

Leeds Teaching Hospitals NHS Trust

# Quality Account Report

2009 - 2010

11 May 2010

## Contents

Page No.	
3	Part 1 Chief Executive's Statement from the Board
6	Part 2 Improving our Quality of Service
26	Part 3 Review of Quality Performance for 2009/10
Appendix A	
Annex	

DRAFT

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

### **1.1 Introducing the Trust**

The Leeds Teaching Hospitals NHS Trust is one of the largest acute hospital trusts in the United Kingdom, seeing well over a million NHS patients every year across six main sites. The Trust provides a comprehensive range of hospital services to the Leeds population of approximately 770,000 and also provides more specialist tertiary services to patients across the region.

### **1.2 Development of the Quality Account**

This, our first Quality Account has been developed in conjunction with stakeholders and partner organisations, including our commissioners at NHS Leeds, Local Involvement Network and Local Authority Scrutiny Board for Health. The Quality Account has been developed by clinicians and senior managers who lead on these programmes within the Trust and it has been approved by the Trust Board.

### **1.3 Chief Executive's Statement on Quality**

I am very pleased to welcome you to our first annual Quality Account report, a summary account of our performance against selected quality improvements for 2009/10 and our priorities going forward in 2010/11. This represents, in our view, an open and honest account of the quality of services for which the Board is accountable.

In High Quality Care for All, the final report of the NHS Next Stage Review published in June 2008, Lord Darzi set out ambitious commitments for making quality improvement the organising principle of the NHS. His vision was that all NHS staff will measure what they do as a basis for transforming quality and this will be published in an annual 'Quality Account' alongside the organisations' financial accounts. These will be reports to members of the public who use our services on the quality of services provided looking at the three domains of quality:

- Safety
- Effectiveness
- Patient Experience

The Trust Board is committed to ensuring that we provide a locally, nationally and internationally renowned centre of excellence for patient care, education and research. We will deliver this vision by ensuring we attract the best possible staff and invest in their development. The Trust has three aims which are applied to every activity taking place in our hospitals to provide quality services to patients:

- Achieving excellent clinical outcomes
- Improving the way we manage our business
- Becoming the hospital of choice for patients and staff

Our priority is to improve the quality of services in terms of clinical outcomes, patient safety and patient experience and we are able to report some very positive achievements in the last year in areas such as reducing hospital associated infections, improving safety with medicines, reducing waiting times for elective procedures and cancer treatments, reducing the incidence of cancelled operations and ensuring that patients who attend our emergency department are seen and discharged or admitted to hospital within 4 hours.

The Trust Board is committed to making further improvements to the quality of services delivered to patients. The Trust launched its patient safety strategy in September 2008 and signed up to the National Patient Safety First campaign at this time, working with other hospitals within the region to share practice and learning to improve safety and care to our patients. We have focused our efforts initially on improving safety in surgery, further reducing healthcare associated infection, improving nutrition, reducing the risk of venous thromboembolism (VTE) and care of the deteriorating adult. The Trust has also further developed its Releasing Time to Care programme, helping ward staff to make direct improvements in their clinical environment to improve the patient experience.

To demonstrate our commitment to improving safety, the Trust Board has undertaken weekly patient safety walkrounds, providing opportunity for Board members to meet with staff, patients and their families to talk to them about the care we provide and discuss any concerns they may have and agree priorities for improvement.

During the last year the Trust has revised and improved its clinical governance arrangements following implementation of the divisional management structure in 2008/9. Further improvements have been made based on an independent inquiry that was published in January 2010.

The Trust has delivered an ambitious programme to reconfigure clinical services in 2009/10, including the centralisation of acute medical and elderly services at the St James's site and the centralisation of children's services at Leeds General Infirmary in order to further improve the services we provide in these areas. We will continue to work with our main commissioners at NHS Leeds and our partners to make further quality improvements, focussing initially on our approach to caring for older people, urgent care, tertiary care, clinical thresholds and how we manage the associated changes. This is supported by the development of a Clinical Services and Estates Strategy that was approved by the Board in 2009/10, providing a clear vision of the services we will provide going forward and where these will be delivered within the Trust and by partner organisations.

The Board recognises the challenges going forward into 2010/11 and beyond. The worldwide economic climate makes it imperative that we continue to explore and implement more effective and efficient ways to support care delivery and improve quality and we recognise the opportunities this brings. The Trust is committed to delivering the Quality, Innovation, Productivity and Prevention initiative (QIPP) and has launched its Managing for Success programme as a framework for achieving the required improvements over the

next five years. I am confident that we will rise to this challenge and achieve our vision of delivering high quality care for our patients.

I am therefore pleased to have this opportunity to publish our first Quality Account and to confirm my personal commitment to it.

**Maggie Boyle**  
**Chief Executive**

DRAFT

## Part 2 Improving our Quality of Service

### 2.1 Our Priority Improvement Areas for 2010 - 2011

We will continue to with our progress in a number of areas to improve the quality of care we provide for our patients. Following internal consultation and communication with stakeholders, the following priorities have been identified for particular focus in 2010/11:

- |                               |   |
|-------------------------------|---|
| <b>Patient Safety</b>         | - Prevention of Healthcare-associated infections (HCAIs)  |
| <b>Clinical Effectiveness</b> | - Reduction in readmissions   |
| <b>Patient Experience</b>     | - Reduction in waiting times for cancer treatments<br>- Reduction in number of Cancelled operations |

These areas have been selected in discussion with senior managers and stakeholders and we have also liaised with patients and user groups, including the Scrutiny Board (for health) and Local Involvement Networks (LINKs). These relate to key quality improvement and performance areas where progress has been made in 2009/10 and the need for further improvements have been identified. We have made significant improvements in the prevention of hospital associated infections in the last year to reduce harm to our patients and we have agreed a plan with commissioners to make further reductions in infection rates.

We have also made significant progress in reducing the time patients wait for cancer treatments and the number of patients who have their operations cancelled for non clinical reasons and we know we need to do more to improve patient's experience in this area. During the last year we have worked with our partners in primary care to reduce the number of patients re-admitted to hospital and we intend to continue this work in 2010/11.

Our progress to achieve these priorities will be monitored and measured through a weekly performance report to our Senior Management Team and monthly integrated performance report to the Board. This will also be monitored in conjunction with our commissioners through the Quality Monitoring Group and Board, agreeing actions with partner organisations to make the required improvements and progress in these priority areas.

## 2.1.1 Patient Safety

### Reducing rates of hospital associated infections (HCAI)

#### Description of Issues and rationale for prioritising

Our patients tell us that the one of the most important things to them is the prevention of infection when they visit our hospitals. This is a key factor influencing confidence in the care our patients expect to receive prior to admission.

The prevention and control of infection remains a top priority for our organisation. We have made significant progress in 2009/10, building on the work we have done with the Department of Health Improvement Team that has been sustained within our divisions and clinical teams and monitored by our Infection Control Committee.

The progress we have made is reflected in our performance in 2009/10 in terms of the reducing the number of infections, which has improved considerably. From April 2009 to March 2010 we have reduced the numbers of patients who acquired an MRSA bacteraemia (blood stream infection) whilst in our care by 67% and Clostridium Difficile Infection (CDI) by 61%. We know we can go further to protect our patients and reduce infections and we are committed to doing this.

The reduction in infections was achieved through the work of staff of all clinical disciplines in the Trust and was based on the setting of clear standards for care, communication of the message, education and training to support these and performance management of the outcome. We also started to screen all elective patients for MRSA .

#### Our Aim

To eliminate all avoidable hospital acquired infections. We have set ourselves internal targets for reduction of CDI for 2010/2011 which, if achieved, will take us to the top quartile in the country.

#### Achievements in 2009/10

Significantly reduced the incidence of MRSA and C Difficile.

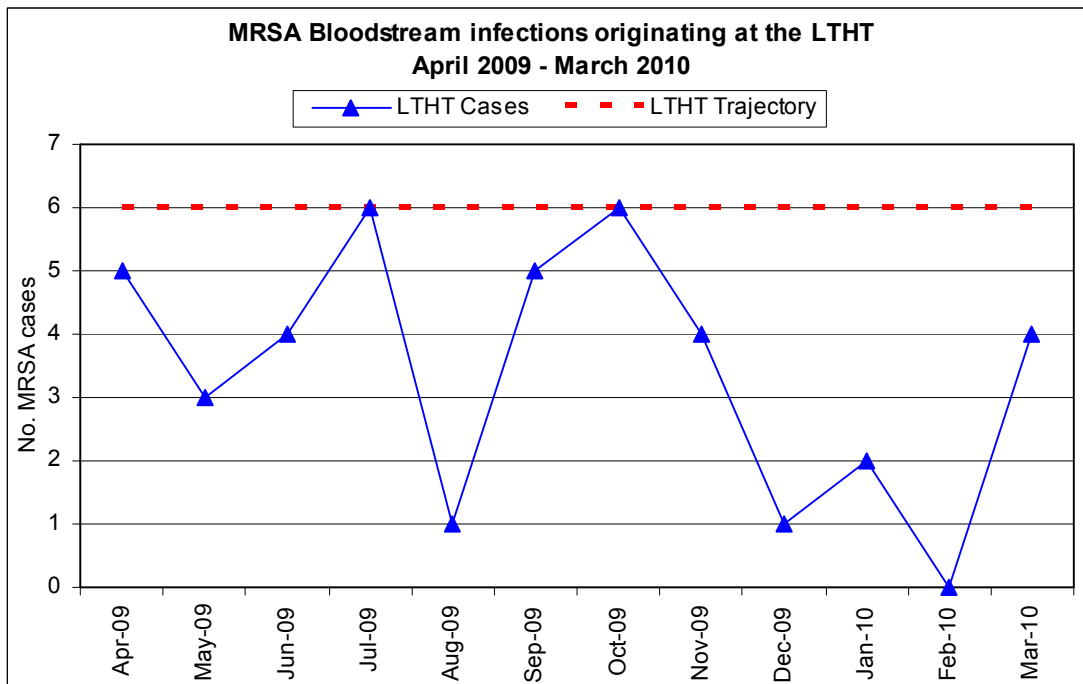


Figure 1

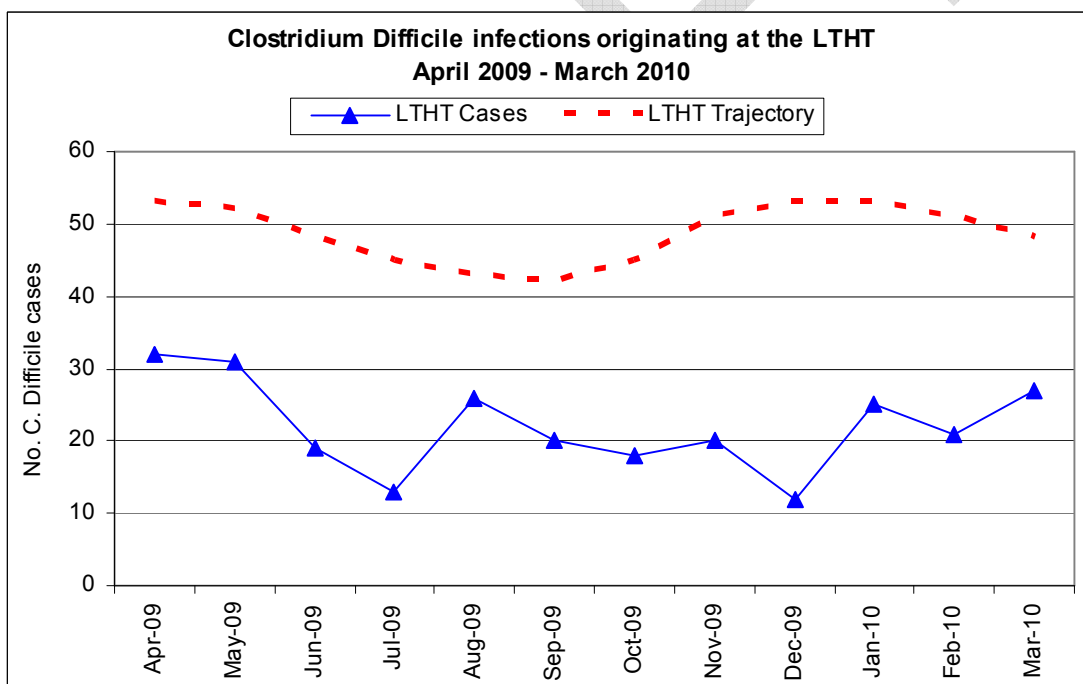


Figure 2

**Key objectives for 2010/11:**

- Set internal targets to reduce the rates of MRSA to the national average and CDI to the top quartile for the country
- Introduce MRSA testing for all patients (elective and non-elective) by December 2010



- Reduce other infections particularly focussing on preventing infections in wounds and urine.

We will work with our colleagues in other organisations to ensure the benefits to patients are widespread.

## 2.1.2 Clinical Effectiveness

### Reduction in readmissions

#### Description of issues and rationale for prioritising

We aim to treat our patients effectively and discharge them home safely, arranging continuing care where required and reduce the risk of readmission to hospital. It is important for us to monitor and understand the reasons why patients sometimes return to hospital as an emergency readmission following a previous discharge. Some readmissions may be potentially avoidable whilst other readmissions are related to chronic conditions and are therefore dependent on community provision.

#### Aim

Our aim is to avoid or reduce to a minimum the number of unnecessary readmissions to the Trust. This will improve the patient experience as well as make best use of the resources we have available.

#### Current Status 2009 - 2010

National comparative data shows that the Trust's readmission rate is generally higher than the national average.

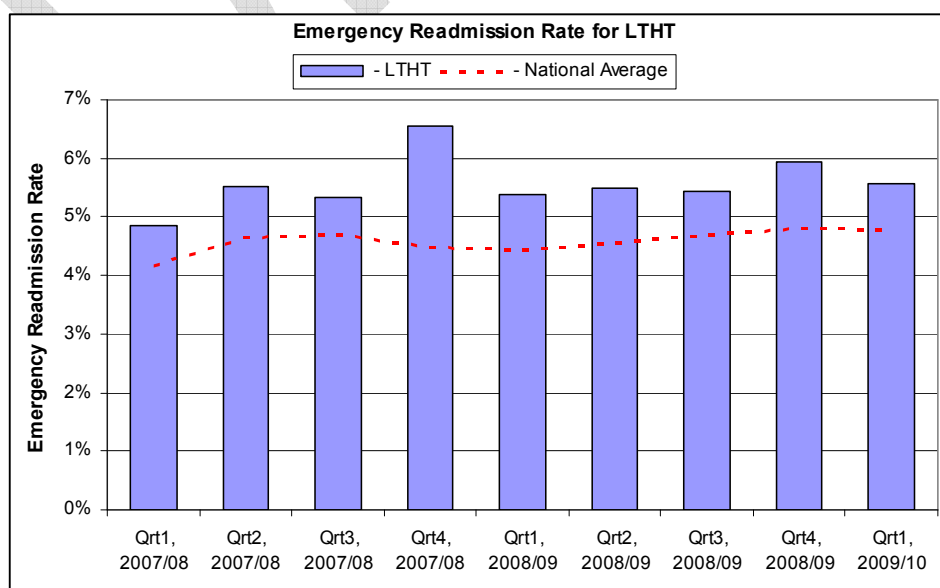


Figure 3 Emergency Readmission Rate for LTHT (07/08 to 09/10).

## Key improvement initiatives to deliver in 2010 - 2011

These include:

- An analysis of data quality to ensure that patients who return to hospital as part of a planned sequence of care are correctly registered as such on the system.
- Improved reporting of rates at Divisional and specialty level will enable detailed investigations of the relevant services.

### Monitoring, measuring & reporting

Monitoring readmission rates will help distinguish between those readmissions which are potentially avoidable from those which would have occurred irrespective of the quality of care. Therefore, readmission rates will be reported:

- In the Trust Board report at aggregate level
- In the bimonthly Divisional Performance report at specialty and service area level.

## 2.1.3 Patient Experience

### Reduction in waiting times for cancer treatments

We have continued to work with partner organisations both locally and across the Yorkshire and Humber region to improve our patient's experience in relation to reducing waiting times for cancer treatments. This is a priority area for us to address and is reflected in the local quality indicators for 2010/11 we have agreed with commissioners, linked to the CQUIN payment scheme, and also the Operating Framework for 2010/11. Through the local scheme we aim to reduce the time our patient's wait for diagnostic test results to a maximum of 2 weeks and reduce the time from referral to treatment to 54 days.

Achievement of the Cancer Waiting Time standards remains a challenge for Leeds Teaching Hospitals NHS Trust in two key areas:

- Urgent GP referral to Treatment (62 day target)
- Breast Symptomatic 2 week wait target

Additionally, the standard for subsequent treatment with radiotherapy to be given within 31 days came into force on 31 December 2010.

### Aim

To ensure all standards are met for 2010/11, further reducing waiting times for cancer treatments and improving the patient experience. We aim to achieve this by continuing our approach which has led to improved performance with

the urgent 2 week wait referral and 31 day standard for first definitive treatment.

**Current Status 2009 - 2010**

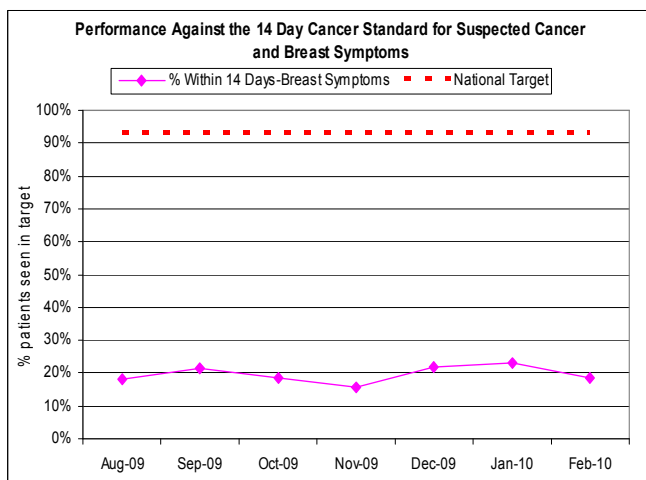


Figure 4

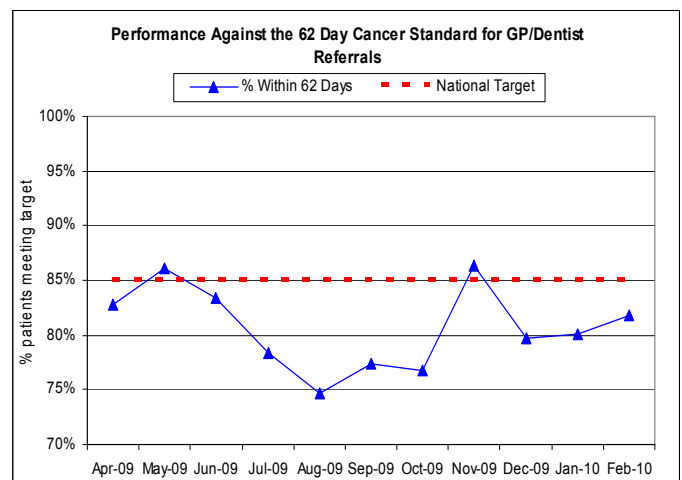


Figure 5

**Key achievements over the previous year include:**

- Met and sustained above average performance relating to the 2 week wait standard for referral (suspected cancer)
- met and sustained our performance against the 31 day standard for first definitive treatment
- Improved performance against 31 day subsequent surgery target to standard is delivered in 2010/11

**Identified Areas for Improvement / Key improvement initiatives to deliver in 2010 – 2011**

- Improve performance against the 2 week wait standard for referral for suspected breast cancer in the first quarter and sustain this in 2010/11, working with partner organisations to respond to the 20% rise in referrals using the 2 week suspected cancer proforma
- Improve our performance against the 62 day standard from urgent referral to first definitive treatment and sustain this throughout 2010/11. This will be achieved through implementing 54 day referral to treatment pathways, audit of clinical pathways and investigating all breaches of the standard using root cause analysis to identify actions required to achieve further improvements.
- Work with partner organisations to improve referral pathways and reduce delays in the referral process from other health care organisations to ensure our patients are treated in line with the national standard. Specific work will continue to be undertaken with Mid Yorkshire NHS Trust (lung and upper GI cancer pathways), Bradford

Teaching Hospitals NHS Trust (Head and Neck, gynaecology pathways) and York and Harrogate Trusts (urology)

## 2.1.4 Reduction in number of Cancelled operations

### Description of issues and rationale for prioritising

We recognise that the last minute cancellation of operations is both distressing and inconvenient for patients and this represents a poor experience for them. When a patient's operation is cancelled, we are required to ensure that this is re-arranged and the patient is treated within 28 days of the cancellation. We have made good progress in reducing the number of cancelled operations and breaches of the 28-day readmission for treatment standard in 2009/10 and we are committed to making further improvements in 2010/11.

### Aim

To reduce the volumes of last minute cancellations and to ensure that breaches of the 28 day standard is kept to a minimum.

### Total number of cancelled operations and breaches of the 28 day readmission for treatment standard 2008/9 compared to 2009/10

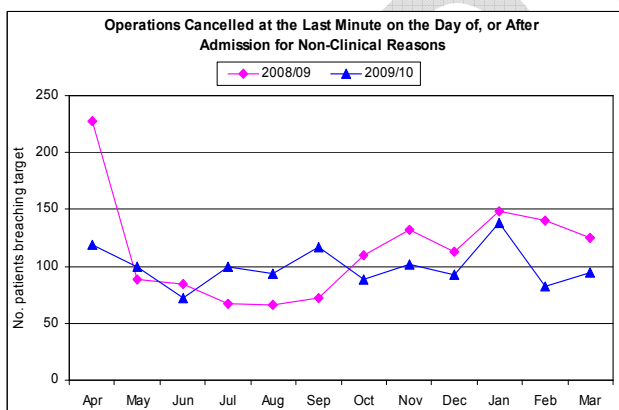


Figure 6

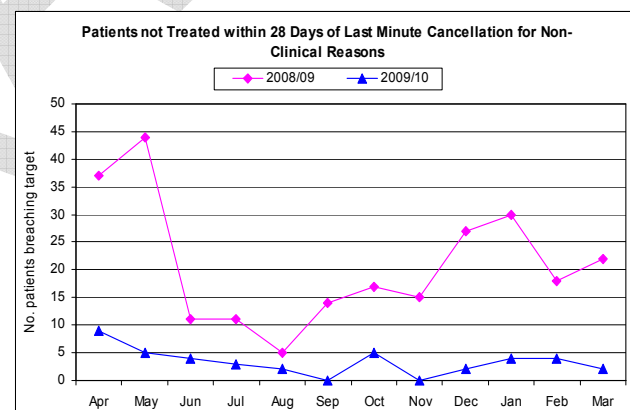


Figure 7 Source: Department Health

### Key achievements over the previous year include:

- A significant reduction in the number of patients who were not subsequently treated within 28 days of having their operation cancelled; this fell from 251 in 2008/09 to 40 in 2009/10.
- Between October 2009 and March 2010, the monthly volumes of cancelled operations are lower than those reported for the same period the previous year.

## Key improvement initiatives to deliver in 2010 - 2011

- Only the Directorate Manager can authorise a last minute cancellation for non-clinical reasons
- The implementation of a Root Cause Analysis process will support improvement through understanding and learning.
- Specific Divisional trajectories, set for 2010/11, will ensure a focus in this area and will be monitored through the Trust's Performance Management Process

## 2.2 Statements of Assurance from LTHT board

### 2.2.1 Review of services

During 2009/10 the Leeds Teaching Hospital NHS Trust provided and/or sub-contracted NHS services across 43 nationally identifies specialties. The Leeds Teaching Hospital NHS Trust has reviewed data available to them on the quality of care in across these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents a significant percentage of the total income generated from the provision of NHS services by the Leeds Teaching Hospital NHS Trust for 2009/10.

### 2.2.2 Participation in Clinical Audits

#### Introduction

The Leeds Teaching Hospitals Trust has an active clinical audit programme, which takes account of both national and local priorities. The Trust is committed to service improvement and acknowledges that systematic clinical audit plays a crucial role in delivering the clinical quality agenda and providing assurance of quality improvement.

The delivery of the Trust's clinical audit programme, and the resulting service improvements, is managed within the five divisions; led by the Clinical Director and Matron within each directorate, and supported by the Clinical Audit Leads in each specialty.

The Leeds Teaching Hospitals has an excellent history of participation in both national audits and NCEPOD studies, throughout the organisation, with a strong culture of using the data gathered as evidence in the drive for improvements in patient care.

During 2009/10, a total of 60 national clinical audits and 6 national confidential enquires covered NHS services that the Leeds Teaching Hospitals NHS Trust provides. During that period, the Leeds Teaching Hospitals NHS Trust participated in 95% of national clinical audits and 100% national confidential

enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Leeds Teaching Hospital NHS Trust was

- a) eligible to participate in,
- b) did participate in,
- c) and with the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry, during 2009/10 is given in Table 1:

<b>National Confidential Enquiry Title</b>	<b>Participation Rate</b>
National Confidential Enquiry into Parenteral Nutrition	23%
National Confidential Enquiry into Elective and Emergency Surgery in the Elderly	41%
National Confidential Enquiry into Surgery in Children	Data collection underway
National Confidential Enquiry into Perioperative Care	Data collection underway
CMACE-Perinatal Mortality	100%
CMACE- Obesity Study	100%
<b>National Audit Title</b>	<b>Participation Rate</b>
National Bowel Cancer Audit (NBOCAP)	100%
Inflammatory Bowel Disease (IBD)	Sample as requested
Mastectomy and Breast Reconstruction Audit	86%
National Vascular Database	60%
Patient Reported Outcome Measures - Varicose Veins	100%
Patient Reported Outcome Measures - Hernia	100%
Oesophago-gastric (stomach) cancer audit	100% of requested
Potential Donor Audit	Data collection underway
Intensive Care (ICNARC) on Severity of Illness and patient outcome	100%
National Hip Fracture Database	100%
National Joint Registry	Sample as requested
Patient Reported Outcome Measures - Hip Replacements and Knee Replacements	100%
Adult Cardiac Surgery Audit	100%
Trauma Audit & Research Network (TARN)	100%
Fractured Neck of Femur	100%
Asthma (ED)	20 patients (c. 1% sample)
National Diabetes Audit	Sample as requested
Childhood Diabetes Audit	To be confirmed
Sentinel Stroke Audit	Sample as requested
National Audit for the organisation of services for falls and bone health	Sample as requested

### APPENDIX 3

National Audit of Continence Care	0%
Dementia	Data collection is still underway
UK Renal Registry Annual Audit	100%
National Kidney Care Audit	0%
National Audit of Paediatric Anaemia	100%
Lung Cancer (NLCA)	100%
Adult Asthma	0%
Adult Community Acquired Pneumonia audit (BTS)	Data collection underway
Congenital heart disease (children and adults)	100%
Cardiac Interventions Audit	100%
Pacing and Implantable Heart Failure Audit	100%
Heart failure	100%
Myocardial Infarction National Audit programme (MINAP)	100%
NIAP - National Infarct Angioplasty Programme	100%
Pain in Children	Sample as requested
Paediatric Cardiac Surgery	100%
National Neonatal Audit Programme	100%
Paediatric intensive care audit network (PICANet)	100%
Head and Neck Cancer (DAHNO)	100%
UK STARR Registry	80%
Endoscopy Global Rating Scale	99%
National Audit of Paracetamol Overdose	100%
National Audit on Topical Negative Pressure Therapy (TNP/VAC)	100%
National Audit project for major complications of airway management in the UK	100%
DU Registry for patients with digital ulcers associated with systemic sclerosis	To be confirmed
British Society for Rheumatology national Audit Osteoarthritis	To be confirmed
Bsr National DMARD Audit	To be confirmed
National Audit of Familial Hypercholesterolaemia	Sample as requested
UK Transplant National Audit	100%
SOPHID Surveillance of Prevalent Infection Disease	100%
BASHH audit of asymptomatic screening in GUM clinics	Sample as requested
National Health Service Breast Screening Programme	To be confirmed
National Comparative Audit of bedside transfusion administration 2009	100% of sample as requested
National Comparative Audit of Blood Collection	100% of sample requested
Massive Haemorrhage in Trauma	100%
NCA Blood use in Paediatrics/Neonates	100%
Blood use in Primary CABG (cardiac pulmonary bypass graft) surgery	100%

Table 1 National clinical audits and national confidential enquiries participation rate.

The Leeds Teaching Hospitals NHS Trust did not participate in the following audits, for the reasons given:

<b>Audit</b>	<b>Reason for Non Participation</b>	<b>Anticipated participation Date</b>
National Audit of Kidney Care	The Vascular Access portion, for which there was data collection in 2009/10, required a complex series of data. Trust systems could not be adapted to collect this data by the May 2009 deadline.	June 2010
Adult Asthma	Clinical Lead absence has meant we were unable to participate in 2009/10	2010/11
National Audit of Continence Care	Unable to upload our data due to technical difficulties, however local data has been reviewed within the Trust, and an action plan drawn up	2010

Table 2 Leeds Teaching Hospitals NHS Trust non participation audits.

The reports of 14 **(to be confirmed)** national clinical audits were reviewed by the Leeds Teaching Hospitals NHS Trust in 2009/10 through the Audit and Clinical Governance Forums across the Trust. A report on the timeliness of the review, where the reports were reviewed, and the status of the actions following that review, is considered by the Clinical Governance Steering Group, chaired by the Chief Executive, on a quarterly basis. Table 2 gives some examples of the actions taken resulting from national audits.

<b>Audit</b>	<b>Actions</b>	<b>Completion Date</b>
Sentinel Stroke Audit	Audit highlighted delays in admission to Acute Stroke Unit. Changes to clinical pathways in February 2010 have routed all patients with possible stroke to Leeds General Infirmary where an Acute Stroke Unit is in place with partial access to stroke thrombolysis.	February 2010 Further work ongoing
National Comparative Audit of Blood Collection	To reduce the risk of the wrong blood being transfused - look into ways in which the Blood Track kiosk at blood fridges could be used to remind staff to check patient identifiers are correct New blood collection module on elearning being developed	June 2010  Completed March 2010

Table 3 Reviewed national clinical audits

The reports of 465 local clinical audits, conducted within 2009/10 have been reviewed by the provider through Audit and Clinical Governance Forums. Table 3 gives examples of actions which the Leeds Teaching Hospitals NHS Trust intends to take to improve the quality of healthcare provided.



Audit	Action	Completion Date
Access to equipment for aseptic IV cannulation	Provision of designated cannulation trolleys containing equipment required for aseptic cannulation	Completed.  For Re-audit
Completeness of Histopathology reporting	<ol style="list-style-type: none"> <li>1. A checklist will be developed to ensure histopathology reports will be checked for compliance against standards prior to being signed out of the department</li> <li>2. The core data items to be included in the histopathology reports</li> <li>3. Re audit of 25 reports in Spring 2011</li> </ol>	<p>1 and 2 completed</p> <p>To re-audit in Spring 2011</p>

Table 4 Reviewed local clinical audits

### 2.2.3 Participation in Clinical Research

The Leeds Teaching Hospitals Trust aims to achieve excellent clinical outcomes by increasing the level of participation in clinical research and thereby demonstrates commitment to improving the quality of care we offer and contributing to wider health improvements.

The Trust's Research and Development (R&D) strategy has been developed in collaboration with the University of Leeds, and underpins a series of significant initiatives which are designed to develop a strong and selective portfolio of high quality clinical and health research that will drive improvements in clinical outcomes, in partnership with patients and service users

A key approach embodied in the research strategy is to focus support on the five core clinical research strengths which have been selected on the basis of relevant research metrics, including performance in various major national bids to high-quality research funders. These are:

- Oncology
- Applied Health Research
- Dentistry
- Musculoskeletal Disease
- Cardiovascular Disease

There is now strong evidence that this partnership approach is beginning to bear fruit, including receipt of 5 major research awards totalling £25m in 2008 and £15.1m in 2009.

The number of patients receiving NHS services provided or sub-contracted by the Leeds Teaching Hospitals Trust in 2009/10 that were recruited during this period to participate in research approved by a research ethics committee

was 15,348 of which 9,669 were recruited to NIHR Portfolio research projects (with an estimated 5,679 into Non Portfolio research projects).

Leeds Teaching Hospitals Trust was involved in conducting 272 clinical research studies (those approved in 2009/10) using national systems to manage the studies in proportion to risk. Of the 272 studies approved in 2009/10, 97% were given permission by an authorised person less than 30 days from receipt of a valid complete application. Of the 272 research projects 20% were established and managed under national model agreements. In 2009/10 the National Institute for Health Research (NIHR) supported 241 of these studies through its research networks, of which 136 started before 2009/10.

In the last three years, approximately 3,092 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

**Leeds Teaching Hospitals Trust participated in more NIHR portfolio research projects than any other trust in England in 2009/10. LTHT also recruited the highest number of patients into NIHR portfolio studies than any other trust in England, in 2009/10.**

#### **2.2.4 Goal Agreed with Commissioners**

The Commissioning for Quality and Innovation (CQUIN) payment framework was introduced last year to embed quality at the heart of commissioner and provider discussions by making a small proportion of provider payment conditional on achieving locally agreed goals around quality improvement and innovation. This is in line with the national drive to help make quality the organising principle of the NHS.

A proportion of Leeds Teaching Hospitals Trust contract income in 2009/10 was conditional on achieving specific quality improvement and innovation goals agreed between the provider and its commissioners through the CQUIN payment framework. This was overseen by the Yorkshire and Humber Strategic Health Authority who agreed 9 priority areas for improvement for last year. These were as follows:

- Indicator A**      Movement towards consultant obstetrician presence on labour ward at levels recommended in 'Safer Childbirth'.
- Indicator B**      Movement towards midwife delivery staffing ratios recommended in 'Safer Childbirth'.
- Indicator C**      Increase in the percentage of mothers breastfeeding on discharge home.
- Indicator D**      Improving the care of children and young people with diabetes mellitus.

<b>Indicator E</b>	Implementation of NICE Clinical Guideline 68 (stroke and TIA).
<b>Indicator F</b>	Improving end of life care.
<b>Indicator G</b>	Implementing hip and knee replacement best practice bundle.
<b>Indicator H</b>	Implementing acute myocardial infarction best practice bundle.
<b>Indicator I</b>	Care and compassion (nutrition and prevention of pressure ulcers).

Table 5

The Trust performance against these 9 indicators was measured on a quarterly basis in 2009/10 and this was compared against the data submitted by all other organisations in the region. For this period, payment was based on the provision of specific data sets to provide a baseline for further quality improvements in 2010/11. This equated to 0.5% of contract value for 2009/10. Leeds Teaching Hospitals provided the required level and quality of data for each of these standards during this period, providing a baseline for the forthcoming year.

The CQUIN payment framework has been extended in 2010/11 in its second year of the scheme to include a total 1.5% of the contract value for both local and regional quality indicators and also 1.5% of the contract value agreed by the Specialist Commissioning Group (SCG). This builds on the foundations of the 2009/10 scheme and now includes specific stretch targets for quality improvements in a range of areas. This equates in total for Leeds Teaching Hospitals to approximately £10m contract income.

Details of the agreed goals for 2010/11 can be seen in Appendix A

## **2.2.5 What Others Say About Leeds Teaching Hospitals NHS Trust**

Leeds Teaching Hospitals Trust is required to register with the Care Quality Commission (CQC) and its current registration status is “registered with the CQC with no conditions attached to registration”.

Leeds Teaching Hospitals applied to the Care Quality Commission (CQC) for registration relating to safeguarding patients and the public from healthcare associated infections under Section 19 of The Health and Social Care Act 2008 in March 2009, in line with the new legislation that was introduced at this time. The Trust was given a condition on its licence, which required an audit to be undertaken against the Department of Health Saving Lives programme using the audit tool specific to high impact interventions relevant to Clostridium difficile and MRSA. This audit was undertaken and the Trust applied to have this condition removed successfully in June 2009. This

reflects the significant improvements that have been made to reduce hospital associated infection throughout the Trust during this period.

The Trust declared full compliance against the Core Standards for Better Health that were introduced by the Healthcare Commission in 2006, which forms part of the Trust's annual declaration and health check. These have now been superseded by the Essential Standards of Quality and Safety, published by the CQC in December 2008.

All provider organisations are now required to register against the new regulations in order to comply with the Section 20 Regulations of The Health and Social Care Act 2008. Leeds Teaching Hospitals submitted its application for registration in January 2010 and received confirmation that it is registered without improvement conditions in March 2010, taking effect from April in line with the new legislation.

To assist our application for registration the Trust was issued with a Quality and Risk profile by the CQC, which outlined those areas of concern based on external evidence, such as results of staff and patient surveys and performance against national standards and priority indicators. We provided the CQC with a detailed plan of the improvements that have been made against the specific areas identified, including reducing cancer waiting times, cancelled operations and improving staff appraisal rates. We also provided a detailed response to the recommendations in an independent inquiry report that examined our clinical governance arrangements. The CQC was satisfied with the progress that the Trust has made in each of these areas and this is reflected in our full registration without improvement conditions.

The CQC has not taken any enforcement action against us since the start of the reporting year in 2009/10.

Leeds Teaching Hospital NHS Trust is subject to periodic reviews by the Care Quality Commission and the most recent review took place in September 2009. This involved an unannounced inspection visit to review the Trust's practice and processes in place relating to the prevention and control of infection. The review team noted significant improvements in this area across the organisation and commented on the positive and active engagement of clinicians in helping to reduce infections and harm to patients. On inspection, the review team found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection. Of the 15 measures inspected, they found no areas for concern about 13 and found areas for improvement in the remaining 2. These 2 measures were as follows:

- Having an adequate provision of suitable hand washing facilities, including all sluice areas
- The Trust should ensure it uses effective arrangements for the decontamination of mattresses and these should be detailed in appropriate policies.

These actions have been put in place and a progress report provided to the CQC in January 2010 to provide assurance regarding the actions that have been implemented following their inspection visit.

The Trust was assessed and retained its level 1 accreditation under the NHSLA Risk Management Standards for Acute Trusts in November 2009 and a plan is being developed to achieve accreditation at level 2 when we are assessed in December 2011.

The National Patient Safety Agency (NPSA) has reported on its website that Leeds Teaching Hospitals is a leading organisation in relation to incident reporting and implementation of national patient safety alerts, describing the Trust's positive reporting culture and willingness to learn from incidents and safety alerts.

DRAFT

## 2.2.6 Information Governance and Data Quality

Leeds Teaching Hospitals Trust submitted records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

— which included the patient's [valid NHS number](#) was:

**99.4%** for admitted patient care

**99.8%** for outpatient care

**92.8%** for accident and emergency care

— which included the patient's [valid General Medical Practice Code](#) was:

**100%** for admitted patient care;

**100%** for outpatient care; and

**100%** for accident and emergency care.

Leeds Teaching Hospital NHS Trust was subject to the [Payment by Results](#) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were **11.7%**.

Leeds Teaching Hospital NHS Trust score for 2009/10 for [Information Quality and Records Management](#), assessed using the Information Governance Toolkit was 76%.

The toolkit for 2009/10 consisted of six initiatives containing 62 standards. Five of the six areas are Green, the other being Amber; with an overall Trust score of 76% compliance. This is an improvement of 7% from baseline submission made in July last year. The following table illustrates progress to date;

INITIATIVE DESCRIPTION	Total Standards	Maximum Score Available	Score Achieved	Final % Score	Final Rating
IG Management	15	45	34	75%	Green
Confidentiality & Data Protection Assurance	10	30	24	80%	Green
Information Security Assurance	14	42	30	71%	Green
Clinical Information Assurance	8	24	20	83%	Green
Secondary Use Assurance	11	33	27	81%	Green
Corporate Information Assurance	4	12	8	66%	Amber
TOTALS	62	186	143	76%	Green

Table 6

## APPENDIX 3

Of the 62 factors within the Information Governance Toolkit, 4 requirements relate directly to Information Quality and Records Management. Level 2 compliance was achieved on all 4 factors;

104	How would you assess your Trust's ability to access expertise across the Information Quality and Records Management Agenda?	<a href="#">Guidance</a>
601	Does the Trust have documented and implemented procedures for the creation and filing of electronic corporate records to enable efficient retrieval and effective records management?	<a href="#">Guidance</a>
602	Does the Trust have documented and implemented procedures for the creation, filing and tracking/tracing of paper corporate records to enable efficient retrieval and effective records management?	<a href="#">Guidance</a>
604	Has the Trust carried out an audit of its corporate records and information as part of the information lifecycle management strategy?	<a href="#">Guidance</a>

Table 7

A sub-set of the Information Governance Toolkit scores is also used to monitor compliance with standards required for the NHS Operating Framework, the NHS Care Records Guarantee and the Statement of Compliance. The Trust is compliant for these standards.

This table illustrates the number of standards that are at levels 0 to 3 for each initiative.

Score 2009/10					
		Scores			
Initiative	Number of Standards	0	Level 1	Level 2	Level 3
Information Governance Management	15	0	0	11	4
Confidentiality & Data Protection Assurance	10	0	0	6	4
Information Security Assurance	14	0	0	12	2
Clinical Information Assurance	8	0	0	4	4
Secondary Use Assurance	11	0	0	6	5
Corporate Information Assurance	4	0	0	4	0
<b>TOTALS</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>19</b>

Table 8

## **PART 3 Review of Quality Performance for 2009/10**

### **3.1 Review of Indicators Patient Safety**

In September 2008 the Trust approved a Patient Safety Strategy with two aims:

- To have a culture where patient safety comes first
- To have no avoidable deaths or harm in our hospitals

At the same time we signed up to the national Patient Safety First campaign and these work streams were selected to help us to deliver our overall aim

- Leadership for patient safety
- Preventing healthcare associated infections
- Safer surgery
- Improving the care of acutely ill patients
- Reducing harm from venous thromboembolism (VTE)
- Improving nutritional care
- Reducing harm from outlying

#### **Leadership**

The Board wanted to visibly demonstrate their commitment to leading this agenda and commenced Patient Safety Walkrounds in September 2008. In 2009/10 the Board did 50 walkrounds and identified 194 actions to improve patient safety.

The Chief Nurse commenced a programme of Patient Care and Safety days for ward sisters/charge nurses and matrons. These are designed to improve the delivery of key patient safety messages to nurse and midwifery leaders and to provide protected time where issues can be debated and agreement on further action reached. Actions have included the development of tools, such as a transfer checklist and the MRSA risk assessment tool. As a result of these days we commenced a programme of assessing the clinical practice of over 4,000 staff. Each day is led by a member of the Chief Nurses team supported by clinical experts from all disciplines. We had 20 of these in 2009/10.

#### **Preventing Healthcare Associated Infections**

We have made significant progress in reducing our rates of MRSA and CDI, this has been achieved through improved surveillance, investigation, leadership and clinical practice. We focussed on the basics such as hand hygiene, wound care, care of intravenous cannula and good prescribing practice. The whole organisation contributed to this achievement and it demonstrated our real commitment to our patient safety aims.



### **Safer surgery**

In order to ensure basic precautions are taken before, during and after every operation the National Patient Safety Agency's (NPSA) five point checklist was successfully implemented across the Trust. Surgical teams now make additional checks before and after procedures which is resulting in a reduction of errors and possible harm.

### **Acutely ill patients- recognising and responding**

There is a wealth of evidence nationally, supported by local data, that patients who's condition deteriorates do not always receive timely, effective intervention. In order to improve our care of acutely ill patients we have;

- Implemented a new policy on Recording and acting on physiological observations, we will measure the effectiveness of this during the next year.
- Introduced a communication tool that supports clinical staff to succinctly and systematically communicate to other team members the needs of patients in order to initiate prompt care

### **Reducing harm from venous thromboembolism (VTE)**

Reducing harm associated with VTE is important to us and this is included as one of the two national quality indicators linked to the CQUINs payment scheme for 2010/11; NICE has also published its guidance on VTE prevention and treatment in January 2010, this has been reviewed and we will implement the guidance in 2010/11. We have made good progress in this area throughout 2009/10 where we introduced

- a new medicines chart
- a risk assessment tool
- a 'Patient Information and Advice' leaflet
- An e-learning support pack linking users to current Trust guidelines.

### **Reducing harm by ensuring adequate nutrition**

On many wards we introduced a range of measures to improve the nutritional care of patients; these have included protected meal times and a nutritional assessment tool. This was also included in the regional CQUIN scheme in 2009/10, requiring nutritional screening and risk assessment to be undertaken, this has been carried forward in the 2010/11 scheme where further improvement targets have been agreed.

### **Reducing harm from outlying**

Evidence shows that patients are at greater risk from harm when they are managed on outlying wards, ie outside the specialty area for which they have been admitted for treatment. We introduced an electronic system for

identifying the location of all patients in 'real time'. This allows clinical teams to more easily monitor where their patients are in the hospital in order to ensure they receive prompt review, treatment and continuing care prior to discharge.

**Patient Safety First Week (September 2010)**



Figure 8

Every day during Patient Safety First week both the Executive and management teams walked the wards and departments and talked to staff about what they were doing to improve patient safety. The particular focus for this week was on medicines safety, undertaking a “take 5” audit in all clinical areas to understand where further improvements need to be made relating to the prescribing and administration of medicines. We were also presented with a certificate of achievement from the Patient Safety First campaign for sharing our work on delivering improvements in patient safety.

**Plans for the future**

In addition to ensuring that the changes we have already made are embedded and sustainable we will focus on delivering a database and Patient Care and Safety Dashboard that will give staff timely information on a variety of clinical quality indicators for their area to enable them to better plan and manage patient care. It will also show how the care and the environment are perceived by patients through complaints and patient experience feedback.

We will also have a significant programme of work to deliver reductions in harm associated with pressure ulcers and patient falls.

**Measurement**

The Dr Foster Hospital Guide published in November 2009 awarded each trust an overall score for patient safety. (This score was derived from a number of different measures). The Trust was awarded the second highest banding principally due to the Trust’s overall Hospital Standardised Mortality Rate (HSMR) as well as the emergency admissions HSMR. For the other measures within the patients safety scorecard the Trust was rated amber.

**Patient Safety Results - LTHT**

	<b>Overall Patient Safety Results</b>
<b>Overall Patient Safety Score</b>	<b>83.56</b>
<b>Overall Patient Safety Banding</b>	<b>4</b>

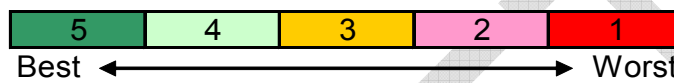
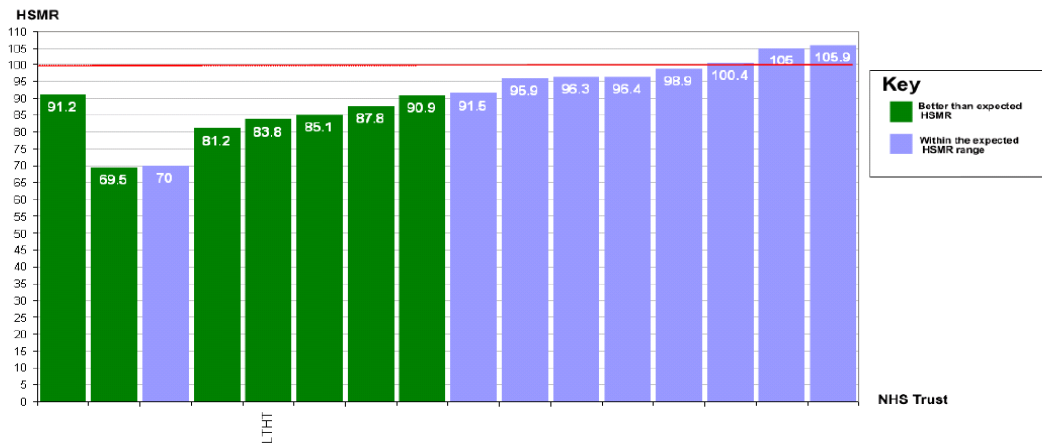


Table 9

Based on more recent data the Trust’s HSMR for April to September 2009 is still better than expected taking into account the type of patients treated.

**Hospital Standardised Mortality Ratio (HSMR) for Yorkshire and Humber Providers April to September 2009**



Source:

Figure 9

## Incident Reporting

The National Patient Safety Agency (NPSA) has reported on its website that Leeds Teaching Hospitals is a leading organisation in relation to incident reporting and implementation of national patient safety alerts, describing the Trust's positive reporting culture and willingness to learn from incidents and safety alerts.

Indicator	Data Source	08/09	09/10	Benchmark	Comments
Incident Reporting	National Reporting & Learning Service	4.8	6.4	5.8	A high reporting rate indicates a more effective safety culture. The Trust rate improved in 2009.

Table 10

## Responding to Patient Safety Alerts

The Trust receives National Patient Safety Alerts from the Department of Health (DoH), National Patient Safety Agency and Medicines Healthcare Regulations Authority which we act on and provide confirmation to the DoH within a specified time.

Indicator	Data Source	08/09	09/10	Benchmark	Comments
Percentage of Patient Safety Alerts responded to within DoH timescale	DoH website	100%	96%	Not known	

Table 11

## 3.1.2 Clinical Effectiveness

### Medicines Management

Almost every patient in every age group who attends Leeds Teaching Hospitals for any form of care is taking medicines. Whilst the effectiveness of our medicines has greatly increased, modern medicines are not without risks and we work hard to reduce these risks through careful prescribing, supply and administration of medicines.

### Achievements in improving the way we manage our medicines

- We have implemented all the guidance from the National Institute for Clinical Excellence (NICE) to ensure that our patients can have access to all medicines approved for use
- We carefully assess how new medicines are planned to be used to ensure that they are used effectively before making them available for routine prescribing. During 2009, 41 submissions for licensed medicines and 36 for unlicensed medicines were reviewed by Trust Drugs and Therapeutics Committee: of these, 55 were supported on initial consideration and a further 6 supported following clarification.
- We have implemented all the actions needed in Safety Alerts which concern the safe use of medicines from the National Patient Safety Agency.
- We audit the prescribing of antimicrobial medicines (such as antibiotics) once per month in all clinical areas and the results from the audits are discussed with clinical teams to improve safe use of these medicines. The aim of this work is to use antibiotics carefully to avoid adverse effects and to only use injectable products when necessary.
- Over the past year the amount of antibiotics prescribed has been reduced and those especially associated with causing infections have been switched to lower risk products (for example ciprofloxacin and cefuroxime use has decreased particularly).
- New prescribing charts have been introduced for inpatients and at discharge to reduce the risks from poor prescribing which can lead to errors in supply or administration of medicines
- All anti-cancer medicines used for adults and children with cancers are prescribed using an electronic system. This means that each patient's care is carefully tailored to a pathway and errors in choice of medicine or dose or duration of treatment are reduced.

### Aims for improvement in 2010/11

- Reducing errors associated with the use of medicines, particularly focussing on strong pain killers (called opioids), insulin (where there are many very similar products available which can get mixed up) and anticoagulant medicines (where getting the correct dose can be difficult because of patient's variable requirements). Our progress in this work will be monitored by monthly checks on prescriptions on each ward.
- Assessment of all patients on admission to determine whether they need either medicines or stockings to reduce risks from getting a blood clot (called a venous thromboembolism) whilst in hospital. For those patients who are at risk of this event we are auditing each month to make sure that the correct treatments are given to reduce the risks.

- Introducing systems to reduce the risks of prescribing or administering the wrong medicine by starting to use electronic prescribing in some areas and in increasing the amount of education and training we provide to doctors, nurses and pharmacy staff.

Our progress in this work will be reported through the Medicines Risk Management Steering Group, the Clinical Governance Steering Group and executive team in the Trust, and the commissioner of services through the Commissioning for Quality and Improvement framework.

DRAFT

### 3.1.3 Patient experience

Improving the experience of patients is at the heart of care and service delivery within the Trust and an integral part of one of the Trust's three strategic goals. During 2009-10, listening to and hearing the experiences of patients and carers have been a key focus to ensure patient experience and satisfaction of our clinical services continues to improve.

#### What our patients say

Results from the national inpatient and outpatient surveys and ongoing local surveys of inpatients during 2009/10 have told us where patients experience has been positive and those areas where further improvement is needed. 93% of outpatients and 90% of inpatients rated the care they received as good, very good or excellent.

The results of the national surveys have been backed up by local surveys of inpatients undertaken throughout the year. Over 1700 patients returned surveys handed to them by ward staff at their discharge with 96% rating their care as good, very good or excellent.

The national inpatient survey has identified that our patients reported the Trust has made significant improvements in the cleanliness of ward rooms and toilets and significant improvements in eliminating mixed sex sleeping and bathroom accommodation since 2008/09. The national outpatient survey also identified significant improvements in cleanliness of toilets and the proportion of patients receiving copies of letters sent to their general practitioners.

These surveys are important in helping the Trust identify priorities for improvement and action going forward. The national surveys have helped the Trust identify that further improvements are needed to ensure patients are able to practice their religious beliefs and that there are sufficient opportunities for families to talk to doctors.

#### Privacy and Dignity

We know from listening to the experiences of our patients and carers that being treated with dignity and having your privacy maintained is hugely important.. This is why during 2009/10 the Trust has made a significant investment in improvements to wards and departments to deliver single sex accommodation and put measures in place to survey the experience of our patients every month to ensure these high standards are maintained. The Department of Health has invested £2.4 million in this initiative in 2009/10

During 2009/10 thirty wards have changed to wholly single sex providing accommodation for ladies or men only bring the total of wholly single sex wards in the trust to 41. All other wards provide single sex sleeping, bathroom and toilet accommodation for patients. This has been achieved in part through an extensive programme of improvement which has included the installation of 32 new toilets and bathrooms, the installation of doors on 100 bed bays in wards and the purchase of 2776 new longer length curtains for around beds

and windows. The new curtains are embroidered with a sign, visible when closed stating 'care in progress- stop think- do not enter'

**Length of Time Patients Had to Wait**

Over the 2009/10 year considerable improvements were made in the length of time patients had to wait before accessing the various Trust services. In terms of waiting for either an outpatient appointment or an admission to a hospital bed, the following graphs show the number of patients breaching the standards.

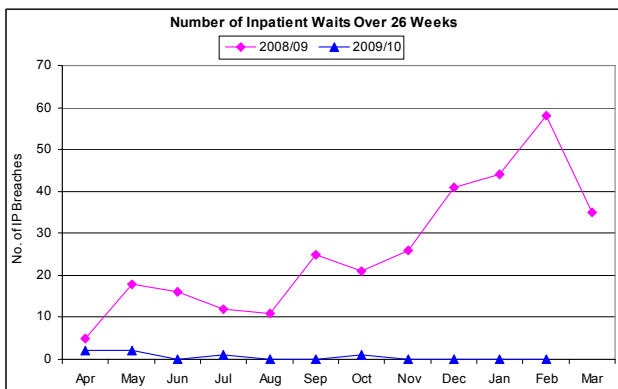


Figure 10

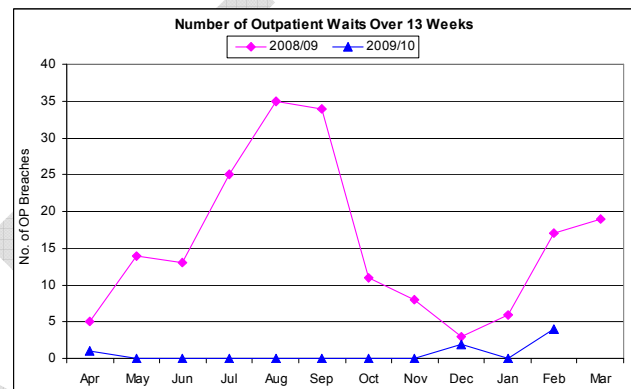


Figure 11

Regarding the 18 week referral to treatment commitment, not enough progress was made in ensuring that all specialties treated patients within the national standards. For certain services, particularly those that are highly specialised, some patients had to wait longer than 18 weeks before being treated.

Indicators	March 2009 Results	March 2010 Results
	%	%
18 week referral to treatment waiting times (RTT) - Admitted (%)	91.5%	88.9%
18 week referral to treatment waiting times (RTT) - Non-admitted (including Direct Access Audiology from 09/10) (%)	96.5%	96.2%

Table 12

**Cancelled Operations**

For those patients whose operation was cancelled, far fewer had to wait beyond 28 days before being treated; this represents significant progress from the previous year

Indicators	Year to March 2009 Results		Year to Mar 2010 Results	
	%	No. Breaches	%	No. Breaches
Cancelled operations (%)	1.51%	1373	1.31%	1,199
Cancelled operations not admitted within 28 days (%)	18.3%	251	3.34%	40

Table 13



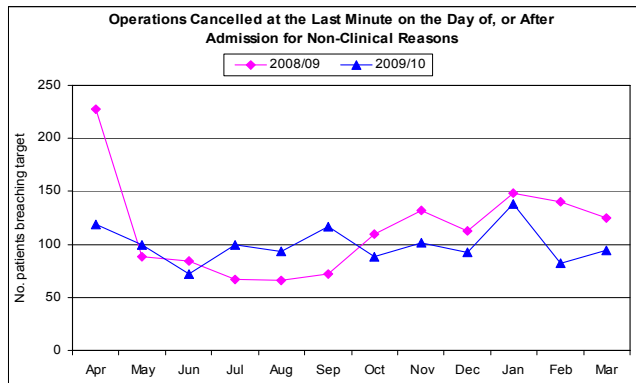


Figure 12

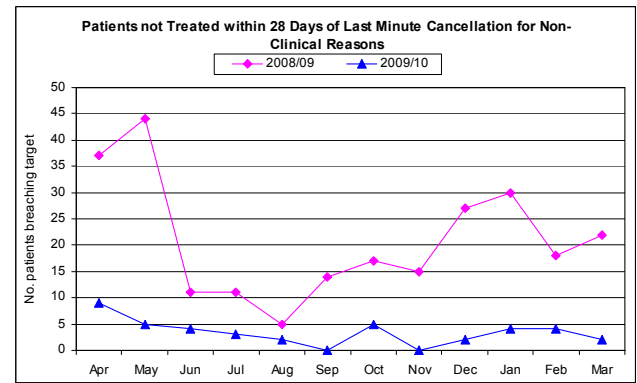


Figure 13

## Medicines Management

We are treating large numbers of patients with medicines supplied directly to their homes (called homecare) to improve the service for patients and to reduce overall costs. Many patients are treated in this way and examples include those with HIV, kidney conditions and those requiring long term intravenous feeding. We have involved these patients in the choice of homecare medicine supplier and we regularly involve patients in service review.

We have changed the way we handle patient's own medicines when they come into hospital. We used to throw all medicines away on admission and issue new ones at discharge. Now we use the medicines that are suitable during hospital stay and supply further quantities at discharge from LTHT when needed.

When patients are admitted to hospital we make sure that their regular medicines prescribed before hospital stay are re-prescribed correctly (this is called medicines reconciliation) and we achieve this for 78% of patients within 24 hours of admission.

We have re-organised the supply of medicines at discharge to reduce the amount of time that patients are required to wait once they are ready to go home. Most discharge medicines are supplied from the ward, those that come from the central pharmacy are supplied within 2 hours.

The Inpatient Survey 2008 reported that we provide more information to patients to enable taking medicines safely than the average of other hospitals, however we will strive to improve this further and ensure that patients who want more information know how to obtain this.

## Overall Priorities for 2010-2011

Moving forward priorities for 2010-11 include:

- Making it easier for patients to tell us about their experience of care
- Encouraging and helping more patients, carers and the users of our services from diverse background to be involved with us to improve care and services

## Annual Health Check Summary - 2009/10

Existing Commitments		
Indicator	2008/09 Result	2009/10 Forecast
Access to GUM clinics	3	3
Ethnic coding data quality (April to December 2009)	3	3
Reperfusion waiting times: Primary Angioplasty	3	3
Delayed transfers of care (April to December 2009)	3	3
A&E Waiting Times (LTHT)	3	3
Inpatients waiting longer than the 26 week standard	0	3
Outpatients waiting longer than the 13 week standard	0	3
Revascularisation waiting times	3	3
RACPC waiting times	3	3
Cancelled operations	0	2
Cancelled operations not admitted within 28 days	0	2

Table 14

National Priorities			
Indicator	2008/09 Result	2009/10 Forecast	
		Best Case Scenario	Worst Case Scenario
Maternity: breastfeeding initiation	3	3	3
Maternity: smoking at time of delivery	3	3	3
Participation in heart disease audits	3	3	3
Engagement in clinical audits	2	3	3
Quality of stroke care	2	2	2
Maternity data quality (April to December 2009)	3	3	2
MRSA Bacteraemias - LTHT	0	3	3
MRSA Bacteraemias - Leeds Health Economy	0	3	3
C-Difficile infections - LTHT	3	3	3
18 week RTT waiting times - Admitted	3	3	2
18 week RTT waiting times - Non-admitted, including Direct Access Audiology	3	3	2
18 week RTT waiting times - Number of treatment functions achieving the standards	-	3	2
14 day cancer, GP referral to 1st outpatient - suspected cancer*	3	2	2
14 day cancer, GP referral to 1st outpatient - breast symptoms* (January to March 2010)	-	2	2
31 day cancer, diagnosis to treatment for all cancers (first treatments)*	3	2	0
31 day cancer, second or subsequent treatments - surgery*	-	2	0
31 day cancer, second or subsequent treatments - drug*	-	2	0
31 day cancer, second or subsequent treatments - radiotherapy*	-	2	0
62 day cancer, referral to treatment from GP/Dentist*	2	2	2
62 day cancer, referral to treatment from screening service*	-	2	2
62 day cancer, referral to treatment from consultants (upgrades)*	-	2	2
Patient experience	3	3	2
Staff satisfaction	3	2	0

Table 15

### 3.2 Managing for Success

The Trust has embarked on a major improvement programme called Managing for Success, drawing on staff's experience and expertise to help us become a more efficient and effective organisation, renowned for delivering high quality care.

In Lord Darzi's report 'High Quality Care for All' which outlined the future vision of the NHS he spoke about the link between quality, innovation and productivity and importantly about change being led by frontline staff. Managing for Success will engage everyone in the pursuit of these aims. Our aim is for all our improvement and development activities to be integrated, focussed on a common goal and underpinned by a powerful set of organisational values which will define the 'way we work' in this organisation.

Over the last 12 months we have made some good progress, and this has been highlighted in both the Dr Foster and Care Quality Commission reports. Managing for Success will help us to improve and sustain the high levels of performance we need going forward. It will link together and support existing programmes of work including Releasing Time to Care, work to rationalise the Trust's estate and workforce planning and will be the vehicle for the launch of new improvement projects.

In 2009 the senior management and divisional teams generated over 60 change proposals. Those same teams then identified three proposals which would have the most positive impact on the performance of our organisation. They chose:

- • Improved theatre utilisation and safer surgery;
- • Patient Administration (Medical Records, Referral Booking Service, Outpatients);
- • Reducing our Lengths of Stay (same-day admission, criteria-led admission, discharge planning).

We have merged the improvement of theatre utilisation and safer surgery with the reducing length of stay challenge to create the '**Improving Safe Surgical Flow**' (ISSF) project. The availability of health records is currently the main focus of the '**Improving Health Records Flow**' (IHRF) project.

In 2010/11 progress on these projects will be reported on in our Quality Account

### 3.3 Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts.

Copies of this Quality Account have been sent to our Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and NHS Leeds (our lead commissioning primary care trust (PCT)), for comment prior to publication. The comments received can be seen in Annex A

### 3.4 Providing feedback

The Leeds Teaching Hospital Trust welcomes comments from patients, visitors and the wider community on our Quality Accounts Report. A response helps us to continuously improve our performance across the Leeds Teaching Hospital NHS Trust.

If you have a comment, we want to know about it, and we look upon positive and negative comments with equal value.

Email: [public.relations@leedsth.nhs.uk](mailto:public.relations@leedsth.nhs.uk)

DRAFT

## Appendix A

### Quality Indicators for 2010/11

#### National Indicators

There are 2 national indicators that have been agreed for 2010/11:

- i) Reduce avoidable death, disability and chronic ill-health from venous thrombo-embolism (VTE). The CQUIN payment is achieved through undertaking a VTE risk assessment of all adult patients on admission to hospital using the national tool, which has recently been agreed. Payment is triggered by achieving 90% or more of VTE risk assessments.
- ii) Improve responsiveness to the personal needs of patients. This involves a single composite measure made up of 5 patient survey questions. Payment will be triggered through agreed improvements with commissioners.

#### Regional Indicators

The regional indicators for 2010/11 have been agreed through a sub-group facilitated by the Yorkshire and Humber Strategic Health Authority, consulting with wide a range of clinical networks to agree improvement incentives for this year. There are 6 indicators in total that have been agreed regionally, as follows:

- |                    |   |
|--------------------|---|
| <b>Indicator A</b> | Improvement in the delivery of maternity services.            |
| <b>Indicator B</b> | End of life care.   |
| <b>Indicator C</b> | Implementing hip and knee best practice bundle.               |
| <b>Indicator D</b> | Implementing acute myocardial infarction best practice bundle |
| <b>Indicator E</b> | Improving nutrition.  |
| <b>Indicator F</b> | Reducing pressure ulcers.                                     |

These indicators build on the work that began in 2009/10 and involve agreeing specific improvement plans for each of these with commissioners and trajectories for further improvements during 2010/11.

#### Local Indicators

The local quality indicators have been agreed directly with commissioners, as follows:

- i) Improving medicines management.

- ii) Reducing sickness and absence in the nursing and midwifery workforce.
- iii) Improvement in patient experience and rating of hospital food.
- iv) Ensuring the sufficient appointment slots are made available on the Choose and Book system.
- v) Reduction in the number patients falling in hospital.
- vi) Improvement in provision of results for key cancer diagnostic tests.
- vii) Improving care of acutely ill patients.
- viii) Improving the time to see patients in A&E minor injuries units to ensure they are seen and treated promptly.
- ix) Improvements in the time taken by a clinician to see patients in A&E within 60 minutes.
- x) Further reductions in the time patients wait for cancer treatment following referral.

### **Specialist Commissioning Group Indicators**

The Yorkshire and Humber Specialist Commission Group (YHSCG) has agreed 7 quality indicators for improvement in conjunction with clinical networks within the region. These are described as follows:

- i) Increasing survival of patients with lung cancer.
- ii) Increasing survival following bone marrow transplantation.
- iii) Maximising survival and quality of life for children admitted to neonatal units.
- iv) Maximising survival and quality of life for children admitted to paediatric intensive care units.
- v) Improving the care of patients needing cardiac surgery.
- vi) Improving the care of people with HIV and aids.
- vii) Improving the care of people requiring renal replacement therapy (dialysis).

Progress and performance relating to each of these quality indicators identified in the CQUINs scheme will be monitored through the Trust's Senior Management Team and reported to the Board on a quarterly basis to provide assurance that these are being delivered and the required quality improvements are being made.

## Annex. 1

*Copies of the statements referred to in 3.3 from LINKs and OSC (not more than 500 characters each ), will be appended here.*

DRAFT