



The Leeds
Teaching Hospitals
NHS Trust

QUALITY ACCOUNT

2023-2024



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Part 1: Chief Executive's Statement from the Board



1.1 Introducing the Trust

The Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest and busiest NHS acute health providers in Europe, a regional and national centre for specialist treatment, a renowned biomedical research facility, and the local hospital for the Leeds community.

Each year we treat around 1.5 million patients across seven hospital locations:

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

We provide local and specialist services for our immediate population of 770,000 and regional specialist care for up to 5.4 million people. The Trust spends around £1.34 billion of the NHS budget, treating illness and disease in Leeds and on specialised services for people across Yorkshire and the Humber and beyond. The Trust employs more than 20,000 staff and works with academia and industry to play a leading role in education, research and innovation.

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

1.2 Development of the Quality Account

Our Quality Account for 2023/24 has been developed with our staff, stakeholders and partner organisations, including clinicians and senior managers, Patient Safety Partners, Integrated Care Board (ICB) and Healthwatch Leeds. It has been approved by the Trust Board.

1.3 Chief Executive's Statement on Quality

On behalf of the Trust Board and staff working at Leeds Teaching Hospitals NHS Trust, I am pleased to introduce you to our Quality Account for the year 2023/24.

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 make, and sustain, improvements in quality and safety whilst facing significant operational pressures across the Trust. We are extremely proud of our staff who have focused on providing safe care and improving quality for our patients and taking the time to support and care for each other.

Our quality improvement programme remains key to addressing patient safety challenges and in embedding the Patient Safety Incident Response Framework (PSIRF). The Leeds Improvement Method (LIM) has continued to provide a framework for our recovery programmes and transformation strategy.

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

We have refreshed our annual commitments for 2024/25 with our senior leaders and Board, focusing on improving quality for patients and supporting our staff. We have continued to work with our clinicians, managers, staff and local partners at Leeds Health and Care Partnership, NHS West Yorkshire Integrated Care Board and Healthwatch Leeds to build on our improvements and identify our priorities for 2024/25.

I hope you enjoy reading this summary of our achievements in 2023/24 and the work we have done to improve quality and safety for patients in our hospitals.

1.4 Leeds Teaching Hospitals NHS Trust at a glance



Our Vision

We provide the highest quality specialist and integrated care

Our Strategic Priorities

Develop integrated partnership services

Support and develop our people

Focus on care quality, effectiveness and patient experience

Deliver continuous innovation and inclusive research

Ensure financial stability

Our Values

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



Patient-centred

We act with compassion, empathy and kindness towards those in our care and to each other.

We consistently deliver high quality, safe and dignified care, focusing on individual needs.



Fair

We seek to understand the perspective of others, respecting and embracing our differences.

We champion inclusivity by prioritising fairness & equality.



Collaborative

We are all one team with a common purpose and value the contribution of others.

We work in partnership with our patients, their families and carers, our colleagues and other providers.



Accountable

We keep our promises, agree clear expectations and will speak up to respectfully hold ourselves and each other to account.

We are true to our word and act with integrity and honesty with our patients, colleagues and communities.



Empowered

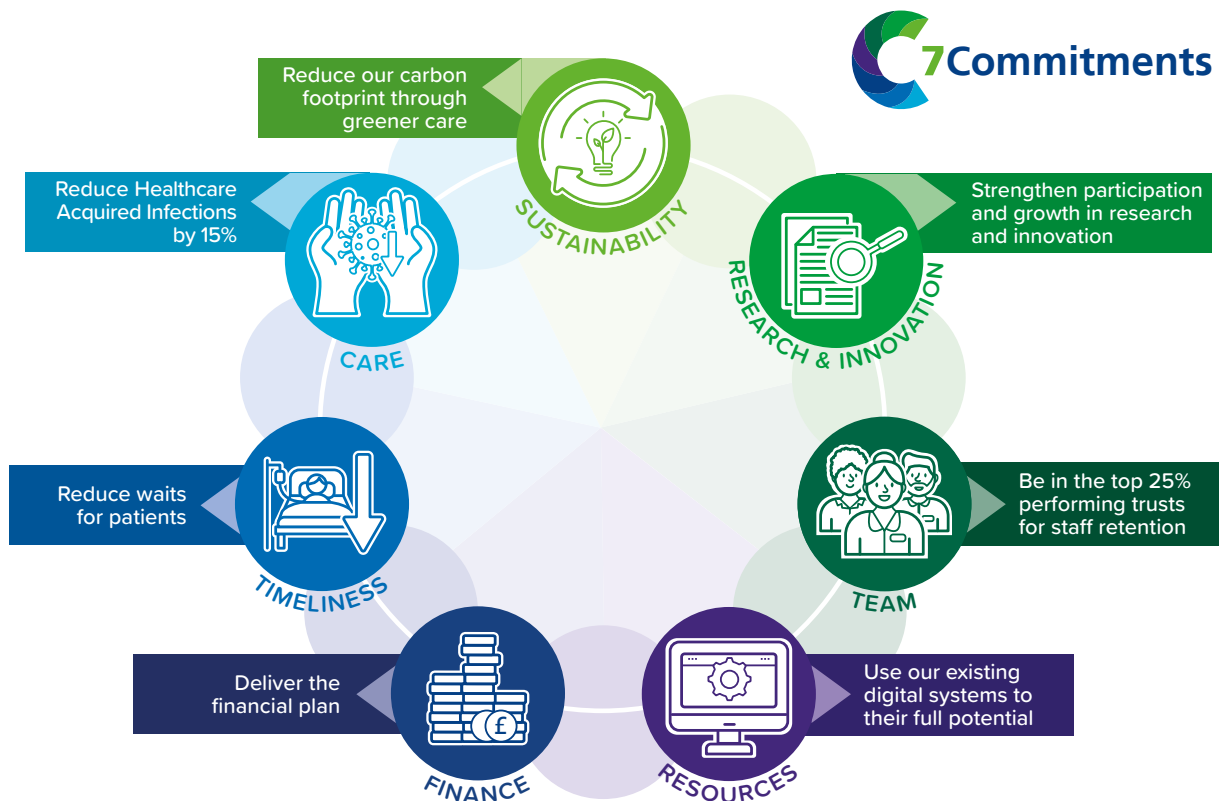
We empower our patients and colleagues to have a voice and make decisions, and are considerate of their choices.

We celebrate innovation, and we take personal responsibility for our learning.

Our Multi-year Goals

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

Our Annual Commitments for 2024/25

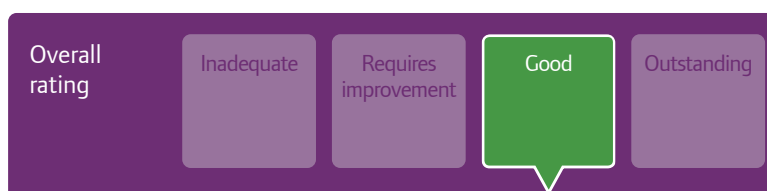


1.5 Care Quality Commission - inspection and ratings

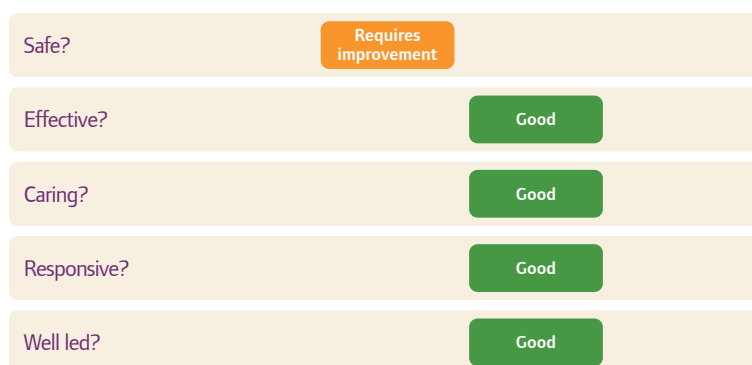


Last rated
15 February 2019

Leeds Teaching Hospitals NHS Trust



Are services



The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/provider/RR8
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

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

■ Outstanding
 ■ Good
 ■ Requires improvement

[Read the full report](#)

In 2023/24 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 2023/24

As part of CQC's Maternity Inspection programme the Trust were inspected against the safe and well led domains for Maternity Services in May 2023. The CQC published their final reports on 16 August 2023 and have rated the service **good** for safe and **good** for well-led at both LGI and SJUH.

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.





Part 2: Improving our Quality of Service




Improving our quality of services - Achievements in 2023/24


Patient Safety


Number of patient falls has reduced by **9.6%** 


Achieved the Trust wide ambition of a **5% reduction** trajectory in pressure ulcers for 2023/24 compared with 2022/23 

Development and launch of the **Essentials of Infection Prevention** campaign 


Patient Experience


In 2023 over **130,000** patients have shared their experiences by completing the Friends and Family Test 


Increased the number of volunteers from **76 to 130** who collectively gifted **8681 hours** in 2023, a **132%** increase from 2022 

 **All CSUs** have now completed the Complaints Improvement Programme


Clinical Effectiveness


Significant improvement in discharges by 3pm up to **41%** 


A new **Mortality Screening tool** report was launched in December 2023, allowing improved visualisation of data at ward, CSU and Specialty level 

Year-end position for Emergency Care Standard for LHTH was **76.81%** against a target of **76%**. This is above the national average of 71.8% and means that **LHTH is 1st amongst peers for ECS** 

Staffing

55% of our workforce (11,216 people) completed the staff survey, up from 37% in 2022 

Around **275** fewer people overall left the Trust compared to last year 

The nationally recognised 'New to Care' programme has led to a reduction of the CSW vacancy gap by **543 WTE** 

Improving our quality of services - Priorities for 2024/25



Patient Safety

Continue our work to **reduce** all avoidable HCAs



Embed use of **Falls rescue kits** on all sites



Implement the Trust **Patient Safety & Quality strategy 2024-2027**

Develop interventions to support **zero tolerance** for **Category 4 pressure ulcers**



Patient Experience

Develop a **Complaints Action Plan** to further improve the experience of complainants



Develop a strategy **Volunteering in Health and Social Care** across West Yorkshire that is aligned with the **Leeds Volunteering Strategy**



Sign Live for BSL users will be made available on Inpatient wards, enhancing the communication opportunities for patients who rely on BSL and resulting in a **positive patient experience**



Clinical Effectiveness

Introduce **SUPPORT volunteers** to enhance the care of dying patients and their families



Mortality Improvement Group will continue to monitor mortality trends across the trust and explore areas of interest



Improve the utilisation of the **Discharge Lounge** and **pre-booked transport**



Staffing

Continue to **improve** the **Staff Engagement score**



Triangulate our **People Priorities** and HR&OD Assurance Framework, with other key metrics to identify improvement areas of focus



Focus on reducing **the nursing workforce gap** seeking innovative, leaner and cost-effective sustainable ways to make LTHT an employer of choice

2.1 Progress against our Quality Goals 2023/24

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 2023/24 we have continued to focus on our programme of improvement collaboratives (section 3.1) whilst reflecting on and refreshing our Patient Safety Incident Response Plan (PSIRP) implemented in April 2022. In 2023/24 we commenced a three stage programme to review sources of patient safety and experience data, engaged key internal and external stakeholders in the development of our local priorities and consulted with staff, patients and partners on our plan. In April 2024 the Trust implemented its Patient Safety Incident Response Plan for 2024-26 and our quality account next year will review our progress against this plan and key workstreams.

Patient Experience

Over the last year we have undertaken a city-wide 'How Does It Feel For Me' programme which have given the insight that what matters most to people is how we **communicate, co-ordinate their care** and demonstrate **compassion** - the 3C's. Much of the work of the patient experience team during the last year has supported improvements in these three areas.

In addition, a number of improvements have been achieved in relation to our priorities outlined in 2023/24; including:

- All Clinical Service Units (CSUs) have now completed the Complaint Improvement Programme with improvements being seen in complaint response times and the quality of responses.
- Continued to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into the work of our Safety Committees and improvement collaboratives.
- Embedded learning from patient experience into our Trust lessons learnt and improvement work.

Further details are included in section 3.3.

Clinical Effectiveness

Pressures on capacity and flow across the health care system continue to have an impact on all our services. We have addressed this by looking at ways in which we can enhance quality and efficiency to improve outcomes and experience for our patients using the established Leeds Improvement Methodology.

Key achievements from 2023/24 include:

- Establishment of a discharge lounge at St James's Hospital to provide a comfortable, safe place for patients to wait for transport home.
- A new online tool for completing SJRs has been developed and Implemented.

Further details are outlined throughout section 3.4



2.2 Our Priority Improvement Areas for 2024/25

Patient Safety

In 2024/25 we will continue to support our Patient Safety and Harm Free Care Improvement Programmes to improve outcomes further and spread the improvements Trust wide. These include:

- Sepsis
- Pressure Ulcers
- Falls
- Learning from Patient Safety events
- Reducing healthcare acquired infections

Patient Experience

In 2024/25 we will continue 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 have outlined the following additional priorities for 2023/24;

- To build on the findings of the 'How Does It Feel For Me' 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.)
- To develop a new complaints action plan to further improve the experience of complainants
- To continue to progress improvements in complying with the accessible information standard (AIS),
- To continue to implement the requirements of the Involving Patients in Patient Safety Framework
- To continue to deliver the carers action plan
- To continue to build relationships with the third sector to support our volunteering provision, care delivery and access to community voices

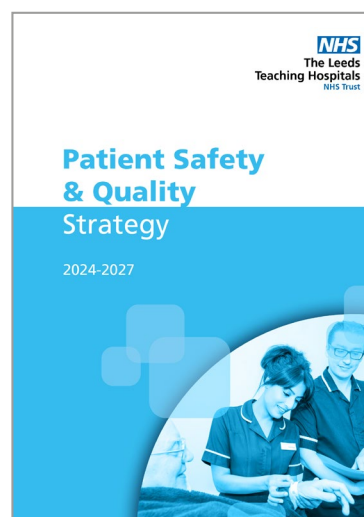
Clinical Effectiveness

Our ambition for 2024/25 is to enhance Trust wide improvements focused on palliative and end of life care, learning from deaths and improving discharge, readmission and patient reported outcomes. As well as ensuring the safety and quality of care whilst delivering the Constitutional standards.

2.3 Patient Safety and Quality Strategy

In 2024 the Trust will publish its Patient Safety and Quality Strategy 2024-27 which builds on the ambitions set out in the Clinical Quality Strategy 2021/24.

The Trust's Patient Safety and Quality Strategy 2024-27 sets out what we will do in response to the National Patient Safety 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 new Patient Safety Incident Response Framework (PSIRF).



Part 3: Review of Quality Programme



3.1 Leeds Improvement Method

Background

This year we have worked to strengthen the alignment of our improvement activities with our organisational priorities using the Leeds Improvement Method (LIM). To do this our Executive team identified 7 'Annual Commitments' for the organisation. A supportive framework using an 'A3 thinking' approach was then deployed to ensure all our clinical service units (CSU) were striving to make meaningful and sustainable changes towards these commitments. The Kaizen Promotion Office (KPO) team has allocated specialists to support each CSU with local and cross-functional improvement activities. In parallel with this work KPO has continued to build local capability and capacity using a practical, learner focussed in-action training and education approach.

Key Achievements in 2023/24

Clinical Value Streams

We are proud of the volume and breadth of improvement activities using the LIM approach in progress across the Trust. All are important and reflect our culture of continuous improvement which results in better services for patients, their families, and for those delivering their care. Some notable examples are shared below.

A workshop with the children's cardiac surgery team delivered some fantastic outcomes. Cancellations were reduced by 28% and process improvement meant that by 90-days 100% of cases started on time and 17% more families reported communication with the clinical team to be excellent.

The Trust commitment to environmentally sustainable healthcare is described in our green plan. Our work to support recycling of medicines as part of this plan has seen some encouraging results this year. For example, a 51% improvement in the correct recycling of medicines with an associated 25% reduction in the associated carbon footprint on our pilot wards. We have ambitious plans to scale-up this work which will include the adapting some existing pharmacy roles to promote staff awareness of the benefits.

We recognised an opportunity to use the new Patient Safety Incident Reporting Framework (PSIRF) to shape a redesign of our investigation and learning around Health Care Associated Infections (HCAI). Superb collaboration between our infection prevention and control team and colleagues in older people's medicine has tested a new rapid review process and action focussed learning forum. Early data shows the time between an HCAI notification and the learning being shared reduced by 86% (99 to 14 days) as well as an improvement of 91% in the perspective of staff that the work in the process is balanced fairly across the team.

Education and Training

Developing our collective capability and capacity to identify and realise improvement opportunities is an important element towards the Trust's vision to provide the highest quality healthcare. The LIM education & training offer remains a core focus and 691 staff have now completed LIM Foundation training. This one-day course is open to all staff regardless of their role, who commit to practice their learning by leading a small test of change in their work area. The LIM Intermediate training is a three-day course and builds upon the LIM Foundation offer and aims to equip delegates with the knowledge, skills, and behaviours to deliver an improvement project. 144 staff have participated to date and their projects have enabled quality improvement in many areas of the Trust such as 14.5 hours saved a week in the Health and Wellbeing team. In addition, in collaboration with corporate services we have delivered LIM training to an additional 1199 staff through the 'Excellence in...' programmes. Feedback is overwhelmingly positive with 97% of participants 'likely' or 'very likely' to recommend LIM training.

We are now offering additional content to add depth and breadth to the LIM intermediate programme, this designed to be 'on-demand content' so staff can access training when they need it.

Aims for 2024/25

We will build on our first-year success with the annual commitments. We believe that strengthening the framework for aligned improvement activities across pathways of care will deliver the maximum impact for patients and staff. To enable this will require enhancement of our cross-functional approach in clinical value stream activities and can be measured in the number of cross-CSU value streams we support in 2024/25.

We're delighted to receive such positive feedback on our education and training offer from those staff who participate, something will

strive to maintain in the year ahead. Beyond this we will take a more targeted approach to reach colleagues who may derive most benefit as well as staff groups who have previously been under-represented. This will be evidenced by significant increases in relevant LIM training data sets. We appreciate the importance of understanding the impact of our training.

During 2024/25 we will create better visibility of the improvement activities delivered by those participating in LIM training as well as evidence their connectivity to organisational priorities.





3.2 Patient Safety

Number of patient falls has **reduced by 9.6%**



Achieved the Trust-wide ambition of a **5% reduction** trajectory in **Pressure ulcers** for 2023/24 compared to 2022/23



The CQC maternity patient experience survey results for 2023 highlighted that Leeds Maternity was **highly rated** by our service users.



LTHT was in the **top 5 best scoring Trusts** in the region for several themes



Received a CQC rating of **GOOD**, for both the **well led** and **safe** domains as part of the national maternity inspection programme

Average of **98%** of patients screened for **perioperative anaemia**



Development and launch of the **Essentials of Infection Prevention** campaign

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



Developed the Trust's second **patient safety incident response plan**, incorporating learning gained over the year and engagement from staff, patients and stakeholders to create a new plan covering 2024-26



The IPC Team are proud to have supported the Oncology CSU in **winning the Nursing Times Award** for Infection Prevention in October 2023



Patient Safety Partner embedded within **Medicines Management** to work with us to ensure medicines are accessible and used safely across the organisation



The Emergency Department have developed and produced a **'Safeguarding in the Emergency Department'** pocket guide



GS1 Healthcare UK Advisory Group to demonstrate the **work we are undertaking** here in the Trust



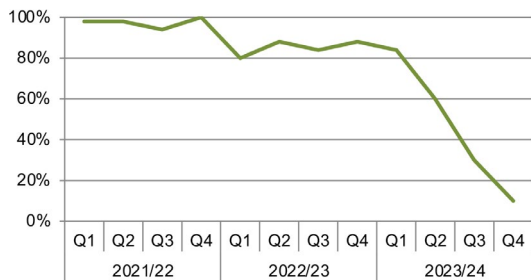


3.2.1 Sepsis

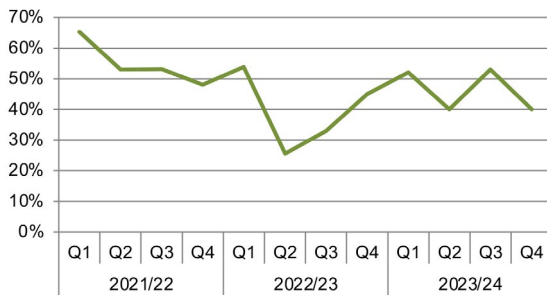
Background

Sepsis is a major cause of morbidity and mortality around the world. It is estimated that up to 12% of sepsis deaths may be preventable. At Leeds Teaching Hospitals NHS Trust (LTHT) we are committed to continually improving patient care and experience through an ongoing Sepsis Care improvement program.

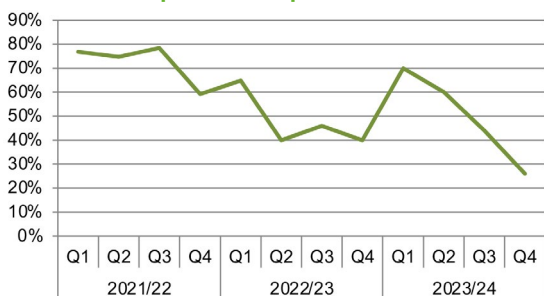
Emergency Department - Sepsis Screen



Emergency Department IV Antibiotics within 1 hour



Inpatient - Sepsis Screen



Inpatient IV Antibiotics within 1 hour



Key Achievements in 2023/24

This year has continued to be a significant challenge for all healthcare staff. Operational pressures in the Emergency Department and across wider clinical areas have been substantial.

This year we have:

- Worked with pathology to measure volume in blood culture bottles
- Continued production on the deteriorating patient tool
- Launched a deteriorating patient recognition course (ALERT) in collaboration with the Critical Care Outreach and Resuscitation team
- Continued to widen our multi-disciplinary education programme with very positive feedback and much improved sepsis awareness shown by qualitative audit
- Appointed a paediatric sepsis nurse
- Identified further areas that would benefit a deteriorating patient trolley.
- Appointed a new Sepsis Lead clinician
- Commenced a pilot of 'call for concern' on the back of Martha's rule, this is run by the critical care outreach team.

Aims for 2024/25

- Raise awareness on Sepsis across LTHT working with our partners including in the community
- Release the Deteriorating Patient Tool on PPM+
- Improve compliance with Sepsis Metrics (target 90%)
- Assess and widen the Deteriorating Patient
- Trolley program
- Work with ED on their Blood Culture pathway
- Launch updated blood culture e-learning
- Launch the first sepsis e-learning within the trust
- Update Sepsis guidelines to keep current with NICE guidelines



3.2.2 Falls

Background

Falls prevention continues to be a primary patient safety focus for the organisation, with the aim to reduce our rate of falls, and continue our improvement journey. Throughout 2023/24 the number of falls has reduced by 9.6% and the team has continued driving our improvement work forward, testing new interventions and sharing learning.

Incidence of falls and falls with harm are monitored at Trust wide, Clinical Service Unit (CSU) and ward level. All falls are reviewed and where moderate harm or above occur, are investigated and have learning shared across the Trust.

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

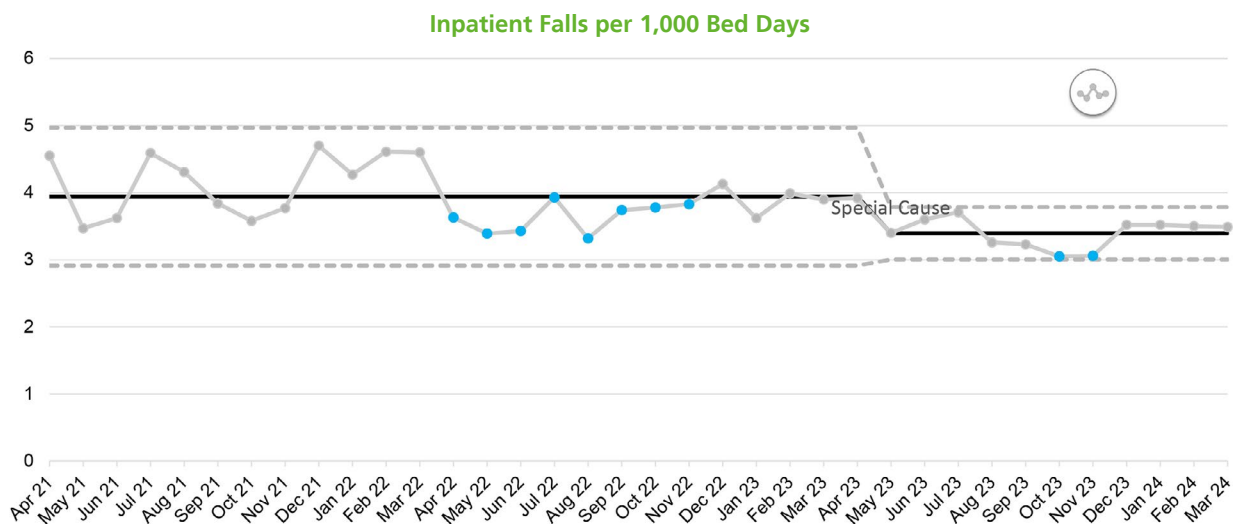
Key Achievements in 2023/24

- We have met and superseded our falls improvement trajectory of a 5% reduction for the year 2023/2024, with the Trust ending 2023/2024 9.6% below the trajectory.
- In-depth ward reviews as part of the falls inreach work have continued to support wards and help with improvement ideas.
- Falls data continues to help us understand key areas of focus and is freely available to all on the intranet.
- There has been a statistically significant step reduction falls and falls per 1000 bed days across the Trust with individual CSUs seeing reductions.
- Trust wide we have seen a statistically significant reduction in falls with harm.

- Monthly falls training was launched in Q2 2023/2024 offering staff regular opportunities to access updates on falls prevention.
- A new Falls Champion role for each clinical area was launched Trust wide. Falls Champion training consists of practical education where falls prevention, interventions, investigation processes, quality improvements tools and project methodology, along with Datix reporting and review.
- The Patients Safety Incident Response Framework is currently being applied to improve the response to falls incidents, embracing the culture shift of removing blame culture.

Aims for 2024/25

- We will continue to reduce the rate of falls occurring across the Trust and continue our improvement journey.
- We will continuously review and improve the process of investigating falls and identifying shared learning from incidents to reduce recurrence.
- We will increase the provision of monthly training sessions to fortnightly
- To continue to embed our Falls Intervention Bundle across all clinical areas in the Trust and a culture of continuous improvement.
- Embed usage of new 'Falls rescue kits' at all sites
- Areas of focus include reducing falls occurring in toilet areas and utilising decaffeinated drinks to promote bladder health





3.2.3 Reducing Pressure Ulcers

Background

The team continue to drive quality improvement work, testing interventions and sharing learning from across the Trust with the aim to reduce hospital-acquired pressure ulcer numbers.

Key Achievements in 2023/24

- Achieved the Trust wide ambition of a 5% reduction trajectory in pressure ulcers for 2023/24 compared to 2022/23.
- Launched a patient information video focused on the importance of pressure ulcer prevention and aims to educate patients, carers and families.
- Working towards ensuring every ward has a dedicated Tissue Viability Link Practitioner RN and CSW.
- Continued to work with Digital Information Team (DIT) on the launch of the updated electronic Purpose T risk assessment document for both adults and paediatrics.
- Commenced Patient Safety Incident Reporting Framework (PSIRF) roll out in 2023/24. Engaged with the national pilot to roll out the PSIRF investigation process to reduce waste and time spent on lengthy investigations with a focus on the themes, learning and improvement plans.
- Achieved the target for staff priority training level 1 & 2 in pressure ulcer prevention.
- Launched a new process for recording themes and learning from PU harms on Datix as part of the new PSIRF process.
- Collaboration with an industry partner to complete Trust wide high specification foam mattress audit of every inpatient bed.
- Successful pressure ulcer awareness campaign on 17th November 2023 as part of “International Stop The Pressure Day”. Focused on engaging patients, carers and staff.
- Hosted the second Moisture Associated Skin Damage (MASD) Awareness Day in March 2024. The event was supported by Tissue Viability and the Continence Promotion Team to promote good skin and continence care.
- Continued to focus on key wards and CSU’s as part of specifically targeted project work to reduce hospital acquired pressure ulcers, improving patient care and outcomes.

Aims for 2024/25

- Develop interventions to support a zero tolerance for Category 4 pressure ulcers.
- Embed the Pressure Ulcer Intervention Bundle across the collaborative wards and continue to promote a culture of continuous improvement.
- Continue to work with Digital Information Team (DIT) on improving electronic documentation relating to Tissue Viability and Pressure Ulcer Prevention and launch the digital version of the SSKIN documentation across the Trust, working collaboratively with colleagues from Mid Yorkshire Hospitals NHS Trust.
- Launch Trust wide the Patient Safety Incident Reporting Framework (PSIRF) for Pressure Ulcers across all clinical areas.
- Launch Trust wide changes to Pressure Ulcer Categorisation as part of the National Wound Care Strategy Programme from NHS England.



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

Background

The Collaboratives aim is to improve the care in the care of patients who may be displaying clinically related behaviour that challenges us.

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

Key Achievements in 2023/24

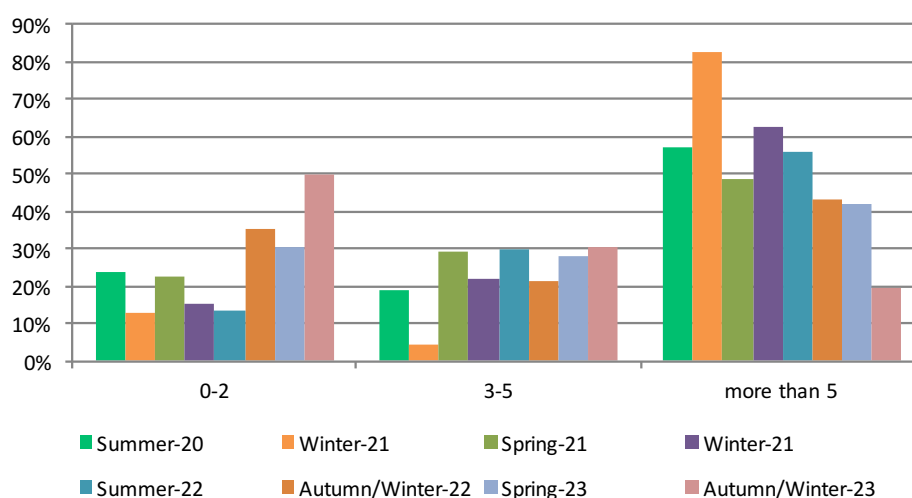
- Met every two weeks with a 'hot topic' of focus to share and develop learning by multidisciplinary staff.
- Reviewed data quarterly to look at staff confidence levels in managing behaviour that challenges us, alongside areas that require more support.
- Gradual reduction in the number of occasions staff have experienced clinically related challenging behaviour over time (see graph below).
- Following staff feedback rationalised the datix categories for reporting challenging behaviour.

- We continue to send letters to all staff members named in an incident report in which a patient has been physically or verbally abusive to offer support.
- Deliver monthly face to face training in de-escalation techniques to help staff confidence in dealing with behaviour that challenges us. This has been extremely well received by staff.
- Developed an e-learning package for a broader audience which has been developed by experts in the field. This is in response to a training needs analysis.

Aims for 2024/25

- To have fully launched the e-learning training package across LTHT to multi-disciplinary staff.
- To see increased confidence in our pilot wards in terms of safely managing patients whose behaviour can challenge us.
- To see increased reporting on datix of assaults fostering a positive reporting culture with the newly rationalised categories on datix.
- Through training to have developed enhanced capacity and capability Trust wide in managing behaviour that challenges us in order for us to have created a highly experienced workforce in this area.

On how many occasions have you experienced clinically related challenging behaviour from patients in the last 3 months?





3.2.5 Maternity Services

Background

Our ambition is to be a provider of outstanding Women's healthcare. We aim to embed continuous improvement, and outcomes with a clear focus on patient safety and experience. We work collaboratively with our partners in local and regional networks, providing patient-centred care via effective integrated systems.

We actively engage with and listen to the voices of the diverse fabric of our local maternity population to ensure that the care we are providing is responsive to individual needs.

Key Achievements in 2023/24

- Worked collaboratively with neonatal colleagues to benchmark LTHT services against the three-year delivery plan for maternity and neonatal services and developed a responsive action plan.
- Supported training and development aligned with the staff support framework to facilitate formalised debrief and support sessions for our teams.
- Benchmarked against the Saving Babies Lives version 3 care bundle and exceeded the expected trajectories.
- Supported three of our maternity support workers to commence the midwifery apprenticeship programme.
- Implemented a new training day supporting the delivery of national training requirements from the Core Competency Framework (CCFv2), ensuring that the voice of our families and local learning is embedded into the training.
- Received a CQC rating of good for both the well led and safe domains as part of the national maternity inspection programme.
- Participated in an external assurance visit by the WY&H LMNS. The overall summary from the visit stated LTHT maternity services had a clear commitment to safety, managing risk, learning, quality improvement and maternity transformation.



- The CQC maternity patient experience survey results for 2023 highlighted that Leeds Maternity was highly rated by our service users. Those surveyed were very satisfied with their experiences overall and LTHT was in the top five best scoring Trusts in the region for several themes.
- Worked collaboratively with service users to develop ['Our Maternity Voices' film](#).



- Creation of the in-house Stop Smoking Service to run alongside the wider outpatient maternity stop smoking offer meeting the ambition set out in the NHS long term plan.

Aims for 2024/25

- Continue to implement the three-year delivery plan for Neonatal and Maternity services.
- Continue to work with our Maternity and Neonatal Voice Partnership (MNVP) to demonstrate our commitment to improving and diversifying the engagement with all pockets of our maternal population which will include focus groups, service-user events, and monthly drop in's.





- Bump and Baby Fit offer with Active Leeds to improve access to physical activity for those with diabetes and class III obesity.



- Further development of the maternal medicine network and shared learning across the region.

- Use data, research evidence and service-user feedback to understand our local maternity population demographics, outcomes and feedback and work collaboratively across the Leeds place and region to ensure that equity in maternity services is prioritised.
- Focus on gestational and type 2 diabetes prevention
- Continue to support staff education and awareness around racial biases, health equity and unconscious bias
- Quality improvement pathways to support maternal Healthy Weight
- Continue auditing and evaluating all workstreams to ensure a continual process of learning, reviewing, and adapting is in place and that workstreams align with service user needs.

3.2.6 Preoperative Blood Management and earlier identification of preoperative anaemia

Background

Reducing the number of patients with preoperative anaemia has been a key priority at LTHT since November 2019 and has now become business as usual. The proactive identification and treatment of preoperative anaemia is supported by NICE guideline NG54 and the Centre for Perioperative Care (CPOC) guideline for the management of anaemia in the perioperative pathway (2022).

In 2020 LTHT introduced a clinical guideline for the identification and treatment of preoperative anaemia and a new pathway to enable patients to access preoperative intravenous iron where needed. This was updated in 2022 after publication of national guidelines.

Key Achievements in 2023/24

- The results for 2022/23 were overwhelmingly positive. The screening of patients was consistently performed with over 80% of patients screened. In 2023/24 this has increased further, with an average of 98% of patients screened for preoperative anaemia.
- 2023/24 has also seen an increase in the number of patients who were treated in line with the guidance NG24. From 73% in Q4 of 2022/23 to 77% and 76% in Q1 and Q2 (respectively) in 2023/24.
- The challenge of how to earlier screen patients on planned care pathways for iron deficient

anaemia, in a timely manner to enable treatment prior to surgery still remains. However new pathways have been introduced in 2023/24 to support this.

- In September 2023 the Shape Up 4 Cancer Surgery (prehabilitation) clinics were launched. Offering a one stop surgical assessment and optimisation for patients undergoing a surgical procedure as part of their cancer treatment. These clinics take place earlier in the treatment pathway (than the alternative surgical pre-assessment) enabling earlier screening for iron deficiency anaemia and ensuring patients are treated prior to their surgery.

Aims for 2024/25

- To expand the Shape Up 4 Cancer Surgery (prehabilitation) clinics to further cancer surgical specialties, enabling more patients to be optimised prior to cancer surgery.
- Build on the engagement with primary care, and the Integrated Care Board for Planned Care has taken place throughout 2023. A new referral guide for surgical referrals is currently in design with primary care colleagues to aid their identification of iron deficiency anaemia at the point of referral.
- There will be a renewed focus on the early screening, identification, and treatment of iron deficient anaemia by pre-assessment teams.



3.2.7 Reducing rates of Healthcare Associated Infections

Background

The reduction of Healthcare Associated Infections (HCAIs) remains a key priority at LTHT; our Board Assurance Framework (BAF) continues to reflect actions and key work streams to facilitate this.

In 2023/24 the launch of the Trust's seven commitments included a HCAI specific ambition. This has enabled the Infection Prevention and Control Team (IPCT) to support clinical services to reframe, reset and re-evaluate core clinical practices, with a 'back to basics' approach including an increased focus on devices and procedures, and Antimicrobial Stewardship.

Key Achievements in 2023/24

- The Infection Prevention Team continued to respond to national guidance and have supported the organisation with the development and launch of the Essentials of Infection Prevention campaign, these are a set of core standards to compliment the implementation of the National Infection Prevention and Control Manual (NIPCM), this includes a suite of clinical resources which continues to ensure our patients, staff and visitors remain at the heart of everything we do.



- We have welcomed three new Deputy Medical IPC lead roles to support several focused workstreams specifically around Antimicrobial Stewardship, the Surgical Patient Pathway, IV Device Management and High Consequence Infectious diseases (HCID).

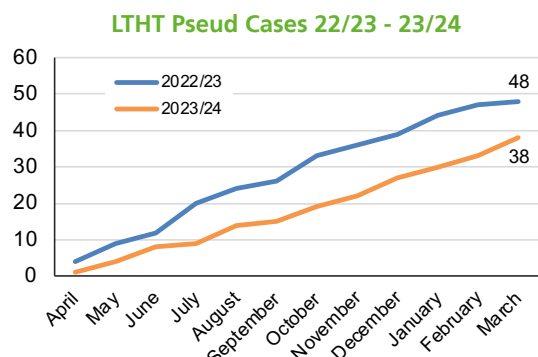
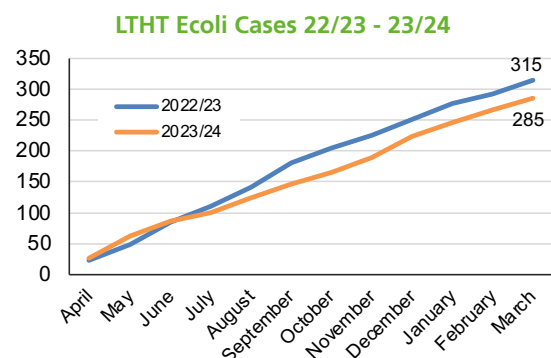
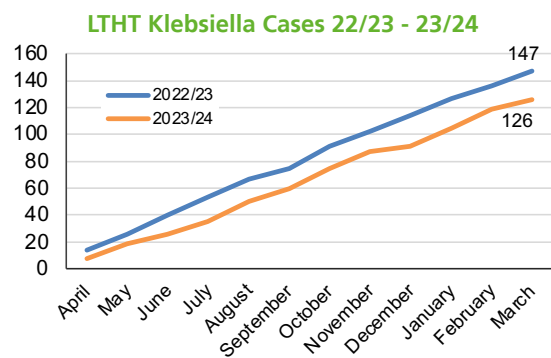
- We have been extremely proud to have worked with the Trust's Kaizen Promotion Office on several initiatives over the last year, our most notable achievement being the implementation of the new Patient Safety Incident framework (PSIRF) in Speciality Integrated Medicine this replaces our current Root Cause Analysis and Serious Incident Framework. This will be rolled out in the coming year and strengthen our ability to hear our patients voice and ensure wider shared learning. Our established HCAI Faculty also continues to support focused Quality Improvement projects using the Leeds Improvement Methodology.



- We are pleased to report that we have begun to see a small but tangible reduction in some of our reportable HCAI infections during 2023/2024 when compared to the previous year 2022-2023. Significant work over the last 12 months has been undertaken to enable this, although notably these are still higher than the nationally agreed thresholds provided to the Trust in May 2023.



- Workstreams have included a refocus on several of our HCAI pathways following thematic reviews, supporting targeted interventions. This has included work on intravenous and indwelling devices, the surgical pathway and antimicrobial stewardship.
- We are pleased to be able demonstrate a continued reduction in the number of Pseudomonas aeruginosa blood stream infections.



- Considerable focus has been applied to our water safety agenda and the introduction of multidisciplinary water pathway walk rounds in our augmented care environments. This has included the development of several water safety educational resources which have been shared trust wide.
- The IPC Team were pleased and proud to have supported the Oncology CSU in winning the Nursing Times Award for Infection Prevention in October 2023.



Aims for 2024/25

- We will continue our work to reduce all avoidable HCAs and support the organisation to be the best for specialised integrated care.
- Using the Leeds Improvement Methodology, we will provide high quality safe and effective evidence-based care and support best practice.
- We will continue to respond to the threat of new and emerging infections and tackle antimicrobial resistance.



3.2.8 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. When we get this right, it helps individuals themselves and helps us to reduce medicine waste.

Key Achievements in 2023/24

- We have cared for patients with their medicines by supporting new services and innovative care and treatments. We have continued to expand outpatient services in pharmacy-led clinics for cancer, heart failure and kidney transplant. We have introduced follow up calls to patients who have been started on anti-clotting medicines by the Same Day Emergency Care unit. In these calls we talk to patients about how they are managing their new medicine and help them to access further support if needed.
- We are enabling more patients than ever to receive specialist medicines in their own home. This year we have supported more patients to take antibiotics at home so they can avoid admission to hospital or leave hospital earlier.
- We are keen to know what patients and carers think about our services. We have used the Friends and Family Test to ask for targeted feedback from patients with a cancer diagnosis who are receiving specialist medicines. We are using this information to understand what matters most to patients in our care.
- We have recruited a Patient Safety Partner to work with us to ensure medicines are accessible and used safely across the organisation.
- We have worked with hospitals across the region to explore more efficient ways of preparing medicines that are given by injection or infusion. Plans for a new regional medicine preparation hub in Leeds are underway and we are exploring other ways to give medicines infusions in locations that are closer to patients' homes.

Aims for 2024/25

- We will continue to look for ways to involve patients and carers in pharmacy service design and improvement. We will expand the use of the Friends and Family test to seek feedback from a wider patient group.
- We recognise discharge medicine delays are a key concern for our patients and are working across the organisation to improve the time it takes for medicine supply.
- We will continue to develop accessible patient information to let patients know about the different types of medicines support that they can access when they leave hospital. In addition, we will make it easier for patients to seek advice from the pharmacy team while in 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 are looking at the best ways to deliver these products to wards so they are available when they are needed.

Compliments and appreciation from parents:

“Today myself and my son attended his kidney outpatients monthly appointment and were seen by one of the Renal Pharmacists for his review.

I would just like to say that we were both really impressed with him. He took his time to go through my son's health, his previous blood results and medication in detail. His knowledge, advice and explanations were very impressive.

We both came away happy and very well informed of his current circumstances along some great advice on how he can look after his health in the future.”

“This morning my little girl had an appointment at Chapel Allerton Hospital. She was really upset and scared about it all and after, we had to go to the Pharmacy where we met the NICEST most kind man. He took her little dragon for an adventure around while he got all her meds ready and came back with a picture and said;

sorry, your dragon is too naughty jumping on the photocopying machine, you're going to have to take him back. It was probably nothing to him, but he has made her whole week. Thank you so much for making it easier and making her happy again”





3.2.9 Reducing Harm from Preventable Venous Thromboembolism (VTE)

Background

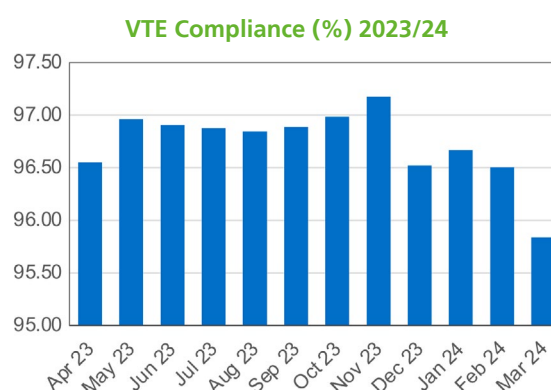
Patients that are admitted to hospital are at risk of developing a blood clot or venous thromboembolism (VTE). VTE is a significant cause of mortality, long term disability and long-lasting ill-health problems, many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. 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 (over 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 2023/24

- VTE risk assessment rates have been consistently above 95% (see graph and table opposite).
- We have continued to use the root cause analysis (RCA) tool to help us gather learning and information about what worked well and what could be improved across our services.
- 100% of HATs have been investigated using the RCA tool.
- We have used Trust wide communication tools such as Learning Points Bulletins and Quality and Safety Matters Briefings to highlight lessons learned from patient stories where blood clots were not prevented.
- We have developed an electronic specialist review form which will enable us to identify trends and themes to help us understand key areas of focus.

Indicator	Reporting period	Trust performance
Percentage of admitted patients risk assessed for VTE against the national benchmark of 95%	Q1 2023/24	96.8%
	Q2 2023/24	96.8%
	Q3 2023/24	96.8%
	Q4 2023/24	96.3%



Aims for 2024/25

- Continue achieving our 95% target of admitted patients having a documented risk assessment as part of their individual patient care record.
- Add the pregnancy VTE risk assessment forms to our electronic patient records system.
- Introduce the electronic specialist review form and devolve completion to Clinical Service Units, enabling them to take ownership and implement appropriate action plans to address learning points.
- Re-establish the VTE link nurse network to help us learn from events and reduce Hospital Associated VTEs.
- 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.



3.2.10 Safeguarding Vulnerable People

Background

The 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 2023/24

- Following on from last year's aims, the combined Safeguarding Level 3 mandatory training was launched. Candidates have been engaged with positive evaluation.
 - Collaborative working between our safeguarding teams, the Emergency Department (ED) and our Head and Neck CSU in developing the citywide pathway for victims of Non-Fatal Strangulation (NFS).
 - A specialist safeguarding role in ED has been commissioned by the ICB for a year. They will work with the A&E Navigator service to assist in assessing risk and enhancing safeguarding practice.
 - Our key achievements this year include the rebranding of the managing allegations against staff policy in partnership with our Human Resources colleagues and all the CSU's. Training programmes have been developed to improve understanding and knowledge across the organisation.
- Learning from local Domestic Homicides has seen routine enquiry questions being included in patient assessment within the Emergency Department.
 - The birth alert process has been reviewed and strengthened.
 - With safeguarding support clinicians in Emergency Department have developed and produced a 'Safeguarding in the Emergency Department' pocket guide which includes information on recognising and responding to safeguarding, referrals and assessment.

Aims for 2024/25

- A pilot 12-17 year-old psychosocial assessment will be launched next year in ED with vision of full role out in both paediatric and adult ED to help identify children and young people at risk of harm/need.
- A joint PPM+ safeguarding flag is currently being formulated to alert staff to safeguarding concerns.
- Wider training needs have been identified and a plan agreed for chaperoning, communication and consent at a Trust-wide level.
- Gaining Young Carers Accreditation which includes a 'No Wrong Door for Young Carers' pathway alongside 'A Day in the Life of...' assessment tool and will help young carers and their families to access the right support through a 'Think Family' and 'Early Help' approach.
- Launch of the Hope Box Project supporting women and babies who are separated at birth due to significant safeguarding concerns.



3.2.11 Scan4Safety

Background

Scan4Safety at the Trust has, after six years, moved out of Capital Funding and has now fully transitioned into an operational programme. LTHT continues to be the leading NHS Trust in the national Scan4Safety programme and is also recognised internationally as an exemplar organisation utilising global standards and interoperability for the benefit of our patients and staff.

The core values of the scheme remain the same:

- Provide traceability of products and where implanted record which patient has the implant.
- Promote efficient data capture in the Trust and wherever possible ensure that information is captured once and shared
- Work towards enabling systems which help provide safer care for our patients

Key Achievements in 2023/24

- In 2023/2024 we aimed to provide a Live Bed State Dashboard. Working with our colleagues in DIT Information and Insight we achieved the first iteration of a Live Bed State Dashboard that updated from multiple systems across the organisation every 20 minutes. From this work we are now improving data capture of admission, transfer and discharge across the organisation. A group has now been set up to direct new iterations of the dashboard and plan the widespread implementation of real time scanning to deliver the continually updated dataset of bed utilisation required for the Live Bed State.
- The Integrated Inventory Management Solutions has continued to be developed in the organisation. We have worked with all parts of procurement as well as the supplier to improve the system. We have established all the information for the next integration which will allow information about the clinician undertaking the procedure to be included.

- Real Time Location Systems have been developing slowly in the background, during the year we have worked on aligning ideas around the organisation and have produced the first draft mapping of Real Time Location implications.
- We have started working with our Mortuary Teams and Histopathology teams to improve some of their systems by using barcoded or Real Time Location Tracking Data.
- In October 2023 we hosted the GS1 Healthcare UK Advisory Group to demonstrate the work that we are undertaking here in the Trust, they were impressed with the achievements and collaboration within the Trust for using barcoding technology.

Aims for 2024/25

- We will work with the Scan4Safety Board to create a Scan4Safety Strategy for the next three years with clearly achievable goals.
- The Live Bed State will be developed from the first iteration to improve the usefulness of the information to the organisation. We will also work with the organisation to ensure that information is captured on a timely basis.
- Continual improvement of the Integrated Inventory Management solution with preparation for Medical Device Outcome Registries and Supplier Post Market Product Surveillance.



3.2.12 Patient Safety Incidents

Background

We are committed to identifying, reporting, and investigating incidents and ensuring that learning is shared across the organisation and actions to reduce the risk of reoccurrence are implemented effectively.

LTHT was an early adopter of the now nationally adopted Patient Safety Incident Response Framework (PSIRF). This approach to incident investigation is focussed on learning and findings from these reviews are feeding in to our quality improvement to embed learning at an organisational level.

Incident Data 2023/24

Indicator	Trust Performance 2023/24
Total patient safety incidents reported	39,883
Patient safety incident investigations (PSIIs) undertaken against LTHT PSIRP	17
Other formal patient safety incident reviews	3666
Patient deaths more likely than not due to problems in care	9
Patient safety incidents resulting in severe harm	107

Key Achievements in 2023/24

- Developed specialist review processes for priority patient safety incidents aligned to PSIRF.
- Developed the Trust's second patient safety incident response plan, incorporating learning gained over the year and engagement from staff, patients and stakeholders to create a new plan to cover 2024-26.
- The number of patient safety investigators has grown, and we are able to offer training to further develop this role and support those already carrying out learning reviews.

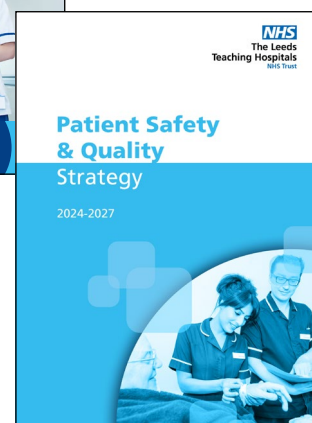
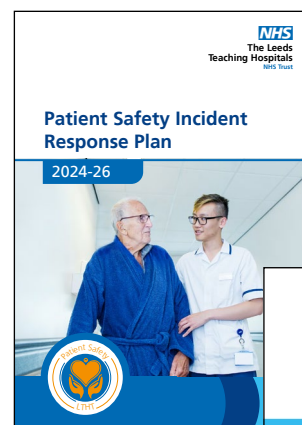
Never Events

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

We have reported six Never Events during 2023/24, two more than the previous year. Incidents were reported under the following categories:

- Mis-selection of a strong potassium solution
- Retained foreign object following surgery
- Wrong implant used in procedure
- Wrong site biopsy
- Retained foreign object following surgery
- Wrong site procedure.

These Never Events were reviewed and investigated in line with our patient safety incident response plan. Learning has been shared across the Trust and regionally through our work with the West Yorkshire Association of Acute Trusts.





Learning from Incidents

The Trust's Lessons Learned Group co-ordinates the dissemination of lessons learned from incidents and complaints across the organisation. Learning is shared through the publication of Learning Points Bulletins.

During 2023/24 the function of the group, and the way learning is shared has been re-considered and new technology, including "Padlets" have become available as a quick way for staff to access information.

The LTHT intranet site contains a Lessons Learned page where all staff can access the Learning Points Bulletin, videos, and resources to assist with learning. Summaries of previous investigations are also available.

Quality and Safety Matters briefings are produced when important safety concerns need to be disseminated quickly. These are focused on safety topics identified through local investigations or from national learning. These are sent to all wards and departments within the Trust to ensure that all staff are aware of these risks and what they need to do about them.

In 2023/24, the Trust continued to lead the shared learning group involving Trusts in the West Yorkshire and Harrogate region (West Yorkshire Association of Acute Trusts – WYAAT). The purpose of this network is to discuss common challenges relating to quality and safety, focusing on sharing key learning points arising from serious incident and never event investigations.

Aims for 2024/25

- Conduct reviews of patient safety events in line with our Patient Safety Incident Response Plan 2024-26.
- To begin to embed the new Patient Safety and Quality Strategy 2024-2027 following its launch in April 2024.
- Learning from Patient Safety Events (LFPSE) is expected to go live in 2024, allowing LTHT to upload information around incidents to a national portal automatically.
- LTHT will host a safety conference, sharing learning and skills around patient safety and incident investigation.
- Refresh our methods of sharing learning through the development of a multidisciplinary Learning Hub.

Learning Points Bulletin
Autumn 2023
The Leeds Teaching Hospitals NHS Trust

A Hospital with a Memory
Learning from some of the events that we didn't get right.

Stamping Out Sepsis

Use of Anti-embolism stockings in the at-risk foot

What you need to know
Anti-embolism stockings (AES) are an integral part of Venous Thromboembolism (VTE) prevention; however, they are not appropriate for all patients. Prior to applying AES patients should be assessed to ensure they are suitable candidates. If AES are contraindicated because of co-morbidities, this should be clearly documented, and suitable alternatives should be considered.

Why it's important
When correctly applied AES are a safe therapy that work through assisting venous return, by increasing venous blood flow velocity and preventing venous dilation. However, if used in patients where they are contraindicated, this can lead to pressure ulcers to the heels and toes and can restrict arterial blood flow in patients with peripheral arterial disease, which can cause ischemia.

What you can do

- 1 Be aware of contraindications to anti-embolism stockings
 - Suspected or proven peripheral arterial disease
 - Peripheral neuropathy or other causes
 - Skin problems including fragile skin, dermatitis, gangrene or recent skin ulcers
 - Allergy to the material of manufacture
 - Severe leg oedema
 - Major limb deformity or unusual leg size or shape prevents correct fit
 - Acute stroke
- 2 AES must be prescribed on a prescription chart and a care plan commenced and reassessed daily
- 3 If the patient is diabetic – check if they have any peripheral neuropathy (loss of sensation to the feet) prior to application
- 4 Measure patients' legs as per manufacturer's directions. If there are any signs of swelling or oedema then re-measure
- 5 Remove the AES at least daily for hygiene purposes and to inspect the skin. In people deemed at risk of developing pressure ulcers, inspect the skin 2 or 3 times a day particularly over the heels and bony prominences and document on the SKIN chart
- 6 If there are any concerns on assessment, do not apply anti-embolism stockings and seek senior/medical advice.

Please refer to the AES guidelines on Leeds Health Pathways: [Anti Embolism Stockings \(leeds.nhs.uk\)](#)



3.3 Patient Experience



Significantly increased the number of **Easy Read** leaflets available for patients from **27** to **114**

Our volunteers were **winners** in the **Unsung Hero** category at the 2023 Time to Shine Awards



Introduced **Sign Live** to the Trust which provides **instant access video support** for British Sign Language

AccessAble

LTHT guides were viewed **38,531** times by a total of **25,640** users over a 6 month period.

Launched the **Carer Passport** on 15 May 2023



In 2023 over **130,000** patients have shared their experiences by completing the **Friends and Family Test**



1000th Care Bag

provided to aid patients with a Learning Disability or Autism

Increased the number of volunteers from



76 to 130 who collectively gifted **8681 hours** in 2023, a **132%** increase from 2022



Developed the **Patient Experience Strategy 2024-27** with the principle of **'acting on what we have been told'**

First ever volunteer nominated for, and awarded an **Iris Award**



A **Patient Safety Partner** has worked as a change agent, leading the way in an improvement project designed to **reduce the incidence of Healthcare Associated Infections**



All CSUs have now completed the **Complaints Improvement Programme**

Learning from Complaints is now included in the Trust's **Learning Points** bulletin



Independent Complaints Committee

panel established to scrutinise the Trust's complaints process



During 2023 **assistive technology** on the Trust website which translates content into written form or via audio file was accessed more than **24,000** times



3.3.1 Patient Experience Priorities

Background

Being patient centred is one of our core values at Leeds Teaching Hospitals NHS Trust (LTHT). We know from work undertaken in the city-wide 'How Does It Feel For Me' programme that what matters most to people is how we communicate, co-ordinate their care and demonstrate compassion - the 3C's. Much of the work of the patient experience team during the last year has supported improvements in these three areas.



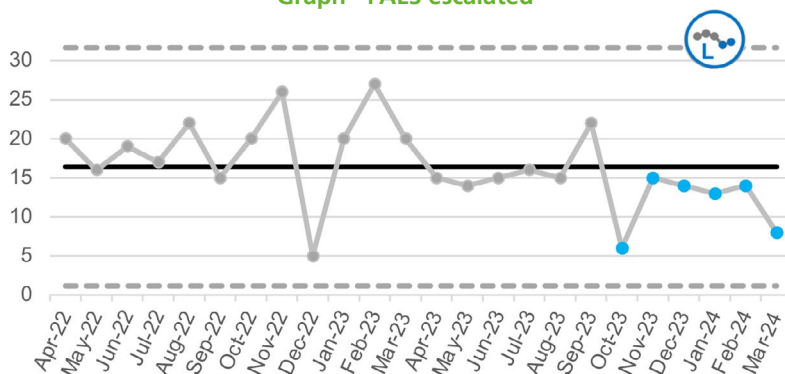
Key Achievements in 2023/24

We will continue to implement the Trust complaints improvement programme, which aims to improve the experience of people who use the complaints service. This will involve recruiting a final cohort of non bed-holding Clinical Service Units (CSUs) into the programme to focus on the timeliness and quality of complaint responses. The programme will also include the Trust PALS and Complaints teams.

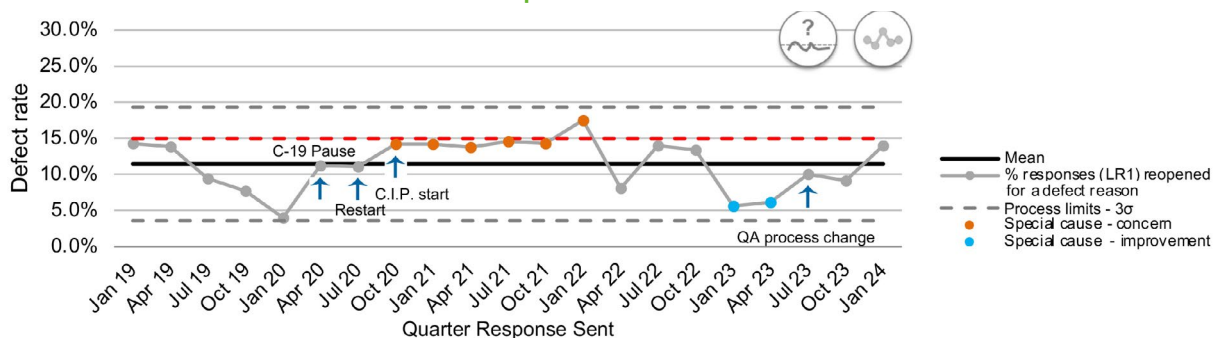
The fourth and final cohort of the complaint's improvement programme commenced in February 2023. Improvements have been seen as a result of the programme, including an overall reduction of the number of complaints, a reduction in the number of PALS concerns becoming a complaint and an improvement in the quality of complaint responses, measured by the monitoring of defect rate.

At the end of Q1 and Q2 2021/22 there were 194 open complaints with 10 complaints open more than six months, compared to 151 complaints open on 21 September 2023 with three open over six months.

Graph - PALS escalated



Complaints - Defect Rate





We will continue to explore the opportunities available to meet the requirements of the accessible information standard (AIS), seeking solutions to improve experience. Our work this year will include delivering a solution to the provision of on demand British Sign Language in acute clinical settings.

In 2023 / 24 we completed the following work towards achieving compliance with the AIS.

- We reviewed the way we flag communication needs on our patient administration system (PAS) to make the flags more visible and applicable to carers as well as patients.
- We reviewed the communication needs flags in use, to bring them into line with the AIS requirements.
- We completed a technical analysis, with a view to understanding what is needed for it to be possible to share communication needs flags recorded in PAS with patient records held in other Trust clinical systems.
- We developed a poster to raise awareness of the AIS with staff.
- We continued to increase the number of easy read leaflets available for patients (27 in April 2023, compared to 114 in January 2024).
- We reduced the number of out-of-date patient information leaflets in circulation. There were 635 in-date leaflets on the website in April 2023, compared to 1,706 in-date leaflets on the website in January 2024.
- We developed training videos to promote deaf awareness with our staff. Two are in place - 'Definition of Deafness' and 'Communication Tips for Those Who Are Hard of Hearing'.
- We introduced SignLive to the Trust, which provides instant access video support for British Sign Language.

We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into the work of our Safety Committees and also involving them in non-mandatory activities, for example, in the recruitment of Trust posts.

- A third cohort of twelve new partners (Patient Safety Partners) recruited at the end of Q4, 2022/23 have been through induction and training.
- The following are a few examples of the non-mandatory activities undertaken by partners throughout the year and include supporting recruitment to Trust senior posts:
 - Joining the Enhanced Care Plan review group within the Professional Practice Standards and Safety Team (PPSST).
 - Attending a Women's CSU focus group - reviewing patient experience in relation to pregnancy loss before 12 weeks.
 - Involvement in the Carers Working Group.
 - Involvement in the recruitment process for the new Chief Nurse.
 - Involvement in PLACE (Patient Led Assessments of the Care Environment).

We will develop a Carers action plan and deliver improvements for Carers of Trust patients.

The Trust Carers group has been refreshed and now has wider representation, including from Partners, Leeds City Council and the third sector.

Improvements delivered in 2023/24 include:

- Launch of the Carers Passport and conversation sheet.
- During the year, two Admiral Nurses joined the Trust. They receive referrals from staff to support Carers of people with dementia.
- Plans progressing to reinvigorate John's Campaign. There are now five John's Campaign Ambassadors in the Trust supporting improvements in this area and encouraging staff to enable Carers to remain with their loved ones in hospital where appropriate.



- Work has been progressed to improve the nursing specialist assessment, so that staff appropriately signpost identified Carers to available support.
- Three Carer Awareness Learning Bursts were co-delivered between Carers Leeds and LTHT in Q1 2023/24. Training sessions supported by Carers Leeds and Family Action were delivered in Q3 and Q4 2023/24.

We will implement mechanisms which ensure that good practice and key themes arising from feedback, complaints and PALS are shared, for staff awareness, reflection, learning and action. This will include feedback we receive relating to discrimination.

- CSUs now take part in an annual patient story programme and all stories that have been captured are shared on an intranet page and are available for wider Trust learning.
- The Trust Lessons Learned bulletin has been utilised this year to communicate findings from complaints and PALS.
- Key themes arising from PALS are shared in the Trust operational bulletin as they are identified.
- The Trust Corporate Operations team now receive regular updates on PALS and complaint themes in their regular meetings.
- Complaints and PALS themes data is shared with CSUs monthly through an improved complaints / PALS data report which assists in helping identify trends.
- The Patient Experience Assurance Programme (PEAP) that takes place at the Patient Experience Sub-Group supports CSU to present actions they are taking to respond to themes arising in their feedback. This information is harvested and shared on an intranet page for learning across all CSUs.

Aims for 2024/25

- We will develop a new complaints action plan to further improve the experience of complainants. This will continue to focus on improving timeliness and quality of complaint responses and will also consider PALS that are not responded to.
- We will continue to progress improvements in complying with the accessible information standard (AIS), seeking solutions to improve experience. Our objectives this year will include working on sharing communication needs flags in PAS with other clinical systems, implementing Trustwide staff training on the AIS, improving support for patients who are blind and partially-sighted and exploring solutions to support people who are deaf, do not read English and require access to written documentation.
- We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, specifically focusing on agreeing a Trust model for remuneration of Partners and a model for continuation of the programme, as funding for the programme reduces.
- 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.
- We will continue to build relationships with the third sector to support our volunteering provision, care delivery and access to community voices. We will do more to encourage involvement and engagement activities and to share insight from the people of Leeds and beyond with Trust staff so that this can be used in the development of services and delivery of improvements.
- We will build on the findings of the 'How Does It Feel For Me' 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.



3.3.2 Patient Carer and Public Involvement and Patient Experience Strategy

Background

The PCPI team continues to engage and involve patients, carers, and members of the public to ensure the Trust Patient Experience strategy is successfully delivered.

In 2023 NHS England published statutory guidance on how organisations involve people and communities in decision making and the development of services. This guidance coincided with the final year of our current Patient Experience strategy. We are confident that our approach fits with this guidance and what patients say matters in terms of the focus of our work and how we involve them.

Key Achievements in 2023/24

The team have continued to use the Listening Event approach, modelled on the 'Big Leeds Chat', to strengthen its engagement with patients. This involves capturing the experience of patients face to face while they are using our services and asking them to contribute to priority setting and improvement activity.

Listening Event: Patient Hub

Patient Hub enables patients to manage their hospital appointments using a digital platform. Trust teams were keen to understand where patients might struggle with this digital approach to appointment management. 146 patients were interviewed across six different Outpatients areas. The specialties were targeted as being services likely to have higher numbers of patients who might experience health inequalities. The insight gathered has contributed to the development of the technology used and identified the need for alternative methods to access appointments for some of our patients.

Listening Events: Cancer Strategy

The PCPI team has worked alongside 50 cancer patients to develop the new Trust Cancer strategy. This involved a number of Listening Events held in Oncology Outpatient areas focussing on the key themes of the strategy. This was followed up with a number of listening activities focussing on how to measure the success of the strategy. This involved cancer patients conducting interviews with fellow patients and a workshop where patients analysed feedback and agreed

'I-statements' which would indicate the strategy was successful. This work culminated in a [Patient story](#) and was shared at a Trust Board workshop.

Community Connectors

2023 saw the recruitment of our final Community Connector as part of a pilot project. The volunteer, with lived experience of alcoholism and recovery, is supporting the development of initiatives aimed at those experiencing addiction. Her first activity was to share her lived experience at a citywide Drugs and Alcohol study day in November 2023. The volunteer also attends the citywide Drugs and Alcohol Steering Group.

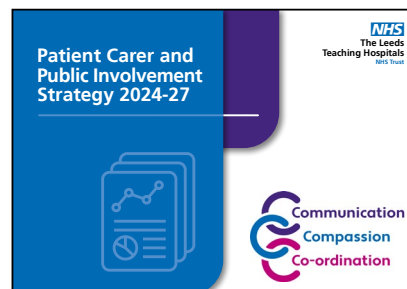
Patient Experience Strategy 2024-2027

The PCPI team have been working with both staff and patients to develop a new Patient Experience strategy. This has included three Listening Events and three workshops with the Trust Patient Reference Group. The first of these workshops focussed on the new statutory guidance and how this contributes to the strengthening of patient, carer and public influence.

Underpinning the new strategy's aims will be the principle of 'acting on what we have been told.' This includes collaborating with citywide partner organisations to create a Leeds wide patient insight library.

Our new strategic aims for involving people in the decisions made about the way our services are delivered are:

- It will be clear to patients and the public how their lived experience has influenced Trust strategies.
- Staff will be equipped to deliver outstanding involvement activity.
- The lived experience of people will help tackle health inequalities across our services.





Aims for 2024/25

- To continue to utilise our Listening Event approach when engaging with patients and the public about Trust Transformation work and strategy development.
- To begin to embed the new Patient Experience strategy 2024-2027 following its launch in April 2024.
- To deliver training and to share tools, resources, and information with Trust colleagues through the staff intranet, planned learning bursts and individualised 'head-to-head' sessions.
- To engage with Communities of Interest to help shape and influence the development of initiatives which address Health Inequalities.
- Working with partner organisations in Leeds we will begin to use a shared engagement and involvement approach to make our involvement and engagement work more accessible and effective.

3.3.3 Volunteering

Background

Following the Covid-19 Pandemic the landscape of volunteering has changed significantly; individuals want more flexibility and to gift their time over much shorter periods, resulting in a higher turnover of volunteers.

Despite this, the Voluntary Services Team (VST) has grown the number of active volunteers from 76 to 130 and the number of hours gifted in 2023 was 8681, a 132% increase from 2022.

The VST are committed to measuring the impact of volunteering on our patients, our staff and the individual volunteer. To do this we are capturing volunteer and staff feedback and utilising FFT feedback.

The VST has continued to develop innovative roles to respond to the needs of the organisation and to build partnerships across the city to test how we embed a culture of collaboration and increase capacity with third sector partners.



Key Achievements in 2023/24

We've been delighted to increase the number of patients contacted and the number of volunteers involved in our Shape Up 4 Surgery Project, an initiative that sees volunteers contacting patients on surgical waiting lists to provide them with support and signposting to ensure they are 'waiting well'. Since May 2023 we have seen an increase in people's confidence about how prepared they feel for surgery and an increase in referrals to community support, providing patients with practical support pre and post-surgery. We continue to monitor the impact of the intervention against predicted length of stay. This project was recognised as Highly Commended in the Empowered category at the Trust Time to Shine Awards in July 2023.

Valuing and celebrating our volunteers is very important and in June 2023 during National Volunteers week we were supported by the Royal Horticultural Society (RHS) to throw a garden party for our volunteers. This collaboration has continued throughout the year where staff and volunteers have been invited by RHS to attend health and wellbeing sessions including bulb planting, willow weaving and arm knitting!



Recognition of the commitment, dedication and compassion of our volunteers was celebrated at the Time to Shine Awards in July 2023 where Volunteers were winners in the Unsung Hero category. The nomination described the impact that volunteers have made, supporting colleagues by sending out handwritten bereavement cards to families and carers of people who have died. The initiative was started during the pandemic, but feedback was so positive the service continued to be delivered by volunteers.

To increase the capacity of our Volunteer Response Model and our ability to respond to ad hoc requests to meet the needs of the organisation, the team developed a new innovative volunteer role called the Green Team, which was launched in October 2023. This team of, now, 15 volunteers are prepared for anything and enjoy their dynamic and varied role. No day is



ever the same! So far, they have been supporting the Trust with gathering patient feedback on the discharge experience, supporting the Trust communications team, carrying out audits and assisting with the staff vaccination programme.

Building on our commitment to ensure that volunteers that want to gain experience and skills for employment are supported to achieve this, we continue to embed 'Volunteer to Career' into our volunteer offer. In 2023 we partnered with Octavia Learning to deliver a 6 week Pathway to Care training programme for our volunteers. The feedback from people taking part was excellent. Two of the volunteers have gone into paid employment within the NHS and another into education. In 2023 six volunteers have secured employment in health care following volunteering with the Trust. Another course is due to begin in February 2024.

In May 2023, in partnership with the Community Champions Project, we hosted a series of events in the Children's Hospital to understand some of the challenges facing our families. Community Champion volunteers, trained in signposting and advocacy, spoke to families and captured their concerns, mainly associated with the cost of living crisis. The work is being presented to the Children's Health Inequalities Group with recommendations of how we can engage with patients and carers in other pathways arising from this work.

Finally, our biggest highlight of the year was the first ever volunteer being nominated and awarded an Iris Award for going above and beyond their role. The patient who nominated our volunteer was able to come along to the award presentation, which made it extra special.



Aims for 2024/25

- Looking ahead we are delighted to be involved in the Trust's Transformation work with Outpatients. We will be piloting a programme in which volunteers contact patients prior to an appointment to reduce the number of Did Not Attends (DNA's). This will begin in April 2024 and will focus on one speciality initially.
- To strengthen and develop our work with Leeds Children's Hospital we will develop a Volunteer Strategy for the Children's Hospital. This will help us identify opportunities and new roles that will better support children and families and help us build better relationships with third party organisations keen to work with the Children's Hospital teams.



- From 2024, we will be expanding the training on offer for volunteers and staff to ensure they are empowered to carry out their roles effectively. This will see the addition of Learning Disability and Autism training for volunteers and Staff Volunteer Champion Training.
- As part of our ambition for 'Excellence in Volunteering' we will carry out a Volunteer Survey in early 2024. We are keen to understand how we can enhance the volunteer journey and ensure we are providing a rewarding, valuable experience.
- We will also work with colleagues in the NHS and the VSCE across the ICB to develop a strategy for Volunteering in Health and Social Care across West Yorkshire that is aligned with the Leeds Volunteering Strategy.



3.3.4 Partner programme

Background

Founded in 2019, the Partner Programme recruits members of the public and embeds them into work taking place in the organisation that aims to improve quality and safety.

The programme has continued to grow, successfully bringing in further partners to support the organisation to meet the requirements of NHSE/ National Patient Safety Strategy, Involving Patients in Patient Safety Framework, part B.

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

Key Achievements in 2023/24

- We successfully embedded a partner into the Adult Therapies CSU, which is the first CSU in the Trust to involve a partner in their regular work. The partner is now involved in the monthly Adult Therapies Assurance Group meetings, and supports their work on patient experience, quality and safety.
- We have successfully included partners in a new Independent Complaints Committee panel, which brings together staff and a number of partners to scrutinise the organisation's complaints process.
- Partners continue to be involved in Trust Quality Improvement Collaboratives, e.g. Falls and Pressure Ulcers.
- We have expanded partner involvement into a number of other safety and quality meeting groups and committees, including Nutrition Mission, Positive Patient Identification, Planned Care Transformation Board and the End-of-Life Care Group.
- Partners continue to have a good relationship with the Kaizen Promotion Office, and are directly involved a number of Leeds Improvement Method improvement activities e.g. J15 Rapid Process Improvement Workshop considering improvements in meal service provision.

- Partners have also been involved in a wide range of other different activities within the organisation:

- attendance at the Trust Waste Reduction Conference;
- participation in World Patient Safety Day,
- contribution to an Excellence in Practice nursing event;
- participation in the Trust's Friday Focus meetings;
- a partner has worked as a change agent, leading the way in an improvement project designed to reduce the incidence of Healthcare Associated Infections:

"As part of our ongoing 7 Commitments focus and a particular spotlight on 'reducing healthcare associated infections' during November, the HCAI Faculty is currently undertaking a test of change to help prevent blood stream infections associated with peripheral cannulas. The HCAI Faculty is supported by a patient partner, Les Holburt, who has led the design of a pocket-size card that can be handed to patients with cannulas, acting as a reminder and empowering patients to ask about their device and initiate its removal if it becomes sore, uncomfortable, or red. This is an excellent example of how patient collaboration has helped drive a patient safety initiative. Several wards have agreed to help test the cards, including L10 and L22, who helped choose the final design"

(extract from the Trust Our Week bulletin, 20/22/23).





- We have undertaken a survey of our partners to identify whether they feel they are able to contribute successfully to the groups they join and activities they participate in and to identify areas for development and improvement. The key findings were:
 - There was a 62% response rate (responses were received from 13 out of 21 partners)
 - 85% of partners would recommend the partner programme to others.
 - 85% of partners feel that they are able to share life experiences as a patient/carer.
 - 76% of partners feel valued.
 - 62% of partners feel that their involvement activities directly affect the thinking of people in positions of influence.
 - Partners see themselves as an excellent resource, advocate, and collaborator.
 - 40% of partners expressed barriers limit their involvement activities, with the use of jargon and acronyms in meeting groups being particularly highlighted.
 - Partners are not sure that their involvement directly reflects on the decision making taken by the organisation.
 - Partners have expressed that they would like to be more involved in discussions around Trust Strategy.

The Partner Programme Management Team are committed to act upon these findings, to improve the experiences of partners and to continuously improve the programme.

Aims for 2024/25

- We will continue to expand the partner programme to drive forward patient-centred improvement.
- We will respond to the requirement of NHSE/I for the Trust to consider remuneration for certain partner involvement activities.
- We will continue to identify and progressively integrate partners into other CSUs within the organisation, moving towards developing a model in which each CSU is aligned with a partner.
- We will review, refresh and launch our partner programme strategy and objectives for the period 2024-2027.
- We will ensure participation of partners in other key areas within the organisation, e.g. Building The Leeds Way project workstreams.
- We will complete a survey of staff to explore their experiences of working with partners and to learn from their feedback.





3.3.5 Detailed Access Guides

Background

In March 2023 the Trust launched AccessAble Detailed Access Guides and made them available on Trust website hospital landing pages. These guides support patients, visitors and staff with accessibility needs to have information available to them which help them find their way around the hospital sites, particularly when they are disabled or a carer.

Key Achievements in 2023/24

Work has taken place to raise awareness of the guides with hospital staff, so they can be promoted with patients and their families as a tool to support their interactions with the hospital environments.

It has been encouraging to see an increase in the number of times the Access Guides have been viewed since their introduction.

Between 19 Jul 2023 and 28 Nov 2023, the guides were viewed 38,531 times by a total of 25,640 users.

The table below shows how the number of views has increased since their introduction.

Month (2023)	Users	Views
May	6580	10876
June	7214	12320
July	6728	11892
August	5216	10853
September	6623	12366
October	7513	15550
Nov to 27	7754	23844

We have now completed an initial analysis to understand where the main areas of interest are for patients. The following are the Access Guides that have been viewed most often:

- 1) St James's Multi-Speciality Outpatients
- 2) Leeds General Infirmary Jubilee Wing
- 3) St James's Surgical Assessment Unit
- 4) Leeds General Infirmary Clarendon Wing Maternity Assessment Centre
- 5) Leeds General Infirmary multi-storey carpark

Aims for 2024/25

Our aim during 2024/25 is to ensure that all patients attending the areas where the guides are most used are aware of them.

We will also work with the communications team to highlight to the general public that Access Guides exist for the Trust car-parking facilities, as we appreciate parking is a common worry for many visitors to hospital sites.



Leeds General Infirmary
Great George Street, Leeds, LS1 3EX

Leeds General Infirmary is part of:
NHS
The Leeds Teaching Hospitals NHS Trust

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As one of the country's leading teaching hospitals, Leeds General Infirmary (LGI) has an international reputation for its expertise in a range of specialist services for which the hospital is a regional centre.

Central to the site is the Jubilee Building, which brings together many of the country's leading experts in caring for critically ill patients. The helipad on the roof of the building has seen thousands of flights by air ambulances, bringing patients from across the Yorkshire region and beyond to be treated by experts at the Leeds Major Trauma Centre, which is the second largest in the UK.

The LGI has a large and busy Emergency Department for adults, and next to it is a separate dedicated facility for children up to the age of 16, adjacent to the facilities of the Leeds Children's Hospital. It is also a specialist regional centre for a number of complex conditions, as well as providing many general acute hospital services such as intensive care, state of the art operating theatres and a high dependency unit.

Funded thanks to donations and gifts in kind to
Leeds Hospitals Charity

View photos and videos
View on a map



3.3.6 Carers

Background

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

Following COVID visiting restrictions there has been some uncertainty among ward staff about carers being with their loved ones outside of visiting hours to provide support. To address this loss of confidence the Carers Working Group are progressing work to reinvigorate John's Campaign which supports the Trust to be 'Carer-Friendly'.

Key Achievements in 2023/24

The Trust launched a Carers Passport on 15 May 2023. This aims to ensure that Carers feel valued when supporting their loved one in hospital and offers discounted parking and meals, and refreshments from the tea trolley.

Alongside the passport, an Unpaid Carers Conversation Sheet was also launched. This is used as a communication tool to support Carers on the wards to have discussions with staff about the care they would like to provide for their loved ones. Patient Information Leaflets have been created to support the passport and conversation sheet and these include easy-read versions for carers with additional needs.



Front of Carer Passport

The Patient Experience Team regularly reviews Carer feedback using Friends and Family Test, PALS and Complaints data and concerns and associated actions are discussed at the Carers Working Group. Additionally, the team has reviewed feedback from the Carers Leeds annual survey and identified that 16% of carers are unable to access dental treatment due to financial constraints. As a result, the Leeds Dental Institute (LDI) was approached to understand what treatment can be provided for those

experiencing hardship. The LDI provides free treatment that is undertaken by students, during term time for patients who meet a certain criteria. This information is publicly available and has been shared with Carers Leeds so that it can be made available to carers experiencing difficulties. Additionally, a document is in development to support carers to understand if they are eligible for free treatment, with information on how to apply.

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 Trust's John's Campaign Ambassadors

The Patient Experience Team has been working collaboratively with organisations across Leeds, including Carers Leeds, Leeds Carers Partnership, Family Action and the West Yorkshire ICB. This work includes the provision of Carer & Young Carer Awareness Training in LTHT and supporting the launch of the West Yorkshire Carers Discharge Toolkit for staff.

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.
- Explore how Carers can be supported in the Emergency Departments and in Outpatient areas
- To raise awareness of and support the implementation of the West Yorkshire Carers Discharge Toolkit, launched in Q4 23/24
- To continue to promote John's Campaign through training, Trust Communications and initiatives including the Trust-wide Nutrition Mission.



3.3.7 National Patient Surveys 2022/23

Background

The Trust received three CQC nationally mandated survey reports during 2023/24. These were the Urgent and Emergency Care Survey 2022, published in July 2023, the Adult Inpatient Survey 2022 published in September 2023 and the Maternity Survey 2023, which was published in February 2024.

Key Achievements in 2023/24

Urgent and Emergency Care Survey 2022

229 patients responded to this survey, which was sent to 1250 patients who had attended the Emergency Departments during September 2022. This gave a response rate of 19% which was lower than the national average response rate of 23%.

Compared with 122 NHS acute trusts in England with Emergency Departments, the Trust's results were about the same as other trusts for all 37 questions, not being statistically significantly better or worse on any question. However, the CQC provided a slide summarising the Trusts performance, which highlights the five questions against which the trust scored best when compared with the national trust average and the five questions against which the trust scored worst when compared to the national average. These were as follows:

Top 5 scores (when compared with national Trust average)

- While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
- Were you kept updated on how long your wait would be?
- Did a member of staff tell you about medication side-effects to watch for?
- If a family member, friend or carer wanted to talk to a health professional, did they have the opportunity to do so?
- While you were in A&E, how much information about your condition or treatment was given to you?

Bottom 5 scores (when compared with national Trust average)

- Did staff give you enough information to help you care for your condition at home?
- While you were in A&E did staff help you with your communication needs?
- Did hospital staff discuss with you whether you may need further health and social care services after leaving A&E?
- Before you left the hospital did a member of staff discuss your transport arrangements for leaving A&E?
- Overall how long did your visit to A&E last?



Adult Inpatient Survey 2022

474 patients responded to this survey, which was sent to 1250 patients who were discharged from hospital following inpatient stays during November 2022. This was a response rate of 39% which is similar to the national trust average of 40%.

Compared with 132 NHS acute trusts in England, the Trust's results were about the same as other trusts for all 45 questions, not being statistically significantly better or worse on any question. However, the CQC provided a slide summarising the Trusts performance, which highlights the five questions against which the trust scored best when compared with the national trust average and the five questions against which the trust scored worst when compared to the national average. These were as follows:

Top 5 scores (when compared with national Trust average)

- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
- Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- During your hospital stay were you ever asked to give your views on the quality of your care?
- After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?
- If you brought medication with you to hospital, were you able to take it when you needed to?

Bottom 5 scores (when compared with national Trust average)

- Were you able to get hospital food outside of set mealtimes?
- How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
- Were you ever prevented from sleeping at night by noise from other patients?
- How would you rate the hospital food?
- Were you ever prevented from sleeping at night by noise from staff?



Maternity Survey 2022

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 2022. The response rate for this survey was 35%. This was somewhat lower than the national average response rate of 40%. The results were published on the CQC website in February 2023.

Compared with 120 Maternity Units in England, LTHT performed **'better than most trusts'** for nine questions. These were:

- Were you involved in the decision to be induced?
- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- Were you (and / or a companion) left alone by midwives or doctors at a time when it worried you?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- During labour and birth, were you able to get a member of staff to help you when you needed it?
- Thinking about your care during labour and birth, were you spoken to in a way you could understand?
- Thinking about your care during labour and birth were you treated with respect and dignity?
- Were your decisions about how you wanted to feed your baby respected by midwives?
- Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

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

- Thinking about your antenatal care were you treated with respect and dignity?
- Do you think your healthcare professionals did all they could to help manage your pain during labour and birth?
- Did you have confidence and trust in the staff caring for you during your labour and birth?
- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

LTHT scored **'somewhat worse than most trusts'** in one question. That question was:

- 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?

The Trust was **'about the same as other Maternity Units'** for 39 of the 55 questions.

In order to provide assurance that appropriate actions are being taken in response to the National Inpatient Survey, questions where LTHT have performed less well are included in the Patient Experience Assurance programme (PEAP). As part of this 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 Sub-Group. In addition, Urgent Care CSU and Womens CSU provide 6 monthly reports to the Patient Experience Sub-Group to describe actions taken in response to the findings of the Urgent and Emergency Care Survey, and Maternity surveys respectively.

Aims for 2024/25

- We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust Patient Experience sub-group.
- We will be collecting further data relating to the areas in which we performed less well in the Inpatient Survey 2022 to help us understand the Trust's areas of biggest challenge. These questions will be incorporated into the PEAP for 2024/25.



3.3.8 Friends and Family Test (FFT)

Background

The Friends and Family Test (FFT) is an important tool that offers patients the opportunity to provide feedback on their hospital experience. The questionnaire is offered to patients using a number of different methods including electronic (QR codes, weblinks and iPads), text/landline and paper formats. In 2023, around 130,000 patients shared their experiences through completing the short survey.

Key Achievements in 2023/24

Gaining feedback from patients whose first language is not English is a challenge for NHS Trusts nationally and is an important focus for the FFT Team. In collaboration with the Trust external interpreting provider, Language Line Solutions (LLS), the team continues to progress this work with a view to not only offering the feedback opportunity to patients in non-English languages but having the ability to translate the incoming feedback into English.

To date, bespoke FFT posters have been created for Maternity Services in the top five languages requested in those areas, (Arabic, Farsi, Kurdish, Romanian and Urdu) in order to encourage and enable patients to leave feedback in their own written language. The aim is for this service to be expanded to include more languages and introduced into more areas of the Trust in the future.

Oversized posters were successfully launched in September 2023. These were created to encourage wards and areas to demonstrate in a colourful and illustrative way how they have responded to their

FFT feedback. This initiative was in response to there being an appetite for this approach across CSUs. The FFT team have requested that they are notified by the areas when these posters are produced, in order to share good practice across the Trust. Thus far, they have been made aware of work undertaken by L15 and Children's Dentistry.

The Friends and Family Test (FFT) team's aspiration is to be able to offer every patient the opportunity to feed back on their hospital experiences using a response method that suits them. To raise awareness of FFT across the organisation the team held stalls across all Trust hospital sites in October 2023 to highlight to patients and staff the importance of FFT and patient feedback.

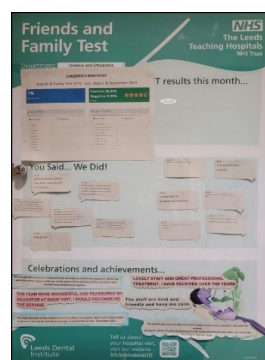
As a Trust we receive around 130,000 pieces of feedback through the FFT survey every year. We know, through the work that has been undertaken with the public across Leeds (Leeds Health and Care People's Voices Group (PVG), that people report three key themes which contribute to making a difference to how they feel about their care. These key themes are: Communication, Co-ordination and Compassion or the 3C's. Feedback from patients completing the FFT survey provides wards and departments with a way to monitor how their results relate to the 3C's. The data collected has the advantage of being captured in real time and is always live. It can also be used to assess how quality and service improvements are impacting on our patients' experiences.

Sharing Positive Feedback

Promotion continues to be the Team's core aim to both patients and staff. The team have recently arranged for electronic posters to be hosted within main reception areas around the Trust. Facebook and Instagram social media platforms have also been recently introduced as a mechanism to enable the team to share FFT patient feedback with a wider audience.

Aims for 2024/25

- Increase awareness of and review the methods of collecting FFT in outpatient areas
- Devise a mechanism to provide wards and departments with more in-depth analysis of their feedback data, where available, and understand how to align this to a focus on the 3Cs
- Share best practice arising from FFT across CSUs.



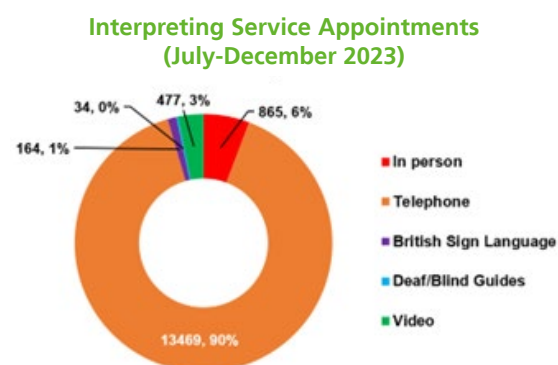


3.3.9 Interpreting

Background

The Trust aims to provide interpreting for all patients when this is required. We provide patients with spoken interpreting, British Sign Language (BSL) and deaf/ blind communicator guide support.

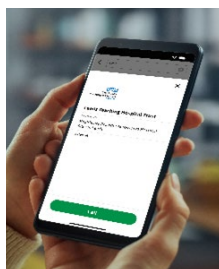
Virtual interpreting (video or audio) is available across the Trust via apps or on the web. This on demand service continues to be encouraged, unless it is clinically inappropriate, in which case a face-to-face interpreter can be requested.



Telephone interpreting, (where the interpreter, clinician and patient join a call together) is the most widely used method of accessing the service. Remote interpreting, via video link, can be provided during a consultation on site or during a remote consultation via the Attend Anywhere platform.

Key Achievements in 2023/24

- Sign-Live, a service offering BSL interpreting via video, was piloted in Maternity and Emergency departments.
- This has now been rolled out to other services, including Endoscopy and Surgical Pre-Assessment. Awareness sessions are delivered to teams at the time of rollout.
- Sign-Live is also available to BSL users via their mobile devices, enabling them to contact the Trust by telephone. LTHT is listed within the SignLive directory of organisations that can be contacted through a BSL interpreter. A guide to how this works is available in BSL on the [LTHT website](#).



- The Interpreting Lead has been delivering training sessions across the Trust, offering teams advice and guidance on how to access interpreting services.
- The Trust 'Deaf & Hard of Hearing Action Group' has continued to work to improve access to services for patients. This has included involvement in the development of an initial training video supporting improvements in care for those who are hard of hearing. Since then, two further information videos have been developed to support care for BSL users, one of which includes brief instructions on how to fingerspell.
- The Group supported an information stall during Deaf Awareness Week. As part of this, a member of Trust staff who uses BSL interacted with staff and the public via an interpreter, creating awareness of the challenges faced by deaf people.

Aims for 2024/25

- The Interpreting Lead will continue to work with colleagues on all five hospital sites to ensure provision of remote interpreting via iPads and / or laptops. This reduces the need to pre-book face to face Interpreters and enables cost savings.
- SignLive for BSL users will be made available on Inpatient wards, enhancing the communication opportunities for patients who rely on BSL and resulting in a positive patient experience.
- The Interpreting Lead will continue to monitor the languages requested, including specific dialects required and will work with the Trust interpreting provider to recruit interpreters using this information.
- We will undertake a staff feedback exercise to understand in more detail the experiences of staff using the interpreting service and to identify any areas requiring improvement.



3.3.10 Complaints Service

Background

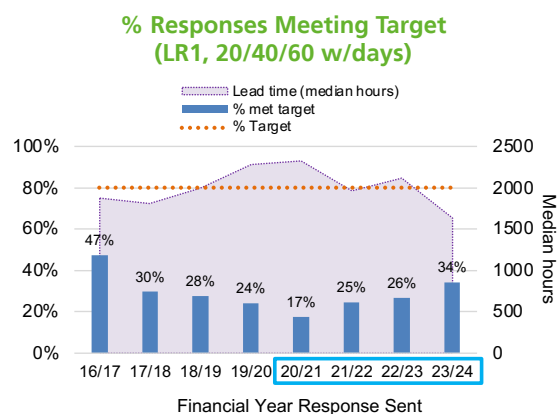
The complaints service provides information and confidence to the public that any concerns or complaints raised about services provided by LHT will be taken seriously and will be managed in a way that reflects the [Leeds Way Values](#).

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

In 2023/24 the top five themes identified through the complaints data collection were: Communication, Staff Interaction, Treatment, Patient Flow, Access and Patient Care.

Complaints Improvement programme (CIP)

- The final phase of the CIP is due to complete on 31 March 2024. On completion, all CSUs and departments involved in complaints will have taken part.
- All services involved in the CIP have had access to dedicated support from the complaints senior leadership team and have had access to complaints training.
- There has been improvement in the percentage of complaint responses sent to complainants within the initially agreed timescale since the CIP began and the median lead time (shown by purple shaded area on the graph below) has reduced from 22/23 to 23/24 to pre-pandemic levels.



- A new process for quality assuring single CSU complaints was introduced in September 2023. Early indications are showing this is having a positive impact on complaint response timeliness. Of those responses QA reviewed, 31% were sent in the initially agreed target time compared to 55% for those not reviewed
- Since implementation of the CIP improvements in the quality of responses has been evident. The Trust defect rate has been consistently below the 15% trust target each quarter since April 2022. The table below shows the reopen and defect rate has fallen each year over the last three years.

Financial Year Response Sent	Reopen Rate (LR2)	Defect Rate (%)
21/22	22%	14%
22/23	19%	14%
23/24	17%	11%

The first meeting of the Independent Complaints Review Panel took place in January 2024. This panel will provide assurance on the effectiveness of our complaint handling. This panel will also be an important monitoring function of the complaints process and an opportunity for on-going learning.

Complaints Training Programme

A complaints training programme facilitated by an external provider continues for staff. This includes modules on the complaints process, mediation skills and response writing. It has been well received and to date 203 staff have attended.

Complaints Coaching Programme

The complaints coaching programme has been provided by the Complaints team for all Trust staff. The focus of this coaching is 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 to medical staff in all areas and in particular the Trust Emergency Departments. There is 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 the addition of the number of complaint actions recorded by CSU to the patient experience data pack. This pack is provided to all CSUs as part of the Patient Experience Assurance Programme (PEAP).

Financial Year	Actions Logged	(%) Actions Logged of Responses Sent
21/22	81	14%
22/23	254	42%
23/24	207	34%

Learning from complaints is also now included in the Trust Learning Points bulletin.

Aims for 2024/25

- Embed the Complaints Review Panel Meetings into the complaints assurance process to monitor our complaint handling processes and report into the Patient Experience Sub-Group.
- Continue to support education, training learning opportunities and events associated with the complaints processes and management
- Agree a two-year action plan to sustain ongoing development
- Continue to provide the Complaints Training and Coaching Programme to LTHT staff



3.3.11 Patient Advisory Liaison Services (PALS)

Background

During 2023/24 the Trust recorded 6570 PALS contacts. The table below shows the different categories for all contacts with the Trust PALS Team.

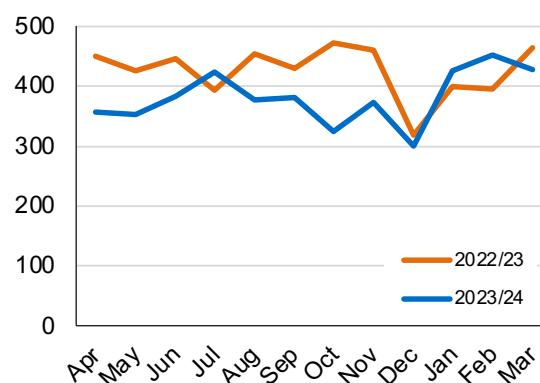
PALS Activity in 2023/24

PALS Activity Type	2023/24	Difference	% Change
PALS concern	4,581	-531	-10%
Enquiries (CSU resolved)	832	367	79%
Enquiries (PALS resolved)	492	-138	-22%
Signposting and Complaint Form sent	32	-15	-32%
Compliment	571	-53	-8%
For information/ records or CSU feedback only	44	-26	-37%
Out of time complaint	2	-3	-60%
External organisation request for information (complaints team)	16	10	167%
Total	6,570	-398	-6%

5,429 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; 492 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.

1,040 concerns or enquiries were categorised as 'red risk' which requires clinical services to contact patients on the same day. This includes concerns relating to current inpatient care or other urgent or important matters. 10% of concerns required input from more than one CSU which remains the same as the previous year.

Concerns received by month 22/23 vs 23/24



PALS activity as a whole reduced in the last financial year. There were 1908 PALS concerns and enquiries received which related to the theme of administration, access, admission, transfer or discharge (100 less than the previous year; 5% decrease). This theme includes concerns relating to both inpatient and outpatient waiting list times. Waiting list time for outpatient concerns (815) remained the most frequently raised sub-theme (4 more than 22/23, 1% increase). Waiting list time for inpatients was the 16th most frequent concern sub-theme (95 less than 22/23, -35% decrease).

Treatment and Communication concerns also decreased overall. This was for the second year running. This most likely reflects the extensive transformation and improvement work undertaken across the organisation. For example, better access to specialty advice/guidance in Gynaecology, improved electronic access to appointment information via Patient Hub and the new Referral and Booking Service electronic call triage system, have all contributed to the reduction (-86, 18% decrease) in concerns relating to patients having trouble contacting specialty outpatient departments. Concerns relating to cancelled/rescheduled surgery/procedure were raised 196 times, 44 less compared to the previous year (-18%). Delay in treatment/procedure concerns also fell from 374 in 22/23 to 263 (-111, -30%).

Concerns relating to cancelled or reduced clinic appointments increased by 41 from 22/23 (19% increase). Associated sub-themes, such as patients not receiving appointment or cancellation letters was raised 386 times (an



increase of 119 from 22/23, a 45% increase). This is likely to have been contributed to by the impact of industrial action throughout the year and the initiation of new appointment communication methods with patients, such as Patient Hub. The PALS team have added a new sub-theme to monitor any Patient Hub related concerns and will share intelligence with the Patient Hub team.

There were 222 concerns relating to personal property, mainly relating to loss of belongings (95 less than 22/23, a 30% decrease).

There were 192 concerns relating to staffing resources (increase of 94, a 96% increase), the most frequent of which related to education and competency of staff (raised 148 times). Where the related staff type was known, 83 (56% of sub-theme total) of these concerns related to nursing staff and 36 to medical staff (24%).

There were 1,328 concern themes relating staff interaction (formerly coded as 'attitude') which increased by 346 (35% increase). The linked sub-themes related to undesirable staff behaviour (589 times in 23/24), lack of compassion (306), not being listened to (296) and an unwelcome message (118).

The Trust continues to receive compliments via PALS for all clinical services. 571 compliments were received into the Trust in 2023/24 compared with 624 in the previous financial year and these are shared with the relevant teams and individuals concerned.

There were 4,219 recorded resolutions of concerns received in 2023/24. The table opposite shows how PALS resolution was reached for concerns raised during the year. Callers are always asked what their preferred method of contact would be.

Resolution Method for PALS Concerns and Enquiries Received in 2023/24

PALS Concerns and Enquiry Outcomes	2023/24
Resolved by telephone call	2,972
Resolved by email	525
Resolved during discussion on ward	180
Escalated to formal complaint	128
Resolved by letter	100
Appointment/meeting arranged to discuss further	61
Unable to make contact - letter sent	59
Closed for other reason	57
Resolved during discussion in clinic	39
Resolved at meeting	23
Awaiting further information from complainant	22
Passed to Risk Management	22
Signposted to another organisation	16
PALS withdrawn	10
Complaint form sent out	3
No patient consent received	2
Total	4,219

Key Achievements in 2023/24

There has been a continued reduction in calls re-directed to external services, indicating that the service's new telephone system is providing an improved experience for complainants by getting them to the right place first time.

In 23/24 PALS received 19,079 calls in total. Of these calls:

- 9,102 calls transferred to the PALS call queue (48%);
- 4,247 calls went to the PALS voicemail (all handlers engaged) (22%);
- 2,837 received out of hours (15% of total);
- 2,524 calls automatically redirected to external organisations (13%);
- 369 calls were automatically transferred to the Complaints team voicemail (2%).



The team are reaping the benefits of a new system, making task allocation and office management easier and ensuring that telephone calls are distributed more fairly among staff members. Data is available for 9,078 of the calls transferred to the PALS queue: 4,804 calls (53%) were answered in 45 seconds or less; 119 calls were abandoned (1%); and 4,155 (46%) were redirected by handlers to the PALS voicemail. The PALS team aim to respond to all voicemails within 24 hours.

A previous backlog of compliments has now been cleared and most PALS concerns are being allocated to an investigating CSU on the day of receipt. PALS officers are meeting with their allocated CSUs to explore how best to work with them. The Lead Nurse, PALS manager and team members have provided ad hoc training on local resolution prior to signposting to the PALS service to aspiring and current Band 6 nurses in a number of our CSUs. This will be rolled out to other staff groups who are likely to be the initial point of contact for people with concerns about our services.

Of the PALS concerns and enquiries received in 2023/24 which had been contacted, 75% were contacted within 2 working days or less of the concern being received by the PALS team, slightly below the 80% target. Of those cases resolved, 88% were responded to/resolved within 14 working days. The regular PALS open report highlights cases open over 14 working days and the PALS team continue to monitor and work with CSUs to address long-running unresolved concerns.

In 2023, PALS received 88 responses to an electronic service satisfaction survey. When asked if they would recommend using the PALS service to family or friends, 55% of respondents said they would. 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 to concerns or dissatisfaction with the outcome. The service plan for the coming year will include actions to respond to PALS user feedback.

Review of Quality Programme Aims for 2023/24

- In 2023/24 the PALS team joined the fourth cohort of the Complaints Improvement Programme. Using Quality Improvement methodology to make service improvements, the team have enhanced staff and patient experience of the PALS service. This has included increasing staff confidence in resolving concerns locally and identifying ways to progress concerns which currently do not fit within either the PALS or the formal complaint processes. The PALS service is continuing to focus on reducing the number of PALS concerns which are escalated to complaints. In addition, following discussion with Security colleagues and the identification of a safe meeting space, the PALS service has begun offering face to face appointments for complainants who would prefer to raise their concerns in this way.
- All PALS concerns which describe patients having felt discriminated against or treated less favourably due to them having a protected characteristic continue to be reviewed by the Lead Nurse, Patient Experience and escalated where appropriate. There were 86 concerns received relating to alleged discrimination in 23/24, compared to 191 in 22/23 (55% decrease). All types of discrimination reduced year on year. The most frequently reported types of discrimination were disability, race, lifestyle and age. Data arising from these concerns continues to be shared with CSU leads via the Patient Experience Assurance Programme CSU dashboard, to provide further information about possible areas of focus.

The plan for 2024/25 includes:

- Continuing to work on reducing PALS escalations to complaints
- Focussing on the management of PALS which are not closed down by CSUs and remain open for long periods
- Focussing on responding to the findings of the complaints and PALS user surveys



3.3.12 Sharing Patient Experience Learning

Background

A focus this year has been to improve the way we share learning arising from patient feedback and best practice across the Trust. All our CSUs present their patient experience findings at the Patient Experience Sub-Group and the work they have taken forward to respond to these.

Key Achievements in 2023/24

We created an intranet resource to capture the best work demonstrated by our CSUs and share it with colleagues.

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

- The Children's CSU have been working with the charity Millie Wright to address food poverty. The charity has been stocking parent kitchens with food to support families who are struggling to feed themselves whilst their children are in the care of the Trust.
- Named Nurses have been assigned to St James's Emergency Department to help ensure continuity of care in the treatment of patients.
- Adult Critical Care CSU have introduced a Family Care Nurse in the Neurosciences Intensive Care Unit L03/L02 to assist staff to manage challenging situations, providing emotional, practical, family and educational support.
- The stroke physiotherapy team established a small breakfast club on Fridays, in response to patient feedback. It gives patient opportunity to use the therapy kitchen to work on their functional skills and balance whilst making their own breakfast, and having the opportunity to socialise with each other, listen to the radio or read the newspaper.
- The Abdominal, Medicine and Surgery CSU have developed a 'passport' style document called 'My Kidney Care'. Patients can show the document to staff when accessing renal and other services in Leeds Teaching Hospital Trust (LTHT) to ensure that the treatment or interventions they receive are appropriate.

We have also created a resource to capture all the patient stories developed by our CSUs as a library for staff learning.

[Here is an example of a story](#) captured by the Chapel Allerton CSU about a lady called Lisa, who following treatment at the hospital, went on to win at the Invictus games.

Aims for 2024/25

Our aim for 2024/25 is to continue to capture good practice and to develop the resources further in response to feedback from clinical staff about how they can be improved.



3.3.13 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 2023/24

- The work of the team continues to be recognised nationally, with multiple invitations to share best practice at conferences and most recently presenting at NHS England's HOPE (Patient Experience) network.
- Finalist for National Learning Disabilities Awards.
- Permanent funding granted for current team structure and successful recruitment into all positions achieved. Allowing all work streams to progress.

Clinical Support

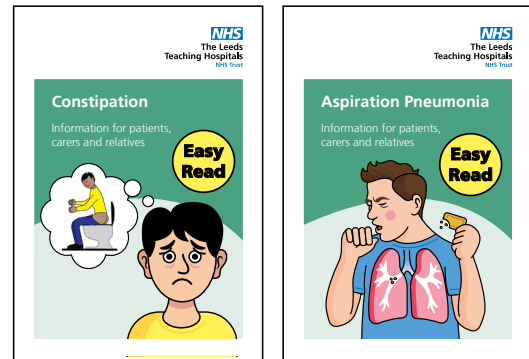
- In-patient support pathway re-written, with improved focussed assessment and clear outcomes from our interventions – positively received by clinicians.
- The team has needed to frequently evaluate service delivery, balancing priorities against challenges with staff availability.
- Desensitisation work has re-commenced as part of our post pandemic recovery strategy. With our clinicians working 1:1 with patients to enable them to access healthcare, often combining procedures.
- Successfully trialled and hired VR headset to help with distraction and refocus for patients. This has enabled care without the need for sedation/elective theatre bed. LTHT is the first Trust to achieve this for adults with Learning Disabilities and this success has been showcased nationally.

Patients using headsets to help reduce anxiety during procedures



Quality Improvement

- Successful roll out of care bag project to all acute admitting areas with 1000th care bag given out. The scheme continues to grow nationally with 19 other Trusts taking on the scheme.
- 115 Easy Read leaflets now live – targeting key risk areas and LeDeR identified themes such as constipation and aspiration pneumonia.



- Datix reporting of Falls and Tissue viability incidents have seen downward trends.
- Data sharing between Trusts has improved.

Training and Education

- Training trio for Oliver McGowan training established.
- Sessions completed, with great feedback, on range of internal programmes, for example Excellence in Practice and the Internationally Recruited Nurses induction programme.
- Increase month on month of percentage of workforce trained.

Aims for 2024/25

- Successfully recruit and support Experts with lived experience as co-trainers and quality improvement partners.
- Re-launch Acute, Elective and Discharge Pathways.
- Implement PPM+ alert, PAS driven.



3.3.14 Equality and Diversity

Background

During 2023/24 the Patient Experience Team (PET) worked on delivering the Equality and Diversity Action plan which was approved in Q4 2022/23. This action plan encompasses national, regional and local drivers, as well as reflecting what our patients were telling us about their experiences.

Key Achievements in 2023/24

The Patient Experience Team consulted the Trust Patient Administration System (PAS) users' group in August 2023 to identify how best to introduce new flags on patient records in order to better meet the needs of our patients who require support with communication. This included establishing staff training needs and how best to meet them. The new access need flags, which align with the NHS codes established in the Accessible Information Standard (AIS) 2017, were available for staff to use from November 2023.

Data relating to PALS concerns alleging discrimination is now being reported to the Corporate Operations Group every three months, with complaints data relating to allegations of discrimination being reported every six months. CSU level data is provided directly to CSUs as part of the Patient Experience Assurance Programme data set and CSUs are expected to present what work is underway to address any issues highlighted through PALS and Complaints.

The Patient Experience Team has started to collect demographic data on the location of PALS complainants linked to their deprivation index (IMD). It is noteworthy that patients and complainants residing in the 20% most deprived areas of Leeds are more likely to need to raise concerns, suggesting that they have a poorer experience of Trust services. This is a new data set which requires further investigation and understanding to identify whether there is any learning from concerns that can better support CSU clinical teams in their delivery of patient care.

CSUs have described some of the work they have done this year to improve the experience of patients from an equality and diversity perspective. The following are a few examples:

- The Radiology team have developed a training package to support staff caring for transgender patients in the department and have developed a trans awareness poster to support patients.
- The Radiology team have also created a breast screening video to support communities who are more likely not to attend appointments to have more information about what is involved.
- Following a complaint, the Outpatient CSU worked with key staff in the Trust to change how same sex marriages are recorded on patient records
- Women's CSU have undertaken much work to engage with women from different communities and understand their needs. Some experiences were captured in [this video](#). The CSU have also run a Black African and Afghan refugee focus group.
- LDI CSU have provided three sided toothbrushes to help children with limited dexterity and learning difficulties brush their teeth. They have also created an [easy read leaflet](#) to support patients planned for a hospital dental visit under general anaesthetic.

Aims for 2024/25

- To work with colleagues in IT and Organisational Development and Culture to raise awareness of the AIS and support the training of patient facing staff to identify access needs and take appropriate actions.
- To raise awareness amongst staff of the importance of performing robust Equality and Inequalities Impact assessments; not only when developing policies but also when making changes to services which may impact people already experiencing health inequalities.
- To continue working with city-wide Equality, Diversity and Inclusion (EDI) colleagues to meet the requirements of the NHS Equality Delivery System 22 (EDS 22) and to consult with key stakeholders when submitting our self-assessments.



3.3.15 Patient and Volunteer Hardship Fund

Background

With the support of Leeds Hospitals Charity, we have been fortunate to be able to offer a Patient and Volunteer Hardship Fund for another year.

The Fund is managed by the Trust's Patient Experience and Safeguarding teams who meet regularly to review applications.

[Application forms](#) for submitting a request to the fund are available on the Trust website.

Key Achievements in 2023/24

During 2023/24 the fund provided a total of £19,860 to 112 patients or families.

We found a lot of requests were received from parents of neonatal babies receiving long term care who were struggling with the unexpected costs associated with a baby in hospital and the additional expenses this incurs.

We were also able to work with the Trust cashiers to better understand the government scheme for reimbursement of travel expenses as it has become evident from our work that many families are not aware that the scheme exists and that they are able to claim for these is in receipt of certain benefits. Signposting to this help has further supported families to manage during challenging financial times.

Aims for 2024/25

Our aim for 2024/25 is to continue to request support from Leeds Hospital Charity to top up the fund and to ensure we are able to help as many families in need as possible.

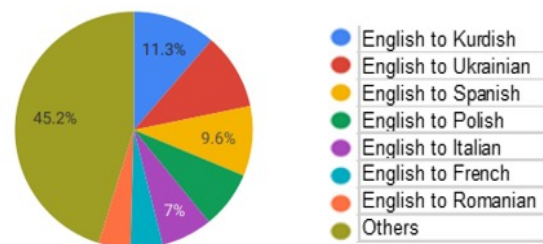
3.3.16 Patient Information Leaflets

Background

The Trust aims to ensure that all patient information leaflets (PIL) made available to patients, carers and the public are in date, clearly written and accessible. PIL are available on the Trust website, under Adults, Children's and Easy Read categories. They can also be searched via the A-Z Search facility.

In January 2024 there were 1,706 patient information leaflets available on the Trust website, including 114 in Easy Read format.

Individuals who speak limited English can access PIL and other content on the Trust website in their own preferred language. This is done using assistive technology which translates content either in written form or via audio file. This can be downloaded by the patient and retained for future use. Top languages searched for translation in 2023 included Polish, Kurdish and Romanian.



This assistive technology also offers other features, (including text enlarger, elimination of page distraction, magnifier, ruler). During 2023 these features were accessed more than 24,000 times.

Key Achievements in 2023/2024

The number of PIL available on the Trust website continues to increase year on year, in particular the number of Easy Read leaflets, which offer support to patients with Learning Disabilities, those who have cognitive difficulties and non-English readers.

Aims for 2024/2025

LTHT has an ambition to introduce a solution for BSL users that cannot read written English, improving access to patient information leaflets and the Trust website.



3.4 Clinical Effectiveness

The year-end position for **Emergency Care Standard for LTHT** was **76.81%** against a target of **76%**. This is **above the national average of 71.8%** and means that **LTHT is 1st amongst peers for ECS**



A new **Mortality Screening tool** report was launched in December 2023, allowing **improved visualisation of data** at ward, CSU and Specialty level

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



Significant **improvement in discharges** by 3pm up to **41%** from 35.5%



Electronic care of the dying person clinical record developed and implemented within PPM to support medical **individualised care plans**



Primary Care Access Line (PCAL) continues to grow and in 2023/24 **78%** of calls through PCAL resulted in care outcomes that **avoided an ED/Hospital attendance** for patients

Implemented an online tool for completing **Structured Judgement Reviews** to strengthen reporting and interpretation of data



In March 2023, we launched the **delirium strategy**, aiming to deliver a 4AT assessment for all people over 65 years, and to **'stop' and 'sort' delirium** using a dedicated care plan.



3.4.1 Palliative and end of life care (EoLC)

Background

'How we care for the dying is an indicator of how we care for all sick and vulnerable people'. (Richards). We continue to receive excellent feedback from bereaved families and ensuring our patients receive the best care possible remains the responsibility of everyone.

Key Achievements in 2023/24

Electronic care of the dying person clinical records.

Developed and implemented within PPM to support medical individualised plans of care.

Research

Progressed working relationships and supported research across clinical providers and the University of Leeds.

Education

Education programme for clinical support workers now in place and 50% of the workforce have already received training. Education model successfully adapted and expanded.

Emergency department (ED)

Daily presence in ED to support the care of dying patients to achieve their preferred place of care and optimise symptom management.

SUPPORT and TALK campaign

In response to feedback, educational programme across CSUs to reinforce the importance of good communication and caring for families of dying patients.

Palliative care link nurse forum

Successful conference to build champions and share learning across clinical areas.

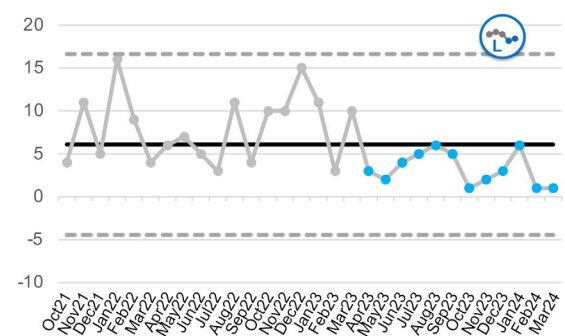
Leeds wide collaboration

Secured flow of LTHT ReSPECT data into Leeds data model to enhance city wide intelligence. Successful project to reduce medications dispensed for patients transferring to Leeds hospices.

West Yorkshire Health and Care partnership ICB

Supported regional health needs analysis working group.

Reduction in PALS relating to communication



Aims for 2024/25

- To establish regular reporting from digital medical care of the dying person records to monitor quality and equity of service provision.
- Supporting the validation of a digital tool to identify people approaching the end of their life in the community.
- Support city wide project to reduce hospital utilisation for respiratory patients at the end of life.
- To introduce SUPPORT volunteers to enhance the care of dying patients and their families.
- Roll out Petes campaign to support patients to achieve their preferred place of care.
- Review and update Trusts end of life care action plan priorities and CSU reporting structures through the End of life care group.



3.4.2 Discharge

Background

One of the most significant challenges facing acute NHS Trusts continues to be capacity and patient flow. The overall aim of the Trust wide Discharge Collaborative is to achieve as many of our daily discharges before 3pm. Despite challenges with acuity and industrial action the group has achieved two statistically significant improvements in discharges by 3pm up to 41%.

The team continue to work to enhance multi-disciplinary teams having productive conversations about discharge so that the whole team is clear on the plan is essential.

Another important focus remains timely completion of discharge summaries (eDANs) in advance of discharge.

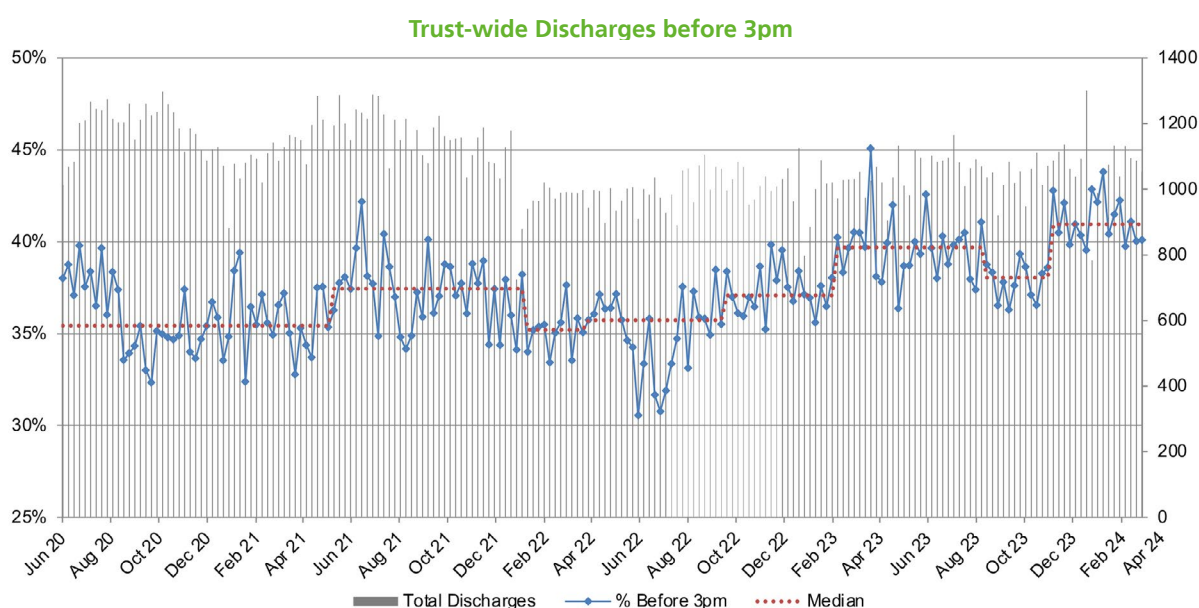
Key Achievements in 2023/24

- The discharge collaborative has continued to see improvements in relation to timely discharge of patients across LTHT.
- Statistically significant improvements in discharges before 3pm have been seen in Abdominal Medicine and Surgery, Cardio-respiratory, Chapel Allerton Hospital, Head and Neck and Trauma Related Services.
- A new dataset is now available enabling CSUs to look at edan (discharge summary) completion rates in advance of discharge, where edans are completed the day before discharge >70% patients are discharged by 3pm.

- SJUH has re-opened the Discharge Lounge providing a comfortable, safe place for patients to wait for transport home.
- Accessible, timely data regarding discharge is available to all, on the Trust intranet.
- Patient feedback regarding their discharge experience is above the national average for many parameters.
- This work has been shared nationally and internationally at relevant conferences, winning best presentation and poster awards at national forums.

Aims for 2024/25

- Continue to work towards our goal that 70% of patients are discharged by 3pm.
- Increase the number of edans completed prior to the day of discharge.
- Improve utilisation of the discharge lounge and pre-booked transport.
- Ensure all wards are utilising a Discharge Board to plan for discharges in advance.
- Spread the work of effective MDT conversations across CSUs
- Ensure we continue to improve patient experience of discharge across the Trust





3.4.3 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 or HSMR adjusts for the severity of patient's illness

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

- The SHMI includes all diagnosis group but excluded admissions and deaths where Covid 19 infection has been documented, while the HSMR includes a basket of 56 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 specialist palliative care and social deprivation.

Key Achievements in 2023/24

In 2023/24 the organisation worked to further improve understanding of our own data and to strengthen our Mortality Review Process. A new structured judgement review (SJR) allocation process has been implemented to increase the number and variety of cases undergoing case note review. A new online tool for completing SJRs was fully launched in May 2023.

A new format was launched for investigating mortality for specialties and diagnosis groups. In 2023/24 these presentations included trustwide stroke, pneumonia, myocardial infarction and sepsis mortality, perinatal mortality, as well as presentations covering mortality in patients under respiratory medicine, elderly medicine and cardiology.

The table below shows the Trust's latest published SHMI, for the period October 2022 to November 2023, also shown is the HSMR for the same period.

The Trust SHMI currently falls within the 'higher than expected' banding. Dr Foster Data was 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 and HSMR December 2022 to November 2023

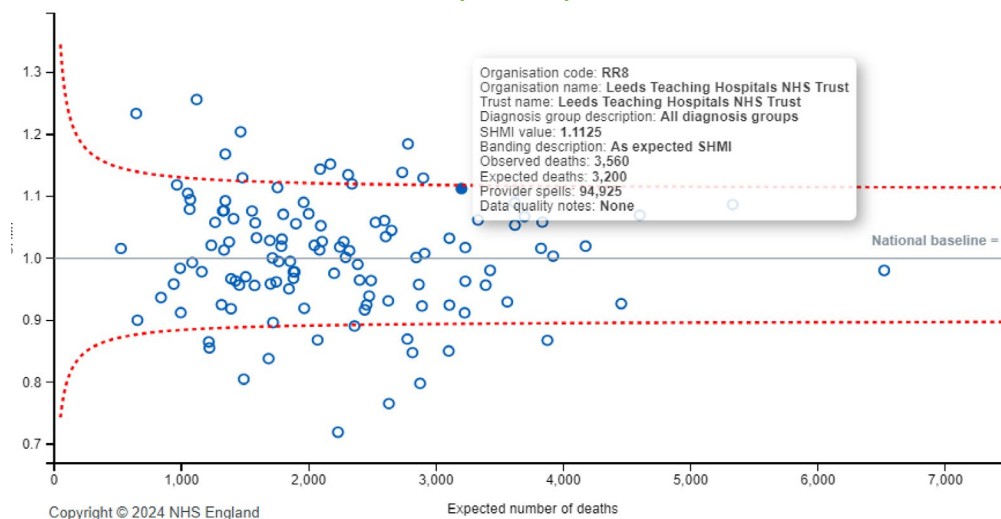
Trust level mortality, Dec-22 to Nov-23	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI	94,925	111.25	3,560	3,200	89.45-111.80
HSMR	56,965	111.4	2,301	2,066	106.9-116.0



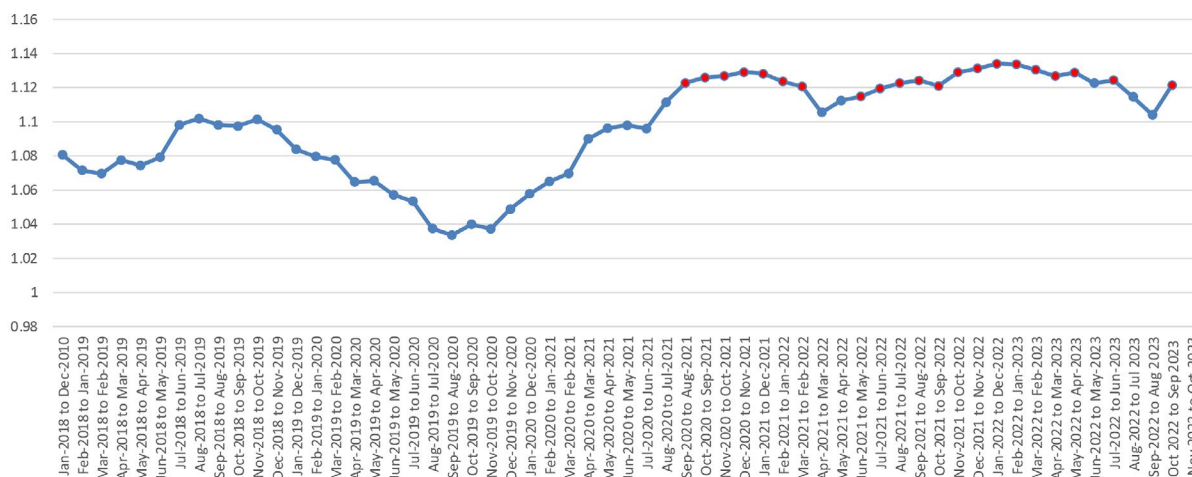
SHMI Indicator by rolling 12 month reporting period

Indicator	Reporting Period	Trust Rate	National Average	National Range
SHMI	Dec21-Nov22	1.13	1.00	0.9-1.11
	Jan22-Dec22	1.13	1.00	0.9-1.11
	Feb22-Jan23	1.13	1.00	0.89-1.12
	Mar22-Feb23	1.13	1.00	0.89-1.12
	Apr22-Mar23	1.13	1.00	0.89-1.12
	May22-Apr23	1.13	1.00	0.89-1.12
	Jun22-May23	1.12	1.00	0.89-1.12
	Jul22-Jun23	1.12	1.00	0.89-1.12
	Aug22-Jul23	1.11	1.00	0.89-1.12
	Sep22-Aug23	1.10	1.00	0.89-1.12
	Oct22-Sep23	1.12	1.00	0.89-1.12
	Nov22-Oct23	1.12	1.00	0.72-1.21
Dec22-Nov23	1.11	1.00	0.72-1.26	

SHMI peer comparison



SHMI Trend





Aims for 2023/24

- In 2024/25 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 avenues to share the learning will be explored.

Mortality Reporting and Learning from Deaths

The Mortality Screening Tool form on PPM+ was updated in September 2023 to allow capture of patients who had diagnosed autism. A new Mortality Screening Tool report was launched in December 2023 allowing improved visualisation of data on ward, CSU and Specialty Level.

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 in the Quarterly Learning From Deaths reports.

Aims for 2024/25

- In 2024/25 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 avenues to share the learning will be explored.

Trends in relation to good practice

	<p>Communication and Collaboration</p> <p>Good multi-disciplinary team approach was a frequent theme highlighted, as was good communication and engagement with families and patients, particularly near the end of life.</p>
	<p>Clinical Management</p> <p>Themes of good practice in clinical management were identified including early recognition, prompt advice from other specialties, assessments, and senior review.</p>
	<p>Early Recognition and End of Life Care</p> <p>Multiple specialties continue 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.</p>

Trends in relation to areas for improvement

	<p>Outlying patients</p> <p>Several specialties highlighted issues relating to patients residing in outlying areas and the importance of transferring the patient to the parent specialty's bed space as soon as clinically appropriate.</p>
	<p>Language barrier</p> <p>Several specialties highlighted challenges with using Language Line and difficulty in obtaining face to face interpreter to facilitate complex conversations with patients and families as an area for improvement.</p>



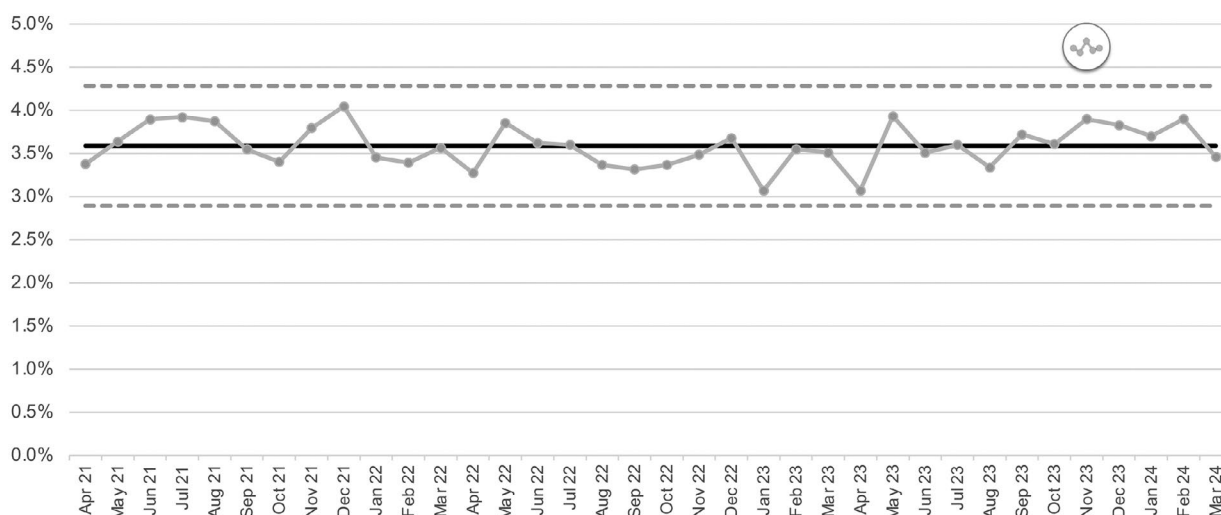
3.4.4 Readmissions

Background

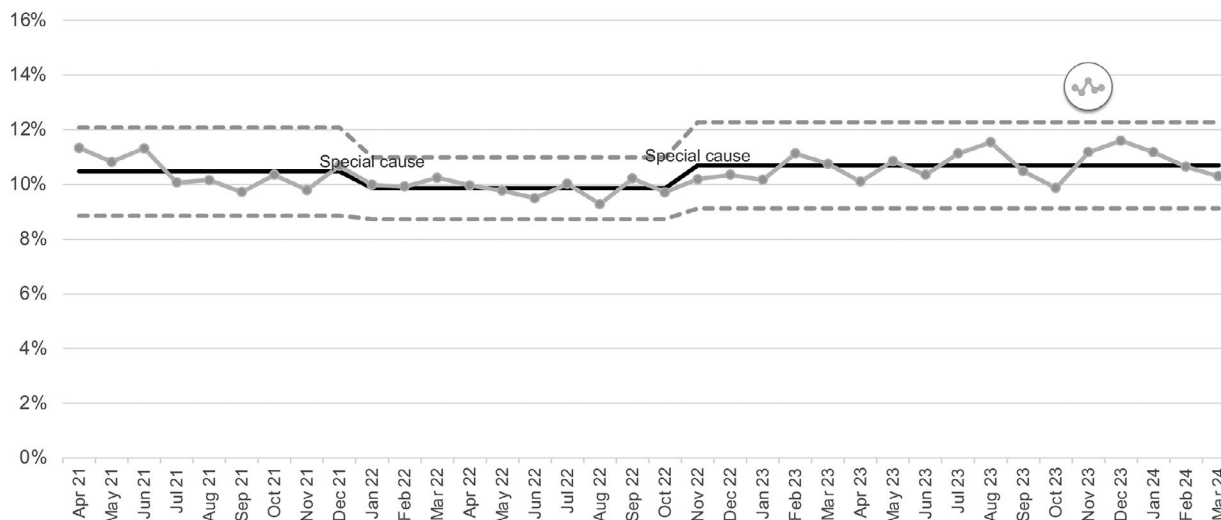
The Trust performs better than its peers with lower readmission rates following an elective or non-elective admission. Sometimes, after patients are discharged from hospital, they may need to be re-admitted again for a variety of reasons. Some readmissions are unavoidable, such as for patients returning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

closely monitor their readmission rates to ensure these are as low as possible. The graphs show monthly re-admission rates for patients who had originally been in hospital for planned care (elective) and those who had originally been in hospital as an emergency (non-elective). The average performance for our peer hospitals is also shown. Our rates are consistently lower than other teaching hospitals for both categories of patients.

Readmissions to the Trust within 30 days of discharge: Elective Spells



Readmissions to the Trust within 30 days of discharge: Non-elective Spells



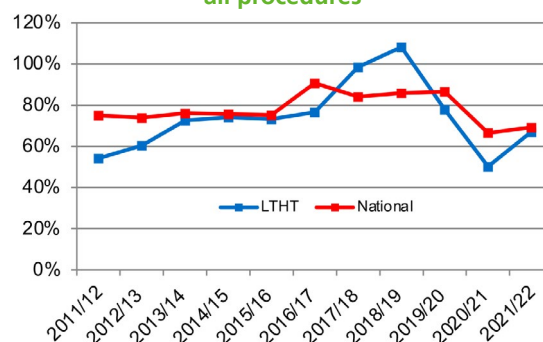


3.4.5 Patient Reported Outcome Measures

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

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

Pre-Operative Participation Rates (PROMs) - all procedures



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.

Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed ²	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	928	622	67.0% (69.2%)	400	64.3%
Hip Replacement	449	294	65.5%	195	66.3%
of which ¹					
Primary	378	171	45.2%	171	100.0%
Revision	71	24	33.8%	24	100.0%
Knee Replacement	479	328	68.5%	205	62.5%
of which ¹					
Primary	411	189	46.0%	189	100.0%
Revision	68	16	23.5%	16	100.0%

Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	622	592	95.2%	381	64.4% (61.2%)
Hip Replacement	294	288	98.0%	195	67.7%
of which ¹					
Primary	171	167	97.7%	119	71.3%
Revision	24	23	95.8%	18	78.3%
Knee Replacement	328	304	92.7%	186	61.2%
of which ¹					
Primary	189	176	93.1%	115	65.3%
Revision	16	16	100.0%	11	68.8%

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



3.4.6 Constitutional Standards

Quality Impact of Enhanced Non-Elective Patient Care

Background

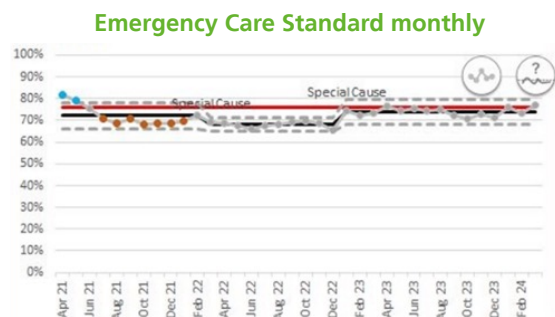
The goal of the Unplanned Care Programme is to optimise all stages of care for patients on non-elective pathways and to support the delivery of the LTHT 7 Commitments.

Key Achievements in 2023/24

In the context of considerable clinical pressures and industrial action that the Trust experienced, we have achieved the following in 2023/2024:

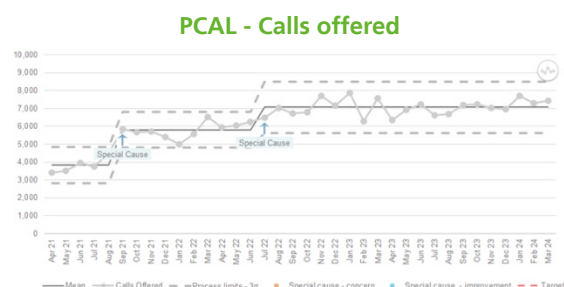
Improve A&E Waiting Times

Despite consistent pressure on our A&E departments, LTHT's performance of A&E waiting times has ensured that our patients experience improved access to care as measured by the Emergency Care Standard (ECS). The year-end position for ECS for LTHT was 76.81%, against a target of 76%; this is above the national average of 71.8% and means that LTHT is 1st amongst peers for ECS.



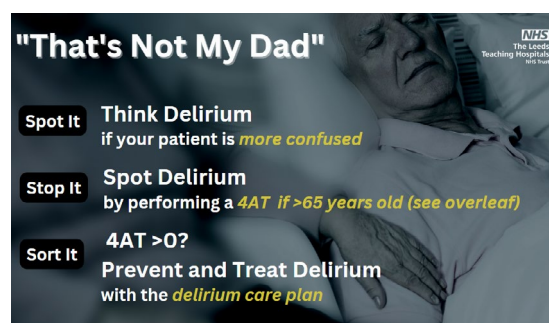
Primary Care Access Line (PCAL)

PCAL continues to grow and delivered a 3.7% increase on the 22/23 position. In total, 78% of calls through PCAL resulted in care outcomes that avoiding an ED/Hospital attendance for patients. Calls from the Yorkshire Ambulance Service (YAS) calls increased by 100% demonstrating that ambulance crews are effectively accessing advice and guidance over the telephone and arranging the most appropriate place for treatment for patients.



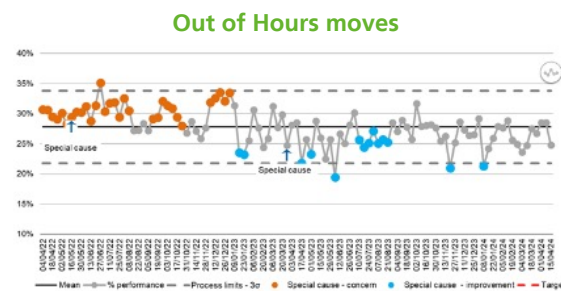
Delirium Project: 'Spot It, Stop It, Sort It'

In March 2023, we launched the delirium strategy, aiming to deliver a 4AT assessment for all people over 65 years, and to 'stop' and 'sort' delirium using a dedicated care plan. Within our Clinical Service Units, we are achieving up to 85% completion and continue to work with our teams to deliver measures that will support reduction in delirium rates, reduce falls and length of stay, and improve patient, carer and staff experience. This is supported with a delirium dashboard which provides live time data to our teams in their areas.



Out of Hours (OOH) Bed Moves

This programme has delivered improvements in OOH moves by reducing them from 28.1% in March 2023 to 25.5% in March 2024. This has been driven by earlier decision making during the day with teams and delivers a better patient experience.



Aims for 2024/25

- Further improve timely care in our Emergency Departments as measured by the ECS
- Reduce the number of unnecessary ward moves for our patients
- Provide a multidisciplinary Same Day Emergency Care Unit at the LGI
- Continue to work to deliver a true Live Bed State and embed this into an Electronic Bed Management System for LTHT



3.5 Staffing

55% of our workforce (11,216 people) completed the **staff survey** up from 37% in previous year



Achieved a **7.0** out of **10** staff engagement score



Around **275** fewer people overall left the Trust compared to last year



Launched the Trust's first overarching **Learning, Education & Training Strategy**



109 WTE Apprentice colleagues graduate from our **Trainee Nurse Associate, Transfer to Nursing and Apprentice Nurse Degree Programme**.

A real example of 'growing our own' and a valuable addition to our registered workforce delivering direct care to patients.

135 Digital Advocates



were created

2,200 Estates and Facilities staff were engaged through a new **People Strategy**



Significant **increase** in staff completing **The Pulse Survey** (formerly Staff Friends & Family Test)



The nationally recognised 'New to Care' programme has led to a reduction of the CSW vacancy gap by **543** WTE



We now have **65** **Freedom to Speak Up** champions across the Trust

Achieved our aim of **widening participation and narrowing inequalities**, through partnership working within the Leeds system. Working collaboratively with Leeds Health and Care Academy and wider Leeds system we have **expanded placements and opportunities** for students, CSWs, and Trainee Nurse Associates.





3.5 Staffing

Our People Priorities continue to be central to achieving our strategic priority to support and develop our people.

During 2023/24 we focussed on delivering our in year commitment to Improve Staff Retention. As part of this work 135 digital advocates were created and 2,200 Estates and Facilities staff were engaged through a new People Strategy.

Estates & Facilities People Strategy



In year, circa 275 fewer people overall left the Trust when compared to the previous year. This will be a continuing focus for 2024/25.

Other areas of focus have included:

- Delivering on promoting high staff engagement consistently across the organisation.
- Continuing to improving our Equality, Diversity and Inclusion (EDI) outcome measures
- Maturing and embedding our workforce planning approach.
- A supportive and personalised approach to managing unplanned absence.
- Equipping our managers with the necessary knowledge, skills and confidence to facilitate conditions to enable their staff and teams to flourish.
- Continuing to develop a high performing and positive brand for our Occupational Health and Wellbeing Service to meet the needs of the organisation and positively impact staff health and wellbeing.
- Growing the registered and unregistered nursing and midwifery workforce through local, national and ethical international recruitment. The innovative New to Care Programme has been very successful in increasing our unregistered nursing and midwifery workforce.

These will all be continuing areas of focus for 2024/25.



3.5.1 National Quarterly Pulse Survey

Background

The National Quarterly Pulse Survey was launched for the first time in January 2022, inviting all LTHT people to take part. The Pulse Survey replaces the former Staff Friends and Family Test, and aligns to the annual NHS Staff Survey, asking the same nine, 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 am able to make suggestions to improve the work of my team/department.
- I am able to make improvements happen in my area of work.

Advocacy

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

This provides the Trust and Clinical/Corporate Service Units and their teams with regular checkpoints throughout the year regarding the engagement levels of our people.

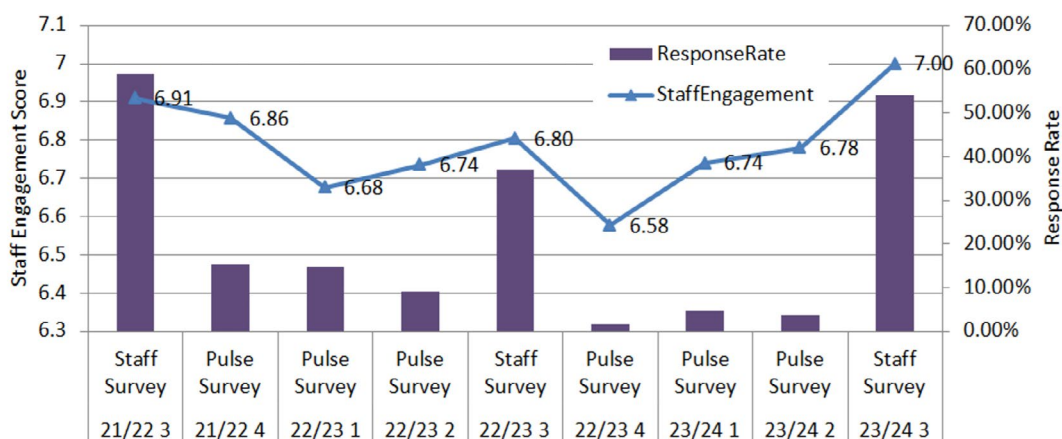
Key Achievements in 2023/24

Following a downward trend in engagement levels since the Covid-19 pandemic, over the last year the quarterly Pulse Survey started to demonstrate a significant improvement in response rate. Given the research demonstrating the connection between high staff engagement, retention, and high performing Trusts, this is of importance.

Aims for 2024/25

- To continue to stabilise the upward trend for staff engagement across 2024/25 quarters
- The quarterly results form part of our Improvement Quality and Performance Review metrics (IQPR), aligned to our LTHT People Priorities, and HR&OD Assurance Framework, triangulated with other key metrics to identify improvement areas of focus, to drive change.
- Following engagement research conducted within LTHT in collaboration with the University of Leeds in the Summer of 2023, a new Governance, Assurance and Communication Strategy is in place, underpinned by key research results, aimed at increasing the effective use and communication of the quarterly Pulse Survey and the annual NHS Staff Survey across the Trust.
- Quarterly results will be reviewed at Trust, Clinical/Corporate Service Unit (CSU) and Team level to conduct trend analysis, identify areas for improvement and fully understand the impact improvement initiatives are having.

LTHT Staff Engagement Score and Response Rate - quarterly





3.5.2 NHS Staff Survey

Background

The annual NHS Staff Survey was available for all staff to complete in October and November 2023, with national results published in March 2024. The survey was completed by 55% of the workforce, 11,216 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 55%; an improvement from 37% in 2022. Furthermore, we achieved greater representation from previously under-represented staff groups. We can therefore be confident that the results received from the Survey for 2023 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 2023/24 In-Year Commitment to Improve Retention.

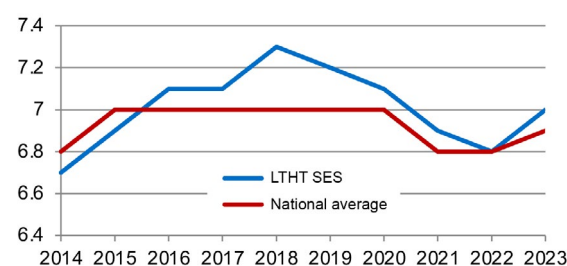
Furthermore, following a downward trend in the overall staff engagement score since the Covid-19 pandemic, in 2023 LTHT succeeded in reversing the downward trend moving from 6.8 to 7.0. This places LTHT, once again, above the national average for Acute and Acute & Community Trusts.

The Trust has seen statistically significant improvements across all People Promise themes/elements. The Trust additionally continues to perform several percentage points above the national benchmark average (Acute and Acute & Community Trusts) for the two questions asking

staff whether they would recommend Leeds Teaching Hospitals NHS Trust as a place to work and to receive care (4% and 10% respectively).

The Trust has also statistically significantly improved or remained stable on all Survey questions, bar one ('Not experienced discrimination from patients/service users, their relatives or other members of the public'), since 2022.

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



Aims for 2023/24

Since achieving an improvement and above average position for LTHT's overall staff engagement score, the Trust now aims to continue to improve this position. LTHT's staff engagement score of 7.0/10, although is currently above the average compared to our benchmark group, pre-pandemic a score of 7.0 was the National average for Acute and Acute & Community Trusts for many years. It is therefore important for LTHT to continue to focus on improving its staff engagement score to maintain the above average position.

To support the achievement of this continued improvement, the new Governance, Assurance and Communication strategy, underpinned by research conducted in collaboration with the University of Leeds, aims to increase 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.

Furthermore, the results are informing our 2024/25 refreshed In-Year Commitments, form part of our Improvement Quality and Performance Review metrics (IQPR), aligned to our LTHT People Priorities, and HR&OD Assurance Framework. The results are also triangulated with other key metrics, as part of a self-assessment process, to identify improvement areas of focus, whereby bespoke solutions will be co-created and implemented to drive improvement.



3.5.3 Nursing Workforce

Background

In 2023/24 the Nursing Workforce priorities were focused on reducing the Nursing workforce gap using international and local recruitment. Several new initiatives were launched to ensure we build a workforce that is representative of the local population we serve, creating opportunities for flexible working and supporting career progression. We received £1.8 million to support continuous professional development for our nurses, midwives, and allied health professionals. Investing in our workforce; ensuring we have the right skills, in the right place, at the right time to safely care for our patients.

Over the last year, the Trust's nursing and midwifery vacancy rates have consistently reduced and this represents the collaborative on-going recruitment and retention efforts of teams across the Trust.

Key Achievements in 2023/24

In 2023/24 we achieved our aim of reducing the Clinical Support Worker (CSW) vacancy by 200 Whole Time Equivalent (WTE). By seeking and developing an alternative route into Health and Care with 'New to Care' we were able to reduce the CSW vacancy gap by 543 WTE; the recruitment impact is shown in the graph below.

New to Care project impact on recruitment



Other key impacts include; opportunities improved and widened access for people who have the values and desire to work in healthcare but don't have qualifications or experience.

Pastoral support for New to Care trainees has been essential, we have a dedicated team of education practitioners who teach, support and provide 1:1 advice and guidance to our trainees. Ensuring the transition from the classroom to our clinical areas is seamless.

New to Care enabled the Trust to lead the way in promoting and welcoming the first flexible training model and challenge the status quo with regards to alternative nursing shift patterns supporting more flexible working and work life balance.

The New to Care programme has been recognised both regionally and nationally; receiving special commendation from the Deputy Chief Nursing Officer for England and the Workforce and Education team being shortlisted for three Nursing Times Workforce awards.

We have successfully completed the Internationally Trained Nurse (ITN) Recruitment programme. The programme paused in July 2023 after welcoming 818 WTE ITNs who will have UK Nursing and Midwifery Council (NMC) registration by March 2024. ITNs have been a vital part of our workforce supply strategy and have supported the Trust to close the vacancy gap to 394 WTE in January 2024.

In 2023 we saw 109 WTE Apprentice colleagues graduate from our Trainee Nurse Associate, Transfer to Nursing and Apprentice Nurse Degree Programme. A real example of 'growing our own' and a valuable addition to our registered workforce delivering direct care to patients.

We achieved our aim of widening participation and narrowing inequalities, through partnership working within the Leeds system. Working collaboratively with Leeds Health and Care Academy and wider Leeds system we have expanded placements and opportunities for students, CSWs, and Trainee Nurse Associates.

Aims for 2024/25

- Through local recruitment, learners who moved away from home to study and through apprenticeship expansion. The first LTHT nursing cohort recruitment open day will take place in May 2024 supporting all of the Trusts Nursing teams as well as Midwifery and Allied Healthcare Professionals (AHP).
- We will continue to focus on reducing nursing workforce gap; seeking innovative, leaner and cost-effective sustainable ways to make LTHT an employer of choice.
- We will review the Future You pathway to ensure there is suitable progression and career pathways for all nursing and midwifery staff invited into careers at LTHT. The review will focus on support and achieving entry criteria for CSWs who are new to care, new midwifery apprenticeships and collaboration with Allied Healthcare Professional (AHP) colleagues to map options that open up AHP apprenticeships and offer additional options that widen participation and narrow inequalities.



3.5.4 Guardians of Safe Working

Background

If doctors in training work beyond their contracted hours, they should report this extra work electronically. We oversee the reporting system and convey the results to CSU management teams. We escalate safety concerns within 24 hours. We hold a junior doctor forum and report to the Trust Board quarterly.

Key Achievements in 2023/24

We have seen a significant improvement in the engagement with Junior Doctors forum (JDF). They operate in hybrid manner which allows face-to-face contact but also flexibility for doctors to join as it suits across the Trust. It is encouraging to see positive results. This has helped us to identify key issues that trainee doctors face and address them.

We meet with junior doctors and consultants in relevant department in response to exception reports. The following are examples of themes raised and how we have used the information to contribute to improving junior doctors' safe working hours and wellbeing:

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

All concerns raised have been reviewed and the Guardians for Safe Working continue to work with the medical rota co-ordinators to ensure safe working practices and rota compliance.

- **During the first six months of the year a significant number of exception reports were generated from Foundation doctors in one CSU largely concerning difficulties in accessing support and identifying priority tasks, which affects patient flow**

Guardians facilitated and supported meetings between the juniors, the Lead Clinician and the Director of Postgraduate Medical Education. We suggested improving communication regarding available senior support and using PPM for identifying priority tasks.

- **There has been a significant decrease in the number of Immediate Safety Concerns reported, 7 in total compared to 29 in 2022/23.**

This reflects the impact of embedding the People Priorities in the Trust.

Aims for 2024/25

- We have set aside regular drop-in sessions alternating between LGI and SJUH over coming months. We hope this will help more doctors to come forward and discuss their issues.
- We continue to invite key speakers to our JDF such as senior management team, Leadership fellow, Freedom to speak up guardian, BMA reps etc.
- We are engaging directly with educational leads across all departments to ensure exception reporting is embedded in the culture and is seen as a tool to achieve positive change.
- We will continue to support our junior doctor workforce recognising the impact that the pay conflict is having on morale and wellbeing.

NHS
The Leeds Teaching Hospitals
NHS Trust

Guardians of Safe Working Hours for Doctors and Dentists in training

If you have any issues with rota's or working hours, please contact leedsth-tr.GuardianSafeworking@nhs.net

Dr Anju Aggarwal & Dr Santosh Sundararajan will be more than happy to offer help and support

Come and see us at our regular face-to-face drop-in sessions, and join us for the Junior Doctor Forums

Exception reporting system - www.healthmedics.allocatehealthsuite.com or scan the QR code



3.5.5 Improving Medical Education

Background

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

Key Achievements in 2023/24

- In collaboration with the other education and training teams in LTHT, we launched the Trust's first overarching Learning, Education & Training Strategy, which will be a key strand in helping position the Trust as a premier academic healthcare institution. Two of the strategy's aims are to ensure better access to training for all staff, and to ensure every learner has an excellent experience.
- The Professional Support and Wellbeing Team (PSWT) supported learners adversely impacted by the pandemic. There has been a marked increase in the number of learners experiencing mental health issues, as well as requiring additional educational support.
- Our digital learning team is working in partnership with colleagues in the Research Academy and have produced a number of highly innovative digital learning products.

- The Clinical Skills and Simulation team continued to grow its portfolio of courses – an example is the national Urology Boot Camp, which was the biggest and most successful in its history.
- Our undergraduate team delivered more small-group teaching, both in the Hub and on the wards, providing direct support to placement leads. In addition, the Hub offers an array of teaching and opportunities to practice knowledge and skill ahead of exams.
- The Trust performed well in the National Trainee Survey, showing that it continues to deliver high quality medical education.

Aims for 2024/25

- We will continue embedding the learning, education and training strategy – delivering its key aims and objectives and ensuring learner-centred learning is at the heart of everything we do.
- We will continue growing our portfolio of short courses.
- The Trust's library and knowledge service will develop new and improved services.
- We will continue developing the PSWT, ensuring that every trainee in the Trust has access to support as and when they need it.



3.5.6 Freedom to Speak Up

Background

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

During 2023 we have expanded the number of champions to 65 people across the organisation, undertaken an internal survey on barriers to speaking up.

The number of cases raised with the Guardian has steadily risen during 2023. This is seen as a positive trend and we are ensuring staff voices are heard and fed into learning and improving.

Key Achievements in 2023/24

- Undertook a survey to determine the barriers to speaking up
- Developed an improvement plan, strategy and communication plan for speaking up
- Increased the numbers of champions to 65



Aims for 2024/25

- Introduction of a governance group to provide assurance around case management
- Expand our policy and processes for those who report negative impact following speaking up
- Improve data collection from Champions to inform thematic analysis of concerns and capture areas for learning and improvement.

Part 4: Statements of Assurance from the Trust Board



Statements of Assurance from the Trust Board

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

4.1 Review of Services

During 2023/24 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 2023/24 represents all of the total income generated from the provision of NHS services by the Leeds Teaching Hospitals NHS Trust for this period. Leeds Teaching Hospitals NHS Trust has reviewed all of the data available to it on the quality of care in all of these NHS services. We have reviewed the quality of care across these services through the bi-monthly Trust Board Integrated Quality and Performance Report (IQPR) and internally through the performance review process. The Trust’s quality governance meeting structure also routinely reviews quality and performance measures to gain assurance on quality improvements.

4.2 Participation in Clinical Audit

Background

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

Key Achievements in 2023/24

Engagement with Clinical Audit has continued to improve following the impact of the pandemic on compliance figures with the mandatory audit programme. Local audits have been logged more frequently on the Clinical Audit Database, Ulysses. The Quality Governance Team has been receiving an increased number of queries and training requests as uptake increases.

National Joint Registry (NJR)

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

Cardiac Rehabilitation

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

National Data Opt Out

The CIAO Team are continuing to identify 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

NICOR (National Institute for Cardiovascular Outcomes)

NICOR have implemented three new audit strands within the last 12 months. The CIAO Team worked collaboratively with the service to ensure complete data could be captured and submitted in line with the audit datasets. As a Trust we submit fully to all nine elements of the NICOR submissions.

Participation in National Audit

Data has been submitted for the eligible mandatory audits as listed during the period 2023/2024.

Submission to the Inflammatory Bowel Disease Audit (IBD) has not been compliant during the period 2023/2024. 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.

Submission to the Respiratory audits (Adult Asthma/COPD) has been suspended for the last six months due to technical issues around the collection and upload of the data. A solution is currently in progress with the CIAO Team collaborating with the service and technical team to finalise the model.

Actions taken as a result of Audits

We reviewed the reports of 11 national clinical audits in 2023/24. Examples of the action to be undertaken to improve the quality of healthcare provided include the following:

Paediatric Intensive Care – State of the Nation Report 2022 (published March 2023)

Additional consultant cover was put in place to support the level 1 and level 2 patients and improve flow within the department. A part time clerk was also employed to support the data capture required.

National Pregnancy in Diabetes Audit 2021-2022 (published October 2023)

The closed loop system was rolled out at LTH and staff training was implemented. There has been an improvement to pre conception care across Leeds. Deeper dive investigations were carried out on specific issues.

Compliance with the Trust Mandatory Programme for Medical Audits was 79% and for Nursing Audits it was 94%

Local specialty audits are logged on the clinical audit database. Examples of actions and learning from specialty level audits included:

- VTE prophylaxis assessment to be considered as a safety question in morning huddles, following completion of an audit on compliance with the local guideline for VTE prophylaxis.
- Following an audit on whether the use of Parecoxib was effective and safe, it was suggested that efficacy should be reviewed on each visit, and if no benefit was observed following three visits then to reconsider use.
- An audit of tertiary surveys performed on Major Trauma Centre patients led to a suggestion that a standardised PPM form be developed for tertiary surveys, and that there should be education to the relevant team to promote the importance of tertiary surveys.

- After patients have been accepted for assessment on the JOPR clinic (Joint Orthodontic Paediatric Restorative Density) and an appointment has been booked, they are now invited to log into an online hub to view their appointment letter. If the patient does not access the hub within three days, the letter is printed and posted to the patient's address. It will explain why the patient has been referred and what will happen at the appointment. This was taken following an audit of patients access to the patient information leaflet prior to their appointment.

Aims for 2024/25

- The Quality Governance Team will work closely with the Clinical Information and Outcomes Team to strengthen the governance arrangements relating to National Audit participation and assurance, and to utilise the online Clinical Audit Database to log and monitor these.
- The teams will develop more timely reporting functions following the completion of a Trust Programme Audit to enable efficient local learning and action planning.
- The Quality Governance Team will continue to develop the links between Clinical Audit and Quality Improvement to ensure that Clinical Audit is fully utilised as an improvement methodology with measurable impact.
- Mechanisms to share learning will be improved and further developed.
- Training and development of the system will continue to ensure user engagement with the Clinical Audit programmes.

4.3 Information Governance and Data Quality

Background

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

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

The Trust maintains a high standard of Information Governance and has met the NHS Data Security & Protection Toolkit requirements for 2022/23.

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

Key Challenges in 2023/24

During this challenging year the IG Team has made significant steps to implement robust IG practices and have raised the awareness of IG throughout the Trust. The IG Team acknowledges that there are still significant steps that require undertaking to minimise IG and data security risks and maximising the full potential of the Trust within the realms of IG and data security.

NHS Data Security & Protection Toolkit Submission

The Trust was able to successfully submit its DSPTv5 Submission for 2022/23 on 21st June 2023 with all mandatory evidence items being successfully completed.

Aims for 2024/25

- Developing an IG and data security culture throughout the Trust.
- Ensuring a consistent approach within the NHS with regard to information management.
- Support the Trust in the implementation of new systems and initiatives to enhance patient care.
- To ensure the confidentiality, integrity and security of information in both physical and electronic formats.
- Support Cyber Security awareness
- Support the “Digital Hospital”
- Support the Local Health and Care Record Exemplars (LHCRE)(YHCR)

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

4.3.1 NHS Number and General Medical Practice Code Validity

We continue to use the national data quality dashboard tool to support a review of the accuracy and quality of data submitted, and benchmark against the rest of the NHS. As with previous years, we submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are published nationally.

The percentage of records in the published SUS Data Quality Dashboard for the period April 2022 to Jan 2023 which included a valid NHS number can be seen in the table below.

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

Type of care in the NHS	% of records	% above national average
Admitted patient	99.8	0.1
Outpatient	99.9	0.2
Accident and Emergency	98.1	-0.8

The percentage of records in the published SUS Data Quality Dashboard for the period April 2022 to Jan 2023 (which included a valid General Medical Practice Code can be seen in the table below:

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

Type of care in the NHS	% of records	% above national average
Admitted patient	99.8	0.1
Outpatient	99.7	0.2
Accident and Emergency	99.9	0.3

4.3.2 Clinical Coding

Background

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

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

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

Key Achievements in 2023/24

- Consultant engagement has been further developed this year through work with the Quality Governance team and the Mortality Improvement Group.
- All nationally required coding training has been delivered on schedule to meet DSPT requirements.
- We have again increased the number of accredited Coders within the department. Four members of staff have achieved accreditation in 2023/24. Our accreditation rate is now 63%, exceeding our aim for this year.
- Results from our DSPT coding audit are as expected (>90% primary accuracy, >80% secondary). The results were further improved this year and we met our internal target of 92% primary diagnosis accuracy.
- The audit team have produced regular team audits and given actionable feedback to the coding teams.

Aims for 2024/25

- 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.
- Further increase the numbers of accredited Coders within the department – aiming for 66% accreditation rate.
- Work to maintain our primary diagnosis accuracy to at least 92% in the DSPT coding audit.

4.4 Goals agreed with Commissioners (CQUINS)

Background

In December 2022 NHS England and NHS Improvement published Commissioning for Quality and Innovation (CQUIN) scheme for 2023/24: There are 12 indicators in total; seven are related to acute Trusts and six related to specialised acute (two of which apply to both).

The Trust agreed with the commissioners five acute and five specialised acute CQUINs to be incentivised. The Trust are required to submit data against all CQUINs (including those not incentivised).

The table below shows the Trust performance against all applicable CQUINs.

National - ICB/PSS CQUINs 2023/24: Quality Accounts as at 10/06/2024

CQUIN	Q1 Performance	Q2 Performance	Q3 Performance	Q4 Performance	Annual Performance
ICB CQUINs					
CQUIN01: Flu vaccinations - for frontline healthcare workers Target ≥90%	Not applicable				
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery Target ≥80%					
CQUIN03: Prompt switching of intravenous to oral antibiotics Target ≤40%					
CQUIN04: Compliance with timed diagnostic pathways for cancer services Target ≥55%					
CQUIN05: Identification and response to frailty in emergency departments Target ≥30%					
CQUIN06: Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service Target ≥1.5%					
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions Target ≥30%					
CQUIN12: Assessment and documentation of pressure ulcer risk Target ≥85%					
PSS CQUINs					
CQUIN08: Achievement of revascularisation standards for lower limb Ischaemia Target ≥65%					
CQUIN09: Achieving progress towards Hepatitis C elimination - within lead Hepatitis C centres Target ≥75%	Assessment of Blueteq data in Q2				
CQUIN10: Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway Target ≥85%					
CQUIN11: Achieving high quality Shared Decision Making (SDM) - conversations in specific specialised pathways to support recovery Target ≥75%	Progress update submitted		Progress update submitted		



Part 5: Research and Innovation



Research and Innovation

Background

The Trust has an ambitious strategy for research and innovation, aimed at harnessing the significant advances in clinical science and technology for the benefit of patients in Leeds. 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 2023/24 has been to create a culture of research and innovation across the Trust and this has helped to significantly raise the profile and visibility of research across senior leaders in the organisation.

Key Achievements in 2023/24

We have continued to manage and deliver a complex portfolio of research across the Trust recruiting a record number of participants (TBC) into research projects across the Trust.

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.

Research activity spans 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.

We are the first NHS Trust in the country to assess an Artificial Intelligence (AI) algorithm in breast cancer screening services through the LIBRA trial. Our work in Radiology AI continues to grow with the establishment of an AI Clinical Board in the Radiology CSU to support the development of a pipeline of projects in this area. The growing body of Artificial Intelligence research underway at the Trust was showcased as part of the West Yorkshire Innovation Festival in November 2023.

Our second annual Research and Innovation conference was held at the Carriageworks Theatre in Leeds and brought together >150 people involved in research from across the Trust. The conference celebrated the impact that research has for our patients, with the Cystic Fibrosis team exemplifying how research is embedded in clinical care.

Other research highlights include the roll out of the "Ready for MS" trial which was designed in Leeds to 10 other sites in the UK. This trial is evaluating a digital resilience programme to see if it helps people with MS improve their belief in their ability to achieve goals and this roll-out follows an initial pilot in Leeds, London and Cardiff.

The innovation support and business engagement programme run through the Innovation pop-up continues to go from strength-to-strength and has now engaged with >300 LHTT staff and developed >40 partnerships with businesses. Of note, the Innovation team launched their first community of interest in February 2024, LeedsXR, which brings together people with an interest in the use of augmented and virtual reality in healthcare. There are already a number of projects in this space underway in the Trust including a collaborative project with Norwegian company Holocare utilising AI headsets for presurgical planning.

Aims for 2024/25

- Our third Research and Innovation conference will be held in-person in May 2024 and we are aiming to attract 300 attendees from across the Trust and our wider partners.
- We will continue to support the Trust's annual research commitment which next year will be focusing on increasing the number of nurses, allied health professionals and healthcare scientists who are involved in research.
- We will continue to support innovation activities across the Trust and continue to develop our offer to industry and other partners to support the development of the Innovation Village.
- We will develop and launch a new strategy for Research and Innovation at LHTT between 2025-2030, identifying future areas of focus and how we will further grow research in the Trust that benefits the citizens of Leeds.

Appendices



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

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

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

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

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

By order of the Board

29/06/2023
..... Date



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

29/06/2023
..... Date



..... Chief Executive
Prof Phil Wood

Appendix B: Statements from Local Stakeholders

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 comment on your Quality Account, which we found to be very comprehensive and informative. The report describes a significant amount of work going on across the Trust with the aim of improving people's experiences based on insight and feedback. The link between people's experience, feedback, complaints and quality improvement is excellent to see with systematic structures and processes in place to enable this.

The report details multiple examples of where insight and feedback has been acted upon from practical changes, for example a comfortable discharge lounge at St James' which is important whilst people wait for medication and transport before going home, through to systematic change programmes such as the focus on the 3Cs: Communication, Co-ordination and Compassion.

It is positive to see the development of the new Patient Experience Strategy 2024-27 with its core theme as 'acting on what we have been told' and its focus on inequalities. This echoes the Leeds Health and Care Partnership principle to act on the feedback that people give, and it will be good to see how the strategy continues to be implemented over the course of the strategy. It is also positive to see the use of the Big Leeds Chat approach of capturing people's experiences face to face whilst they are using services which has created the opportunity to further involve people in priority setting and improvement activities.

The LTHT Patient Experience Team have been long-standing, key partners of the Leeds Health and Care People's Voices Partnership, the 'How Does It Feel For Me?' working group, which understands if care is joined up and the work in the city to drive forward adherence to the Accessible Information Standard (AIS), a key mechanism to ensure that services are accessible to all.

Particularly this year, it is positive to see how LTHT have co-led and spearheaded the programme to get the elements of good person-centred care in place, that of the 3Cs (Communication, Co-ordination and Compassion). We look forward to continuing to work with the LTHT team Patient Experience team to further embed this, including the ongoing use of the Healthwatch Leeds 'How Does It Feel For Me?' video diaries and reports which have been used extensively across the Trust leading to real improvements in people's experience across Trust services.

The commitment and work to support the Trust to adhere to the AIS continues and it is important to see this as a priority for next year. This is a fundamental and vital piece of work which we would urge the Trust to continue at pace as it directly relates to equity of access for people with additional communication needs, including people with learning disabilities and people with sight loss and hearing loss.

The information detailed in the account around areas for development is positive to see, including ongoing work to improve the Complaints process. It is good to see detailed information around the key themes from Complaints and PALS, including waiting time for treatment, cancelled or reduced clinic appointments as well as a 45% increase in number of concerns by patients not receiving appointment or cancellation letters, which is in part linked to the introduction of the online Patient Hub. Ensuring the move to online services does not exclude people is one of our core focus areas at Healthwatch Leeds and we look forward to seeing the work progress to address all of these themes.

Overall, we would like to commend LTHT on its Quality Account which gives a thorough and insightful view of how the Trust systematically listen and seek to act on people's experiences as well as the areas for future development.

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

The Integrated Care Board in Leeds Review of Leeds Teaching Hospitals NHS Trust Quality Account 2023/2024

The Integrated Care Board (ICB) in Leeds is pleased to review the Leeds Teaching Hospitals NHS Trust (LTHT) 2023/2024 quality account. The ICB in Leeds 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.

LTHT is a large hospital Trust, covering a sizeable area, providing services for the immediate population, which is around 770,000, and regional specialist care for up to 5.4 million people.

Due to the size of LTHT, the wide range of services offered, and the number of people using the services each year, the quality account needs to provide sufficient information, without being excessively detailed, which the 2023/2024 report achieves.

The ICB in Leeds would like to acknowledge the continued hard work and commitment of the staff at the Trust who strive to provide high quality and safe care for the people it serves. The quality account clearly sets out the Trust's vision, strategic priorities and values, as well as multi-year goals and annual commitments for 2024/2025. These aspects of the report provide a high-level understanding of the main areas of focus, and it's the work and dedication and of the staff that deliver the vision and key priorities.

The quality account highlights key improvement activities that are aligned to the Trust's improvement methodology and staff culture, linked to The Leeds Way Values and People Priorities. It's positive to hear how the Trust has strengthened the alignment of its improvement activities by identifying seven annual commitments. The work around children's cardiac surgery is a positive example of improvement, by reducing cancellations by 28%.

The quality account clearly shows the key achievements around improving the quality of services, including achieving the ambition of a 5% reduction trajectory for pressure ulcers, discharges by 15:00 up to 40% and improvements with staff retention. A standout point includes comment about the nationally recognised 'New to Care' programme that has led to a reduction of the clinical support worker vacancy gap by 543 whole time equivalent.



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It will be good to see continued improvements and the effectiveness of forthcoming initiatives, such as embedding the use of falls rescue kits on all sites and introduction of support volunteers to enhance the care of dying patients and their families. The Trust's commitment to patient safety is clear, especially in terms of the commitment to provide continued support for Patient Safety and Harm Free Care Improvement Programmes, including sepsis, pressure ulcers, falls, learning from patient safety events and reducing healthcare acquired infections.

The ICB in Leeds supported LTHT's priorities for 2023/24 and acknowledge the Trust's significant role in supporting the local healthcare system and being an integral partner in supporting West Yorkshire's Integrated Care System key aims, which are to:-

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

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 2023/24 quality account clearly demonstrates the Trust's commitment to tackling these challenges and its focus on continued improvement.

The ICB in Leeds thanks LTHT for sharing their quality account for 2023/24. We look forward to continuing to work with the Trust and continuing with the existing positive partner relationship.

Yours sincerely

Nicholas Allen



Head of Quality
Integrated Care Board (Leeds)
10/06/24



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Appendix C: Glossary of Terms

A3 Thinking: 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.
Acute Hospital Trust: an NHS organisation responsible for providing healthcare services.
Always Events: aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.
Antimicrobial Stewardship: antibiotic stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to antibiotics, and decreasing unnecessary costs.
Artificial Intelligence (AI): the theory and development of computer systems able to perform tasks normally requiring human intelligence.
Birth-rate+: a midwifery workforce planning tool, which allows midwives to assess their “real time” workload in the delivery suite.
Board (of Trust): the role of the Trust’s Board is to take corporate responsibility for the organisation’s strategies and actions.
BSL: British Sign Language.
BUFALO: blood cultures and septic screen, Urine output, Fluid Resuscitation, Antibiotics IV, Lactate measurement, Oxygen.
Care Quality Commission (CQC): the independent regulator of health and social care in England.
Clinical Audit: clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary.
Clinical Service Unit (CSU): the Trust is made up of 19 CSUs, which are groups of specialties that deliver the clinical services the Trust provides.
Clinician: a healthcare professional who works directly with patients. A clinician may diagnose, treat and otherwise care for patients.
Clostridium Difficile Infection (CDI): a type of bacteria which causes diarrhoea and abdominal pain, and can be more serious in some patients.
Commissioning for Quality and Innovation (CQUIN) payment framework: a framework which makes a proportion of providers’ income conditional on quality and innovation.
Constitutional Standards: the NHS constitution sets out patients’ rights; how they can access health services, the quality of care they will receive, details of available treatments and programmes, confidentiality, information, and your right to complain if things go wrong.
Data Security and Protection toolkit: the NHS Data Security & Protection Toolkit ensures necessary safeguards for, and appropriate use of, patient and personal information.
Datix: patient safety and risk management software for healthcare incident reporting and adverse events.
Department of Health (DoH): a department of the UK Government with responsibility for Government Policy for health, social care and NHS in England.
Digital Information Team (DIT): the Informatics Department in the organisation responsible for the management of Digital Information Technology infrastructure to support healthcare.

Dr Foster Hospital Guide: annual national publication from Dr Foster containing data from all NHS Trusts in England & Wales highlighting potential areas of good and poor performance. The Guide's focus changes each year but consistently contains measures of hospital mortality.
e-DAN: an electronic discharge advice note.
eMeds: an electronic system for prescribing and administration of medicines.
e-Obs: a digital method of recording the observations of patients' vital signs.
Employee Assistance Programme: staff advice, information & counselling service able to assist with financial, legal, family and personal issues.
Enhanced care: additional support provided to patients who require an extra level of care to ensure safety.
Friends and Family Test (FFT): a national NHS tool allowing patients to provide feedback on the care and treatment they receive and to improve services. It asks patients whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment.
Gram-negative bacteria: a class of bacteria that includes those that can cause, amongst others, pneumonia, bloodstream infections and surgical site infections in healthcare settings. Gram-negative bacteria are resistant to multiple drugs and are increasingly resistant to most available antibiotics.
Healthwatch Leeds: Healthwatch is the independent consumer champion that gathers and represents the public's views on health and social care services in England. It ensures that the views of the public and people who use the services are taken into account.
Hospital Standardised Mortality Ratio (HSMR): an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
Hospital Episode Statistics (HES): a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
Hypoxic-isaemic encephalopathy (HIE): this may be diagnosed if a baby's brain does not receive enough oxygen and/or blood flow around the time of birth. HIE affects the brain, but the effects of low oxygen or blood flow can also cause problems in the lungs, liver, heart, bowel and kidneys.
Integrated Care: an organising principle for care delivery that aims to improve patient care and experience through improved coordination.
Integrated Care Board (ICB): clinically led NHS bodies responsible for the planning and commissioning of health care services for their local area.
Kaizen Promotion Office (KPO): established to drive the improvement work of the organisation in collaboration with the Virginia Mason Institute.
Lean Methodology: a new national NHS service for the recording and analysis of patient safety events that occur in healthcare, this will replace NRLS.
Learn from Patient Safety Events (LFPSE) : a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and
Leeds Care Record: the Leeds Care Record gives health and social care professionals directly in charge of your care access to the most up-to-date information about you by sharing certain information from your records between health and social care services across Leeds.
Leeds Improvement Method (LIM): the method focusses on improving efficiency and flow of our services under the three key concepts: value, waste, and respect for people.

<p>Leeds Involving People: an organisation that represents the independent voice of people through the promotion of effective involvement. It involves the community in the development of health and social care services by ensuring their opinions and concerns are at the centre of decision making processes.</p>
<p>Leeds Place/Integrated Care Board (ICB): place-based partnership with an integrated care board committee to make decisions, NHS body responsible for the planning and commissioning of health care services for their local area. similar to the West Yorkshire integrated care board.</p>
<p>LPCN: Leeds Palliative Care Network</p>
<p>MBRRACE: Maternal, Newborn and Infant Clinical Outcome Review Programme. Aims to study to collect data on patient care to inform service improvements in maternity services nationally.</p>
<p>Medically Optimised For Discharged (MOFD): a patient who is medically fit for discharge, after a clinical decision has been made that the patient is ready to transfer.</p>
<p>Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA): a bacterial infection.</p>
<p>Mortality Screening Tool: all patient deaths are screened to determine whether a further review of case notes should be considered.</p>
<p>MSSA related infections: infections as a result of methicillin-susceptible S. aureus (bacteria).</p>
<p>National Child Protection Information System (CP-IS): a project to help health and social care staff to share information securely to better protect vulnerable children.</p>
<p>National Confidential Enquiry into Patient Outcome and Death (NCEPOD): reviews clinical practice across England and Wales, and makes recommendations for improvement.</p>
<p>National Institute for Health and Care Excellence (NICE): an independent organisation responsible for providing national guidance on promoting good health, and preventing and treating ill health. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care.</p>
<p>National Institute for Health Research (NIHR): an organisation which aims to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.</p>
<p>National Maternity Better Births: a nationwide initiative to improve outcomes of maternity services in England.</p>
<p>National Payment by Results (PBR): the payment system in England under which commissioners pay healthcare providers for each patient seen or treated.</p>
<p>National Reporting and Learning System (NRLS): enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.</p>
<p>Never Events: serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.</p>
<p>Objective Structured Clinical Examination (OSCE): The OSCE is designed to assess ability to competently apply professional nursing or midwifery skills and knowledge in the UK. It is set at the level expected of nurses and midwives as they enter the profession (at the point of registration, - not advanced skills).</p>
<p>Patient Advice and Liaison Service (PALs): offers support, advice and information on NHS services to patients, their carers, the general public and hospital staff.</p>
<p>Patient Reported Outcome Measures (PROMs): a measure of quality from the patient's perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre and post-operative surveys.</p>

<p>Perinatal Mortality Review Tool: a data collection tool which aims to support standardised perinatal mortality reviews across NHS maternity and neonatal units.</p>
<p>Plan, Do, Study, Act (PDSA): A quality improvement tool to test an idea by trialling a small scale change and assess its impact, building upon the learning from previous cycles in a structured way before large scale implementation.</p>
<p>Patient Pathway Manager PPM+ : 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.</p>
<p>Patient Safety Incident Response Framework (PSIRF): Sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</p>
<p>Rapid Discharge Plan (RDP): a patient-specific plan to facilitate safe, urgent transfer of care for patients expressing a wish to die at home.</p>
<p>RCA process: Root Cause Analysis. A method of problem solving used for identifying the root causes of faults or problems.</p>
<p>RESPECT: A Recommended Summary Plan for Emergency Care and Treatment, that is agreed by a patient and their healthcare professional. It includes recommendations about the care an individual would like to receive in future emergencies if they are unable to make a choice at that time.</p>
<p>SPC chart: Statistical Process Control chart. Data is plotted chronologically to see changes over time.</p>
<p>Summary Hospital-level Mortality Indicator (SHMI): an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by NHS Digital.</p>
<p>The Leeds Way: The 'Leeds Way' is the Values of Leeds Teaching Hospitals Trust created by staff. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients. The Values are Fair, Patient Centred, Collaborative, Accountable and Empowered.</p>
<p>The National Bereavement Care Pathway (NBCP): a project to help professionals support families in their bereavement after any pregnancy or baby loss.</p>
<p>Trust Members: Trust Members have a say in the services the Trust offers and help us understand the needs of our patients, carers and local population, in order to improve our services. Anyone aged 16 years or over living in England or Wales can become a member.</p>
<p>Venous thromboembolism (VTE): a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT).</p>
<p>West Yorkshire Integrated Care Board: Committees made up of local health and care leaders, and they will also include independent people who do not work for health and care organisations.</p>
<p>WYAAT: West Yorkshire Association of Acute Trusts.</p>

Appendix D: Trust Participation in NCEPOD and National Audits

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

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2023/2024, are listed below alongside the details of participation compliance, or percentage compliance with case note return and questionnaire completion.

NCEPOD Study	% Compliance
Testicular Torsion Study	53%
Community Acquired Pneumonia	50%
ICU Rehabilitation	100%
Juvenile Idiopathic Arthritis	100%
End of Life Care	50%

Appendix E: Performance against National Priority Indicators

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

eDAN: Completed	-	94.30	*	*	*	*	*	*	*	*	*	*	*
eDAN: Sent to GP within 24 hrs	>=90	93.26	*	*	*	*	*	*	*	*	*	*	*
Complaints: Total	-	73	66	62	71	71	69	79	76	61	74	74	77
Complaints: % Responded to within target time	-	19.18	33.33	30.65	19.72	18.31	17.39	15.19	27.63	36.07	28.38	16.22	23.38
Emergency Readmissions Within 30 Days	-	5.97	6.18	5.93	6.06	5.61	5.80	5.73	5.97	6.39	5.77	6.34	6.20
Section C - NHSE Quality and Contract Requirements													
Serious Incidents (SUIs)	-	0	0	0	0	0	0	0	0	0	0	0	0
HCAI: MSSA (Target = LHHT Trajectory 19/20)	<=84	3	8	6	4	11	6	6	7	12	10	7	14
Gynae Cytology 14 Day TATs	>=98	-	-	-	-	-	-	-	-	-	-	-	-
Harm Free Care	>=95	-	-	-	-	-	-	-	-	-	-	-	-
Readmissions to PICU Within 48 Hours	<1	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Critical Care Discharges - % Within 4hrs	-	19.30	22.65	21.36	17.90	16.29	15.87	16.09	19.05	14.59	17.09	18.60	16.98
Adult Critical Care Discharges - % Within 24hrs	-	69.62	70.17	67.36	63.07	63.43	67.30	58.68	63.10	65.05	64.96	65.12	55.44
Section D - Local Quality and Contract Requirements													
OP FUP Backlog: More Than 3 Months Overdue	-	*	*	*	*	*	*	*	*	*	*	*	*
OP FUP Backlog: More Than 12 Months Overdue	-	*	*	*	*	*	*	*	*	*	*	*	*
OP FUP Backlog: No Due Date	-	*	*	*	*	*	*	*	*	*	*	*	*
E-Letters to GPs in 5 Days	-	*	*	*	*	*	*	*	*	*	*	*	*
Radiology Turn Around Times (Median Wait)	-	36	34	36	32	30	25	20	14	13	10	12	13
Section E - Internal Monitoring													
Dementia Performance: Stage 1	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	99.83	100.00	100.00	100.00
Dementia Performance: Stage 2	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Dementia Performance: Stage 3	>=90	100.00	100.00	105.56	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Pressure Ulcers (Grade 3) (developed)	-	3	5	0	4	8	1	2	2	5	0	0	4
Pressure Ulcers (Grade 4) (developed)	-	2	2	0	0	0	0	0	1	1	0	0	0
Pts Admitted to a Stroke Unit < 4 Hours	>=60	*	*	*	*	*	*	*	*	*	*	*	*
OP Appts Cancelled 2 or More Times (Total)	-	*	*	*	*	*	*	*	*	*	*	*	*
OP Appts Cancelled 2 or More Times (By Hospital)	-	*	*	*	*	*	*	*	*	*	*	*	*
Clinics Not Cashed Up Within 2 Days	-	0	0	0	0	0	0	0	0	0	0	0	0
Clinics Not Cashed Up Within 4 Weeks	-	0	0	0	0	0	0	0	0	0	0	0	0
RTT Admitted - Clock Stops (Known Waits)	-	2,764	3,083	2,964	2,950	3,110	3,265	3,290	3,665	2,865	3,514	3,118	3,490
RTT Non-Admitted - Clock Stops (Known Waits)	-	12,107	14,258	13,590	12,987	13,780	13,539	14,523	16,148	12,433	15,674	14,031	15,526
RTT Admitted - New Pathways (Clock Starts)	-	1,928	2,400	2,249	2,188	2,360	2,517	2,312	2,721	2,175	2,793	2,497	2,953
RTT Non-Admitted- New Pathways (Clock Starts)	-	18,378	21,196	19,416	20,229	20,093	19,730	20,144	21,381	17,392	20,821	19,468	22,732

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