued success of the Leeds Improvement Method and the commitment to a wide range of value streams all aiming to positively impact patient experience and outcome.

The work to address the deteriorating patient has continued from last year and a 30% step reduction in cardiac arrest calls over the year demonstrates the effectiveness of the Quality Improvement faculty. The ambition to increase this to a 50% reduction over the coming year is welcomed.

It is encouraging to see the work on implementing safety huddles being recognised by the Health Business Award, and the Trust engaging with other organisations to utilise the knowledge and experience from this work to support others in scaling up huddles is impressive.

The achievements in 2018/2019 relating to the reduction of avoidable pressure ulcers, and the ongoing ambitions for next year are welcomed. This is a challenging area and the continual drive for improvement is clearly demonstrating benefits that will have a significant impact on patient experience and quality of life.

It is good to note that the ongoing work in Parkinson’s care has resulted in improvements and a fully established liaison service for patients with Parkinson’s.

Healthcare Associated Infection remains a challenging area nationally. It is therefore good to see the approach taken within the Trust and the new initiatives to tackle flu and blood stream infections. It may have been helpful to understand the role of LTHT in the cross city collaborative work going forward with other organisations. We would like to congratulate the infection prevention team for their commendation at the Nursing Standard awards. We are keen to support the Trust with the ambition to continue the drive to reduce harm from CDI, MRSA and Gram Negative infections.

The Trust’s position in relation to national and peer performance for medication related incidents causing harm remains very reassuring. We look forward to the Trust sustaining this position and are pleased to note a view to learn from good practice as well as incidents of potential harm.

We are pleased to see a focus on VTE risk assessment and hope that the solutions being developed over the next year will assist the Trust to reach the 95% completion target.

We recognise the work and achievements of the safeguarding team in driving improvement on a city wide and a West Yorkshire wide footprint, and look forward to seeing the progression of strategic and policy work.

The approach to sharing learning from serious incidents and complaints is welcomed. The use of Learning Points bulletins and the Learning the Leeds Way conference are good
examples of investment in collaboration and sharing. To support this it would be good to highlight some examples of what changes have been made as a result of the learning from serious incidents, and how patient safety has consequently been improved or what plans have been developed for 2019/2020.

It is encouraging to hear of all the patient experience, public involvement and engagement work being included in service development, always events and new major building development, particularly hearing the voices of young people. This work is continued through the volunteer service and patient experience and the use of the patient reference group. We congratulate the Trust on securing NHS Citizen funding to progress the engagement work further with members of the public.

The commitment to improving end of life care and collaborative working to develop a sustainable model in bereavement care is welcomed. We are also pleased to note the QI work to ensure staff develop the mind-set for continuous improvement in addition to the ongoing collaborative focus on improving patients experience of discharge.

The work to ensure that the Trusts workforce is comprehensive to optimise patient experience is impressive and reflected in a range of awards and the improving FFT results which demonstrate the impact on staff. The use of new roles (e.g. apprenticeships and nursing associates) is welcomed and we hope that this supports the breadth and retention of the workforce. It is good to see that the CELL model is showing early positive outcomes and we look forward to seeing how this progresses as roll out continues.

There are some very positive improvements noted within the report with clear objectives for the next year. We are supportive of the 2019/2020 quality priorities and ambitions which will demonstrate further improvements in patient safety, effectiveness and experience.

We appreciate the opportunity to review the account and hope that this is accepted as a fair reflection. We commend the Trust on its commitment to working with the CCG in a collaborative and transparent manner, and we look forward to continuing to work in partnership over the coming year.

Yours sincerely,

Jo Harding
Executive Director of Quality and Safety/Governing Body Nurse
### Appendix C: Glossary of Terms

<table>
<thead>
<tr>
<th><strong>Acute Hospital Trust:</strong></th>
<th>an NHS organisation responsible for providing healthcare services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always Events:</strong></td>
<td>aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.</td>
</tr>
<tr>
<td><strong>Antimicrobial Stewardship:</strong></td>
<td>antibiotic stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to antibiotics, and decreasing unnecessary costs.</td>
</tr>
<tr>
<td><strong>Birth-rate+:</strong></td>
<td>a midwifery workforce planning tool, which allows midwives to assess their “real time” workload in the delivery suite.</td>
</tr>
<tr>
<td><strong>Board (of Trust):</strong></td>
<td>the role of the Trust’s Board is to take corporate responsibility for the organisation’s strategies and actions.</td>
</tr>
<tr>
<td><strong>Breakthrough Series Improvement Collaborative:</strong></td>
<td>a model for achieving improvements in the quality of healthcare.</td>
</tr>
<tr>
<td><strong>BUFFALO:</strong></td>
<td>blood cultures and septic screen, Urine output, Fluid Resuscitation, Antibiotics IV, Lactate measurement, Oxygen.</td>
</tr>
<tr>
<td><strong>Care Quality Commission (CQC):</strong></td>
<td>the independent regulator of health and social care in England.</td>
</tr>
<tr>
<td><strong>Clinical Commissioning Group (CCG):</strong></td>
<td>clinically led NHS bodies responsible for the planning and commissioning of health care services for their local area.</td>
</tr>
<tr>
<td><strong>Clinical Audit:</strong></td>
<td>clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary.</td>
</tr>
<tr>
<td><strong>Clinical Service Unit/Clinical Support Unit (CSU):</strong></td>
<td>the Trust is made up of 19 CSUs, which are groups of specialties that deliver the clinical services the Trust provides.</td>
</tr>
<tr>
<td><strong>Clostridium Difficile Infection (CDI):</strong></td>
<td>a type of bacteria which causes diarrhoea and abdominal pain, and can be more serious in some patients.</td>
</tr>
<tr>
<td><strong>Commissioning for Quality and Innovation (CQUIN) payment framework:</strong></td>
<td>a framework which makes a proportion of providers’ income conditional on quality and innovation.</td>
</tr>
<tr>
<td><strong>Critical Care Step-Down:</strong></td>
<td>an intermediate level of care between the Intensive Care Unit (ICU) and general medical-surgical wards.</td>
</tr>
<tr>
<td><strong>Data Security and Prtection toolkit:</strong></td>
<td>the NHS Data Security &amp; Protection Toolkit ensures necessary safeguards for, and appropriate use of, patient and personal information.</td>
</tr>
<tr>
<td><strong>Datix:</strong></td>
<td>patient safety and risk management software for healthcare incident reporting and adverse events.</td>
</tr>
<tr>
<td><strong>Department of Health (DoH):</strong></td>
<td>a department of the UK Government with responsibility for Government Policy for health, social care and NHS in England.</td>
</tr>
<tr>
<td><strong>Dr Foster Hospital Guide:</strong></td>
<td>annual national publication from Dr Foster containing data from all NHS Trusts in England &amp; Wales highlighting potential areas of good and poor performance. The Guide’s focus changes each year but consistently contains measures of hospital mortality.</td>
</tr>
<tr>
<td><strong>e-DAN:</strong></td>
<td>an electronic discharge advice note.</td>
</tr>
<tr>
<td><strong>eMeds:</strong></td>
<td>an electronic system for prescribing and administration of medicines.</td>
</tr>
<tr>
<td><strong>e-Obs:</strong></td>
<td>a digital method of recording the observations of patients’ vital signs.</td>
</tr>
<tr>
<td><strong>Employee Assistance Programme:</strong></td>
<td>staff advice, information &amp; counselling service able to assist with financial, legal, family and personal issues.</td>
</tr>
<tr>
<td><strong>Enhanced care</strong>:</td>
<td>additional support provided to patients who require an extra level of care to ensure safety.</td>
</tr>
<tr>
<td><strong>Friends and Family Test</strong>:</td>
<td>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&amp;EE departments to their friends and family if they needed similar care or treatment.</td>
</tr>
<tr>
<td><strong>Gram-negative bacteria</strong>:</td>
<td>a class of bacteria that includes those that can cause, amongst others, pneumonia, bloodstream infections and surgical site infections in healthcare settings. Gram-negative bacteria are resistant to multiple drugs and are increasingly resistant to most available antibiotics.</td>
</tr>
<tr>
<td><strong>HDU</strong>:</td>
<td>High Dependency Unit; a level of care between intensive care and general wards.</td>
</tr>
<tr>
<td><strong>Healthwatch Leeds</strong>:</td>
<td>Healthwatch is the independent consumer champion that gathers and represents the public’s views on health and social care services in England. It ensures that the views of the public and people who use the services are taken into account.</td>
</tr>
<tr>
<td><strong>Hospital Standardised Mortality Ratio (HSMR)</strong>:</td>
<td>an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.</td>
</tr>
<tr>
<td><strong>Hospital Episode Statistics (HES)</strong>:</td>
<td>a data warehouse containing details of all admissions, outpatient appointments and A&amp;EE attendances at NHS hospitals in England.</td>
</tr>
<tr>
<td><strong>IHI Model for Improvement</strong>:</td>
<td>Institute for Healthcare Improvement. Combines with Lean Methodology to form the Leeds Improvement Method.</td>
</tr>
<tr>
<td><strong>Kaizen Promotion Office (KPO)</strong>:</td>
<td>established to drive the improvement work of the organisation in collaboration with the Virginia Mason Institute.</td>
</tr>
<tr>
<td><strong>Lean methodology</strong>:</td>
<td>a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and getting the best value for public money.</td>
</tr>
<tr>
<td><strong>Leeds Care Record</strong>:</td>
<td>the Leeds Care Record gives health and social care professionals directly in charge of your care access to the most up-to-date information about you by sharing certain information from your records between health and social care services across Leeds.</td>
</tr>
<tr>
<td><strong>Leeds Improvement Method (LIM)</strong>:</td>
<td>the method focuses on improving efficiency and flow of our services under the three key concepts: value, waste, and respect for people.</td>
</tr>
<tr>
<td><strong>Leeds Involving People</strong>:</td>
<td>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.</td>
</tr>
<tr>
<td><strong>LPCN</strong>:</td>
<td>Leeds Palliative Care Network</td>
</tr>
<tr>
<td><strong>MBRRACE</strong>:</td>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme. Aims to study to collect data on patient care to inform service improvements in maternity services nationally.</td>
</tr>
<tr>
<td><strong>Medically Optimised For Discharged (MOFD)</strong>:</td>
<td>a patient who is medically fit for discharge, after a clinical decision has been made that the patient is ready to transfer.</td>
</tr>
<tr>
<td><strong>Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA)</strong>:</td>
<td>a bacterial infection.</td>
</tr>
<tr>
<td><strong>MSSA related infections</strong>:</td>
<td>infections as a result of methicillin-susceptible S. aureus (bacteria).</td>
</tr>
<tr>
<td><strong>National Child Protection Information System (CP-IS)</strong>:</td>
<td>a project to help health and social care staff share information securely to better protect vulnerable children.</td>
</tr>
<tr>
<td><strong>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</strong>:</td>
<td>reviews clinical practice across England and Wales, and makes recommendations for improvement.</td>
</tr>
<tr>
<td><strong>National Institute for Health and Care Excellence (NICE)</strong>:</td>
<td>an independent organisation responsible for providing national guidance on promoting good health, and preventing and treating ill health. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care.</td>
</tr>
</tbody>
</table>
**National Institute for Health Research (NIHR):** an organisation which aims to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.

**National Maternity Better Births:** a nationwide initiative to improve outcomes of maternity services in England.

**National Payment by Results (PBR):** the payment system in England under which commissioners pay healthcare providers for each patient seen or treated.

**National Reporting and Learning System (NRLS):** enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

**Never Events:** serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

**Patient Advice and Liaison Service (PALS):** offers support, advice and information on NHS services to patients, their carers, the general public and hospital staff.

**Patient Reported Outcome Measures (PROMs):** a measure of quality from the patient’s perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre and post-operative surveys.

**Perinatal Mortality Review Tool:** a data collection tool which aims to support standardised perinatal mortality reviews across NHS maternity and neonatal units.

**PDSA (Plan, Do, Study, Act):** A quality improvement tool to test an idea by trialling a small scale change and assess its impact, building upon the learning from previous cycles in a structured way before large scale implementation.

**Rapid Discharge Plan (RDP):** a patient-specific plan to facilitate safe, urgent transfer of care for patients expressing a wish to die at home.

**RCA process:** Root Cause Analysis. A method of problem solving used for identifying the root causes of faults or problems.

**RESPECT:** A Recommended Summary Plan for Emergency Care and Treatment, that is agreed by a patient and their healthcare professional. It includes recommendations about the care an individual would like to receive in future emergencies if they are unable to make a choice at that time.

**Safety Thermometer data collection tool:** a local improvement tool for measuring, monitoring and analysing patient harms and harm free care.

**Secondary Uses Service:** provides anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

**Seven Day Hospital Services:** the ambition of the initiative is for patients to be able to access hospital services which meet four priority standards every day of the week.

**SPC chart:** Statistical Process Control chart. Data is plotted chronologically to see changes over time.

**Summary Hospital-level Mortality Indicator (SHMI):** an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by NHS Digital.

**The Leeds Way:** The ‘Leeds Way’ is the Values of Leeds Teaching Hospitals Trust created by staff. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients. The Values are Fair, Patient Centred, Collaborative, Accountable and Empowered.
**The National Bereavement Care Pathway (NBCP):** a project to help professionals support families in their bereavement after any pregnancy or baby loss.

**Trust Members:** Trust Members have a say in the services the Trust offers and help us understand the needs of our patients, carers and local population, in order to improve our services. Anyone aged 16 years or over living in England or Wales can become a member.

**Trust’s Youth Forum:** designed to allow young people to put across their points of view about the Trust and share their experiences and opinions of hospital in general.

**Venous thromboembolism (VTE):** a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT).

**WYAAAT:** West Yorkshire Association of Acute Trusts.
Appendix D: Trust Participation in NCEPOD and National Audits

### Summary tables of participation in NCEPOD Studies and DoH recommended national audits

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>National Confidential Enquiry</th>
<th>Participation Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Ventilation</td>
<td>**</td>
</tr>
<tr>
<td>Acute Bowel Obstruction</td>
<td>**</td>
</tr>
<tr>
<td>Pulmonary Embolism</td>
<td>**</td>
</tr>
<tr>
<td>Perioperative Diabetes</td>
<td>77%</td>
</tr>
<tr>
<td>Cancer in Children, Teenagers and Young Adults</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Audit</th>
<th>Participation Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Cardiac Surgery</td>
<td>100%</td>
</tr>
<tr>
<td>Adult Community Acquired Pneumonia</td>
<td>NYA**</td>
</tr>
<tr>
<td>BAUS Urology Audit - Cystectomy</td>
<td>NYA**</td>
</tr>
<tr>
<td>BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)</td>
<td>NYA**</td>
</tr>
<tr>
<td>BAUS Urology Audit - Nephrectomy</td>
<td>NYA**</td>
</tr>
<tr>
<td>BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)</td>
<td>NYA**</td>
</tr>
<tr>
<td>BAUS Urology Audit – Radical Prostatectomy</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiac Rhythm Management (CRM)</td>
<td>100%</td>
</tr>
<tr>
<td>Case Mix Programme (CMP)</td>
<td>100%</td>
</tr>
<tr>
<td>Elective Surgery (National PROMs Programme)</td>
<td>NYA**</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP)*</td>
<td>NA***</td>
</tr>
<tr>
<td>Feverish Children (care in emergency departments)</td>
<td>100%</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease programme / IBD Registry</td>
<td>NON-PARTICIPATION</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>100%</td>
</tr>
<tr>
<td>Major Trauma Audit</td>
<td>92.4%</td>
</tr>
<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme</td>
<td>100%</td>
</tr>
<tr>
<td>Medical and Surgical Clinical Outcome Review Programme</td>
<td>NYA**</td>
</tr>
<tr>
<td>Mental Health Clinical Outcome Review Programme</td>
<td>NA***</td>
</tr>
<tr>
<td>National Audit Project/Programme</td>
<td>Participation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Myocardial Ischaemia National Audit Project (MINAP)</td>
<td>100%</td>
</tr>
<tr>
<td>National Asthma and COPD Audit Programme*</td>
<td>PARTIAL NON-PARTICIPATION</td>
</tr>
<tr>
<td>National Audit of Anxiety and Depression</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Audit of Breast Cancer in Older People</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Cardiac Rehabilitation</td>
<td>NON-PARTICIPATION</td>
</tr>
<tr>
<td>National Audit of Care at the End of Life (NACEL)</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Dementia</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Audit of Intermediate Care</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Audit of Percutaneous Coronary Interventions (PCI)</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Pulmonary Hypertension</td>
<td>NA***</td>
</tr>
<tr>
<td>National Audit of Seizures and Epilepsies in Children and Young People</td>
<td>100%</td>
</tr>
<tr>
<td>National Bariatric Surgery Registry (NBSR)</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Bowel Cancer Audit (NBOCA)</td>
<td>100%</td>
</tr>
<tr>
<td>National Cardiac Arrest Audit (NCAA)</td>
<td>100%</td>
</tr>
<tr>
<td>National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis</td>
<td>NA***</td>
</tr>
<tr>
<td>National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme*</td>
<td>100%</td>
</tr>
<tr>
<td>National Congenital Heart Disease (CHD)</td>
<td>100%</td>
</tr>
<tr>
<td>National Diabetes Audit – Adults*</td>
<td>99.3%</td>
</tr>
<tr>
<td>National Emergency Laparotomy Audit (NELA)</td>
<td>90.3%</td>
</tr>
<tr>
<td>National Heart Failure Audit</td>
<td>74%</td>
</tr>
<tr>
<td>National Joint Registry (NJR)</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Lung Cancer Audit (NLCA)</td>
<td>100%</td>
</tr>
<tr>
<td>National Maternity and Perinatal Audit (NMPA)</td>
<td>NYA</td>
</tr>
<tr>
<td>National Neonatal Audit Programme (NNAP)</td>
<td>NYA**</td>
</tr>
<tr>
<td>National Oesophago-gastric Cancer (NAOGC)</td>
<td>100%</td>
</tr>
<tr>
<td>National Ophthalmology Audit</td>
<td>100%</td>
</tr>
<tr>
<td>National Paediatric Diabetes Audit (NPDA)</td>
<td>99.1%</td>
</tr>
<tr>
<td>National Prostate Cancer Audit</td>
<td>100%</td>
</tr>
<tr>
<td>National Vascular Registry</td>
<td>96.2%</td>
</tr>
<tr>
<td>Programme</td>
<td>Participation Rate</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Neurosurgical National Audit Programme</td>
<td>100%</td>
</tr>
<tr>
<td>Non-Invasive Ventilation - Adults</td>
<td>NYA**</td>
</tr>
<tr>
<td>Paediatric Intensive Care (PICANet)</td>
<td>100%</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMHUK)*</td>
<td>NA***</td>
</tr>
<tr>
<td>Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*</td>
<td>NYA**</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit programme (SSNAP)</td>
<td>NON PARTICIPATION</td>
</tr>
<tr>
<td>Serious Hazards of Transfusion (SHOT): UK National Haemovigilance</td>
<td>100%</td>
</tr>
<tr>
<td>Surgical Site Infection Surveillance Service</td>
<td>NON PARTICIPATION</td>
</tr>
<tr>
<td>UK Cystic Fibrosis Registry</td>
<td>100%</td>
</tr>
<tr>
<td>Vital Signs in Adults (care in emergency departments)</td>
<td>100%</td>
</tr>
<tr>
<td>VTE risk in lower limb immobilisation (care in emergency departments)</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Participation rate is calculated as the number of patients for whom data have been submitted as a proportion of the number for whom data should have been submitted.

** Study currently taking place; participation rate not available.

*** Not applicable to the Trust - LTHT do not have a Fracture Liaison Service

**** Not applicable - Not a Mental Health Trust
### Appendix E: CQUINS 2017-19

#### National CQUINS

<table>
<thead>
<tr>
<th>1. Improving Staff Health and Wellbeing</th>
<th>1a. Improving staff health and wellbeing - Staff Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1b. Healthy food for NHS staff, visitors and patients</td>
</tr>
<tr>
<td></td>
<td>1c. Improving the uptake of flu vaccinations</td>
</tr>
<tr>
<td>2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)</td>
<td>2a. Timely identification of patients with sepsis in emergency departments and acute inpatient settings</td>
</tr>
<tr>
<td></td>
<td>2b. Timely treatment of sepsis in emergency departments and acute inpatient settings</td>
</tr>
<tr>
<td></td>
<td>2c. Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours</td>
</tr>
<tr>
<td></td>
<td>2d. Reduction in antibiotic consumption (per 1,000 admissions)</td>
</tr>
<tr>
<td>3. Improve services - mental health needs who present to A&amp;E</td>
<td>3. Improving services - people with mental health needs presenting to A&amp;E</td>
</tr>
<tr>
<td>4. Offering advice and guidance</td>
<td>4. Advice and guidance (NHSE to provide guide to support scheme)</td>
</tr>
<tr>
<td>5. NHS e-Referrals</td>
<td>5. NHS e-Referrals (1 year CQUIN - 2017/18)</td>
</tr>
<tr>
<td>6. Supporting proactive and safe discharge</td>
<td>6. Supporting proactive and safe discharge</td>
</tr>
<tr>
<td>7. Risky behaviours, alcohol and tobacco (1 year CQUIN 2018/19)</td>
<td>Tobacco screening, brief advice, referral and medication offer Alcohol screening, brief advice or referral</td>
</tr>
</tbody>
</table>

#### NHS England Specialist Commissioning CQUINS

| BI1 Improving HCV Treatment Pathways through ODNs | Providers participation in ODN & HCV patient access to treatment to accord with ODN guidelines |
| BI4 Improving Haemoglobinopathy Pathways through ODN Networks | Improve access by developing ODN and ensuring compliance with guidelines |
| TR3 Spinal Surgery: Networks, Data, MDT oversight | Setting up regional MDT; entering data into British Spinal Registry or Spine Tango: no surgery without MDT sanction |
| IM3 Auto-immune Management | Review specialised patient cases across Networks by MDTs, with data flowing to registries |
| WC3 CAMHS Screening | SDQ screening for paed inpatients with listed LTCs |
| GE3 Medicines Optimisation | To support procedural and cultural changes required fully to optimise use of medicines commissioned by specialist services |
| CA2 Nationally Standardised Dose Banding for Adult Intravenous Anticancer Therapy (SACT) | Standardisation of chemotherapy doses through a nationally consistent approach |
| WC4 Paediatric Networked Care | This scheme aims to align to the national PIC service review |
| IM2 Cystic Fibrosis Patient Adherence (Adult) | Improved adherence and self-management by patients etc |
| Local QIPP Incentivisation Scheme | Engagement with NHSE local QIPP proposals and delivery of agreed savings |
## Appendix F: Performance against National Priority Indicators

### Section A - National Operational Standards

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>RTT Incomplete</td>
<td>&gt;=92</td>
<td>88.40</td>
<td>89.24</td>
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<td>88.52</td>
<td>87.77</td>
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<td>87.17</td>
<td>86.57</td>
<td>87.82</td>
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<td>RTT Failing Specialties: Incomplete</td>
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<td>A&amp;E Performance</td>
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<td>91.20</td>
<td>90.19</td>
<td>90.02</td>
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<td>85.60</td>
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<td>79.65</td>
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<td>13</td>
<td>14</td>
<td>15</td>
<td>19</td>
<td>36</td>
<td>24</td>
<td>34</td>
<td>31</td>
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<tr>
<td>Cancer: 62 Day: GP/Dentist Referrals</td>
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<td>75.90</td>
<td>77.45</td>
<td>72.59</td>
<td>67.35</td>
<td>70.00</td>
<td>68.05</td>
<td>67.73</td>
<td>77.25</td>
<td>70.66</td>
<td>63.35</td>
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<td>Cancer: 62 Day: Screening</td>
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<td>88.89</td>
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<td>78.05</td>
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<td>96.49</td>
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<td>100.00</td>
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<td>99.68</td>
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<td>100.00</td>
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<td>Cancer: 31 Day: Sub Radiotherapy</td>
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<td>99.76</td>
<td>100.00</td>
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<td>Cancer: 14 Day: Urgent GP Referrals</td>
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<td>80.79</td>
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<td>22.45</td>
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### Section B - National Quality Contract Requirements

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<td>HCAI: MRSA</td>
<td>=0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>HCAI: CDiff Rate per 100,000 bed days</td>
<td>26.4</td>
<td>13.1</td>
<td>29.4</td>
<td>29.6</td>
<td>22.7</td>
<td>31.1</td>
<td>22.2</td>
<td>9.6</td>
<td>23.2</td>
<td>12.7</td>
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<td>VTE Risk Assessment</td>
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<td>100.00</td>
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<td>90.32</td>
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<td>RTT Incomplete 52+ Week Waiters</td>
<td>=0</td>
<td>88</td>
<td>119</td>
<td>149</td>
<td>153</td>
<td>164</td>
<td>137</td>
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<td>169</td>
<td>168</td>
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<td>CANCELLED OPS: Urgent Cancels 2nd/Sub</td>
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<td>Ambulance Handovers: Less Than 15 mins</td>
<td>-</td>
<td>2,981</td>
<td>3,069</td>
<td>2,736</td>
<td>2,656</td>
<td>2,730</td>
<td>2,356</td>
<td>2,710</td>
<td>2,729</td>
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<td>3,291</td>
<td>2,856</td>
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<td>Ambulance Handovers: 30 - 60 mins</td>
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<td>18</td>
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<td>66</td>
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<td>116</td>
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<td>225</td>
<td>191</td>
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<td>Ambulance Handovers: Over 60 mins</td>
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<td>2</td>
<td>1</td>
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<td>5</td>
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<td>A&amp;E 12 Hour Trolley Waits</td>
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<td>Friends and Family Test: Response Rate - Inpatients</td>
<td>-</td>
<td>48.20</td>
<td>32.88</td>
<td>33.69</td>
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<td>36.35</td>
<td>37.20</td>
<td>42.35</td>
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<td>33.68</td>
<td>35.48</td>
<td>37.83</td>
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<td>Friends and Family Test: Response Rate - A&amp;E</td>
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<td>38.30</td>
<td>32.12</td>
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<td>eDAN: Completed</td>
<td>-</td>
<td>91.00</td>
<td>91.72</td>
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<td>91.69</td>
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<td>89.24</td>
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<tr>
<td>Complaints Total</td>
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<td>77</td>
<td>57</td>
<td>61</td>
<td>67</td>
<td>58</td>
<td>84</td>
<td>74</td>
<td>57</td>
<td>77</td>
<td>84</td>
<td>79</td>
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<td>Complaints: % Responded to within target time</td>
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<td>22.40</td>
<td>31.17</td>
<td>47.37</td>
<td>26.23</td>
<td>22.39</td>
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<td>7.17</td>
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### Section C - NHSE Quality and Contract Requirements

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<td>Serious Incidents (SUIs)</td>
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<tr>
<td>HCAI: MSSA</td>
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<td>Gynae Cytology 14 Day TATs</td>
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<td>Harm Free Care</td>
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<td>Readmissions to PICU Within 48 Hrs</td>
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<td>PICU Transfers</td>
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<tr>
<td>Adult Critical Care Discharges - % Within 24hrs</td>
<td>- 68.00 74.79 78.85 74.88 67.71 70.22 80.44 74.67 63.91 65.60 71.29 78.46</td>
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<td>Cardiac Surgery % Seen in 7 Days</td>
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### Section D - Local Quality and Contract Requirements

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<td>OP FUP Backlog: More Than 3 Months Overdue</td>
<td>- 5,432 5,190 5,347 5,446 5,140 5,124 4,862 4,896 5,716 4,946 5,299 6,214</td>
</tr>
<tr>
<td>OP FUP Backlog: More Than 12 Months Overdue</td>
<td>- 432 336 299 214 93 79 98 73 96 123 132 135</td>
</tr>
<tr>
<td>OP FUP Backlog: No Due Date</td>
<td>- 32 20 6 6 8 11 8 94 80 11 40 11</td>
</tr>
<tr>
<td>E-Letters to GPs in 5 Days</td>
<td>- 64.60 64.03 66.26 63.68 71.68 69.74 68.72 80.72 72.63 62.67 64.44 56.87</td>
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<tr>
<td>Radiology Turn Around Times (Median Wait)</td>
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### Section E - Internal Monitoring

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<td>MRSA Screening</td>
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<td>Dementia Performance: Stage 1</td>
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<tr>
<td>Dementia Performance: Stage 2</td>
<td>&gt;=90</td>
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<tr>
<td>Dementia Performance: Stage 3</td>
<td>&gt;=90</td>
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<td>Pressure Ulcers (Grade 3) (developed)</td>
<td>- 6 4 1 0 7 4 8 4 6 8 3 3</td>
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<tr>
<td>Pressure Ulcers (Grade 4) (developed)</td>
<td>- 0 0 0 0 0 0 0 0 1 0 1 1</td>
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<tr>
<td>Pts Admitted to a Stroke Unit &lt; 4 Hours</td>
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<td>OP Appts Cancelled 2 or More Times (Total)</td>
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<tr>
<td>OP Appts Cancelled 2 or More Times (By Hospital)</td>
<td>- 979 872 965 976 884 896 1,011 977 879 1,108 977 1,128</td>
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<tr>
<td>Research Studies Recruited to Time and Target</td>
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<td>Research Studies First Patient Recruited Within 70 Days</td>
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<tr>
<td>Clinics Not Cashed Up Within 2 Days</td>
<td>- 7,345 7,604 7,308 7,511 7,383 7,800 9,168 7,784 7,275 9,456 8,438 9,081</td>
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<tr>
<td>Clinics Not Cashed Up Within 4 Weeks</td>
<td>- 952 1,466 1,131 641 720 697 864 528 594 561 656 722</td>
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