



The Leeds
Teaching Hospitals
NHS Trust

Quality Account

2021/22



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Part 1

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 seven 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 £1.34 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 over 20,000 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 2021/22 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 2021/22.

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. The coronavirus (Covid-19) pandemic has continued and we are working in a rapidly changing environment as we have moved through different stages of the pandemic, including the very significant Omicron wave during the winter period. We remain extremely proud of our staff and the compassion and courage they have shown in such an unprecedented and challenging time, not only caring for our patients but taking the time to care for each other and keeping our communities safe.

Our quality improvement programme has been key to addressing patient safety challenges throughout 2021/2022 and in managing the impact of the pandemic. The Leeds Improvement Method (LIM) has continued to provide a framework for implementation of the Covid-19 vaccination and surgical and diagnostic recovery programmes. This has helped us make good progress in re-commencing our planned (elective) care programme to reduce the time our patients wait for their treatment.

Our staff have embraced changes to clinical practice, including virtual consultations and using technology to support patients and families to communicate whilst hospital visiting has been restricted to reduce the risk of transmission. The health, safety and wellbeing of our staff has been a key priority and we recognise the impact this pandemic has had on them and their families. We have continued to engage with our staff to identify ways in which we can provide further support.

We know that Covid-19 will continue to present challenges. We will respond to these with flexibility, resilience and compassion, and continue to support our staff to receive vaccinations and implement Covid-safety measures to keep our patients, visitors and staff safe.



At the end of the year all Trusts received the report of the Ockenden review of maternity services. We have reflected on the impact of the report and the actions our maternity team have taken to keep women and babies safe in Leeds, including quality improvements in our local maternity services. We have reviewed the report with all of our clinical teams, including those who are not involved in maternity and neonatal care. We are proud of the services provided by our maternity services. We will consider the wider lessons in the report related to quality and safety for patients in our hospitals and take action where this is needed.

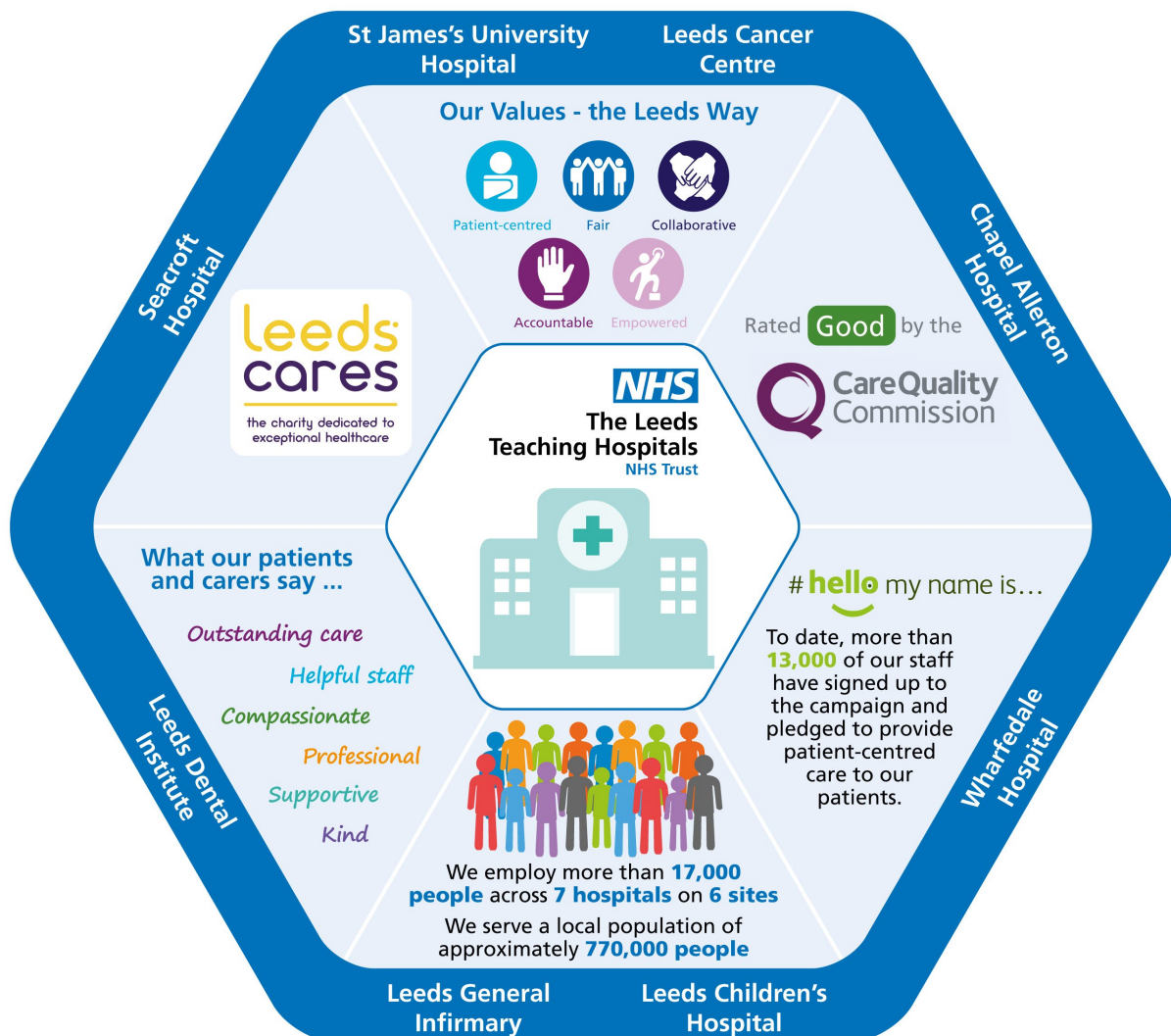
We have continued to work with our external stakeholders and regulators to ensure that we provide outstanding care to all our patients.

We will continue to embed the Leeds Way Values and the Leeds Improvement Method, creating a positive culture where staff feel engaged in the work that they do.

Although this past year has continued to be challenging, we are very proud of our achievements, and the work we have undertaken with our clinicians, managers and local partners at Leeds NHS Clinical Commissioning Group and Healthwatch Leeds to continue to build on our improvements and identify our priorities for 2022/23.

I hope you enjoy reading this summary of our achievements in 2021/22 and the work we have done to improve quality and safety for patients in our hospital.

1.4 Leeds Teaching Hospitals NHS Trust at a glance





Our Vision

To be the best for specialist and integrated care

Our Strategic Goals



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

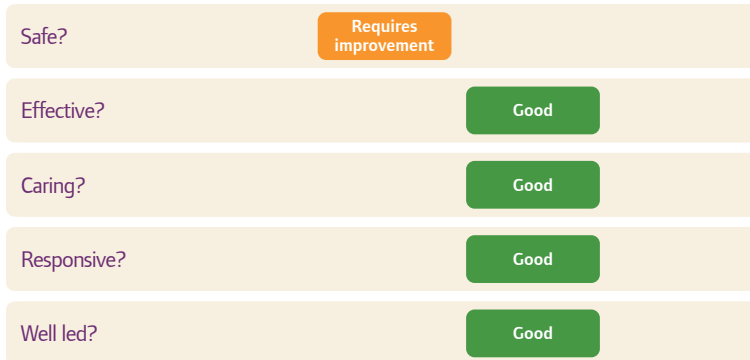


Last rated
15 February 2019

Leeds Teaching Hospitals NHS Trust



Are services



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

| | Safe | Effective | Caring | Responsive | Well led | Overall |
|-------------------------|----------------------|-------------|--------|----------------------|-------------|----------------------|
| Wharfedale | Good | Good | Good | Good | Good | Good |
| Leeds Dental Institute | Good | Outstanding | Good | Good | Outstanding | Outstanding |
| Chapel Allerton | Good | Good | Good | Good | Good | Good |
| Leeds General Infirmary | Requires improvement | Good | Good | Good | Good | Good |
| St James's Hospital | Requires improvement | Good | Good | Requires improvement | Good | Requires improvement |
| Overall Trust | Requires improvement | Good | Good | Good | Good | Good |

■ Outstanding
 ■ Good
 ■ Requires improvement

The full report is available at this link: www.cqc.org.uk/provider/RR8



In 2021/22 we continued to work with partners, including commissioners at NHS England/NHS Improvement and Leeds NHS CCG 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 2021/22.

The Trust was identified as one of eight providers to take part in an independent voice review of the Acute Care for People with a Learning Disability and Autistic People. This encompassed focus groups with staff, interviews with key individuals, a site visit to observe patients and their circles of support. The report is expected to be published nationally in September 2022.

The Trust did not receive an inspection during 2021/22; the most recent inspection date was undertaken in August and September 2018, 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 Trust has continued to engage with the CQC and has kept them informed of changes to the Statement of Purpose to reflect the service developments to support patients with Covid-19, including establishment of the Nightingale surge hub in December 2021, that has now been decommissioned, and changes to delivering the vaccination programme to the people of Leeds.

Part 2

Part 2: Improving our Quality of Service





Part 2: Improving our Quality of Service

2.1 Progress against our Quality Goals 2021/22

Patient Safety

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

- Improving the care of patients with sepsis (see section 3.2.1)
- Reducing the incidence of falls and harm sustained by patients following a fall (see section 3.2.2)
- Reducing the number of hospital acquired pressure ulcers (see section 3.2.3)
- Providing high quality safe care in maternity Services (see section 3.2.4)
- Preoperative blood management and earlier identification of preoperative anaemia (see section 3.2.5)
- Reducing healthcare associated infections and managing the impact of Covid-19 (see section 3.2.6)
- Supporting best care with medicines (see section 3.2.7)
- Reducing harm from preventable Venous Thromboembolism (VTE) (see section 3.2.8)
- Safeguarding Vulnerable people (see section 3.2.9)
- Delivering and implementing Scan 4 Safety (see section 3.2.10)
- Learning from patient safety incidents (see section 3.2.11)

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). Throughout 2021/22 our goal was to continue to support those existing improvement programmes that required on-going commitment to ensure improvements were sustained, spread, and embedded across the Trust.

In addition, a number of improvements have been achieved in relation to our priorities outlined in 2021/22; including:

- Expanding the Trust Complaint Improvement Programme, completing the programme with a second cohort of Clinical Service Units (CSUs). All

CSUs involved achieved a reduction in the time taken to respond to a complaint

- Forming a Deaf and Hard of Hearing Task Group to gather feedback from patients within this community, and to take action to improve experience
- Trialling the carer's passport programme in Specialty and Integrated Medicine to support carers, with further work planned in 2022/23.

Further details are included in section 3.3.

Clinical Effectiveness

Pressures on capacity and flow across the health care system continue to have an impact on our emergency and elective pathways. We have addressed this by looking at ways in which we can improve quality and efficiency to improve outcomes and experience for our patients using the established Leeds Improvement Methodology. The focus in 2020/21 has been on reset and recovery activities, to support patients waiting for planned (elective) treatment as a consequence of the pandemic. Clinical value streams have continued to support city-wide improvements in discharge processes, to improve ambulance handover and patient flow.

Key achievements from 2021/22 include:

- The pilot of an enhanced supportive care cancer service alongside in-reach models of oncology admissions, acute geriatric and emergency departments in order to improve access to specialist palliative and end of life care.
- The discharge collaborative has supported the development and implementation of Criteria Led Discharge, with Leeds Teaching Hospitals NHS Trust being the first Trust in the country to have developed an electronic system to support this.
- In addition to maintaining compliance with the four core standards for seven-day services, there has been increased levels of weekend working by physiotherapy and occupational therapy across the Trust, and a significant investment in a designated discharge workforce to support clinical areas through a seven day period.

Further details are outlined throughout section 3.4



2.2 Our Priority Improvement Areas for 2022/23

Patient Safety

In 2022/23 we will 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
- Pressure Ulcers
- Falls
- Discharge Collaborative/Timely discharge
- Peri Operative Best Practice Pathways
- Quality Improvement Partners
- De-Escalation Collaborative
- Reducing Blood Stream Infection
- Embedding national reasons to reside criteria to ensure timely discharge and ensure patients receive care in the appropriate environment.

Patient Experience

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 takes several years of commitment to both identifying the interventions that make a difference and adapting these at scale across the Trust. Alongside continuing to support the workstreams identified in 2021/22 we have outlined the following additional priorities for 2022/23;

- To continue to deliver the Trust's three aims set out in the Patient Experience Strategy 2021/24
- To continue to implement the Trust complaints improvement programme by recruiting further Clinical Service Units to improve the timeliness and quality of complaint responses
- To continue to meet the requirements of the Accessible Information Standard
- To continue to involve patient partners in quality improvement programmes, in line with the Framework for Involving Patients in Patient Safety, published in June 2021
- To seek external assessment and accreditation on inclusiveness and equality for LGBTQI patients and staff
- Implement a Patient Experience Assurance Programme to improve assurance that actions are taken in the Trust in response to feedback from patients and their families, including complaints and patient stories.

Clinical Effectiveness

In 2022/23 we will continue to support the implementation and spread of quality improvement across a number of different areas, including:

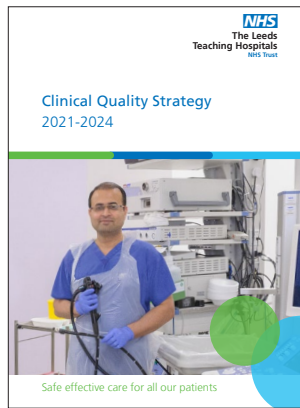
- Palliative and End of Life Care
- Discharge
- Hospital Mortality
- Readmissions
- Patient Reported Outcome Measures
- Seven Day Service.

A key priority for 2022/23 is to develop the Kaizen Promotion Office, including the training and development programme to support our Clinical Service Units. We will ensure that over 50% of CSUs have embedded and dedicated Leeds Improvement Method capability to deliver on their priority improvement objectives, including a dedicated lead for each CSU to support this.



2.3 Clinical Quality Strategy

The Trust published its Clinical Quality Strategy 2021/24, developed with clinicians and managers to set out our strategic direction and ambition to improve the quality of care we provide for our patients over the next four years. Our Clinical Quality Strategy is supported by the Quality Improvement (QI) Strategy 2020-22 that outlines how we are going to achieve our QI ambitions over the next two years and highlight our priorities.



Our Clinical Quality Strategy underpins the core aims and values of The Leeds Teaching Hospitals NHS Trust and will help us to embed a culture of continuous learning and quality improvement.

Our Quality Improvement Strategy will be refreshed and updated in 2022/23, to share our progress and identify new priorities for improvement.

We will continue to implement our Clinical Services Strategy in 2022/23, focusing on implementing the Patient Safety Incident Response Framework (PSIRF) and learning from patient safety incidents.

Quality
Leeds Teaching Hospitals are committed to providing outstanding care for all patients. To achieve this we will work collaboratively with our clinical services to support service development and continuous quality improvement.

Leeds Teaching Hospitals Trust: Clinical Quality Strategy on a Page

Quality Ambition

In order to achieve outstanding care across all our hospital services we will work in partnership with our staff, patients, and their families/carers, respecting individual needs and values. The trust will deliver compassionate care, ensuring clear communication and will consistently advocate shared decision making. The ambition at the trust is to provide harm free care to patients in an appropriate safe and clean environment, at the right time and in the right place.

Quality Improvement

At LTHT we have been developing our approach to Quality Improvement continually for over 10 years, we are really proud of the achievements and progress to date, but want to continually learn and adapt our approach from our experiences, to become an organisation where Quality Improvement truly is at the heart of everything we do every day, where the principles are visibly embedded and the approach is palpable and flourishes throughout to benefit all our staff and patients. Our ambition is to never stop improving our services and to be an organisation with continual learning and improvement genuinely at the heart of everything we do. This leadership quality improvement combined with the approach of Leeds Improvement Method, will enable us to achieve this ambition and deliver our long term ambitions.

Aim To provide outstanding care and treatment to all patients

Key Drivers **Safe:** Provide harm free healthcare in a safe environment, ensuring that measures are in place to identify and share learning across the organisation and effectively manage risk. Enhanced management of safety measures relating to falls, pressure ulcers and healthcare acquired infections.

Person centred care: Support staff, patients and their carers to discuss care and treatment in partnership. Utilise patient experience workstreams and quality improvement partners to support local service improvement. Support patients to manage and maintain their health outside of hospital, working collaboratively with community partners.

Effective: Efficient patient pathways providing care and treatment and the right place at the right time and by the appropriate professionals. Reduce variation and waste and ensure the appropriate models of care are embedded to support services in the delivery of care; this is inclusive of staffing models.

Measurement **Patient outcomes:** Use of national indicators and standards to benchmark LTHT practice and patient outcomes with peers. Triangulate external and internal data to better understand patient outcomes and areas for improvement.

Constitutional standards: Monitor the achievement of constitutional standards, providing consideration to the safety of patients on waiting list and actions that can be implemented to support patients health & wellbeing.

Patient experience: Monitor patient experience feedback to identify areas for improvement and share lessons learned.

CQC rating: The trust ambition is to achieve an outstanding CQC rating across all sites, core services for use of resources and for well led.

Safe
Patients are protected from abuse and avoidable harm

Effective
Patients care, and treatment achieves good outcomes

Caring
Staff treat patients with compassion, kindness, dignity and respect

Responsive
Services are timely, equitable and efficient and respond to patient needs

Well Led
The leadership, and management ensure the provision of high quality care

Part 3

Part 3: Review of Quality Programme





Part 3: Review of Quality Programme

3.1 Leeds Improvement Method

Background

The last year has seen key milestones for the Leeds Improvement Method, notably the end of our formal NHS partnership with Virginia Mason Institute. This signals the start of a new chapter for The Leeds Teaching Hospitals NHS Trust as we shape our method to fit the needs of the organisation and the communities we serve.

Key Achievements in 2021/22

Clinical Value Streams

The on-going impact of the Covid-19 pandemic has heavily influenced our approach and we have stepped back from high-level corporate value-streams to focus specialist support around reset and recovery activities.

Consequently, while plans remain in place to embed the Leeds Improvement Method (LIM) knowledge and skills clinical service units (CSUs) need to deliver independent improvement events this remains a work in progress.

Our LIM community has seen modest growth, however, we have been delighted to witness the more informal collaborative approach colleagues have adopted to support each other apply LIM concepts. This has been vital for sustaining incremental improvements when faced with significant operational challenges.

Clinical value stream activity has included support for city-wide improvements to discharge processes. The method has been particularly valuable in challenging our thinking on the current system complexity and to create processes for the new multi-agency Transfer of Care Hub hosted at LTHT.

In Urgent Care, value stream activities have supported improvement in ambulance handover (16% quicker) and our processes for getting blood test results for patients in the Emergency Department. Alongside other initiatives this work aims to help us deliver more consistently on the Emergency Care Standard.

Work has continued with colleagues in the Ambulatory Surgical Centre, one highlight being a collaborative project with Radiology around appropriate and efficient investigations. This work saw several patient experience measures improve by between 35-100% and effective inter-departmental communication improved by 65%.

The excellent work to improve our responses to complaints began last year by the Patient Experience team and work which commenced in three CSUs has now spread across 11 CSUs. Latest results show an average improvement of 74% in response times and an 11% reduction in repeat reviews.

Lead time for Clinical Service Units on Complaints Improvement Programme

| Financial Year | 2019/20 | | 2020/21 | | | | 2021/22 | | | |
|--------------------------------|---------|------|---------|------|------|------|---------|------|------|------|
| Quarter | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| CSU | | | | | | | | | | |
| Abdominal Medicine & Surgery | 3048 | 3840 | 3696 | 2712 | 3288 | 2040 | 3108 | 2808 | 2436 | 1608 |
| Cardio-Respiratory | 2328 | 4812 | 4728 | 3420 | 3240 | 2076 | 2064 | 2508 | 1548 | 960 |
| Neurosciences | 2040 | 2868 | 4068 | 2376 | 2400 | 2208 | 1440 | 2136 | 1812 | 576 |
| Children's | 3552 | 3648 | 3084 | 1656 | 648 | 1296 | 1344 | 1440 | 1320 | 960 |
| Emergency & Specialty Medicine | 3612 | 3696 | 3360 | 3048 | 2664 | 3000 | 2040 | N/A | N/A | N/A |
| Trauma & Related Services | 4008 | 3948 | 3420 | 2568 | 2304 | 2508 | 2736 | 1752 | 1572 | 924 |
| Women's | 1812 | 2196 | 3468 | 1992 | 2100 | 1848 | 1668 | 1272 | 1680 | 1428 |
| Trust-wide (All CSUs) | 2580 | 3048 | 3192 | 2268 | 2268 | 1992 | 2040 | 1872 | 1488 | 1152 |

Baseline = 2,112 hours (median hours for all complaint responses sent from 01.10.2019 - 31.3.2022)

Target: 50% improvement on baseline = 1,056 hours



Education and Training

We see the LIM Education and Training offer as vital to the success of our vision to be an outstanding healthcare provider.

Having adapted our core Lean for Leaders content for online delivery at the outset of the pandemic, we have now seen 172 colleagues complete the course, 62 of these in the last eight months. The impact of their effort for service users and their teams is wonderful to see.

However, based on feedback and analysis, this year we have embarked on a revolutionary approach to re-design our training in order to deliver a more accessible, sustainable, and learner-orientated offer. We're proud to say this work has involved our Quality Partners from the outset alongside generous contributions from stakeholder across the Trust and external partners.

We are delighted with the feedback from the 150 participants who have joined the new Foundation Day and are building on this to launch an intermediate course in June 2022.

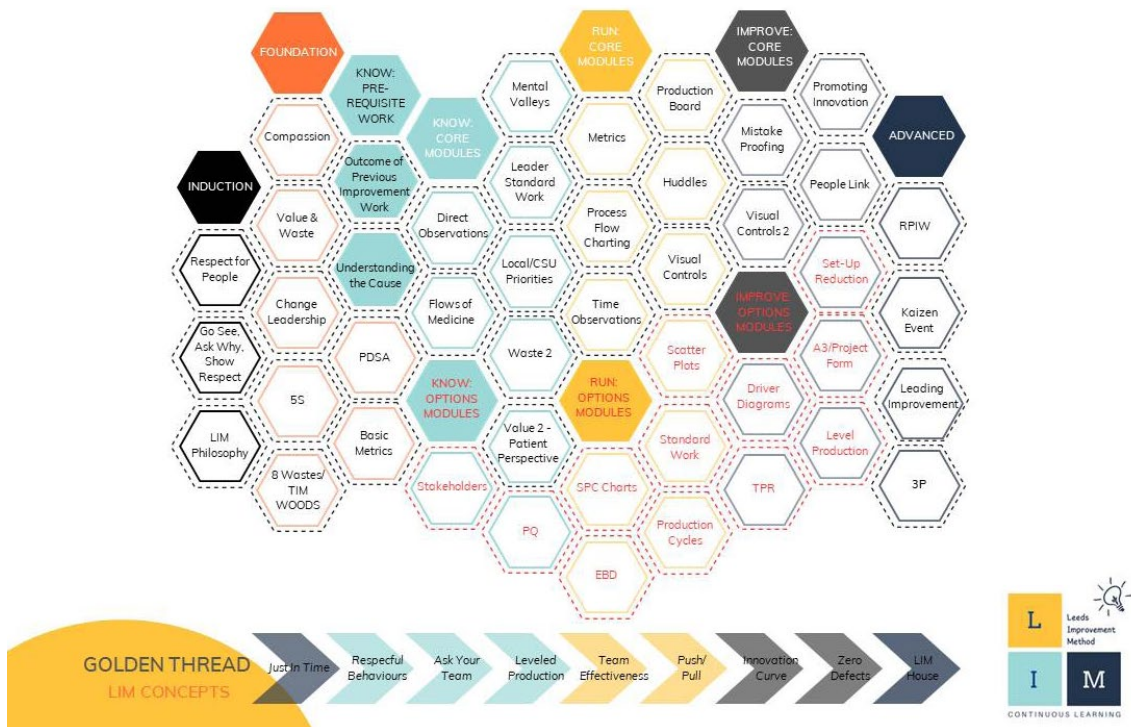
Aims for 2022/23

Value Streams

We will re-shape our Kaizen Promotion Office (KPO) by October 2022. This will enable over 50% of our CSUs to have the embedded and dedicated LIM capability and capacity to deliver on their priority improvement objectives alongside the specialist support they need from the KPO.

By July 2022 we will deliver an intermediate LIM training offer that empowers colleagues to use the LIM concepts to make meaningful, measurable and sustainable change. An Advanced offer will follow by December 2022.

Leeds Improvement Method (LIM): New Education and Training Offer





3.2 Patient Safety

3.2.1 Sepsis

Background

Sepsis is a major cause of morbidity and mortality around the world. It is estimated that up to 12% of sepsis deaths may be preventable. At Leeds Teaching Hospitals NHS Trust we are committed to an on-going Sepsis Care improvement program.



Aims for 2022/23

- Rollout the new Sepsis Screening Tool alongside an education and awareness drive.
- Improve on the specific targets of one hour antibiotics and Sepsis Screening Tool compliance.
- Further develop patient and family resources.

Key Achievements in 2021/22

- Improving compliance rates with completion of the Sepsis Screening Tool (~80%) and one hour Red Flag Sepsis antibiotic targets (>90%) - despite the challenges of Covid-19 in terms of patient numbers and staffing.
- New Blood Culture e-form developed and imminently being rolled out.
- New Sepsis Screening Tool is with IT for digitisation and rollout; this will reduce workload for staff and increase both data collection and quality.
- Supported multiple local QI projects including in ICU and COTE.
- Begun an expansion of the Sepsis Trolley initiative into a more wide ranging Deteriorating Patient Trolley project.
- Delivered education across nursing, ANP and medical teams with highly positive formal feedback.
- Comparing LTHT with National Data shows a Sepsis Survival Rate of 79.8% versus 77.8% nationally, this is despite the higher than average level of patient complexity and comorbidity that is a result of our many tertiary services.



3.2.2 Falls

Background

Falls prevention continues to be a primary patient safety focus for the organisation, with the aim to reduce our rate of falls, and continue our improvement journey. Throughout 2021/22 the number of falls has remained stable despite further pressures due to the Covid-19 pandemic and the team has continued driving our improvement work forward, testing new interventions and sharing learning.

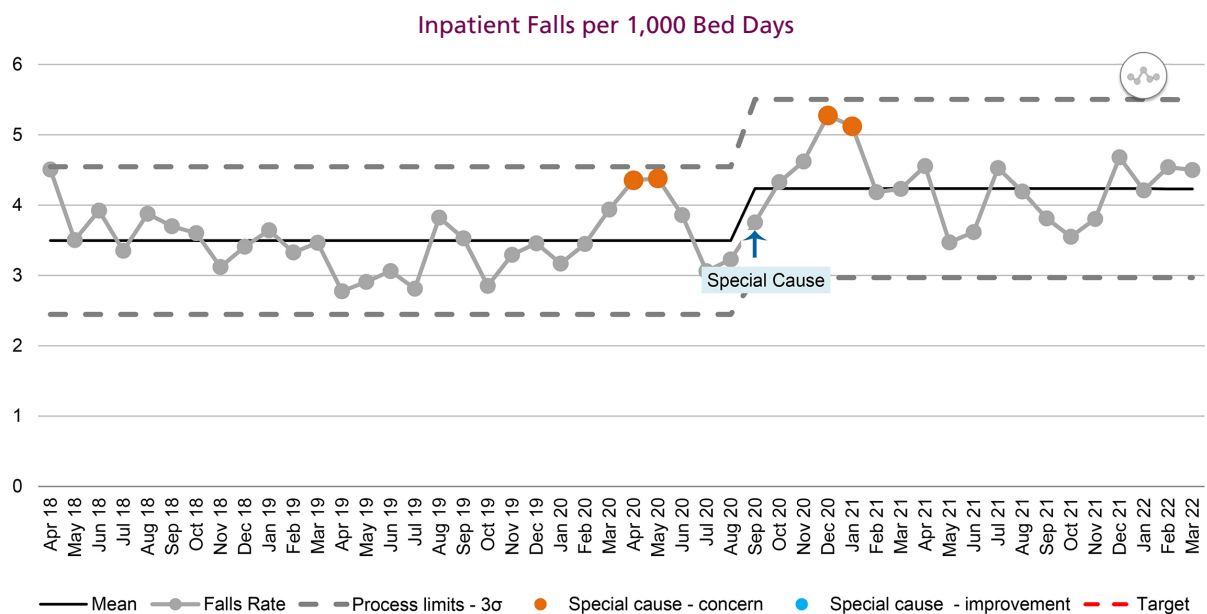
Key Achievements in 2021/22

- In-depth ward reviews as part of the falls in-reach work have continued to support wards and help with improvement ideas.
- An action plan has been developed following the external review of falls prevention within the Trust.
- The Falls Collaborative has enhanced its knowledge regarding the impact of Covid-19 and increased rates of falls and continues to learn. Utilising this learning has been pivotal in maintaining the current rate of falls despite the pandemic.
- Falls data continues to help us understand key areas of focus and is freely available to all on the intranet.

- The team led a successful ‘Fall prevention week’ where colleagues shared successes and learning. Supported by the Deputy Chief Nurse; certificates were presented to a number of staff who had gone above and beyond with falls prevention work.
- The team is working in collaboration with Medline UK; trialling yellow non slip socks as a new intervention to highlight patients at high risk in order to provide enhanced support.
- The collaborative are also working with the Leeds Teaching Hospitals NHS Trust Research and Innovation Hub to trial new falls prevention technology.

Aims for 2022/23

- To continue to reduce patient falls across the organisation back to pre-pandemic levels and continue our improvement journey.
- To continue to embed our Falls Intervention Bundle across all clinical areas in the Trust and a culture of continuous improvement.
- Work collaboratively with Informatics and Mid Yorkshire Hospitals NHS Trust to continue to improve electronic documentation and develop an electronic post-falls proforma.
- To develop the role of the ‘falls champion’.





3.2.3 Reducing Pressure Ulcers

Background

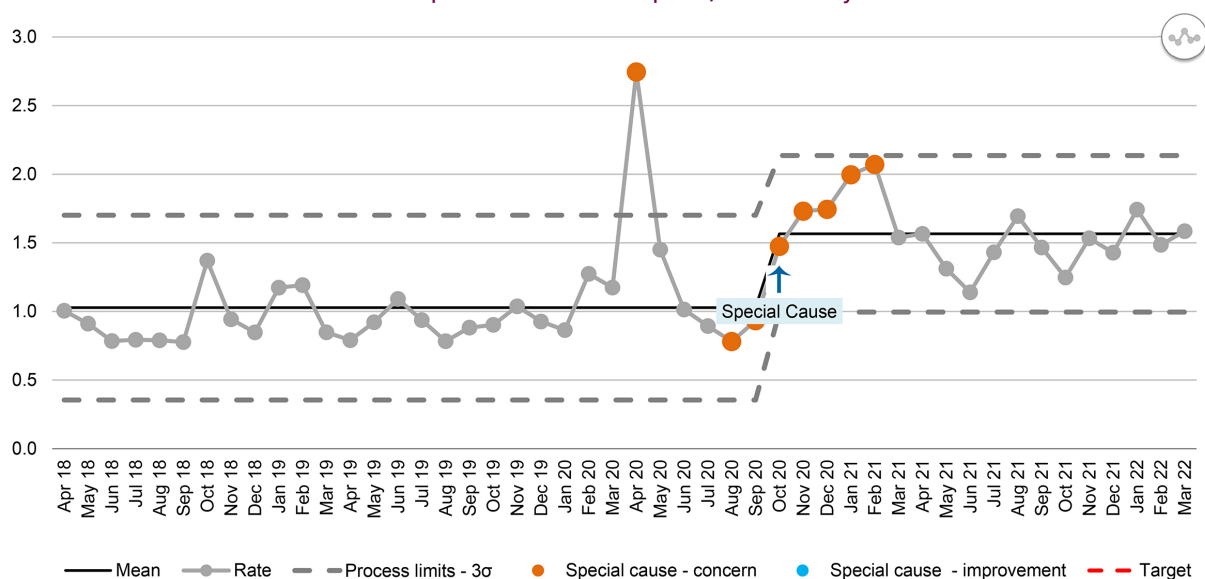
Pressure ulcer prevention remains a key priority for the organisation. The Trust continues to focus on education, training and staff awareness, with the aim to reduce our rates for hospital acquired pressure ulcers through quality improvement work. Throughout 2021/22 the number of hospital acquired pressure ulcers continued to increase; this increase correlates with the rise in admissions to hospital and an increase in patient acuity seen as a result of Covid-19 since the first wave in 2020. Pressure ulcer prevention continues to be a patient safety priority and area of focus for the Trust.

Key Achievements in 2021/22

- Improved compliance with Level 1 and Level 2 Pressure Ulcer Prevention training.
- Leeds Teaching Hospitals NHS Trust hosted its first joint Tissue Viability & Adult Critical Care Conference in November 2021, with colleagues invited from hospitals across the country. Specialists in the field of Tissue Viability and Critical Care came together to discuss the impact Covid-19 has had on patient care and the challenges in managing this patient harm.

- The Pressure Ulcer Collaborative has worked on developing an audit tool which enables the ward/user to complete a detailed review of documentation and pressure area care. This allows the ward to focus resources on those areas highlighted for improvement work.
- Expansion of the team due to increased funding, as outlined in the recommendations of the external review. This has resulted in the Tissue Viability Service being able to work more proactively and collaboratively with key stakeholders, CSUs and wards to improve patient care and promote the reduction of pressure ulcers.
- There has been a focus on the development of Trust wide, accessible pressure ulcer data, which will help to drive the quality improvement work. This will be accessible to all staff on the Trust intranet.
- Despite the increased demands on the service, the Tissue Viability team continue to provide Trust wide, bespoke training according to clinical need, delivering this to ward teams via a virtual platform. Whilst the pre-Covid-19 training has been paused, these sessions have provided an opportunity to tailor training and learning according to local needs.

Developed Pressure Ulcers per 1,000 Bed Days





- Successful Trust wide week long programme to promote “International Stop the Pressure Day” in November 2021. The week-long event, involved ward walks by the whole team, use of Twitter and Trust communications via email to promote the activities daily, celebrating success, as well as gift bags to thank staff and encourage having a conversation about skin integrity. Awards were given out to celebrate outstanding achievements with staff across the Trust encouraged to participate.
- Launch of the Tissue Viability Newsletter Q3 21/22 - a quarterly newsletter circulated Trust wide which aims to promote staff engagement. The newsletter celebrates achievements by ward teams and individual staff, and provides an opportunity to keep teams across Trust up to date about changes in the service, as well as learning and awareness of all things related to Tissue viability.

Aims for 2022/23

- Continue working towards a zero tolerance for Category 4 pressure ulcers.
- Focus on reducing pressure ulcers across the organisation and continue with our quality improvement work.
- Development and launch of the new Patient Safety Incident Reporting Framework. LHTT is a pilot site and Pressure Ulcer Prevention will be the first patient harm to migrate towards the new framework. A thematic review of the incidence of Moisture Associated Skin Damage (MASD) deteriorating to pressure damage will be completed at the end of 2022/23 with the learning shared across the Trust through perfect ward meetings, and lessons learned.
- Continue to embed and scale up the refreshed Pressure Ulcer Collaborative Intervention Bundle across the collaborative wards.
- Continue to work collaboratively with Digital Information Team (DIT) on improving electronic documentation relating to Tissue Viability and Pressure Ulcer Prevention.
- Work on the production of a patient information video focusing on the importance of Pressure Ulcer Prevention, which will aim to educate and ensure patients they have knowledge about the risks.
- Citywide work recommenced, working with partners across the city of Leeds in the reduction of all pressure ulcers and improving patient care.



3.2.4 Maternity

Background

The Maternity Services continually strive to provide outstanding personalised targeted care to all service users. Co-production and co-design of services with all appropriate stakeholders is pivotal to this vision. At the heart of our vision is a culture of learning and continual improvement.

Key Achievements in 2021/22

- Achieved 100% compliance with delivery of the safety actions supporting the NHS Resolution Maternity Incentive Scheme.
- Significant reduction in the number of serious neonatal outcomes with a >50% improvement in Hypoxic-ischaemic encephalopathy (HIE) rates.
- Full engagement with the seven Immediate and Essential safety actions identified in the interim Ockenden report published in December 2020.
- Provided enhanced fetal monitoring training for all intrapartum teams.
- Continued to rollout Continuity of Carer teams to align with the evidence base and National Maternity Transformation Plans with a specific focus on women known to be at risk of health inequalities.
- Reviewed and updated the Leeds Maternity Strategy 2021 -2025.
- Embedded regular simulated emergency drills in all clinical areas with an emphasis on human factors and system wide learning.
- Developed a system wide process for reviewing serious incidents across West Yorkshire and Harrogate Local Maternity System.
- Developed a Public Health dashboard to facilitate targeted data analysis.
- Rolled out electronic self-referral to maternity services across Leeds.

Aims for 2022/23

- We will ensure that the building blocks of workforce, education and engagement are embedded to support further rollout of Continuity of Carer.
- Review the findings of the final Ockenden report and the investigation into the maternity services at East Kent led by Bill Kirkup. We will benchmark our services and identify any opportunities for learning and develop responsive action plans to ensure optimal quality and safety of the maternity services at Leeds Teaching Hospitals NHS Trust.
- Continue to embed learning through the use of multimedia platforms.
- Use quality improvement methodology to achieve a 25% reduction in the incidence of post-partum Haemorrhage.
- Embed the self-referral process to maternity services with a specific focus on facilitating bookings at less than 10 weeks gestation providing an opportunity to maximise the health and wellbeing of the mother and baby.
- Use the newly developed public health maternity dashboard to review data at a granular level to support the development of targeted strategies to reduce morbidity and mortality and optimise opportunities for health promotion and delivery of the public health agenda.
- Develop a process to increase external peer review of perinatal mortality.
- We aim to build on the foundations of fetal monitoring training and scale up the education across the service to support further reduction in morbidity and mortality.
- We will strengthen training in caring for women with enhanced care needs.
- We will work to further improve learning. This will be aligned with the principles of Safety 2 and not only learning from adverse incidents but employing the ethos of appreciative enquiry and learning from when things go well.
- Work collaboratively with key stakeholders to increase engagement with harder to reach communities to reduce health inequalities.



3.2.5 Preoperative Blood Management and Earlier Identification of Preoperative Anaemia

Background

Reducing the number of patients with preoperative anaemia has been a key priority at Leeds Teaching Hospitals NHS Trust since November 2019 when the Quality Improvement (QI) collaborative was formed. Proactive identification and treatment of preoperative anaemia is supported by NICE guideline NG54.

Key Achievements in 2021/22

During the Covid-19 pandemic there have been a reduction in surgical procedures due to reduced surgical capacity, to support patients being treated with Covid-19. Access to treatment for preoperative anaemia was maintained for patients undergoing urgent and cancer surgery.

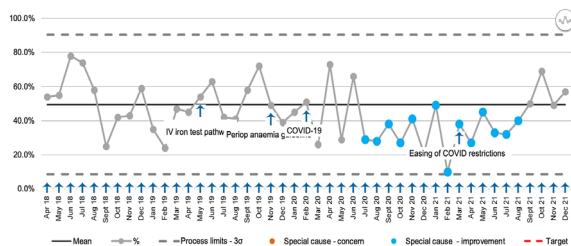
The anaemia rate (at the point of admission, for elective surgical patients) in the original six surgical specialties part of the collaborative has reduced since the collaborative began.

| Year | Anaemia rate (%) | Red cell transfusions | |
|---------|------------------|-----------------------|---|
| | | Total | % administered to patients with anaemia |
| 2018/19 | 23 | 1479 | 49% |
| 2019/20 | 22 | 1452 | 49% |
| 2020/21 | 20 | 984 | 33% |

However, as surgical activity is increasing as part of the Trust recovery, the anaemia rate has risen - April 2021-December 2021 = 23%.

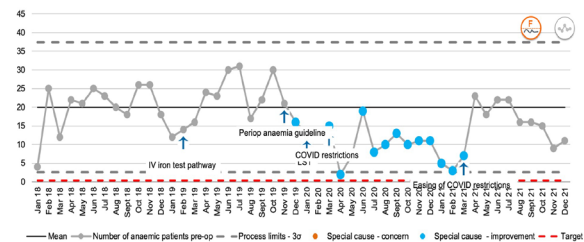
During the same timeframe 40% of red cell transfusions were administered preoperatively to patients with anaemia.

Percentage of red cell transfusions administered preoperatively to patients with anaemia



The greatest reduction in the anaemia rate preoperatively has been in the colorectal surgical speciality.

Preoperative anaemia rates in Colorectal Surgical Speciality



This may be as a result of deconditioning in the patient population, reduced anaemia screening at the point of pre-admission (as a consequence of the pandemic) or reduced identification of anaemia in a timely manner to enable treatment, is not possible to establish.

Engagement with primary care and GPs to identify and treat iron deficiency anaemia is underway. Using the Shape Up 4 Surgery campaign, the GP Bulletin and Target training sessions sharing anaemia rates and patient outcomes for the different areas of Leeds.

Aims for 2022/23

- To increase the number of surgical teams working towards reducing preoperative anaemia through a trust wide campaign is planned for May 2022.
- Project underway to identify missed opportunities for treatment of preoperative anaemia in the colorectal surgical patient population. Target completion date Spring 2022.
- To decrease anaemia prevalence through preoperative screening of patients on surgical waiting lists and use of oral therapies has begun in adult spines, urology and upper GI. Preliminary results are expected in August 2022.



3.2.6 Reducing Rates of Healthcare Associated Infections (HCAI)

Background

The reduction of Healthcare associated infections (HCAIs) remains a key priority; our annual programme and Infection Prevention and Control Board Assurance Framework (IPC BAF) reflect the actions and key work streams in place to facilitate this.

In 2021/22 the unprecedented impact of the Covid-19 pandemic has continued to change the focus and direction of the Infection Prevention and Control (IPC) service and we remain ready to respond to emerging changes in Covid-19.

Key Achievements in 2021/22

The IPC team (IPCT) has responded and supported the organisation with implementing national Covid-19 guidance ensuring the safety of patients, visitors and staff remains at the heart of everything we do.

The HCAI Faculty has continued to provide a quality improvement focus on reducing avoidable blood stream infection (BSI). Over the last year one of the key areas of focus was the implementation of intervention four - "prompt removal of peripheral cannula". A poster competition to act as a signpost to removal was launched with a number of entries submitted from many clinical areas. The winning entry was featured in the 'Start the Week' Bulletin and a parallel implementation trial is underway.

The Faculty undertook a behavioural questionnaire to understand the human factors that act as barriers to successfully switch from intravenous (IV) antimicrobial therapy to oral preparations working collaboratively with Bradford's Institute of Health Research.

The HCAI faculty is also collaborating with the Sepsis and Antimicrobial faculties to work across a number of converging work streams.

Nationally and in Leeds Teaching Hospitals NHS Trust, recruitment of Infection Prevention (IP) nurse specialists and Consultant Microbiologists remains challenging. In response the IPCT welcomed two nurse secondments from clinical areas within the Trust, expanded the senior specialist job description to include all Allied Health Professions and reviewed the Medical IPC workforce model.

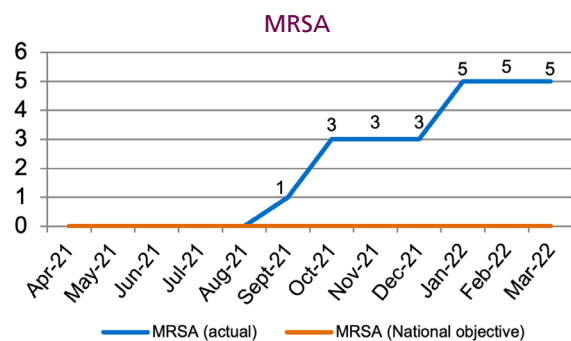
Supporting the health and wellbeing of the team is essential due to the sustained pandemic pressures. Clinical psychology sessions allowed our staff the safe space to fully debrief and an IPC nurse secured a place on the Professional Nurse Advocate Course, which is designed to deliver restorative supervision to colleagues and teams.

In 2020/21 we reported success in our bid to procure an updated IT IPC surveillance package which will revolutionise the way in which the IPCT support clinical teams with timely HCAI data. A number of manual processes will become fully automated.

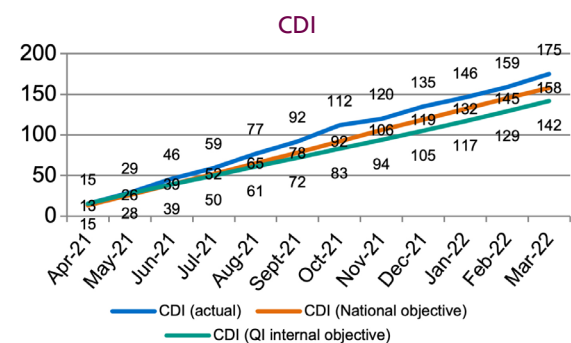
We have strengthened our IPC governance structure and operational response, ensuring robust processes for managing and mitigating risk from ward to board.

Aims for 2022/23

- We will support the organisation to respond to emerging Covid-19 changes.
- Focus on reducing all avoidable HCAIs with attention on BSIs and a zero tolerance approach to Methicillin Resistant Staphylococcus Aureus (MRSA). We will build on the successes of the HCAI Faculty; developing a collaborative newsletter and exploring an in-house e-learning package.



- Clostridioides Difficile Infection (CDI) is rising nationally and locally; we will build on work already in progress to reduce our rates of CDI with particular emphasis on antimicrobial stewardship, CDI ward rounds and sharing of lessons learnt.



- We continually strive for innovative ways in which to redesign and strengthen our IPCT workforce (nursing and medical), and we are developing an internal development programme for IPC nurses, supporting health and wellbeing.



3.2.7 Care with Medicines

Background

We aim to provide care and treatment with medicines in the best way we can for each patient as an individual.

Medicines are used to help most patients if they have a healthcare need. We want to use all medicines in a way that helps each patient to improve their own health.

We are using different ways to find out how we can involve patients and their families in making this happen consistently through an approach called Better Conversations. When we get this right it helps individuals themselves and helps us all to reduce medicine waste.

Key Achievements in 2021/22

Throughout the pandemic we continued to care for our patients with their medicines including supporting the vaccination programme and roll out of new Covid-19 treatments for our most vulnerable patients.

Despite the constraints related to Covid-19 over the last year we did manage to collaborate with some patients, their families and healthcare teams in some of our more specialised care pathways to listen to what matters most to patients being cared for by those teams. We will use this understanding alongside our Better Conversations approach to find different ways to help individuals get the most from their medicines.

We know that sometimes conversations about medicines are more helpful if they take place after discharge, once patients have returned to their usual place of residence. We continue to actively connect to the NHS Discharge Medicines Service (DMS) which links patients or their carers to their chosen and most appropriate pharmacy team after their discharge. They can then have conversations about their medicines with a medicines specialist at a time most suitable for them.

We identified a medicines theme to include in the Trust Patient Safety Incident Response Framework (PSIRF), to help us to learn and improve as a result of patient safety incidents related to medicines. PSIRF is described further in section 3.2.11 Serious Incidents.

Aims for 2022/23

We will continue to improve our Discharge Medicines Service so patients or their carers only have to tell their story once. We aim to work on systems that support all the services helping patients to get the most from their medicines to have the same up-to-date information to inform an individualised approach whenever it is needed.

We will develop accessible patient information to let patients know about the different types of medicines support that they can access when they leave hospital.

We will work with other hospitals in the region to explore more efficient ways of preparing medicines that are given by injection or infusion.

As we plan the pharmacy facilities for the new hospital, our "Building the Leeds Way" team are using feedback and ideas from our users to make sure we incorporate what is important to patients, their carers and families, and our colleagues across all Healthcare services.





3.2.8 Reducing Harm from Preventable Venous Thromboembolism (VTE)

Background

Patients admitted to hospital are at risk of developing a blood clot or venous thromboembolism (VTE). Reducing the risk of these occurring is an important part of patient care. Adult patients who are admitted to hospital are asked questions to help assess their risk of developing blood clots and their risk of bleeding, this helps us decide how to care for each individual patient. We have continued to work throughout this year to make sure the way we consider these risk factors for each individual is reliable. This is especially important for patients admitted for Covid-19 related reasons because the virus seems to increase the risk of blood clots.

Key Achievements in 2021/22

- VTE risk assessment rates have been sustained at above 95% (see graph and table).
- We have continued to use the root cause analysis tool to help us gather learning and information about what worked well and what could be improved across our services.
- Used Trust wide communications in Learning Points Bulletins and Quality and Safety Matters Bulletins to highlight lessons learned from looking at patient stories where a blood clot was not prevented.

- Another successful and well attended Trust-wide study session was held on World Thrombosis Day in October 2021. This year's event focused on awareness of VTE, and what actions can be taken to reduce the risk to our patients.
- Formed a VTE link nurse network to help us learn from events and reduce Hospital Associated VTEs.

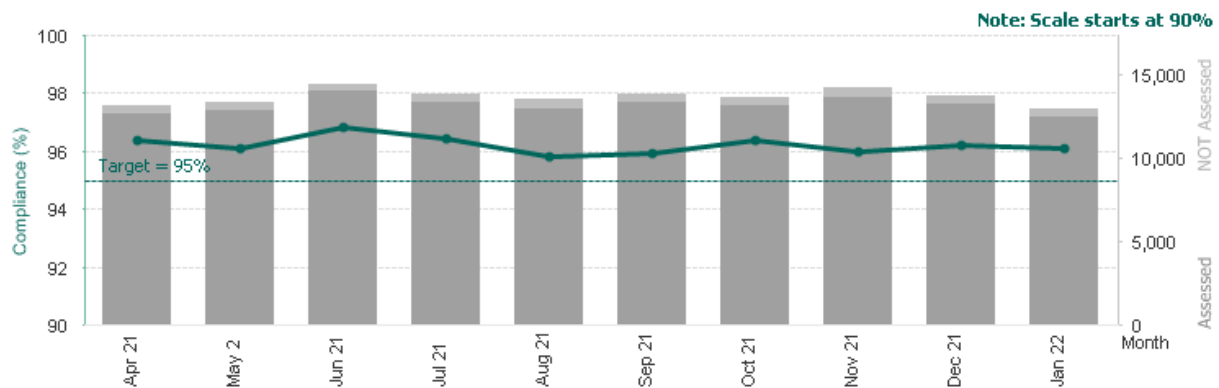
Aims for 2022/23

- Continue achieving our 95% target of admitted patients having a documented risk assessment as part of their individual patient care record.
- Use the VTE link nurse network to share incidents and feedback promptly with clinical teams and educate staff to improve awareness of VTE prevention and diagnosis and treatment.

VTE Compliance

| Indicator | Reporting period | Trust performance | National Average |
|---|------------------|-------------------|---|
| Percentage of admitted patients risk-assessed for VTE against the national benchmark of 95% | Q1 2021/22 | 96.4% | Data collection temporarily suspended because of Covid-19 |
| | Q2 2021/22 | 96.1% | |
| | Q3 2021/22 | 96.2% | |
| | Q4 2021/22 | 96.1% | |

VTE Risk Assessment Rates - 01/04/21-31/03/2022





3.2.9 Safeguarding Vulnerable People

Background

Leeds Teaching Hospitals NHS Trust continues to work to enhance safeguarding practice and standards across the 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.

Despite the on-going challenges of the Covid-19 pandemic, safeguarding has remained a priority for the Trust and safeguarding service provision and delivery has been unaffected during the pandemic.



Key Achievements in 2021/22

- The A&E Navigator programme is now established in both the Trust Emergency Departments. The programme supports young victims of knife crime and exploitation attending the Emergency Departments. Funding to support this project has been provided by the Home Office Crime Reduction Unit.
- The Trust is a proactive and committed member of the city safeguarding boards and partnerships. We are strongly engaged with the city-wide work focusing on Self-Neglect and 'Think Family' agendas, both being championed throughout the Trust.
- Amongst a number of audits a partnership audit with the Trust's Patient Experience team sought to capture the voice of the patient in the safeguarding process.

- Service User leaflets for both Children and Adults were created and launched to help explain safeguarding processes to service users and guide staff to have patient centred conversations hearing their voice.



- Transitions work - The Children's and Adult Safeguarding team have created a pathway to ensure handover of vulnerable patients once they reach 18 years.
- Digital work - work has commenced in converting paper safeguarding forms into a digital format to be linked to the electronic patient record which will help in robust documentation, communication and audit trails for any safeguarding concerns.

Aims for 2022/23

- Following the Safeguarding Voices work with the Patient Experience team, the Trust Safeguarding Team is working with NHS England on introducing an Always Event for Safeguarding, to support further improvement and consistency in practice.
- The aim to expand and widen the A&E Navigator service into 2022/2023 is in progress with an aim to widen the scope of the service to be adverse trauma navigators. This proposed model of service will continue to be based in the Emergency Departments and will offer a service to a wider demographic of individuals, which will provide more specialist care to vulnerable people.



3.2.10 Scan 4 Safety

Background

Now in the fifth year of the programme, the Trust is beginning to cement its position as a centre of excellence for the implementation of Scan4Safety. In 2021 the Executive Sponsor for the programme retired and was replaced by the Director of Finance and the Medical Director for Unplanned Care.

The programme has become more focused on three key deliverables:

- Automated Live Bed State
- Implementation and Integration of Supply X
- Real Time Location Tracking

The programme still holds to the core tenants of being able to associate patient, product, place and process. Following the publication of the Cumberlege Report “First Do No Harm” the Trust is using Scan4Safety methods to be able to comply with the requisite data capture and reporting.

Key Achievements in 2021/22

- Replacement of the Inventory Management System. The Trust has successfully rolled out Supply X from Omnicell into both Ophthalmology and Gynaecology Theatres. It has piloted the implementation of the Android version of the software and accepted it into use as clinical preference.
- An ambitious roll out programme remains but we are confident in the benefits we see around capture of data surrounding patient to product.
- The system to track advanced therapies around the organisation has not had the opportunity to be piloted due to lack of suitable patients.

- Scan4Safety is leading the work in creating a Live Bed State for the organisation. At present we are ensuring that the foundations of any system are in place and that data quality is accurate.
- We have identified a pilot case for Real Time Location Tracking in the organisation. The pilot area has been identified as the Emergency Departments and we are working to establish funding for the pilot.
- The development of Hololens Technologies has been passed to other areas of the organisation to enable Scan4Safety to focus on its key deliverables.

Aims for 2022/23

- Continue to integrate the Supply X Inventory system into the organisation and develop a roadmap of improvements with the supplier Omnicell.
- Continue to explore the automatic reporting of information into the National Implant Registers.
- Ensure that the Trust continues to work towards a sustainable Automated Live Beds State that is supported by the organisation and is specific to the needs of individuals whether entering the data or reading and interpreting the information.
- To pilot Real Time Location Tracking in the Emergency Departments.



3.2.11 Serious Incidents

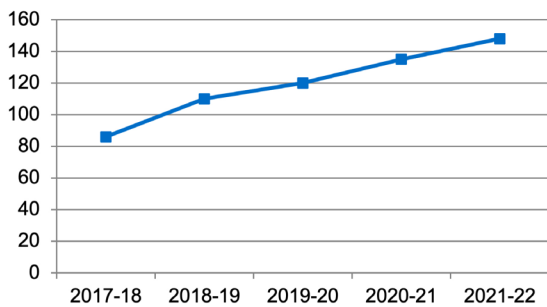
Background

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.

Incident Data 2021/22

This year has seen an increase in the total number of serious incidents reported to our commissioners. The most common types of serious incidents reported during the year were hospital acquired Category 3 pressure ulcers and inpatient falls resulting in moderate harm and above. The Trust has established quality improvement programmes to look at decreasing the occurrence and severity of serious incidents, such as pressure ulcers and falls.

Number of serious incidents reported (by year)



Incidents reported by Harm 2020/21

| Indicator | Trust Performance 2020/21 | Benchmark range for acute (non-specialist) Trusts |
|---|---------------------------|---|
| Total no. of patient safety incidents reported | 26,685 | 3,169 - 37,572 |
| No. of patient safety incidents resulting in severe harm | 32 | 4 - 137 |
| No. patient safety incidents that resulted in death | 48 | 0 - 146 |
| Percentage of patient safety incidents that resulted in severe harm | 0.1% | |
| Percentage of patient safety incidents that resulted in death | 0.2% | |

Key Achievements in 2021/22

We have taken part in an Early Adopter programme with NHS England for the introduction of a new Patient Safety Incident Response Framework (PSIRF). This changes the way that we respond to certain types of incident and allows us more freedom to review areas of the highest risk for the Trust and not bound by a broad national definition of incident types for investigation.

This year we have had a Patient Safety Partner join our PSIRF Programme Board advising us on better ways to engage with our patients and families who have been involved in safety incidents.

We have used the PSIRF programme to support our work on improving and widening our offer of support for staff who have been involved in a patient safety incident.



Aims for 2022/23

We will be working to further embed our work on the Patient Safety Incident Response Framework, including implementing our Patient Safety Incident Response Plan (PSIRP) from April 2022. This will include changes to our investigator training programme, introducing new patient safety incident review methods and ensuring our patient safety incident responses feed through to our Quality Improvement Programme in a structured way.

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 six Never Events during 2021/22. This is four less than the previous year. Incidents were reported under the following categories:

- Wrong site procedure
- Overdose of insulin
- Administration of medication by wrong route

All of these Never Events were reviewed in line with our serious incident investigation procedure. The Trust commissioners have oversight of the completed reports and seek assurance on the implementation of the lessons earned, focusing on the implementation of robust safety checking procedures to reduce the risk of Never Events.

Learning from Incidents

The Trust's Lessons Learned Group co-ordinates the dissemination of lessons learned from incidents and complaints across the organisation. Learning is shared through the publication of 'Learning Points Bulletins'. During 2021/22 topics have included communication of patient information, patient falls, and needlestick injuries.

The LTHT intranet site contains a Lessons Learned page where all staff can 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. These are focused on safety topics identified in local investigations or from national learning. These are sent to all wards and departments within the Trust to ensure that all staff are aware of these risks and what they need to do about them.

In 2021/22 the Trust continued to lead the shared learning group involving Trusts in the West Yorkshire and Harrogate region (West Yorkshire Association of Acute Trusts - WYAAT). The purpose of this network is to discuss common challenges relating to quality and safety, focusing on sharing key learning points arising from serious incident and never event investigations. The focus during this period has been on the impact of the coronavirus (Covid-19) pandemic and the themes emerging from this.





3.3 Patient Experience

3.3.1 Patient Experience Priorities

Background

Patient experience is at the heart of all we do at Leeds Teaching Hospitals NHS Trust (LTHT). Over the last year we focused on a number of priorities which were influenced by what patients told us and an ambition to address common feedback themes arising for people during the pandemic.

Key Achievements in 2021/22

We will expand the Trust complaint improvement programme to include more Trust services and will continue to focus on improving the timeliness and quality of complaint responses.

Following on from work that commenced in 2020, in 2021, a second cohort of Trust clinical service units (CSUs) completed the Trust complaints improvement programme. The CSUs involved were Abdominal Medicine and Surgery (AMS), Neurosciences, Cardio-Respiratory and Women's.

All CSUs involved achieved a reduction in time taken to complete complaint responses and improved the percentage of complaints reopened, for reasons they could influence.

We will engage with patients with protected characteristics to understand their hospital experiences in order to identify areas for development and improve overall patient experience.

In 2021, the Trust formed a Deaf and Hard of Hearing Task Group to gather feedback from the Deaf and Hard of Hearing Community and take action to improve experience. Actions taken this year to improve experience for this group of patients have included the addition of an interpreting app on ward electronic devices, enabling instant access to interpreting, including BSL.

In November 2021, work commenced with the Head and Neck CSU to recruit patients to advise on a planned move of the Ophthalmology outpatient service. This is an important change for the service, which has received patient feedback in recent years relating to the outpatient environment. Because of this it has been important to include patients in this move to ensure the new environment is as compatible as possible with supporting patients' needs.

The Trust Communications team, Leeds CCG and Neurosciences CSU ensured that patients and the public were involved in the planning of the relocation of Stroke Rehabilitation services to CAH. As part of this work, engagement with BME communities was completed by Voluntary Action Leeds. The work was reported at Scrutiny Committee.



We will continue to develop the Trust patient story programme, seeking to regularly capture current experiences to support service development.

A Patient Story was shown at each Trust Board, Quality Assurance Group and Patient Experience Sub-Group throughout the year. Stories are available on the Trust website and for staff to use as resources for development and can be found in the [Patient Stories section of the LTH website](#).

In addition, the Trust continues to be involved in the 'How Does it Feel to Be Me?' programme which captures the experiences of people in Leeds as they navigate the health and social care system.

We will continue to implement the Carers passport programme. This will support the Carers of our most vulnerable patients to have their needs taken into account.

During 2021, a trial of a Carers Passport took place on three wards in the Specialty & Integrated Medicine (SIM) Clinical Service Unit.

Feedback received from staff involved in the passport pilot identified that it had been difficult to test the process, because:

- not many carers eligible for a passport had been visiting during the period.
- the service had undergone a significant restructure during that time.

However, some useful information was gathered which will be built upon to progress next steps

Although delivering the pilot has been more challenging than expected, the learning achieved will now be used to progress this work during 2022/23.

Aims for 2022/23

- We will continue to implement the Trust complaints improvement programme, which aims to improve the experience of Complainants. This will involve recruiting a further cohort of Clinical Service Units into the programme to focus on the timeliness and quality of complaint responses.
- We will continue to explore the opportunities available to meet the requirements of the Accessible Information Standard, seeking solutions to improve experience.
- We will implement the requirements of the Involving Patients in Patient Safety Framework. This will include building on the existing Trust Partners programme to align our Partners with work taking place to improve Safety in the Trust.
- We will sign up to an external assessment and accreditation for our inclusiveness around LGBTQI equality for patients and staff to take place during 2022.
- We will implement a Patient Experience Assurance Programme which aims to improve assurance that actions are taken in the Trust in response to key feedback via a number of different routes, including complaints and patient stories.



3.3.2 Patient, Carer and Public Involvement and Patient Experience Strategy

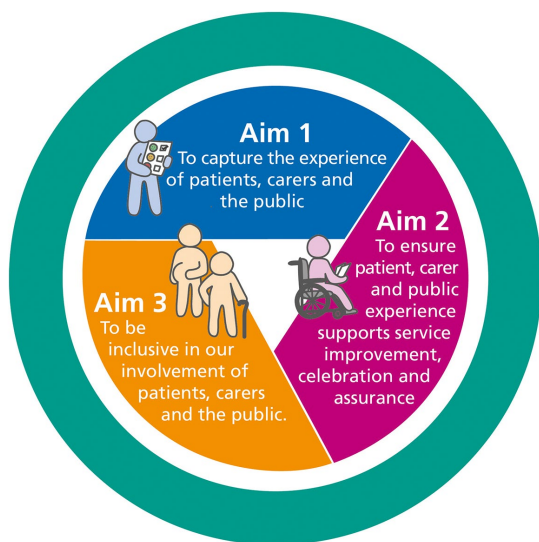
Background

The Patient, Carer and Public Involvement (PCPI) team support involvement and engagement activities with patients and the public to ensure their views contribute to Trust developments. Face-to-face interactions continued to be restricted during 2021/22 and most opportunities for involvement have therefore been offered virtually, via digital routes. Despite this, our patient and public partners have continued to be supportive in meeting these challenges and we are hugely grateful for this.

Key Achievements in 2021/22

Patient Experience Strategy

During the year, a new Trust Patient Experience Strategy was completed. The strategy focusses on the work of the PCPI team and is the direct result of collaboration with 61 patients, carers and members of the public. The team used a mixture of survey and workshops to understand what matters to patients and the public in terms of the direction of the Strategy. The Strategy has three aims which include a number of actions attached to each of these, to ensure the work is a success.



Patient Reference Group

The Patient Reference Group (PRG) offers an opportunity for patients and members of the public to engage with Trust staff and provide feedback on Trustwide, as well as service led initiatives. The group met virtually five times this year.

Topics discussed have included:

- The Patient Experience Strategy
- Digital exclusion and solutions for patient care
- Safeguarding
- The Patient Safety Incident Response Framework
- Development of the Trust Shape up for Surgery programme.

Survey Activity

Since January 2021, the Trust has had access to a module which supports clinical staff to create bespoke online surveys for use with specific cohorts of patients.

This new feature allows departments to engage with their patients and service users in a variety of ways, including through survey links in emails and through using ward i-pads. Examples of the feedback that has been sought from services using this technology so far include:

- Finding out about children's experiences of forearm fractures
- Assessing the value of Renal Psychology newsletters
- Seeking views on the outsourcing of Outpatient pharmacy services
- Understanding congenital heart patient preferences for Outpatient appointments
- Finding out about what carers would like included in Carer 'Comfort packs'
- Asking patients about their ward night-time experience.



Patient Voices Database

The PCPI team continue to connect virtually to 1244 citizens of Leeds and use these connections to request feedback about subjects which can be easily communicated by e-mail. This enables people to contribute to engagement activity from the comfort of their homes and as and when they have time to do so.

During the year, people have generously contributed their time to supporting a total of 86 separate activities with 1984 members of the public contributing to the work. Some examples include:

- Providing feedback about a C-difficile research recruitment flyer
- Supporting the development of a bereavement booklet
- Contributing to a Safeguarding leaflet review
- Reviewing patient information on Trust internet pages for accessibility
- Sharing the experience of receiving digital appointments
- Involvement in a citywide review of Mental Health services.

Always Events

Following a pause during the pandemic, a maternity Always Event was recommenced during this year to support mothers to have a skin-to-skin opportunity with their baby following birth. The work involved gathering feedback on three questions following the introduction of initiatives to improve departmental practice. The questions were first asked during breast feeding awareness month in August 2021 and were:

- Do you feel you had enough skin to skin with your baby/babies for as long as you wanted?
- Did your baby/babies have their first feed in skin-to-skin?
- Was this a breastfeed or a bottle feed?

The departmental team were delighted to learn that of the people who answered the questions that month, all responded with yes to the first question. The majority of babies also had their first feed during a skin to skin interaction and this was a breastfeed, demonstrating good progress was being made in supporting mothers and their babies to achieve these aims.

Children's Hospital

The team at the Children's Hospital have been especially proud this year of the following engagement work that has taken place in their department with children and their parents:

- A parent speaking about their experience of being with a child as an inpatient at nursing staff development days
- The development of a Super Families forum - a forum set up by parents
- The continued involvement of children in the design of a new Children's Hospital. In May 2021, HRH The Countess of Wessex met young patients and spoke to them and their parents on a video call to hear their ideas on what they would like to see in the new hospital. Some of the children had taken part in a Daring Designers competition the previous summer to showcase their designs.

Aims for 2022/23

During 2022/23 the PCPI team will be concentrating on meeting the aims of the Patient Experience Strategy and acting on public feedback from the engagement that took place during development. This feedback included:

- Act on themes arising from feedback, demonstrating how improvement and celebration is progressed
- Understand where there are gaps in knowledge about the experiences of specific communities and seeking to remedy this - including for disabled young people accessing Trust services, people seeking asylum and those accessing the complaints process.
- Develop the 'Community Connector' role to support engagement with communities across Leeds.

The team will also be continuing their work with the Safeguarding service to launch an Always Event, which will aspire to achieve what patients suggest should always happen at their first interaction with staff when a safeguarding concern has been raised. This follows work that was undertaken during the year to conduct structured interviews with a total of 17 people involved in a safeguarding concern. The interviews resulted in a Safeguarding Voices Report, which was accompanied by a film describing the work which included direct quotes from individuals involved.



3.3.3 Volunteering

Background

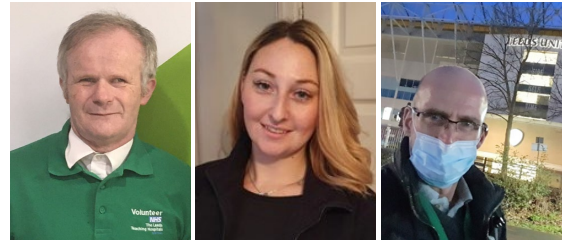
Many volunteers are currently stood down from their roles due to the Covid-19 pandemic. The Voluntary Services Team (VST) have however maintained good communication with all volunteers via a newsletter, virtual coffee and catch up sessions, quizzes and regular updates.

Despite Covid-19 restrictions, the VST managed to support over 100 active volunteers. In 2021 these volunteers gifted 5,966 hours.

Active volunteer roles during this period have included a Covid-19 Response role in the Trust and at the Elland Road Vaccination Centre, and a number of remote or virtual volunteering opportunities.

Key Achievements in 2021/22

- The VST coordinated the recruitment, training, support and deployment of over 100 volunteers for the Vaccination Centre.
- Launching a virtual volunteering pilot was a great opportunity to learn how the team could support patients in innovative ways.
- The VST launched a Volunteer to Career pilot and the first cohort of volunteers taking part have all shown an increase in skills, confidence and an interest in pursuing a career in health/ care.
- The VST has established a Volunteer Response Model, which allows CSUs or departments to request volunteer support in advance for specific activities. The volunteers in this role have supported the Communications team, Corporate Nursing and the Palliative Care team.
- Trust volunteers have been recognised for their contribution in National awards, including a volunteer hypnotherapist who received a highly commended award for her work with the carer of a patient receiving treatment for cancer.
- The VST has developed and launched a Volunteer Strategy which has been created with and designed with our volunteers. The VST are delighted that they are striving for 'Excellence in Volunteering' and that the strategy will help achieve this.



Aims for 2022/23

- The VST has been successful in securing NHS England/Improvement funding to deliver a volunteer led intervention promoting the Shape Up 4 Surgery campaign. The impact of this intervention will be measured and will focus on keeping people waiting well, feeling empowered to maintain their health and wellbeing and minimise their stay in hospital following surgery.
- The VST will be hosting, with St John Ambulance, an advanced NHS Cadets scheme. This is an opportunity for young people in challenging circumstances to gain knowledge and experience and potentially follow careers in the NHS.
- Improving links with the Leeds community and working with them to address inequalities in health will be at the forefront of a VST Community Connectors project.
- Launching the Leeds Way Welcome Team will see an increase in volunteers in the entrances and public spaces in our hospitals. These volunteers will provide a warm welcome to patients and visitors. They will act as way finders, guides and a practical support to get people where they need to be.
- The VST hope to work with Helpforce on the Back to Health campaign. This will help the Trust to recover from the volunteers and roles that have been lost due to the Covid-19 restrictions. With the support of Helpforce, the VST will develop high impact, meaningful roles that demonstrate the difference volunteers make to patient, staff and organisational outcomes.
- The VST has secured a Volunteer Hub which will be a central location for the team to recruit, support and deploy volunteers from across the hospital site, in response to the needs of the Trust, and are looking forward to moving in.
- The VST will aim to increase the accessibility of volunteering opportunities by working in partnership with National Deaf Children's Society (NDCS).



3.3.4 Partner Programme

Background

The Trust continues to build on a project commenced in 2019, to test involving interested members of the public in Quality Improvement work.

There are currently 15 QI Partners supporting the Trust quality improvement collaborative workstreams, and work has evolved beyond this to involve the Partners in supporting other Trust activities, including the recruitment of senior Trust staff.

NHS England and NHS Improvement published a Framework for involving patients in patient safety in June 2021. This expects Trusts to support members of the public to become involved in work which improves safety for patients, by becoming Patient Safety Partners (PSPs). The Partner programme team are currently expanding the work they do, so that it can also support the delivery of PSPs in the Trust.

Key Achievements in 2021/22

HSJ Patient Safety Award



The project team, with the support of a QI Partner, were successful in winning a HSJ Patient Safety Award for the category of Service User Engagement and Co-production. To achieve this, a presentation about the programme, entitled 'Powering Improvement with Patients and the Public', was delivered to the awarding panel which consisted of the Chief Executive of the Patient's Association and the Director of Patient Engagement for NHS England.

Celebrating Partners

The first Trust Partner celebration day was held on Monday 4 October 2021. As part of the celebrations, the Partners received a gift for their involvement and a letter of thanks from the Trust Medical Director. The intention is to deliver a similar event annually.

Peer Meetings

The project has successfully embedded peer meetings as part of regular business and refined these during the year, using feedback from Partners. The Partners now meet as a community every two months and discuss a variety of topics to support programme delivery and their personal support needs. Recent conversations are exploring the chairing of the meetings being handed over to a Partner, rather than a member of the project team.

Demonstrating the Difference

A group has been established to consider how the difference Partners are making can be demonstrated, and to understand the experience of staff and Partners involved in the programme. The group recently sent a survey to all Partners and those who work with them. Focus groups were undertaken in November 2021 to expand on insight provided by the survey. An initial analysis of the survey data suggests that both Partners and staff report a positive experience of the programme. Pleasingly, Partners report being confident sharing their views in the meetings they attend and that they experience Trust staff as being eager to listen to them.

Aims for 2022/23

Work will continue to take place to understand how the Partner programme can be further developed to support the introduction of PSPs in the Trust and to meet the requirements of the Involving Patients in Patient Safety Framework.

A report of the learning from the Partner and staff survey will be used to identify areas for improvement and good practice

Partner peer meetings will aim to test a Partner in the role of chair.

The project team hope to secure funding and appoint further staff this year to support the delivery of their ambitions and achievement of the Trust Partner Strategy objectives.



3.3.5 Activity During Covid-19

Background

Some of the initiatives that have been introduced to support patients and their families during the pandemic can be found in the Interpreting, PCPI and Volunteering sections of this report. However, there are more that we'd like to share with you here:

Key Achievements in 2021/22

Engagement with Survivors of Covid-19

The Adult Critical Care team wrote to over 170 patients who were treated for Covid-19 in Trust Intensive Care and High Dependency Units. The purpose of this was to invite patients to share their experiences of having Covid-19 and the time they spent on the units and to hear about their recovery. It was anticipated that hearing these stories would benefit both patients and staff, allowing them to reflect on their experiences and would support psychological recovery at a challenging time. The team received over 40 responses and the stories that were captured were shared weekly in the department. Staff have expressed how much they valued this opportunity and offered their grateful thanks to the participants who felt able to take part.

Research and Innovation

This service approached a community hub, made up of members from culturally diverse communities, to understand more about common concerns relating to vaccine trials. As part of this work they held eight question and answer sessions involving 82 members of the public including sex workers, people living with disabilities, people living with mental ill health and older people. The discussions that took place contributed to the development of an animation that aimed to address concerns and was translated into Hindi and Punjabi as well as being shared outside the region.

Adult Therapies

This department produced a Covid-19 Patient Rehabilitation booklet so that patients can continue to record their recovery and achievements when they are discharged into the community. A national NHS report identified that Allied Health Professionals had a fundamental part in the recovery of patients who experienced Covid-19 and suggested that patients still needed support on discharge. The booklet has become a vital component of transfer of care for the rehabilitation pathway. It was piloted on all wards in the Trust and has been adapted since, based on patient feedback.

Volunteering Support

During the year, the Trust volunteers continued to support initiatives that had been commenced earlier in the pandemic in response to visiting restrictions. This included delivering:

- 1238 *Letters to Loved Ones* (3931 total)
- 540 *Belongings to Loved Ones* to patients (827 total)
- 24,000 newspapers to patients (57,000 total).

Working collaboratively to capture experiences of people

The Trust has also continued to be involved in the work of the People Voices Group (PVG) which brings Health and Care and Third Sector Organisations together across the city, to hear from the people of Leeds. This year, work was undertaken to understand community views about Covid-19 vaccination. The information gathered was shared with the people responsible for developing the vaccination programme, so that citizens' views could help influence decisions that were made as the programme continued.

Aims for 2022/23

- The Trust will continue to be an active member of the Leeds PVG and to support work arising from this, including community check-in surveys.
- The voluntary services team will explore the volunteering roles that will be needed as the Trust begins to move forward from the pandemic.
- We will continue to use the Trust Patient Experience Sub-Group to hear about the wonderful work undertaken by our services and departments to improve experience, taking into account feedback during the pandemic.



3.3.6 Carers

Background

Throughout the year, the Trust has heard from Carers about how the restrictions to visiting applied to reduce spread of coronavirus have understandably affected them and their loved ones. Ways have been sought to support Carers during this difficult time and to recognise the essential role they play in maintaining the well-being of patients.

Key Achievements in 2021/22

Trust Visiting Guidance

This has been regularly reviewed in line with national guidance and provision has been made throughout the year for Carers to be with patients, where it is clinically possible and where it is essential to a patient's wellbeing for their Carer to be present.

Carers Leeds

Carers Leeds, a local charity supporting Carers, provided Carer Awareness Learning Bursts for Trust staff during the year. These educational sessions:

- Explained the role of Carers and what they do
- Looked at the impact of caring on Carer's health
- Helped staff identify Carers in hospital settings
- Looked at how staff can support Carers
- Provided an overview of Carers Leeds services
- Explained how to make a referral to Carers Leeds

The charity was also able to offer support to Carers during visiting restrictions, because LHTH has two Carers Leeds Support Workers that are based in the Trust. In the last three years the Support Workers have received over 1,000 referrals for Carer support relating to patients. 36% of the referrals received between 1st April 2021 - 30 July 2021 related to supporting Carers with the complex situation they found themselves in when it became clear their loved one required a care home.

Aims for 2022/23

The Trust will continue to develop a Carers passport, to support Carers who need to be present with patients to support their care, whilst they are in hospital.

Work will also continue, through the Trust Carers Group, to consider other ways in which Carers can be as supported as possible whilst their loved one requires care.



3.3.7 National Patient Surveys 2021/22

Background

The Trust received four CQC nationally mandated survey reports during 2021/22. These are: the Urgent & Emergency Care Survey 2020, published in September 2021; the Adult Inpatient Survey 2020, published in October 2021; the Children and Young People's Patient Experience Survey 2020, published in December 2021 and the Maternity Survey 2021 which was published in February 2022.

Key Achievements in 2021/22

Urgent and Emergency Care Survey

302 patients responded to the Urgent and Emergency Care survey, which sampled 1250 patients who attended Trust Emergency Departments in August / September 2020. The Trust compared better than most Trusts for two questions out of 38 asked. These were:

- Before you left A&E did you get the results of your tests?
- If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?

The Trust was comparable with most other Trusts for all of the remaining survey questions (36/38).

Maternity Survey

The response rate for the Maternity Survey 2021 was 51%.

Compared with 121 Maternity Units in England, LTHT performed better than expected for one question:

- Thinking about your care during labour and birth, were you spoken to in a way you could understand?

LTHT also scored somewhat better than expected for one question:

- Were you involved in the decision to be induced?

The Trust was about the same as other Maternity Units for 41 of the remaining 48 questions.

Adult Inpatient Survey

420 patients responded to this survey. Compared with 136 acute and specialist NHS Trusts in England, LTHT performed somewhat better than most Trusts for one question. This was:

- How did you feel about the length of time you were on the waiting list before your admission to hospital?

The Trust was about the same as most other Trusts for 43 of the 44 remaining comparable questions.

Children and Young People's Patient Experience Survey

The response rate for this survey was 26%, which compares well with the national average response rate of 24%.

Compared with 124 acute and specialist NHS Trusts providing services to children in England, LTHT performed better than expected for four questions. These were:

- Did hospital staff keep you informed about what was happening whilst your child was in hospital?
- Before the operation or procedure did hospital staff explain to you what would be done?
- During any operation or procedure did staff play with your child or do anything to distract them?
- Did you feel that your child was well looked after by the hospital staff?

In addition, the Trust performed much better than expected for two questions. These were:

- Did you feel able to ask staff questions?
- When you spoke to hospital staff did they listen to what you had to say?

The Trust performed about the same as other Trusts for the remaining 62 questions.

Aims for 2022/23

We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust Patient Experience sub-group.



3.3.8 Friends and Family Test (FFT)

Background

FFT feedback from patients is collected using a variety of different methods including iPads, QR codes and web links. If patients do not have access to electronic devices, postcards can be completed as an alternative. A text (SMS) message or an interactive voicemail message (IVM) are sent to all patients who have been discharged to gather feedback about their experience. Since April 2021, the Trust has received feedback from over 100,000 patients about their hospital experience.



Key Achievements in 2021/22

- All women receiving antenatal care were given the opportunity to feedback on their experiences between 28-32 weeks gestation for the first time.
- Rewording of the text messaging survey has been completed to make it softer and more patient focussed.
- Patients who attended video consultations were able to leave feedback digitally via the LTHT website. This has been very important during the pandemic.
- FFT Fabulousness Awards were presented to staff who received positive patient feedback through the FFT survey.
- Citizens of Leeds have been able to leave FFT feedback about their vaccination experience and analysis of the feedback is being undertaken for the city, because of the significant amount of data (over 23,000 pieces), that has been collected. This will improve learning for the future.

Aims for 2022/23

- In 2022/23 we will be exploring how FFT feedback can be gathered following telephone consultations.
- We will also be exploring how we can improve our capture of FFT feedback with patients, where English is not a first language.



3.3.9 Interpreting

Background

The Trust aims to provide all patients with an interpreter when they require it.

We provide patients with spoken interpreting, British Sign Language (BSL) and deaf/blind communicator guide support. As an example of how well used these services are, one month during 2021 the Trust provided 308 face-to-face interpreters, 140 video interpreters and over 3,300 telephone interpreter connections.

Spoken interpreting can be provided face-to-face, via video, audio or by telephone. Remote interpreting, where an interpreter joins a virtual hospital consultation, is also available. BSL is provided face to face or by video.

Assistive technology available on the Trust website provides written and/or spoken translation of web page content, among other features. Limited English speakers can also access patient information leaflets on the website in their first language, using this technology. In the six months to mid-February 2022 this was used over 77,350 times. 5,750 of these were to access translation.



Key Achievements in 2021/22

As Covid-19 restrictions have remained in place, face to face interpreting has been restricted for patients, other than in exceptional circumstances. However, we have successfully implemented the use of audio and telephone interpreting methods to support patients during this time. New approaches provide instant access to an interpreter, rather than relying on pre-booking.

This means that interpreters are always available when they are needed. Virtual interpreting availability on demand has improved communication for our patients.

Remote interpreting, to support virtual video consultations, was made available to all clinical teams and their patients this year.

Video, audio and BSL interpreting have been made available to the Vaccination Centres at Elland Road and in other locations across Leeds, including on outreach buses, which have used an 'Interpreter on Wheels'. These devices have been used to support the vaccination process and assist in gaining FFT feedback from people whose first language is not English.



Clear face masks have been made available for use in some clinical circumstances, enabling patients who are hard of hearing to lip read or better understand verbal communication.

A dedicated 'Deaf & Hard of Hearing Action Group' has been set up this year to deliver a set of commitments to Deaf and hard of hearing patients when accessing hospital services. This includes working with local organisations that represent Deaf communities.

Aims for 2022/23

The activities of the Deaf and Hard of Hearing Action Group will guide hospital teams to develop their services to be sensitive to the requirements of deaf or hard of hearing people in the coming year.

Aims include:

- an ambition to improve signposting/ directions on hospital sites and immediate access to a sign language interpreter for people who need it
- the development of staff training videos, made in collaboration with patients and other stakeholders to raise awareness of community needs
- an ambition to improve access to the Trust web site by including videos in sign language.



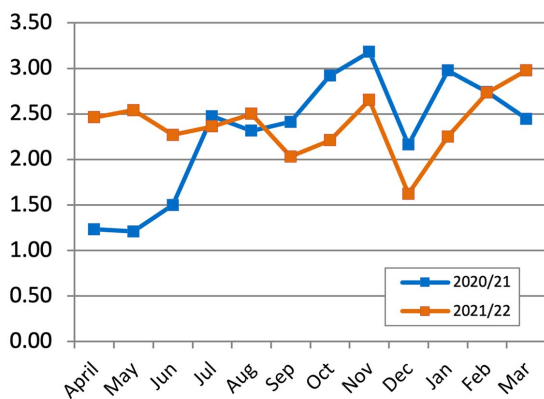
3.3.10 Complaints Service

Background

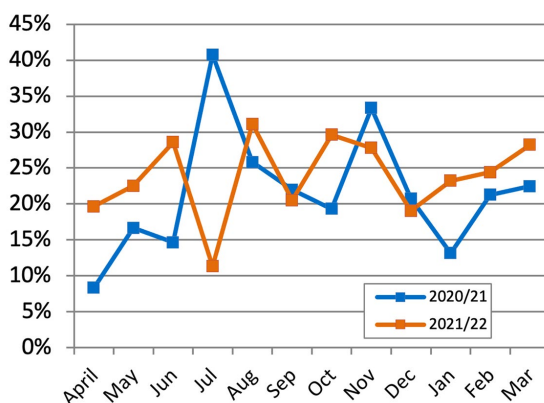
The complaints service aims to provide information and confidence to the public that any concerns or complaints raised about services provided by LTHT will be taken seriously and will be managed in a way that reflects the [Leeds Way Values](#).

Anyone can raise a concern or make a complaint about their own care.

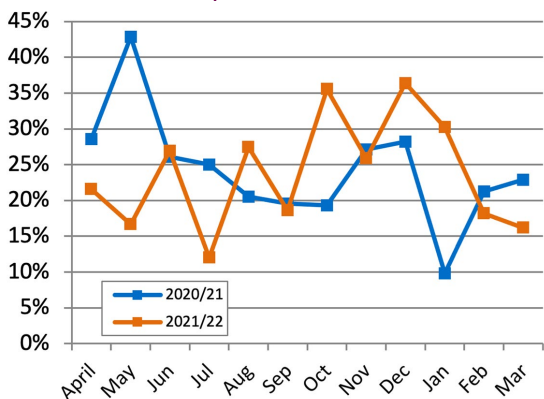
Complaints received per 10,000 patient contacts



Complaints reopened as % of total responses sent



Complaints reopened as % of total complaints received



Key Achievements in 2021/22

Complaints Conference

On 29 September 2021, the Complaints team hosted a Complaints Conference with the agenda focusing on learning from complaints and improving the experience of those using the complaint process. 181 delegates attended the conference and the feedback was overwhelmingly positive.

Complaints Improvement programme (CIP)

The CIP commenced in September 2020 and has demonstrated improvements in the timeliness and quality of complaint responses from the CSUs who have taken part in the programme.

Complaints Training Programme

A Complaints Training programme for staff is currently in progress which focuses on Mediation Skills, Investigation Skills, Response Writing and a Masterclass. It has been developed with an external company and is evaluating extremely well.

Complaints Coaching Programme

A complaints coaching programme has been provided by the Complaints team for Trust staff involved in the CIP, with the main focus being on complaint response writing. There is evidence that the quality of complaint responses has improved as a result of this work, which was one of the key aims of this programme.

Assurance of complaint themes, learning and improving practice

A new method of recording actions from complaints has been introduced to improve the monitoring of learning from complaints and learning from good practice.

Intranet and internet development

The Complaints internet page, [PALS and Complaints](#) has been developed in the last year and now includes a new page to demonstrate actions and learning from complaints to the public. This year there were over 20,000 hits on this page.



Aims for 2022/23

A Complaints Action Plan has been developed for this period with key elements including:

- the development of a Patient Experience Assurance Programme (PEAP) to strengthen assurance that themes arising from complaints are addressed. As part of the PEAP, CSUs will present a bi-annual update to the Trust Patient Experience Sub-Group describing actions they are progressing to address their key areas of patient experience risk
- CSUs who have not already taken part in the CIP will do so this year and it is expected that the timeliness and quality of complaint responses will continue to improve as a result of this
- implementation of a Complaints Competency Framework, which has been developed for staff whose role involves complaint management. This will offer an opportunity for staff involved in complaints to assess their own learning needs and to access support to improve their knowledge and skills where required
- implementation of dedicated sessions within the Complaints Training Programme for senior doctors is an ambition for 2022, due to a demand from medical staff to access this training. The aim of this is to nurture experience and skills in complaint management, and enable improved support to junior doctors in this role
- exploring the implementation of an independent complaints review panel to provide oversight of the management of complaints. This will be an important monitoring function of the complaints process and an opportunity for on-going learning.

3.3.11 PALS

Background

During 2021/22 the Trust recorded 5090 PALS contacts.

The table below shows the different categories for all contacts with the LHTT PALS Team.

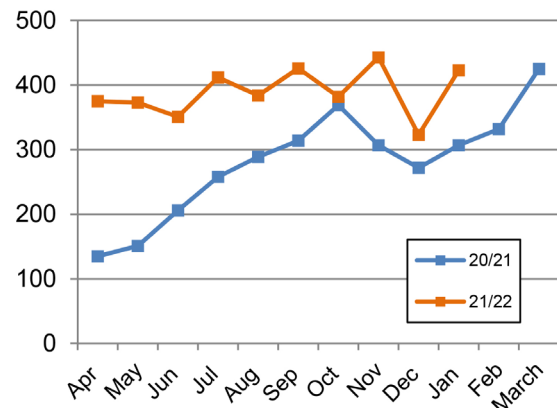
| PALS concern - CSU response | 3919 |
|-----------------------------|-------------|
| Out of time complaint | 4 |
| Advice/enquiry | 535 |
| Resolved by PALS Team | 568 |
| Signposting | 64 |
| Total | 5090 |

4454 contacts required input from clinical teams. These were shared with the relevant management teams for contact within two working days.

Wherever possible, the team provide a resolution to a concern at initial point of contact. 568 concerns were resolved on the day. 64 concerns were signposted to other organisations. 4 concerns were investigated, despite being out of time to be managed as a formal complaint, and were shared with clinical teams to ensure the service user received a written response.

The graph below shows that the number of PALS significantly increased in the last year. There was a 16.7% rise in PALS concerns raised that needed clinical input in 2021/22 compared to the previous year. It is known however that fewer PALS than usual were received in 2020/21 as a result of the pandemic and that the number of PALS seen in 2021/22 was comparable to pre-pandemic years.

Number of PALS concerns received (cumulative)





Waiting list time for outpatients was the most frequently reported subject for PALS concerns in 2021/22 and it is known that the pandemic has significantly affected this experience for patients.

The Volunteering team has been successful in obtaining funding to consider ways in which volunteers can support patients during their wait for surgical procedures. They will be working on this within the Trust 'Shape Up for Surgery' project in the coming year. It is hoped this initiative may improve the experience of people who are waiting and may influence the number of PALS raised about waiting list times in the future.

The table below shows how PALS resolution was reached for concerns raised during the year. Callers are always asked what their preferred method of contact would be.

| | |
|---------------------------------|------|
| Telephone response | 3172 |
| Email response | 806 |
| Resolved on ward | 146 |
| Written response (letter) | 132 |
| Escalated to a formal complaint | 102 |
| Resolved in clinic | 43 |
| Meeting | 15 |

The Trust continues to receive compliments via PALS for all clinical services. 449 compliments were received in 2021/22 and these are shared with the relevant teams and individuals. The number of compliments received increased throughout the year in line with an increase in activity.

Analysis of the data outlines that PALS concerns are starting to increase to pre COVID-19 levels

Key Achievements in 2021/22

- The PALS team has successfully delivered a full service despite relocating during the year. There has been no disruption to business and the service has continued to be available for the public to access.
- The PALS service has changed the way concerns relating to discrimination are recorded. This means data is now more accurate which will enable better identification of areas of concern that require action in the future.

Aims for 2022/23

- The PALS team have recently introduced a new way of working which helps with improving the identification of cases that are taking some time to resolve. This has enabled the team to offer support earlier in managing backlogs. The team aim for this new system to improve the timeliness of resolution of concerns in 2022/23.
- The improved data on PALS concerns relating to inequalities of experience and discrimination will be reviewed, with a plan to undertake targeted work to address findings, where needed.



3.3.12 Learning Disabilities and Autism

Background

LHTT recognises that people with a Learning Disability, Autism or both face poorer health outcomes than those without. We are committed to providing access to equitable healthcare for all, enhancing patient experience and ultimately improving patient outcomes

Key Achievements in 2021/22

- The new Learning Disability and Autism Strategy for 2021-2024 successfully launched.
- Workforce expansion- our team now consists of 10 staff- Lead Professional (SLT), Registered Learning Disability Nurses, Clinical Educator, Quality Improvement Clinician and a team administrator. The team also employs 11 people with Learning Disabilities/ Autism to support the work of the team.
- Increased clinical capacity and responsiveness as service - 95% of all inpatient referrals now seen face to face within 48 hours.
- First Diff-Ability Baby suitcase given out to support baby and family when the baby has Downs Syndrome.
- Podcast recorded and produced between Learning disability and Autism team and Specialist Palliative Care Team to promote and educate around good practice for making safe DNACPR and ReSPECT decisions.
- Successful opening of a new Paediatric Dental Clinic for people with a Learning Disability and/ or Autism.
- Training elearning packages for both LD and autism available for all staff and basic awareness training to become priority for all staff.
- Acute physio liaison pilot completed, gaining national recognition.
- Hospital Passports reviewed and relaunched - Autism Passport now available.



Aims for 2022/23

- Secure stability for workforce - currently 60% team on fixed term contracts.
- Launch updated health passports.
- Pilot scheme of Care bags for every emergency admission of patient with LD or Autism to A&E, to enable them to make reasonable adjustments in any setting at any time.
- Increase availability and accessibility of EasyRead patient information leaflets, supporting all new or reviewed leaflets to have an easy read version available.
- Increased work to support pathways of care which incorporate reasonable adjustments.





3.3.13 Equality and Diversity

Background

The Patient Experience Team (PET) continues to deliver on the 20 aims included in the Equality and Diversity Action Plan 2021-2022. These aims cover the nine characteristics protected under the Equality Act 2010 and were developed using what our patients tell us in complaints, PALS, FFT and from feedback provided by Healthwatch Leeds and other local third sector organisations.

Key Achievements in 2021/22

In June 2021 Leeds Voices at Voluntary Action Leeds hosted eight focus groups on LHT's behalf to gain feedback about the move of Stroke Rehabilitation Services from LGI to Chapel Allerton Hospital.

In total we heard from 116 people from South Asian, Black Caribbean, Black African and Eastern European communities. Overall, participants were positive about the relocation of Stroke Services from LGI to Chapel Allerton. The hospital was seen as easier to get to, more welcoming, less stretched and that it was a hospital with a lot of potential.

For a number of years PET has asked individual CSUs to report their Patient Engagement and Involvement activity to the Patient Experience subgroup. During 2020/21 the PET has asked that at least one of these activities should make specific reference to the experiences of our patients who have one of the nine protected characteristics.

In 2021/2022 the PET and Head and Neck CSU successfully recruited a number of blind or partially sighted patients who use our eye clinics to influence the design and flow of the new eye clinic at SJUH when it is relocated from Chancellor Wing to Gledhow Wing. Two workshops have taken place so far and this work will continue into 2022/23.

Aims for 2022/23

In 2022/23 we will work with our blind and partially sighted patients to develop and recruit to a new staff role in the eye clinic which will have the function of providing assistance to patients who require additional assistance navigating the clinic and their appointment.

Following LHT's 'Rainbow' assessment and accreditation which is expected to be completed by August 2022, we will work with the LGBTQ+ Foundation to develop an action plan to make our hospitals as welcoming as possible for our LGBTQ+ patients and staff.



3.4 Clinical Effectiveness

3.4.1 Palliative and End of Life Care

Background

Providing excellent Palliative and End of Life Care (P&EoLC) for all patients and families is a Trust priority and the responsibility of all teams caring for people with life-limiting illness.

The specialist palliative care team (SPCT) continues to provide a highly responsive service, whilst adapting to the challenges posed by the pandemic, changing P&EoLC need and complexity, and the year-on-year increase in referrals.

Key Achievements in 2021/22

Earlier access to care

To enhance access to specialist P&EoLC we piloted an enhanced supportive care (ESC) cancer service alongside in-reach models in oncology admissions, acute geriatric and emergency departments. We have also continued our proactive approach to supporting care on the wards treating people with Covid-19.

Bereavement support

We continue to support bereaved friends and relatives during this challenging period. Building on our successful bereavement model we are expanding the bereavement nurse service at the Trust.

Education

Education was adapted due to Covid-19, using new technologies, including production of new online materials, and new models of virtual training developed to continue priority training.

West Yorkshire and Humber Integrated Care System (ICS)

Dr Kite and Dr Hurlow provide leadership to the recently established Integrated Care System (ICS) P&EoLC Group.

Leeds Wide collaboration

As chair of the Leeds Palliative Care Network (LPCN) Dr Hurlow co-authored the city's P&EoLC strategy. The SPCT participates in LPCN initiatives to enhance understanding of the EoLC population, to improve care co-ordination, to implement systems to enhance recognition of P&EoLC need, and support adoption of ReSPECT across Leeds.

Aims for 2022/23

Improving the experience for patients and their loved ones

- Introduce SUPPORT volunteers to augment the care of dying patients and their families. SUPPORT is an LHTT campaign, which aims to raise awareness of the practical steps staff can take to support relatives and carers of patients approaching the end of their lives.
- Develop the bereavement nurse service to enhance support to bereaved families
- Evaluate ESC and in-reach models to inform sustainable models for earlier P&EoLC
- Collaborate with the medical examiner to further identify good practice and areas for improvement
- Implement improvements informed by NACEL round 3 (National Audit of Care at the End of Life).

Education

To continue to evolve and expand palliative and end of life care training across our workforce.

Leeds-wide collaboration

Continue to work closely with colleagues city-wide to achieve the 2021-26 strategic outcomes.

Research

To implement our strategy for multi professional research.



3.4.2 Discharge

Background

One of the most significant challenges facing acute NHS Trusts continues to be capacity and patient flow. The overall aim of the Discharge Collaborative is to achieve as many of our daily discharges before 3pm. The collaborative has now been scaled up across all CSUs. Covid-19 continued to add pressure to such that achieving further improvements has been challenging, however despite there has been a small trustwide improvement.

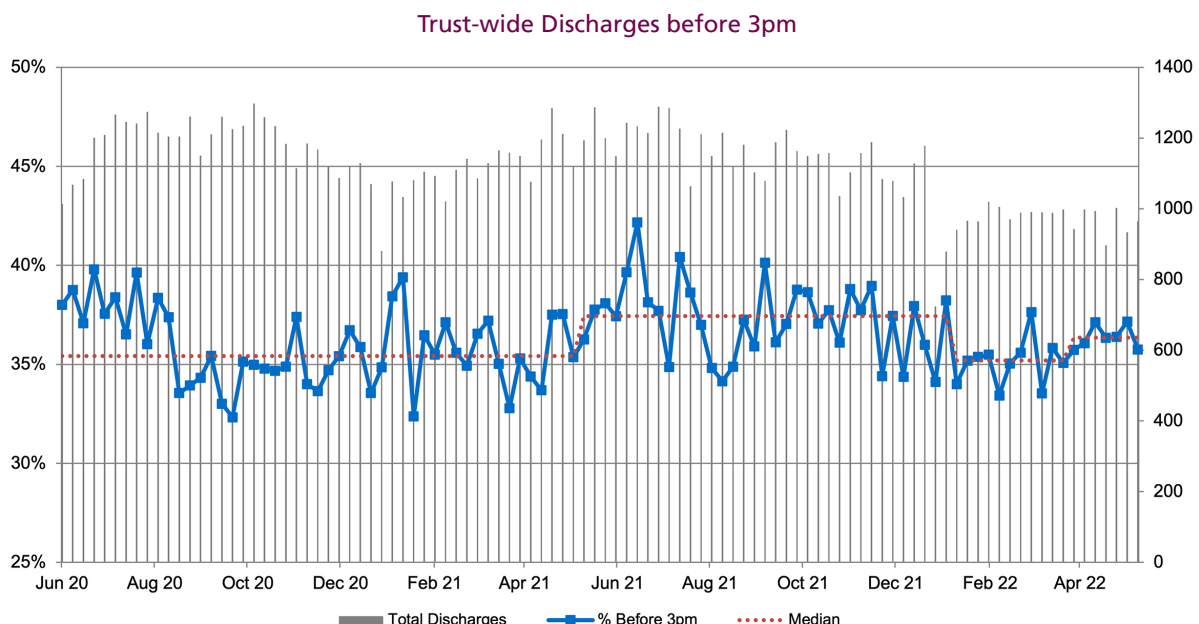
Key Achievements in 2021/22

- Despite changes to operational services, in response to the Covid-19 pandemic, the discharge collaborative has continued to see improvements in relation to timely discharge of patients
- Statistically significant improvements in discharges before 3pm have been seen in Abdominal Medicine and Surgery, Chapel Allerton Hospital, The Children's Hospital, Specialty and Integrated Medicine and Neurosciences.

- The discharge collaborative has also supported the development and launch Trustwide of Criteria Led Discharge, with LTHT being the first Trust in the country to have developed an electronic solution for this.

Aims for 2022/23

- To continue to work towards our goal that 70% of patients are discharged by 3pm.
- To support the implementation of Criteria Led discharge across LTHT and the implementation of the new eDAN when developed.
- Improve utilisation of pre-booked transport.
- To work with the scan for safety team and Research and Innovation Hub to trial new technologies aiming to support the creation of a live bed state.





3.4.3 Hospital Mortality

Background

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 monthly 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.

Key Achievements in 2021/22

In 2021/22 the organisation worked to improve understanding of our own data. The Mortality Review Policy was updated to strengthen the Mortality Review process, and an internal audit conducted on the Trust's Mortality Framework from which an action plan has been produced to address the initial recommendations and to embed these into routine practice.

The table below shows the Trust's latest published SHMI, for the period November 2020 to October 2021, also shown is the HSMR for the same period.

Trust SHMI & HSMR November 2020 to October 2021

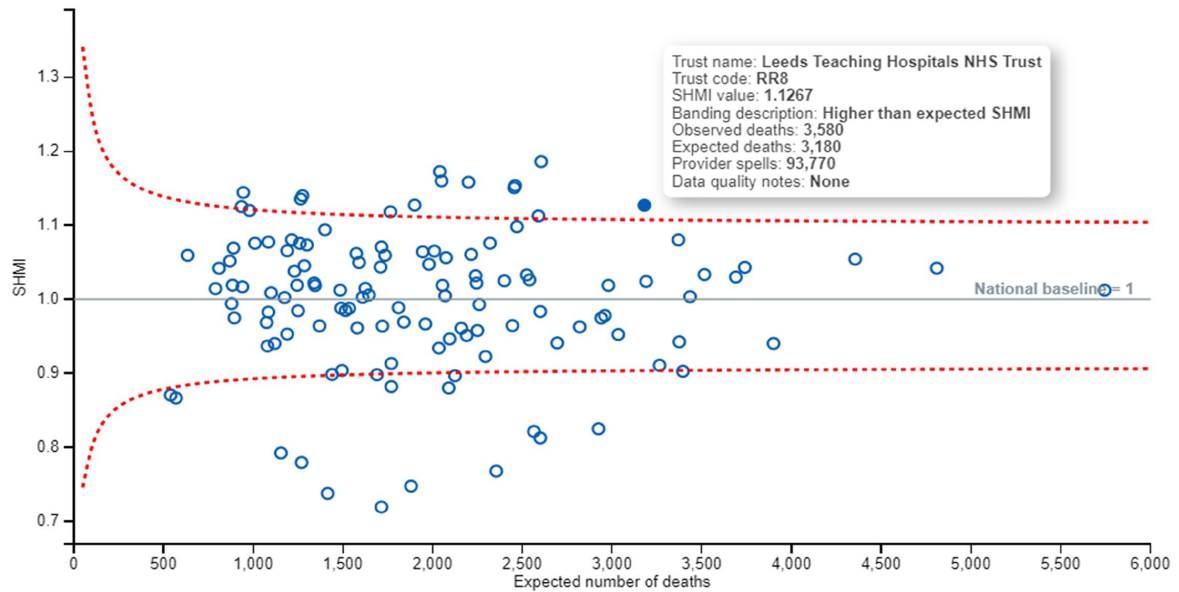
| Trust Level Mortality Nov-20 to Oct-21 | Spells | Value | Observed deaths | Expected deaths | 95% Confidence Interval |
|--|--------|--------|-----------------|-----------------|-------------------------|
| SHMI | 93,770 | 112.67 | 3,580 | 3,180 | 90.33-110.11 |
| HSMR | 53,005 | 117.3 | 2,312 | 1,966 | 112.8-122.5 |

SHMI Indicator by rolling 12 month reporting period

| Indicator | Reporting Period | Trust Rate | National Average | National Range |
|-----------|------------------|------------|------------------|----------------|
| SHMI | Dec19 to Nov20 | 1.05 | 1.00 | 0.89-1.13 |
| | Jan20 to Dec20 | 1.06 | 1.00 | 0.89-1.12 |
| | Feb20 to Jan21 | 1.06 | 1.00 | 0.90-1.12 |
| | Mar20 to Feb21 | 1.07 | 1.00 | 0.90-1.12 |
| | Apr20 to Mar21 | 1.11 | 1.00 | 0.89-1.12 |
| | May20 to Apr21 | 1.10 | 1.00 | 0.90-1.12 |
| | Jun20 to May21 | 1.10 | 1.00 | 0.90-1.11 |
| | Jul20 to Jun21 | 1.10 | 1.00 | 0.90-1.11 |
| | Aug20 to Jul21 | 1.11 | 1.00 | 0.90-1.11 |
| | Sep20 to Aug21 | 1.12 | 1.00 | 0.90-1.11 |
| | Oct20 to Sep21 | 1.13 | 1.00 | 0.90-1.11 |
| | Nov20 to Oct21 | 1.13 | 1.00 | 0.91-1.11 |



Summary Hospital Mortality Indicator November 2020 to October 2021 Funnel Plot



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The Trust SHMI currently falls within the 'higher than expected' banding.

An in depth case note review of care was undertaken by the Associate Medical Director for Risk Management and Trust Mortality Lead to further investigate the higher than expected SHMI and provide further assurance on the quality and safety of our care. No significant areas of concern were identified as part of this review, and the Trust continues to monitor its Mortality data and provide assurance on quality of care through Structured Judgement Case note reviews, Coding reviews and statistical analysis.

Trust HSMR January 2021 - December 2021

| January 2021 - December 2021 | HSMR (basket of 56 diagnoses) | HSMR (all diagnoses) |
|------------------------------|-------------------------------|----------------------|
| Observed deaths | 2,352 | 3,282 |
| Expected Deaths | 2,041 | 2,885 |
| HSMR | 115.3 | 113.8 |



Mortality Reporting and Learning from Deaths

During 2021/22 3007 of LTHT patients died (in hospital).

| | Total Number of Hospital Deaths * | Total Number of Deaths Eligible for Screening ** | Number of Eligible Deaths Screened | % of Eligible Deaths Screened | Number of those screened that triggered for Case Record Review (CRR) | % of those deaths screened that triggered for CRR | Total Number of Mortality Reviews completed (including SJRs) | Number of Potentially Avoidable Deaths *** |
|--------------|-----------------------------------|--|------------------------------------|-------------------------------|--|---|--|--|
| 2021/22 Q1 | 633 | 616 | 616 | 100% | 184 | 29.9% | 252 | 5 |
| 2021/22 Q2 | 765 | 744 | 740 | 99% | 175 | 23.6% | 183 | 4 |
| 2021/22 Q3 | 853 | 827 | 827 | 100% | 194 | 23.5% | 154 | 4 |
| 2021/22 Q4 | 756 | 729 | 724 | 99% | 208 | 28.7% | 151 | 6 |
| Total | 3007 | 2916 | 2907 | 99.7% | 761 | 26.2% | 6 | 19 |

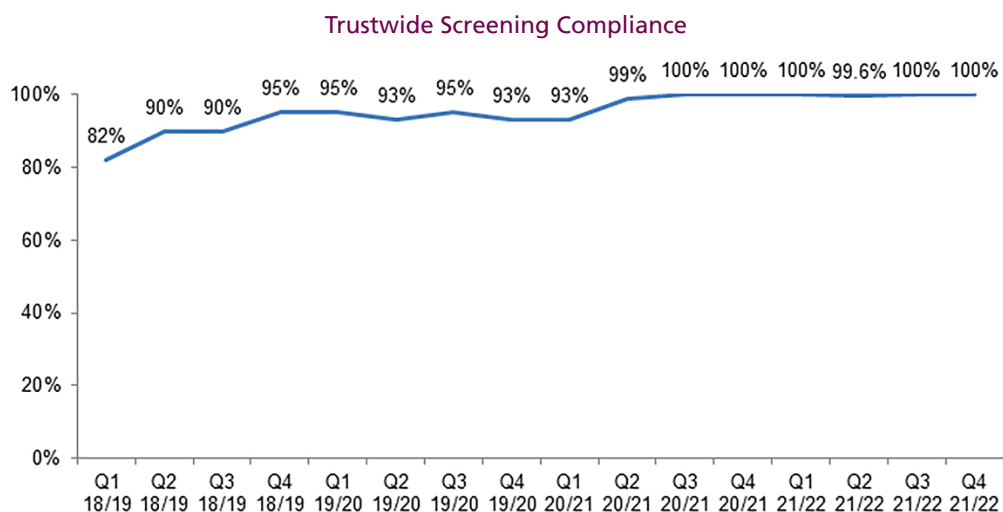
* The total number of deaths includes adult deaths and children, infant and neonatal deaths.

** In-hospital deaths of patients 16 years old and above. All children, infant and neonatal deaths are fully investigated without the need for screening.

*** Identified through Datix and the mortality review process as requiring a level 2 or serious incident investigation (level 3)




Following the publication of the National Guidance on Identifying, Reporting, Investigating and Learning from Deaths in Care in March 2017, the Trust has reviewed and improved the mortality processes within the organisation. This has included the introduction of a screening tool for adult deaths, and implementation of the Medical Examiner role.

Identification of good practice and areas for improvement in care following a patient's death are an integral element of the mortality process within LTHT; this is inclusive of potentially avoidable deaths and learning identified following an investigation and learning outlined following a case record review/SJR. Serious incident investigations are also captured and shared.

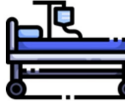





Trends in relation to good practice

| | |
|---|--|
|  | <p>Multidisciplinary Working</p> <p>Good cross-specialty team working and collaboration was a common theme identified, with timely MDT-led input and decision making, good communication and support.</p> |
|  | <p>Communication with Families</p> <p>Good communication and involvement of families/next of kin was frequently highlighted across multiple Specialties, as was clear documentation of these discussions.</p> |
|  | <p>End of Life Care</p> <p>Good practice was identified in End of Life Care, including use of ReSPECT forms, bereavement support for families, and input from the palliative care team.</p> |

Trends in relation to areas for improvement

| | |
|--|--|
|  | <p>Continuity of Care</p> <p>Ensuring that inpatient transfers were appropriate and happened at an appropriate time to ensure continuity of care.</p> |
|  | <p>Timely Care</p> <p>Ensuring the right care is given at the right time, including timely antibiotic therapy, and managing delays in ward admission and discharge.</p> |

Priorities for 2022/23

In 2022/23 a significant priority will be implementation of a new Structured Judgement Review allocation process to enable robust monitoring of completion and the outcomes of case note review, in order to provide assurance on quality of care and support identification of themes and trends. It is anticipated that the numbers of recorded Structured Judgment Reviews will increase as a result of this new process. 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.

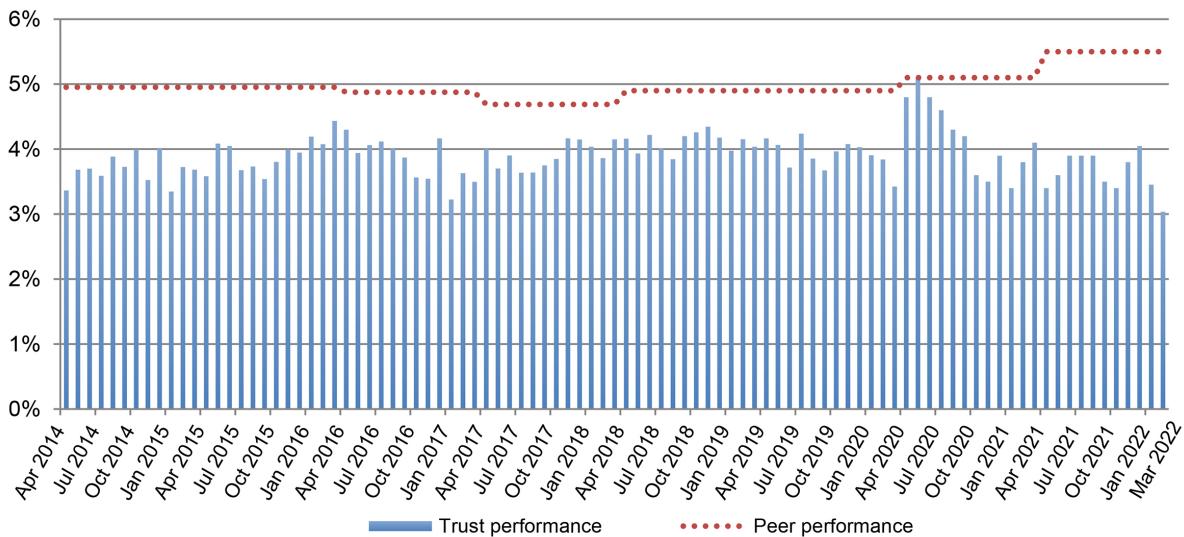


3.4.4 Readmissions

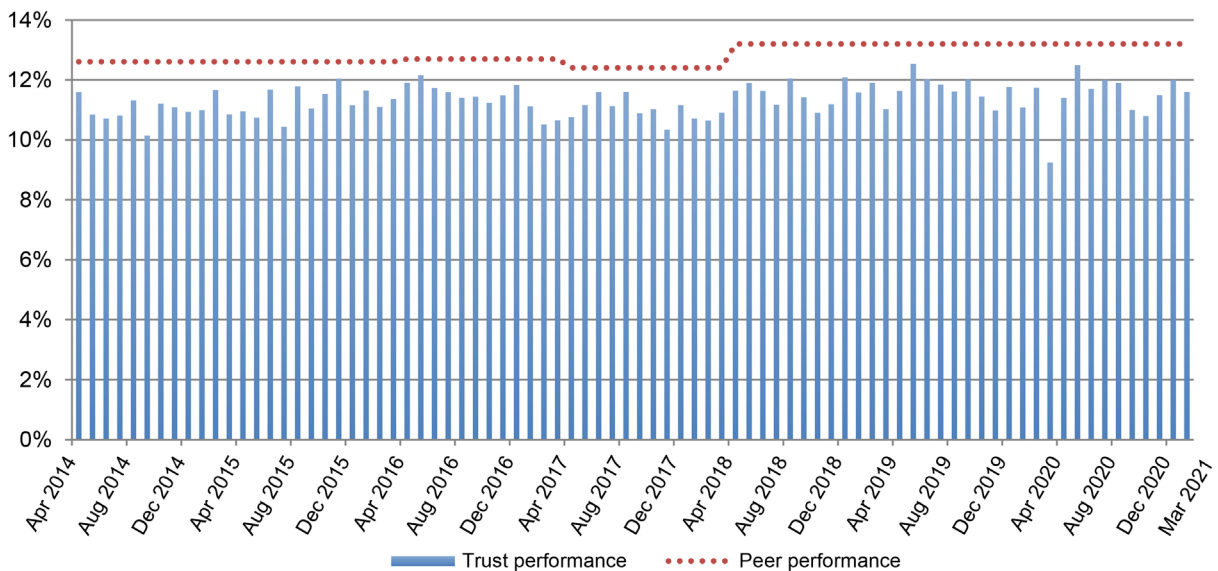
The Trust performs better than its peers with lower readmission rates following an elective or non-elective admission. Sometimes, after patients are discharged from hospital, they may need to be re-admitted again for a variety of reasons. Some readmissions are unavoidable, such as for patients returning 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 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 30 days of discharge: Elective spells



Readmissions to the Trust within 30 days of discharge: non-elective spells



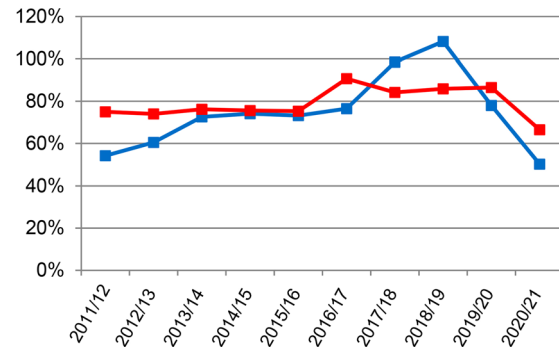


3.4.5 Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) aim to measure improvement in health following certain elective (planned) operations. These are: hip replacement and knee replacement. 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.

Pre-Operative Participation Rates (PROMs) - all procedures



Source: NHS Digital; 2019/20

The table below 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.

PROMs Scores - Casemix-adjusted average Health Gain - April 2020 to March 2021

| | Pre-operative questionnaires completed | Post-operative questionnaires sent out | Participation Rate (National) | Post-operative questionnaires returned | Response Rate (National) |
|------------------|--|--|-------------------------------|--|--------------------------|
| All Procedures | 157 | 145 | 50.2% (66.5%) | 62 | 42.8% (59.5%) |
| Hip Replacement | 83 | 73 | 48.0% (67.1) | 37 | 50.7% (60.4%) |
| of which* | | | | | |
| Primary | 28 | 28 | 20.6% (40.4%) | 19 | 67.9% (72.1%) |
| Revision | 6 | 6 | 16.2% (35.0%) | 5 | 83.3% (61.2%) |
| Knee Replacement | 74 | 72 | 52.9% (66.0%) | 25 | 34.7% (58.6%) |
| of which* | | | | | |
| Primary | * | * | * | * | * |
| Revision | * | * | * | * | * |

* Casemix-adjusted figures are not shown for organisations with fewer than 30 modelled records, as the underlying statistical models break down when counts are low and aggregate calculations based on small numbers may return unrepresentative results. LTHT had fewer than 30 modelled records for each of the PROMs procedures.



3.4.6 Seven Day Service

Background

The Trust completes a self-assessment of its compliance with the core Seven Day Service Standards for non-elective admissions following the introduction of the standards in 2015.

Key Achievements in 2021/22

In spite of the unprecedented demands in delivering quality services throughout the Covid-19 pandemic, we have maintained compliance with the four core standards, shown in bold below;

- Standard 1: Patient Experience
- **Standard 2: Review by senior doctor within 14 hours of admission**
- Standard 3: Multi-Professional Team Discussion
- Standard 4: Handover
- **Standard 5: Diagnostics - access to Radiology and other diagnostics**
- **Standard 6: Consultant directed interventions**
- Standard 7: Liaison Mental Health
- **Standard 8: On-going review by clinicians**
- Standard 9: Transfer of Community, Social, and Primary Care
- Standard 10: Quality Improvement.

In addition to maintaining compliance with the four core standards;

- We continue to improve the standard of handover and audit this against the Trusts Handover procedure.
- There are increased levels of weekend working by Physiotherapy and Occupational Therapy across LTHT. There has been significant investment (600K) in a designated discharge workforce to support clinical areas throughout a seven day period.
- Working relationships with partners in our Health and Social Care community are particularly good with a shared vision of how clinical services across Leeds should be delivered.

All Leeds city partners continue to work collaboratively to improve discharge. Utilisation of Criteria to Reside and the Discharge Dashboard are supporting this work which is the focus of a specific quality improvement programme to improve the timeliness of discharge from our hospitals.

- There are a number of quality improvement initiatives across the Trust, which continue to improve seven day service provision. These include the discharge collaborative, regular Multi Agency Discharge Events (MADE), primary care inreach and the morbidity and mortality programme which include consideration of levels of senior support available and access to diagnostics.

Aims for 2022/23

The Trust received a letter on 26 January 2021 from NHSE/I '*Reducing Burden and Releasing Capacity to Manage the Covid-19 Pandemic*'. This letter required NHS Trusts to suspend the self-certification statement relating to seven day services.

This will be kept under review, in line with further guidance issued by NHSE/I. The aim for 2022/2023 will be for CSUs to utilise this framework as a tool for internal assurance of the safe and reactive services offered to our patients.



3.5 Staffing

Our People Priorities continue to be important to helping us to achieve our goal to be the 'Best Place to Work'. The coronavirus (Covid-19) pandemic has continued to have a significant impact on our staff and supporting their health and wellbeing in a rapidly changing environment has been our key priority in 2021/22. To ensure we respond to the needs of our staff we have agreed the following five areas of focus for 2022/23:

1. To promote and foster high staff engagement consistently across the organisation
2. Improve our EDI outcome measures by implementing inclusive conversations and ensuring our recruitment and promotion processes are free from bias
3. Ensure we have affordable capacity to deliver our objectives by developing and maturing our workforce planning approach;
 - Strengthen capacity, workforce and financial planning over a five year period to aid maximum flexibility to deliver (LTHT)
 - Phase 1 workforce plan for priority roles as a Leeds Health and Care system
4. Unplanned staff absence managed optimally
5. Managers consistently equipped with the knowledge, skills and confidence to help their staff and teams to work at their best.

Supporting staff health and wellbeing continues to be an area of focus. During the pandemic we built a network of one-to-one support for staff, focused primarily on ensuring that staff had a range of opportunities to share the impact of the pandemic on them. This has been provided by our in-house staff clinical psychology team, our staff chaplain service and through the Employee Assistance Programme. In recognition of the impact of the increasing cost of living, we have now expanded this support to include one-to-one financial management advice in partnership with Money Buddies. We have also set up an extremely successful network of Mental Health First Aiders who are trained to offer peer support and signposting to their colleagues. To date over 1,750 contacts have been made to this service which is provided by over 400 trained staff.

3.5.1 National Quarterly Pulse Survey

Background

The new National Quarterly Pulse Survey was launched in January 2022, inviting all LTHT people to take part. The Pulse Survey replaces the former Staff Friends and Family Test, and aligns to the annual NHS Staff Survey, asking the same nine questions, which calculates the Staff Engagement score:

Motivation

- I look forward to going to work.
- I am enthusiastic about my job.
- Time passes quickly when I am working.

Involvement

- There are frequent opportunities for me to show initiative in my role.
- I am able to make suggestions to improve the work of my team/department.
- I am able to make improvements happen in my area of work.

Advocacy

- Care of patients/service users is my organisation's top priority.
- I would recommend my organisation as a place to work.
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

Aims for 2022/23

- Quarterly results will be reviewed at Trust, CSU and Team level to conduct trend analyses, identify areas for improvement, and understand the impact improvement initiatives are having, more regularly throughout the year than the annual survey alone.
- Communication mechanisms are being developed to ensure the effective sharing of the quarterly results across the Trust.
- Quarterly results to provide information on progress towards improvement in the Staff Survey staff engagement score. Our goal is to become the best place to work by 2024 across our benchmark group of Acute and Acute & Community NHS Trusts. The results within the staff engagement sub-category, 'Involvement', will also be tracked, with work undertaken to support improvement across the year, as we start to reset and recover from the Covid-19 pandemic.



3.5.2 Staff Survey

Background

The annual NHS Staff Survey was available for all eligible staff to complete from 27 September to 26 November 2021, with national results published on the 30 March 2022. The survey was completed by 59% of the workforce.

The Survey is a national staff engagement tool used across all NHS providers, enabling staff to have their voice heard across a variety of questions and themes. This year the questions and themes were reviewed and refreshed to align to the NHS People Promise, with the themes now presented as:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff Engagement
- Morale.

This change means we cannot demonstrate a historical or year on year comparison for some question and theme results.

Findings

The Trust aimed to improve the response rate compared to 2020, whilst also aiming to achieve a completion rate above the national average for LTHT's benchmark group. This was achieved, with a 2021 response rate of 59%, a significant improvement on the 2020 response rate of 38%, and the highest response rate the Trust has received since we began surveying all eligible staff. We are now positioned above the benchmark average for the 2021 response rate. Furthermore, there was a more representative response across staff groups, and therefore, overall, a more representative sample of our workforce, providing greater assurance on the representativeness of the feedback received.

The Trust results for the Staff Survey Themes continue to remain above the national average for our benchmark group, with the results presenting above the average for 8 out of the 9 Survey Themes, and in line with the benchmark average for the Theme 'We are a team'.

The Trust additionally continues to perform several percentage points above the national benchmark average for the two questions asking staff whether they would recommend Leeds Teaching Hospitals NHS Trust as a place to work, and to receive care (5.6% and 8.2% respectively).

The Trust's Staff Engagement Score however has dropped for the third consecutive year, moving from 7.3 in 2018 to 6.9 in 2021 but remains above the national benchmark average, which has followed a similar trend.

Aims for 2022/23

The deteriorating staff engagement score is arguably not unexpected given the significant challenges faced by staff over the last two years, as a consequence of Covid-19. However, the aim continues to be to become the best place to work by 2024, across benchmark peers. The aim in 2022/23 is to therefore improve the staff engagement score, utilising the new Quarterly Pulse Survey to review progress, and applying the results to better understand areas for improvement and the impact improvement initiatives are having throughout the year.

Several Staff Survey questions continue to be aligned as measures of success against the seven People Priorities and we will continue to monitor these annually to determine the impact of our work.

However, the Trust has identified specific areas of focus for this year, including:

1. High staff engagement consistently across the organisation
2. Improve our EDI outcome measures by rolling out inclusive conversations and debiasing our recruitment and promotion processes
3. Ensure we have the affordable capacity to deliver our objectives by maturing our workforce planning approach and absence management
4. Unplanned staff absence managed optimally
5. Managers are consistently equipped with the knowledge, skills and confidence to help their staff and teams to work at their best.

The Trust continues to make progress in the following areas: flexible working, remote working, staff rest areas and staff travel, basics that staff have reported are important to them and impact on their work life. In addition to these work has started to support and invest in the Trust's line managers.



3.5.3 Nursing Workforce

Background

In 2021/22 the Trust has continued to focus on closing the registered and unregistered nursing workforce gaps, ensuring the Workforce and Education programmes we have in place are effective and that we have safe levels of staffing in all clinical areas.

During the Covid-19 pandemic we moved to a virtual model for recruitment, to minimise face to face contacts and reduce transmission of Covid-19. This model has evolved to support group interview and assessment centre approaches for large scale recruitment. The feedback has been positive both from the recruiting managers and the candidates.

The real time status of nurse staffing in our clinical areas is well embedded with all CSUs now using the SafeCare system. This has enabled us to respond effectively to the changing numbers and needs of patients without delay.

Key Achievements in 2021/22

- In 2021 we were shortlisted for four Nursing Times Workforce awards including best recruitment experience, best international recruitment experience, best UK employer of the year for nursing staff and best employer for staff recognition.



- In partnership with two external recruitment agencies we have recruited over 490 internationally trained nurses from around the world.
- We have a 100% retention rate and 100% Objective Structured Clinical Exam (OSCE) test pass rate for international nurses. Of 493 nurses 359 have gained UK registration.
- We are on track to have recruited over 570 internationally trained nurses by the end of 2022.



- We are one of five organisations to be awarded a contract with the Nursing Midwifery Council (NMC) to provide the OSCE for returning nurses and midwives.
- We introduced the Care Certificate programme and improved Trust compliance to over 80%.
- We continue to develop the Future You programme. We have 138 Trainee Nurse Associates, 95 Apprentice Nurses and 42 Transfer to Nursing nurses on programme currently, with the very first cohort of Apprentice Nurses and Transfer to Nursing nurse due to qualify in September 2022.
- We continue to strengthen the Business Partner model to provide a greater range of expert advice on workforce and education support for our leaders in our clinical services.

Aims for 2022/23

- We will continue to grow a diverse workforce using local, national and international recruitment, enabling new and alternative routes into registered and unregistered nursing roles.
- We will work to narrow inequalities and increase the number of healthcare workers who do not meet entry level criteria for roles at our hospitals in partnership with the Integrated Care System (ICS).
- Provide a greater number of the highest quality clinical learning placements for undergraduate degree and work based leaders.
- The expert workforce and education team will support operational leaders with advice regarding roles, recruitment and retention; being a flexible and supportive employer.
- We will support a culture of listening, learning, safety, improvement and innovation for all staff and learners.



3.5.4 Guardians of Safe Working

Background

If doctors in training work beyond their contracted hours, they are required to report this extra work, in line with national guidance. We oversee the reporting system and share the results with CSU management teams. We escalate safety concerns within 24 hours. We hold a junior doctor forum and report to the Trust Board quarterly.

Key Achievements in 2021/22

Over the last 12 months we have seen an increased number of exception reports compared with previous years. This reflects the pressure on the entire workforce in the Trust as a consequence of the coronavirus pandemic. Given the extreme demands on the NHS over the last 2 years we are not surprised by this increase. Through collaborative working with Guardians this increase has been seen nationally.

Information we receive from reports is important to us. The following are examples of themes raised and how we have used the information to contribute to improving junior doctors' safe working hours and wellbeing:

- A number of the concerns raised related to overworked hours or patterns of working with 90% of reports coming from FY1 (junior) doctors. All concerns raised have been reviewed and the Guardians for Safe Working continue to work with the medical rota co-ordinators to ensure safe working and rota compliance. The majority of reports relate to late finishes due to workload.
- There has been an increase in the number of reports describing an intense workload, concerns for patient safety due to an increase in the number of patients each doctor is looking after, and difficulty getting support from middle grades. In some areas doctor's workload has increased significantly due to absence from sickness and increased capacity/acuity of patients. This was exacerbated by Covid-19, notably during the very significant Omicron wave that resulted in increased staff absence, both locally and nationally. Flexibility amongst colleagues particularly Nurse Practitioners has been a valuable resource, enabling us to provide safe care to patients during this very challenging period. Senior doctors have contributed to the rota to support more junior rotas. Business cases for additional medical staff are in progress.

During 2021/22 junior doctors have been very keen to engage with and describe their working conditions with the Guardians of Safe Working. Our doctors show a maturity and concern for patient welfare, which is exemplary particularly given the fact that many of them have only worked as doctors during the pandemic so have no other experience to relate to. They are keen to suggest how they can be supported and we have been able to have meetings with senior teams to share their suggestions and solutions.

The 2020/21 Wellbeing Champions produced some excellent work which was presented at a formal day in July 2021. We are currently in the process of producing the first Junior Doctors Wellbeing booklet which should be ready from early summer. We have also raised the awareness for support facilities within the Trust which a survey showed to be surprisingly low.

11 Wellbeing Champions have been appointed who will undertake some projects to support our junior doctors. We are holding regular meetings with the Junior Doctors Forum.

Work has commenced to improve the Doctors Mess facilities at both St James's and Leeds General Infirmary.

Aims for 2022/23

- We will continue to encourage and support exception reporting will continue. This allows us to monitor workload of Junior Doctors and we also receive very insightful suggestions to improve our service.
- We will continue to engage with Clinical Directors in all specialities. We recognise they are under a lot of pressure. Our role is to highlight the difficulties the juniors are experiencing and we will continue to do this.
- We are aware that many juniors are struggling with the lack of face to face teaching as a consequence of the pandemic. We are confident this situation will improve in 2022/23; we have published a set of core principles to support clinical teams and senior leaders to re-establish face to face teaching whilst maintaining Covid-safety in our hospitals.



3.5.5 Improving Medical Education

Background

The medical education programmes in Leeds Teaching Hospitals NHS Trust are among the largest in the country and provides high quality clinical placements and education and training to more than 950 doctors in training, based in the Trust, and also to others based across the region. In addition, we provide clinical placements and teaching to undergraduate medical students from the University of Leeds.

Key Achievements in 2021/22

- **Continue to work to improve engagement with trainee doctors:** The Junior Doctor Body continues to thrive, with an increased number of trainees engaged with the group, reflecting specialties across the Trust. Among its achievements was the expansion of the Junior Doctor & Dentist Awards programme, held each year in the summer, which this year included dentists.
- **Ensure that clinicians are supported beyond the Covid-19 Pandemic through our Professional Support & Wellbeing Team:** We increased capacity to support doctors who were experiencing difficulties resulting from the pandemic, and extended the service to cover Leeds Community Trust. We further embedded the work of Health & Wellbeing Champions, all trainee doctors committed to supporting their colleagues.
- **Ensure the quality of Medical Education has continued to improve:** We delivered an improvement in National Training Survey results, scoring second overall in Yorkshire & Humber, and our undergraduate feedback continues to improve.
- **Further development of Innovation in Education:** Throughout the pandemic, the team has continued to utilise technology to improve the overall experience of learners. Most notable has been the use of Hololens, which enabled students to experience live ward-based teaching in a safe manner.
- **Safe face-to-face teachings:** Clinical education training centres remained open throughout the pandemic, and continued to safely deliver essential face-to-face clinical teaching, in line with the core principles that were agreed.
- **Undergraduate Hub:** We increased teaching capacity for medical students, with more one-to-one support, building confidence. Our teaching team received commendations for excellence, and a record number of green cards for quality teaching.

Aims for 2022/23

- Continue to support learners whose training has been adversely affected by the pandemic
- In collaboration with education and training teams across the Trust, we are developing excellence in education & training, embedding a new quality framework
- Increase the quantity and scope of courses delivered by the Trust education team
- We will consult and engage with staff to develop our Learning, Education and Training Strategy.



3.5.6 Freedom to Speak Up

Background

It is important for our staff to be able to raise concerns and we have had Freedom to Speak Up arrangements in place since 2016. We have a Freedom to Speak up Guardian supported by a team of 10 Freedom to Speak Up Leads. Operating under the Freedom to Speak Up framework, they provide a support service to all staff and volunteers who wish to raise concerns. The Guardian reports to the Trust Board and the lead Non-Executive Director oversees that assurance is provided, ensuring 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 2021/22

Despite the challenges of Covid-19, the campaign to raise awareness of the support available through the 'speaking up' arrangements has continued. This has recognised the range of choices available to individuals and teams needing to raise concerns. The expected starting point of these conversations is with line managers but where additional or alternative support is needed, the Freedom to Speak Up Guardian, Leads and Champions along with colleagues in the Dignity at Work, Health and Well-being, Chaplaincy and Staff side teams are signposted. Regular shared training programmes have taken place to ensure that the most appropriate support is offered.

The number of concerns being raised through the Freedom to Speak Up pathway has not yet returned to pre Covid-19 levels.

Aims for 2022/23

Working with Freedom to Speak Up Guardian colleagues in the Regional Network, a template for carrying out investigations has been developed. Using principles from the Leeds Improvement Method this guides an investigation manager through the process when responding to concerns. The timescale for the completion of investigations is clear and escalation points identified where extra support is needed.

The aim is to, wherever possible, standardise responding to concerns within a reasonable time.

| | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|
| 2019 / 2020 | 12 | 7 | 5 | 7 | 9 | 10 | 9 | 4 | 7 | 1 | 12 | 19 |
| 2020 / 2021 | 4 | 4 | 3 | 7 | 3 | 6 | 6 | 3 | 0 | 7 | 3 | 5 |
| 2021 / 2022 | 8 | 10 | 9 | 4 | 1 | 4 | 9 | 8 | 9 | 3 | 2 | |

| Themes | Apr 19-Mar 20 | Apr 20-Mar 21 | Apr 21-Feb 22 |
|----------------|---------------|---------------|---------------|
| Behaviours | 31 | 12 | 24 |
| Process | 17 | 17 | 27 |
| Patient Safety | 20 | 1 | 5 |
| Other | 34 | 21 | 11 |
| Total | 102 | 51 | 67 |

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 train staff in collecting, inputting, and validating data prior to reporting it internally or externally. An on-going programme of improvement is in place, led by the Information Quality Team, Clinical Information and Outcomes Team, and the Information Technology Training Team.

4.1 Review of Services

During 2021/22 the Leeds Teaching Hospitals NHS Trust provided NHS services across 100 specialist areas, known as “Treatment Functions”, and/or sub-contracted NHS services to a core population of around 790,000, and provided specialist services for 5.3 million people.

The income generated by the NHS services reviewed in 2021/22 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 Integrated Quality and Performance Report (IQPR) 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 in 2020/21

New Clinical Audit Database

A new Clinical Audit Database was launched in Q3 2021/22. The Quality Governance Team provided training and support across the organisation to staff who would be utilising the system to log and monitor clinical audit. Bespoke and routine sessions were arranged to provide this training, and the team supported the retrospective upload of all Trust Mandatory Q1 and Q2 audits.

A significant engagement exercise was undertaken across all Clinical Service Units to return to business as usual regarding the completion of Clinical Audit and improvement work following the pause during the pandemic.

Following the introduction of electronic toolkits (completed on a web form), the Quality Governance Team have been able to better support audit leads with their data analysis across the Medical and Nursing portfolio.

The Nursing Audit programme has been more wide reaching than ever before, as nursing audits have been allocated via the system to each ward or clinical area for completion, instead of to each Matron.

Electronic National Audit records have also been introduced for approval and assurance purposes. This process is supported by the Information Governance Team, Clinical Information and Outcomes Team (CIAO) and the Quality Governance Team (QGT). This will allow for the creation of further assurance for Trust Board and to support Audit Leads with performance and compliance data.

Despite the clinical pressures and the continuing impact of the Covid-19 pandemic, engagement with Clinical Audit and improvement work has remained high.

Learning from Audits has continued to be shared at the Clinical Effectiveness and Outcomes Group, particularly where the Trust was an outlier in relation to a National Audit.

SSNAP (Sentinel Stroke National Audit Programme)

The Clinical Information and Outcomes (CIAO) Team have successfully delivered a fully compliant SSNAP Audit (Sentinel Stroke National Audit Programme) Submission, having only been able to submit partial extracts historically. This was a joint project with the whole of the Digital Information Team.

Cardiobase Upgrade

The CIAO team have successfully transferred eight National Audit Streams from separate and now defunct servers on 'Cardiobase' to allow for easier submission to the NICOR (The National Institute for Cardiovascular Outcomes Research) Audit submission. This has allowed for clinicians to be able to self-serve their own data, and support the completion of local audit.

National Joint Registry (NJR)

High quality data has been submitted from St James's University Hospital (SJUH) and Chapel Allerton following two years of supportive work with the CIAO team. In 2022/23 the aim will be to also achieve this for the Leeds General Infirmary (LGI).

Participation in National Audit

The Trust Participated in all Mandatory National Clinical Audits that it was eligible to participate in during 2021/22.



Actions taken as a result of Audits

We reviewed the reports of 24 national clinical audits in 2021/22. Examples of the action to be undertaken to improve the quality of healthcare provided include the following:

Children and Young People National Asthma Audit

- Met with Emergency Departments to improve steroid access within 1 hour
- Provided better access to smoking cessation information

National Hip Fracture Database

- Aimed to improve theatre start times and reduce the delay between cases to increase the number of surgeries performed per theatre list

Compliance with the Trust Mandatory Programme for Medical Audits was 59% and for Nursing Audits it was 70%.

We reviewed the reports of nine Trust-wide clinical audits in 2021/22. Examples of the action to be undertaken to improve the quality of healthcare provided included the following:

Safeguarding, Restraint and Restrictive Interventions

- Reviewed the way information about safeguarding was presented to service users, including re-wording the adult referral form as part of a continuing drive to improve documentation of the service user 'voice'.
- Reviewed content of staff training offered, including how the message that safeguarding is everyone's responsibility could be further promoted.

Nasogastric Feeding

- Ensured that there was a supply of patient information leaflets on the ward and that all staff were aware of them.
- Ensured staff received appropriate training to complete the care plan booklet in order to optimise patient care.
- Developed a section on the care plan to document if the 'Nasogastric Feeding patient information booklet' was given to family/next of kin if the patient had cognitive impairment.

We reviewed the reports of 39 specialty level clinical audits in 2021/22. Examples of the action to be undertaken to improve the quality of healthcare provided include the following:

Antibiotic Timings in Open Fractures

- Placed prompts/posters for intravenous antibiotics guidelines in the management of open fractures throughout the Emergency Departments.
- Liaised with pre-hospital staff to encourage the administration of intravenous antibiotics in cases of open fractures.

Consent for Laparoscopic Cholecystectomy

- Introduced pre-printed consent forms for laparoscopic cholecystectomy in the trust to ensure good clinical practice.
- Provided patient information leaflets at the time of clinical assessment and listing for the operation.

Aims for 2022/23

The Quality Governance Team aims to build on the possibilities of the new Clinical Audit Database to enable staff to monitor actions and share learning more effectively. This will be done through the development of additional self-service reports for staff, and a more targeted Quality Improvement area of the system to support the completion of the audit cycle, and taking improvement works beyond audit.

A new informal Clinical Audit Learning Forum is planned for Q1 2022/23 which will enable staff to share learning, be supported in using the system and provide a platform to suggest improvements.



4.3 Information Governance and Data Quality

Background

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 2020/21. 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.

Key Challenges in 2021/22

Key challenges, not only faced by Information Governance, but the whole of the NHS, was the Covid-19 pandemic and the exit of the United Kingdom from the European Union.

These challenges caused the Trust to reevaluate how it not only treated its patients but how it functioned as an organisation, this posed several new challenges for IG that would cover:

- The transfers of information between the Trusts and European organisations
- Home Working Virtual Meetings
- Virtual Clinical Appointments
- NHS Nightingale Hospitals
- Working with Private Health Organisations
- Covid-19 Research
- Testing and vaccinations.

During this challenging year the Information Governance Team has made significant steps to implement robust Information Governance practices and ensured that a patient centred approach was maintained while ensuring patient confidentiality was not compromised.

NHS Data Security & Protection Toolkit Submission

The decision to delay the NHS Data Security & Protection Toolkit was made by NHS Digital as a consequence of Covid-19, and will be instead submitted in June 2022 in line with their guidance.

Aims for 2022/23

The aims for 2022/23 are to:

- Enhance the IG and data security culture throughout the Trust
- Ensure a consistent approach within the NHS with regard to information management
- Support the Trust in the implementation of new systems and initiatives to enhance patient care
- Adequately ensure the confidentiality, integrity and security of information in both physical and electronic formats
- Support Cyber Security awareness
- Support the "Digital Hospital"
- Support the Local Health and Care Record Exemplars (LHCRE)(YHCR)
- Continue to support the Trust through the Covid-19 Pandemic.

The Information Governance Teams overarching aim is to support the Trust in becoming a centre of excellence for Information Governance.



4.3.1 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 2021/22 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 2021 to March 2022 (Dec 2021) 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

| Type of care in the NHS | % of records | % above national average |
|-------------------------|--------------|--------------------------|
| Admitted patient | 99.9 | 0.3 |
| Outpatient | 99.9 | 0.2 |
| Accident and Emergency | 98.3 | -0.6 |

The percentage of records in the published SUS Data Quality Dashboard for the period April 2021 to March 2022 (Dec 2021) 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

| Type of care in the NHS | % of records | % above national average |
|-------------------------|--------------|--------------------------|
| Admitted patient | 99.9 | 0.2 |
| Outpatient | 99.8 | 0.2 |
| Accident and Emergency | 99.7 | 0.2 |



4.3.2 Clinical Coding

Background

The Clinical Coding team record activity data for each inpatient discharged from the Trust.

The data is collected by professional Coders in a nationally standardised format. It is used to inform planning, finance, audit, statistical and benchmarking functions, both within the Trust and throughout England.

The Trust has a continuous programme of audit and training in place, aligned with national specifications.

Key Achievements in 2021/22

- We have successfully engaged with clinical staff from several specialties throughout the year, including Cardiology, Interventional Radiology, Stroke and Elderly Medicine.
- The department is now compliant with national mandatory training timeframes, delivered by our in-house Trainer.
- The department successfully assisted two Coders to achieve accreditation in 2021 and another of our Auditors achieved NHS Digital Approved status.
- We have expanded our validation reports and any issues highlighted are now addressed weekly.
- The Coding Auditors have audited around 1600 episodes this year, with planned further improvement to meet our current goal of 2000 per year.
- We arranged an external audit of our work in four themed areas which showed a good standard of coding (>90% accuracy), along with some issues to address in 2022/23.

Aims for 2022/23

Our aims in 2022/23 will be to:

- Refocus our Consultant engagement programme on priority areas (four specialties)
- Continue to deliver mandatory training in line with national timescales
- Further increase the numbers of accredited Coders within the department
- Reach our target of 2000 episodes audited per year
- Work to improve our primary diagnosis accuracy to at least 92%.



4.4 Goals agreed with Commissioners (CQUINS)

In response to the Covid-19 pandemic and in line with national guidance provided by NHSE/I, the 2021/22 CQUIN scheme was suspended. On 12th January 2022 NHS England and NHS Improvement released Commissioning for Quality and Innovation (CQUIN): 2022/23 to support the NHS to achieve its recovery priorities.

There are 15 indicators in the 2022/23 clinical commissioning group (CCG)/Integrated Care Board (ICB) CQUIN scheme, of these nine are related to acute NHS Trusts. All national indicators (capped at the five most important, where more than five apply) must be adopted where the relevant services are in scope for each contract. In the guidance from NHS England it states that Trusts are required to report on all CQUINs applicable to them but will be incentivised on the five selected. Therefore, the Trust will agree a reporting schedule with the CCG. There are also indicators relating to Specialised Services which the Trust must select five indicators to adopt.

Part 5

Part 5: Participation in Clinical Research





Part 5: Research and Innovation

Background

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 CSUs have access to the requisite support and infrastructure through which patients can benefit from participating in research.

Key Achievements in 2021/22

We have continued to manage and deliver a complex portfolio of research across the Trust recruiting 23,184 participants into 365 research projects in the last year. In line with national priorities these projects have been across all CSU's, as well as supporting ongoing Covid-19 research.

We have supported a wide range of research to support the Covid-19 pandemic, including a number of experimental therapeutic and vaccine trials. Notably the Trust recruited 170 participants into the COV-BOOST study, which assessed the safety and efficacy of vaccine boosters prior to national roll-out. Members of the Trust team involved in the study were named on the Lancet publication associated with the trial data.

We have launched an innovation support programme across the Trust for staff and opened an "Innovation Pop-up" on the Leeds General Infirmary site. The innovation support programme aims to build an Innovation Community across the Trust, helping staff with innovative ideas to turn those ideas into projects that could benefit patients, providing innovation training to staff and to connecting businesses with potential solutions to clinical challenges to Trust staff for co-development and evaluation purposes. In the last 12 months we have engaged with over 160 businesses, 100 clinical staff and have initiated 10 projects with a further 40 in the pipeline. The Innovation Pop-up and team have also won an award from the NHS's Chief Scientific Officer for the approach and work being carried out.

Our Clinical Research Facility team has been awarded £8.7m by the National Institute for Health Research (NIHR) to support early-phase clinical trials over the next five years. This investment is a near 12-fold increase on what had been received in the previous five year period and will benefit research across the Trust.

The Research Academy has been providing training and education to other NHS organisations across the Yorkshire and Humber region, receiving strong feedback on its approach and work.

Aims for 2022/23

- We will deliver our first clinical trials of Artificial Intelligence tools in imaging modalities.
- We will continue growing the numbers of staff engaged with research and innovation activities across the Trust.
- We will grow our innovation support programme and facilitate the creation of an Innovation Village on the LGI campus.
- We will recruit >20,000 patients into research programmes.



Appendices



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

27/06/2022 Date
.....

..... Chair
Dame Linda Pollard DBE DL Hon LLD

27/06/2022 Date
.....

..... Chief Executive
Sir Julian Hartley

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



Thank you for sharing the 2021-22 Quality Account and for the opportunity for Healthwatch to comment.

In what has been another difficult year for the Trust and the health and care system in Leeds, it is pleasing to see recognition of the continued good work of the staff and the progress against last years Quality Goals. Whilst not all have been met because of the restrictions caused by Covid, the commitment to continued improvement should be applauded.

We are particularly pleased to see the amount of work around patient experience and engagement. An example of this is on page 30, where patients and the public were involved in the planning of the relocation of the Stroke Rehabilitation Service. More examples of what changed from patient and public engagement would be welcome in future reports as this really highlights the value of engagement and enables the public to see where they have made a difference.

As a Healthwatch we have worked closely with both the Patient Experience Team and the Complaints/ PALS team at the Trust. The LTHT Patient Experience Team have been key partners of the citywide Peoples Voices Partnership (formerly PVG) and the Inclusion for All Hub where we have been impressed with the work the Trust continue to develop around the Accessible Information Standard.

The Trust have also actively been involved in other work that we have led on, including the citywide work to listen and act on the feedback from people through the Big Leeds Chat, How Does it Feel for Me? work (gathering peoples experiences of joined up care in Leeds), and the Digital Inclusion Peoples Voices workstream.

At Healthwatch we've heard first hand about the impact Covid has had on things like delayed treatments, visiting, discharge and quality of care in the hospital - the Quality Account does mention a focus on reset and recovery, which we feel is so important as we move out of the latest pandemic. The impact of Covid and the restrictions on patients and their families can't be underestimated so we are pleased that this has been recognised.

Overall, we felt the Quality Account to be informative, comprehensive and well presented. It clearly demonstrated the progress made in each of the areas identified for improvement last year and a clear set of aims for the coming year.

We are pleased to have worked in partnership with the Trust over the last year, and look forward to being able to continue this strong relationship over the next year.

Leeds Clinical Commissioning Group; review of Leeds Teaching Hospitals NHS Trust Quality Account 2021/2022.

Leeds Clinical Commissioning Group (CCG) is pleased to review the Leeds Teaching Hospitals NHS Trust (LTHT) Quality Account 2021/2022.

As the report describes, LTHT is one of the largest and busiest NHS acute health providers in Europe, treating around 1.5 million patients per year. The report reflects well on the challenges the Trust has faced over the past 12 months, including the significant pressures created by the Covid-19 pandemic, and clearly sets out the areas of focus for the months/years ahead. The achievements demonstrated in the report reflect the hard work and commitment of all LTHT staff to provide high standards of care and treatment.

Leeds CCG supported LTHT's quality priorities for 2020/21 and we thank LTHT staff for their hard work and dedication against circumstances that stretched the local health and care system throughout. Leeds CCG acknowledges that these priorities contributed towards the Leeds Health and Care Plan (2020/21) for better integrated partnerships to improve health and wellbeing for all ages and for all people in Leeds to:

- protect vulnerable people and reduce inequalities
- improve quality and reduce inconsistency
- build a sustainable health and care system with the resources that we have

and support the work to address inequity and inequalities articulated in the CCG's Health Inequalities Framework for Action.

The report is clearly set out and includes visual graphics that engages the reader and portrays information in an understandable way. The introduction of the report is also clear and touches on some key aspects including the Leeds Way values, Leeds Improvement Method (LIM), #hellomynameis campaign and the Care Quality Commission 'good' overall rating.

The Trust's vision is clear, as are the strategic goals, with integrated care being a central aspect, which aligns with the strategic direction of the West Yorkshire Integrated Care Partnership and Leeds Office of the Integrated Care System (LOICS).

The quality account also reflects the positive way the Trust engages with external partners, including Leeds CCG, which is a partnership we aim to continue to develop and strengthen as we move to become an Integrated Care Board (ICB) from July 2022.



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Within the report, there's a strong and positive focus on patient safety, quality improvement and patient experience, which are essential aspects of healthcare provision. It's also clear which aspects of safety have presented the most challenges and how these will be tackled. For example, the quality account recognises the challenges with incidents, particularly pressure ulcers and patient falls, and the quality improvement programmes that have been established to address this.

LTHT is an early adapter for the new Patient Safety Incident Response Framework (PSIRF) and has worked hard throughout the pandemic to launch their comprehensive Patient Safety Incident Response Framework Plan which includes having a Patient Safety Partner on the Trust's PSIRF Programme Board and widening support for staff who have been involved in a patient safety incident.

Involving and engaging with patients and the public in developing services is vital and the report positively reflects how the Trust is committed to this, for example, by having a Patient Experience Strategy, Patient, Carer and Public Involvement (PCPI) team, Patient Reference Group (PRG) and patient voices database. The work around complaints and PALS is positive, including the Complaints Action Plan and Patient Experience Assurance Programme which aims to strengthen assurance around the themes arising from complaints.

In terms of the Covid-19 pandemic, as mentioned, all staff have worked tirelessly through a very challenging period, and this is equally the case with the Trust's Covid-19 vaccination programme. The success of the vaccination programme for LTHT staff and patients and the Covid-19 treatment for vulnerable patients has been achieved through an immensely dedicated staff and volunteer group.

Staffing pressures within the NHS are significant and the Covid-19 pandemic has amplified these. The Trust has worked innovatively to recruit staff and this is demonstrated by being shortlisted for four Nursing Times Workforce awards including best recruitment experience, best international recruitment experience, best UK employer of the year for nursing staff and best employer for staff recognition.

The CCG thanks LTHT for sharing their Quality Account 2021/22. We look forward to working with the Trust over the coming months as we continue to emerge from the pandemic and transition into the new world of the ICB.

Nicholas Allen



Head of Quality and People's Experience

Leeds CCG

08/06/22



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Appendix C: Glossary of Terms

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|---|
| Acute Hospital Trust: an NHS organisation responsible for providing healthcare services. |
| Always Events: 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. |
| Antimicrobial Stewardship: 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. |
| Birth-rate+: a midwifery workforce planning tool, which allows midwives to assess their “real time” workload in the delivery suite. |
| Board (of Trust): the role of the Trust’s Board is to take corporate responsibility for the organisation’s strategies and actions. |
| Breakthrough Series Improvement Collaborative: a model for achieving improvements in the quality of healthcare. |
| BSL: British Sign Language. |
| BUFALO: blood cultures and septic screen, Urine output, Fluid Resuscitation, Antibiotics IV, Lactate measurement, Oxygen. |
| Care Quality Commission (CQC): the independent regulator of health and social care in England. |
| Clinical Commissioning Group (CCG): clinically led NHS bodies responsible for the planning and commissioning of health care services for their local area. |
| Clinical Audit: clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary. |
| Clinical Service Unit/Clinical Support Unit (CSU): the Trust is made up of 19 CSUs, which are groups of specialties that deliver the clinical services the Trust provides. |
| Clinician: a healthcare professional who works directly with patients. A clinician may diagnose, treat and otherwise care for patients. |
| Clostridium Difficile Infection (CDI): a type of bacteria which causes diarrhoea and abdominal pain, and can be more serious in some patients. |
| Commissioning for Quality and Innovation (CQUIN) payment framework: a framework which makes a proportion of providers’ income conditional on quality and innovation. |
| Constitutional Standards: the NHS constitution sets out patients’ rights; how they can access health services, the quality of care they will receive, details of available treatments and programmes, confidentiality, information, and your right to complain if things go wrong. |
| Critical Care Step-Down: an intermediate level of care between the Intensive Care Unit (ICU) and general medical-surgical wards. |
| Data Security and Protection toolkit: the NHS Data Security & Protection Toolkit ensures necessary safeguards for, and appropriate use of, patient and personal information. |
| Datix: patient safety and risk management software for healthcare incident reporting and adverse events. |
| Department of Health (DoH): a department of the UK Government with responsibility for Government Policy for health, social care and NHS in England. |

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| Digital Information Team (DIT): the Informatics Department in the organisation responsible for the management of Digital Information Technology infrastructure to support healthcare. |
| Dr Foster Hospital Guide: annual national publication from Dr Foster containing data from all NHS Trusts in England & Wales highlighting potential areas of good and poor performance. The Guide's focus changes each year but consistently contains measures of hospital mortality. |
| e-DAN: an electronic discharge advice note. |
| eMeds: an electronic system for prescribing and administration of medicines. |
| e-Obs: a digital method of recording the observations of patients' vital signs. |
| Employee Assistance Programme: staff advice, information & counselling service able to assist with financial, legal, family and personal issues. |
| Enhanced care: additional support provided to patients who require an extra level of care to ensure safety. |
| Friends and Family Test (FFT): a national NHS tool allowing patients to provide feedback on the care and treatment they receive and to improve services. It asks patients whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment. |
| Gram-negative bacteria: 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. |
| HDU: High Dependency Unit; a level of care between intensive care and general wards. |
| Healthwatch Leeds: 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. |
| Hospital Standardised Mortality Ratio (HSMR): an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. |
| Hospital Episode Statistics (HES): a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. |
| Hypoxic-ishaemic encephalopathy (HIE): this may be diagnosed if a baby's brain does not receive enough oxygen and/or blood flow around the time of birth. HIE affects the brain, but the effects of low oxygen or blood flow can also cause problems in the lungs, liver, heart, bowel and kidneys. |
| IHI Model for Improvement: Institute for Healthcare Improvement. Combines with Lean Methodology to form the Leeds Improvement Method. |
| Integrated Care: an organising principle for care delivery that aims to improve patient care and experience through improved coordination. |
| Kaizen Promotion Office (KPO): established to drive the improvement work of the organisation in collaboration with the Virginia Mason Institute. |
| Lean methodology: a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and getting the best value for public money. |
| Leeds Care Record: 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. |
| Leeds Improvement Method (LIM): the method focusses on improving efficiency and flow of our services under the three key concepts: value, waste, and respect for people. |

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|--|
| Leeds Involving People: 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. |
| LPCN: Leeds Palliative Care Network |
| MBRRACE: 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. |
| Medically Optimised For Discharged (MOFD): a patient who is medically fit for discharge, after a clinical decision has been made that the patient is ready to transfer. |
| Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA): a bacterial infection. |
| Mortality Screening Tool: all patient deaths are screened to determine whether a further review of case notes should be considered. |
| MSSA related infections: infections as a result of methicillin-susceptible S. aureus (bacteria). |
| National Child Protection Information System (CP-IS): a project to help health and social care staff to share information securely to better protect vulnerable children. |
| National Confidential Enquiry into Patient Outcome and Death (NCEPOD): reviews clinical practice across England and Wales, and makes recommendations for improvement. |
| National Institute for Health and Care Excellence (NICE): 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. |
| 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. |
| Plan, Do, Study, Act (PDSA): 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. |

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|---|
| <p>Rapid Discharge Plan (RDP): a patient-specific plan to facilitate safe, urgent transfer of care for patients expressing a wish to die at home.</p> |
| <p>RCA process: Root Cause Analysis. A method of problem solving used for identifying the root causes of faults or problems.</p> |
| <p>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.</p> |
| <p>Safety Thermometer data collection tool: a local improvement tool for measuring, monitoring and analysing patient harms and harm free care.</p> |
| <p>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.</p> |
| <p>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.</p> |
| <p>SPC chart: Statistical Process Control chart. Data is plotted chronologically to see changes over time.</p> |
| <p>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.</p> |
| <p>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.</p> |
| <p>The National Bereavement Care Pathway (NBCP): a project to help professionals support families in their bereavement after any pregnancy or baby loss.</p> |
| <p>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.</p> |
| <p>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.</p> |
| <p>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).</p> |
| <p>WYAAT: West Yorkshire Association of Acute Trusts.</p> |

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 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Confidential Enquiries have re-started following the pause during the pandemic on new studies. There are no participation rates to report to date. The Trust has participated in the following on-going studies:

- Transition from Child to Adult Health Services
- Epilepsy
- Crohn's Disease

In 2022/23 studies on community acquired pneumonia, testicular torsion, endometriosis and prison healthcare are expected to take place.

| Programme/workstream | Participation Rate* |
|---|---|
| Case Mix Programme | Compliant** |
| Child Health Clinical Outcome Review Programme | Not eligible |
| Chronic Kidney Disease registry | Compliant** |
| Cleft Registry and Audit Network Database | Compliant** |
| Elective Surgery (National PROMs Programme) | Not eligible |
| Emergency Medicine QIPs: <ul style="list-style-type: none"> a. Pain in Children (care in Emergency Departments) b. Severe sepsis and septic shock (care in Emergency Departments) | Compliant** |
| Falls and Fragility Fracture Audit Programme <ul style="list-style-type: none"> a. Fracture Liaison Service Database b. National Audit of Inpatient Falls c. National Hip Fracture Database | <ul style="list-style-type: none"> a. Not eligible b. Compliant** c. Compliant** |
| Inflammatory Bowel Disease Audit | Compliant** |
| Learning Disabilities Mortality Review Programme | Compliant** |
| Maternal and Newborn Infant Clinical Outcome Review Programme | Compliant** |
| Medical and Surgical Clinical Outcome Review Programme | Not eligible |
| Mental Health Clinical Outcome Review Programme | Not eligible |
| National Adult Diabetes Audit <ul style="list-style-type: none"> a. National Diabetes Core Audit b. National Pregnancy in Diabetes Audit c. National Diabetes Footcare Audit d. National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms | Compliant** |

| | |
|---|--------------|
| National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme a. Paediatric Asthma Secondary Care b. Adult Asthma Secondary Care c. Chronic Obstructive Pulmonary Disease Secondary Care d. Pulmonary Rehabilitation-Organisational and Clinical Audit | Compliant** |
| National Audit of Breast Cancer in Older Patients | Compliant** |
| National Audit of Cardiac Rehabilitation | Compliant** |
| National Audit of Cardiovascular Disease Prevention | Compliant** |
| National Audit of Care at the End of Life | Compliant** |
| National Audit of Dementia | Compliant** |
| National Audit of Pulmonary Hypertension | Not eligible |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | Compliant** |
| National Cardiac Arrest Audit | Compliant** |
| National Cardiac Audit Programme a. National Audit of Cardiac Rhythm Management b. Myocardial Ischaemia National Audit Project c. National Adult Cardiac Surgery Audit d. National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) e. National Heart Failure Audit f. National Congenital Heart Disease | Compliant** |
| National Child Mortality Database | Compliant** |
| National Clinical Audit of Psychosis | Not eligible |
| National Comparative Audit of Blood Transfusion a. 2021 Audit of Patient Blood Management & NICE Guidelines b. 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery | Compliant** |
| National Early Inflammatory Arthritis Audit | Compliant** |
| National Emergency Laparotomy Audit | Compliant** |
| National Gastro-intestinal Cancer Programme a. National Oesophago-gastric Cancer b. National Bowel Cancer Audit | Compliant** |
| National Joint Registry | Compliant** |
| National Lung Cancer Audit | Compliant** |
| National Maternity and Perinatal Audit | Compliant** |
| National Neonatal Audit Programme | Compliant** |
| National Paediatric Diabetes Audit | Compliant** |

| | |
|---|--------------|
| National Perinatal Mortality Review Tool | Compliant** |
| National Prostate Cancer Audit | Compliant** |
| National Vascular Registry | Compliant** |
| Neurosurgical National Audit Programme | Compliant** |
| Out-of-Hospital Cardiac Arrest Outcomes Registry | Not eligible |
| Paediatric Intensive Care Audit | Compliant** |
| Prescribing Observatory for Mental Health a. Prescribing for depression in adult mental health services b. Prescribing for substance misuse: alcohol detoxification | Not eligible |
| Respiratory Audits a. National Outpatient Management of Pulmonary Embolism | Compliant** |
| Sentinel Stroke National Audit Programme | Compliant** |
| Serious Hazards of Transfusion | Compliant** |
| Society for Acute Medicine Benchmarking Audit | Compliant** |
| Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment | Compliant** |
| Trauma Audit & Research Network | Compliant** |
| UK Cystic Fibrosis Registry | Compliant** |
| Urology Audits a. Cyto-reductive Radical Nephrectomy Audit b. Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit) | Compliant** |

** Compliant - Participated; Denominator unknown

Where LTHT not eligible to participate in the audit listed as 'Not eligible'

Appendix E: Performance against National Priority Indicators

| | Target | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Section A - National Operational Standards | | | | | | | | | | | | | |
| RTT Incomplete | >=92 | 77.13 | 79.05 | 79.44 | 79.04 | 77.76 | 76.36 | 75.39 | 74.88 | 73.21 | 72.19 | 70.32 | 67.01 |
| RTT Incomplete - Failing Specialties | =0 | 17 | 17 | 18 | 18 | 19 | 20 | 20 | 19 | 19 | 19 | 20 | 17.00 |
| RTT Incomplete - Total Waiting List Size (Known Waits) | - | 58,513 | 59,292 | 61,680 | 64,995 | 67,044 | 68,576 | 70,907 | 71,689 | 72,448 | 74,613 | 76,656 | - |
| A&E Performance | >=95 | 81.55 | 78.91 | 75.52 | 70.59 | 68.65 | 70.66 | 67.94 | 68.68 | 68.41 | 69.48 | 72.16 | 68.82 |
| Diagnostic Waits | >=99 | 78.06 | 81.05 | 81.22 | 80.14 | 73.84 | 70.58 | 71.35 | 68.91 | 66.67 | 65.50 | 73.52 | 70.89 |
| Cancelled Ops: Not rebooked within 28 days | =0 | 14 | 14 | 18 | 33 | 41 | 33 | 20 | 42 | 47 | 16 | 11 | 27 |
| Cancer: 62 Day: Consultant Upgrade | >=85 | 69.37 | 71.48 | 69.35 | 75.00 | 76.77 | 72.41 | 68.73 | 66.57 | 66.44 | 65.33 | * | * |
| Cancer: 62 Day: GP/Dentist Referrals | >=85 | 63.97 | 66.77 | 59.84 | 63.33 | 53.00 | 43.30 | 46.87 | 43.95 | 44.63 | 29.98 | * | * |
| Cancer: 62 Day: Screening | >=90 | 70.69 | 74.29 | 79.59 | 67.86 | 70.18 | 66.13 | 82.00 | 62.96 | 76.47 | 72.97 | * | * |
| Cancer: 31 Day: 1st Treatment | >=96 | 89.89 | 96.08 | 93.41 | 94.19 | 85.21 | 84.74 | 86.79 | 82.38 | 82.74 | 76.92 | 88.16 | 91.67 |
| Cancer: 31 Day: Subsequent Surgery | >=94 | 70.92 | 94.41 | 90.91 | 88.57 | 77.16 | 76.92 | 66.43 | 68.82 | 75.48 | 78.95 | 82.46 | 72.83 |
| Cancer: 31 Day: Subsequent Drug | >=98 | 100.00 | 99.42 | 99.44 | 98.37 | 98.51 | 99.21 | 99.44 | 99.72 | 98.92 | 98.27 | 100.00 | 99.39 |
| Cancer: 31 Day: Sub Radiotherapy | >=94 | 98.75 | 98.74 | 98.03 | 96.97 | 79.81 | 77.00 | 75.12 | 71.24 | 64.99 | 63.73 | 68.10 | 59.36 |
| Cancer: 31 Day: Rare Cancer | >=85 | 100.00 | 100.00 | 0.00 | 100.00 | 100.00 | - | 100.00 | 100.00 | 57.14 | - | - | - |
| Cancer: 28 Day: Referrals | - | 68.73 | 68.96 | 65.71 | 69.86 | 63.69 | 64.39 | 67.10 | 65.05 | 62.67 | 54.67 | - | - |
| Cancer: 28 Day: Breast Symptoms | - | 86.29 | 70.75 | 69.90 | 74.29 | 69.84 | 81.25 | 88.75 | 83.17 | 66.39 | 38.04 | - | - |
| Cancer: 28 Day: Screening | - | 92.74 | 81.73 | 81.82 | 81.25 | 86.10 | 84.20 | 79.10 | 89.23 | 84.29 | 82.46 | - | - |
| Cancer: 14 Day: Urgent GP Referrals | >=93 | 72.55 | 72.75 | 67.33 | 70.39 | 82.98 | 79.32 | 62.82 | 67.25 | 69.97 | 63.07 | 71.63 | 67.18 |
| Cancer: 14 Day: Breast Symptoms | >=93 | 25.64 | 37.04 | 51.58 | 33.93 | 34.71 | 67.29 | 19.48 | 23.48 | 34.91 | 23.33 | 33.01 | 32.73 |
| Mixed Sex Accommodation Breaches | =0 | 90 | 116 | 114 | 66 | 63 | 68 | 115 | 90 | 95 | 91 | 86 | 109.00 |
| Section B - National Quality Contract Requirements | | | | | | | | | | | | | |
| HCAI: MRSA | =0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 2 | 0 | 0 |
| HCAI: CDiff (Target = LHTT Trajectory 19/20) | <=259 | 15 | 14 | 17 | 13 | 18 | 15 | 20 | 8 | 15 | 11 | 13 | 16 |
| VTE Risk Assessment | >=95 | 96.36 | 96.10 | 96.83 | 96.47 | 95.82 | 95.96 | 96.36 | 96.00 | 96.20 | 96.12 | 96.31 | 95.89 |
| VTE RCA Completion Rate | =100 | 100.00 | 100.00 | 97.37 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| RTT Incomplete 52+ Week Waiters | =0 | 4,107 | 3,565 | 3,115 | 3,071 | 3,074 | 3,228 | 3,458 | 3,345 | 3,268 | 3,126 | 2,933 | 2,807 |
| Cancelled Ops: Urgent Cancels 2nd/Sub | =0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ambulance Handovers: Less Than 15 mins | - | 3,003 | 3,283 | 3,077 | 2,708 | 2,164 | 1,823 | 1,713 | 1,711 | 1,730 | 1,683 | 1,495 | - |
| Ambulance Handovers: 30 - 60 mins | =0 | 106 | 121 | 161 | 228 | 276 | 232 | 259 | 258 | 256 | 222 | 184 | - |
| Ambulance Handovers: Over 60 mins | =0 | 7 | 10 | 11 | 9 | 16 | 12 | 26 | 7 | 13 | 10 | 5 | - |
| A&E 12 Hour Trolley Waits | =0 | 0 | 0 | 0 | 0 | 1 | 0 | 48 | 27 | 63 | 82 | 140 | 356 |
| Friends and Family Test: Response Rate - Inpatients | - | 38.98 | 39.86 | 36.33 | 35.05 | 32.04 | 34.32 | 31.43 | 32.15 | 29.66 | 31.27 | 36.86 | - |
| Friends and Family Test: Response Rate - A&E | - | 20.50 | 21.19 | 18.22 | 17.79 | 16.44 | 17.20 | 16.03 | 15.83 | 15.49 | 15.49 | 19.13 | - |

| | | | | | | | | | | | | | |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| eDAN: Completed | - | 92.18 | 93.10 | 93.91 | 93.97 | 93.79 | 94.22 | 94.56 | 94.13 | 93.88 | 94.78 | 93.87 | 92.69 |
| eDAN: Sent to GP within 24 hrs | >=90 | 91.06 | 91.80 | 92.87 | 92.95 | 92.23 | 92.47 | 93.41 | 93.02 | 92.89 | 93.92 | 92.89 | 91.64 |
| Complaints: Total | - | 69 | 67 | 71 | 61 | 68 | 57 | 65 | 80 | 51 | 61 | 69 | 83 |
| Complaints: % Responded to within target time | - | 23.19 | 20.90 | 16.90 | 24.59 | 13.24 | 19.30 | 24.62 | 21.25 | 33.33 | 34.43 | 24.64 | 21.69 |
| Emergency Readmissions Within 30 Days | - | 6.74 | 6.72 | 6.94 | 6.52 | 6.53 | 6.07 | 6.27 | 6.19 | 6.80 | 6.15 | 5.91 | 4.95 |
| Section C - NHSE Quality and Contract Requirements | | | | | | | | | | | | | |
| Serious Incidents (SUIs) | - | 4 | 9 | 11 | 7 | 10 | 10 | 12 | 10 | 15 | 11 | 5 | 5 |
| HCAI: MSSA (Target = LTHT Trajectory 19/20) | <=84 | 9 | 9 | 11 | 6 | 8 | 8 | 10 | 6 | 10 | 11 | 10 | 10 |
| Gynae Cytology 14 Day TATs | >=98 | - | - | - | - | - | - | - | - | - | - | - | - |
| Harm Free Care | >=95 | - | - | - | - | - | - | - | - | - | - | - | - |
| Readmissions to PICU Within 48 Hours | <1 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Adult Critical Care Discharges - % Within 4hrs | - | 22.62 | 23.65 | 19.51 | 22.26 | 19.05 | 20.14 | 16.00 | 18.87 | 17.25 | 15.49 | 13.04 | 15.77 |
| Adult Critical Care Discharges - % Within 24hrs | - | 75.08 | 76.65 | 74.09 | 69.18 | 65.20 | 68.75 | 62.33 | 65.23 | 70.07 | 62.32 | 61.26 | 57.72 |
| Section D - Local Quality and Contract Requirements | | | | | | | | | | | | | |
| OP FUP Backlog: More Than 3 Months Overdue | - | * | * | * | * | * | * | * | * | * | * | * | * |
| OP FUP Backlog: More Than 12 Months Overdue | - | * | * | * | * | * | * | * | * | * | * | * | * |
| OP FUP Backlog: No Due Date | - | * | * | * | * | * | * | * | * | * | * | * | * |
| E-Letters to GPs in 5 Days | - | * | * | * | * | * | * | * | * | * | * | * | * |
| Radiology Turn Around Times (Median Wait) | - | 30 | 29 | 35 | 34 | 34 | 32 | 30 | 30 | 33 | 36 | 30 | 31 |
| Section E - Internal Monitoring | | | | | | | | | | | | | |
| Dementia Performance: Stage 1 | >=90 | 100.00 | 100.00 | - | - | 100.00 | 99.84 | 99.84 | 100.00 | 99.84 | 100.00 | 100.00 | 100.00 |
| Dementia Performance: Stage 2 | >=90 | 100.00 | 100.00 | - | - | 98.36 | 100.00 | 100.00 | 98.25 | 100.00 | 100.00 | 97.96 | 100.00 |
| Dementia Performance: Stage 3 | >=90 | 107.69 | 100.00 | - | - | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| Pressure Ulcers (Grade 3) (developed) | - | 1 | 2 | 1 | 2 | 0 | 2 | 3 | 2 | 1 | 5 | 4 | 4 |
| Pressure Ulcers (Grade 4) (developed) | - | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 1 | 0 |
| Pts Admitted to a Stroke Unit < 4 Hours | >=60 | * | * | * | * | * | * | * | * | * | * | * | * |
| OP Appts Cancelled 2 or More Times (Total) | - | * | * | * | * | * | * | * | * | * | * | * | * |
| OP Appts Cancelled 2 or More Times (By Hospital) | - | * | * | * | * | * | * | * | * | * | * | * | * |
| Clinics Not Cashed Up Within 2 Days | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinics Not Cashed Up Within 4 Weeks | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RTT Admitted - Clock Stops (Known Waits) | - | 2,774 | 2,717 | 3,192 | 3,073 | 2,946 | 3,332 | 2,908 | 3,067 | 2,896 | 2,766 | 2,838 | - |
| RTT Non-Admitted - Clock Stops (Known Waits) | - | 12,247 | 13,071 | 13,847 | 13,200 | 11,734 | 13,544 | 12,961 | 13,956 | 11,970 | 12,605 | 12,675 | - |
| RTT Admitted - New Pathways (Clock Starts) | - | 2,256 | 2,344 | 2,581 | 2,331 | 2,254 | 2,505 | 2,267 | 2,488 | 2,256 | 2,200 | 2,162 | - |
| RTT Non-Admitted- New Pathways (Clock Starts) | - | 19,082 | 18,670 | 20,358 | 20,247 | 18,379 | 19,952 | 20,011 | 20,222 | 17,729 | 18,642 | 18,781 | - |

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