



**The Leeds  
Teaching Hospitals**  
NHS Trust

INSIGHT • INVOLVEMENT • IMPROVEMENT

# QUALITY ACCOUNT

## 2024-2025

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



### Chief Executive's Statement on Patient Safety



## 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 1.6 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 £1.9 billion of the NHS budget, treating illness, injuries and disease in Leeds and on specialised services for people across Yorkshire and the Humber and beyond. The Trust employs more than 22,000 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 2024/25 has been developed with our staff, stakeholders and partner organisations, including clinicians and senior managers, Patient Safety Partners, Patient Safety Specialists, Integrated Care Board (ICB) and Healthwatch Leeds. It has been approved by the Trust Board.

## 1.3 Chief Executive's Statement on Patient Safety and 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 2024/25. Although as a Trust and across our health care economy we continue to face challenges we have had much to be proud of in our achievements during the last 12 months.

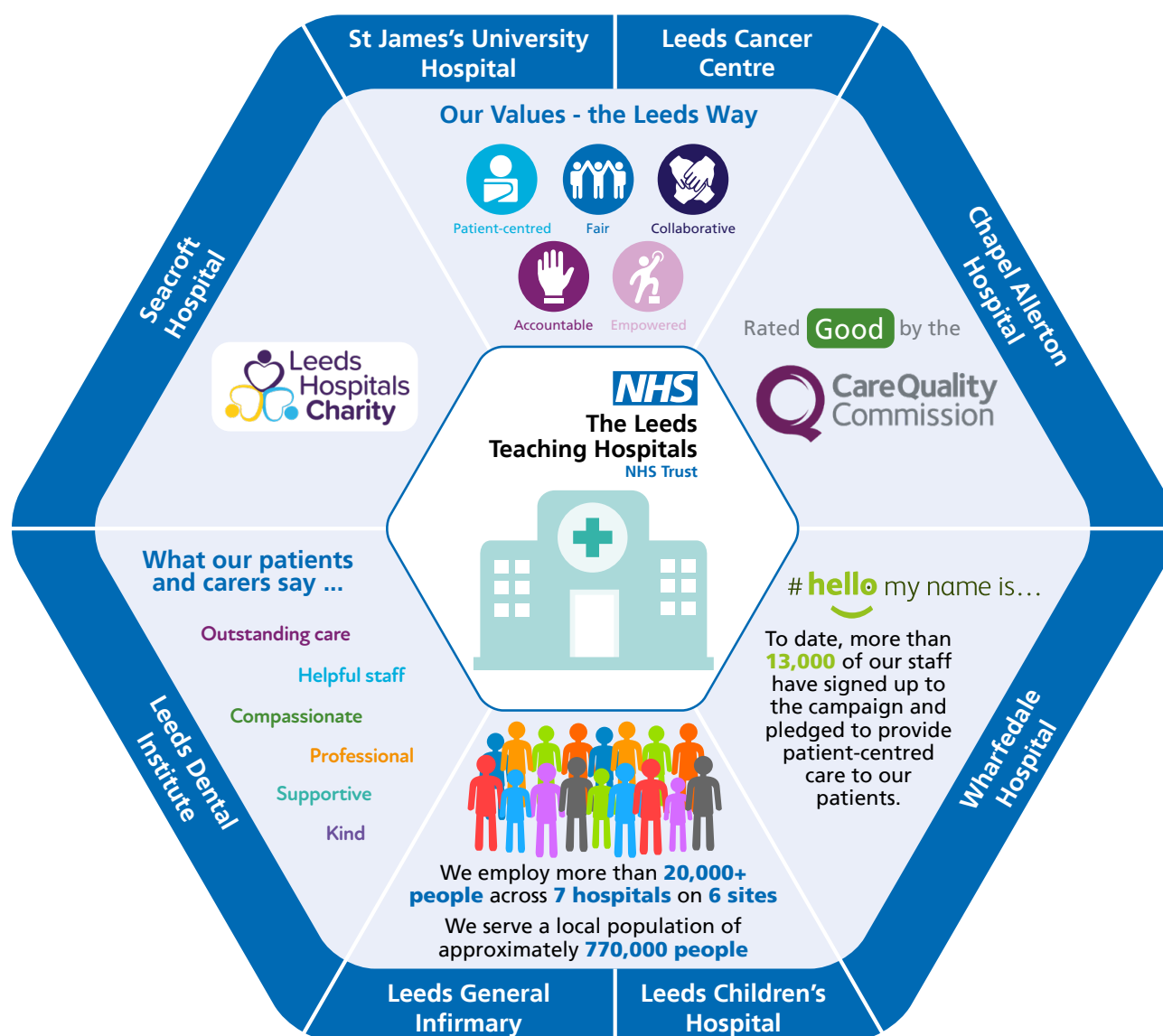
We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients. We will continue to embed the Leeds Way Values and Our People Priorities, creating a positive culture where staff feel engaged in the work that they do. We are extremely proud 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. 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.

Our quality improvement programme remains key to addressing patient safety challenges. The Leeds Improvement Method (LIM) has continued to provide a framework to address safety improvements and we have refreshed the Trust Strategy and its support strategy framework to ensure they are aligned.

We refreshed our annual commitments for 2024/25 with our senior leaders and Board, focusing on improving the quality of care 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 2025/26.

I hope you enjoy reading this summary of our achievements in 2024/25 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 and 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

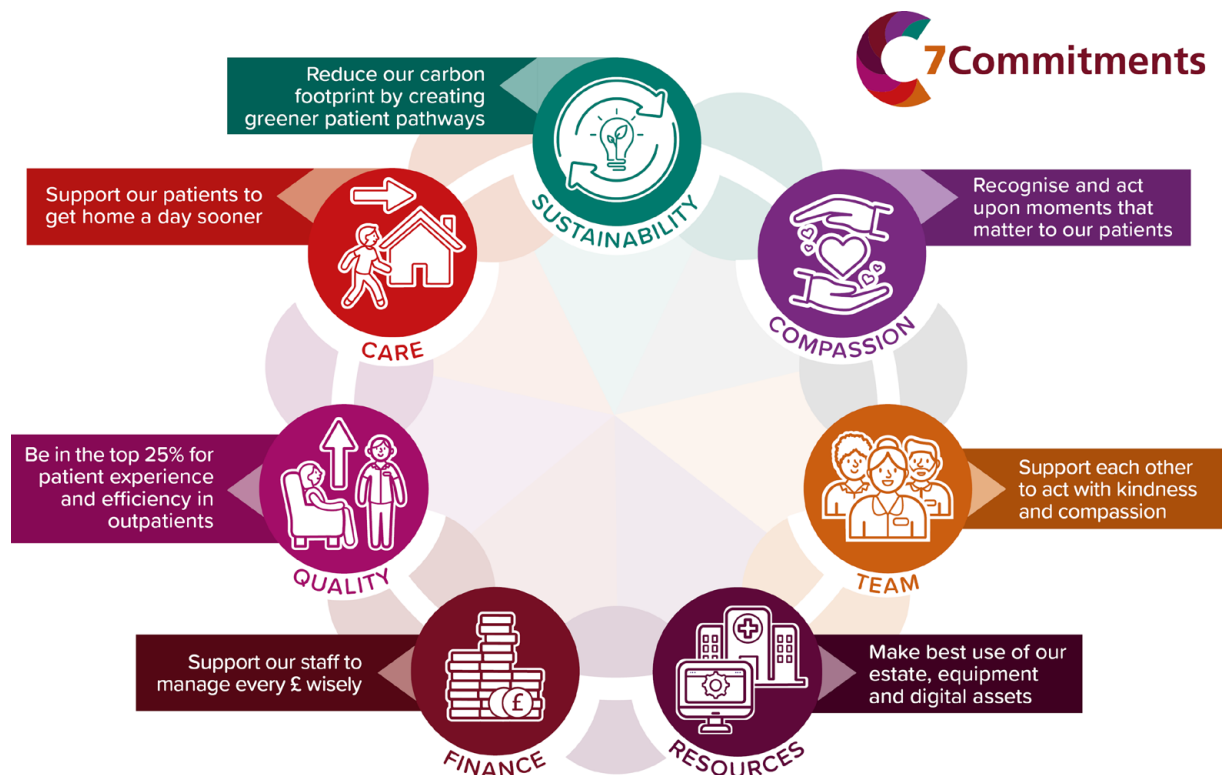
We empower our patients and colleagues to have a voice and make decisions, and are considerate of their choices.

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 2025/26





## Part 2: Improving Patient Safety and Quality at the Trust

### Improving Patient Safety and Quality at the Trust



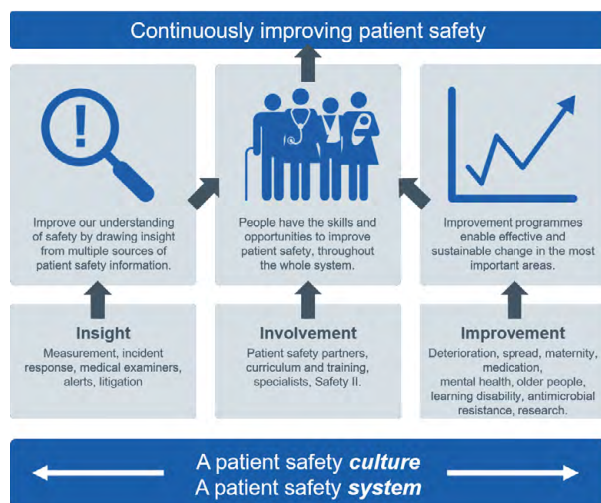


## 2.1 Patient Safety and Quality Strategy 2024-2027

In April 2024 we launched our first Patient Safety and Quality Strategy which built on the principles of the previous Clinical Quality Strategy published in 2021.



The Trust's Patient Safety and Quality Strategy 2024-27 sets out what we will do in response to the NHS Patient Safety Strategy and its supporting programme of insight, involvement and improvement.



Our strategy describes how we will continuously improve patient safety and sets out our key workstreams under each program and key deliverables for the next three years. We have therefore aligned the Quality Account for 2024-25 to this strategy.

Our strategy sets out how we will develop our patient safety culture, learn from incidents and change the way we investigate through implementing the Patient Safety Incident Response Framework (PSIRF).

Patient safety is about maximising the things that go right and minimising the things that go wrong for people experiencing healthcare. It is integral to the NHS's definition of quality in healthcare, alongside effectiveness and patient experience.

This strategy is part of a wider suite of strategies that work together to support the Trust to meet its overarching vision. At the centre of this is the Trust's corporate strategy, supported by three core strategies and ten enabling strategies. This strategy framework enables us to ensure our strategies align and are updated appropriately to reflect and support the overall Trust strategy.





## 2.2 Progress against our Quality Goals 2024/25

As set out in our Quality Account for 2024/25 our improvement areas were shaped around the priorities of patient safety, patient experience and clinical effectiveness.

### 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 our patient safety and quality improvement.

In 2024/25 we continued to support patient safety and improvement programmes to improve outcomes further and spread learning Trust wide. Key areas of focus are described in the Trust Patient Safety Incident Response Plan for 2024-2026 and within the Quality improvement Collaboratives (section 3.3.2).

### Patient Experience

In 2024/25 we will continued to improve the experience of our patients and their families and carers. Alongside continuing to support the workstreams and improvements realised in 2023/24 we continued to build on the 'How Does It Feel For Me' programme and explored how to embed the 3C's of communication, co-ordination and compassion into the work of the Trust and use these as a measure of good patient experience.

### Clinical Effectiveness

In 2024/25 we continued to explore ways in which we could enhance quality and efficiency to improve outcomes and experience of our patients using the Established Leeds Improvement Methodology.

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. In 2024/25 there has been a full review of the Trust Mandatory Audit Programme to ensure that all mandated audits follow a cycle of Quality Improvement and add value.

One of the Trust's 7 Commitments in 2024/25 has been to strengthen participation in research and innovation across the Trust, which has supported the delivery of a complex and diverse research portfolio, recruiting 21,946 participants into 1,413 active studies. Research training has been provided to a wider and more diverse staff group, and staff are encouraged to use the Leeds Improvement Method to set up new high quality projects.



## 2.3 Our Priority Improvement Areas for 2025/26

Following the implementation of the Trust's Patient Safety and Quality Strategy 2024-27 our quality goals are set around our strategy and the NHS Patient Safety Strategy and its supporting programme of insight, involvement and improvement.



### Insight

In 2025/26 we will continue to improve our understanding of safety across the Trust and wider healthcare systems by drawing intelligence from multiple sources of patient safety information. These will include:

- identifying, reporting, and investigating patient safety incidents and ensuring that learning is shared across the organisation
- continuing to support the embedding of the Patient Safety Incident Response Framework and to improve patient safety education and training for those involved in reviewing patient safety incidents.
- continuing to support our people to speak up through creating environments where staff feel psychologically safe; promoting different methods of speaking up and through the pulse and staff surveys.



### Involvement

In 2025/26 we will equip our patients, staff and partners with the skills and opportunities to improve patient safety and learn from experience. These will include:

- Supporting colleagues to have access to information and support which enables them to confidently undertake involvement and engagement activities to inform improvement programmes.
- We will test our new remunerated Partner role and expand our work to support Partners to align with CSUs.
- We will publish the Trust policy for unpaid carers and use this as an opportunity to engage staff to consider carers within the assessment of patient care and planning process.
- We will act upon the findings from National Patient Surveys and seek to drive improvements where these are needed.
- In line with one of the Trust annual commitments, we will focus on supporting outpatient areas to engage with FFT feedback to support their individual improvement programmes.
- We will work with Healthwatch Leeds and our Trust partners to review our complaint and PALS processes.
- We will develop a Trust PALS action plan.



### Improvement

We will continue to design and support programmes that deliver effective and sustainable change through our quality improvement, audit and research. We will

- continue to test, implement and evaluate Martha's Rule.
- measure our improvements through the use of national indicators and standards to benchmark our Trust practice and patient outcomes with peers.
- embed improvements identified through our Care Quality Commission (CQC) regulatory inspection of Maternity and Neonatal Services.
- implement a Ward Accreditation scheme throughout the Trust.



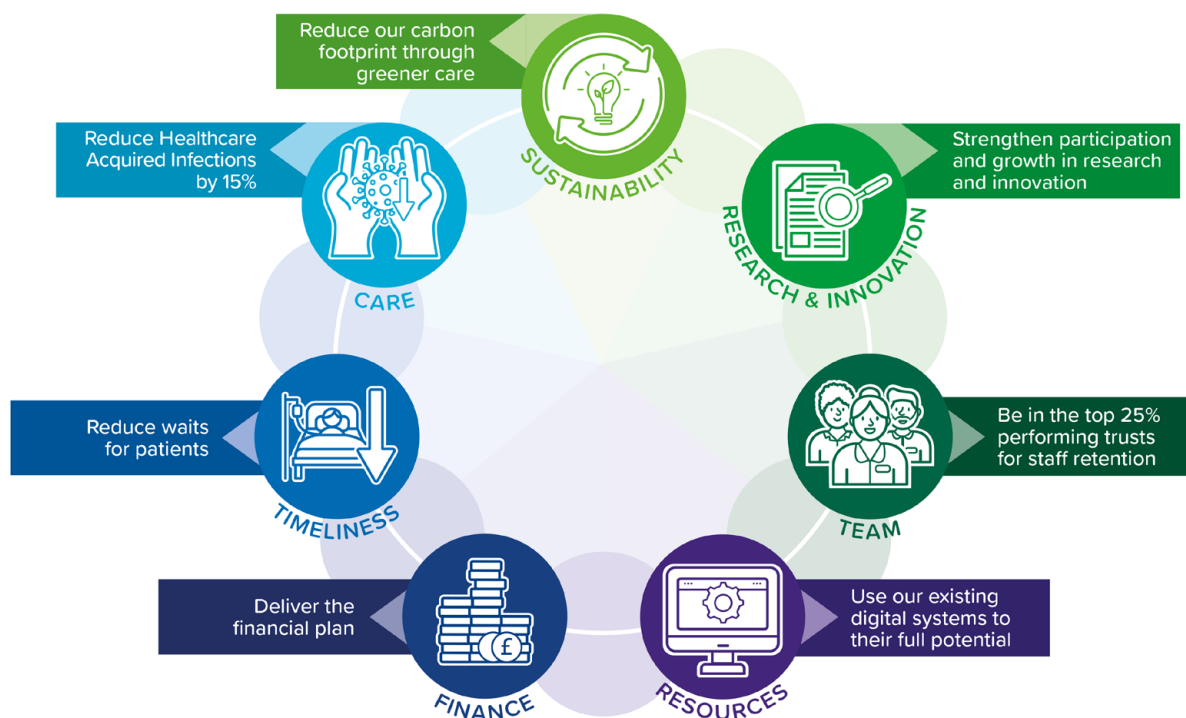
## 2.4 Our 7 commitments



Alongside the rest of the NHS, there are big challenges facing all of our services with many competing priorities – our annual 7 Commitments gives our teams clarity over which are the most important priorities to focus on for the year.

The 7 Commitments refresh every year, and align with our multi-year goals – by delivering these we will be able to realise our strategic priorities and ultimately our Trust's vision to provide the highest quality specialist and integrated care.

### Our 7 Commitments for 2024-25



Our 7 annual commitments are available on our [website](#)



## Part 3: Review of our Patient Safety and Quality programme





### 3.1 Insight

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Our patient safety 'insight' work aims to improve understanding of safety across the Trust and the wider healthcare system by drawing intelligence from multiple sources of patient safety information.



**Patient Safety  
and Quality -  
Insight**





We will continue to understand patient safety by enhancing current systems and implementing new systems and processes to draw upon multiple sources of patient safety information.

### 3.1.1 PSIRP & Patient Safety Incidents

#### Background

We are committed to identifying, reporting, and investigating patient safety incidents and ensuring that learning is shared across the organisation. With the changes created by the implementation of the Patient Safety Incident Review Framework (PSIRF), we continue to promote a just and restorative culture with a focus on learning and improvement. There is continuing work to better support our patients, families, and our staff who are involved in a patient safety incident.

We introduced our Patient Safety Incident Response Plan (PSIRP) for 2024-26 in April 2024. This plan took the findings of the first plan (2022-2024) and a review of multiple data sources to develop new local priorities, the planned response and improvement route.

#### Incident data 2024/25

Indicator	Trust Performance 2024/25
Total patient safety incidents reported	32754
Patient safety incident investigations undertaken against LTHT PSIRP	12
Referrals to Maternity and Neonatal Safety Investigation (MNSI)	12
Other formal patient safety incident reviews	2065
Patient safety incidents resulting in severe harm including psychological harm	136

#### Key Achievements in 2024/25

- Launch of the 2024/26 Patient Safety Incident Response Plan, incorporating learning gained over the previous two years and review of multiple data sources.
- Transition to the national Learning from Patient Safety Events system (LfPSE), allowing upload of incident information to a national portal automatically and capturing new data sets, including Psychological harm and good care.

#### Aims for 2025/26

- Development of a patient safety event review education plan to support all staff engaging within reviews of safety events and liaison with patients and their families.
- Improved access to Datix training materials, through the Risk Management intranet site, including video guides.
- Complete a review of the first 12 months of the PSIRP 2024-26 to ensure the effectiveness of the priorities and planned responses.
- Review of the "Service to Service" pathway for sharing incidents with other providers utilising Leeds Improvement Methodology.

#### 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.

We have reported six Never Events during 2024/25.

Incidents were reported under the following categories:

- Wrong implant used in procedure (x4).
- Wrong site procedure.
- Overdose of Insulin due to incorrect device.

All never events are reviewed, and Patient Safety Incident Investigations are carried out in line with our Patient Safety Incident Response Plan. Learning is shared across the Trust and regionally through our work with the West Yorkshire Association of Acute Trusts.



### 3.1.2 Patient Safety Specialists

#### Background

Patient Safety Specialists were introduced by NHS England as part of the NHS Patient Safety Strategy. The Trust has supported existing staff members who met the role requirements published by NHS England in August 2020 to develop their roles as registered Patient Safety Specialists.

The Trust Patient Safety Specialists are engaged and interacting with national networks, local system networks and working with key partners to understand how their role impacts on patient safety.

#### Key Achievements in 2024/25

- Introduction of NHS England National Patient Safety Level 1 training into the mandatory training programme at LTHT.
- Supported the development of LTHT's Patient Safety Incident Response Plan 2024-2026.
- Eight Patient Safety Specialists completed NHS England National Patient Safety levels 3 & 4 training delivered by Loughborough University.
- Delivered National Patient Safety Training Level 1 for Trust Boards in June 2024.
- Improving safety culture by delivering civility training to teams across the organisation.
- Delivering the first "Patient Safety In Conversation With"..... Podcast which focused on psychological safety.
- Contributing to the work to implement Martha's Rule.
- Launch and facilitation of LTHT's Patient Safety Learning Hub in July 2024. Enabling honest discussions about Trust wide patient safety issues. This is aided by a non-hierarchical structure which builds a culture of openness and equity.
- Running of the Patient Safety Ambassador Network within LTHT to hear the voices of staff, what worries them, sharing learning and experiences.
- Contribute to West Yorkshires Association of Acute Trusts (WYAAT) Patient Safety Learning Group.



#### Aims for 2025/26

- Continue to support the embedding of the Patient Safety Incident Response Framework.
- Improve patient safety education and training for those involved in reviewing patient safety events.
- Deliver updated Patient Safety Training to Trust Board and Senior Leaders across the organisation.
- Continuing to deliver civility training to teams.
- Deliver two further podcasts "Patient Safety In Conversation With"..... focused on patient safety culture.
- Continue to embed the Patient Safety Learning Hub with increased staff group representation.
- Grow the Patient Safety Ambassador Network
- Continue to engage with national and local networks including NHS Futures Platform.

### 3.1.3 Psychological Safety

The NHS Patient Safety Strategy 2019 recognises the significance of psychological safety in improving the safety and quality of patient care. Developing a psychologically safe, just culture means we can all hear and learn more, and act to improve patient care. Our people's voices act as an early warning system so we must enable each individual to feel able to speak up about anything they feel or know isn't working. This should be as an essential part of being assured that safety is being proactively and effectively managed.

Our priorities to support this are defined in our Patient Safety and Quality Strategy as:

- We will ensure staff involved in patient safety events are supported.
- We will ensure staff are aware of how to raise concerns through Freedom to Speak Up.

In February 2025, as part of the Patient Safety Road Map, we focused on Psychological Safety and created spaces for staff to ask questions about psychological safety, to understand what it means to feel psychologically safe and the impact it has on patient care. We will continue to build on this work in 2025/26.

### 3.1.3.1 Freedom to speak Up

#### Background

The Long-Term Workforce Plan sets out the ambition to create a culture where people feel safe and confident to raise concerns when something goes wrong. Creating a culture where people feel they will be listened to links to one of our 7 commitments to be in the top 25% performing Trusts for staff retention.

The number of cases raised with the Freedom to Speak Up Guardian has continued to rise during 2024, averaging fifty-one cases per quarter, whilst the number of cases raised anonymously remains low at 1.5% of all cases, indicating that staff feel able to raise concerns openly with the Guardian.

During 2024 we have continued to expand the number of champions across the organisation and undertaken joint sessions with other champions and ambassadors to promote cohesion and joint working.

#### Key Achievements in 2024/25

- Introduction of a governance group to provide assurance around case management and organisational learning.
- Expanded our Freedom to Speak Up Policy to support those people who report negative impact following speaking up.
- Improve data collection from Champions to capture a monthly return of contacts.
- Promoted Listen Up Training to all in managerial roles.



#### Aims for 2025/26

- Develop a process to gather Managers feedback on the speaking up process and the lessons learned at local level.
- Provide CSUs with quarterly data regarding number of cases and themes.
- Implement a Freedom to Speak Up app for easier access and reporting of concerns to staff.

### 3.1.4.2 Guardians of Safe Working

#### Background

The Guardians of Safe Working Hours (GoSWH) ensure that doctors and dentist in training continue to work in safe and supportive environment, with adequate opportunity for rest and making best use of the educational opportunities. Resident doctors can raise exception reports which are all reviewed by Guardians. Guardians engage with resident doctors, trainers, deployment, and managers to find workable solutions. Quarterly Resident Doctor forums are held, feeding into Education committee meetings and report annually to the Trust Board.

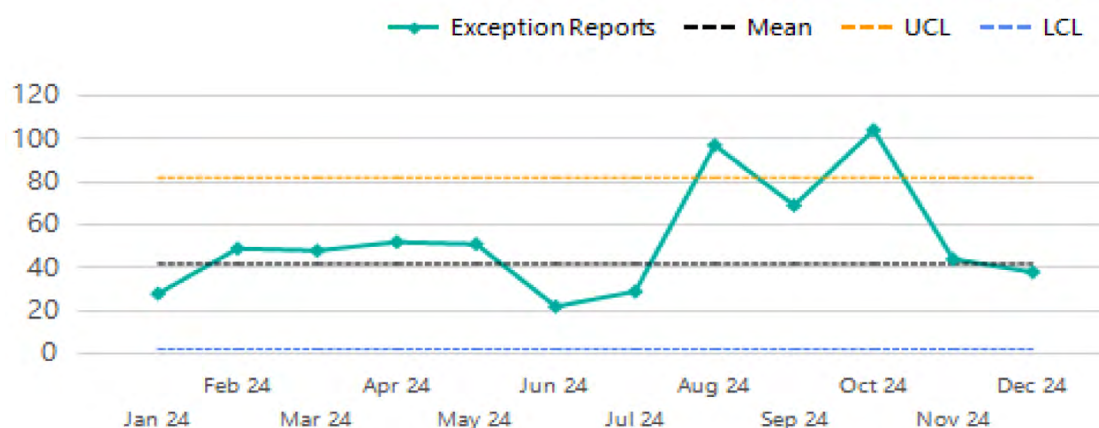
#### Key Achievements in 2024/25

- Addressed 623 exception reports last year, an increase from previous years which demonstrates increased awareness about exception reporting and willingness to work towards improving their working life. The average open time for these reports was 13 days.
- The quarterly Resident Doctor Forums are well established with input from HR, BMA representative and invited speakers.
- Worked with Clinical Service Units (CSU) to resolve concerns raised regarding how to best deal with rota gaps and escalation policies for short notice gaps.
- Engaged with Resident doctors during induction and ad hoc meetings throughout the year.
- Improved knowledge and visibility of the Guardians through information screensavers, attending the Resident Doctors annual award event last year and joining teaching sessions.
- Invited speaker on Annual GoSW national conference in October 2024, hosted by the NHS Employers.

#### Aims for 2025/26

- Continue to encourage exception reporting and break down any barriers such as logistics of reporting. We have advocated exception reporting as a tool to achieve positive change.
- Working on consolidating the process of identifying breaches, levying penalties, and spending the funds raised in consultation with Resident Doctor Forum. This will give us an opportunity to improve their working environment such as rest areas etc.
- Facilitate a session aimed at educational leads and supervisors to explain the exception reporting process, share the data and positive outcomes we have achieved.

#### Statistical Process Control – Exception Reports



### 3.1.4.3 National Quarterly Pulse Survey

#### Background

The National Quarterly Pulse Survey was launched for the first time in January 2022, inviting all staff 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, research-based 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 can make suggestions to improve the work of my team/department.
- I can 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.

This survey provides the Trust and Clinical/Corporate Service Units with regular checkpoints throughout the year to monitor and assess staff engagement levels. By offering ongoing insights, it helps teams identify trends, address concerns, and implement improvements, ensuring a more engaged and supported workforce.

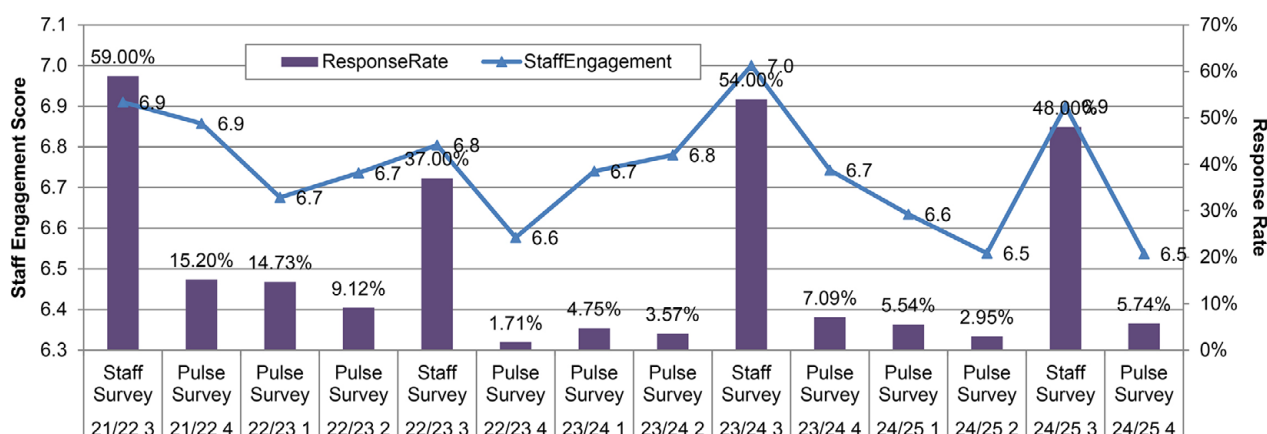
#### Key Achievements in 2024/25

Following a downward trend engagement level since the COVID-19 pandemic, the quarterly Pulse Survey has shown some improvement in response rates over the few past years. Given the strong research-backed connection between high staff engagement, retention, and the performance of Trusts, this positive shift is particularly important.

#### Aims for 2025/26

- To continue stabilising the staff engagement across the 2025/26 quarters.
- The quarterly Pulse Survey results will remain a key metric within the Improvement Quality and Performance Review (IQPR). These results align with LTHT People Priorities and the HR&OD Assurance Framework, triangulated with other key metrics to identify focus areas for improvement and drive meaningful change.
- Quarterly results will be reviewed at Trust, Clinical/Corporate Service Unit (CSU), and team levels to conduct trend analysis, identify areas for improvement, and gain a deeper understanding of staff engagement across the organ Organisation.
- The Pulse Survey, and the questions asked within it, will be aligned to the Trust's strategy, with a focus on driving improvement across seven In-Year Commitments. The pulse survey will therefore be a key indicator of success and inform activity at all levels across the Trust across the next year.
- Accessibility to review the data will be improved to increase and improve usage and inform the ongoing work within CSUs.

LTHT Staff Engagement Score and Response Rate - quarterly





### 3.1.4.4 Staff Survey

#### Background

The annual NHS Staff Survey was available for all staff to complete in October and November 2024, with national results published in March 2025. The survey was completed by 48% of the workforce, 10,129 people.

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 presented as:

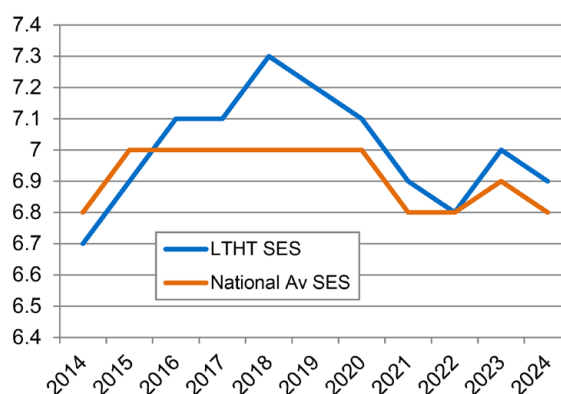
- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff Engagement
- Morale

#### Findings

The Trust achieved a response rate of 48% and the Survey was completed by 10,129 people. We can therefore be confident that the results received from the Survey for 2024 are representative of the LTHT workforce, and therefore able to effectively inform improvement. The NHS Staff Survey has played a key part in informing and shaping improvements towards the Trust's 2024/25 In-Year Commitment to Improve Retention.

In 2024 the staff engagement score was 6.9 and while LTHT has observed a slight deterioration in its score from 7.0 in 2023, it's important to note that we remain above the national average. This trend mirrors what other trusts are experiencing, as the average national engagement score has also seen a decline at the same rate. This maintains LTHT's position above the national average for Acute and Acute & Community Trusts.

#### LTHT Staff Engagement Score compared to National Average (Acute and Acute & Community Trusts)



#### Aims for 2025/26

The Trust aims to improve this position, whilst maintaining their above average position. To support the achievement of this, the now established Governance, Assurance and Communication strategy is ensuring the effective use and communication of the results across the Trust, within Clinical/Corporate Service Units and their Teams. This will involve key stakeholders such as senior leaders and CSU Engagement Leads, and line managers, supported by new 'Post Survey' support resources.

The results will measure and inform the Trust's 2025/26 refreshed in-year commitments. The staff survey results are reviewed by the Staff Engagement Group with the involvement of key stakeholders. Trust priorities are identified which align with the Trusts in-year commitments and will be embedded into local workforce plans.

Results continue to be triangulated with other key people and quality metrics, with local leaders, throughout the year, to ensure clarity to ensure implemented strategies continue to be shaped as contexts change.



## 3.2 Involvement

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We will equip patients, staff and partners with the skills and opportunities to improve patient safety.



**Patient Safety  
and Quality -  
Involvement**



### 3.2.1 Patient Experience Priorities

We have continued this year to build the support provided to Trust frontline teams so they are able to deliver an improved experience for patients. To do this, alongside listening to patients we have listened to staff colleagues and undertaken surveys to understand where there are opportunities for improvement.

#### Key Achievements in 2024/25

##### **We will develop a new complaints action plan to further improve the experience of complainants.**

A new Trust complaints action plan was developed and presented at the Patient Experience and Engagement Group (PEEG) in December 2024.

Actions that have since been progressed and were in the plan included holding two Kaizen events with a focus on improving the quality of complaint responses. Both events have generated learning, which will be shared with colleagues across Trust CSUs at a learning event scheduled for 24 April 2025.

Following the publication of the Healthwatch England report in January 2025 - [A pain to complain: Why it's time to fix the NHS complaints process](#), the Trust have also requested Healthwatch Leeds to support them with a review of their complaints process.

##### **We will continue to progress improvements in complying with the accessible information standard (AIS)**

Activities we have progressed this year have included reviewing how work relating to the Accessible Information Standard is supported in the Trust to enable improvements in compliance to be achieved. The Chief Nurse has been appointed Senior Responsible Officer for this work and will chair a new forum, which is in the process of being developed. The forum will be responsible for maintaining oversight of delivery of the AIS.

##### **We will continue to implement the requirements of the Involving Patients in Patient Safety Framework**

It has been a successful year for the Trust Partner programme, with the development of a new three-year strategy which includes an ambition for more Partners to support Trust CSUs directly in the work that they do.

A model for remuneration of Partners has been explored and there was successful appointment to a remunerated role in January 2025, alongside identification of funding to support this work. Work will now take place to test the new role, which is an exciting new venture for the Trust.

Two additional Partners were recruited, one specifically to support Trust work relating to Martha's Rule. Inductions for all new Partners took place in February 2025.

##### **We will continue to deliver the carers action plan, supporting Trust staff to recognise and respond to young carers and their support needs and the needs of carers in Emergency and Outpatient departments.**

Carer Awareness Learning Bursts for staff have been co-delivered between Carers Leeds, Family Action and the Trust during 2024/25. Family Action in Leeds are an organisations that work with children, young people, parents, carers and the wider family network to ensure the family is able to realise its full potential and as part of its role support young carers who are providing unpaid care to parents or siblings.

The use of the Trust Carers passport has been explored for Emergency and Outpatient departments to enable carers to receive the same assistance they would receive in Trust inpatient settings. In both settings, following feedback, it is being considered for the assistance it provides for carers accompanying patients to hospital to receive free parking. Work continues to improve carers access to this important support in those areas.

**We will continue to build relationships with the third sector to support our volunteering provision, care delivery and access to community voices.**

Throughout 2024/25 the Voluntary Services team have continued to support CSU's and third-party organisations to establish new Memorandums of Understanding in order to increase volunteer activity in the organisation and provide assurance that volunteers are recruited, trained and supported to Trust recruitment standards. Third party organisations support the Trust in a number of areas, including cardiology, children's and trauma services.

The Trust has also entered into an agreement with the Leeds Hospitals Charity (LHC) to work collaboratively to increase the number of volunteers on Trust sites. This has resulted in a new working group which meets monthly and scopes out new volunteer roles that can be supported by the charity. One of the successful schemes currently being supported by LHC is a volunteer refreshments trolley in Children's services.

The Trust patient, carer and public involvement team have continued to contribute to work in support of the development of a city-wide insight library. This resource provides a repository of insight reports which staff are able to explore prior to embarking on planned involvement and engagement activities.

**We will build on the findings of the 'How Does It Feel For Me' (HDIFFM) programme and explore how to embed the 3C's of communication, co-ordination and compassion into the work of the Trust and use these as a measure of good patient experience.**

The Trust continues to be an active partner of the city-wide 'How Does It Feel For Me' group which seeks to identify ways to ensure patient experience is considered alongside clinical outcomes and improving efficiency in the transformation work undertaken by health and social care organisations.

In 2024/25 we continued our journey to improve our capture of data relating to the 3Cs and to share this with clinical colleagues to inform their CSU patient experience improvement plans, as part of the patient experience assurance programme in the Trust.

We surveyed patients directly to ask how well we communicated, and whether our care was co-ordinated or compassionate and shared this information with services.

We used the 3Cs as categories to assess applications for grant funding for schemes that sought to improve patient experience and are beginning to explore how Trust transformation programmes can include a commitment to ask patients about their experience of the 3Cs and to respond to the findings.

**Aims for 2025/26**

- We will support colleagues to have access to information and support which enables them to confidently undertake involvement and engagement activities to inform improvement programmes.
- We will test our new remunerated Partner role and expand our work to support Partners to align with CSUs.
- We will publish the Trust policy for unpaid carers and use this as an opportunity to engage staff to consider carers within the assessment of patient care and planning process.
- We will act upon the findings from National Patient Surveys and seek to drive improvements where these are needed.
- In line with one of the Trust annual commitments, we will focus on supporting outpatient areas to engage with FFT feedback to support their individual improvement programmes.
- We will work with Healthwatch Leeds and our Trust partners to review our complaint and PALS processes.
- We will develop a Trust PALS action plan.



### 3.2.1.1 Patient Carer and Public Involvement

#### Background

The Patient Carer and Public Involvement (PCPI) team saw a successful first year of delivery of the PCPI strategy 2024-2027. This strategy was developed in collaboration with patients, carers and members of the public.

During 2024/25 the team on track to achieve the following aims:

**Aim 1:** It will be clear to patients and the public how their lived experience has influenced Trust strategies.

**Aim 2:** Staff will be equipped to deliver outstanding involvement activity.

**Aims 3:** People will help tackle health inequalities across our services.

#### Key Achievements in 2024/25

The team have further developed the use of Listening Events (interviewing patients whilst in our hospitals and receiving care) to support any significant changes occurring across the Trust. The PCPI team works with the Patient Reference Group to shape the questions used for Listening Event interviews and to help with analysis of the insight captured.

#### Walk in Centre (Shakespeare Centre)

This service is delivered by an external organisation commissioned by Leeds Teaching Hospitals Trust. The service was due to go through a re-procurement exercise with the addition of two service enhancements including the option for patients to both book appointments and access additional care and treatment options. The service is situated in and serves some of the most deprived areas of Leeds with its population experiencing a range of health inequalities. The team conducted both a digital survey and conducted a Listening Event on the Shakespeare Centre site. The team interviewed 50 patients who welcomed the proposed enhancements to the service, describing how these improvements would make accessing an appointment a less challenging process. This work was a major element of the subsequent procurement process.

#### Same day emergency care (SDEC)

Same day emergency care (SDEC) is one of the many initiatives introduced to ensure that we provide the right care, in the right place, at the right time for our patients.

It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate. The Trust were keen

to understand the experience of patients accessing its SDEC service against national standards. 30 patients were interviewed during their wait, largely reporting a positive experience with some improvements to be made concerning communication.

#### Staff training and development.

The team has delivered a new programme of training and development. 152 members of staff have attended learning bursts covering topics such as the creation of Patient Stories (films) Inclusive engagement and analysing qualitative data.

The team have also held 35 head-to-head sessions enabling staff to explore new and challenging topics. Issues addressed include the use of Fair Processing, the use of Experience Based Co-Design and better involvement of patients in Trust decision making.

#### Improving health outcomes for those experiencing health inequalities

The team continues to use a range of approaches to involve those experiencing health inequalities in service improvement projects. This included a project called Safeguarding Voices delivered in partnership with the Childrens' Safeguarding team. The PCPI team conducted telephone interviews with young people aged 16/17 who had been treated in the A&E department where additional concerns had been raised regarding their safety. This cohort included some of the most vulnerable children in society who typically report a poorer experience accessing hospital services. The young people we spoke to were keen to describe a positive experience of the safeguarding process and the staff they encountered. The interviews also generated some excellent ideas for improvement focussing on how to create an environment where young people felt safe to ask for help in an often busy and challenging environment.

It is important patients and the public know how to raise concerns when these arise, and the Trust PALS and complaint services are accessible to everyone. The PALS and complaints teams invite people using the service to give feedback on their experience and use this to improve processes. For example, the PALS voicemail message has recently been changed, following feedback that there was too much information on it and it was too quick, not giving people sufficient time to understand what was being said and to note down details. There is however more that can be done to consider whether the service is easy for everyone to use. With this in mind, Healthwatch Leeds have been approached to review the Trust complaints and PALS processes and to provide feedback on accessibility.

The Trust also hosts a complaints review panel, which is made up of members of the public that are able to provide feedback and contribute to improvements in the services.

### Objectives

- Feedback from complaints and PALS surveys will be incorporated into complaint and PALS team action plans
- The Trust will work with Healthwatch Leeds and the Trust complaints panel to review complaints and PALS processes and improve accessibility

### Working with Partner Organisations

The PCPI team has developed partnerships with two external organisations this year to strengthen its engagement activity. LTHT has entered into a partnership arrangement with Healthwatch Leeds to enable Healthwatch volunteers to contribute to Listening Events as 'interviewers'. Patients may feel more comfortable talking about their experiences to individuals who are not staff members. In addition, the PCPI team has been working with Leeds Hospitals Charity. The charity funds projects which benefit patients, including those experiencing health inequalities. The PCPI team will now review two projects funded by the charity from the perspective of beneficiaries to help understand the impact of this work.

### Aims for 2025/26

- Improve the use of existing insight provided by patients and members of the public to influence Trust decision making.
- Continue to utilise the Listening Event approach strengthening the connection to the work of the Patient Reference Group.
- Build on the staff training and development programme to ensure high quality involvement activity across the Trust.
- Utilise recently developed partnerships with organisations to enhance our engagement activity and improve health outcomes for those experiencing health inequalities.



### 3.2.1.2 Partner Programme

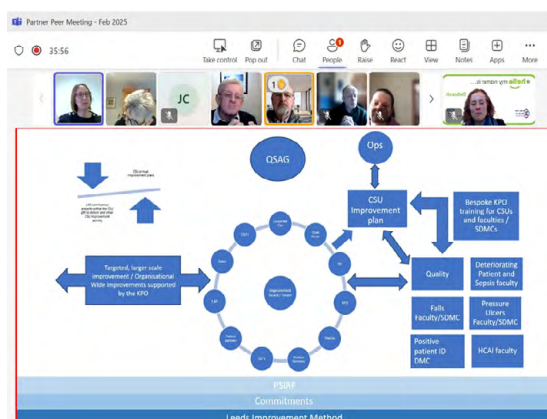
#### Background

Founded in 2019, the Partner Programme recruits members of the public and embeds them into work that aims to improve experience, quality and safety of Trust services.

The programme successfully supports the organisation to meet the requirements of NHSE/ National Patient Safety Strategy, Involving Patients in Patient Safety Framework, part B.

#### Key Achievements in 2024/25

- We have refreshed our partner strategy and developed an associated action plan to achieve delivery of the aspirations identified. The strategy contains three pillars of partnering:
  1. To sustain our successes in embedding partners (members of the public) in Trust improvement programmes.
  2. To support partners to become embedded within CSU teams supporting local priorities which may include topics such as Health Inequalities, and local Experience, Quality and Safety risks.
  3. To develop partners and staff to enable successful partnering.
- We have successfully embedded a second partner into a Clinical Service Unit. The partners working alongside CSU teams are members of the CSUs' monthly Quality Assurance Group meetings, and support work on patient experience, quality and safety.



- Partners continue to be involved in Trust Quality Improvement Collaboratives which are priorities for the organisation and NHS overall and include the following topics: reducing falls and earlier identification and management of sepsis.



- Partners continue to support the work of the Kaizen Promotion Office and are directly involved in the Leeds Improvement Method work going on in the Trust. Partners have attended training, alongside staff, to learn the tools and techniques of improvement.
- Leeds Teaching Hospitals are a pilot site for the implementation of Martha's Rule and a partner has been aligned to this group.
- A Partner is embedded in the Patient Safety Hub, which is where the Trust review and learn from safety incidents. There are four Partners on the Trust Complaints review panel, one of whom chairs the meeting.
- We continue to make good progress towards testing a senior partner role which attracts an honorarium in line with NHSE guidance.
- Partners are requested to support a range of other activities and in 2024/25 this has included:
  - Supporting the updated Cancer Strategy including talking to patients whilst in the Trust receiving treatment.
  - Involvement in the creation of an app to support patients whilst waiting for elective surgery.
  - Advising on the medicines safety strategy.
  - Attendance at the Trust Waste Reduction Conference.
  - Participation in an extended Rapid Improvement Week looking at making every day in hospital count for our patients.
  - Taking part in a new programme of Clinical Quality Leadership walk arounds.

#### Aims for 2025/26

- We will continue to prioritise integrating partners into CSUs within the organisation. We are aiming to align a partner to each CSU over time, learning what works well and where partners can be of most benefit.
- We will set ourselves objectives in relation to our involvement and improvement aims and ambitions.
- We will continue to implement the senior partner role and learn from this test, whilst fulfilling the requirements for Patient Safety Partners as described in NHS Patient Safety Strategy.
- We will expand the partner programme to respond to demand for their involvement.



### 3.2.1.3 Carers

#### Background

The Carers Working Group continues to meet regularly to review and improve the way the Trust supports unpaid carers in our hospitals. The working group has developed an action plan to support ongoing improvement.

LTHT supports John's Campaign and has a 'Carers Passport' scheme which carries associated benefits for carers.



#### Key Achievements in 2024/25

Working with the Trust's Named Professional for Children's safeguarding and with the support of Family Action, Leeds, LTHT have worked hard this year to provide awareness training about Young Carers, as well as more focused training in areas most likely to encounter young people with caring responsibilities. As a result of this work LTHT have undergone assessment and been awarded the status of being 'Young Carer Friendly' by Family Action.



Leeds Teaching Hospital is proud to be 'Young Carer Friendly' accredited.

The Lead Nurse for Patient Experience has worked with colleagues in Trust Emergency Departments and Outpatients areas to see how unpaid carers can be supported in those areas. As a result of those discussions and by working with our car parking team we are now able to offer reductions in parking charges for unpaid carers attending those areas, bringing the support available in line with that provided for carers supporting inpatients.

A small team have been promoting John's Campaign across the Trust and attending Perfect Ward meetings to disseminate information to staff. John's Campaign aims to support Carers to stay with their loved one in hospital if they would like, recognises that Carers know a patient best and supports patients to receive person-centred care.

The Carers Working group continue to review feedback from carers at every meeting, both positive and negative to identify where improvements need to be made. This feedback includes PALS, Complaints, FFT feedback, feedback received via the 'John's Campaign e-mail address and verbal feedback received via the Carers Leeds Hospital Carers Support Workers hosted by the Trust.

This is an example of positive feedback received about the Trust 'Carers Conversation Sheet':

**'...he was sitting down with someone today to change the conversation record to make it clearer. He said it made a huge difference and staff had been very accommodating, he said he is now offered hot drinks as he is here roughly 14hrs a day. He said that this is first time he has felt valued and "not in the way"....'**

#### Aims for 2024/25

- To explore how Young Carers can be better supported and how the Carers Passport can be adapted to meet their needs.
- To utilise 'FFT Fabulousness' certificates to highlight good carer experiences.
- To develop and launch an LTHT Unpaid Carers Policy to raise awareness among staff and drive further improvements.
- To utilise the proposed Ward Accreditation programme which is planned for the coming year to promote the importance of supporting unpaid carers and the value they bring.



### 3.2.1.4 National Patient Surveys

#### Background

The Trust received three CQC nationally mandated survey reports during 2024/25. These were the Adult Inpatient Survey 2023, published in August 2024, the Urgent and Emergency Care Survey 2024, published in October 2024 and the Maternity Survey 2024, which was published in December 2024.

#### Key Achievements in 2024/25

##### Adult Inpatient Survey 2023

The Inpatient Survey 2023 involved 131 NHS Trusts in England. Patients were eligible for the survey if they were aged 16 years or older and had spent at least one night in hospital at LTHT during November 2023. Fieldwork for the survey took place between January and April 2024. 494 LTHT patients responded to the survey giving a response rate of 41.3%. This was close to the national average response rate for the survey which was 41.7%. The survey was published on the CQC website on 21 August 2024.

##### Benchmark results

For the previous three years LTHT has consistently scored 'about the same' when benchmarked against other Trusts nationally. For the 2023 Inpatient survey when benchmarked against the 130 other English Trusts taking part in the survey, the Trust was 'Somewhat better than expected' for four questions. The Trust was not 'much worse', 'worse' or 'somewhat worse than expected' for any of the 48 scoring questions and scored about the same as other Trusts for 44 questions.

Questions on which LTHT scored 'Somewhat better than expected'	LTHT Score	National Trust average
Did you have confidence and trust in the doctors treating you?	93%	90%
Did you feel able to talk to members of hospital staff about your worries and fears?	82%	76%
To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	92%	89%
Overall did you feel you were treated with kindness and compassion while you were in the hospital?	94%	90%

LTHT were rated as somewhat better than other Trusts for the section of questions relating to 'Kindness and Compassion'. When compared with other Trusts regionally LTHT had joint highest scores for this section.

##### Historical comparison

When compared with the Trust's performance in the previous Inpatient survey (2022) LTHT's performance was statistically, significantly better for 4 questions and was no different for 34 questions (some questions were new, and so direct comparison couldn't be made). The Trust's performance was not statistically significantly worse for any of the questions.

Questions showing statistically significant improvement	2023 Score	2022 Score
How long do feel you had to wait to get a bed on a ward after you arrived at the hospital?	69%	62%
Did you feel able to talk to members of hospital staff about your worries and fears?	82%	76%
Were you able to get a member of staff to help you when you needed attention?	84%	79%
Overall, did you feel you were treated with respect and dignity while you were in hospital?	93%	90%

### **Urgent and Emergency Care Survey 2024**

332 patients responded to this survey, which was sent to 1250 patients who had attended the Emergency Departments during February 2024. This gave a response rate of 28% which was higher than last year's response rate of 21% and close to the national average of 29%. Compared with 119 NHS acute trusts in England with Emergency Departments, the Trust's results were about the same as other trusts for all 30 questions, not being statistically significantly better or worse for any question. For this year's survey historical comparison was not possible due to the change of time of year for sampling (Winter instead of early Autumn). Despite no statistically significant results the CQC provides a slide summarising the Trust's 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:

#### **Where patient experience is best**

**Information:** Patients given information about new medications to be taken at home.

**Communication about tests:** Staff explaining test results in a way patients understand.

**Waiting:** Staff providing help with patients' conditions or symptoms while waiting.

**Information:** Patients given information about caring for their condition at home.

**Communication** about tests: Staff explaining the reasons for tests in a way patients can understand.

#### **Where patient experience could improve**

**Privacy:** Patients being given enough privacy when discussing their condition with the receptionist.

**Care and treatment:** Staff helping patients take medication for pre-existing medical conditions.

**Arrival:** Patients told why they had to wait with the ambulance crew.

**Privacy:** Patients being given enough privacy when being examined or treated.

**Hospital environment:** Patients able to get food or drinks whilst in A&E.

### **Maternity Survey 2024**

The maternity survey involved 121 NHS trusts in England and women over the age of 16 were surveyed who had a live birth in February 2024. The response rate for this survey was 36%. This was somewhat lower than the national average response rate of 41%. The results were published on the CQC website in November 2024.

**Compared with the 119 other Maternity Units in England, LHT performed 'somewhat better than expected' for two questions. These were:**

- Thinking about your stay in hospital, if your partner or someone close to you was involved in your care, were they able to stay with you as much as they wanted?
- Were you offered a choice about where to have your baby?

**Compared with the 119 other Maternity Units in England, LHT performed 'somewhat worse than expected' for two questions. These were:**

- Were you given enough support for your mental health during your pregnancy?
- Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?

LHT scored 'about the same as other Trusts for 53 questions.

### **Responding to survey findings**

In order to provide assurance that appropriate actions are been taken in response to the National Inpatient Survey, questions where LHT have performed less well are included in the Patient Experience Assurance programme (PEAP). As part of this bed-holding CSUs caring for adult patients are expected to describe the actions they have taken to respond to the Adult Inpatient survey findings at the Patient Experience and Engagement Group. In addition, Urgent Care CSU and Womens' CSU's provide 6-monthly reports to the Patient Experience and Engagement Group to describe actions taken in response to the findings of the Urgent and Emergency Care Survey, and Maternity surveys respectively.

### **Aim for 2025 /26**

We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust's Patient Experience and Engagement Group.

### 3.2.1.5 Friends and Family Test

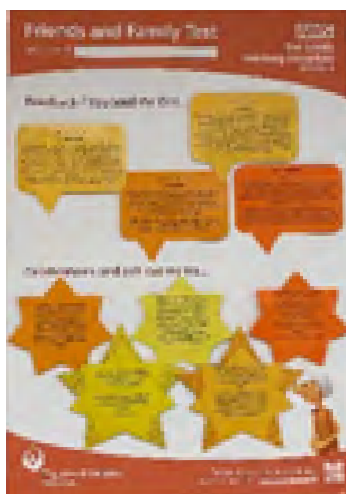
#### Background

The Friends and Family Test (FFT) is a short, anonymous survey that helps service providers understand how patients feel about the care they have received. There are various ways that patients can complete FFT and include SMS (text message), IVM (interactive voice mail), postcards or digital methods (QR code or a ward iPad). In 2024, over 133,000 patients shared their experiences which helped us improve our services and the quality of care we provide.

#### Key Achievements in 2023/24

##### ***“You Said” We Did (YSWD)***

Wards and areas are encouraged to review and act on their patient feedback regularly and demonstrate to their patients any improvement work. This is done by creating a “You Said We Did” poster (YSWD).



Here are a couple of examples from a Vascular Ward (L15) at the LGI in 2024.

##### ***“You Said”***

An individual in a wheelchair must accept that not all buildings are wheelchair friendly, but we are talking about a vascular ward that has major amputations with numerous wheelchair users. Very disappointing to discover that in ALL the bathrooms on the ward, not ONE had a mirror at sink/chair level for me to have a shave. To be fair I was offered a vanity mirror however I wanted to maintain my dignity and independence and use the bathroom facilities for personal care which included having a shave.

##### ***We did***

We have accessible washrooms and appropriate signs to indicate their location. Our accessible washroom facilities include sufficient space for turning and transferring, grab bars and emergency call bells. Sinks, soap and paper towel dispensers are all at wheelchair accessible height. We have now addressed the issue experienced by our patient.

##### ***“You said”***

I was already feeling vulnerable and scared facing major surgery and quickly ushered into a side room without warning, I had limited knowledge as to why I was being isolated other than having an infection. I felt confused, anxious and guilty, ‘was it contagious, had I given this to my family’ the bed move happened late in the evening, regardless, it would have been courteous to have things explained to me rather than searching on ‘Dr Google’ to find out ‘WHAT, WHERE and WHY’.

##### ***We did***

Our Infection Prevention Board will improve patient safety, patient/staff communication and patient satisfaction. Creating our new board effectively can make the patient feel more receptive to any medical advice making their hospital stay just that much easier.

### 3Cs - Communication, Compassion and Co-Ordination

The Trust understands from a city-wide programme, listening to people's feedback that the 3Cs help patients and families feel satisfied with their care in our services. This is what matters most to them. In July, the team reviewed the existing themes within FFT, to ensure that they aligned with the 3Cs which are communicated out across the Trust. Data can now be measured and triangulated with other services within Patient Experience – PALS and Complaints.



### FFT Feedback from Non-English Speakers Update

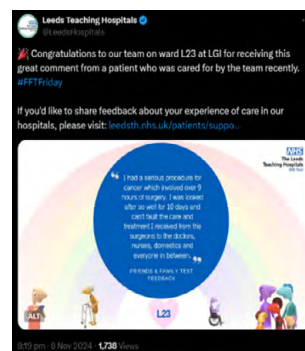
The team continue to explore how to capture feedback in the patient's native language and are currently working with the Outpatients CSU. It is proposed that the team undertake a trial in an area where care is provided to men as well as women, and where there is likely to be increased engagement. Feedback received from a previous trial in Maternity services indicated that the posters were not clear due to the amount of languages used (5 in total) on the one poster and as a result the team have revised the plan, suggesting a further trial using only language, making the instructions to provide responses clearer.

Polish is one of the most frequently requested languages within LTHT and the team have identified colleagues who speak fluent Polish who could help to review the posters to ensure that the information was clear and easy to follow. As originally intended, once the feedback is received, this would be translated by the FFT team using the LLS translation system. Feedback would be identifiable as having come via this route by a prefix written into the feedback.



### Promoting FFT

The team continue to work with the Trust Communications team to promote patient feedback via various social media platforms on a weekly basis. The team are continually exploring new and innovative ways in which to promote FFT to all patients.



The Estates & Facilities CSU have been approached by the team and are exploring the possibility of adding the FFT logo / QR code / weblink to the new tray menu mats. This will enable patients to leave feedback digitally if they have their own electronic device by scanning the QR code whilst at mealtime.

### Additional Survey's

The FFT team are able to apply additional, bespoke questions to the standard FFT survey. During 2024 the team ran multiple additional surveys Trust wide to gain specific bespoke feedback, one of the survey's was to support the 'Hello my name is (HMNI) campaign – a campaign for more compassionate care, which ran throughout August 2024. We asked patients the following question: **"Whilst you were in our care, did staff introduce themselves?"**

Below are the responses we received:

FFT type	Yes	No	Some-times	Don't know	Total responses
Inpatients	3717	34	259	23	4033
Day Case	843	2	14	10	869
Outpatients	1707	62	25	43	1837
ED	2493	78	209	62	2842
Maternity	88	5	5	1	99
Trust-wide	8848	181	512	139	9680

The survey will run again in 2025, the data will be reviewed and compared to 2024 to establish whether the campaign has been successful and that more staff are introducing themselves to patients.

### Aims for 2024/25

- To continue to develop the opportunity for patients to leave feedback in their own language.
- To develop an annual FFT celebration event for CSUs and Champions to share achievements.
- To develop and test the mechanism for capturing FFT feedback from non-clinical teams e.g. (administration & booking teams).



### 3.2.1.6 Complaints

#### Background

The complaints service assures the public that any concerns or complaints raised about their experiences of care are taken seriously and will be managed in a way that reflects the Leeds Way Values.

Anyone can raise a concern a complaint about care. In 2024/25 the top 5 themes identified through the complaints data collection were: Communication, Treatment, Staff Interaction, Patient Flow & Access and Patient Care & Nutrition.

#### Key Achievements in 2024/25

##### Complaints Improvement programme (CIP)

- A programme to improve timeliness of complaints was commenced in November 2024 and learning from this will be shared Trust wide in April 2025. There has been significant improvement in both the median response lead time (chart below) and the percentage of complaint responses (letters only) sent to complainants within the initially agreed timescale.
- CSUs have been gradually removed from their single service complaints having an external quality assurance (QA) review. Since changes have been made to the QA external review of single CSU complaints, 63% of responses without a QA review have met timeliness targets, compared to 28% with a QA review.
- Since implementation of the CIP improvements in the quality of responses has been evident. Defect Rate data showed improvement in Q3 2024-25 (3%). Since the QA process change, responses without a QA review have not seen an increased defect rate.

The Independent Complaints Review Panel includes members of the public and provides assurance on the effectiveness of Trust complaint handling. This panel has been further developed and the terms of reference updated. It will provide an important monitoring function and an opportunity for on-going learning.

#### Complaints Training Programme

The Complaints Training programme facilitated by an external provider continues for staff, offering modules on Mediation Skills and Response writing.

#### Complaints Coaching Programme

The complaints coaching programme provided by the Complaints team aims to raise awareness and understanding of the complaints process, how to investigate a complaint and response writing. There has been increased delivery of these sessions and continued evidence that the quality of complaint responses has improved as a result of this work.

#### Assurance of complaint themes, learning and improving practice

Improvements in the recording of learning from complaints and actions CSU take in response to complaints, was supported by including the number of complaint actions recorded by CSUs in the patient experience data pack. This pack is provided to all CSUs as part of the Patient Experience Assurance Programme (PEAP) to support improvements in their service.

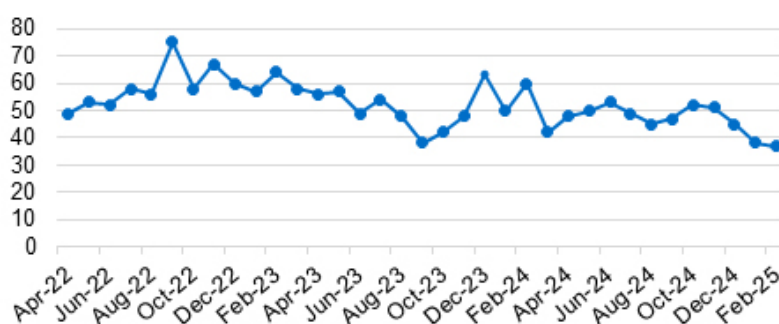
In Q1 and Q2 2024/25 there were 329 first stage complaint responses sent and CSUs recorded 96 complaint actions linked to these complaints.

#### Aims for 2024/25

- Embed the Independent Complaints Review Panel Meetings into the complaints assurance process and report this into the Patient Experience Engagement Group.
- Continue to support education, training and learning opportunities associated with complaints management.
- Continue to provide the Complaints Training and Coaching Programme to LTHT staff.

#### Complaints - response lead time

Where CSU is lead. All target types, not including reopens. Letter and telephone responses only



### 3.2.1.7 Patient Advisory Liaison Services (PALS)

During 2024/25 the Trust recorded 7,388 PALS contacts. The table below shows the different categories for all contacts with the Trust PALS Team.

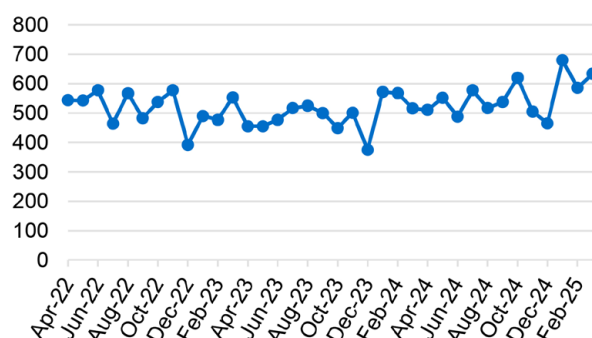
**PALS activity in 2024/25**

PALS Activity Type	2023/2024	2024/2025	Total
Advice/enquiry (resolved by CSU)	832	828	1660
Out of time complaint	2	2	4
Information for outside organisation (Complaints team only)	15	19	34
Feedback only for CSU - no response required	20	23	43
Compliment	599	583	1182
Signposting	32	43	75
PALS concern	4585	5583	10168
For records only	26	45	71
Advice/enquiry (resolved by PALS team)	493	262	755
<b>Total</b>	<b>6604</b>	<b>7388</b>	<b>13992</b>

5,845 concerns and enquiries 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; 262 concerns were resolved on the day. Two 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.

1,253 concerns or enquiries were categorised as 'red risk' which requires clinical services to contact patients on the same day. These include concerns relating to current inpatient care or other urgent or important matters. (9% of concerns required input from more than one CSU which remains the same as the previous year).

**PALS contacts received by month**



PALS activity as a whole increased in the last financial year. The tables below outline the subjects arising (multiple can be recorded per case) and the top 10 sub-subjects of PALS concerns for 2024/25.

**Change in PALS Subjects 2023/24 and 2024/25**

Subject	2023/2024	2024/2025	Total
Communication	3139	4570	7709
Administration, access, admission, transfer and discharge	1917	2609	4526
Staff interaction	1339	1596	2935
Treatment	868	1425	2293
Medication	410	568	978
Patient care and nutrition	371	420	791
Staffing Resources	194	260	454
Personal property	222	189	411
Health Records / Documentation	106	203	309
Facilities, buildings, hazardous substances and systems	94	202	296
Consent, Confidentiality, Information Governance	84	105	189
Emergency Department	68	115	183
Infection	67	88	155
Equipment	54	90	144
Safeguarding	55	57	112
Observation/monitoring	35	64	99
Slips, trips, falls and moving and handling	25	57	82
Unacceptable behaviour, disruption, self harm, missing patient, aggression	26	40	66
Obstetrics	25	37	62
Pressure Ulcer	14	22	36

### Top 10 PALS Sub-subjects

Sub-Subjects	24/25	Change from 23/24
Waiting list time (outpatient)	1180	358
Communication - difficulty contacting department	676	289
Undesirable staff behaviour	661	66
Communication with patient regarding future treatment plan/ care	558	245
Communication - delay in giving information/results	462	94
Communication with patient - telephone call/text	456	227
Lack of compassion	413	104
Delay/failure in treatment/ procedure	404	137
Communication with patient regarding diagnosis/condition	354	91
Not listening	345	48

There were 692 subjects recorded relating to the theme of administration, access, admission, transfer, or discharge (692 more than the previous year; 36% increase). This theme includes concerns relating to both inpatient and outpatient waiting list times. Waiting list time for outpatient concerns (1,180) remains most frequently raised sub-theme (+358 increase from 23/24).

Treatment and Communication concerns also increased overall. This was following a decrease reported last year.

Staff interaction concerns were raised 1,596 times, an increase of 257 (19%) from the previous year.

All other subjects saw increases from the previous year, with the exception of Personal Property, which was raised 33 less times (-15%).

There were 6,836 recorded resolutions of PALS contacts received in 2024/25. 80% of enquirers were contacted within the two working day target (also 80%). Callers are always asked what their preferred method of contact would be. 68% were resolved via telephone call; 14% by email; 5% by discussion on the ward; 2% via a meeting or discussion in clinic; 2% by letter; 3% were escalated to a formal complaint or sent a complaint form; 1% were passed to Risk Management; and 1% were closed when unable to contact the complainant.

### Key Achievements in 2024/25

Following a request from CSUs, the PALS team has developed a new training package which focuses on resolving concerns before they become a PALS. The package is suitable for all grades of staff and all professional groups and can be customised for individual CSUs with up-to-date data on PALS numbers and themes. It has been very well received and the team has received requests for the copies of the presentation to be shared for local training by CSU staff. Early local resolution of concerns benefits our patients by providing a timelier response to concerns as they occur.

The target for resolution within 14 working days of 80% has been met consistently during 2024/25, with 91% of concerns being resolved within this timeframe. Following discussion at the Patient Experience and Engagement group a new target of 80% of PALS being resolved within 10 working days will be set for 2025/26. This will lead to an improved experience for our patients who raise concerns.

Following two workshops and a full day Kaizen event with the support of the KPO team, the PALS service are working with the complaints and spinal surgery teams in to try to reduce the number of PALS received relating to waiting times and related enquiries. This will include the use of a script to provide reassurance that patients are indeed on the waiting list for surgery and to provide information on likely wait times and what the CSU is doing to reduce these. In addition, the PALS team will provide advice on what are the best times of day to contact the service by telephone and provide a generic email address for enquiries to help reduce the very high telephone traffic they currently experience. This approach will be extended to other surgical specialties who currently have long wait times for appointments and surgical procedures.

### Review of Quality Programme aims for 2024/25

During 2024/25 there were 222 PALS concerns converting to formal complaint, which has increased from 183 in 2023/24. Latest available benchmarking data from Model Hospital for the financial year 2023/24 shows LTH has 3.1% of PALS contacts converted to a formal complaint compared to peer acute trusts (1.6%) and nationally (1.5%) All potential escalations continue to be reviewed by the PALS Manager and appropriate action taken to achieve resolution for the complainant within the PALS process. This has the benefit for our patients in them having their concerns addressed in a timelier manner. However, should the complainant's preference be to escalate their concerns to a complaint, this would always be supported and respected.

As of May 2024, CSU open complaints are shared with CSUs every two weeks in the open PALS report. Data regarding performance on cases open over 14 working days is shared within the CSU Patient Experience Assurance Programme (PEAP) data pack for CSUs. CSUs attend the Patient Experience and Engagement group to describe what actions they are taking to reduce the number of PALS open past the target time. The number of PALS remaining open for more than 14 days has demonstrated an improving trend throughout 2024/25.

In 2024, PALS received 93 responses to an electronic service satisfaction survey. When asked if they would recommend using the PALS service to family or friends, 69 of 81 (85%) respondents said they would (up from 55% the previous year, 2023). It is clear from the feedback received that there are some areas where improvements could be made to the complaints and PALS services to improve the user experience. The primary reason given for not recommending the service included a lack of response or ineffective resolution to concerns or dissatisfaction with the outcome. The PALS action plan for the coming year will include interventions to respond to PALS user feedback.

#### The plan for 2025/26 includes:

- Driving improvement by reducing time to resolution targets from 14 to 10 days.
- Extending the use of scripts and the provision of other information for waiting list enquiries to other surgical specialties.
- Working with CSUs to reduce the number of PALS that remain open for extended periods as a number of these have been resolved but this has not been communicated to the PALS service.





### 3.2.1.8 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.

#### Key Achievements in 2024/25

Following on from last year's aim's we are pleased to report positive progress and the following updates.

- A 12-17 year old psychosocial pilot assessment is underway in paediatric Emergency Department. The e-assessment on our digital record is completed by Clinicians with the child/ young person.
- A joint digital safeguarding alert has been developed and is now currently live on very high-risk patients with safeguarding concerns.
- This year include the Trust gaining Young Carers Accreditation.
- A new safeguarding maternity dataset set has been formulated to capture and understand the landscape of maternity safeguarding. This will help maternity services to identify levels of safeguarding activity and acuity.
- In collaboration with the Health inequalities team the Safeguarding team continue to progress the Was Not Brought processes to reduce inequalities and safeguard vulnerable patients who are not brought to appointments. The workstreams include a review of the hospitals letters that are sent and the development of digital solutions to flag patients as dependent patients.
- NHS England launched the sexual safety charter to organisations across the country to address inappropriate behaviour at work in terms of sexual misconduct and violence. Following signing the charter and in collaboration with Human Resources and Communications colleagues, the Safeguarding team contributed to development of resources including a toolkit for staff in the event of an incident or disclosure, and videos depicting real-life experiences to promote the agenda.
- During November and December 2024 the safeguarding teams led on the Love Grace - the handbag appeal, which was set up by Grace's family and friends as a legacy in Grace Millane's name, to help women that have been affected by domestic violence.



#### Aims for 2025/26

- To enhance capturing the voice of children the Safeguarding Team are holding a listening event to understand the experience of young people aged 16-17 who have attended LTHT Emergency Department.
- In the coming year we hope to launch the National Hope Box Project which offers support for women and babies who are separated at birth due to significant safeguarding concerns.
- In 2025/26 the Safeguarding Strategy will be reviewed and produced.
- The development of an adult medical protection pathway will commence in 2025/26.

### 3.2.1.9 Learning Disabilities and Autism

#### Background

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

#### Key Achievements in 2024/25

This year we were Highly Commended at the National Learning Disabilities Awards for our Acute Care Bag project and Runners up at the Patient Experience Network National Awards for our use of Virtual Reality in Adult services for procedural anxiety.



We have been asked to share our work in many national platforms, we have featured on the Local News and have been invited to take part in the parliamentary roundtable discussions about Do Not Attempt Cardio Pulmonary Resuscitations strategy/ policy.

We are also a pilot site for innovative work in Degenerative Artificial Intelligence for accessible information and we are working closely with the external Tech companies to progress this work.

#### Clinical Support

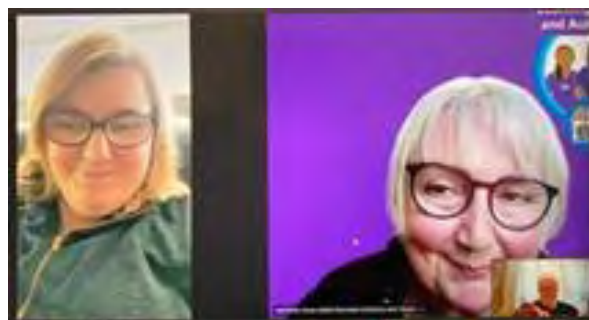
- We have prepared a new Diamond Pathway for all patients and services as a gold standard of care. This will be ready to launch next year.
- 1:1 bespoke patient support continues with our most complex patients to ensure they can access the healthcare they require with reasonable adjustments. The team has shifted to a focus on identifying the correct support, implementing plans, and then discharging patients once the correct support is in place. By working in a strategic way, we are able to offer increased support to the patients who require greater input.
- We now have circa 10,000 patient alerts for Learning Disability and/ or Autism on our electronic patient records.

#### Quality Improvement

- We have been involved in a task and finish group regarding patient letters. We now have all patients with a learning disability flag registered as preferring Easy Read information on our Patient Hub booking system. And all LTHT patients will now receive an Easy Read summary of their appointment letters.
- ReSPECT policy changed to include the need for written information to be offered to patients and those supporting them. 14 accessible leaflets were created to support this.
- 129 Easy Read leaflets are now live targeting key risk areas and Learning from Lives and Deaths - People with a Learning Disability and Autistic People identified themes such as constipation and aspiration pneumonia.

#### Training and Education

- Successful recruitment of two Band 5 co-trainers with lived experience of a Learning Disability and Autism.
- Agreed plan for roll out of Tier 1 Oliver McGowan Training to start in June 2025.
- First staff champion conference well received by delegates.
- Secured funding for 2nd Staff Champion Conference planned for June 2025.
- Ongoing, bespoke training sessions for LTHT Teams that are co designed and co facilitated by Co Trainers with lived experience, that are well evaluated.
- Involved in the Excellence in You Band 3 Enhanced Care Programme of training.



#### Aims for 2025/26

- Successfully defined Patient Partner Champion role in line with Patient Champion role across the Trust.
- Launch New Strategy and Policy outlining our main goals and how we will achieve these.
- Training Needs analysis and development of a Training and Education Plan incorporated into the Policy.

### 3.2.2 Regulation (CQC)

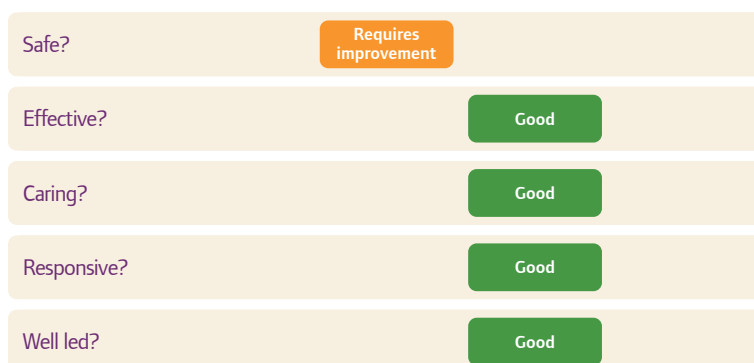


Last rated  
15 February 2019

## 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

You can read the full report on the [CQC website](http://www.cqc.org.uk/provider/RR8)

In 2024/25 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 2024/25.

During 2024/25 the CQC have conducted two inspections. One of Maternity Services in December 2024 and of Neonatal Services in January 2025. The Trust expect the final reports in 2025/26.

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 alignment of register managers to regulated services.







### 3.3 Improvement

We will design and support programmes that deliver effective and sustainable change in the most important areas.



## Patient Safety and Quality - Improvement



### 3.3.1 Summary of Leeds Improvement Method & Value Streams

#### Background

This year, we have continued to refine and embed the Leeds Improvement Method (LIM) as a key driver of quality improvement within our organisation. By aligning improvement activities with our organisational priorities and commitments, we have strengthened our commitment to delivering high-quality, safe, and efficient care.

Through the use of 'A3 thinking' and value stream methodology, our teams have delivered impactful, sustainable improvements. The Kaizen Promotion Office (KPO) team remains at the centre of this effort, providing specialist support, facilitating training, and scaling improvement capability across the organisation.

#### Key Achievements in 2024/25

##### Clinical Value Streams

Our commitment to continuous improvement is evident in the breadth of LIM-driven initiatives undertaken this year. Notable examples include:

- **Pharmacy & Medicines Management:** Building on our pilot success, the green recycling programme has been expanded, achieving an £350K saving and a reduction of 210kg CO<sub>2</sub>e.
- **Speciality and Integrated Medicine, Urgent Care & The Operations Centre:** The 'transfer team' initiative has reduced porter demand by 30%, streamlining patient transfers from ED and reducing waiting times for beds.
- **Theatres & Anaesthesia:** A major improvement programme in paediatric theatres has reduced late starts by 45%, improving efficiency and patient outcomes.
- **Neurosciences Complaint Handling:** A new rapid-response complaints system has reduced lead time from 24 days to 19 days, significantly improving patient experience.
- **Making Every Day Count (MEDC):** A Whole Organisation Focused Improvement Event (WOFIE) designed to apply the Leeds Improvement Method (LIM) to enhance ward efficiency and reduce patient Length of Stay (LoS). Key changes, including MDT rounds, action lists, accurate Estimated Discharge Dates, and nurse-led oxygen weaning, enhanced communication, reduced delays, and streamlined discharge, empowering staff to take ownership and improve patient flow.



- **Hepatobiliary day case surgery:** Reducing cancellations in day case procedures enhanced theatre efficiency by 17% and improved timely start time by 26%.
- **Empty Plates not Empty Stomachs:** A LIM approach to improve nutritional intake of food for patients on an older adults ward led to a 44% (55min) reduction in lead time for meals on J15. it also improved the number of patients using hand wipes before meals from 0% to 100%, although not the original intention, integrating hand wipes into the patient preparation process for mealtimes has had a significant impact on hygiene and the reduction of healthcare-associated infections (HCAIs).



##### Education and Training

A key pillar of our improvement strategy is developing organisational capability to drive change through Education and training.

- **LIM Foundation Training:** To date, 1158 staff have completed the programme, with attendance rates consistently above 90%, and 97% positive feedback. We have applied LIM principles to enhance LIM itself, using the Plan-Do-Study-Act (PDSA) cycle to streamline the full-day session into a half-day format. This refinement retains all key learning while improving efficiency, reducing the impact on service delivery.
- **Intermediate LIM (iLIM) Training:** Participation has grown significantly, with staff completing the course, of whom 110 are certified.
- **Advanced Process Improvement Training:** Six participants have completed the Virginia Mason Institute programme, with their skills now being embedded into Trust-wide improvement efforts.
- A new business manager programme integrating LIM concepts has launched, with successful participants required to complete an improvement project impacting and improving their own services.
- **Accessible training:** The team successfully piloted a training cohort tailored for delegates with neurodiversity, ensuring an inclusive learning environment that accommodated diverse requirements. Feedback was overwhelmingly positive, highlighting improved engagement, accessibility, and the effectiveness of adapted materials and delivery methods.

### Operational Developments

- **LIM CSU Facilitators:** A new role specification and development plan for these roles has been developed with the hope that this will upskill and utilise those in roles more effectively, resulting in further tangible impact out in their CSU's.
- Improvement work presented at the North East and Yorkshire NHS IMPACT event, the British Medical Journal International Quality Improvement Forum, and multiple national conferences.
- Strengthened our collaboration with NHSE, system partners, and regional Trusts, sharing best practices and scaling improvement initiatives beyond our organisation.

### Aims for 2025/26

As we look ahead, we remain committed to expanding the impact of LIM, with a focus on:

- **Scaling and Integrating Cross-CSU Value Streams for Greater Impact:** Work is already underway to scale up the meal service improvements across the Speciality and Integrated Medicine CSU, with plans to extend this further across the entire St James's site in 2025/26. The streamlined meal service is also paving the way for broader efficiencies, supporting the next steps in MEDC and the Diagnostic Transformation Programme. This integration will create more patient availability for diagnostic testing, ultimately improving patient care and flow.
- **Embedding Sustainability in Improvement** building on successes in medicines recycling and reducing single-use materials in theatres.
- **Enhancing Training Reach and Impact** among underrepresented staff groups, particularly within the medical workforce and senior leadership through the reboot of Advanced Lean Training and Increasing accessibility to on-demand learning resources.
- **Enhancing Impact Visibility Through Strengthened Measurement and Reporting.**

Through these strategic priorities, we aim to further embed a culture of continuous improvement, ensuring our staff have the tools, knowledge, and support to drive sustainable, meaningful change across the organisation.



### 3.3.2 Review of Quality Improvement Collaboratives

This year saw the Trust undertake a review of the Quality Improvement Collaboratives' purpose, stage in the improvement cycle and alignment to Trust commitments and priority areas aligned to the Patient Safety Incident Response Framework (PSIRF).

In April 2025 the Quality Improvement Steering Group will relaunch taking identified areas for improvement from Patient Safety Events, Patient Experience and clinical audit. It will continue to receive updates from the active Quality Improvement Collaboratives and will create a method of escalating identified areas for improvement from Clinical Service Units to the Group for consideration of the best improvement method.

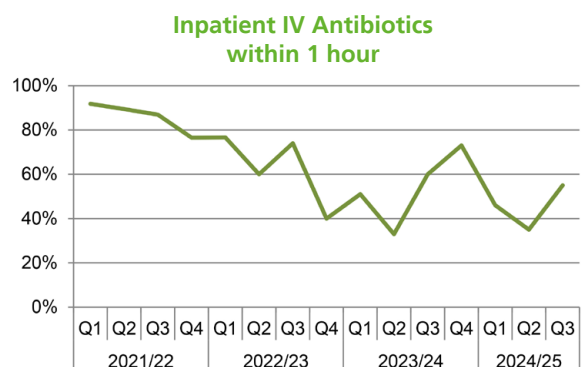
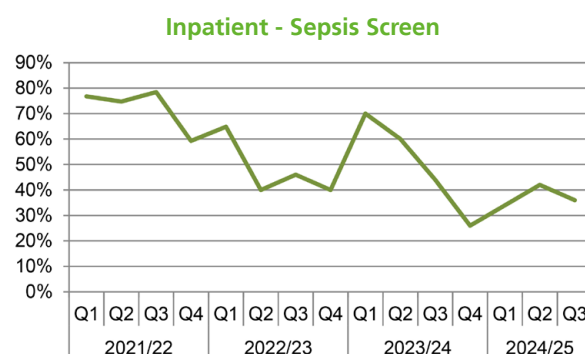
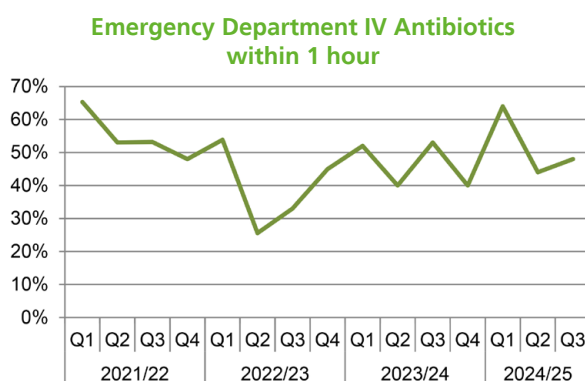
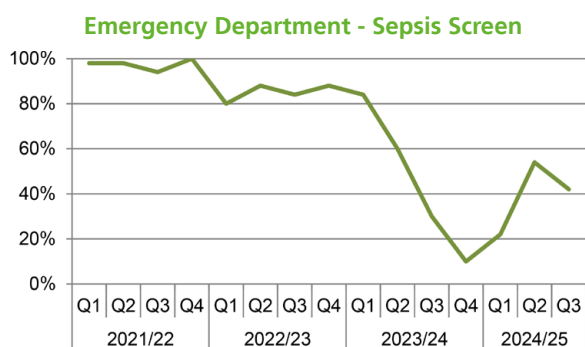
The next few pages describe the achievements of the Quality Improvement Collaboratives in 2024/25 and their aims for 2025/26.

### 3.3.2.1 Deteriorating Patient including sepsis and Martha's Law

#### Background:

Leeds Teaching Hospitals NHS Trust (LTHT) are committed to continually improving our multisystem approach to the prevention, recognition, and response to deterioration. Ongoing improvement programs are key to improving patient care and experience, with Sepsis remaining a major cause of morbidity and mortality around the world

Working in union with traditional ways of recognising physical deterioration, Martha's Law is a patient safety initiative currently being piloted at sites across England in response to the death of Martha Mills and other cases related to the management of deterioration. The Law looks to further engage patients, family, carers and advocates by increasing their active participation in their care.



#### Key Achievements in 2024/25

This year has continued to be a significant challenge as operational pressures have remained high.

This year we have:

- Worked with Pathology to ensure a consistent supply of blood culture bottles.
- Updated and published Sepsis Guidelines.
- Collaborated with the Digital Team to rationalise the deteriorating patient tool commensurate with the updated Sepsis guidelines.
- Fully embedded the deteriorating patient recognition course (ALERT), undertaken by registered professionals, by securing CPD funding.
- Continued to widen our multi-disciplinary education programme with very positive feedback and much improved sepsis awareness shown by qualitative audit.
- Appointed a new Senior Project Nurse with the remit of Sepsis and AKI improvement in adult patients.
- Launched the Martha's Law initiative within adult services at SJUH and the Children's Hospital at LGL.
- Used our existing digital systems to enhance the recognition and response to deterioration.
- Developed and launched Sepsis and Blood Culture eLearning.
- Continued to work with patient partners within improvement programme.

#### Aims for 2025/26

- Continue to raise awareness across LTHT working with our partners including the community.
- Begin the testing phase of the deteriorating patient tool.
- Improve compliance with Sepsis and AKI metrics.
- Work with Information and Insight to develop a deteriorating patient metric dashboard.
- Continue to test, implement and evaluate Martha's Law.



### 3.3.2.2 Reduction in the incidence of falls and harm sustained by patients following a fall

Patient falls remain one of the most significant safety concerns at the Trust, with a profound impact on patient outcomes and overall care quality.

We are currently at 14.5% above trajectory for falls and in comparison to the same time period last year, we have seen an 9% increase in falls per 1000 bed days.

Falls prevention continues to be a primary patient safety focus for the organisation, with the aim to reduce our rate of falls, and continue our improvement journey.

#### Key Achievements in 2024/25

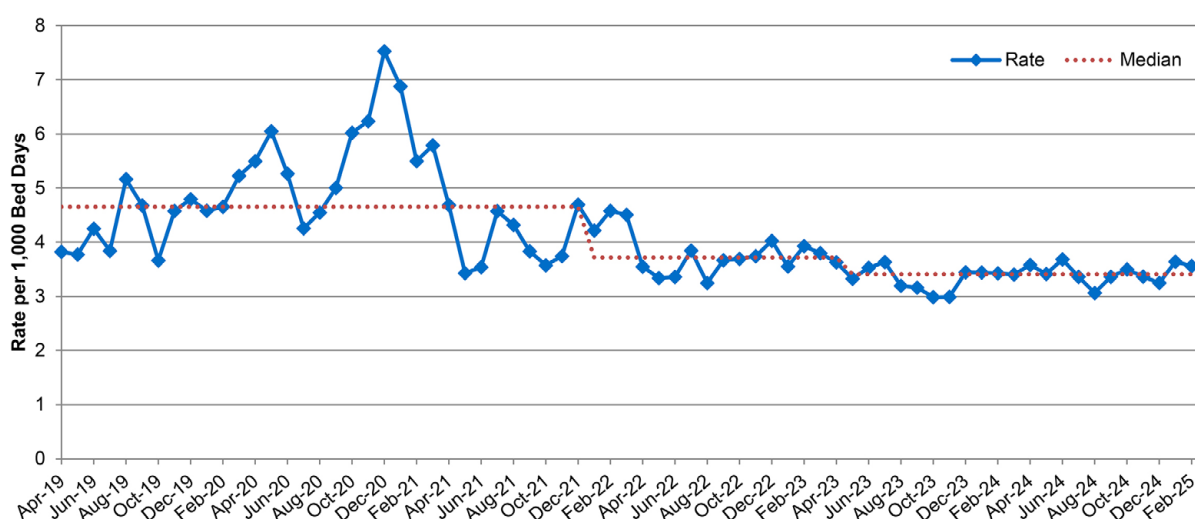
- We have reviewed and improved the process of investigating falls and sharing the learning through the Patient Safety Incident Response Framework. It is now embedded across the Trust, embracing the culture and focusing on improvement.
- The “Falls Rescue Kits” are now available across all our sites.
- The falls team have worked collaboratively with individual areas providing bespoke support and targeted education with excellent feedback from clinical areas.
- A drive towards quality improvement in falls reduction through the re-launch of the Falls Champion training program. This refreshed, interactive session is rooted in the Leeds Improvement Method (LIM) and encourages active participation and ideas generation.

- A Thematic Review was conducted that identified key learning and new recommendations to improve falls prevention throughout the Trust.
- The decaffeinated drinks trial initially conducted on two medically optimised discharge wards within SIM CSU have now been expanded to include two additional older adult wards within the same CSU and TRS CSU, in collaboration with expert teams.

#### Aims for 2025/26

- We will trial a new falls risk assessment tool with scoring system to provide clear guidance of level of observation required.
- Introduction of a new E-learning package featuring updated information and an expanded set of assessment questions. A request to transition this training from a three-yearly to an annual priority for all patient-facing staff has been made.
- Exploration of new system for intentional rounding for falls patients to ensure patients are seen and attended to as prescribed.
- Implementation of bedside learning mechanism for corrective action and mitigation of risks to other patients.
- We will empower our patients by providing education of falls prevention on admission and throughout their stay.

Falls rate per 1000 bed days



### 3.3.2.3 Reduction in the number of hospital acquired pressure ulcers and the incidence of category 3 and 4 pressure ulcers

Pressure ulcer prevention remains a patient safety priority for the Trust, with the aim to reduce pressure ulcer numbers across the organisation through education, training, and awareness for both staff, patients, and carers. Throughout 2024/25 the overall number of hospitals acquired pressure ulcers has continued to reduce. Despite continued challenges across the organisation, hospital acquired pressure ulcers are under trajectory by 6.4 %, with the team continuing to drive quality improvement work, testing new interventions, and sharing learning from across the Trust.

#### Key Achievements in 2024/25

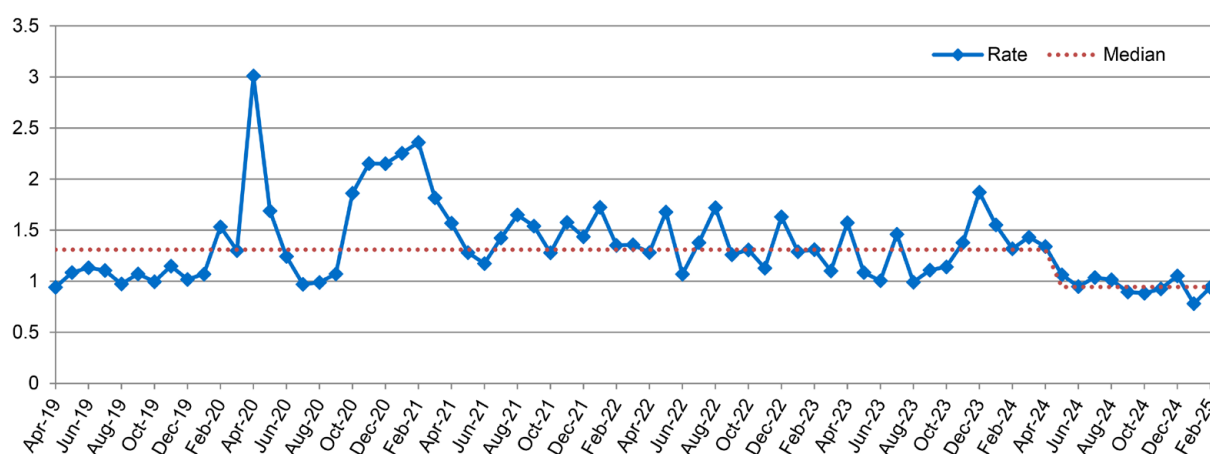
- Embedded the new process for investigating pressure ulcers which places emphasis on sharing the learning through the Patient Safety Incident Response Framework (PSIRF). This system-based approach focuses on embracing learning from themes with a focus on improvement.
- Empowered our workforce through training. Online training package developed, designed to ensure Registered Staff implement timely interventions, alongside bespoke training and education delivered to ward areas.
- Launch of the new pressure ulcer prevention video. Staff encouraged to share with patients, family, and carers, to start the conversation about skin integrity from day one in hospital.
- Continued working towards ensuring every ward has dedicated Tissue Viability Link Practitioners.
- Re-launch of the Pressure Ulcer Collaborative (PUC) based on Leeds Improvement Methodology (LIM) and revamp of the PUC Bundle.

- Successfully embedded the Trust wide changes to Pressure Ulcer Categorisation as part of the National Wound Care Strategy Programme from NHS England.
- Collaborative work to streamline Tissue Viability and Pressure Ulcer Prevention documentation in preparation for digitisation.

#### Aims for 2025/26

- Develop interventions to support a zero tolerance for Category 4 pressure ulcers.
- Set and achieve an aspirational reduction trajectory in pressure ulcers across the Trust for 2025/26.
- Reduce the amount of time to complete the Purpose T risk assessment from the national standard of six hours to within one hour of admission and transfer.
- Continue to work with Digital Information Team (DIT) on improving electronic documentation relating to Tissue Viability and Pressure Ulcer Prevention.
- Hold a “Stop the Pressure” week in 2025 to raise awareness of pressure ulcer prevention.
- Extend recruitment of patients to the Pressure Trial to improve care of patients with a fractured neck of femur.
- Raise the profile of the Tissue Viability team by presenting at a local and national conference.

Developed Pressure Ulcer rate per 1,000 bed days



### 3.3.2.4 Reducing rates of Healthcare Associated Infections (HCAI)

#### Background

The reduction of Healthcare Associated Infections (HCAIs) remains a key priority for all staff at LTHT; our Board Assurance Framework (BAF) continues to reflect actions and work streams which promote safe care and reduce infection rates. The continuation of the Trust's seven commitments included HCAI this year, with a specific reduction target of 15%.

This is the second year where the trust has included HCAI in the trust-wide improvement strategy, and the Infection Prevention and Control Team (IPCT) have supported clinical teams to provide targeted patient reviews, to promote thematic analysis of HCAI, identify new learning and introduce meaningful action into patient pathways.



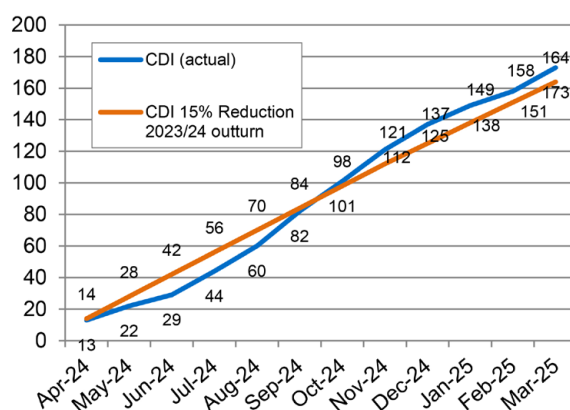
#### Key Achievements in 2024/25

This year the HCAI specialist review aligned to the Patient Safety Incident Response Framework (PSIRF) has been further established and implemented in collaboration with the Leeds Improvement Method team including a patient partner; the improvement process has continued to go from strength to strength.

Thematic analysis arising from the specialist review has helped clinical teams to design a bespoke IPC response for different patient groups. The wider infection team has worked with the Clinical Service Units (CSUs) to deliver a variety of improvement projects to reduce infection. Work was based loosely on five key areas; devices, hand hygiene, antimicrobial prophylaxis, diagnostics and MRSA decolonisation. Many teams have worked on the safe use of devices, this involved training clinical staff to perform cannulation and development of criteria led device removal. In haematology, prophylactic antimicrobial line locks have been introduced to successfully reduce line infections. Other projects include improving urinary catheter prophylaxis, 'gloves off' campaigns for hand hygiene, improved MRSA decolonisation pathways and understanding of how environmental decontamination reduces infection transmission. The clinical teams have worked closely with all infection teams, the laboratory, pharmacy, estates and cleaning teams - including dynamic use of the enhanced cleaning team.

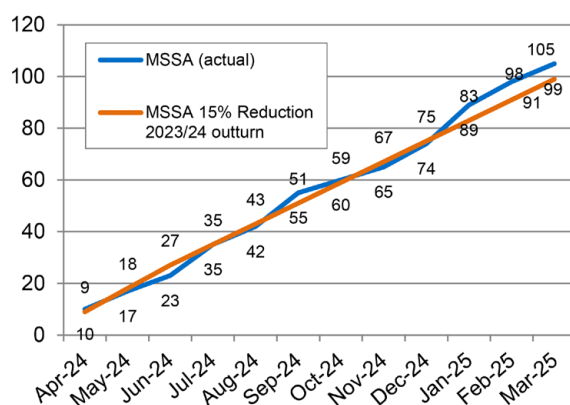
LTHT has seen a reduction in the number of patients acquiring *Clostridioides difficile* infection (CDI) during 2024/25 and were invited to present their IPC work at a national event attended by over 500 people from NHS organisations. This was an opportunity to share and celebrate work delivered by SIM CSU's award-winning SIGHT campaign, the IPC-led ward round and the facilities team delivery of targeted hydrogen peroxide vaporisation (HPV). The Trust was commended on the reduction of C difficile rates, on the background of a national increase of 15-20%, and several trusts contacted LTHT after the meeting to find out more about C. difficile cohort ward in LTHT and our ward round.

LTHT CDI



We have also seen a reduction in MSSA bacteremia. Specific actions arising from specialist reviews have focused on interventions to reduce MSSA risk including targeted teaching programs, education for medical teams, point prevalence audit on devices and improving the use of decolonization. Interventions are focusing on safe use of devices, and new interventions on early line removal, and are in progress with a test of change planned for Abdominal Medicine and Surgery CSU in Spring.

LTHT MSSA



Incorporation of water safe practices and HPV decontamination into business as usual within facilities, led to the nomination of the Enhanced Cleaning Team who won the LTHT Time to Shine Award for reducing healthcare associated infection July 2024.



In addition, the IPC Team were pleased and proud to have supported the SIM CSU in winning the IPS Impact Award October 2024. The clinical team embarked on a 10-week multidisciplinary quality improvement (QI) campaign to drive the reduction of CDI. The QI project was unique assessing knowledge of clinical staff, using plan do study act cycles (PDSA), identifying any knowledge gaps, and using this information to plan the campaign.



Leeds has been challenged by several incidents related to viral infections in 2024-25, the IPC team have worked closely with the public health team, primary care providers, community IPC and the virology team to respond. Regional and national colleagues from the UK health security agency have repeatedly complimented the maturity and effectiveness of our joint approach across the city.

### Aims for 2024/25

- Provide a specific risk assessment for HCAI at the point of admission to LTHT.
- Design tailored interventions to prevent infection in those at greatest risk immediately from the time of arrival in hospital.
- Support improvement programmes focused on clinical themes or infections of concern in their area.
- Collaborative approach to reduction in Gram-negative infection.

## 3.3.2.5 Care With Medicines

### Background

We aim to fully optimise care and treatment with medicines for each patient as an individual. 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. This will help individuals themselves and helps the Trust to reduce medicines waste.

### Key Achievements in 2024/25

- We have continued to look for ways to involve patients and carers in pharmacy service design and improvement. We use feedback from the Friends and Family Test to inform our improvement work. Discharge medicine delays are a key concern for our patients, and we have been working across the organisation to improve the time it takes for medicines to be supplied.
- This year we have reduced the time it takes to prepare discharge medicines for patients after bariatric surgery and contributed to a 42% reduction in length of stay. There are a lot of medicine changes after bariatric surgery, and we have worked to ensure more patients can be counselled about their medicines before they go home.
- We have expanded the use of referrals to community pharmacy services after discharge to enable patients to access different types of medicines support when they leave hospital.
- We have increased the amount of medicines for injection or infusion that we make in order to boost supplies of ready to administer medicines. We continue to look at the best ways to deliver these products to wards so they are available when they are needed.

### Aims for 2025/26

- We aim to ensure pharmacy teams are always available to patients who want to talk about their medicines. This year we are focussing on staff in training to equip them with the skills they need to have better conversations with patients and their families.
- We want to support patients to self-administer their medicines while in hospital. We plan to launch a project to investigate how self-administration of medicines can be enabled across the Trust.
- We are working to improve the information available to inpatients about how their discharge medicines are prepared.
- We are consulting with third party providers to enable patients' access to treatments nearer to home and to improve options for the delivery of medicines prescribed in outpatient clinics across all parts of the Trust.



### 3.3.2.6 Positive Patient Identification

#### Background

Patient Identification is a known contributory factor in patient safety events, resulting in some patients receiving medications and tests that were not meant for them.

An improvement group has been established to recognise and carry out projects supporting Positive Patient Identification across the Trust.

The overall aim is to “Make Positive Patient Identification your INTENTION on every encounter.”

To understand the problem the group looked at the drivers for improvement which focused on processes and human factors. This included safety culture, electronic systems and education/ training.

Areas of focus were agreed:

- Wristbands
- Initial Patient Identification checks
- Empowering staff to raise concerns about patient identification
- Patient Information and raising concerns
- Culture change of not referring to patients by bed numbers or identification numbers
- Scan for safety, how we can utilise the systems
- Education and training of our workforce.

#### Key Achievements in 2024/25

- Focus groups were held in Radiology to understand the problem.
- A poster has been designed to display in areas advising patients why we ask for their details on multiple occasions to help keep them safe and that it is ok to ask for their identification details to be checked.
- We have designed an easy read leaflet which can be given to patients about positive patient identification.
- Identified additional questions which have been added to the Trust Patient Safety Audit programme to help identify further areas for improvement.

- Issued a Quality Safety Matters Briefing on Positive Patient Identification.
- Reviewed the Trust Policy for Positive Patient Identification.
- Carried out observations of positive patient identification in practice with the Phlebotomy Team.
- Phlebotomy were issued with new printers to ensure they could print blood sample labels.
- Unblocking of wristband printers by re-writing the script preventing other documents blocking the print queue.
- Campaign launched to ensure wristband printers were restarted regularly to unblock print ques.
- Designed the logo.



#### Aims for 2025/26

- Launch “Name not a Bed Number” Campaign on a ward as test before roll-out.
- Identify how the Name not a Number can be used in Out-patients and Pharmacy.
- Continue to explore alternative wristbands for neonates and babies.
- Publish easy-read leaflet for Positive Patient Identification.
- Continue to explore alternative forms of identification such as identity cards.
- Incorporate Positive Patient Identification into training packages, including bite-size learning.

### 3.3.2.7 Nutrition Mission

#### Background

Launched in November 2023, the Nutrition Mission aims to provide outstanding nutrition and hydration care to every patient every time. Good nutrition and hydration play a vital role in patient recovery, reducing harm and length of stay.

Throughout 2024/2025, the Mission has taken a collaborative approach, supporting staff to drive improvement in their areas, our strong multidisciplinary team, including staff from all roles across the Trust, is actively testing and implementing innovative interventions to enhance nutrition and hydration care for all patients.

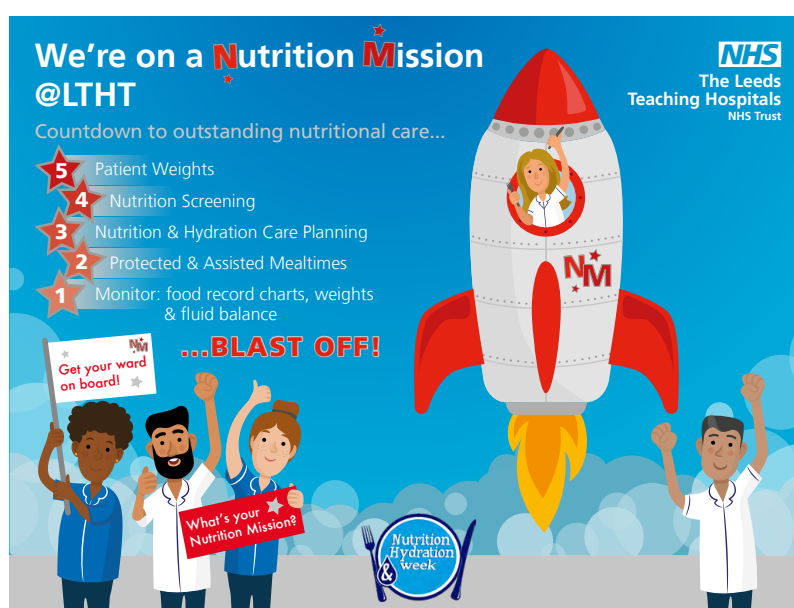
#### Key Achievements in 2024/2025

- We have supported sustained Improvements in the overall Ward Metrics in relation to Nutrition and Hydration.
- Nutrition Mission has established an accreditation programme with increasing numbers of wards achieving bronze (15) and silver (1) status.
- There has been a sustained increase with CSU's progressing or completing at least one QI project on a Nutrition Mission focus. A project undertaken by J15 (SIM CSU) around meal service delivery on J15 has been rolled out to other areas as good practice.
- Several QI projects have been implemented focusing on equipment, accurate weights, monitoring, and education.

- Pilot completed for standardisation of cups and beakers for improved monitoring of fluid balance.
- Increased completion of Swallow Awareness training across multiple professions.
- We have surveyed >900 patients and carers about their experiences of nutrition and hydration during their admission to establish priority areas of focus for 2025/2026.

#### Aims for 2024/25

- We will continue to target and improve nutrition and hydration care metrics and continue our improvement journey.
- We will strengthen these metrics through the Local Ward Accreditation program and increase the numbers of areas accredited.
- We will standardise the Safety huddles including Nutrition and Hydration.
- Source funding and begin roll out of standard cups and beakers.
- We will continue to focus on Dysphagia and establish priority training for Swallow Awareness across LTHT.
- We will contribute to the launch of LTHT Food and Drink Strategy.
- To embed *"its everyone's business"*.



### 3.3.3 Measuring Improvement

We measure our improvements through the use of national indicators and standards to benchmark our Trust practice and patient outcomes with peers. We triangulate external and internal data to better understand patient outcomes and areas for improvement, e.g. Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). We monitor the achievement of constitutional standards, giving consideration to the safety of patients waiting for treatment and actions that can be implemented to support patients' health and wellbeing.

#### 3.3.3.1 Hospital 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 nor HSMR adjusts for the severity of patient's illness.

During the 2024/25 financial year there were several changes to both SHMI and HSMR models:

- The SHMI includes all diagnosis groups, while the number of diagnosis groups included in the HSMR was reduced from 56 diagnosis groups to 41 diagnosis groups (which account 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 frailty (using Dr Foster Frailty index) and wider range of comorbidities.

##### Key Achievements in 2024/25

In keeping with the Annual Commitments for 2024/25, the organisation worked to use the existing digital systems to their full potential to further improve understanding of our own data and to strengthen our Mortality Review Process. Following the launch of online Structured Judgement Review (SJRe) tool in 2023/24, in 2024/25 the data from this in-house built system has been incorporated in reviewing the End-of-Life Care across CSUs and thematic analysis has been carried out to identify areas of improvement across the Trust. Existing internal and external systems were also used to explore mortality in specific patient cohorts such as patients learning disabilities and autism, as well as paediatric patients.

In 2024/25 the specialty presentations included mortality in patients admitted with an acute kidney injury, patients with learning disabilities, and paediatric and adult sepsis mortality, as well as presentations covering mortality in patients under Nephrology, Urology, Trauma and Orthopaedics, and the Children's hospital.

The table below shows the Trust's latest published SHMI, for the period October 2023 to September 2024, also shown is the HSMR and SMR for the same period.

The Trust SHMI currently falls within the 'as expected' banding. Dr Foster and SHMI Data were used to identify specialties and diagnosis groups with the highest number of "excess deaths". Data analysis was carried out using internal and external mortality and audit data to explore data and patient cohort related factors that could explain the apparent excess mortality and to gain assurance that there were no clinical concerns.

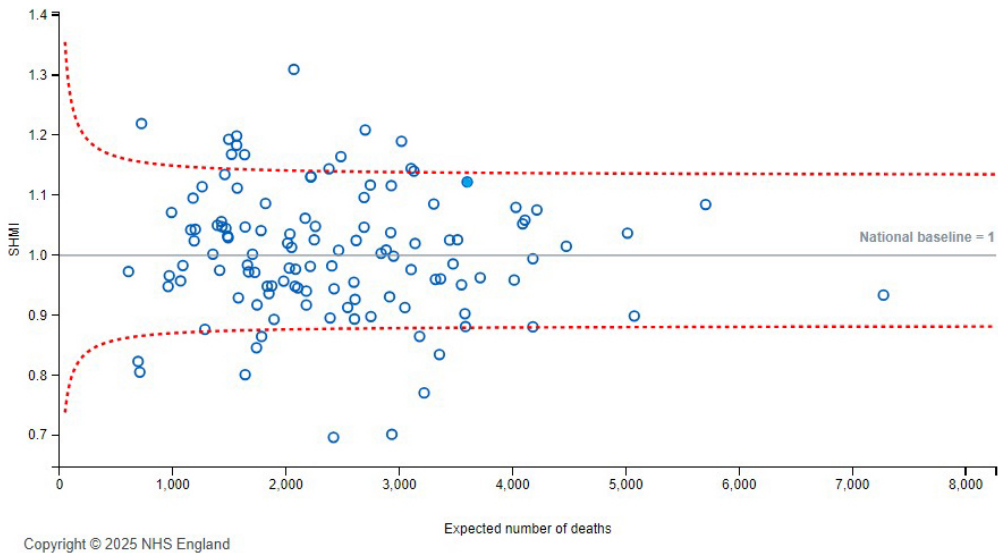
Trust SHMI, HSMR and SMR

Trust level mortality, Oct-23 to Sep-24	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI	102,080	1.122	4,040	3,600	0.9493-1.0526
HSMR	46,812	105.8	2,254	2130.2	101.5–110.3
SMR	170,399	106.1	2,942	2772.4	102.3–110.0

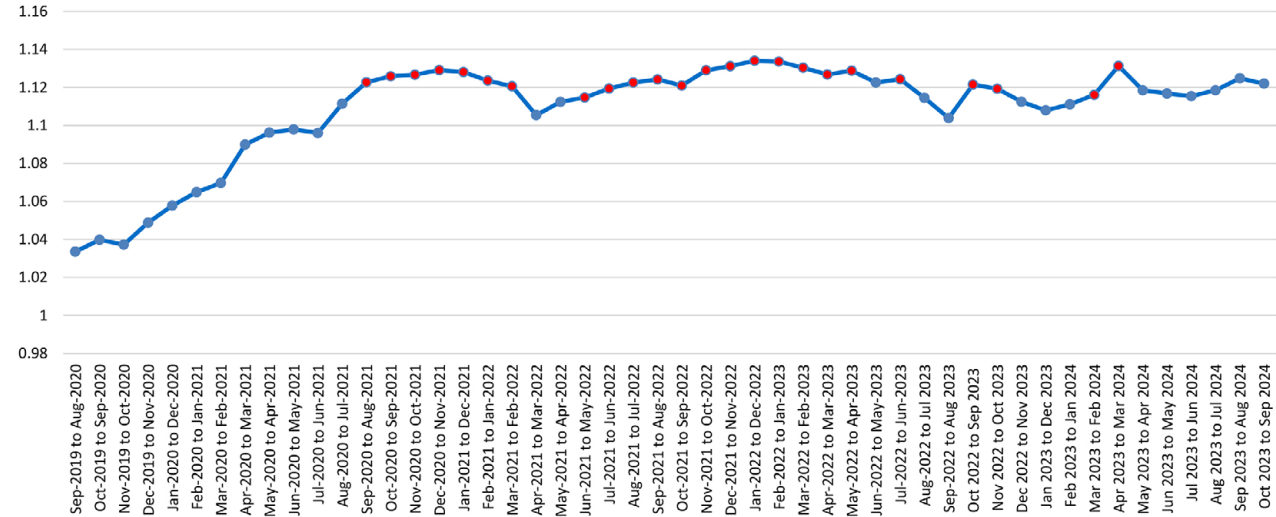
SHMI Indicator by rolling 12 month reporting period

Indicator	Reporting Period	Trust Rate	National Average	National Range
SHMI	Oct-22-Sep-23	112.15	1.00	0.68-1.23
	Nov-22-Oct-23	111.93	1.00	0.72-1.21
	Dec-22-Nov-23	111.25	1.00	0.72-1.26
	Jan-23-Dec-23	110.79	1.00	0.72-1.25
	Feb-23-Jan-24	111.11	1.00	0.70-1.25
	Mar-23-Feb-24	111.61	1.00	0.71-1.47
	Apr-23-Mar-24	113.13	1.00	0.71-1.32
	May-23-Apr-24	111.85	1.00	0.70-1.35
	Jun-23-May-24	111.68	1.00	0.69-1.32
	Jul-23-Jun-24	111.54	1.00	0.69-1.31
	Aug-23-Jul-24	111.85	1.00	0.70-1.32
	Sep-23-Aug-24	112.48	1.00	0.70-1.32
	Oct-23-Sep-24	112.2	1.00	0.70-1.31

SHMI peer comparison



SHMI Trend





The Mortality Screening Tool form on PPM+ was updated in September 2024 to allow capture of patients whose death related to alcohol or substance abuse, whose admission related to severe mental health problems and deaths during and within 6 weeks of end of pregnancy.

## Learning From Deaths

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. Information from the Mortality Screening Tool and the Medical Examiner service were used to select cases for SJRs. The learning from SJRs and Patient Safety Investigations were reported in the Quarterly Learning From Deaths reports.

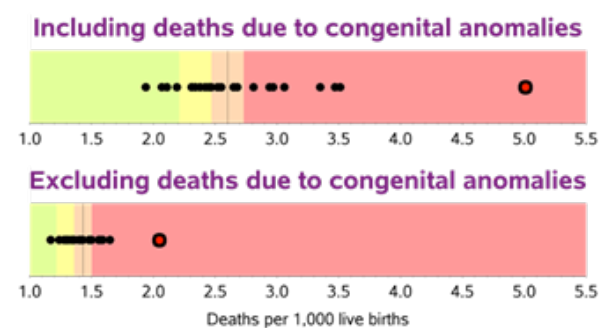
## Aims for 2025/26

- In 2025/26 the Mortality Improvement Group will continue to monitor mortality trends across the Trust and explore areas of interest.
- Additionally, further opportunities to thematically analyse data from SJRs and national audits will be explored.

## Neonatal Mortality

The Trust review and monitor neonatal mortality rates both internally and through the Regional Neonatal Operation Delivery Network. The latest published MBRRACE report (February 2025) on 2023 data on neonatal mortality demonstrates that in 2023 the mortality rate in Leeds Neonatal service was >5% higher than average when compared to similar units at 5.01/1000 live births. This remains even after the removal of infants who have a congenital anomaly at 2.05/1000 live births.

### Stabilised and adjusted neonatal death rates for babies born at 24 weeks gestational age or later



The Neonatal Services has undertaken a proactive internal review of the 2023 data to ensure the Trust is responsive to concerns and any changes in population. The review demonstrated that a third of neonatal deaths related to complex cardiac diagnosis, half of all neonatal deaths had been referred into the fetal medicine service reflecting the complexities of the pregnancies referred to the Trust.

## Aims for 2025/26

- The Trust will commission an external review of neonatal mortality in 2025/26.

## Perinatal Mortality Review Tool

The Trust complete a Perinatal Mortality review Tool (PMRT) for the care received by babies who died in pregnancy from 22 weeks' gestation onwards or died within 28 days of being born (perinatal deaths). The aim of the PMRT programme is to support standardised perinatal mortality reviews across NHS maternity and neonatal units to review care, identify learning, and improvement actions to improve future care.

In 2024/25 the Trust reviewed the care of xx babies and their mothers.

## Aims for 2025/26

- The Trust are undertaking a full review of the PMRT process to ensure it is effective, hearing the voice of the family and has independence.

## Medical Examiner

The statutory medical examiner system in England and Wales provides independent scrutiny of all deaths and puts the bereaved family central to the process, offering them a voice and support at what is often a very difficult time. All deaths in any health setting that are not investigated by a coroner will be reviewed by the medical examiner.

The Medical examiner office is delivered by the Trust, staffed by a team of medical examiners (ME), supported by medical examiner officers (MEO).

The role of these offices is to examine deaths to:

- agree the proposed cause of death and the overall accuracy of the medical certificate of cause of death (MCCD) with the doctor completing it
- discuss the cause of death with bereaved people and establish if they have questions or any concerns with care before death
- act as a medical advice resource for the local coroner
- identify cases for further review under local mortality arrangements and contribute to other clinical governance processes.

Concerns/themes which are care related will be shared with CSU's directly, or via PALS. The medical Examiner may at times request a further review of the case through local Governance teams or where significant issues are identified by the medical examiner, or the family the ME Service alerts the Quality Governance team using the learning from deaths referral pathway.

### Trends in relation to good practice



#### **Communication & Collaboration**

Good multi-disciplinary team approach was a frequent theme highlighted, as was good communication and engagement with families and patients.



#### **Clinical Management**

Themes of good practice in clinical management were identified including early recognition, prompt advice from other specialties, assessments, and senior review.



#### **Early Recognition and End of Life Care**

Multiple specialties continued to highlight good practices relating to end of life care including early recognition of a dying patient, involvement of the palliative care team, exploring patients' wishes and providing good bereavement support and compassionate care to families and patients.

### Trends in relation to areas for improvement



#### **Outlying patients**

Several specialties highlighted issues relating to patients residing in outlying areas and the importance of transferring the patient to the suitable bed space as soon as appropriate.



#### **Documentation**

Several specialties highlighted issues relating to accessing and locating ED and YAS notes.

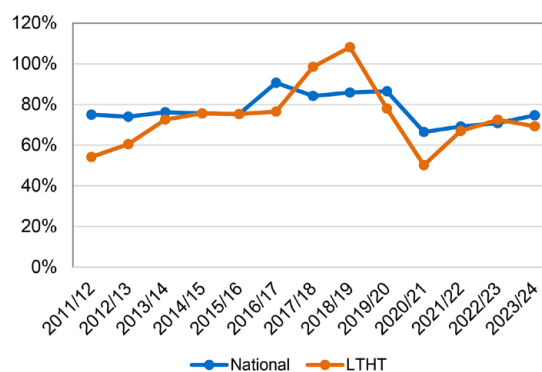
### 3.3.3.2 Patient Reported Outcome Measures

Patients undergoing elective inpatient surgery for hip and knee replacement, funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. This publication is for Finalised Patient Reported Outcome Measures (PROMs) in England - April 2023 to March 2024.

It is possible that the response rates could still be impacted by the COVID-19 pandemic. The response levels may have also been impacted by a reduction in resource at NHSE in recent years.

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

#### Pre-Operative Participation Rates (PROMs) - all procedures



Source: NHS Digital; 2023/2024

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

#### PROMs Scores - Casemix-adjusted average Health Gain - April 2023 to March 2024

##### Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	743	555	74.7%	449	80.9%
Hip Replacement	357	269	75.4%	214	79.6%
of which <sup>1</sup>					
Primary	*	*	*	*	*
Revision	*	*	*	*	*
Knee Replacement	386	286	74.1%	235	82.2%
of which <sup>1</sup>					
Primary	*	*	*	*	*
Revision	*	*	*	*	*

##### Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	555	553	99.6	211	38.2%
Hip Replacement	269	269	100%	101	37.5%
of which <sup>1</sup>					
Primary	*	*	*	*	*
Revision	*	*	*	*	*
Knee Replacement	286	284	99.3%	110	38.7%
of which <sup>1</sup>					
Primary	*	*	*	*	*
Revision	*	*	*	*	*

1. Only procedures that can be linked to an eligible hospital procedure can be split between a primary and revision procedure

### 3.3.3.3 Venous Thromboembolism (VTE)

#### Background

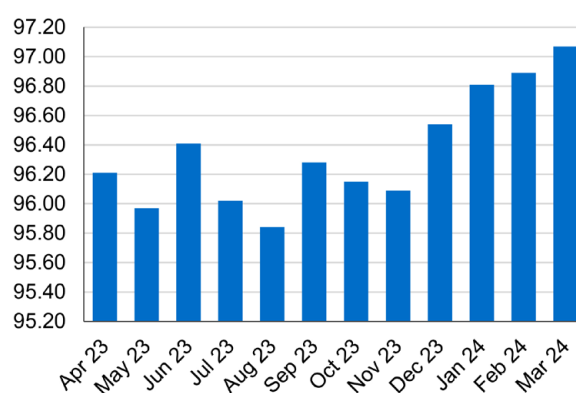
Patients that are admitted to hospital are at risk of developing a blood clot or venous thromboembolism (VTE). VTE is a significant cause of mortality, long term disability and long-lasting ill-health problems, many of which are avoidable. Up to 60% of all VTEs are hospital associated and VTE is the leading cause of preventable hospital death. Reducing the risk of Hospital Associated Thrombosis (HAT) is an important part of patient care and a key priority for the Trust. Assessing adult patients (from 16 years) who are admitted to hospital for their risk of developing blood clots, and their risk of bleeding helps us decide how best to care for each 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 2024/25

- We implemented a 14-hour deadline for VTE risk Assessment in line with a directive from NHS England in November 2024.
- VTE risk assessment rates have been consistently above 95% (see graph and table). This is a huge achievement.
- We have amended the investigation process for HATs to align with the Patient Safety Incident Response Framework (PSIRF).
- We introduced an electronic specialist review form for HATs & devolved completion to Clinical Service Units, enabling them to take ownership and implement appropriate action plans to address learning points.
- We have developed an electronic reporting system which will enable us to identify trends and themes to help us understand key areas of focus.
- We have used Trust wide communication tools such as Quality and Safety Matters Briefings to highlight lessons learned from patient stories where blood clots were not prevented.

Indicator	Reporting period	Trust performance	National acute average
Percentage of admitted patients risk assessed for VTE against the national benchmark of 95%	Q1 2024/25	96.19%	87.41%
	Q2 2024/25	96.04%	88.92%
	Q3 2024/25	96.26%	89.18%
	Q4 2024/25	96.92%	not available

VTE Compliance (%) 2024/25



#### Aims for 2025/26

- Continue achieving our 95% target of admitted patients having a documented risk assessment as part of their individual patient care record.
- Add the pregnancy and children's VTE risk assessment forms to our electronic patient records system.
- Increase HCPs knowledge of VTE prevention through presentations at patient safety groups.
- Improve compliance with the revised investigation process for HAT.
- Collaborate with the harm free care assurance 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.



### 3.3.3.4 Participation in Clinical Research

#### 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. 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. One of the Trust's 7 Commitments in 2024/25 has been to strengthen participation in research and innovation across the Trust and this has helped to further grow the number of individuals who are leading research and innovation projects across the Trust.

#### Key Achievements in 2024/25

We have continued to manage and deliver a complex portfolio of research across the Trust with 21,945 participants recruited into research projects across the Trust. This takes the total number of recruits into research to 112,547 since April 2020, placing us 3rd in the country for recruitment into NIHR Portfolio research and 1st in the county for recruitment into Commercially-sponsored NIHR Portfolio studies over the same period.

Research is embedded in all our CSU's and our portfolio is highly diverse, ranging 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.

Over 800 of these participants have told us about their experience of taking part in research and over a similar number have participated in patient and public involvement and engagement events that help us shape research protocols, grant funding proposals and 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 Patient and Public Involvement and Engagement work continues to go from strength to strength. In April, we launched our "RIDERS" services to provide companies with access to a review service for patient-facing materials prior to review by the Health Research Authority. Our "Healthy Hearts" programme.

Our third annual Research and Innovation conference was held at the Clothworkers Court in May 2024. Over 300 people attended the conference.

24/25 has seen us further develop a portfolio of mRNA vaccine trials, following the announcement of the UK government's strategic partnership with Moderna in early 2024 for vaccine research and manufacturing. Our work has focused on developing portfolios in both cancer and infectious disease, with early-phase trials of cancer vaccines being delivered in the Clinical Research Facility on the St James's University Hospital site. Through our participation in the cancer vaccine launchpad, we have been able to signpost patients to vaccine trials open at other NHS Trusts and now patients from other NHS Trusts are being signposted to cancer vaccine trials open at LHT. In the autumn of 2024, we recruited 40 participants into a trial of a novel vaccine for Norovirus.

As part of our approach to vaccine trials, we are exploring how we can better work with partners across the city to deliver vaccine trials in out-of-hospital locations. This project, funded by a £425k grant from Moderna is aiming to develop an "integrated research system" that allows research staff to work seamlessly across organisational boundaries, for patients to have access to trials close-to-home and increase the number of GP's in the city that are supporting vaccine trials.

The learnings and approaches developed through this project will also be applicable to our wider research portfolio, allowing us to broaden the reach of our research.

In 24/25 eight staff have been awarded prestigious Senior Clinical and Practitioner Research Awards (SCAPRA). These staff are from a wide range of professional disciplines (consultant, radiotherapy physicist, nurse, Allied Health Professional), reflecting our "research for all" approach, and this funding means that half their working time is protected to allow them to develop their research portfolios further.

#### Aims for 2025/26

Our fourth Research and Innovation conference will be held in-person in July 2025 and we are aiming to build on the success of our 2024 conference.

We will launch a new strategy for the period 2025-30 which will aim to further develop our research capabilities and grow the numbers who benefit from participating in research.

We will continue to support innovation activities across the Trust and work closely with Scarborough Group to develop a ecosystem around the Old Medical School that supports the needs of the Trust, Businesses and the West Yorkshire Innovation Zone.

We will continue to work with partners across the city and beyond to develop greater collaboration in our approach to delivering research and innovation across Leeds and West Yorkshire.

### 3.3.3.5 Trust Participation in NCEPOD and National Audits

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

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2024/2025, are listed below alongside the details of participation compliance, or percentage compliance with case note return and questionnaire completion.

NCEPOD Study	
Acute Limb Ischaemia	End of Life Care
Community Acquired Pneumonia	Hypernatraemia
Emergency (non-elective) procedures in children and young people: Anaesthetic questionnaire	ICU Rehabilitation
Emergency (non-elective) procedures in children and young people: Surgical	Juvenile idiopathic arthritis

National Audit		
Project Name	Workstream name	Provider organisation
BAUS Data & Audit Programme	a) BAUS Penile Fracture Audit b) BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices) c) Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	The British Association of Urological Surgeons (BAUS)
Breast and Cosmetic Implant Registry		NHS England
British Hernia Society Registry		British Hernia Society
Case Mix Programme (CMP)		Intensive Care National Audit & Research Centre (ICNARC)
Child Health Clinical Outcome Review Programme <sup>1</sup>		National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Cleft Registry and Audit NETwork (CRANE) Database		Royal College of Surgeons of England (RCS)
Emergency Medicine QIPs	a) Adolescent Mental Health b) Care of Older People c) Time Critical Medications	Royal College of Emergency Medicine
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People <sup>1</sup>		Royal College of Paediatrics and Child Health
Programme (FFFAP) <sup>1</sup>	a) National Audit of Inpatient Falls (NAIF) b) National Hip Fracture Database (NHFD)	Royal College of Physicians
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)		NHS England

National Audit		
Project Name	Workstream name	Provider organisation
Maternal, Newborn and Infant Clinical Outcome Review Programme <sup>1</sup>		University of Oxford / MBRRACEUK collaborative
Medical and Surgical Clinical Outcome Review Programme <sup>1</sup>		National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
National Adult: Diabetes Audit, (NDA) <sup>1</sup>	a) National Diabetes Core Audit. Includes: - Care Processes and Treatment Targets, Complications & Mortality. Type 1 Diabetes, Learning Disability and Mental Health, Structured Education and Prisons and Secure Mental Health Settings b) National Diabetes Footcare Audit (NDFA) c) National Diabetes Inpatient Safety Audit (NDISA) d) National Pregnancy in Diabetes Audit (NPID) e) Transition (Adolescents and Young Adults) and Young Type 2 Audit f) Gestational Diabetes Audit	NHS England (formerly NHS Digital)
National Audit of Cardiac Rehabilitation		University of York
National Audit of Care at the End of Life (NACEL) <sup>1</sup>		NHS Benchmarking Network
National Audit of Dementia (NAD) <sup>1</sup>		Royal College of Psychiatrists
National Bariatric Surgery Registry		British Obesity & Metabolic Surgery Society
National Cancer Audit Collaborating Centre (NATCAN)	a) National Audit of Metastatic Breast Cancer (NAoMe) <sup>1</sup> b) National Audit of Primary Breast Cancer (NAoPri) <sup>1</sup> c) National Bowel Cancer Audit (NBOCA) <sup>1</sup> d) National Kidney Cancer Audit (NKCA) <sup>1</sup> e) National Lung Cancer, Audit (NLCA) <sup>1</sup> f) National Non-Hodgkin Lymphoma, Audit (NNHLA) <sup>1</sup> g) National Oesophago-Gastric, Cancer Audit (NOGCA) <sup>1</sup> h) National Ovarian Cancer, Audit (NOCA) <sup>1</sup> i) National Pancreatic Cancer, Audit (NPaCA) <sup>1</sup> j) National Prostate Cancer, Audit (NPCA) <sup>1</sup>	Royal College of Surgeons of England (RCS)
National Cardiac Arrest Audit (NCAA)		Intensive Care National Audit & Research Centre (ICNARC)

National Audit		
Project Name	Workstream name	Provider organisation
National Cardiac Audit Programme (NCAP)	a) National Adult Cardiac Surgery Audit (NACSA) b) National Congenital Heart Disease Audit (NCHDA) c) National Heart Failure Audit (NHFA) d) National Audit of Cardiac Rhythm Management (CRM) e) Myocardial Ischaemia National Audit Project (MINAP) f) National Audit of Percutaneous Coronary Intervention (NAPCI) g) National Audit of Mitral Valve Leaflet Repairs (MVLRL) h) UK Transcatheter Aortic Valve Implantation (TAVI) Registry i) Left Atrial Appendage Occlusion (LAAO) Registry j) Patent Foramen Ovale Closure (PFOC) Registry k) Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	National Institute for Cardiovascular Outcomes Research (NICOR)
National Comparative Audit of Blood Transfusion	a) National Comparative Audit of NICE Quality Standard QS138 b) National Comparative Audit of Bedside Transfusion Practice	NHS Blood and Transplant
National Early Inflammatory Arthritis Audit (NEIAA) <sup>1</sup>		British Society for Rheumatology
National Emergency Laparotomy Audit (NELA) <sup>1</sup>		Royal College of Anaesthetists
National Joint Registry		Healthcare Quality Improvement Partnership (HQIP)
National Major Trauma Registry [Note: Previously TARN. To commence data collection in 2024]		NHS England
National Maternity and Perinatal Audit (NMPA) <sup>1</sup>		Royal College of Obstetricians and Gynaecologists
National Neonatal Audit Programme (NNAP) <sup>1</sup>		Royal College of Paediatrics and Child Health
National Obesity Audit (NOA) <sup>1</sup>		NHS England (formerly NHS Digital)
National Ophthalmology Database (NOD)	a) Age-related Macular Degeneration Audit b) Cataract Audit	The Royal College of Ophthalmologists (RCOphth)
National Paediatric Diabetes Audit (NPDA) <sup>1</sup>		Royal College of Paediatrics and Child Health
National Perinatal Mortality Review Tool		University of Oxford / MBRRACEUK collaborative



National Audit		
Project Name	Workstream name	Provider organisation
National Respiratory Audit Programme (NRAP) <sup>1</sup> [Note: previously named National Asthma and COPD Audit Programme (NACAP)]	a) COPD Secondary Care b) Pulmonary Rehabilitation c) Adult Asthma Secondary Care d) Children and Young People's Asthma Secondary Care	Royal College of Physicians
National Vascular Registry (NVR) <sup>1</sup>		Royal College of Surgeons of England (RCS)
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)		University of Warwick
Paediatric Intensive Care Audit Network (PICANet) <sup>1</sup>		University of Leeds / University of Leicester
Sentinel Stroke National Audit Programme (SSNAP) <sup>1</sup>		King's College London
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme		Serious Hazards of Transfusion (SHOT)
UK Cystic Fibrosis Registry		Cystic Fibrosis Trust
UK Renal Registry Chronic Kidney Disease Audit		UK Kidney Association
UK Renal Registry National Acute Kidney Injury Audit		UK Kidney Association



### 3.3.3.6 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 (CSUs) by the Clinical Director and Head of Nursing within each CSU, supported by the Clinical Audit Leads in each specialty.

#### Key Achievements in 2024/25

##### **Review of the Trust Mandatory Audit Programme**

There has been a full review of the Trust Mandatory Audit Programme led by a task and finish group to ensure that all mandated audits follow a cycle of Quality Improvement and add value. This has led to some audits being removed from the programme, and additional audits added. Engagement with this has been very positive with a number of teams working collaboratively to improve the process. Non-value added time has decreased.

The reports of 33 locally led audits were finalised on the Clinical Audit Database in 2024/25, with a further 1374 of Trust Mandated audits recorded across wards and specialty areas. The Trust Mandatory Audits span around twenty different subjects relating to patient safety each year.

##### **National Diabetes Audit Programme**

The National Diabetes Programme is made up of five strands across adult and Paediatric services. Currently each audit element is captured on different systems and uploaded across different platforms; the Clinical Information and Outcomes Team have been working towards a PPM+ solution which will aide with data capture and enable a robust process for submission.

Hybrid Closed Loop (HCL) technologies are the next phase of technical advancement linking continuous glucose monitoring and Insulin Pump Technology to provide support to people living with type 1 diabetes.

NHS England have developed a 5 year HCL implementation strategy where data from the National Diabetes Audit (NDA) will be used to distribute funding and evaluate effectiveness of HCL. As part of the implementation there is a requirement to supply quarterly data to secure reimbursement for the ICB, this has been completed successfully with a plan in place to ensure 100% data completeness.

##### **National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme**

The Clinical Information and Outcomes Team (CIAO) have been working with the Respiratory Service to affect a technical solution ensuring compliancy with the Adult Asthma/Chronic Obstructive Pulmonary Disorder Rehabilitation National Audits, with data submissions having previously been suspended for 10 months. Submission of the audit data will continue in accordance with the audit deadlines.

##### **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 2024/2025

Submission to the Inflammatory Bowel Disease Audit (IBD) has not been compliant during the period 2024/2025. 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.

The reports of 25 National Audits were reviewed in 2024/25. Examples of action to be undertaken to improve the quality of healthcare provided include the following:

##### **National Diabetes Audit 2021-2022 (Published October 2023)**

Following the results of the audit the service worked with colleagues in primary care to identify how we can provide contact for people across the city with diabetes who do not attend our service, utilising the increasing availability of diabetes technology. Good working relationships have been established with the new provider of retinal screening services which should lead to an increased retinal screening uptake.

### **National Diabetic Foot Audit Compliance 2022/2023 (Published 2024)**

The DLSS team has piloted and established diabetes integrated podiatry services (DIPS) clinic which is a podiatry only led clinic to step patients down earlier from the MDFT clinic and release capacity. Internal data reflects an increase in access to DLSS clinic relating to patients seen within 13 days. Time to presentation improved from 33.3% to 58.8% in the latest audit. The service further plans to increase capacity for the stepdown foot ulcer clinic, and dedicated job planning to support the submission of completed audit data.

### **National Oesophago-Gastric Cancer Audit (NOGCA) 2020-2022 Report (Published January 2024)**

In Abdominal Medicine and Surgery Upper Gastro Intestinal (GI) Service there has been a commitment made to review all cases with positive margins to identify any learning points relating to pre operative decision making, choice of operation performed or technical issues. The Upper GI unit has instigated a prospective local registry of perioperative morbidity and outcomes, and this has been successfully running for one year. This database will allow us to interrogate our outcomes more regularly and robustly, with a plan to review outcomes on a 6-12 monthly basis. The Upper GI Unit will lead a discussion with colleagues across the Yorkshire region to propose a region wide audit of patients diagnosed with oesophago-gastric cancer as an emergency admission, to better understand our regional variation and whether any specific groups of patients were being disadvantaged.

### **National Prostate Cancer Audit (NPCA) Report 2022 (Published January 2024)**

Urology to continue to advocate active surveillance clinic for men with low-risk prostate cancer. In Leeds we have a dedicated active surveillance clinic which is Clinical Nurse Specialist delivered and currently cares for more than 800 men. This service has protocolised pathways and is currently introducing a risk stratified surveillance system, to improve resource utilisation and patient satisfaction. We offer men starting on surveillance the opportunity to be involved in the FINESSE clinical trial.

All newly diagnosed men with these disease parameters are reviewed in the MDT and treatment is advocated unless there is a documented contraindication to additional therapy. The West Yorkshire & Humber (WY&H) Cancer Alliance is developing an audit to review this practise.

The WY&H Cancer Alliance has supported the implementation and delivery of transperineal prostate biopsy, which is now the standard of care across the network. The Alliance is currently supporting the evaluation of AI in prostate cancer MRI diagnostics.

If successful in Leeds, the stratified active surveillance protocol will be rolled out across the Cancer Alliance Network.

### **Aims for 2024/25**

- Collaboration between the Quality Governance Team and the Clinical Information and Outcomes Team to strengthen the governance arrangements relating to National Audit participation and assurance, and to use the online Clinical Audit Database to log and monitor these, with input from Information Governance.
- Development of a dashboard with the information and insights team to allow for more locally accessible data following completion of an audit for wards and specialty areas to lead on their own improvement actions.
- The task and finish group for improvement to the Trust Mandatory Audit Programme to continue, and this to be identified more as a programme for quality improvement and not merely for assurance.
- To continue to develop training options for staff using the Clinical Audit Database.
- To ensure the timely completion of audit reports to support improvement work.
- To focus on supporting services to use the Clinical Audit Database to log and manage their local audits and to monitor the actions and outcomes of these.

### 3.3.4 Sharing Learning

#### 3.3.4.1 Patient Safety Learning Hub

##### Background

The Patient Safety Learning Hub was established in July 2024 to enable staff to come together and learn through conversation about issues impacting on patient safety.

There are 145 members of the group, with representation of 26 Clinical Service Units (including corporate services).

The group meet monthly in person and the agenda items are suggested by members of the group.

##### Key Achievements in 2024/25

- Nine Learning Hub meetings and creation of a psychologically safe community.
- Collaborative working developing a map of existing forums / groups which share learning, at LTHT, regionally and nationally.
- Identification of key stakeholders.
- Sharing the discussion at the Hub meetings via a blog.
- Development of intranet pages and a Microsoft Teams space to allow collaboration, posting of information and sharing of key contacts.
- Created a Patient Safety Road Map to focus Clinical Service Units on national patient safety and local topics.
- Started working on developing a Hospital with a Memory guide.
- Discussion of key issues impacting on patient safety e.g. psychological safety, speaking up, patient safety event reporting, creating a feedback loop and staff support following a patient safety event.
- Shared learning on communication of swallow needs, insulin safety, safety huddles.
- Focusing on sharing learning in different ways e.g. blog, podcast, video.
- Launch of fact-finding missions to gather information to support actions.

##### Aims for 2025/26

- Publish a Hospital with a Memory guide to share the learning and action taken following patient safety events and enable staff to understand the reason for changes made.
- Continue to foster a psychologically safe and brave space to enable members to speak about issues which concern them or their experiences.
- Grow the membership of the hub and utilise the spokes to share key messages.
- Develop 1-minute learning videos targeting specific staff groups.
- Publish the Patient Safety Roadmap for 2026.
- Develop electronic conversational spaces to enable staff to interact and share learning.



### 3.3.4.2 Sharing patient experience learning

#### Background

We continue to review the ways in which we share learning arising from patient feedback and best practice across the Trust.

All our CSUs continue to present their patient experience findings at the Patient Experience and Engagement Group and the work they have taken forward to respond to these.

In addition, learning is shared at Trust committees and forums and within CSUs through the use of patient stories which are created by each CSU. This year, CSU stories have been introduced to the Trust Finance and Performance Committee as a standing agenda item.

The following are examples of some of the projects that have been taken forward by our departments to improve experience:

#### Key Achievements in 2024/25

- The **Stroke Physiotherapy team** received feedback which suggested that patients would like to see more group activities. As such, the team developed two upper limb groups where patients work together in a group setting to carry out games and activities to help with their arm recovery. The team have also set up a small breakfast club on Fridays where patients use the kitchen to work on their functional skills and balance whilst making their own breakfast, alongside having the opportunity to socialise with each other, listen to the radio or read the newspaper.
- The **Radiology team** have been working on ways to increase attendance for breast screening and have created a [video](#) which they hope to be able to share with people before they attend appointments. They hope this may take away the fear of some of what is involved.
- The **Outpatient CSU** have opened a community diagnostic centre at Seacroft Hospital. This offers easier access to blood test appointments six days a week, as well as providing CT, MRI scans and other investigative services. They are also due to roll out a smaller service at Beeston Health Centre and then Armley Health Centre.
- The **Critical Care CSU** have introduced the role of a family care nurse with the responsibility to support families through end-of-life care of their loved ones. The post holder is working with staff to provide education on how to support families at these sad times.

- The **Cardio-Respiratory CSU** created a [patient story](#) because of concerns that had been raised by Caroline, about her dad's care. A meeting was held with Caroline where she was asked if she would like to help make improvements by sharing her story.

These are some of the improvements the CSU have made since hearing Caroline's story:

- Doctors are now made aware of which families they need to contact with reminders given prior to their 4pm finish.
  - The appointment of a doctor's assistant has been a huge help in this work.
  - The CSU are more considerate with requests for visits outside normal hours and ward clerks are briefed about this as they are situated closest to the doors.
  - The Nurse in charge is more visible on the ward.
  - Posters are now more visible on the ward, including information on how to contact the matron.
  - The CSU try not to move patients after 10pm, they do not move confused patients at all unless clinically indicated.
- The **Audiology team** have a hearing loss patient group in place and are working on making their department as accessible to patients as possible. They have also developed an easy read leaflet to support patients with their hearing aids.
  - The **Children's CSU** have introduced a virtual ward into their care pathways, which allows patients and families to go home whilst still being monitored and cared for by the Trust. The CSU developed a [film](#) about one family's experience of the virtual ward, which highlighted the positive impact for the patient.

#### Aims for 2025/26

Our aim for 2025/26 is to continue to capture good practice and to develop our patient story programme further so that the learning is shared more widely across the Trust.

### 3.3.4.3 Sharing learning regionally

The Trust participates in a number of regional and national learning forums and initiatives.

#### Background

The West Yorkshire Association of Acute Trusts (WYAAT) was formed to share learning from patient safety events in particular those meeting the never event criteria.

The group meet bi-monthly with senior representation from LTHT, Mid Yorkshire Hospital NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust and Harrogate Foundation Trust. The group report to the WYAAT Medical Director and Chief Nurse Group.



#### Key Achievements in 2024/25

- Development of a WYAAT template Patient Safety Incident Investigation report.
- Ten Early Learning alerts were shared across WYAAT in response to events meeting the never event criteria.
- Shared experience from implementing the Patient Safety Incident Response Framework.
- Sharing of Patient Safety Incident Response Plans.
- Received updates on implementation of Martha's Rule and the WYAAT Worries and Concerns Collaborative.
- Collectively discussed the options cited in the Never Events consultation.
- Identification of themes regarding patient safety events for children and young people.
- Received a presentation from Learning Disability and Autism service at LTHT.
- Discussed learning from patient safety events including governance and oversight when patients are placed in Temporary Escalated Spaces (TES).

#### Aims for 2025/26

- Continue to promote a culture of transparency, openness and shared learning between WYAAT organisations.
- Identify emerging themes and agree any actions or mitigation that can be applied to all organisations.
- Review and share experiences related to key priorities in the National Patient Safety Strategy.
- Continue to share experience providing peer support and challenge in the embedding of the Patient Safety Incident Response Framework.
- Participate in national consultations as a WYAAT group, influencing strategic developments.
- Continue to review National Patient Safety Alerts, sharing experience of practical application.



## Part 4: Statements of assurance from the Trust Board





## 4.1 Review of Services

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During 2024/25 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 2024/25 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 Information Governance and Data Quality

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### Background

Information Governance (IG) 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 2023/24.

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 2025/26

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 2024. The Pandemic 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
- Artificial Intelligence.

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 Data Security and Protection Toolkit (DSPT) v6 Submission for 2024/25 in June with all evidence items being successfully completed.

The Information Governance (IG) Work plan for 2025/26 will include:

- Developing an IG and data security culture throughout the Trust.
- Ensuring 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”.

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

## 4.3 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 2024/25 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 Apr 2024 to Feb 2025 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

	LTHT %	National Average %	Above National Average %
Admitted patient	99.9	99.7	0.2
Outpatient	99.9	99.7	0.2
Accident and Emergency	98.3	99.0	-0.7

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 Registered GP

	LTHT %	National Average %	Above National Average %
Admitted patient	99.9	99.4	0.5
Outpatient	99.7	99.4	0.3
Accident and Emergency	99.9	99.7	0.2

## 4.4 Clinical Coding

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### 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 2024/25

- We have continued to work closely with the Mortality Improvement Group to identify and correct coding and recording issues.
- All nationally mandatory training has been completed on schedule.
- The proportion of accredited coders working within the department has increased to 80%, increased from 63% last year.
- We have met the requirements for our annual DSPT audit again this year. Our primary diagnosis and procedure scores > 90% and our secondary diagnosis procedure codes were > 80%, meeting (but not exceeding) the expected level.
- The audit and development team have led projects to improve our depth and quality of coding, with over £5m corresponding tariff improvements.

### Aims for 2025/26

- Continue working with the Mortality Improvement Group to monitor and mortality indicators and provide coding advice.
- Continue to deliver mandatory training in line with national timescales.
- Work to improve our DSPT audit result next year (particularly primary diagnosis).

## 4.5 Goals agreed with Commissioners (CQUINS)

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On the 16 April 2024 NHS England published the non-mandatory list of quality indicators for 2024/25. This guidance states that “During 2024/25 the mandatory CQUIN scheme will not operate. NHS England has produced a list of optional indicators that can be used by any systems that have agreed to operate a local quality scheme during the pause. Please note that operation of such scheme is entirely optional and a matter for local agreement between providers and commissioners”. In agreement with the Integrated Care Board the Trust focused on delivery of the 7 Commitments and mid-year goals rather than the non-mandatory CQUINs which would have required manual data collection.



# Appendices



## Appendix A: Statement of Directors' Responsibilities in Respect of the Quality Account

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

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

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

27/06/2025 ..... Date



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

27/06/2025 ..... 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 the opportunity to review your Quality Account. The document provides valuable insights and demonstrates a clear focus on ensuring the safety of those accessing services at Leeds Teaching Hospitals NHS Trust. It is encouraging to see the ongoing efforts to prioritise patient voices in health and care decision-making, emphasising a person-centred approach.

The account outlines various initiatives undertaken by the Trust to incorporate patient feedback and experiences, which have contributed to service improvements. These include surveys, complaints data, and involvement in programmes such as GP access and lung health checks. It's good to see on page 65 how some of this patient feedback has been used to make improvements in a number of Clinical Service Units.

The Quality Account highlights co-production with service users, people and carers, particularly in palliative and mental health care. It also emphasises efforts to address health inequalities, referencing the CORE20PLUS5 framework and initiatives aimed at underserved populations. It would be good to see comparative data on how different demographic groups experience care. Inclusion of data divided by ethnicity, gender identity, disability, socioeconomic status, language, and migration background would enhance understanding of disparities and support targeted improvements. Implementing strategies such as data audits, equity dashboards, and Equity and Quality Impact Assessments (EQIAs) could further promote equitable care.

Leeds Teaching Hospitals NHS Trust remains a key partner within the city's health and care landscape. The Trust's integration of the 3Cs, Communication, Coordination, and Compassion, into its core processes, and its influence within the Leeds Health and Care Partnership, are inspiring. The leadership demonstrated by the Head of Patient Experience and her team, including their involvement and contributions with the People's Voices Partnership (PVP) and the How Does It Feel For Me? programme, exemplifies this commitment. We also appreciate the mention of the forum overseeing the implementation of the Accessible Information Standard (AIS). We look forward to continuing this collaborative effort into 2025-26 and beyond.

While the account is rich in data, it would benefit from more context to explain the significance of the figures. Although visual aids and summaries facilitate understanding, the use of technical language and absence of accessible formats may hinder comprehension for some audiences. We recommend revising the document into plain English, using accessible font sizes (size 14) and clearly explaining acronyms to improve accessibility.

Overall, this is a well-constructed Quality Account that effectively demonstrates the Trust's efforts to listen to and act on patient experiences, highlighting areas for further improvement. We value our ongoing partnership with the Trust and look forward to working with the Trust in the coming year.

## **The Integrated Care Board in Leeds Review of Leeds Teaching Hospitals NHS Trust Quality Account 2024/2025.**

The Integrated Care Board (ICB) in Leeds has reviewed the Leeds Teaching Hospital NHS Trust (LTHT) Quality Account for 2024/25 and commends the Trust for its continued commitment to delivering high-quality, patient-centred care. The ICB in Leeds also acknowledge 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 feedback on that basis.

The Quality Account clearly reflects LTHT's strategic priorities and provides assurance that the Trust remains focused on improving safety, experience, outcomes, and access for the diverse communities it serves. LTHT treats approx. 1.6 million patients across 7 hospital locations in Leeds and provides regional specialist care for up to 5.4 million people with approximately 22,000 staff.

The Trust's strategic priorities and values of "Living the Leeds way" show their commitment to delivering safe, effective, and responsive care. The Patient Safety Strategy 2024-2027 alongside the continued Patient Safety Framework (PSIRF) and the Patient Safety Incident Response Plan (PSIRP) continue to evidence a significant step in strengthening the organisation's learning culture and identifying the key priority improvement areas which are:

- **Insight** – embed PSIRF/LFPSE, listen up training, psychological safety as well as using patient and public insight to help influence Trust decision making.
- **Involvement** – Work collaboratively with Healthwatch and reviewing the complaints and PALS processes
- **Improvement** – Strengthen audit and research, evaluate Martha's rule of which LTHT were a pilot site.

It is good to see the continued prioritisation of harm reduction in areas such as falls, pressure ulcers, and the early identification of deterioration of patients. Improvement has continued to be made in all but the slips/trips and falls which is 14.5% above trajectory and has seen an increase of 9% from 2023/24. The trial of a new falls risk assessment tool and a new e-learning package alongside the drive towards relaunching the Falls champion training program will hopefully help with proactively managing this risk.

Evidence of LTHT's focus on enhancing patient experience and its learning, both internally as well as across The West Yorkshire Association of Acute Trusts (WYAAT) is clearly embedded within the Quality Account. By identifying emerging themes and agreeing actions or mitigation across all the organisations in WYAAT it promotes a culture of transparency and openness and shared learning.

The establishment of a patient safety learning hub in July 2024 involving 145 members across 26 CSU's within LTHT who meet monthly is a great initiative and it is good to note that you aim to grow this membership.

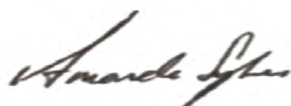
The ICB also welcomes the Trust's focus on reducing health inequalities, which is a clear priority for the ICB. Engagement with the Communities of Interest Network and targeted efforts to make the complaints process more accessible are strong examples of inclusive practice. These initiatives not only help to ensure equity of access and voice but also reflect a broader culture of listening, learning, and acting on feedback from those who may otherwise be underrepresented.

The pressures in the healthcare system are as challenging as ever, especially in terms of demand for urgent and emergency care, bed occupancy, waiting times and staffing. The recent Care Quality Commission (CQC) regulatory inspection in the maternity and Neonatal services at LTHT have identified improvements which need to be made. The quality account clearly evidences steps to address these challenges and have identified the 7 commitments for 2024-25 which will enable the priorities and the Trusts vision to provide the highest quality specialist and Integrated care to be achieved.

Overall, we found the LTHT Quality Account to be a very comprehensive, easy to read document which is well laid out and includes good and appropriate use of illustrations and the use of videos for the first time which helps to keep reader's interest.

The Leeds ICB looks forward to continuing to work alongside LTHT over the coming year, supporting its ongoing efforts to deliver safe, effective, and inclusive care for the people and communities of Leeds.

Your sincerely,



Amanda Sykes  
Quality Manager  
ICB in Leeds



## Appendix C: Glossary of Terms

<b>A3 Thinking:</b> a problem-solving, decision-making, and collaborative management tool. The name “A3” refers to the size of the piece of paper used to outline goals, ideas, problems, and solutions in the A3 Thinking process.
<b>Acute Hospital Trust:</b> an NHS organisation responsible for providing healthcare services.
<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>Artificial Intelligence (AI):</b> the theory and development of computer systems able to perform tasks normally requiring human intelligence.
<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>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 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 (CSU):</b> the Trust is made up of 19 CSUs, which are groups of specialties that deliver the clinical services the Trust provides.
<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>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>eDan:</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>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>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.
<b>Integrated Care:</b> an organising principle for care delivery that aims to improve patient care and experience through improved coordination.
<b>Integrated Care Board (ICB):</b> clinically led NHS bodies responsible for the planning and commissioning of health care services for their local area.
<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 new national NHS service for the recording and analysis of patient safety events that occur in healthcare, this will replace NRLS.
<b>Learn from Patient Safety Events (LFPSE):</b> a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and
<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 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.
<b>Leeds Place/Integrated Care Board (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.
<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.
<b>Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA):</b> a bacterial infection.
<b>Mortality Screening Tool:</b> all patient deaths are screened to determine whether a further review of case notes should be considered.
<b>Maternity and Newborn Safety Investigations (MNSI) programme:</b> a national program in England, part of a strategy to improve maternity safety in the NHS, investigating certain patient safety incidents in maternity care and making safety recommendations.
<b>MSSA related infections:</b> infections as a result of methicillin-susceptible S. aureus (bacteria).
<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD):</b> reviews clinical practice across England and Wales, and makes recommendations for improvement.
<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.

<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.
<b>National Payment by Results (PBR):</b> the payment system in England under which commissioners pay healthcare providers for each patient seen or treated.
<b>Never Events:</b> serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
<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.
<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.
<b>Perinatal Mortality Review Tool:</b> a data collection tool which aims to support standardised perinatal mortality reviews across NHS maternity and neonatal units.
<b>Plan, Do, Study, Act (PDSA):</b> 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.
<b>Patient Pathway Manager PPM+:</b> This is the Trust's electronic health record, built on the latest web technology and benefitting from a programme of continuous development to deliver an agile, multi-functional record.
<b>Patient Safety Incident Response Framework (PSIRF):</b> 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.
<b>SPC chart:</b> Statistical Process Control chart. Data is plotted chronologically to see changes over time.
<b>Summary Hospital-level Mortality Indicator (SHMI):</b> 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.
<b>The Leeds Way:</b> 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.
<b>Venous thromboembolism (VTE):</b> 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).
<b>West Yorkshire Integrated Care Board:</b> 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.
<b>WYAAT:</b> West Yorkshire Association of Acute Trusts.

## Appendix D: Performance against National Priority Indicators

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<b>Section A - National Operational Standards</b>													
RTT Incomplete	>=92	65.52	67.51	67.15	65.79	66.70	66.33	66.72	66.92	66.45	65.39	65.86	66.51
RTT Incomplete - Failing Specialties	=0	18	17	17	17	17	17	18	17	17	17	18	19
RTT Incomplete - Total Waiting List Size (Known Waits)	-	88,130	88,017	87,445	83,282	86,997	85,437	84,578	83,751	83,870	83,707	85,024	86,964
A&E Performance	>=95	76.86	74.66	75.47	75.78	77.17	75.13	73.41	72.98	72.64	73.39	72.36	78.78
Diagnostic Waits	>=99	95.86	96.64	96.20	95.11	93.07	93.70	94.45	93.15	85.00	83.79	86.11	86.89
Cancelled Ops: Not rebooked within 28 days	=0	13	13	11	9	21	11	29	31	29	29	16	29
Cancer: 62 Day: Consultant Upgrade	>=85	61.25	67.77	68.79	70.84	69.44	73.09	72.06	71.01	69.48	67.69	70.53	*
Cancer: 62 Day: GP/Dentist Referrals	>=85	52.24	50.95	51.21	50.44	55.23	57.14	56.39	51.10	61.21	50.26	59.08	*
Cancer: 62 Day: Screening	>=90	73.68	84.21	67.35	70.00	59.57	28.26	56.82	59.68	58.33	68.83	48.28	*
Cancer: 31 Day: 1st Treatment	>=96	84.16	87.52	85.86	85.17	88.25	93.37	89.22	92.01	92.42	86.70	93.27	92.83
Cancer: 31 Day: Subsequent Surgery	>=94	78.57	81.90	82.05	85.08	81.95	82.22	89.19	86.43	82.07	85.71	86.14	85.63
Cancer: 31 Day: Subsequent Drug	>=98	100.00	100.00	100.00	100.00	100.00	98.65	100.00	98.63	100.00	97.82	100.00	98.10
Cancer: 31 Day: Sub Radiotherapy	>=94	78.84	73.97	78.32	74.44	75.32	67.81	68.64	74.57	71.35	77.37	78.16	84.32
Cancer: 28 Day: Referrals	-	70.85	72.39	72.65	72.20	75.17	74.00	75.43	78.99	83.06	75.36	82.95	-
Cancer: 28 Day: Breast Symptoms	-	77.46	78.43	79.78	81.16	83.33	77.05	87.88	87.93	85.71	87.10	90.00	-
Cancer: 28 Day: Screening	-	84.62	77.37	84.89	79.41	78.81	75.61	80.35	87.90	83.44	74.81	80.88	-
Cancer: 14 Day: Urgent GP Referrals	>=93	59.65	58.36	80.16	76.93	83.13	85.31	85.89	83.71	93.21	88.74	93.37	92.78
Cancer: 14 Day: Breast Symptoms	>=93	24.29	30.51	52.13	52.38	90.20	93.48	95.35	93.75	100.00	90.00	95.83	0.00
Mixed Sex Accommodation Breaches	=0	198	213	263	190	188	187	189	168	170	224	198	205
<b>Section B - National Quality Contract Requirements</b>													
HCAI: MRSA	=0	2	2	0	2	0	1	1	0	1	0	0	0
HCAI: CDiff (Target = LHT Trajectory 19/20)	<=259	13	9	7	15	16	22	19	20	16	12	9	15
VTE Risk Assessment	>=95	95.35	94.24	93.91	93.46	92.90	93.79	96.70	97.08	96.49	96.76	96.88	97.17
RTT Incomplete 52+ Week Waiters	=0	3,183	3,493	3,877	3,657	3,530	3,063	3,014	2,740	2,283	2,361	2,304	2,355
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	-	2,357	2,213	2,092	2,727	2,808	2,715	2,868	2,751	2,596	2,614	2,283	2,595
Ambulance Handovers: 30 - 60 mins	=0	647	791	744	744	610	697	936	898	1,196	955	928	917
Ambulance Handovers: Over 60 mins	=0	58	55	85	69	52	48	86	70	116	74	79	69
A&E 12 Hour Trolley Waits	=0	203	302	218	324	67	188	461	403	678	679	581	299
Friends and Family Test: Response Rate - Inpatients	-	34.48	34.90	33.94	33.19	33.37	33.30	34.52	33.28	30.05	31.72	32.08	34.76
Friends and Family Test: Response Rate - A&E	-	17.43	16.34	22.03	24.46	24.91	22.52	22.20	23.03	19.46	20.80	19.85	21.92
Complaints: Total	-	79	60	71	78	59	58	67	61	51	91	86	115
Complaints: % Responded to within target time	-	27.85	30.00	23.94	42.31	55.93	36.21	37.31	32.79	60.78	24.18	37.21	30.43
Emergency Readmissions Within 30 Days	-	6.35	6.19	6.11	5.80	6.27	5.85	6.03	6.10	6.24	6.03	5.89	5.59

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
<b>Section C - NHSE Quality and Contract Requirements</b>													
HCAI: MSSA (Target = LTHT Trajectory 19/20)	<=84	10	7	6	12	7	13	5	5	9	15	9	7
Readmissions to PICU Within 48 Hours	<1	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
Adult Critical Care Discharges - % Within 4hrs	-	16.12	15.14	17.86	20.88	18.93	19.67	18.14	23.58	18.75	18.14	19.60	18.13
Adult Critical Care Discharges - % Within 24hrs	-	64.21	61.04	65.05	65.11	70.13	69.95	65.44	67.48	69.29	62.47	61.36	68.96
<b>Section D - Local Quality and Contract Requirements</b>													
Radiology Turn Around Times (Median Wait)	-	15	16	15	14	13	13	14	14	16	14	14	14
<b>Section E - Internal Monitoring</b>													
Pressure Ulcers (Grade 3) (developed)	-	5	2	1	5	5	7	8	4	2	4	4	10
Pressure Ulcers (Grade 4) (developed)	-	2	0	0	0	0	0	1	0	0	1	0	0
RTT Admitted - Clock Stops (Known Waits)	-	3,536	3,742	3,578	3,892	3,555	3,428	4,114	4,081	3,579	5,017	4,573	4,614
RTT Non-Admitted - Clock Stops (Known Waits)	-	16,016	15,979	15,081	17,081	14,432	15,815	17,125	15,583	13,543	15,471	14,389	14,783
RTT Admitted - New Pathways (Clock Starts)	-	2,962	3,345	2,920	3,075	2,751	2,965	3,273	3,068	2,973	3,771	3,391	3,315
RTT Non-Admitted - New Pathways (Clock Starts)	-	22,358	23,105	21,251	21,407	20,772	20,838	23,204	21,213	18,952	21,576	21,279	22,848





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