



The Leeds  
Teaching Hospitals  
NHS Trust

# Quality Account

2022 2023



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## Part 1: Chief Executive's Statement from the Board



## 1.1 Introducing the Trust

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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 renowned biomedical research facility, and the local hospital for the Leeds community.

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 provide local and specialist services for our immediate population of 770,000 and regional specialist care for up to 5.4 million people.

The Trust spends around £1.34 billion of the NHS budget, treating illness and disease in Leeds and on specialised services for people across Yorkshire and the Humber and beyond. The Trust employs more than 20,000 staff and works with academia and industry to play a leading role in education, research and innovation.

The Trust plays an important role in the training and education of staff, including medical, nursing, dental, allied health and medical science students and it is a centre of world-class research, pioneering new treatments.

## 1.2 Development of the Quality Account

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Our Quality Account for 2022/23 has been developed with our staff, stakeholders and partner organisations, including clinicians and senior managers, commissioners at the newly established Integrated Care Board (ICB) and Healthwatch Leeds. It has been approved by the Trust Board.

## 1.3 Chief Executive's Statement on Quality

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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 2022/23.

Although we have had another challenging year we have had much to be proud of in our achievements during the last 12 months. We have continued to make, and sustain, improvements in quality and safety whilst facing significant operational pressures in our acute and emergency care services. We are extremely proud of our staff who have focused on providing safe care and improving quality for our patients and taking the time to support and care for each other.

Our quality improvement programme remains key to addressing patient safety challenges and in managing our recovery from the coronavirus pandemic. The Leeds Improvement Method (LIM) has continued to provide a framework for our recovery programmes and transformation strategy.

We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients in the face of sustained pressures across the health care system. We will continue to embed the Leeds Way Values and Our People Priorities, creating a positive culture where staff feel engaged in the work that they do. We continue to listen to and empower our patients and the public in order to understand the value of services and how we can improve.

We have refreshed our annual commitments for 2023/24 with our senior leaders and Board, focusing on improving quality for patients and supporting our staff. We have continued to work with our clinicians, managers, staff and local partners at Leeds Health and Care Partnership, NHS West Yorkshire Integrated Care Board and Healthwatch Leeds to build on our improvements and identify our priorities for 2023/24.

I hope you enjoy reading this summary of our achievements in 2022/23 and the work we have done to improve quality and safety for patients in our hospitals.

## 1.4 Leeds Teaching Hospitals NHS Trust at a glance



# Our Vision

We provide the highest quality specialist and integrated care

## Our Strategic Priorities

Develop integrated partnership services

Support and develop our people


Focus on care quality, effectiveness and patient experience

Deliver continuous innovation and inclusive research


Ensure financial stability

## Our Values


In 2022 our staff came together to share their views reflect, connect and commit to The Leeds Way. Our newly simplified behaviours better reflect what staff told us was missing. This includes compassion and kindness towards each other, working as one team towards common goals and speaking up to respectfully hold ourselves and each other to account. From this we created *Living The Leeds Way*

  
Patient-centred


We act with compassion, empathy and kindness towards those in our care and to each other.  
We consistently deliver high quality, safe and dignified care, focusing on individual needs.

  
Fair


We seek to understand the perspective of others, respecting and embracing our differences.  
We champion inclusivity by prioritising fairness & equality.

  
Collaborative

We are all one team with a common purpose and value the contribution of others.  
We work in partnership with our patients, their families and carers, our colleagues and other providers.

  
Accountable

We keep our promises, agree clear expectations and will speak up to respectfully hold ourselves and each other to account.  
We are true to our word and act with integrity and honesty with our patients, colleagues and communities.

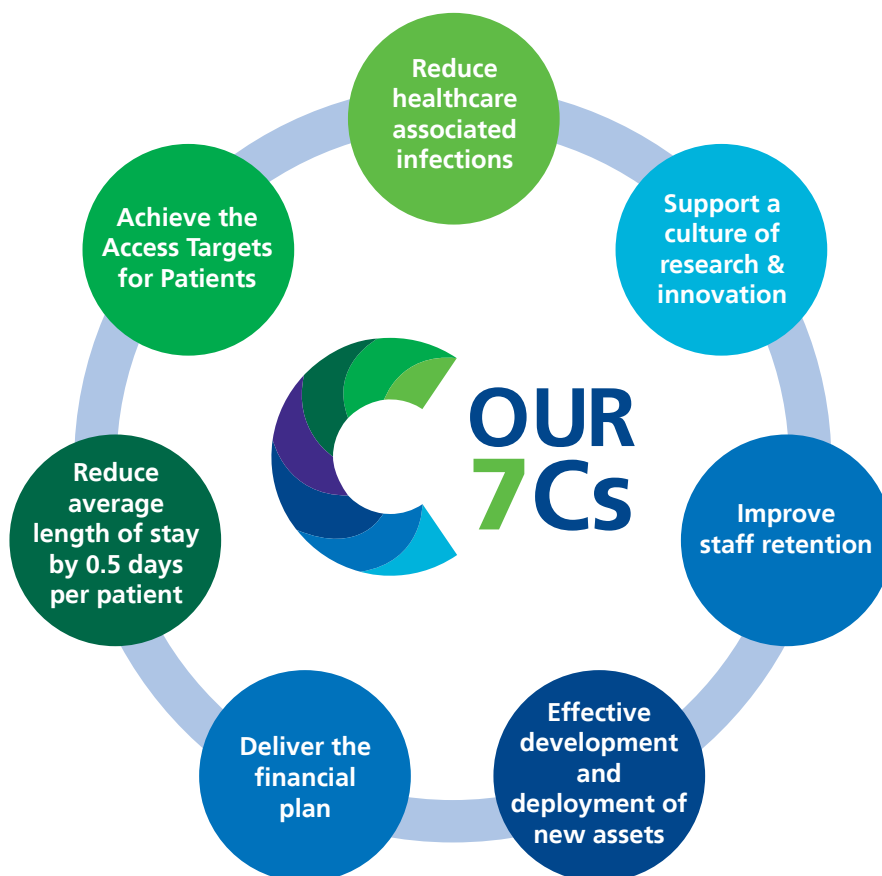
  
Empowered

We empower our patients and colleagues to have a voice and make decisions, and are considerate of their choices.  
We celebrate innovation, and we take personal responsibility for our learning.

## Our Multi-year Goals

- Deliver a sustainable surplus by becoming the most efficient teaching hospital
- Deliver fit for purpose healthcare infrastructure
- Deliver top quartile holistic healthcare performance
- To be a leading academic healthcare institution
- To have an embedded culture of service improvement & innovation
- To have a consistent, high performing and sustainable workforce
- People receive person-centred care in the most appropriate environment and setting

## Our Annual Commitments for 2023/24



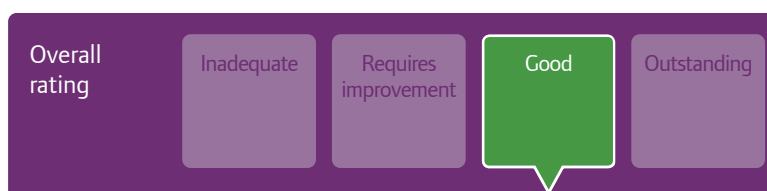


## 1.5 Care Quality Commission - inspection and ratings

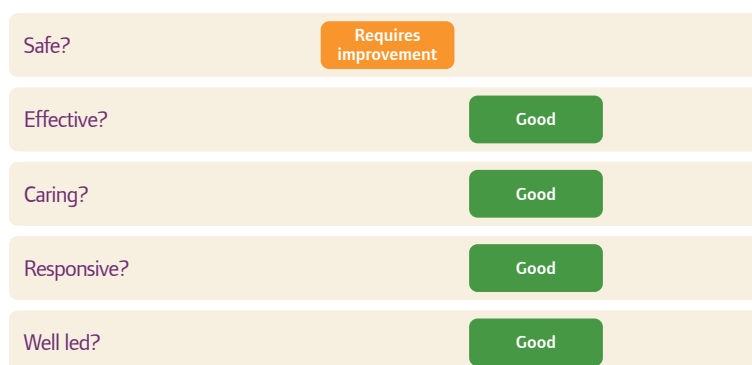


Last rated  
15 February 2019

### 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](http://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](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://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](http://www.cqc.org.uk/provider/RR8)

In 2022/23 we continued to work with partners, including commissioners at NHS England/NHS Improvement, the West Yorkshire Integrated Care Board and Leeds Place 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 2022/23.

The Trust did not receive an inspection during 2022/23; 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 changes to the Executive Team and to delivering the vaccination programme to the people of Leeds.





## Part 2: Improving our Quality of Service




## Improving our quality of services - Achievements in 2022/23

### Patient Safety

Number of patient falls has **reduced by 4.4%** 

 Covid Medicines Delivery Unit (CMDU) opened this year, providing **COVID treatment** to high risk individuals, subsequently avoiding hospital admission

**PSIRF** Implemented new Patient Safety Incident Response Framework as a part of the NHS Early Adopter scheme for this new national initiative

 Pressure ulcer numbers **currently below** trajectory for 2022/23


### Patient Experience


Over **102,000** patients have shared their experiences since April 2022 via Friends and Family Test 


 **Care Bags** successfully piloted in Emergency Department, showing **positive improvements** (reduction in PALs concerns by 60%)

**AccessAble** LTHT guides available 

### Clinical Effectiveness

Significant improvement in discharges by 3pm by **35.5%** 

 **Ambulance handover** performance for LGI has been the best in the country during this year

**87%** of patients referred by PCAL receive the care they need **without** attending Emergency department 

### Staffing








Shortlisted for **3** Nursing Times Workforce Awards 

To date **578** internationally recruited nurses have gained UK (Nursing and Midwifery Council) NMC registration 



Trained **30** new Freedom to Speak Up champions 

## Improving our quality of services - Priorities for 2023/24




### Patient Safety

- Use best practice to **reduce the risk** of infection 
- Improve compliance with **Sepsis Metrics** (target 90%) 
- Continue to **reduce** patient falls 
- Roll out **Live Bed State** across the organisation 
- Trust wide ambition of a **5% reduction** trajectory in pressure ulcers 
- Recruit a **Patient Safety Partner** who will contribute care with medicines work 
- Target of **95%** of admitted patients having a documented VTE risk assessment 



### Patient Experience

- Continue to **deliver the Trust's 3 aims** set out in the 2021-24 Patient Experience Strategy 
- Our team of Leeds Way **Welcome volunteers** will be visible across three sites 
- Continue to **expand** the partner programme to drive forwards patient centred improvement 
- Launch and roll out the **Carer Passport** across a minimum of 4 CSUs 
- Establish Trustwide program to roll out the Oliver McGowan training 

### Clinical Effectiveness

- Develop a **digital version** of the Care of the Dying Person care plan 
- Continue to work towards our goal that **70% of patients** are discharged by 3pm. 
- Deliver a **true Live Bed State** 

### Staffing

- Reduce** the Registered Nurse and Clinical Support Worker vacancy gap 
- Increase** the number of Freedom to Speak Up Champions 
- Introduce** the Trust's first joint Learning, Education and Training Strategy 

## 2.1 Progress against our Quality Goals 2022/23

### 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)
- Managing people with challenging behaviour (de-escalate collaborative) (see section 3.2.4)
- Providing high quality safe care in maternity services (see section 3.2.5)
- Preoperative blood management and earlier identification of preoperative anaemia (see section 3.2.6)
- Reducing healthcare associated infections and managing the impact of Covid-19 (see section 3.2.7)
- Supporting best care with medicines (see section 3.2.8)
- Reducing harm from preventable Venous Thromboembolism (VTE) (see section 3.2.9)
- Safeguarding vulnerable people (see section 3.2.10)
- Delivering and implementing Scan 4 Safety (see section 3.2.11)
- Learning from patient safety incidents (see section 3.2.12).

### Patient Experience

Our staff, Patient Partners, local stakeholders, Healthwatch Leeds, and our patients and their carers helped us determine our patient experience priorities (see section 3.3.1). Over the last year we focused on improving experience in areas that people have told us are important. We also improved our approaches to making sure that patient and public experience and insight influences positive change.

In addition, a number of improvements have been achieved in relation to our priorities outlined in 2022/23; including:

- Implementing the Trust Complaint Improvement Programme with a third cohort of Clinical Service Units (CSUs). All CSUs involved achieved a reduction in the time taken to respond to a complaint
- Commissioned an external company, AccessAble, to produce visual access guides to support people to navigate the various Trust sites
- Continued to provide access to software that supports users of the Trust website to be able to access information in a way that works for them.

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 all our services. We have addressed this by looking at ways in which we can enhance quality and efficiency to improve outcomes and experience for our patients using the established Leeds Improvement Methodology.

Key achievements from 2022/23 include:

- The discharge collaborative has supported the development and implementation of a new electronic discharge advice notice (eDAN) to facilitate an efficient handover of clinical information to primary care on discharge as well as providing clear 'Actions for Patients' where applicable
- A new structured judgement review (SJR) allocation process has been implemented to increase the number and variety of cases undergoing case note review. A new online tool for completing SJRs has been developed and trialled in several specialties with a Trust wide roll out planned for 2023/24.

Further details are outlined throughout section 3.3

## 2.2 Our Priority Improvement Areas for 2023/24

### Patient Safety

In 2023/24 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
- Reducing Blood Stream Infection
- Managing people with challenging behaviour.

### Patient Experience

We know from our Quality Improvement work in recent years that early improvements in patient experience and processes occur but delivering sustained 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 2022/23 we have outlined the following additional priorities for 2023/24;

- 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 a final cohort of non bed-holding Clinical Service Units to improve the timeliness and quality of complaint responses
- To continue to explore opportunities to meet the requirements of the Accessible Information Standard. Our work this year will include delivering a solution to the provision of on demand British Sign Language in acute clinical settings.
- To continue to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into

the work of our Safety Committees and also involving them in other activities, for example, in the recruitment of senior Trust posts

- To develop a Carers action plan and deliver improvements for Carers of Trust patients.
- To implement mechanisms which ensure that good practice and key themes arising from feedback, complaints and Patient Advisory Liaison Service (PALS)

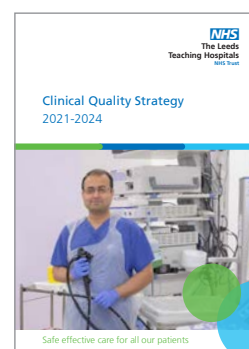
### Clinical Effectiveness

Our ambition for 2023/24 is that we will have Leeds Improvement Method active projects in every CSU that align with our Trust annual commitments and strategic priorities. This work will be locally led with direct support from the Kaizen Promotion Office (KPO) via an established governance framework.

Trust wide improvements will focus on enhancing palliative and end of life care, learning from deaths and improving discharge, readmission and patient reported outcomes.

## 2.3 Clinical Quality Strategy

The Trust published its [Clinical Quality Strategy 2021/24](#) in 2022. Developed by 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 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 2023/24, to share our progress and identify new priorities for improvement.

## Part 3: Review of Quality Programme





## 3.1 Leeds Improvement Method

### Background

We have continued to utilise the Leeds Improvement Method (LIM) building on the work we have done in partnership with Virginia Mason Institute (VMI). The last year has seen a formal re-structure of the Kaizen Promotion Office (KPO), that provides leadership and oversight of the programme and framework. The changes are aligned to our new Trust improvement strategy and will enable the team to sustainably meet the priorities of the organisation, working in conjunction with our clinicians, senior leaders, Clinical Service Units (CSUs) and corporate departments.

The reinvestment of the resources released will ensure each of our 19 CSUs will have a team member dedicated to supporting local improvement activities using our Leeds Improvement Methodology (LIM). The first cohort of 10 facilitators are in post with the remaining cohort of 9 planned by June 2023. Our CSU based LIM Facilitators will connect and engage directly with KPO Specialists to share progress and access support.

### Key Achievements in 2022/23

#### Clinical Value Streams

The KPO restructure means our Improvement Specialists are better placed to offer direct support to each CSU throughout the Trust. This allows local focus and intervention in the key improvement opportunities identified in each service area, alongside improving alignment of improvement activities towards organisational goals.

Clinical value stream activity throughout the Trust remains dynamic with each CSU taking primary responsibility for project delivery. The KPO team work flexibly to offer direct and indirect support across these projects. The Estates and Facilities CSU has faced significant challenges with their recruitment process and so working alongside the Estates and Facilities team we have been able to support them in reducing the recruitment timeline. The final report is due in March 2023, but figures currently show that the overall recruitment process has been reduced by 27 days.

The KPO team has been supporting the Children's CSU by reducing the number of paediatric cardiac surgery cancellations. Current baseline data shows that it is taking 1 hour 59 mins for a decision to put the case on hold due to the patient entering the anaesthetic room. The KPO team will be supporting the Children's CSU in a Rapid Process Improvement Workshop (RPIW) in March, to further understand the issues and improve this service.

#### Education and Training

We know that building the capacity and capability of our people to use our LIM is a critical component to achieve our Trust vision and ambition to provide the highest quality healthcare. Consequently the Education and Training offer we provide for the LIM remains a core focus.

During 2022 we re-designed our LIM training to deliver a more accessible, sustainable and learner-orientated offer. This was developed with our Quality Partners alongside generous contributions from colleagues across the Trust as well as external partners.

Our LIM Foundation course has now been delivered to 448 participants via an online platform. This one-day course is open to all staff regardless of their role, who commit to practice their learning by leading a small test of change in their work area. Feedback is overwhelmingly positive with 99% of participants likely or very likely to recommend the course.

The LIM Intermediate course is a three-day course and builds upon the LIM Foundation offer. This training aims to equip delegates with the knowledge, skills, and behaviours to deliver an improvement project. Since the initial pilot cohort in November 2022, over 100 colleagues have joined the LIM Intermediate course. Their commitment to improvement has brought significant benefits to their service users as well as their colleagues.

To add depth and breadth to the LIM Intermediate offer, we are also creating eight optional short learning modules offering complementary tools and concepts. Three courses; Product Quantity Analysis, Project Brief Design and Driver Diagrams have been created, tested and are currently being delivered, and a further five courses are currently in development based on the needs outlined by participants.

This year we also reached a significant milestone with over 500 nurses being trained in the LIM through our Excellence in Practice programme. Building on this success, 'Excellence in' programmes have been developed for Clinical Support workers and Administrators which incorporated training in the core concepts of the LIM.

### Aims for 2023/24

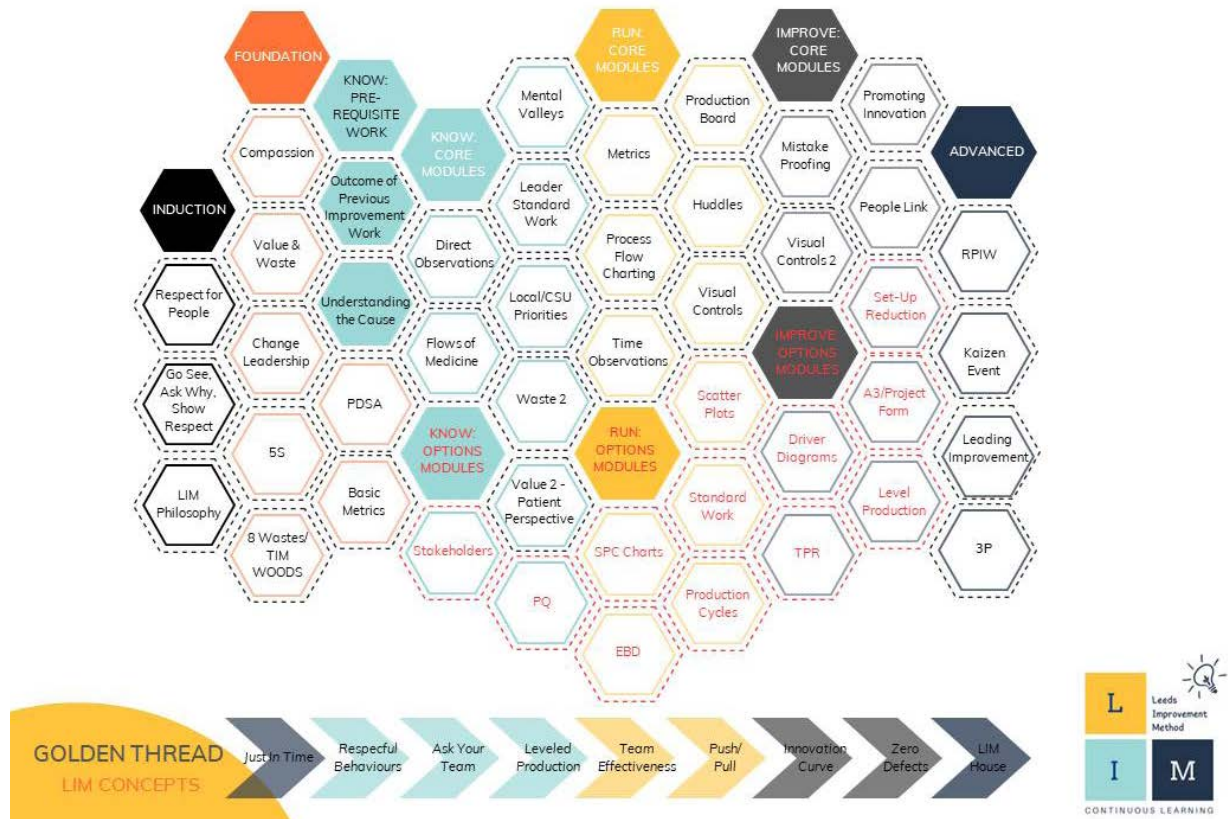
Our ambition for 2023/24 is that we will have active improvement projects in every CSU that align with our Trust annual commitments and strategic priorities. This work will be locally led with direct support from KPO via an established governance framework.

We will increase our capacity to deliver Rapid Process Improvement Workshop [RPIW] events to ensure that this valuable tool is available to help tackle some of our more complex challenges.

We will continue to develop our LIM Facilitator role with the aim to include a fully trained LIM Facilitator in all clinical CSUs by October 2023.

By March 2024 we aim to have supported 300 staff to successfully complete their LIM Intermediate training as evidenced by the impact of their local improvement projects.

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





## 3.2 Patient Safety

Implemented the **Deteriorating Patient Tool** and rolled out the Deteriorating Patient Trolley **pilot**



Number of patient falls has **reduced by 4.4%**



Pressure ulcer numbers **currently below** trajectory for 2022/23



Launched the role of **'Falls Champion'** and led the first Falls Prevention Week



Maternity developed the **QI crew**, a working group with MDT membership to support the wider workforce to implement and evaluate Quality Improvement projects

LTHT was the **highest rated Trust** for overall **intrapartum care** in the 2022 CQC survey, based on patient feedback



**Early identification** of preoperative anaemia through screening of surgical patients for **iron deficiency anaemia** has become business as usual



Achieved CQUIN of **>60%** of major elective blood loss surgery patients are treated in line with NICE guideline NG24



IPC Team received the Trust executive **special recognition award** 2022, for significant work during the Covid-19 pandemic

Covid Medicines Delivery Unit (CMDU) opened this year, providing **COVID treatment** to high risk individuals, subsequently avoiding hospital admission



### PSIRF

**Implemented** new Patient Safety Incident Response Framework as a part of the NHS Early Adopter scheme for this new national initiative

VTE (venous thromboembolism) risk assessment rates have been consistently **above 95%**



Significant **reduction** in the number of Hospital Associated Thrombosis (HAT)



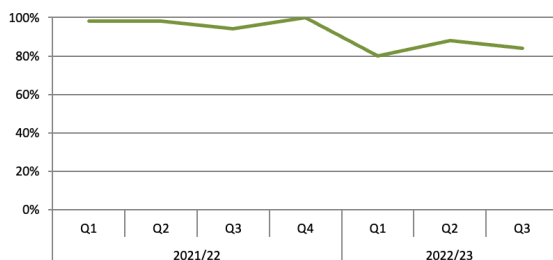


### 3.2.1 Sepsis

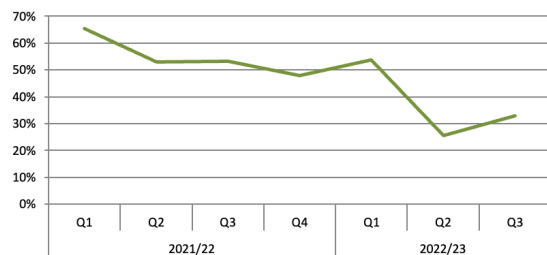
#### Background

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 (LTHT) we are committed to continually improving patient care and experience through an ongoing Sepsis Care improvement program.

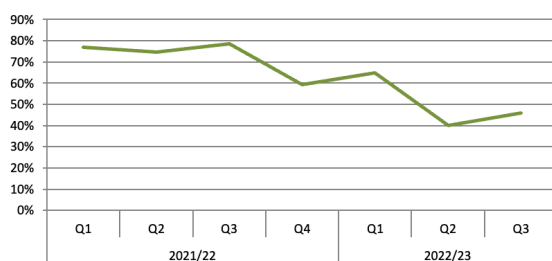
#### Emergency Department - Sepsis Screen



#### Emergency Department IV Antibiotics within 1 hour



#### Inpatient - Sepsis Screen



#### Inpatient IV Antibiotics within 1 hour



#### Key Achievements in 2022/23

This year has been a significant challenge for all healthcare staff. Operational pressures in the Emergency Department and across wider clinical areas have been substantial. Whilst we have made progress our sepsis metrics have not seen the improvement we aimed for.

This year we have:

- achieved the roll out of the Deteriorating Patient Trolley pilot with good early feedback
- created a new Blood Culture e-form on PPM
- further developed the new sepsis screening tool into a broad ranging Deteriorating Patient Tool, coding has now begun on this
- added a sepsis prompt to Symphony in the Emergency Department (ED)
- undertaken in depth audit of the blood culture pathway, screening for sepsis and antibiotic timing targets
- updated sepsis guidelines to match latest National guidance
- continued and widened our multi-disciplinary education programme with very positive feedback and much improved sepsis awareness shown by qualitative audit
- developed Blood Culture and Sepsis e-learning packages.

#### Aims for 2023/24

Our aims for the coming year are:

- deliver the Deteriorating Patient Tool on PPM
- improve compliance with Sepsis Metrics (target 90%)
- assess and widen the Deteriorating Patient Trolley program
- work with ED on their Task Management system
- work with the PLICS team to improve data collection regarding Blood Culture time to incubation.



### 3.2.2 Falls

#### Background

Falls prevention continues to be a priority patient safety focus for the organisation, with the aim to continually reduce our rate of falls. Throughout 2022/23 the number of falls has reduced by 4.4% (112 falls) despite further pressures due to the Covid-19 pandemic. The team has continued driving our improvement work forward, testing new interventions and sharing learning.

We have a strong multidisciplinary team including our patient partner, ensuring that patients are at the heart of all of our improvement work.

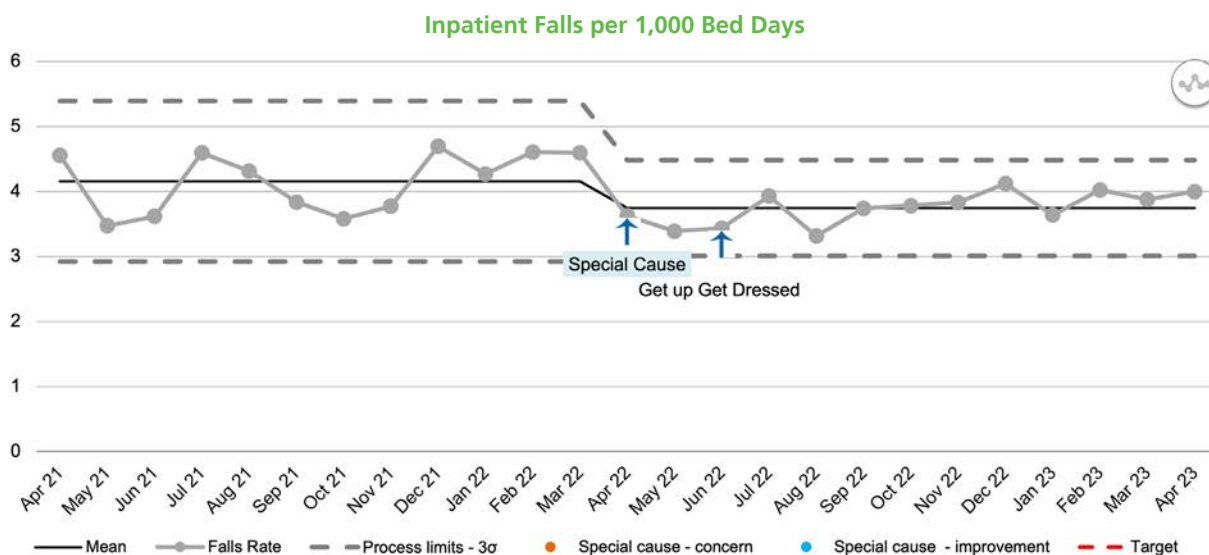
#### Key Achievements in 2022/23

- We have met and exceeded our falls improvement trajectory for 2022/23.
- We have worked collaboratively with Informatics and Mid Yorkshire Hospitals NHS Trust to continue to improve electronic documentation and develop an electronic post-falls proforma.
- We have launched the role of the 'falls champion' and are soon to undertake our first training and development day.
- In-depth ward reviews as part of the falls in reach work have continued to support wards and help with improvement ideas.
- We have achieved all the actions from the external review of falls prevention
- The Falls Collaborative has enhanced its knowledge regarding the relationship of Covid-19 and increased rates of falls and continues to learn.

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

#### Aims for 2023/24

- To continue to reduce patient falls across the organisation back to pre-pandemic levels and continue our improvement journey. Our aim for this year is a 5% reduction in falls.
- To continue to embed our Falls Intervention Bundle across all clinical areas in the Trust and a culture of continuous improvement.
- Procure new 'Falls rescue kits' for LGI and SJUH
- Launch our new electronic post-falls proforma
- Areas of focus include optimising enhanced the care we provide for both patients and staff.
- Trial new falls prevention technology in conjunction with R&I department.





### 3.2.3 Reducing Pressure Ulcers

#### Background

Pressure ulcer prevention remains a key patient safety focus for the Trust with the aim to reduce hospital-acquired pressure ulcer numbers across the organisation through training, education and awareness to staff, patients, carers and quality improvement. The team continue to drive the quality improvement work, testing interventions and sharing learning from across the Trust.

Throughout 2022/23 the number of pressure ulcers has remained below trajectory, despite the continued challenges to the organisation.

#### Key Achievements in 2022/23

- Continued working towards a zero tolerance for Category 4 pressure ulcers.
- Continued to focus on reducing pressure ulcers across the organisation and embed quality improvement work across the collaborative wards.
- Pressure ulcer numbers are below trajectory for 2022/23.
- Launch of the Pressure ulcer harms dashboard on the new intranet page which all staff are able to access. This is used to support the quality improvement work and helps to focus resources on areas needing the most support to help reduce pressure ulcer numbers.
- Quality improvement work continues through the Pressure Ulcer Collaborative. The focus remains on embedding the intervention Bundle across the collaborative wards.
- Continued to work collaboratively with Digital Information Team (DIT) on improving electronic documentation relating to Tissue Viability and pressure ulcer prevention.
- Citywide work recommenced, working with partners across Leeds, the focus being the reduction of all pressure ulcers and improving patient care.
- As part of the Citywide work, collaboration with community partners to launch a standardised approach to pressure ulcer prevention priority training across Leeds (basic level). Aim is for all healthcare partners across the system to adopt a standardised approach, ensuring the same key messages are communicated.
- Achieved the target for staff priority training level 1 & 2 in pressure ulcer prevention.
- Successful week long pressure ulcer awareness campaign in November 2022 as part of "International Stop The Pressure Day". A week-long event engaging, patients, carers and staff across the Trust with awards and prizes handed out to celebrate some for the outstanding achievements of staff in the workplace.
- First ever management of moisture associated skin damage (MASD) Awareness Day March 2022. The event was supported by Tissue Viability and the Continence Team to promote good skin and continence care. Ward walks to promote this new event, with social media (Twitter) and Trust communications used to support staff awareness and engagement.
- Tissue Viability continued to circulate a Trust wide newsletter every quarter. This provides an opportunity to share lessons learned, key themes and actions from pressure ulcer incidents and an opportunity to raise the profile of both the team and the service whilst promoting staff engagement and updates on products and the service.

#### Aims for 2023/24

- Continue working towards a zero tolerance for Category 4 pressure ulcers.
- Trust wide ambition of a 5% reduction trajectory in pressure ulcers across the Trust for 2023/24 compared to 2022/23.
- Launch the patient information video focusing on the importance of pressure ulcer prevention. This will aim to educate patients, carers and families about the risks of developing pressure ulcers when unwell or in hospital, and ensure patients/carers have the knowledge to help prevent them from occurring.
- Ensure every ward has a dedicated Tissue Viability Link Practitioner.
- Continue to work with Digital Information Team (DIT) on improving electronic documentation relating to Tissue Viability and Pressure Ulcer Prevention.
- Trial the new Patient Safety Incident Reporting Framework (PSIRF) to be rolled out in 2023/24. As a pilot site, pressure ulcer prevention is the first patient harm to migrate towards the new framework at LTHT.



### 3.2.4 Managing people with challenging behaviour (de-escalate collaborative)

#### Background

The Collaborative was launched in October 2020 to drive improvement in the care of patients who may be displaying clinically related behaviour that challenges their care delivery and our staff.

Our multi-disciplinary faculty is supporting wards in the organisation to test new, context specific interventions in areas in which this behaviour is more common and can lead to physical and emotional abuse of staff.

#### Key Achievements in 2022/23

- We have seen a statistically significant reduction in the use of chemical restraint on the acute medical admissions wards
- We have employed a qualified Mental Health Nurse to support staff and patients in urgent care.
- We send letters to all staff members named in an incident report in which a patient has been physically or verbally abusive to offer support.
- We have established monthly face to face training in this area to help staff confidence in dealing with behaviour that challenges us, this is fully booked until January 2024.
- An e-learning for a broader audience is also in the pipeline.

#### Aims for 2023/24

- In 2023-24 we aim to evaluate the current training taking place in LTHT and look at combining, rationalising and enhancing this with other internal training and training delivered across the region.
- We will launch the e-learning package across LTHT.
- We will develop a regional training or a consensus of approach.
- Our aim will be to see increased confidence in our pilot wards in terms of safely managing patients whose behaviour can challenge us.





### 3.2.5 Maternity Services

#### Background

Our aim is to be recognised as a leading provider of outstanding women's healthcare. We work collaboratively with our partners in local and regional networks, providing patient-centred care via effective integrated systems. We prioritise the wellbeing of our teams and make sure they have the resources, training, and encouragement they need to be excellent

#### Key Achievements in 2022/23

- Developed an Education and Staff Support padlet to support diverse educational strategies.
- Developed a Staff Wellbeing and Support strategy and introduced staff psychologist, in response to staff survey feedback.
- Developed the QI (Quality Improvement) crew, a working group with MDT membership to support the wider workforce to implement and evaluate QI projects.



- Achieved a statistically significant reduction in the incidence of Post-Partum Haemorrhage.
- Utilised the maternity Public Health dashboard to analyse key performance indicators for all community midwifery teams.
- Benchmarked the service against the 15 Immediate and Essential Actions detailed in the Ockenden report. Also reviewed the recommendations of the independent report into the maternity services in East Kent.

- Established a bimonthly external peer review process for perinatal morbidity and mortality with Bradford Teaching Hospitals. Also engaged in a table top peer review with Leicester maternity services.
- The Trust was the highest rated Trust for overall intrapartum care in the 2022 CQC survey, based on patient feedback.

#### Aims for 2023/24

- Review the single plan for Neonatal and Maternity services following publication, anticipated in March 2023.
- Work collaboratively with the West Yorkshire & Humber Local Maternity and neonatal Systems (LMNS) to increase the number of service users booking with a midwife prior to 10 weeks of pregnancy. This will optimise opportunities for screening, lifestyle modifications, and the development of individualised plans of care for individuals with co-existing co-morbidities.
- Continue to work with the NHS England Health and Wellbeing team to support our teams and develop an action plan for improvement by April 2023.
- Work collaboratively with Neonatal teams to continually analyse perinatal mortality data and develop responsive strategies.
- Embed the newly developed staff support framework.
- Continue to use appreciative enquiry and focus on learning when things go well.
- Enhance continuity in antenatal and postnatal care with a specific focus on targeted interventions.
- Embed the Maternal Medicine service and align with the service specification.
- Focus on reducing all avoidable admissions to the Neonatal Unit.
- Benchmark against the Saving Babies Lives 3 Care Bundle.





### 3.2.6 Preoperative Blood Management and earlier identification of preoperative anaemia

#### Background

Reducing the number of patients with preoperative anaemia has been a key priority at LTHT since November 2019 when the QI collaborative was formed. Proactive identification and treatment of preoperative anaemia is supported by NICE guideline NG54. In 2020 LTHT introduced a clinical guideline for the identification and treatment of preoperative anaemia and a new pathway to enable patients to access preoperative intravenous iron where needed.

#### Key Achievements in 2022/23

- Early identification through screening of surgical patients for iron deficiency anaemia has become business as usual.
- The prevalence of iron deficiency anaemia in the planned care surgical patient population, as identified in preoperative blood tests for the period February 2022 - January 2023 was 23%, this is equivalent to the same time period in 2021-2022. Historical prevalence data is displayed in the below table. Despite prevalence of preoperative anaemia remaining constant there has been a decline in the proportion of blood transfusions performed perioperatively being administered to patients who had a preoperative iron deficiency anaemia.
- Since the collaborative began, there has been increased screening for preoperative anaemia in the surgical population. Prior to the collaborative, screening for iron deficiency anaemia was not commonly performed. The collaborative was launched as the COVID-19 pandemic was declared, it is therefore challenging to know the absolute prevalence as during the pandemic, surgical activity and subsequently preoperative assessment and screening significantly decreased.

- Data collection is only completed once all patients who are screened for preoperative iron deficiency have their surgery. Subsequently there is a delay in data collection, with data to January 2023 currently only available.
- Worked to ensure that 60% of major elective blood loss surgery patients are treated in line with the NICE guideline NG24 to achieve CCG CQUIN6. Results of the CQUIN (see 4.5) demonstrate that the screening of patients for preoperative anaemia is consistently performed with over 80% of patients being screened. However, there remains a challenge to ensure patients who are identified with anaemia are screened for iron deficiency with assessment of serum ferritin, to ensure patients can be proactively treated preoperatively.
- An audit to identify missed opportunities for the treatment of preoperative anaemia in the colorectal surgical patient population has been completed by the clinical team.
- Wider engagement with primary care and General Practitioners to earlier identify and treat iron deficiency anaemia at referral has begun. This is supported by the Yorkshire Leeds Integrated Care Board for Planned Care.

#### Aims for 2023/24

- A cardiac surgery task group has begun to increase anaemia screening and early treatment in both the elective and acute cardiac surgical population.
- To increase engagement with primary care practitioners with a proposal to increase testing for iron deficiency anaemia at the point of referral for surgery.
- Complete a review of the access to and utilisation of preoperative iron therapies to ensure oral therapy is used where possible.

Year (Feb-Jan inclusive)	Anaemia prevalence in the LTHT planned care surgical admission patient population	Total number of red cell transfusions	Number of transfusions given to patients with anaemia	% of the total transfusions given to patients with anaemia	Transfusion Trend
18-19	23%	1457	777	53%	
19-20	22%	2053	1250	61%	↑
20-21	20%	1129	490	43%	↓
21-22	23%	2013	1042	52%	↑
22-23	23%	1322	623	47%	↓



### 3.2.7 Reducing rates of Healthcare Associated Infections

#### Background

The reduction of Healthcare associated infections (HCAs) remains a key priority. In addition, the risk of antibiotic resistance (AMR) has increased in 2022-23, reflected in rising numbers of cases and outbreaks of carbapenemase-producing organisms. Our annual programme and Infection Prevention and Control (IPC) board assurance framework continues to reflect the actions and key work streams in place to facilitate improvement in HCAs and AMR.

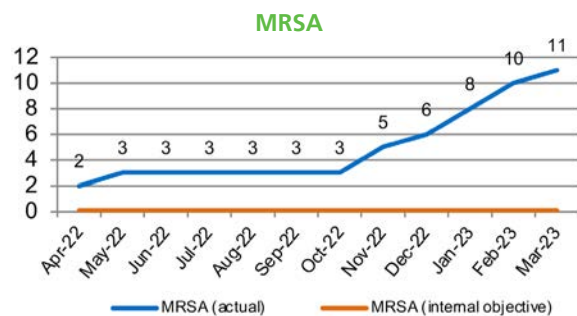
In 2022/23, the impact of COVID-19 continued to be felt but nationally there was a shift from a pandemic response to 'living with Covid-19'. This supported the Infection Prevention and Control (IPC) team to refocus the direction of the IPC service from reactive to preventative work; ensuring we also remain ready to respond to emerging changes in COVID-19 as well as other infections.

#### Key Achievements in 2022/23

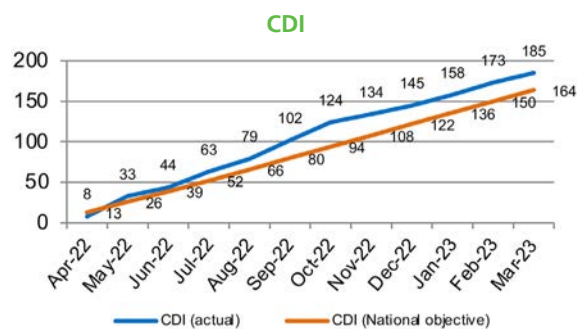
- The IPC team continued to respond and support the organisation with implementing national guidance ensuring patients, visitors and staff remained at the heart of everything we do.
- We have welcomed a new role of Medical Lead for IPC and supported the development of an acting Deputy Head of Nursing opportunity. Diversifying recruitment saw expansion of the IPC team with inclusion of an Allied Health Professionals (AHP) specialist. We were proud to have received the Trust executive special recognition award 2022, for the amazing work during the Covid-19 pandemic.
- We are proud to have completed the first IPC staff and patient experience survey to shape the IPC strategy.
- The HCAI Faculty has continued to provide a quality improvement focus on reducing quality avoidable blood stream infection (BSI). The Faculty continues to work with Bradford's Institute of Health Research understanding the human factors that act as barriers to successfully switch from intravenous (IV) antimicrobial therapy to oral preparations.
- In 2022/23, Implementation of phase one of the ICNet clinical surveillance software has

been successful. ICNet is a comprehensive decision support tool that links and integrates data as a single record to provide information to support infection prevention, antimicrobial stewardship, medication usage, and pharmacy operations. Phase two is the implementation of the surgical site module and is now in trail phase in Trauma Related Services (TRS).

- Towards the end of 2022/23 we have unfortunately seen an increase in all our reportable infections. The number of MRSA bacteraemia is the highest number of cases in over six years. Work is underway to identify and share the learning and direct the focus of work required to reduce the risk for our future patients.



- Clostridioides difficile infection (CDI) cases have risen in 2022-23



- Although this is a difficult position to be in, there are a number of teams who have achieved substantial times between any blood stream infections and C.difficile cases. We will be sharing the learning from areas who have achieved this, as well as identifying themes related to HCAI from all areas to share with the rest of the organisation.



### Certificates for outstanding achievement for days between a blood stream infection



### Aims for 2023/24

- We will support the organisation to continue to provide high quality, safe and effective clinical care in Leeds whilst using best practice to reduce the risk of infection.
- We will respond to emerging infections and tackle the threat of anti-microbial resistance.
- There will be a strengthened focus on reducing all avoidable HCAs, focussing on meeting fundamental IPC standards, using the Leeds improvement methodology.
- We will strengthen the clinical leadership model for AMR/AMS to drive the focus on reducing antimicrobial usage where appropriate and will work closely with the Patient Safety and Quality team to introduce the Patient Safety Incident Response Framework (PSIRF), which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.



### 3.2.8 Care with Medicines

#### Background

We aim to fully optimise care and treatment with medicines for each patient as an individual. Medicines are commonly used to help patients if they have a healthcare need. We want to use all medicines in a way that helps each patient to improve and maintain their own health. We are using different approaches to find out how we can involve patients and their families in making this happen consistently. When we get this right it helps individuals themselves and helps us all to reduce medicine waste.

#### Key Achievements in 2022/23

- Throughout this year we have cared for patients with their medicines by supporting new services and the roll out of innovative treatments. The Covid Medicines Delivery Unit opened this year, providing treatments for Covid so people at high risk from infection can avoid admission to hospital.
- We are enabling more patients than ever to receive specialist medicines in their own home and are offering new outpatient services in pharmacy-led clinics for cancer, heart failure and renal transplant. We have worked with pharmacy services across Leeds to ensure everyone has access to the medicines they need and to improve the information we give to patients about their medicines.
- We have continued to improve how we use our Discharge Medicines Service, so we can link more patients or their carers to their chosen and most appropriate pharmacy team for supportive conversations after discharge.
- We are keen to know what patients and carers think about our services and we have explored new ways to seek feedback through the Friends and Family Test. We are using this information to understand what matters most to patients in our care.
- We have worked with hospitals across the region to explore more efficient ways of preparing medicines that are given by injection or infusion. This has resulted in plans for a new regional medicine preparation hub in Leeds.

#### Aims for 2023/24

- We will continue to look for ways to involve patients and carers in pharmacy service design and improvement. We will recruit a Patient Safety Partner who will contribute to our work in ensuring medicines are accessible and used safely across the organisation.
- We will seek feedback from more of our patients by expanding our use of the Friends and Family Test and seeking advice from advocate organisations across Leeds.
- We will continue to develop accessible patient information to let patients know about the different types of medicines support that they can access when they leave hospital.
- As we work with other hospitals on plans for the regional medicines preparation hub we will focus on standardising medicines that are given by injection or infusion in order to boost supplies of ready to administer medicines.





### 3.2.9 Reducing Harm from Preventable Venous Thromboembolism (VTE)

#### Background

Patients that are admitted to hospital are at risk of developing a blood clot or venous thromboembolism (VTE). Up to 60% of all VTEs are hospital associated and VTE is the leading cause of preventable hospital death. Reducing the number of patients that develop a Hospital Associated Thrombosis (HAT) is a key priority for the Trust. 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 safely care for each individual patient. We have continued to work throughout this year to make sure the way we consider these risk factors for everyone is reliable.

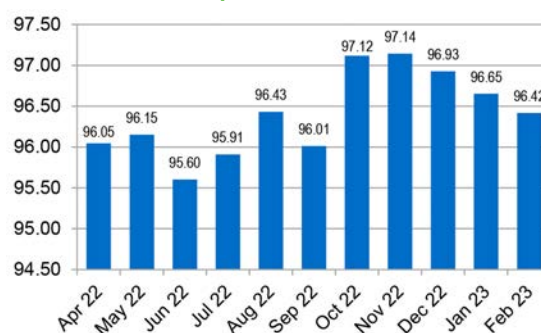
#### Key Achievements in 2022/23

- VTE risk assessment rates have been consistently above 95% (see graph and table).
- There has been a significant reduction in the number of HATs.
- 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.
- We have used Trust wide communication tools such as Learning Points Bulletins and Quality and Safety Matters Briefings to highlight lessons learned from patient stories where blood clots were not prevented.
- Another successful and well attended Trust wide study session was held on World Thrombosis Day in October 2022. This year's event focused on awareness of VTE, and what actions can be taken to reduce the risk to our patients.

#### Aims for 2023/24

- Continue achieving our 95% target of admitted patients having a documented risk assessment as part of their individual patient care record.
- Work collaboratively with the Digital Information Team (DIT) to develop a new VTE database with the ability to identify trends and themes to help us understand key areas of focus.
- Devolve route cause analysis (RCA) completion to Clinical Service Units, enabling them to take ownership and implement appropriate action plans to address learning points.
- Re-establish the VTE link nurse network to help us learn from events and reduce Hospital Associated VTEs.
- Ultimately, through the above aims, we will strive towards submitting a successful application for VTE exemplar status, to demonstrate provision of a high quality service to patients and commissioners and recognition of excellence in VTE prevention.

VTE Compliance (%) 2022/23



Indicator	Reporting period	Trust performance	National Average
Percentage of admitted patients risk-assessed for VTE against the national benchmark of 95%	Q1 2022/23	95.8%	Data collection temporarily suspended because of Covid-19
	Q2 2022/23	96.0%	
	Q3 2022/23	97.0%	
	Q4 2022/23	96.6%	



### 3.2.10 Safeguarding Vulnerable People

#### Background

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



#### Key Achievements in 2022/23

- The Safeguarding team in collaboration with the Patient Carer Participation and Inclusion team continue to expand on the NHS England Always Event; with the exploration of ways to hear the voice of our younger service users - the unborn, children and young adults - to make safeguarding personal and ensuring the desired outcomes of these groups are listened to and acknowledged.
- The A&E Navigator service developed and further embedded navigators within the Emergency Department creating a visible presence and embedding referrals into PPM. Strengthened links with Critical Care for victims of serious assault. The LTHT project is planning a national conference in 2023/24 and is engaged in service evaluation alongside commissioners. Work is underway to scope long term options for funding and reviewing job descriptions to create closer links with safeguarding, trauma informed care and the LTHT health inequalities plan.

- In line with the PAS upgrade and National Safeguarding drivers the 'Was Not Brought' process/agenda has been introduced - a patient dependent 'tickbox' is now available at the appointment booking process to identify children and vulnerable adults who are dependent on someone else to bring them to an appointment. Whilst in its early development this is helping clinicians determine if there are any safeguarding concerns for patients dependent on others.

#### Aims for 2023/24

- Following updates in National Safeguarding advice and virtual training initiatives we are launching our new level 3 training package in 2023/24
- With the passing of the Domestic Abuse Act (2021) we are working collaboratively with city wide partners on the Non-fatal Strangulation pathway, a proposal for Independent Domestic Abuse Advocates based in the Trust and continued awareness regarding routine enquiry questions for both patients and staff.





### 3.2.11 Scan4Safety

#### Background

Scan4Safety is a pioneering initiative led by the Department of Health and Social Care (DHSC) that is enabling the delivery of better patient care, improved clinical productivity and supply chain efficiency in the NHS. It provides complete traceability of products such as implantable medical devices used with our patients and ultimately helps to safeguard

patients from avoidable harm. Scan4Safety has been a programme of work for the Trust since 2016. The Trust has been able to promote its position as a centre of excellence, not only on a national stage, but at a global level. The main focus of the Scan4Safety Programme remains the development of systems and processes that enhance the care of our patients here at Leeds.

#### Key Achievements in 2022/23

During the last year, we have focused on the three key deliverables of the programme:

##### Live Bed State

The achievement of a genuinely live bed state will allow us to see which beds are available at a given moment and which beds will become available in the near future.

A Bed Management module has been developed in PPM+ which allows ward staff to manage the status of a bed on the ward. A simple scan of the barcode behind the bed opens all the options available to staff for the bed status, including open, reserved, and closed for specified reasons.

##### Real Time Location System

Aim to identify where patients and equipment are, in an increasingly busy Emergency Department.

This will provide a safer environment for the care of our patients. At the same time, we will be able to locate a patient in the department quickly, reducing time spent searching for patients, releasing priority nursing and clinical time back to patient care.

##### Integrated Inventory Management

Progress is on track to move all 24 stores onto the new system. As Leeds will act as a regional hub for providing the details of all products being used in the inventory system this has impacted the delivery time.

The system will integrate with the Patient Administration System (PAS) to assign an implant to a patient using accurate patient information. For our patients, this system allows increased traceability of implants and effectively safer surgery, meaning that in the event of a product recall for implanted items, we will know with certainty which patients we need to recall and discuss the options.

#### Aims for 2023/24

- Roll out Live Bed State across the organisation. The Live Bed State will then enter phases of development and refinement that match modern software development.
- Enter testing and refinement phase for the Integrated Inventory and real Time Location systems.



## 3.2.12 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 2022/23

#### Incidents reported by Harm

Indicator	Trust Performance 2020/21
Total no. of patient safety incidents reported	35,217
No. of patient safety incident investigations (PSIIs) undertaken against LTHT PSIRP	35
No. of other formal patient safety incident reviews	4,515
No. of patient deaths more likely than not due to problems in care	31 (0.08%)
No. of patient safety incidents resulting in severe harm	102 (0.3%)

### Key Achievements in 2022/23

In April 2022 we commenced operating under the new Patient Safety Incident Response Framework (PSIRF) as a part of the NHS Early Adopter scheme for this new national initiative.

We have completed a number of the new style Patient Safety Incident Investigations utilising the national report template. Findings from these reviews are feeding in to our improvement collaborative to embed learning at an organisational level.

As an Early Adopter Trust we have supported other peer organisations with their adoption of the new framework.

We have also made changes to our documents and processes related to how we review some common patient safety incident types such as falls and pressure ulcers. This will help to improve timelines of these reviews and identify themes and trends across the organisation for improvement purposes.

### Aims for 2023/24

- In 2023/24 we will undertake our first review of the LTHT Patient Safety Incident Response Plan, incorporating the learning we have gained in the first full year of operating under the PSIRF.
- We will increase our pool of patient safety incident investigators.
- We will be offering updated internal training for all staff involved in patient safety incident reviews and supporting patient and families when a patient safety incident occurs.

### 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 four Never Events during 2022/23, two less than the previous year. Incidents were reported under the following categories:

- Retained foreign object following an interventional procedure
- Connection of a patient requiring oxygen to a medical air flowmeter
- Administration of medication by wrong route

All of these Never Events were reviewed and investigated in line with our patient safety incident response plan.





## 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 2022/23 topics have included venous thromboembolism, caring for patients being fed via nasogastric tubes, interventional procedure checklists and allergies to medicines.

The LTHT intranet site contains a Lessons Learned page where all staff can access the Learning Points Bulletin, videos and resources to assist with learning. Quality and Safety Matters briefings are also produced when important safety concerns need to be disseminated quickly. These are focused on safety topics identified through 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 2022/23 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 recovery from the coronavirus (Covid-19) pandemic, industrial action and maintaining safety whilst services are under increasing activity levels.



### The importance of Traceability of Blood Donations from Donor to Recipient and what you need to do

**What you need to know**  
Traceability of blood is a legal requirement (Blood Safety and Quality Regulations 5102/2005) and the Trust is required to demonstrate 100% traceability of every single blood donation from the vein of the donor to the vein of the recipient. This information is kept for 30 years.  
At present the Trust is not compliant with this requirement and therefore not achieving 100% traceability. On average there are over 100 units of blood and blood components per month that have no record of being transfused to the patient. This is because units are not marked as 'traced' on the Autofate system or the compatibility tags have not been returned to the blood bank post transfusion.

#### Why it's important

- In the event of transfusion of transmissible disease, we need to be able to trace patients who may have received a transfusion from an affected donor
- Recording units as being transfused promptly after transfusion promotes patient safety by ensuring that patient records are accurate and up to date
- The Trust is legally required "to ensure full traceability of blood and blood components"

#### What you can do

- 1 Document that the unit has been transfused on the Autofate system via the ward PCs or a bloodbank's view or sign and return the magenta compatibility tag attached to the blood unit to the blood bank within 24 hours of completion of the transfusion.
- 2 **Remember - scan the bag, or send the tag!**
- 3

Further information is available at: [Blood Bank website](#) - [Leeds Teaching Hospitals Trust](#) [https://www.leedsthospitals.nhs.uk/](#) [https://www.leedsthospitals.nhs.uk/](#) [https://www.leedsthospitals.nhs.uk/](#)

## Learning Points

### A Hospital with a Memory

Learning from some of the events that we didn't get right.

### Blood, Bones and Bothersome

#### Welcome to Learning Points from the Lessons Learned Group

There is no getting away from it, it's been a tremendously difficult few months at LTHT as it has been in likely to be an awful lot easier for some time to come too. So, it's very important to remember that despite all the difficulties we all face day to day we deliver a very safe, excellent and incident free service. Unfortunately, a very small percentage of our patients do come to harm though, and that is why it remains crucial to highlight some cases where we didn't always get things right. It's not about pointing out the mistakes, it is absolutely about trying to share the learning, and by name to our patients and ourselves. After all, how can you learn from errors if you never know they happen?

#### Powering Down For A Safe Descent

AB, an elderly lady with poor mobility, was recovering on a ward at LTHT following surgery. AB normally used a basic electric wheelchair to get about. As part of her recovery AB was encouraged to get up and walk. One day in the afternoon AB was being carefully hoisted into her own wheelchair. On the way into the chair AB inductively reached out for the arm of the wheelchair and accidentally grasped the joystick controller of a bed and pushed it down. The wheelchair spun rapidly clockwise bashing her legs into the end of a bed and pinning them there.

AB's therapist rapidly removed her hand from the controller and freed her legs, but not before she had sustained a very deep pre-tibial laceration to her leg. This wound unfortunately required minor surgical repair.

#### Incident Review

On review it was found that AB's electric wheelchair had NOT been turned off prior to AB being hoisted into it. As a result the brakes were not on and any movement of the controller would move the chair, resulting in the injury. Risk Assessment strategies have been made to the Moving and Handling manual to reflect the particular needs of patients with mobility issues and additional therapy staff training.

#### Learning Bite


Before moving/handling patients, ensure you are familiar with any risk assessments documented about them or their equipment on PMA. Communication is the key here - and it's a two-way process - the patient to you and you to the patient - make sure everyone knows what's meant to be happening.



### 3.3 Patient Experience

**Recruited** 12 new patient safety partners 

**Communication flag**  added to signal a communication need identified related to a patient or their carer

 **Clear face masks** made available to clinical teams for use with patients and staff who are hard of hearing

 **Successfully** trialled the Carer Passport

**AccessAble** LTHT guides available 

Over **102,000** patients have shared their experiences since April 2022 via Friends and Family Test 

Four **community connectors** recruited to support capturing the experience of people in health inclusion groups or people living in communities experiencing the greatest health inequalities 

 **2000th** autistic patient flagged on their electronic patient record


 **76 active** volunteers gifted **3730 hours** in 2022


 During one month in 2022, patients received **358** face-to-face interpreting sessions, **3,221** telephone interpreting interactions and **94** delivered by video

Awarded **bronze level** Rainbow Badge 

**15% increase**  in the number of compliments received

 During 2022/23, Patient and Volunteer **hardship fund** provided a total of **£33,000** to 104 families or patients

 **Care Bags** successfully piloted in Emergency Department, showing **positive improvements** (reduction in PALs concerns by 60%)

**Safeguarding Voices** Always Event underway seeking to **improve interaction** between patients and staff at the point when a safeguarding concern is first raised 



### 3.3.1 Patient Experience Priorities

#### Background

Being patient centred is one of our core values at Leeds Teaching Hospitals NHS Trust (LTHT). Over the last year we focused on improving experience in areas that people have told us are important. We also improved our approaches to making sure that patient and public experience and insight influences positive change.

#### Key Achievements in 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 (CSUs) into the programme to focus on the timeliness and quality of complaint responses.***

Following on from work that commenced in 2020, in 2022, a third cohort of Trust CSUs completed the Trust complaints improvement programme. The CSUs involved were Adult Critical Care, Leeds Dental Institute, Chapel Allerton, and Head and Neck.

All CSUs involved have reduced the percentage of complaints that are re-opened because complainants did not feel their questions had been fully answered.

***We will continue to explore the opportunities available to meet the requirements of the accessible information standard, seeking solutions to improve experience.***

Upgrade of a Trust administration system took place in October 2022. The system can now support staff to flag a communication need in a patient record and to signal whether the communication need identified relates to a patient or their carer.

A training package has been developed to support staff to understand how to apply the upgrade features and is being rolled out to all system users in the Trust.

We have also:

- Commissioned an external company, AccessAble, to produce visual access guides to support people to navigate the various Trust sites.
- Developed a staff training video that raises awareness of the individual needs of Deaf and Hard of Hearing people.
- Increased the number of Easy Read leaflets available in the Trust.
- Continued to provide access to software that supports users of the Trust website to be able to access information in a way that works for them, by offering a spoken format, translation into another language or large text options.
- Explored the development of a flag that highlights patients who struggle with using digital technology.



***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 have progressed the requirements of the Framework, embedding Patient Safety Partners (PSPs) in Trust Quality and Safety committees. A recruitment drive took place in December 2022 to encourage more members of the public to consider becoming PSPs. Twelve people have been successfully recruited as a result of this and were inducted into their roles in January 2023. Work is now taking place to match the new PSPs to different Trust groups and workstreams.



***We will sign up to an external assessment and accreditation for our inclusiveness regarding LGBTQI equality for patients and staff to take place during 2022.***

An external assessment by the LGBTQ Foundation took place in June 2022, and a report was received into the Trust in July 2022. The Trust was assessed as meeting a bronze level of award. In comparison to other Trusts who have been assessed, this is positive. An action plan has been developed to address the key finding from a patient experience perspective, which was that the Trust should concentrate on improving its equality monitoring data collection in terms of sexual orientation and gender identity.

***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.***

A Patient Experience Assurance Programme was implemented as part of the work of the Trust Patient Experience Sub-Group in May 2022. By the end of March 2023, all bed-holding Clinical Service Units in the Trust had presented the work they have done and are doing to improve patient experience. They have also each developed a patient experience action plan.

### **Aims for 2023/24**

- We will continue to implement the Trust complaints improvement programme, which aims to improve the experience of complainants. This will involve recruiting a final cohort of non bed-holding Clinical Service Units into the programme to focus on the timeliness and quality of complaint responses. The programme will also include the Trust PALS and Complaints teams.
- We will continue to explore the opportunities available to meet the requirements of the accessible information standard, seeking solutions to improve experience. Our work this year will include delivering a solution to the provision of on demand British Sign Language in acute clinical settings.
- We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into the work of our Safety Committees and also involving them in non-mandatory activities, for example, in the recruitment of senior Trust posts.
- We will develop a Carers action plan and deliver improvements for Carers of Trust patients.
- We will implement mechanisms which ensure that good practice and key themes arising from feedback, complaints and Patient Advisory Liaison Service (PALS) are shared for staff awareness, reflection, learning and action. This will include feedback we receive relating to discrimination.



### 3.3.2 Patient Carer and Public Involvement and Patient Experience Strategy

#### Background

The Patient, Carer and Public Involvement (PCPI) team developed the Patient Experience Strategy 2021-2024 and have been working towards meeting the following aims of the Strategy;

**Aim 1:** To capture the experience of patients, carers and the public.

**Aim 2:** To ensure patient, carer and public experience supports service improvement, celebration and assurance.

**Aim 3:** To be inclusive in our involvement of patients, carers and the public.

#### Key Achievements in 2022/23

##### Listening Week

219 conversations took place with patients, carers and families in the Leeds General Infirmary A&E department in September 2022. The engagement aimed to obtain feedback following service changes which included both adults and children being treated in the same area. The table below provides a snapshot of responses to a question about how children and adults feel about being treated in the same minor illness service.

Responses to Q4		% of responses
Neither positive or negative	1	0%
Positive and negative	12	5%
Negative	59	27%
No response/no comment	51	23%
Positive/no concerns	96	44%
<b>Total</b>	<b>219</b>	

##### Patient Hub

Following implementation of the Trust's Patient Hub, the PCPI team visited Children's Outpatient departments on two separate occasions during Q3 of 2022/23 to seek feedback on the new system. Families were keen to share suggestions for improvement to ensure the system provided a positive experience for families with children who attend regular outpatient appointments.

#### Community Connectors

Four volunteers were recruited to support capturing the experience of people in health inclusion groups or living in communities experiencing the greatest health inequalities. Crucial to this project has been understanding the lived experience of each volunteer, who themselves have either lived in an area of Leeds which forms part of the 20% most deprived areas of the country or have membership of a health inclusion group, as described in the CORE20PLUS5 framework.

The first volunteer community connector recruited was an asylum seeker, tasked with capturing a broader understanding of how people from migrant communities access and experience Trust services. This led to the development of a partnership with Maternity Services and the local authority resettlement team, resulting in work to collect feedback from Afghani refugees using Maternity Services.

#### Always Events

A Safeguarding Voices Always Event has been developed and seeks to improve the interaction between inpatients and staff at the point when a safeguarding concern is first raised.

The scope of this work has been extended to include children and families. The oversight group held an Always Event introductory session with NHS England. The purpose of this was to ensure group members are equally well versed in the approach.

Two phases of involvement have taken place, during Q3 2022/23 with adults' subject to a safeguarding referral, establishing whether experience captured during the pandemic differed from experience captured more recently.

The Skin to Skin Always Event Aim Statement is "by December 2022, 80% of parents will be offered skin to skin contact with their baby as soon as possible and for as long as they wish; and 80% of pregnant women will have conversations about skin to skin during their antenatal appointments"

The Maternity service were able to meet the Aim Statement for parents having skin to skin contact with their baby for as long as they wish by the target date.



### Patient Reference Group

The Patient Reference Group meetings have continued virtually throughout 2022/23. Attendance varied between 20-30 participants and topics of discussion have included the Trust Clinical Strategy aims and priorities, the planned build supported by Building the Leeds Way and the decisions people make which result in them attending urgent care services.

### Aims for 2023/24

- To deliver a further Listening Event in Q3 of 2023/24
- To begin work towards developing the new Patient Experience Strategy 2024-2027 in Q3 2023/24
- To deliver training and share tools, resources and information with Trust staff through newsletters, planned learning bursts and head-to-head sessions.
- To engage with two Communities of Interest to help shape and influence the development of the Trust Health Inequalities Strategy
- Along with other health organisations in Leeds we will begin to use a shared engagement and involvement tool – 'Tractivity'- to make our involvement and engagement work more accessible and effective.

## 3.3.3 Volunteering

### Background

The Voluntary Services Team (VST) have continued to support volunteers that have been stood down from their roles due to the Covid-19 Pandemic, to reduce the risk of transmission. In August 2022 the Clinical Advisory Group supported the proposal to reinstate volunteers into clinical areas to support patients.

Heads of Nursing have identified priority schemes to return volunteers to initially. These are roles that will have the biggest impact on patient experience.

Although as a result of the pandemic the VST lost a significant number of volunteers, the team are working through a process to return those wanting to come back, to the priority roles.

Despite restrictions on volunteer roles and activity, the VST have supported 76 active volunteers who gifted 3730 hours in 2022. These volunteers have been delivering new, innovative roles in the Trust and undertaking remote volunteering opportunities.



### Key Achievements in 2022/23

- Following the launch of the Volunteer to Career pilot the VST supported 11 volunteers in this scheme. 100% of participants reported greater confidence and skills gained from the programme. Six volunteers went on to further training and one secured a job in the Trust. We are now working to embed this as a standard way of working ensuring clear, supportive pathways to employment for volunteers who want this.



- The Shape Up 4 Surgery pilot proved successful. Over 400 patients on planned surgical waiting lists from two CSUs have been contacted and supported by a volunteer to have access to a friendly chat and information to support well-being whilst waiting for surgery. Further funding from the Integrated Care Board (ICB) has been secured for an additional 12 months to continue this work and we plan to use this opportunity to expand the service into a third CSU.
- We have successfully supported young people in the NHS Cadets scheme, delivered by St John Ambulance (SJA), to complete their advanced programme. This is an opportunity for young people in challenging circumstances to gain knowledge and experience to facilitate a future NHS career. We will continue to collaborate with SJA on this programme so we can offer rewarding volunteering opportunities to the Cadets.
- The Leeds Way Welcome Team, a volunteer service in the entrances and public spaces in our hospitals supports an average of 54 patients per 3 hour shift. These volunteers provide a warm welcome to patients and visitors. They act as way finders, guides and a practical support to get people where they need to be.
- The VST are now settled into their new Volunteer Hub at St James's hospital and are successfully recruiting, supporting and deploying volunteers from there on a daily basis.
- We have maintained the Volunteer Response model and regularly, flexibly, deploy volunteers to deliver ad hoc tasks for CSUs and departments needing additional resource and support.
- In addition to this, the VST are currently supporting their second intern from Lighthouse Futures and the Project Search initiative.



### Aims for 2023/24

- The VST are ambitious about returning and recruiting volunteers to the Trust priority schemes.
- We will see a 'Friendly Faces' role deployed across the Speciality and Integrated Medicine (SIM) CSU, working with our most elderly and vulnerable patients, by April 2023.
- We will work with colleagues to develop a role to support discharge.
- We will work with other Trusts and Helpforce to develop, monitor and scale a volunteer programme in ED at the LGI initially, before expanding this to SJUH.
- We will collaborate with colleagues in the Chaplaincy team to welcome, retrain and restore the volunteer chaplaincy service across LTHT to enhance the pastoral support offered to patients.
- Our team of Leeds Way Welcome volunteers will be visible across three sites and will be providing specialist support to patients accessing our ophthalmology department. Using our partnership with Guide Dogs, our volunteers in this role will have successfully received the Sighted Guided Training so they can support people with sight loss.
- We will expand our partnership with the National Deaf Children's Society to offer meaningful and rewarding volunteering opportunities to young deaf people.
- We will deliver a Volunteer Champion training programme to staff that co-ordinate volunteers to ensure we are doing our best to support and retain our volunteers.
- We will successfully demonstrate the difference volunteer interventions have on patients/carers, staff and the organisation and for the volunteer in line with our strategy and vision for 'Excellence in Volunteering'
- As an anchor organisation in the city, we will work with Voluntary Action Leeds and other partners to launch a vision for volunteering in June 2023 that is inclusive and accessible.



### 3.3.4 Partner programme

#### Background

Founded in 2019, our Patient Safety award winning Partner Programme recruits members of the public and includes them in our quality and safety workstreams.

Initially partners were recruited to work alongside staff on Quality Improvement projects. Since then, it has been identified that partners will be key to Trust delivery of NHSE's Framework for Involving Patients in Patient Safety.



#### Key Achievements in 2022/23

We have built on our understanding of how the Partner programme can be developed to support the introduction of Patient Safety Partners into the Trust, to meet the requirements of the Involving Patients in Patient Safety Framework.

During this period, we have introduced partners into new groups and projects.

We have learnt what is required for a partner placement to work well by surveying partners and staff about their satisfaction with the programme to identify areas for continual improvement and good practice.

An action plan related to the programme is being delivered - as part of this we have changed the support in place for partners and staff, to encourage successful placements.



In January 2023 we met an objective of our Partner Strategy 2021/24 by increasing the number of partners working with the Trust. 12 new partners were recruited, who we have welcomed into our organisation with a face-to-face welcome day and with role related training.

Prior to recruitment there had been 15 partners supporting the Trust. Outside of their involvement in Quality Improvement projects here are a few examples of how they have worked with the Trust:

- A partner co-chaired a consultation with the public on how we should respond to incidents.
- A partner presented alongside LHTT colleagues at the Health Service Journal's Patient Safety Conference, sharing our learning of working in partnership.
- Partners attended incident investigator training and contributed towards the revision of the training package used for LHTT staff.

#### Aims for 2023/24

- We will continue to expand the partner programme to drive forwards patient centred improvement
- We will repeat our survey of partner and staff to:
  - a) Identify whether partners feel they are able to contribute successfully to the groups they join.
  - b) Find out if staff members working in a 'buddying' role with our partners feel supported by the programme.
- We will test the idea of embedding a partner within an individual Clinical Service Unit to support the CSU's work on patient safety.







### 3.3.5 Detailed Access Guides

#### Background

Some patients, visitors and staff have accessibility needs. Better information is vital to support access to services for all, and particularly when people are disabled or a carer. Feedback from the public suggested that it can be difficult for people to find their way around the hospital sites.

#### Key Achievements in 2022/23

Following a successful pilot project at Chapel Allerton Hospital, during 2022/23 the Trust sought to work with an organisation called AccessAble, to create Detailed Access Guides. This was possible because of generous financial support from Leeds Hospitals Charity.

Detailed Access Guides describe the patient and visitor journey step by step in visual format, covering the accessibility of individual wards and departments in detail. They consider 'access' and 'disability' from lots of different perspectives, not only focussing on mobility impairment, but also learning disability, sensory impairment, dementia and mental health. They use facts, figures and photographs to help patients, visitors and staff plan their journeys to and around the hospital sites, covering everything from parking facilities and hearing loops, to walking distances and accessible toilets.

In March 2023, the work was completed, and the Trust launched the guides which cover facilities, wards, and departments at Leeds General Infirmary, St James's University Hospital, Seacroft Hospital, Wharfedale Hospital, and Chapel Allerton Hospital.

Guides are integrated into existing Trust websites. Each Detailed Access Guide is also published on AccessAble's website ([www.AccessAble.co.uk](http://www.AccessAble.co.uk)) and App.

#### Aims for 2023/24

Our aim during 2023/24 is to work on promoting awareness of the detailed Access Guides to our patients and staff, so as many people as possible are supported to access Trust sites using the information to help them.



**AccessAble** The new name for DisabledGo  
Your Accessibility Guide

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I'm looking for...  
Try searching for restaurants, hotels, hospitals, universities

Near to...  
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Search

**Leeds Teaching Hospitals NHS Trust**

This Access Guide has been made possible thanks to:  
**NHS**  
The Leeds Teaching Hospitals NHS Trust

Leeds Teaching Hospitals NHS Trust is one of the largest and busiest acute hospital trusts in the UK.

It is a regional and national centre for specialist treatment, world renowned for research and clinical trials and also the local hospital for Leeds. The Trust is rated as a good Hospital Trust by regulators the Care Quality Commission.

Leeds Teaching Hospitals NHS Trust operates seven hospitals across five sites: St James's Hospital, Leeds General Infirmary, Leeds Children's Hospital, Chapel Allerton Hospital, Seacroft Hospital, Wharfedale Hospital and the Leeds Dental Institute.

The Trust employs 19,000 people who work tirelessly to provide the very best in patient-centred care. The Leeds Way forms the foundation of the Trust's culture, ethos and how it works every day through the values: patient centred, fair, collaborative, accountable and empowered.

Chapel Allerton Hospital Clinical Research Centre

Leeds Hospitals Charity



### 3.3.6 Carers

#### Background

At the beginning of 2022/23, the Trust continued to hear from Carers about how restrictions to visiting, applied to reduce the spread of coronavirus, were understandably affecting them and their loved ones.

All visiting restrictions were lifted in July 2022, and Carers were once again invited to be with and assist in the care of their loved ones, if they wished to, whilst they were in hospital.

To help teams across the Trust support Carers, the Carers Working Group continued to meet and have developed a revised action plan to support improvements.

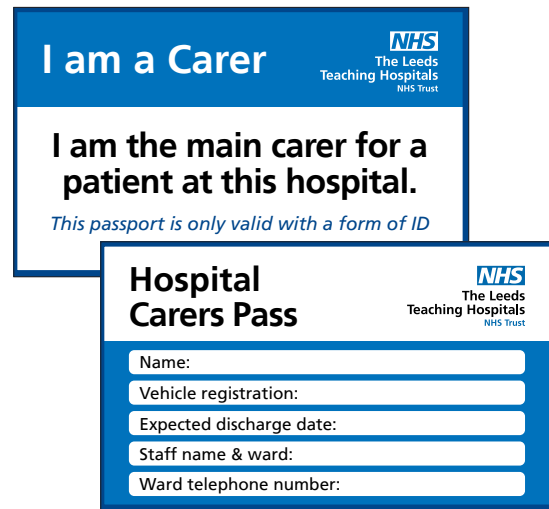
The action plan draws on recommendations included in NICE guidance, the West Yorkshire Integrated Care System (ICS) Unpaid Carers Aspirations 2022-2025, Healthwatch Leeds reports, with input from Carers Leeds.

#### Key Achievements in 2022/23

The Trust has trialled a Carer Passport within the Specialty and Integrated Medicine (SIM) CSU. The Passport aims to ensure Carers feel valued when supporting their loved one in hospital and offers discounted parking and meals, and refreshments from the tea trolley.

Feedback from the trial has resulted in the development of a Carers Conversation Sheet, which will be used to support Carers on the wards to have a discussion with staff about the care they would like to provide to their loved one.

Carers and representatives have given feedback on early drafts of the Passport, supporting its development. Additionally, an easy-read leaflet has been drafted to support carers with additional needs.



#### Aims for 2023/24

- Launch and roll out the Carer Passport across a minimum of four CSUs, one during each quarter, beginning in Q1 2023 / 24.
- Collaborate with the Trust discharge team to understand and improve the experience of Carers following patient discharge, in Q2 2023/24.
- Work to support Young Carers by adopting the West Yorkshire ICS's Unpaid Carers System Aspirations during Q3 2023/24.
- Work on achieving the actions detailed in the revised 2023/24 Carers action plan, with support from members of the Carers Working Group.





### 3.3.7 National Patient Surveys 2022/23

#### Background

The Trust received two CQC nationally mandated survey reports during 2022/23. These were the **Adult Inpatient Survey 2021**, published in October 2022 and the **Maternity Survey 2022**, which was published in February 2023.

#### Key Achievements in 2022/23

##### **Adult Inpatient Survey 2021**

424 patients responded to this survey, which was sent to 1250 patients who had been Inpatients in November 2021. Compared with 133 NHS acute trusts in England, the Trust's results were about the same as other trusts for all 47 questions, not being statistically significantly better or worse on any question. However, the CQC provided a slide summarising the Trusts performance, which highlights the five questions against which the trust scored best when compared with the national trust average and the five questions against which the trust scored worst when compared to the national average. These were as follows:

##### **Top 5 scores** (when compared with national Trust average)

- Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?
- If you brought medication with you to hospital, were you able to take it when you needed to?
- Were you ever prevented from sleeping at night by hospital lighting?
- How much information about your condition or treatment was given to you?
- When you asked doctors questions, did you get answers you could understand?

##### **Bottom 5 scores** (when compared with national Trust average)

- Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
- Were you able to get hospital food outside of set meal times?
- Did you get enough help from staff to wash or keep yourself clean?
- Thinking about any medicine you were to take at home, were you given any of the following? (The question then itemises types and subject areas of written patient information)



### Maternity Survey 2022

The maternity survey involved 121 NHS trusts in England and women were surveyed who had a live birth in February 2022. The response rate for this survey was 40%. The results were published on the CQC website in February 2023.

Compared with 120 Maternity Units in England, LTHT performed '**much better than most trusts**' for one question. This was:

- Were you involved in the decision to be induced?

LTHT scored '**better than most trusts**' for eight questions. They were:

- Thinking about your antenatal care, were you involved in decisions about your care?
- Were you given enough information on induction before you were induced?
- And before you were induced, were you given appropriate information and advice on the risks associated with induced labour?
- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- Were you (and / or a companion) left alone by midwives or doctors at a time when it worried you?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- During labour and birth, were you able to get a member of staff to help you when you needed it?
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

In addition, LTHT performed '**somewhat better than most trusts**' for six questions. These were:

- Did the staff treating and examining you introduce themselves?
- Thinking about your care during labour and birth, were you involved in decisions about your care?
- Thinking about your care during labour and birth were you treated with respect and dignity?
- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?
- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?

LTHT scored '**worse than most trusts**' in one question relating to care at home after the birth. That question was:

- Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?

The Trust was '**about the same as other Maternity Units**' for 35 of the 51 questions. LTHT also scored statistically significantly better than in 2021 for 10 questions; but was not rated statistically significantly worse for any of the questions when compared with their results in 2021.

In order to provide assurance that appropriate actions are being taken in response to the National Inpatient Survey, questions where LTHT have performed less well are included in the Patient Experience Assurance programme (PEAP). As part of this CSUs are expected to describe the actions they have taken to respond to the survey findings at the Patient Experience Sub-Group.

### Aims for 2023/24

- 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.
- We will be collecting further data relating to the areas in which we performed less well in the Inpatient Survey 2022 to help us understand the Trust's areas of biggest challenge. These questions will be incorporated into the PEAP for 2023/24.



### 3.3.8 Friends and Family Test (FFT)

#### Background

The Friends and Family test is a short questionnaire which helps us understand whether a patient is satisfied with the services the Trust has provided. We use the feedback to celebrate what we are doing well, and to help identify areas where improvements can be made.

The questionnaire is offered to our patients in a multitude of different methods including electronic (QR Codes, weblinks and iPads), text / landline and paper formats. Over 102,000 patients have shared their experiences since April 2022.

#### Key Achievements in 2022/23

Patients who have experienced the maternity service, from antenatal care through the birth of their baby and into postnatal care, are now being offered an additional opportunity to leave feedback via text. The text request for feedback is being sent to new parents once they are discharged from hospital and back in the community.

Working collaboratively with the Leeds Integrated Care Board (ICB), a report into people's experiences of the COVID-19 vaccination programme in Leeds has recently been published (8 December 2022). The report is the culmination of a year-long project which saw nearly 30,000 people sharing their experiences of having the vaccine via the FFT, and was the single biggest survey relating to England's vaccination programme.

FFT Stickers, which host the FFT QR code have been created for the Children's Hospital. These have been applied to bedside lockers and other patient visible areas to encourage patients to leave feedback during their treatment using their own electronic devices.



New marketing was created for the Leeds Dental Institute (LDI) to make it easier for patients to leave feedback following an appointment.



#### Aims for 2023/24

- To create new FFT marketing so patients can leave feedback in their own language, which will be piloted in the maternity services with a view to rolling this out Trust wide.
- To create a new oversized FFT/CSU branded poster to encourage staff to share their FFT results, achievements and improvements which will be displayed in public facing areas for all to view.
- To increase awareness of FFT within Outpatient areas within the Trust.

To host a 'FFT Awareness Week' across all sites to increase awareness of the survey to both staff and patients.





### 3.3.9 Interpreting

#### Background

The Trust aims to provide interpreting for all patients when this is required.

We provide patients with spoken interpreting, British Sign Language (BSL) and deaf/ blind communicator guide support. The service is well received. During one month in 2022, patients received 358 face to face interpreting sessions, 3,221 telephone interpreting interactions and 94 delivered by video.



Spoken interpreting is most commonly provided by telephone in the Trust, where the interpreter, staff member and patient join a call together. Interpreters attend in person where this is clinically appropriate. Remote interpreting, via video link, can be provided during a consultation on site or during a remote consultation via Attend Anywhere.

Limited English speaking patients can access information on the website in their own language, using assistive technology that translates content either in written form or via audio file.

#### Key Achievements in 2022/23

- Virtual interpreting, which was introduced across the Trust during the pandemic, is now the preferred method of accessing the service. It is available on demand and offers a wide range of languages (more than 200 languages and dialects are available).
- A combination of Trust devices and use of externally provided equipment means that Trust staff can access an interpreter at any time and from any Trust sites.
- Trust Security teams have been provided with virtual interpreting on the Trust mobile phones.

- Clear face masks were made available to the clinical teams for use with patients who are hard of hearing. Use of these masks has increased across the Trust, through awareness campaigns. Clear face masks enable those that rely on lip reading and those who struggle with hearing, to understand verbal communication.
- A dedicated 'Deaf & Hard of Hearing Action Group' has continued to improve access to services for patients. Training has been delivered to teams Trust wide through the creation of a video, in collaboration with the Trust's BSL Interpreting provider. This is the first in a series of planned videos and provides top tips for communication with patients who have different levels of hearing ability.
- The 'Deaf & Hard of Hearing Action Group' is currently supporting the Leeds Dental Institute to undertake a project which aims to improve services for those who are hard of hearing or use BSL to communicate accessing dental services.
- The Trust has entered an arrangement, via a BSL provider, to implement a remote video service for BSL users. Agreement has been reached to trial this in Maternity and Emergency Departments initially.



#### Aims for 2023/24

- Implementation of a BSL remote video interpreting service will be rolled out to trial areas by summer 2023. This will enable clinical teams in Maternity and Emergency services to communicate with BSL users through an on demand video interpreter. Similarly, the service will enable BSL users to make contact with the hospital, through an Interpreter. A description of how to do this will be available on the website in BSL.
- The Deaf & Hard of Hearing Action Group continues to make progress with improving access to services for patients who require support. A second in the series of training videos will be made available during 2023.
- Work is underway to assist clinical teams with recruitment of staff who are deaf or hard of hearing. In addition, support is being provided to enable deaf staff members to communicate effectively with colleagues as well as patients.

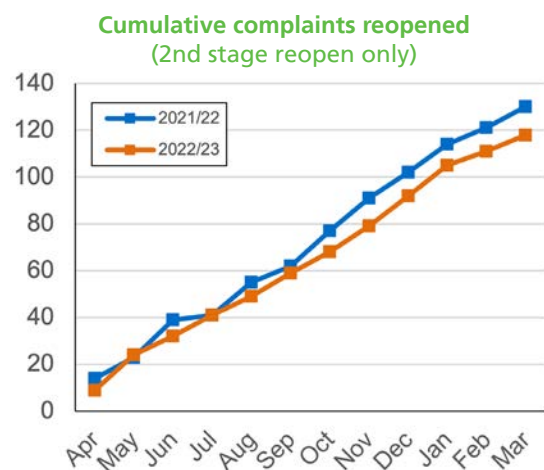
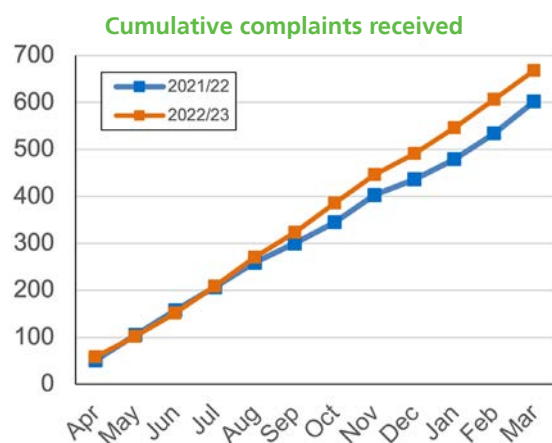


### 3.3.10 Complaints Service

#### 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 or on behalf of a patient with their consent.



#### Key Achievements in 2022/23

##### Complaints Improvement programme (CIP)

The CIP commenced in September 2020 and has demonstrated improvements in the timeliness and quality of complaint responses from the Clinical Service Units (CSUs) who have taken part. This has included key learning which has been shared with all CSUs. The final cohort of CSUs will be taking part during 2023.

##### Complaints Training Programme

A Complaints Training programme continues for staff which focuses on Mediation Skills, Investigation Skills, Response Writing and a Masterclass. It has been developed with an external company and continues to evaluate extremely well.

##### Complaints Coaching Programme

The complaints coaching programme has been provided by the Complaints team for Trust staff involved in the CIP, with the main focus being on how to investigate a complaint and response writing. There is continued 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

Recording of actions from complaints to improve the monitoring of learning from complaints and learning from good practice continues to be supported.

Each CSU now attend the Patient Experience Assurance Programme delivered through the Patient Experience Sub-Group, to describe how they are learning from complaints.

##### Aims for 2023/24

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

- the 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;
- addressing actions that were recommended as a result of an internal audit focusing on the complaints process;
- 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;
- hosting a Complaints Conference at the end of 2023.



### 3.3.11 Patient Advisory Liaison Services (PALS)

#### Background

During 2022/23 the Trust recorded 6851 PALS contacts.

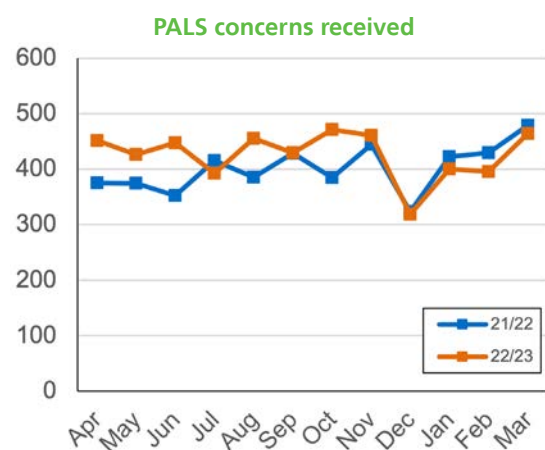
The table below shows the different categories for all contacts with the LTHT PALS Team.

PALS enquiry type	22/23	% of total
<b>PALS concern</b>	<b>5109</b>	<b>75%</b>
Enquiries, signposting and complaint form sent	512	7%
Resolved by PALS team	526	8%
Compliment	623	9%
For Information	70	1%
Information for outside organisation (Complaints)	6	0%
Out of time complaint	5	0%
<b>Total</b>	<b>6851</b>	

5,621 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; 526 concerns were resolved on the day. 5 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.

Whilst PALS activity as a whole reduced by 2% (-120) in the last financial year, there was a 6% rise (+275) in PALS concerns raised that needed clinical input in 2022/23 compared to the previous year.



Waiting list time for outpatients was the most frequently reported subject for PALS concerns in 2022/23 and it is known that the pandemic has significantly affected outpatient wait times for our patients.

The Volunteering team has been successful in obtaining further funding to extend their support to the Trust's 'Shape Up for Surgery' project in the coming year. This project establishes a supportive relationship with patients on surgical pathways. It is hoped this initiative will improve the experience of people who may appreciate having contact from the Trust and being able to make positive changes to their health whilst awaiting appointments and surgical procedures. It is hoped this will reduce the number of PALS raised about waiting list times in the future.

The Trust continues to receive compliments via PALS for all clinical services. 623 compliments were received into the Trust in 2022/23 compared with 568 in 2021/22 and these are shared with the relevant teams and individuals concerned.

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.

PALS outcome	22/23
Resolved by telephone call	3908
Resolved by email	1077
Compliment	387
Resolved during discussion on ward	237
Escalated to complaint	182
Resolved by letter	131
Closed for other reason	85
Resolved during discussion in clinic	68
Unable to contact - letter sent	47
Passed to Risk Management	40
Signposted to other organisation	28
Resolved at meeting	27
Appointment/meeting arranged	20
Awaiting further information	14
Complaint form sent out	5
Escalated to complaint (lack of contact)	5
PALS withdrawn	3
No patient consent received	1
<b>Total</b>	<b>6265</b>





### Key Achievements in 2022/23

There have been significant improvements made to the PALS team telephone system which supports caller selection and access to appropriate advice when the call is not to raise concerns or enquire about LTHT services. The system also has the facility to re-direct the call to the formal complaints team when the caller has a formal complaint in progress. This benefits users of the service, as they are directed to the most appropriate source of support right at the beginning of their contact with the PALS service.

Learning arising from the Complaints Improvement Programme has identified that there are opportunities to consider how the experience could be improved for people raising a concern before contacting PALS and when discussing whether a concern should be managed as a PALS or a complaint. The Lead Nurse and PALS manager have provided ad hoc training on local resolution pre-PALS to aspiring and current Band 6 nurses in a number of our CSUs. This will be rolled out to other staff groups who are likely to be the initial point of contact for people with concerns about our services.

### Aims for 2023/24

- The PALS team will be taking part in the Complaints Improvement Programme using Quality Improvement methodology to enhance staff and patient experience of the PALS service. This will include increasing staff confidence in resolving concerns locally and identifying ways to progress concerns which currently do not fit within either the PALS or the formal complaint processes.
- All PALS concerns which describe patients having felt discriminated against or treated less favourably due to them having a protected characteristic are currently reviewed by the Lead Nurse, Patient Experience and escalated to CSUs where appropriate. In 2023/24 these will also be shared via the Patient Experience Assurance Programme CSU dashboard, to provide further information about possible areas of focus.





### 3.3.12 Learning Disabilities and Autism

#### Background

LTHT recognises the disproportionate health inequalities faced by people with a Learning Disability, and Autistic people. We remain committed to providing access to equitable healthcare for all, enhancing patient experience and ultimately improving patient outcomes.

#### Key Achievements in 2022/23

- The work of the team has been recognised nationally, with multiple invitations from NHS England to share best practice.
- Finalist for Workforce Team of the Year at the Nursing Times Workforce Awards
- Secured funding until March 2024 for current team structure, allowing current work streams to progress.

#### Clinical Support

- Progress has been made in all areas of clinical support. For example, an improved initial assessment which more clearly targets themes such as bowel care and cross system working

#### Quality Improvement

- Data quality has improved: the 1000th Autistic patient was flagged on their electronic patient record and flagging is rapidly increasing with support from Leeds and York Partners Foundation Trust and Leeds Community Health diagnostic teams.



- Completion of new care pathways, for example a Complex Endoscopy Pathway.
- Patient Information Policy rewritten and Easy read pathway established. 70 Easy Read leaflets now available.

- Learning Disability Passport reviewed and re-written ready for a city-wide launch.
- Pilot for Care bags in the Emergency Department successfully completed showing positive results (reduction in PALs concerns by 60%) and funding secured for further roll out to all acute admitting areas.



#### Training and Education

- Engagement with Health Education England and National Team for Oliver McGowan Training roll out- first regional training trio (Clinical expert and people with living experience of Autism or Learning Disability and sessions ready for pilot).
- Sessions established on range of internal programmes, for example Excellence in Practice and the Internationally Recruited Nurses induction programme.
- Team delivering education on Undergraduate programs for both Nursing and Physiotherapy students

#### Aims for 2022/23

- Relaunch updated Learning Disability health passports
- Establish Trustwide program to roll out the Oliver McGowan training.
- Increased pathway work to support reasonable adjustments.



### 3.3.13 Equality and Diversity

#### Background

During 2022/23 the Patient Experience Team (PET) worked towards delivering the 20 aims included in the Equality and Diversity Action Plan 2022-2023. These aims covered 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. In Q4 2022/23 a new action plan was approved which encompassed national, regional and local drivers, as well as reflecting what our patients were telling us about their experiences.

#### Key Achievements in 2022/23

The results of the LGBT Foundation's assessment of LTHT for NHSE/I Rainbow scheme accreditation was received into the Trust on 25 July 2022. LTHT were assessed as being at bronze level. The Lead Nurse – Patient Experience is working with the LGBT staff network to deliver an action plan generated from the report's findings.

A number of blind and partially sighted patients and representatives from local organisations supporting this community influenced the design and organisation of the relocated Ophthalmology Outpatient Department. Attendees at planning workshops were invited to the opening day for the department and were very favourable in their feedback about the new clinic environment. A patient story was developed to reflect the experience of patient involvement in the design of this service, this was shown at our Quality Assurance Committee in February 2023.

The Head of Patient Experience / Lead Nurse Patient Experience have been working with the Patient Administration System (PAS) team on a system update which has improved how patient communication need flags are highlighted. The work that has taken place has included the development of a training module for staff using the system, to highlight the importance of flagging patient communication needs when they have been identified.

#### Aims for 2023/24

- To work with LTHT's Equality and Diversity manager and city-wide partners to meet the terms of the new NHS Equality Delivery System (EDS 22). As part of this, to establish effective systems for monitoring the Trust's performance against the domain relating to patient and public experience of our services.
- To establish processes to share themes and examples of concerns relating to discrimination, to encourage learning and improvement.
- To explore how to improve the capture of data relating to the protected characteristics of patients, to improve the quality of data held. This will assist in identifying areas of practice for improvement.



### 3.3.14 Patient and Volunteer Hardship Fund

#### Background

We understand in the current climate of rising fuel and food costs that making ends meet is difficult for people. We know that some of our patients struggle to attend hospital for their care and treatment, because of the impact on their finances or on the finances of their families and carers. We know that having access to a small amount of funding can help people receive the treatment they need.

During the pandemic we were fortunate to have been provided with a grant to support a Patient and Volunteer Hardship Fund. However, we knew the fund would not be able to support all the people who could benefit from it, as the need for this was great.

The Fund is managed by the Trust's Patient Experience and Safeguarding teams who meet regularly to review applications, with payments made – often very quickly due to need – by Leeds Hospitals Charity.

#### Key Achievements in 2022/23

In August 2022, the Trust Patient and Volunteer Support Fund received a cash injection, thanks to one of Leeds Hospitals Charity's corporate partners, Lowell, enabling the continuation of the Fund.

During 2022/23, the fund provided a total of £33,000 to 104 families or patients.

As a result of the fund, we have been able to assist patients and their immediate families who have experienced significant change in income or outgoings as a result of their hospital treatment, admission or care and are struggling with their finances. The fund has helped families manage travel costs to hospital, attend appointments and provide essential care and comfort to patients during their hospital stay.

We have also been able to offer support to our active hospital volunteers who are in significant financial need.

Further information about the fund can be found here: [Patient & Volunteer Hardship Fund Website](#)



#### Aims for 2023/24

Our aim is to continue to provide a fund for our patients and families during 2023/24 and for our most vulnerable patients to have access to it.

#### ***Karen Sykes, Head of Safeguarding, Leeds Teaching Hospitals NHS Trust said:***

“ I have been a panel member of the Patient and Volunteer Support Fund since we started 2 years ago; we have helped many families and volunteers who have found themselves in financial hardship. I am thrilled that additional funding has been donated to ensure we are able to help many more patients and our volunteers. ”



### 3.4 Clinical Effectiveness

**Ambulance handover** performance for LGI has been the **best in the country** during this year



**New online tool** for completing SJRs developed and trialed in several specialties - Trust wide roll out planned for 2023/24



Referrals to the Palliative care team **continue to rise** alongside the complexity of patient needs

**Bereavement Nurse Service** expanded to provide **greater access** for families and staff, funded by Leeds Hospitals Charities



**New Discharge Lounge** at St James's providing a **comfortable, safe place** for patients to wait for transport home



Significant improvement in discharges by 3pm by **35.5%**



A new eDAN (electronic discharge advice notice) has been developed to facilitate an **efficient handover** of clinical information to primary care on discharge



Leeds Teaching Hospitals is **within expected range** for Patient Reported Outcome Measures (PROMs) or "health gain" across surgical procedures



**Readmission rates** for elective and non elective patients are **consistently lower** than other teaching hospitals



**Increased** the number and variety of cases undergoing case note review following introduction of **structured judgement review (SJR)** allocation process



The **Primary Care Access Line (PCAL)** telephone service consistently receives **over 7000 calls** per month from GPs and ambulance staff



**87%** of patients referred by PCAL receive the care they need without attending Emergency department



### 3.4.1 Palliative and end of life care (EoLC)

#### Background

Delivering excellent end of life care for all patients and families remains a Trust priority and collective responsibility of everyone delivering care.

Referrals to the Palliative care team continue to rise alongside the complexity of patient needs. Initiatives have been implemented to facilitate earlier access to palliative care.

#### Key Achievements in 2022/23

##### *SUPPORT campaign*

Refreshed across all adult wards. SUPPORT volunteer project on hold due to the pandemic.

##### *Bereavement Nurse service*

Expanded the service to provide greater access for families and staff, funded by Leeds Hospitals Charities.

##### *Enhanced Supportive Care service*

Contributed to regional advance care planning support for cancer patients.

##### *Feedback from bereaved families*

Collaboration with the medical examiner service to gather and share feedback from families, identifying areas of good practice and areas to improve.

##### *Emergency Department (ED) in reach project*

Support for patients nearing the end of their lives in ED. Overall aims to improve end of life care experience, avoid admission to hospital for those who wish to be cared for elsewhere and facilitate earlier referral to specialist palliative care in LTHT.

##### *Education*

Adaption of training methods to facilitate provision at ward level for clinically stretched teams. Sustained an extensive training programme.

##### *Advance Care Planning (ACP)*

Supported one year project to scope practice and identify gaps in practice and centralise resources.

##### *Trust EoLC Group*

Action plan revised for 2022/24 and monitoring of CSU improvement plans to gain assurance.

##### *West Yorkshire and Humber integrated Care System (ICS)*

Support workstreams in Leeds and regionally to enable the sharing of palliative and end of life care patient records.

##### *Leeds Wide Collaboration*

Contribution to the development of city wide outcomes and ongoing refinement of population modelling and approach to workforce. Supporting the development of a digital tool to identify people approaching the end of their life.

##### *Aims for 2023/24*

- To contribute to the development and implementation of a digital care of the dying person care plan.
- Enhance working relationships and support research across clinical providers and the University in Leeds.
- To implement a sustainable training model for our unregistered workforce and continue to adapt, expand and evolve our training.
- To continue to influence the care of dying patients in the emergency departments and measure patient outcomes.
- To introduce SUPPORT volunteers to enhance the care of dying patients and their families.



### 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.

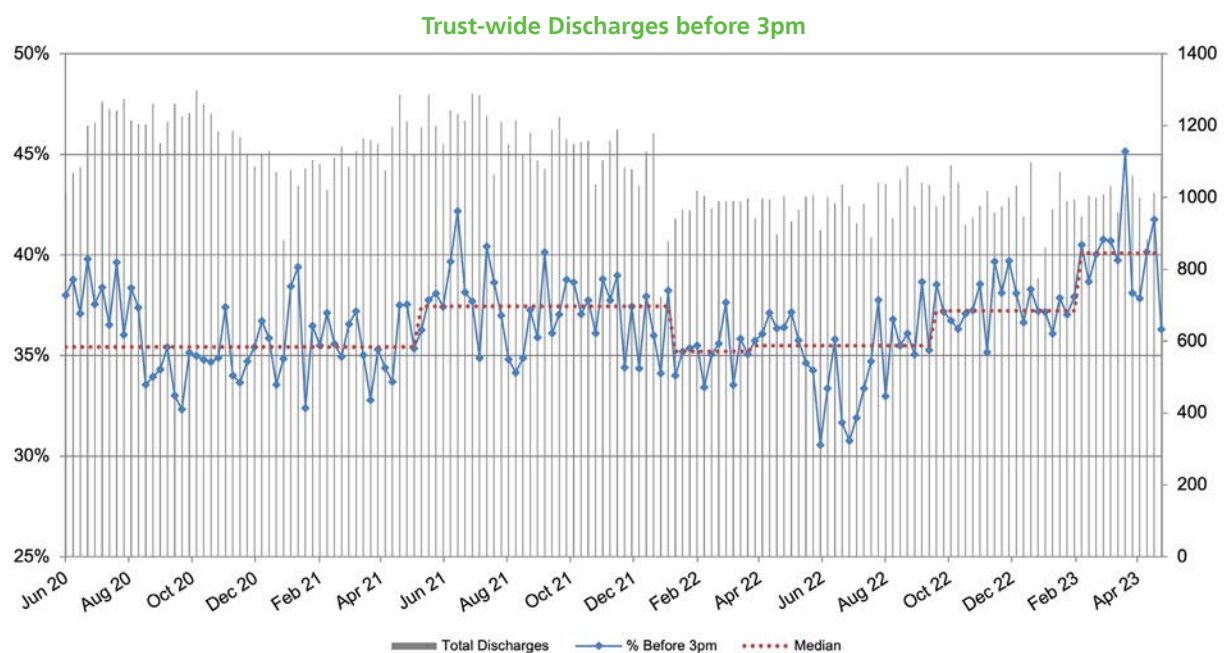
#### Key Achievements in 2022/23

- The group has achieved a statistically significant improvement in discharges by 3pm from an average of 35.5% in the first quarter of 2022/23 to 39.9% in the last quarter of 2022/23.
- Multi-disciplinary teams (MDT) having productive conversations about discharge so that the whole team is clear on the plan is essential. A specific work-stream has been established to optimise team-working and MDT conversations.
- The discharge collaborative has continued to drive improvements in relation to timely discharge of patients across the Trust.
- Statistically significant improvements in discharges before 3pm have been seen in Speciality & Integrated Medicine, Neurosciences, Oncology and Trauma Related Services.
- Accessible, timely data regarding discharge is readily accessible to all, on the Trust intranet.

- A new electronic discharge advice notice (eDAN) has been developed to facilitate an efficient and clear handover of clinical information to primary care on discharge as well as providing clear 'Actions for Patients' where applicable. The new eDAN enables multidisciplinary staff members to contribute to the discharge letter at any one time improving efficiency and quality of handover.
- St James's University Hospital has opened a new Discharge Lounge providing a comfortable, safe place for patients to wait for transport home.
- This work is being shared nationally and internationally at relevant conferences.

#### Aims for 2023/24

- To continue to work towards our goal that 70% of patients are discharged by 3pm.
- Improve utilisation of pre-booked transport.
- Ensure all wards are utilising a Discharge Board to plan for discharges in advance.
- Spread the work of effective MDT conversations across CSUs
- 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 Hospitality Mortality

#### Background

There are two national Trust-level mortality indicators: The Summary Hospital-level Mortality Indicator (SHMI) produced and published by NHS Digital and the Hospital Standardised Mortality Ratio (HSMR), published by Telstra Health UK (Dr Foster). Both models compare the number of observed deaths at the Trust against a risk adjusted expected number of deaths. Neither SHMI or HSMR adjusts for the severity of patient's illness

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 diagnosis groups (accounting for approximately 80% of in hospital deaths).
- The SHMI includes both in hospital deaths as well as deaths within 30 days of discharge while the HSMR only includes in-hospital deaths.
- The HSMR is adjusted for more factors than the SHMI, most significantly specialist palliative care and social deprivation.

#### Key Achievements in 2022/23

In 2022/23 the organisation worked to further improve understanding of our own data and to strengthen our Mortality Review Process. A new structured judgement review (SJR) allocation process has been implemented to increase the number and variety of deaths undergoing case note review. A new online tool for completing SJRs has been developed and trialled in several specialties with a Trust wide roll out planned for 2023/24.

The table below shows the Trust's latest published SHMI, for the period September 2021 to November 2022, also shown is the HSMR for the same period.

#### Trust SHMI and HSMR March 2021 to November 2022

Trust level mortality, Dec-21 to Nov-22	Spells	Value	Observed deaths	Expected deaths	95% Confidence Interval
SHMI	91,940	113.1	3,490	3,085	89.75-111.42
HSMR	57,175	112.9	2,435	2,158	108.4-117.4

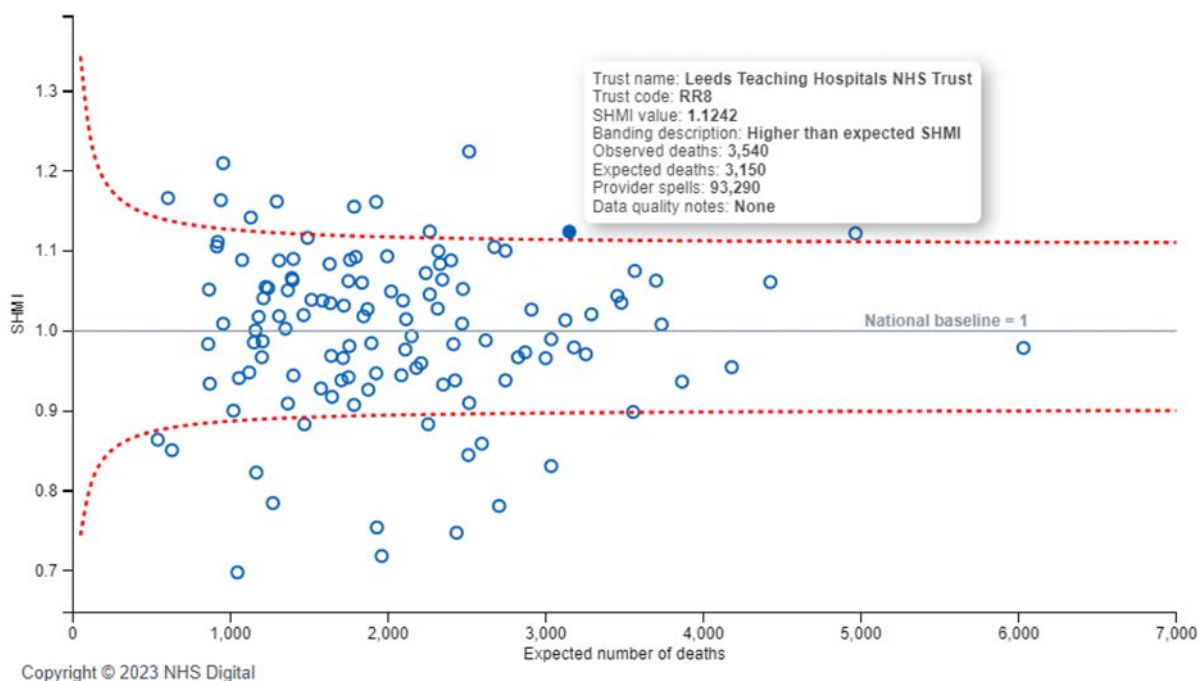
#### SHMI Indicator by rolling 12 month reporting period

Indicator	Reporting Period	Trust Rate	National Average	National Range
SHMI	Dec-20-Nov-21	1.13	1.00	0.90-1.11
	Jan-21-Dec-21	1.13	1.00	0.90-1.11
	Feb-21-Jan-22	1.12	1.00	0.90-1.11
	Mar-21-Feb-22	1.12	1.00	0.90-1.11
	Apr-21-Mar-22	1.11	1.00	0.90-1.11
	May-21-Apr-22	1.11	1.00	0.90-1.11
	Jun-21-May-22	1.11	1.00	0.90-1.11
	Jul-21-Jun-22	1.12	1.00	0.90-1.11
	Aug-21-Jul-22	1.12	1.00	0.90-1.11
	Sep-21-Aug-22	1.12	1.00	0.90-1.11
	Oct-21-Sep-22	1.12	1.00	0.90-1.11
	Nov-21-Oct22	1.12	1.00	0.62-1.25
Nov-21-Oct22	1.13	1.00	0.72-1.22	





### Summary Hospital Mortality Indicator April 2021-March 2022 Funnel Plot



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 December 2021-November 2022

December 2021 to November 2022	HSMR (basket of 56 diagnoses)	HSMR (all diagnoses)
Observed deaths	2,426	3,149
Expected Deaths	2,145	2,785
HSMR	113.1	113.0



### Mortality Reporting and Learning from Deaths

During 2022/23 3071 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 ***
2022/23 Q1	744	724	717	99%	218	30.4%	182	4
2022/23 Q2	741	714	684	96%	194	24.4%	149	10
2022/23 Q3	837	803	757	94.2%	216	28.5%	182	6
2022/23 Q4	749	725	677	93.4%	181	26.7%	<i>Not yet available</i>	<i>Not yet available</i>
<b>Total</b>	<b>3071</b>	<b>2966</b>	<b>2835</b>	<b>95.6%</b>	<b>809</b>	<b>28.5%</b>	<i>TBC</i>	<i>TBC</i>

\* 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.

### Trust wide Screening Compliance



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.

### Trends in relation to good practice

	<p><b>Clinical Management</b></p> <p>Themes of good practice in clinical management were identified including early senior led reviews, assessments, prompt escalation and adherence to guidelines.</p>
	<p><b>Communication and Collaboration</b></p> <p>Good multi-disciplinary team communication enabling good collaborative working was a frequent theme highlighted, as was good communication with families and patients, including the use of interpreters when required.</p>
	<p><b>Early Recognition and End of Life Care</b></p> <p>Multiple specialties highlight good practice in regards to end of life care including early recognition of a dying patient, involvement of the palliative care team, discussion about patient wishes and providing good bereavement support.</p>



## Trends in relation to areas for improvement

	<p><b>Documentation</b></p> <p>Ensuring good practices in regards to documentation and ensuring documentation is timely and accurate was an improvement theme identified.</p>
	<p><b>Timely Care</b></p> <p>Themes around timeliness were highlighted for improvement, including; delays in the Emergency Department and waits for a specialty bed, and ensuring prompt escalation and delivery of therapies such as Antibiotics and Thrombolysis.</p>

Learning from Patient Safety Investigations are also captured and shared.

## Aims for 2023/24

In 2023/24 a continued priority will be oversight of the Structured Judgement Review allocation process to enable effective monitoring of quality of care and to support identification of themes and trends. 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.



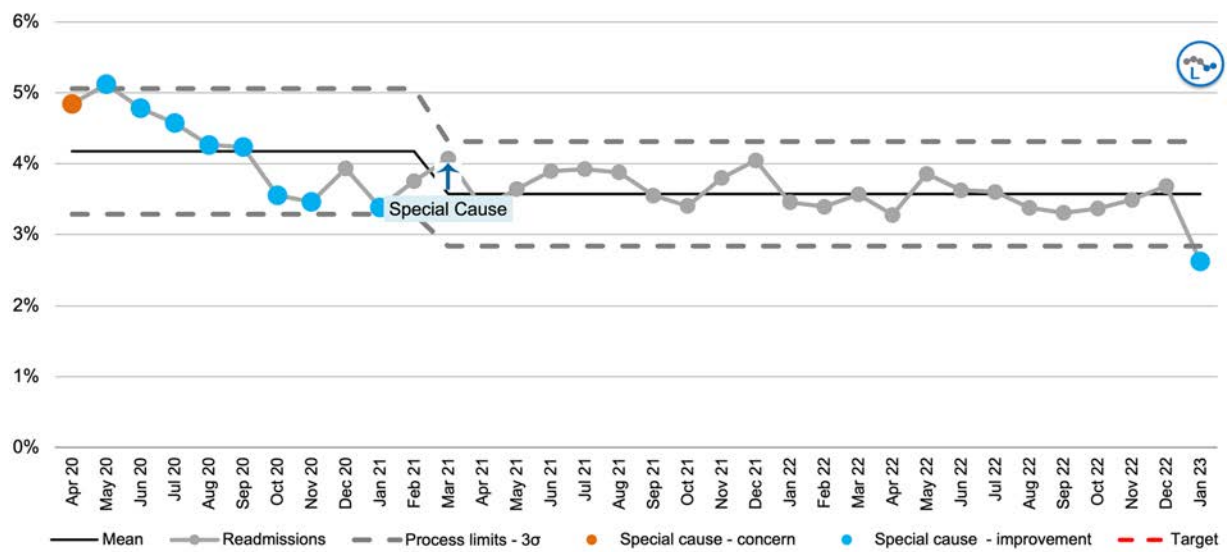


### 3.4.4 Readmissions

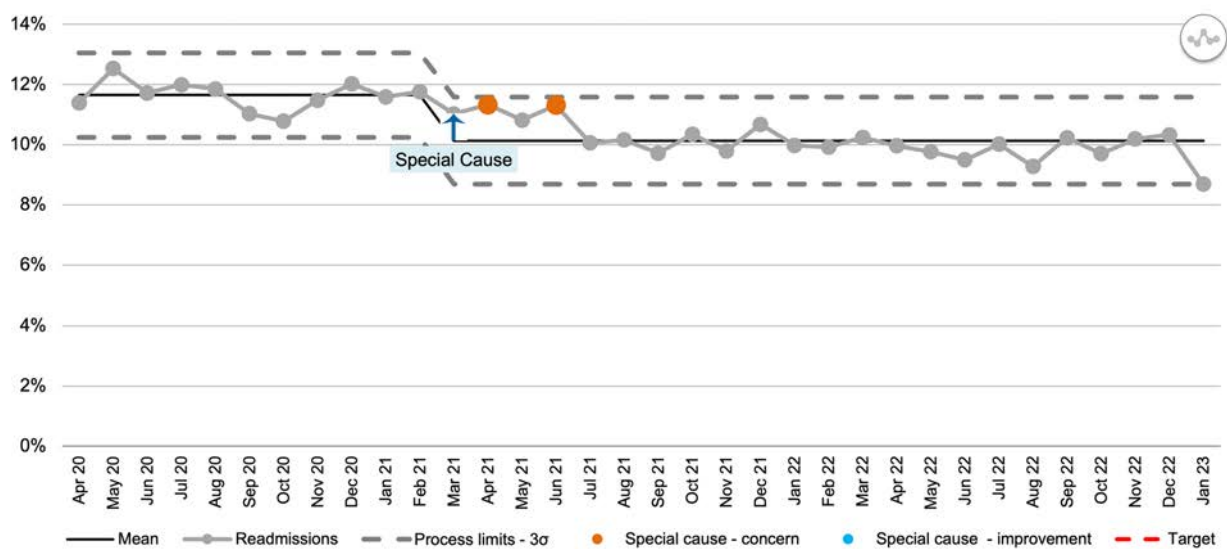
The Trust performs better than its peers with lower readmission rates following an elective or non-elective admission. Sometimes, after patients are discharged from hospital, they may need to be re-admitted again for a variety of reasons. Some readmissions are unavoidable, such as for patients returning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



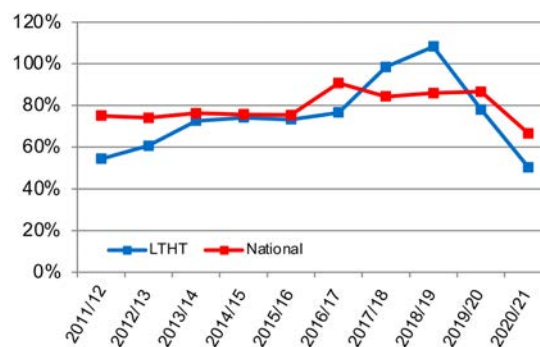


### 3.4.5 Patient Reported Outcome Measures

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**



In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.

We endeavour to update this linkage process and resume publication of this series as soon as we are able but unfortunately are unable to provide a timeframe for this. We will provide further updates as soon as this is known.

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 2021 to March 2022**

	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 Constitutional Standards

#### Quality Impact of Enhanced Non-Elective Patient Care

##### Background

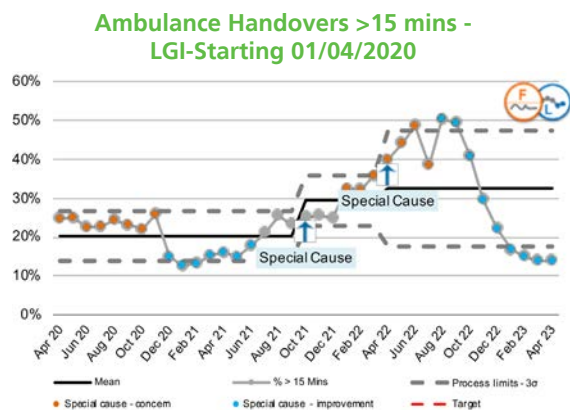
The Unplanned Care Programme, one of the five Programmes of the LTHT Operational Transformation Strategy 2022-2027 is aimed at optimising care at all stages of patient care along a non-elective pathway.

##### Key Achievements in 2022/23

In the context of very considerable clinical pressures experienced, we have achieved the following in 2022/23:

##### Ambulance Handovers

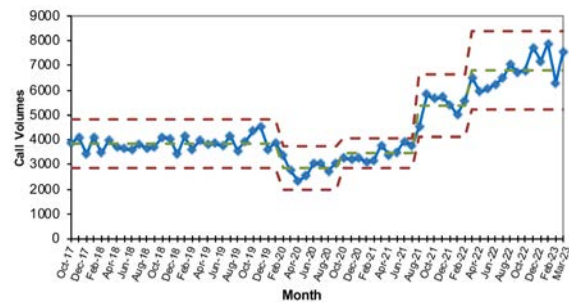
In spite of consistent inpatient bed occupancy of over 100%, LTHT's performance in ensuring rapid handovers of patients from ambulance staff has been in the top decile of Trusts. The LGI performance has been the best in the country during this year. Patients are rapidly transferred to ED cubicles following their arrival, crews are rapidly released to respond to further calls and ambulance stacking is not an issue at LTHT.



##### Primary Care Access Line

The Primary Care Access Line (PCAL) telephone service continues to develop and now consistently receives over 7000 calls per month from GPs and ambulance staff. Without the PCAL service, all of these patients would have been transferred directly to the ED, now over 87% of patients referred by PCAL receive the care they need without attending the ED.

PCAL - Calls offered



##### Same Day Emergency Care

The medical Same Day Emergency Care (SDEC) Units at SJUH (working age adults and older adults) provide bespoke care to patients without the need for admission. As a result of the care provided in the SDECs, in 2022-23 300 fewer patients per month required admission than 2021-22

##### Admissions

	AIM	ELDE	MED
<b>2021</b>			
Jan-March	1	2204	3027
April-June		2348	2775
July-Sept	132	2163	2577
Oct-Dec	2467	2155	179
<b>2022</b>			
Jan-March	2044	1982	142
April-June	2127	1954	51
July-Sept	2103	1887	123
Oct-Dec	2019	2067	72
<b>2023</b>			
Jan-March	2036	1789	108

##### Aims for 2023/24

Our focus for 2023/24 will be to:

- To launch the delirium project aiming for every older (>65 years) person in LTHT to be assessed and managed for delirium on admission, incorporating the 4AT assessment and Delirium Care Planning
- To deliver a true Live Bed State allowing the Operations Centre team to better plan admission for those patients who require inpatient based care.
- To reduce the number of out of hours bed moves for patients



## 3.5 Staffing

**37%** of staff contributed to the staff survey

**44%** of teams have received team-level reports

Achieved a **6.8** out of 10 staff engagement score

Shortlisted for **3** Nursing Times Workforce Awards

**Ester Jamera** won Equality & Diversity champion of the year, Nursing Times Workforce Awards

To date **578** internationally recruited nurses have gained UK (Nursing and Midwifery Council) NMC registration

Awarded the NHS Pastoral Care Quality Award from NHS England

The award recognises trusts that facilitate the safe arrival, induction and provision of support for new people joining the NHS workforce.

Launched the 'New to Care' pathway for Clinical Support Workers

Appointed **2** new Guardians of Safe Working

Introduced 'Book-a-Teacher' which enables students to request additional targeted teaching from an experienced medical educator

Trained **30** new Freedom to Speak Up champions

Adopted the National Policy for Speaking Up

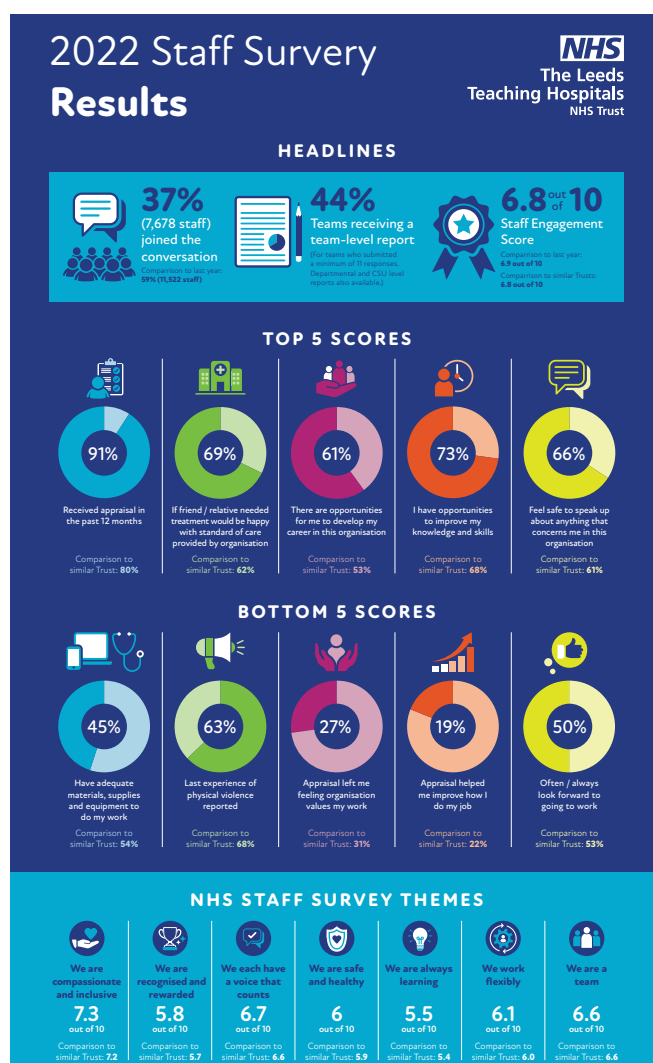


### 3.5 Staffing

Our People Priorities continue to be central to achieving our strategic priority to support and develop our people. During 2022/2023 we focused on promoting high staff engagement consistently across the organisation. Central to this was improving our Equality, Diversity and Inclusion (EDI) outcome measures through inclusive conversations and maturing our workforce planning approach. This included managing our unplanned staff absence and equipping our managers with the necessary knowledge, skills and confidence to facilitate conditions to enable their staff and teams to flourish.

In order to assist the organisation to meet its strategic priorities and in particular this year's commitment of "Improve Staff Retention" we have agreed four areas of focus for 2023/2024:-

1. Continue to mature our workforce planning approach through workforce transformation and deployment aligned to achieving service delivery and financial targets.
2. Identify the determinants of unwanted staff turnover and implement the right strategies to encourage our talent to remain working for Leeds Teaching Hospitals NHS Trust (LTHT).
3. Embed systems and processes to ensure that our unplanned absence is managed optimally, meeting the needs of the organisation whilst taking a personalised approach to keeping our staff in work.
4. Develop a high performing and positive brand for our Occupational Health and Wellbeing Service to meet the needs of the organisation and positively impact staff health and wellbeing.







### 3.5.1 National Quarterly Pulse Survey

#### Background

The National Quarterly Pulse Survey was launched for the first time in January 2022, inviting all LHTT 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

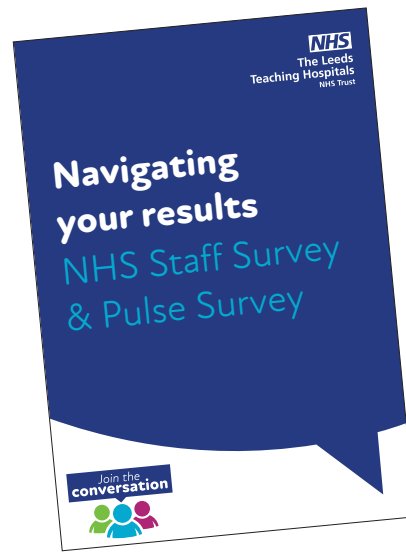
- I look forward to going to work.
- I am enthusiastic about my job.
- Time passes quickly when I am working.

#### 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 2023/24

- Quarterly results will be reviewed at Trust, Clinical Service Unit (CSU) and Team level to conduct trend analysis, identify areas for improvement and fully understand the impact improvement initiatives are having. Importantly, this will be more regular throughout the year than the annual Survey alone.
- Communication continues to take place to ensure the effective sharing of the quarterly results to senior leaders across the Trust via a newly developed results dashboard, supported by our Human Resources (HR) Business Partners.
- The quarterly results form part of our Improvement Quality and Performance Review metrics (IQPR), aligned to our LHTT People Priorities, to track and drive progress towards our Trust goal of becoming the Best Place to work. In addition, the results within the staff engagement sub-category, 'Involvement', will continue to be tracked, to continue to support the progression towards this goal.
- Furthermore, HR Business Partners are working in collaboration with CSUs to improve the response rate to the Pulse Survey, to achieve greater validity and assurance in the results.





### 3.5.2 NHS Staff Survey - November 2022

#### Background

The annual NHS Staff Survey was available for all staff to complete from 26 September to 25 November 2022, with national results published in March 2022. The survey was completed by 38% 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. The questions and themes 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

#### Findings

The Trust achieved a response rate of 38%, during a period of high operational pressures within the Trust. Importantly, results at Trust level are confirmed to be representative of our 22,000 strong workforce.

The Trust compares well nationally, with the results demonstrating an above average position for 6 out of the 9 NHS People Promise themes, and in line with the national average for the remaining three themes, when compared to the benchmark group.

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 (2% and 7% respectively).

The Trust's Staff Engagement Score however has dropped by 0.1%, moving from 6.9% in 2021 to 6.8% in 2022, however remains in line with the national benchmark average.

#### Aims for 2022/23

The deteriorating staff engagement score is arguably not unexpected given the changing operational landscape, challenges and pressures the NHS now faces. However, the Trust's long term ambition. continues to be the best place to work. This will be measured through our Improvement Quality and and Performance Review metrics (IQPR), aligned to our LTHT People Priorities, thus providing a trajectory in which to achieve this.

LTHT HR Business Partners aim to support CSUs to focus on Staff Engagement through a holistic approach, focussing on priority workforce challenges and providing bespoke cultural support from wider Centres of Excellence to drive improvement. At a Trust level, the employee voice tools will continue to be utilised to identify on-going priorities. The results demonstrate a need to continue the focus on progressing in the following areas: flexible working, staff rest areas, IT; basics that staff have reported are important to them and impact on their work life. As well as several projects to ensure all our people experience a positive working environment.

Further improvements will be made to the dissemination and sharing of both the annual and quarterly surveys, to better support team leaders, and increase the consistency of conversations being conducted at a team level regarding the team's engagement. Direct communication, accompanied by various support tools will occur with LTHT line managers, with an aligned narrative to a current on-going team improvement conversations as part of 'Living the Leeds Way'; paying particular focus to getting the basics right, communication and the Leeds Way Behaviours.



### 3.5.3 Nursing Workforce

#### Background

In 2022/23 the Nursing Workforce priority and focus has been to continue to close the registered and unregistered workforce gaps whilst ensuring we have quality Workforce and Education programmes in place that are reviewed, current and suit the needs of our existing and future workforce based on evidence and the feedback from staff, learners and patients.

#### Key Achievements in 2022/23

In 2022/23 we were shortlisted for three Nursing Times Workforce awards including the LTHT Learning Disability Team for Workforce Team of the Year, best workplace for Learning and Development for Towards Race Equity Master classes. Ester Jamera won Equality and Diversity champion of the year.



Recruitment from outside of the UK continues to feature as an important part of our workforce supply strategy. We have recruited over 600 internationally trained nurses working with specialist agencies. We have a 98% retention rate and 100% Objective Structured Clinical Exam (OSCE) pass rate with 578 nurses working clinically having gained UK Nursing and Midwifery Council (NMC) registration. We have expanded our support to the wider Leeds system, recruiting and training nurses that will support Leeds Community Healthcare services.

In February 2023 we were delighted to be awarded the NHS Pastoral Care Quality Award. The award from NHS England recognises trusts that facilitate the safe arrival, induction and provision of support for new people joining the NHS workforce.



LTHT is one of five organisations nationally and the only NHS Teaching Hospital to be awarded a contract with the NMC to provide the OSCE for returning nurses and midwives. In April 2022 the state of the art centre based at Leeds General Infirmary was officially opened and will deliver over 7000 tests per year.



We have worked closely with NHS England to address the unregistered workforce shortfalls through virtual and face to face large scale recruitment events. In December 2022 we launched the 'New to Care' pathway welcoming people with the values and behaviours to care via a new entry route that provides intensive practical training, framed by the Care Certificate. We have 131 new Clinical Support Workers (CSW) in post with a further 160 CSW's ready to start training in March 2023.



Working collaboratively CSU's we have been able to maintain over 80% Care Certificate compliance since June 2022; providing assurance that our health and care professionals have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support to our patients.

#### Trust overall Care Certificate compliance

Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
81.58%	82.01%	81.56%	86.52%	86.57%	86.31%	83.57%	85.44%

#### Aims for 2023/24

- We will persist to grow a diverse workforce using local, national and international recruitment, seeking and enabling alternative routes into registered and unregistered nursing roles.
- We will reduce the Registered Nurse vacancy gap by 200 Whole Time Equivalent) WTE by the end of November 2023 via the internationally trained nurse programme.
- We will reduce the CSW vacancy gap by 200 WTE by the end of August 2023 via the New to Care pathway.
- We will continue to work with Leeds systems partners to develop opportunities for collaborative advantage and support narrowing inequalities and widening participation for the people in and around the local areas.
- We will role model and advocate 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 should report this extra work electronically. We oversee the reporting system and convey the results to 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 2022/23

In 2022 (January-December) there has been a slight decrease, from the previous year, in the number of exception reports submitted by junior doctors in the Trust. Information we receive from reports is important to us, in order to improve the working environment.

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:

- **The majority of reports relate to staying beyond the working day and come from our most junior medical workforce, the Foundation 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 practices and rota compliance.

- **There has been an increase in the number of Immediate Safety Concerns reported, 29 in total, which likely reflects the pressures on the Hospital over the last 12 months.**

In some areas doctor's workload has increased significantly due to increased capacity/acuity of patients. 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.

- **During the first six months of the year a significant number of exception reports were generated from Foundation doctors in one CSU largely concerning workload and senior support. The Guardians facilitated and supported a number of meetings between the juniors, the Lead Clinician and the Director of Postgraduate Medical Education.**

As a direct result more doctors were recruited at Foundation level, supported by rota changes to improve the number of doctors around in the evening and provide additional support from the new HST cohort. Feedback received has been that the working environment has improved significantly for Foundation doctors and we have seen very few exception reports in the second 6 months. This methodology is now being applied to address concerns in another CSU.

During 2022/23 junior doctors have been keen to engage with and describe their working conditions with the Guardians of Safe Working and the detail they provide which in turn helps look for ways to improve the service.

We are extremely pleased we have appointed two new Guardians, who are experienced Senior Clinicians, to continue the initial work done by the outgoing Guardian.

#### Aims for 2023/24

- We will continue to encourage and support a culture of exception reporting. This allows us to monitor workload of Junior Doctors and we also receive extremely insightful suggestions to improve our service
- We will review concerns raised about the timings of rota delivery to support the process at both School and Trust level.
- We will support Educational Supervisors in the management and response to exception reports, in particular use the information contained within them to drive positive change.



### 3.5.5 Improving Medical Education

#### Background

Leeds Teaching Hospitals manages one of the biggest and most complex training programmes in the country. There are more than a thousand doctors in training linked to the Trust, ranging from foundation year doctors through to higher specialists approaching the end of training. In addition, the Trust supports clinical placements of undergraduate medical students from the University of Leeds. Our high quality short courses attract trainees from across the country, and the Trust is one of a handful of NHS organisations with Royal College of Surgeons accreditation.

#### Key Achievements in 2022/23

- **Supporting learners whose training has been adversely affected by the pandemic** - our professional support and wellbeing team experienced a significant increase in referrals, many of which resulted from the pandemic. Our undergraduate team introduced new initiatives such as 'Book-a-Teacher' which enabled students to request additional targeted teaching from an experienced medical educator.
- **Developing excellence in learning, education and training across all professional groups** - in collaboration with colleagues from across the Trust, we have further embedded the work of the Learning, Education and Training Committee, which is actively improving access to high quality training for all staff groups.

- **Increasing the scope of courses** in both the undergraduate and postgraduate teams with additional new sessions being added to the portfolio, with an increased emphasis on digitally blended learning.
- **We continued to grow our international links**, recruiting medical fellows into LTHT from Pakistan, Malta and Jordan, which provides vital experience for the individuals whilst at the same time strengthening medical rotas.
- **Engaged with colleagues across the Trust to co-design the basis of a new learning, education and training strategy** which will cross professional boundaries and embed excellence.
- **Continued to develop the Undergraduate Hub**, with numerous new initiatives, delivered by Clinical Teaching Fellows, to further enhance the student experience.

#### Aims for 2023/24

- We aim to introduce the Trust's first joint Learning, Education and Training Strategy
- We will continue to grow our short-course portfolio
- Our library and knowledge service will further develop its services, building on its status as one of the best rated services in the country





### 3.5.6 Freedom to Speak Up

#### Background

It remains important for our staff to be able to raise concerns in a safe space, ensuring that they are heard, and that the organisation takes steps to learn from themes that our people raise with us.

During 2022 we had a change of Guardian and this appointment, along with a large staff engagement exercise, led to a review and reset of our speaking up culture and processes. Utilising the national reflection and planning tool a Board level exercise is being undertaken to agree a high-level set of actions for 2023. We are confident that this time to reflect will have a positive effect on speaking up and organisational learning for the benefit of our patients and the people that work with us.

#### Key Achievements in 2022/23

Several key actions were agreed at Board level and have been achieved.

- Adopt the national policy for speaking up
- Development of an intranet page
- E learning modules are available for all staff to access
- CEO includes speaking up in corporate induction.

#### Aims for 2023/24

- Undertake a survey to determine the barriers to speaking up in early 2023
- Develop an improvement plan, strategy and communication plan March 2023
- Continue to increase the numbers of champions throughout 2023. We have trained approximately 30 new champions and are looking to increase this number.
- Thematic analysis of cases to inform corporate programmes. May 2023



**Part 4:**  
**Statements of Assurance from the Trust Board**





# 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 2022/23 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 2022/23 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 2022/23

#### *National Joint Registry*

Further to being recognised as a quality data provider for the National Joint Registry (NJR) the Clinical Information and Outcomes Team (CIAO) has continued to work collaboratively with the Orthopaedic Team in order to improve on this. Subsequently Chapel Allerton Hospital has now been accredited with special recognition for their approach to data quality, successfully achieving the standards required to become a NJR Quality Data Provider. This award recognises 100% compliance for every procedure carried out, fully demonstrating the commitment to improving data quality and patient outcomes.

#### *Cardiac Rehabilitation*

The Clinical Information and Outcomes Team (CIAO) has been working with the Cardiac Rehabilitation Team to ensure compliance with the National Audit, previously having been flagged as non-compliant. The Secondary Care element of the audit is now fit for submission, moving forward with a monthly upload. Much of the data required to complete the dataset sits with the Community Teams and as a further piece of work CIAO have been collaborating with external Teams in order to ensure complete data can be submitted in accordance with the dataset.

#### *National Data Opt Out*

The CIAO Team have identified National Audits which are subject to the rules around National Data Opt out (NDOO) and have implemented processes where required or worked with teams submitting data to ensure they are fully compliant. NDOO requires constant monitoring to identify any changes to the individual National Audits, CIAO are pivotal to the continuation of this work.

#### *Participation in National Audit*

Data has been submitted for the eligible mandatory audits as listed during the period 2022/2023.

Submission to the Inflammatory Bowel Disease Audit (IBD) has not been compliant during the period 2022/2023. Work is in process to deliver a technical solution for the collection and upload of the data. Discussions are ongoing with both the service and the IBD Registry.

#### *Aims for 2023/24*

The Quality Governance Team aims to build on the capability of the Clinical Audit Database to enable staff to monitor actions and share learning more effectively.

## 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 2022/23. 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 2022/23

A key challenge not only faced by IG but the whole of the NHS was the Covid-19 Pandemic which struck in early 2020 and the aftermath continues to be a major factor going forward into 2023. The Pandemic caused the Trust to reevaluate how it not only treated its patients but how it functioned as an organisation, this posed several challenges for IG.

This challenge 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:

- Home Working Virtual Meetings
- Virtual Clinical Appointments
- Working with Private Health Organisations
- Research
- Testing and Vaccinations
- Automation in waiting list management

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 Trust was able to successfully submit its DSPTv4 Submission for 2021/22 on 26th June with all mandatory evidence items being successfully completed.

### Aims for 2023/24

- To maintain and enhance the IG and data security culture throughout the Trust.
- Ensure a consistent approach within the NHS with regards to information management.
- Support the Trust in the implementation of new systems and initiatives to enhance patient care.
- To 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

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 2022/23 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 2022 to Jan 2023 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	99.8	0.2
Outpatient	99.9	0.1
Accident and Emergency	97.9	-0.8

The percentage of records in the published SUS Data Quality Dashboard for the period April 2022 to Jan 2023 (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	0.3
Accident and Emergency	99.9	0.7

### 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 2022/23

- Consultant engagement has been further developed this year through work with the Quality Governance team and the Mortality Improvement Group.
- All nationally required coding training has been delivered. We have introduced a new Assistant Trainer post to assist with staff development.
- Results from our DSPT coding audit are as expected (>90% primary accuracy, >80% secondary) although we have not yet achieved our internal primary diagnosis target.
- We have increased the number of accredited Coders within the department; this year. Three more Coders have achieved accredited status.
- The audit team have produced regular team audits and given actionable feedback to the coding teams.

#### Aims for 2023/24

- Continue working with the Mortality Improvement group to monitor the Trust mortality indicators and to provide coding advice.
- Continue to deliver mandatory training in line with national timescales
- Further increase the numbers of accredited Coders within the department – aiming for 60% accreditation rate
- Work to improve our primary diagnosis accuracy to at least 92% in the DSPT coding audit.

## 4.4 Goals agreed with Commissioners (CQUINS)

### Background

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 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 the Trust are required to report on all CQUINs applicable to them but will be incentivised on the five selected.

Therefore, the Trust agreed a reporting schedule with the ICB. There are also indicators relating to Specialised Services which the Trust were required to report against the four applicable CQUINs.

### National - CCG & PSS CQUINs 2022/23: Quality Accounts as at 28/02/2023

CQUIN	Q1 Performance	Q2 Performance	Q3 Performance	Q4 Performance
<b>CCG CQUINs</b>				
<b>CCG1: Flu vaccinations</b> - for frontline healthcare workers. <b>Target ≥90%</b>				
<b>CCG2: Appropriate antibiotic</b> - prescribing for UTI in adults 16+. <b>Target ≥60%</b>				
<b>CCG3: Recording of NEWS2 score</b> - escalation time and response time for unplanned critical care admissions. <b>Target ≥60%</b>				
<b>CCG4: Compliance with timed diagnostic pathways</b> - for cancer services. <b>Target ≥65%</b>				
<b>CCG5: Treatment of community acquired pneumonia</b> - in line with BTS care bundle. <b>Target ≥70%</b>	Proposal in Q1			
<b>CCG6: Anaemia screening and treatment</b> - for all patients undergoing major elective surgery. <b>Target ≥60%</b>	Proposal in Q1			
<b>CCG7: Timely communication</b> - of changes to medicines to community pharmacists via the discharge medicines service. <b>Target ≥1.5%</b>				
<b>CCG8: Supporting patients</b> - to drink, eat and mobilise after surgery. <b>Target ≥70%</b>	Proposal in Q1			
<b>CCG9: Cirrhosis and fibrosis</b> - tests for alcohol dependent patients. <b>Target ≥35%</b>				
<b>PSS CQUINs</b>				
<b>PSS1: Achievement of revascularisation standards</b> - for lower limb Ischaemia. <b>Target ≥60%</b>				
<b>PSS2: Achieving high quality Shared Decision Making (SDM)</b> - conversations in specific specialised pathways to support recovery. <b>Target ≥75%</b>	The business case remains under development and the Trust have agreed with NHSE to continue with SDM with a view to delivering against the Year 1 targets again, with rollout agreed within one CSU from 23/24.			
<b>PSS3: Achieving progress towards Hepatitis C elimination</b> - within lead Hepatitis C centres. <b>Target ≥75%</b>				
<b>PSS5: Achieving priority categorisation of patients</b> - within selected surgery and treatment pathways according to clinical guidelines. <b>Target ≥98%</b>				



## Part 5: Research and Innovation



## 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 CSU's have access to the requisite support and infrastructure through which patients can benefit from participating in research.

### Key Achievements in 2022/23

We have continued to manage and deliver a complex portfolio of research across the Trust recruiting over 20,000 participants into >400 research projects in the last year. Over 800 of these participants have told us about their experience of taking part in research and over 300 members of the public have worked with us to assess grant funding proposals and to review patient information documents associated with trials. These measures help us ensure that our research is patient-centred and that we are continually improving the service we provide to them.

Our research spans all our CSU's, and we have continued to support research around the COVID-19 pandemic, particularly in assessing the efficacy of booster vaccinations. Our research portfolio is highly diverse and ranges from research that helps to understand more about diseases through to trials of world-first surgical procedures, evaluations of new medical devices and diagnostics (including Artificial Intelligence algorithms in clinical imaging) and clinical trials of novel therapeutics.

Our first Research and Innovation conference was held online and attracted >100 attendees from across the Trust. Our mission to support the development of our own staff continues with the appointment of a dedicated lead for supporting those of our nurses, allied health professionals, midwives and healthcare scientists who want to pursue research as part of their career. Our Research Academy, which provides research and innovation training for staff at LTH is now also delivering its curriculum to a range of NHS organisations nationally, receiving strong feedback on its approach and work.

Our innovation support programme run through the "Innovation pop-up" has gone from strength to strength, engaging more than 150 businesses, 100 clinical staff and creating international partnerships. We have supported our clinical innovators to develop their ideas and leveraged more than £250k to support the development of these. The £50m National Pathology Imaging Co-operative (NPIC) has become established as the global leader in digital pathology research and innovation and members of the team have won multiple awards for the innovative research that is being carried out at international conferences.

Our Biomedical Research Centre run in partnership with the Universities of Leeds and York has been awarded £19.8m by the National Institute for Health Research (NIHR) to support world-class translational research over the next 5 years. This investment is a 3-fold increase on what had been received in the previous 5 year period and will facilitate research into musculoskeletal disease, heart disease, blood cancers and antimicrobial resistance.

### Aims for 2023/24

- We aim to attract >150 attendees from across the Trust to an in-person Research and Innovation Conference in May 2023.
- We will deliver against our commitment to further develop a culture of research and innovation that is embedded in all of our clinical services.
- We will continue our programme of continuous improvement for back-office functions to ensure that researchers and partners benefit from streamlined and well-managed processes.
- We will continue our programme to deploy digital technologies to support researchers and research delivery teams and deliver clinical trials of novel Artificial Intelligence tools in imaging modalities.

# 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

29/06/2023  
..... Date



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

29/06/2023  
..... Date



..... Chief Executive  
Prof Phil Wood

## Appendix B: Statements from Local Stakeholders

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



Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative. There is an impressive amount of work going on across the Trust and a real sense of determination to improve people's experiences.

The LTHT Patient Experience Team have been key partners of the citywide People's Voices Partnership, the How Does It Feel For Me working group and the Inclusion for All Action Hub, seeking to ensure that people's experience is at the heart of health and care in Leeds. In particular, it is very positive seeing a commitment to taking forward the adherence of the Accessible Information Standard. Examples of this include the use of clear face masks and an increased number of Easy Read leaflets. However, this is a key legal duty to ensure all communities are able to access LTHT services and it would be useful to see a more specific appraisal of how the different elements of the Standard are being implemented across services and how this impacts patient experience.

Throughout this Account there appears to be a strong focus on improving the processes around making a complaint and getting in touch with PALs which is positive to see. It would also be useful to see the key themes which emerge from complaints and what specific actions are taken as a result so that it is clearly demonstrated how people's voices shape your services.

It is great to see the different ways people and patients have been involved in influencing decisions, a particularly good example of this is that the voice of the unborn and young people was heard at the Always Event. It would be good to see how the people that have shared their views are kept involved with the next steps and informed about impact.

The implementation of a Carers passport to help improve identification of family carers building on the back of our Leaving Hospital report has been welcomed, and great to see it is being used. It was an equally positive experience working with the Trust on this report and pleasing to see how seriously the recommendations have been taken.

It's great that the aims for next year include continuing to improve discharge experiences for patients and their Carers; it is important that Carers and their patients feel involved and prepared for the discharge process.

Our working relationship with the Patient Experience Team continues to be helpful and constructive as we have several examples of us sharing individual feedback with the team and then small changes being made within the Trust because of this. Being invited to the Trust Patient Experience Group also gives us a welcome insight into the continuous work you are doing to improve patient experience in difficult times.

At the end of the Quality Account, there appears to be a number of orange and reds for the National Indicators. It would be beneficial to hear why these were either partially or not achieved.

Overall, we felt the Quality Account to be informative, comprehensive and well presented. It clearly demonstrates the improvements and achievements which have happened over the last year, and the aims for the upcoming year are clear.

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

## The Integrated Care Board in Leeds Review of Leeds Teaching Hospitals NHS Trust Quality Account 2022/2023

The Integrated Care Board (ICB) in Leeds is pleased to review the Leeds Teaching Hospitals NHS Trust (LTHT) Quality Account 2022/2023. The ICB in Leeds acknowledges that the report is in draft form and some additional information may still need to be added prior to final publication, so please accept our observations on that basis.

LTHT is the biggest provider of health services in Leeds, covering a sizeable population, with the immediate population being around 770,000 people. LTHT is one of the largest and busiest NHS acute health providers in Europe, treating around 1.5 million patients per year. The ICB in Leeds would like to acknowledge the hard work and dedication of the staff at the Trust who strive, day in and day out, to provide high quality and safe care for the people it serves, in-line with the Trust's vision of being the best for specialist and integrated care.

The Quality Account is comprehensive, easy to read, and the pictures/illustrations compliment the text well and support reader engagement. The Quality Account clearly reflects the challenges the Trust has faced over the past 12 months, including the significant pressures placed on acute and emergency services and recovery from the coronavirus pandemic.

The Trust's strategic goals, annual commitments and quality of service priorities are clearly set out and underpinned with the Trust's improvement methodology and positive staff culture, via The Leeds Way Values and People Priorities.

The Quality Account reflects well on key achievements over the previous 12 months, including quality of service achievements, examples of which are the implementation of the new Patient Safety Incident Framework, a reduction in the number of patient falls, improvement with patient discharges by 15:00, high performing ambulance handover times and award nominations in relation to workforce.

The ICB in Leeds supported LTHT's priorities for 2022/23 and acknowledge Trust's significant role in supporting the local healthcare system and being an integral partner in supporting West Yorkshire's Integrated Care System key aims, which are to: -

1. To reduce health inequalities
2. Manage unwarranted variations in care
3. Secure the wider benefits of investing in health and care
4. Use our collective resources wisely



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Within the Quality Account, there is a strong focus on patient safety, quality improvement and patient experience, and clear quality of service priorities for the 12 months ahead, including reducing the risk of infection, continuing to reduce the number of falls and recruitment of Patient Safety Partners. Other priorities include launch and roll out the Carer Passport, to continue the positive work around timely patient discharge and further reduce the registered nurse and clinical support worker vacancy gap.

It's recognised that the pressures on capacity and flow across the health care system have had, and continue to have, an impact on services. The Quality Account acknowledges this and sets out ways in which the Trust can enhance quality and efficiency to improve outcomes and experiences of patients. A key approach to this includes development and implementation of a new electronic discharge advice note.

Significant challenges remain for the 12 months ahead and the Trust's Leeds Improvement Method (LIM) approach will remain integral. The Trust acknowledge that building the capacity and capability of its workforce to use LIM is a critical component to achieve its Trust vision and ambition to provide the highest quality healthcare. The Trust's ambitions for 2023/24 around LIM are exciting and include having active improvement projects in every Clinical Service Unit that align with the Trust's annual commitments and strategic priorities. Capacity will also be increased to deliver Rapid Process Improvement Workshop events to ensure this tool is available to help tackle some of the Trust's more complex challenges. It's encouraging to see the Trust's significant continued commitment in supporting staff to understand and implement improvement methodology to improve services and people's experiences.

The ICB in Leeds thanks LTHT for sharing their Quality Account 2022/23. We look forward to working with the Trust over the coming months as recovery continues following the coronavirus pandemic and partnership working and stronger system integration continues to develop.

Yours sincerely

Nicholas Allen



Head of Quality and People's Experience  
Integrated Care Board (Leeds Based)  
09/06/23



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## Appendix C: Glossary of Terms

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

<b>Digital Information Team (DIT):</b> the Informatics Department in the organisation responsible for the management of Digital Information Technology infrastructure to support healthcare.
<b>Dr Foster Hospital Guide:</b> 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.
<b>e-DAN:</b> an electronic discharge advice note.
<b>eMeds:</b> an electronic system for prescribing and administration of medicines.
<b>e-Obs:</b> a digital method of recording the observations of patients' vital signs.
<b>Employee Assistance Programme:</b> staff advice, information & counselling service able to assist with financial, legal, family and personal issues.
<b>Enhanced care:</b> additional support provided to patients who require an extra level of care to ensure safety.
<b>Friends and Family Test (FFT):</b> 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.
<b>Gram-negative bacteria:</b> 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.
<b>HDU:</b> High Dependency Unit; a level of care between intensive care and general wards.
<b>Healthwatch Leeds:</b> 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.
<b>Hospital Standardised Mortality Ratio (HSMR):</b> an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
<b>Hospital Episode Statistics (HES):</b> a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
<b>Hypoxic-ischaemic encephalopathy (HIE):</b> 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.
<b>IHI Model for Improvement:</b> Institute for Healthcare Improvement. Combines with Lean Methodology to form the Leeds Improvement Method.
<b>Integrated Care:</b> an organising principle for care delivery that aims to improve patient care and experience through improved coordination.
<b>Kaizen Promotion Office (KPO):</b> established to drive the improvement work of the organisation in collaboration with the Virginia Mason Institute.
<b>Lean methodology:</b> a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and getting the best value for public money.
<b>Leeds Care Record:</b> 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.
<b>Leeds Improvement Method (LIM):</b> the method focusses on improving efficiency and flow of our services under the three key concepts: value, waste, and respect for people.

<p><b>Leeds Involving People:</b> 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.</p>
<p><b>Leeds Place/ICB:</b> place-based partnership with an integrated care board committee to make decisions, NHS body responsible for the planning and commissioning of health care services for their local area. similar to the West Yorkshire integrated care board.</p>
<p><b>LPCN:</b> Leeds Palliative Care Network</p>
<p><b>MBRRACE:</b> 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.</p>
<p><b>Medically Optimised For Discharged (MOFD):</b> a patient who is medically fit for discharge, after a clinical decision has been made that the patient is ready to transfer.</p>
<p><b>Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA):</b> a bacterial infection.</p>
<p><b>Mortality Screening Tool:</b> all patient deaths are screened to determine whether a further review of case notes should be considered.</p>
<p><b>MSSA related infections:</b> infections as a result of methicillin-susceptible S. aureus (bacteria).</p>
<p><b>National Child Protection Information System (CP-IS):</b> a project to help health and social care staff to share information securely to better protect vulnerable children.</p>
<p><b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD):</b> reviews clinical practice across England and Wales, and makes recommendations for improvement.</p>
<p><b>National Institute for Health and Care Excellence (NICE):</b> 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.</p>
<p><b>National Institute for Health Research (NIHR):</b> 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.</p>
<p><b>National Maternity Better Births:</b> a nationwide initiative to improve outcomes of maternity services in England.</p>
<p><b>National Payment by Results (PBR):</b> the payment system in England under which commissioners pay healthcare providers for each patient seen or treated.</p>
<p><b>National Reporting and Learning System (NRLS):</b> 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.</p>
<p><b>Never Events:</b> serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.</p>
<p><b>Objective Structured Clinical Examination (OSCE):</b> The OSCE is designed to assess ability to competently apply professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (at the point of registration, - not advanced skills).</p>
<p><b>Patient Advice and Liaison Service (PALs):</b> offers support, advice and information on NHS services to patients, their carers, the general public and hospital staff.</p>
<p><b>Patient Reported Outcome Measures (PROMs):</b> 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.</p>

**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.

**Patient Safety Incident Response Framework (PSIRF):** Sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

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

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

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

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

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

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

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

**The Leeds Way:** The 'Leeds Way' is the Values of Leeds Teaching Hospitals Trust created by staff. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients. The Values are Fair, Patient Centred, Collaborative, Accountable and Empowered.

**The National Bereavement Care Pathway (NBCP):** a project to help professionals support families in their bereavement after any pregnancy or baby loss.

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

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

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

**West Yorkshire Integrated Care Board:** Committees made up of local health and care leaders, and they will also include independent people who do not work for health and care organisations.

**WYAAT:** West Yorkshire Association of Acute Trusts.



## Appendix D: Trust Participation in NCEPOD and National Audits

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### 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 2022/23, 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.

The studies that took place in 2022/23 were Crohn's Disease and Transition from Child to Adult Health Services. The proposed Epilepsy study did not take place.

In 2023/24 the Trust is participating in the following studies, Testicular Torsion, Community Acquired Pneumonia and Juvenile Idiopathic Arthritis. End of life care and Rehabilitation following critical illness are due to take place later in the year.

National Confidential Enquiry	Participation Rate*
Crohn's Disease	67%
Transition from Child to Adult Health Services	43%

## Appendix E: Performance against National Priority Indicators

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>Section A - National Operational Standards</b>													
RTT Incomplete	>=92	68.39	69.66	68.29	67.06	66.69	65.94	65.76	65.84	63.71	64.99	65.40	66.14
RTT Incomplete - Failing Specialties	=0	17	18	19	19	19	18	18	17	17	17	17	17
RTT Incomplete - Total Waiting List Size (Known Waits)	-	80,116	82,475	83,655	85,854	86,213	88,483	87,938	87,250	86,068	84,175	84,431	86,078
A&E Performance	>=95	68.67	67.76	66.31	67.58	68.16	69.30	69.70	68.85	65.61	74.16	72.23	73.56
Diagnostic Waits	>=99	72.07	78.29	80.21	86.33	88.05	89.18	91.90	93.32	91.29	92.13	94.20	94.13
Cancelled Ops: Not rebooked within 28 days	=0	32	9	18	30	32	14	20	9	31	19	24	13
Cancer: 62 Day: Consultant Upgrade	>=85	69.42	66.18	65.53	64.83	60.53	63.44	71.16	72.51	70.07	65.40	70.63	78.86
Cancer: 62 Day: GP/Dentist Referrals	>=85	45.48	42.82	39.36	36.87	41.92	47.58	41.09	47.52	38.68	33.83	46.30	59.75
Cancer: 62 Day: Screening	>=90	72.09	52.38	41.18	62.75	52.94	61.67	51.06	36.67	70.97	60.87	71.17	81.40
Cancer: 31 Day: 1st Treatment	>=96	89.30	90.61	90.33	93.43	92.10	90.28	91.98	92.89	91.36	88.81	96.49	95.11
Cancer: 31 Day: Subsequent Surgery	>=94	82.84	88.57	87.21	92.48	86.31	91.28	83.04	77.72	66.91	68.45	75.76	74.63
Cancer: 31 Day: Subsequent Drug	>=98	100.00	100.00	100.00	98.96	99.56	98.95	99.18	98.25	98.49	98.80	99.60	100.00
Cancer: 31 Day: Sub Radiotherapy	>=94	87.19	94.94	95.53	96.40	97.19	97.78	97.21	96.03	98.54	96.82	96.34	97.80
Cancer: 31 Day: Rare Cancer	>=85	-	0.00	100.00	-	57.14	-	100.00	0.00	50.00	80.00	25.00	100.00
Cancer: 28 Day: Referrals	-	70.03	68.44	70.49	72.77	70.47	66.54	67.18	66.57	71.70	64.76	73.21	75.60
Cancer: 28 Day: Breast Symptoms	-	60.22	67.12	61.98	85.62	88.54	89.72	84.47	91.67	92.00	86.27	82.72	87.85
Cancer: 28 Day: Screening	-	86.99	78.13	81.29	86.01	75.50	82.47	78.02	83.41	82.53	77.27	85.71	87.95
Cancer: 14 Day: Urgent GP Referrals	>=93	72.32	79.47	66.24	70.79	68.04	60.18	67.22	58.47	75.83	85.87	91.40	88.96
Cancer: 14 Day: Breast Symptoms	>=93	14.43	28.57	46.32	81.63	92.08	94.55	94.95	92.19	93.20	93.40	90.67	90.65
Mixed Sex Accommodation Breaches	=0	92	267	242	214	242	195	225	245	191	202	178	239
<b>Section B - National Quality Contract Requirements</b>													
HCAI: MRSA	=0	2	1	0	0	0	0	0	2	1	2	2	1
HCAI: CDiff (Target = LTHT Trajectory 19/20)	<=259	8	25	11	19	16	23	22	10	11	13	15	12
VTE Risk Assessment	>=95	96.05	96.15	95.60	95.91	96.43	96.01	97.12	97.14	96.93	96.72	97.16	96.96
VTE RCA Completion Rate	=100	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
RTT Incomplete 52+ Week Waiters	=0	2,806	2,695	2,870	3,174	3,342	3,600	3,782	3,634	3,620	3,400	3,542	3,728
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	-	1,157	1,190	1,105	1,202	1,002	802	1,271	1,765	3,147	3,421	2,949	4,117
Ambulance Handovers: 30 - 60 mins	=0	251	294	298	246	300	310	350	323	362	136	156	110
Ambulance Handovers: Over 60 mins	=0	16	21	21	14	23	23	25	26	49	11	8	8
A&E 12 Hour Trolley Waits	=0	337	247	393	465	554	635	1,102	921	1,134	610	600	423
Friends and Family Test: Response Rate - Inpatients	-	36.19	35.82	37.06	33.99	33.61	34.55	35.72	36.30	34.52	35.46	37.90	35.08
Friends and Family Test: Response Rate - A&E	-	19.04	19.58	19.24	18.28	18.45	19.02	18.45	18.33	17.40	20.33	17.83	18.80

eDAN: Completed	-	94.30	*	*	*	*	*	*	*	*	*	*	*
eDAN: Sent to GP within 24 hrs	>=90	93.26	*	*	*	*	*	*	*	*	*	*	*
Complaints: Total	-	73	66	62	71	71	69	79	76	61	74	74	77
Complaints: % Responded to within target time	-	19.18	33.33	30.65	19.72	18.31	17.39	15.19	27.63	36.07	28.38	16.22	23.38
Emergency Readmissions Within 30 Days	-	5.97	6.18	5.93	6.06	5.61	5.80	5.73	5.97	6.39	5.77	6.34	6.20
<b>Section C - NHSE Quality and Contract Requirements</b>													
Serious Incidents (SUIs)	-	0	0	0	0	0	0	0	0	0	0	0	0
HCAI: MSSA (Target = LTHT Trajectory 19/20)	<=84	3	8	6	4	11	6	6	7	12	10	7	14
Gynae Cytology 14 Day TATs	>=98	-	-	-	-	-	-	-	-	-	-	-	-
Harm Free Care	>=95	-	-	-	-	-	-	-	-	-	-	-	-
Readmissions to PICU Within 48 Hours	<1	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Critical Care Discharges - % Within 4hrs	-	19.30	22.65	21.36	17.90	16.29	15.87	16.09	19.05	14.59	17.09	18.60	16.98
Adult Critical Care Discharges - % Within 24hrs	-	69.62	70.17	67.36	63.07	63.43	67.30	58.68	63.10	65.05	64.96	65.12	55.44
<b>Section D - Local Quality and Contract Requirements</b>													
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)	-	36	34	36	32	30	25	20	14	13	10	12	13
<b>Section E - Internal Monitoring</b>													
Dementia Performance: Stage 1	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	99.83	100.00	100.00	100.00
Dementia Performance: Stage 2	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Dementia Performance: Stage 3	>=90	100.00	100.00	105.56	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Pressure Ulcers (Grade 3) (developed)	-	3	5	0	4	8	1	2	2	5	0	0	4
Pressure Ulcers (Grade 4) (developed)	-	2	2	0	0	0	0	0	1	1	0	0	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)	-	2,764	3,083	2,964	2,950	3,110	3,265	3,290	3,665	2,865	3,514	3,118	3,490
RTT Non-Admitted - Clock Stops (Known Waits)	-	12,107	14,258	13,590	12,987	13,780	13,539	14,523	16,148	12,433	15,674	14,031	15,526
RTT Admitted - New Pathways (Clock Starts)	-	1,928	2,400	2,249	2,188	2,360	2,517	2,312	2,721	2,175	2,793	2,497	2,953
RTT Non-Admitted- New Pathways (Clock Starts)	-	18,378	21,196	19,416	20,229	20,093	19,730	20,144	21,381	17,392	20,821	19,468	22,732

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