NHS
The Leeds Teaching Hospitals
NHS Trust

Integrated Quality and Performance Report

July 2023

(Blue Box) Agenda Item 12.1

Integrated Quality and Performance Report

Presented for:	**Governance**
Presented by:	**Executive Leads**
Author:	**Information Department**

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓
Key points	
This report is in full the Integrated Quality and Performance Report for July 2023 Trust Board.	

Contents

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Reporting Month: May/June 2023

Interpreting the Dashboard

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Reporting Period: May/June 2023

Target/Trajectory		
Y	NA	N
Where the Contractual or Constitutional Target/Trajectory has been achieved in the reporting period	A Target or Trajectory is not in place for the metric	Where the Contractual or Constitutional Target/Trajectory has not been achieved in the reporting period

Assurance		
Target Consistently Hit	**Target Hit & Missed at Random**	**Target Consistently Failed**
P	R	F
Where the lower process limit is above the target (for greater than targets)	Where the target is between the upper and lower control limits	Where the upper process limit is below the target (for greater than targets)
Where the upper process limit is below the target (for less than targets)		When the lower process limit is above the target (for less than targets)

Variation		
Special Cause/Investigate	**Common Cause**	**Special Cause Concern**
SC	CC	SC
Special cause variation **A rule has been triggered indicating a positive special cause**	Common cause variation	Special cause variation **A rule has been triggered indicating a negative special cause**

Dashboard

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CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Responsive	Cancelled Ops	N	NA	F	CC
	Cancer 2ww	N	NA	F	CC
	Cancer 31 Days	N	NA	R	CC
	Cancer 62 Days	N	NA	F	CC
	Ambulance Handover SJUH	N	NA	F	CC
	Ambulance Handover LGI	N	NA	F	SC
	Diagnostic Waits	N	NA	F	CC
		NA	NA	NA	NA
	ECS	N	NA	F	CC
	Outpatient Measures	NA	NA	NA	SC
	RTT	N	NA	F	CC
	Complaints	NA	NA	NA	NA
	PALS	NA	NA	R	CC
Effective	Readmissions–Elective/Non Elective	NA	NA	NA	CC
	Mortality	N	NA	R	CC

CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Safe	PSIRP	NA	NA	NA	CC
	CDI	NA	NA	R	CC
	MRSA	Y	NA	R	CC
	E.Coli	Y	Y	R	CC
	Pseudomonas	Y	Y	R	CC
	MSSA	NA	NA	R	CC
	Klebsiela	Y	Y	R	CC
	VTE	Y	NA	P	CC
	Harm Free Care- Perfect Ward	Y	NA	P	CC
	Harm Free Care- Falls	Y	Y	R	CC
	Harm Free Care - Pressure Ulcers	Y	Y	R	CC
	Responding to Risk – 2222 Calls	NA	NA	NA	CC
Well-Led	Service Delivery	NA	NA	R	CC
	Medical Records	NA	NA	NA	CC

CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Caring	People- FFT Response Rate – A&E	N	NA	R	CC
	People- FFT Experience Rate – A&E	Y	NA	R	CC
	People- FFT Response Rate – Inpatient/Day Case	Y	NA	R	CC
	People- FFT Experience Rate – Inpatient- Day Case	Y	NA	P	CC
	People- FFT Experience Rate – Outpatient	Y	NA	P	CC
	People- FFT Experience Rate – Maternity	Y	NA	P	CC
	People- FFT Response Rate – Maternity	Y	NA	R	CC
Use of Resources	No Reason to Reside	NA	NA	NA	CC

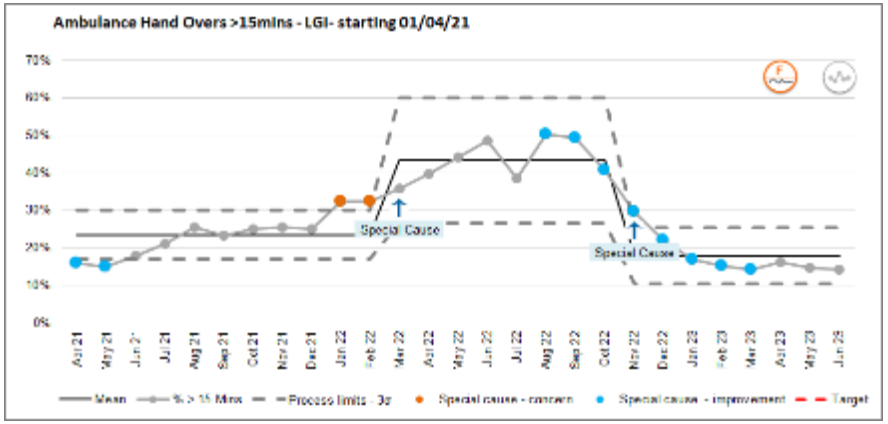
Ambulance Handover

The Leeds Teaching Hospitals NHS Trust

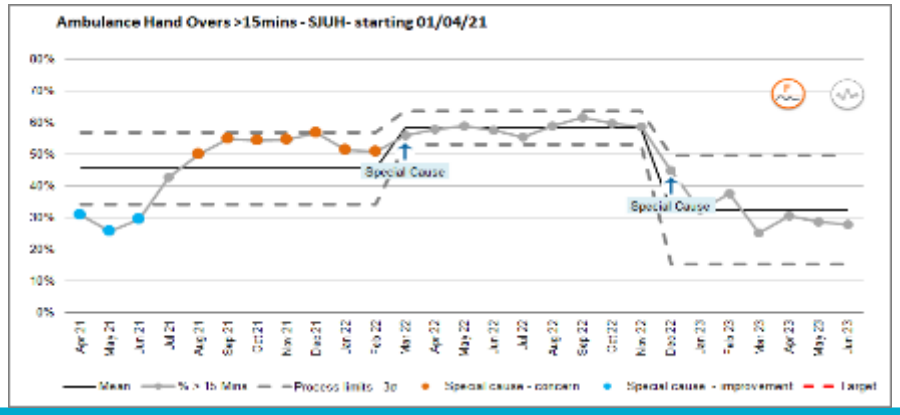
Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Jo Wood (ADOP)
Sub Groups: None

Target	Trajectory	Assurance	Variation
N	NA	F	CC



Target	Trajectory	Assurance	Variation
N	NA	F	CC



Background / target description:

- 100% of all handovers should take place within 15 minutes
- Handover data is recorded by the both the handover nurse and YAS staff on software managed by YAS and the data is submitted to NHSI/E directly. There is no mechanism for validation by LTHT of this data or the correction of errors

What does the chart show:

- The SPC charts show ambulance handovers that have taken more than 15 minutes, split by the LGI site and by the SJUH site
- LGI – In June 2023 there were 326 handovers over 15 minutes (14.1%). The average handover time at LGI was 09:04 minutes
- SJUH – In June 2023 there were 696 handovers greater than 15 minutes (27.7%). The average handover time at SJUH was 11:47 minutes
- For June 2023 LGI placed 3rd and SJUH placed 9th nationally out of 183 hospitals for mean handover time

Context:

- Performance improved following use of the Leeds Improvement Methodology work between LTHT and YAS
- Improved handover recording delivered 96% of conveyances at LGI recorded as handover completed in June 2023. SJUH had 98% of conveyances recorded as handover completed
- The June validated position resulted in 0 breaches over 1 hour for both sites. The LGI validated position has had 0 breaches over 1 hour for 6 consecutive months and 6 consecutive months for SJUH
- YAS system upgrade resulted in reporting error in the first two weeks in June 2023. Reporting error now resolved but data may still include an artificial deterioration for June 2023. YAS have confirmed this was a regional problem

Actions:

- YAS continue to encourage the use of PCAL to reduce the volume of ambulance conveyances to A&E
- Weekly collaboration meetings continue with YAS to sustain continual improvement and collaboration on the handover processes
- NHSE have been asked to support discussions regarding validation of data as this will affect all providers and better help describe the true opportunity for improvement
- A city-wide programme called PCAL plus has commenced a rolling programme of tests of change. This is aimed at better connecting YAS to primary and community services to route patients to services that will offer an improved experience and provide right care first time

Emergency Care Standard

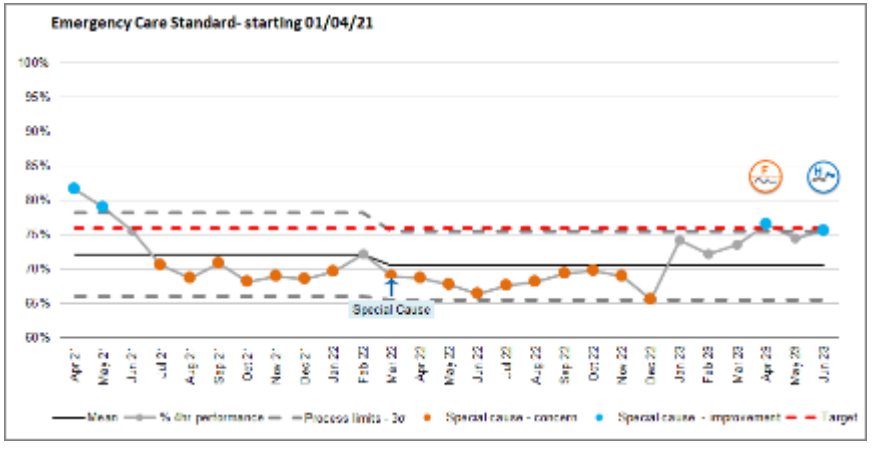
The Leeds Teaching Hospitals NHS Trust

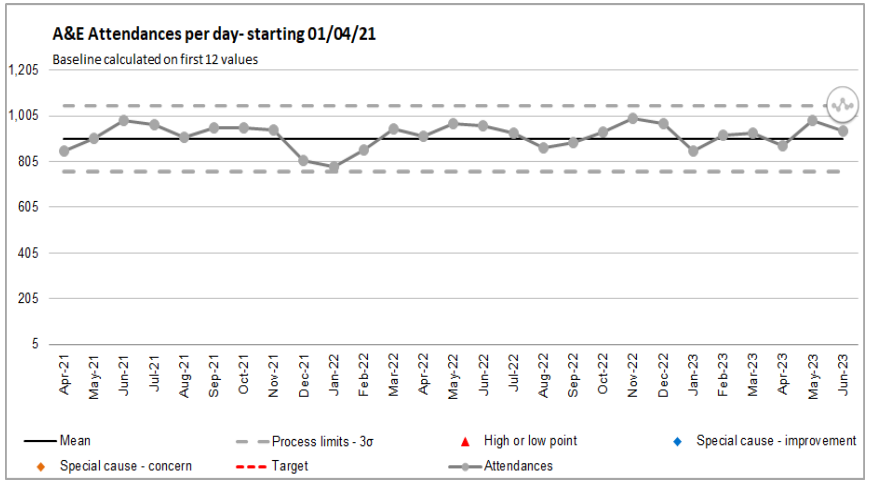
Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)

Management/Clinical Owner: Jo Wood (ADOP)

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- The constitutional standard is 95% of attendees to A&E are admitted, transferred or discharged in 4 hours
- 2023/24 national planning priority is to deliver 76% by March 2024

What does the chart show/context:

- ECS delivery (including walk-in and Urgent Treatment Centres) for June 2023 was 75.6% against a trajectory of 72%
- LTHT ranked 31st out of 123 Trusts for ECS performance in June 2023
- Attendances across all sites in June 2023 decreased by 2.2% when compared to June 2022
- Across 10 peers, LTHT was 2nd for volume of attendances and 3rd for ECS performance in June 2023

Underlying issues:

- On average 36 patients per day waited over 12 hours in the A&E departments from arrival. This is an improvement compared with June 2022 (67 patients per day)
- On average 2 patients per day waited in the A&E department over 24 hours from arrival in June 2023. Again, this is an improved position compared to June 2022 (7 per day)
- In June 2023, the average occupancy for adult beds at midnight was 96.3%, for paediatric beds this was 88.7% and for the Trust overall 95.8%. Average adult occupancy was at 97.9% when patients in A&E awaiting a bed are included
- LTHT ranked 10th out of 10 peer organisations and 95th of 123 Trusts for highest bed occupancy
- Since Jan 2023 admitted and non-admitted mean time in department has gradually reduced for both sites. Admitted mean time in department has reduced from 549.7 minutes in June 2022 to 426.9 in June 2023. Non admitted mean time reduced from 254.0 minutes in June 2022 to 204.0 minutes in June 2023

Actions:

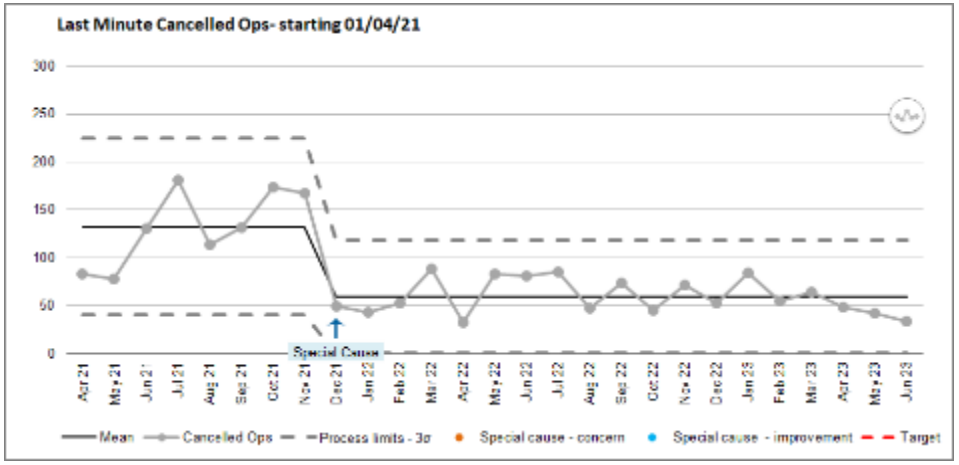
- Launch of "Think LEOU" PDSA in June 2023 at the LGI to promote the use of Extended Observation Unit (LEOU) and avoid patients breaching the 4-hour standard. To continue to monitor and review
- Started a trial for Radiographer Led Discharge Pathway in Paediatric A&E, model to be fully implemented by July. This will support delivery of the Paediatric A&E improvement plan
- Continued testing of the care co-ordination hub through PCAL+ programme (Primary Care Access Line and Single Point Urgent Referral) using LCD (Local Care Direct) to triage calls from YAS and push to Urgent Community Response at home and reduce conveyances to A&E – 3-month trial July - September
- Community Ambulatory Paediatric service (CAPs) tested as an on-day response to reduce A&E attendances is showing 95% utilisation of over 200 appointments per week. Full review has led to a further year's funding for this service Monday to Friday.
- CSUs developing A3 plans for the annual commitment including to reduce LOS by 0.5 days which will improve admitted patient outflow from the ED.
- St James's emergency front door and SDEC redesign is on schedule for November 2023
- J22 trial to relocate JEOU and RAU commenced in June 2023 and extended in July 2023. Will continue PDSA cycle.
- Patient Flow Transformation Programme to launch in July with a plan to reduce delays to patient placement and ensuring patients are placed into the right bed first time.

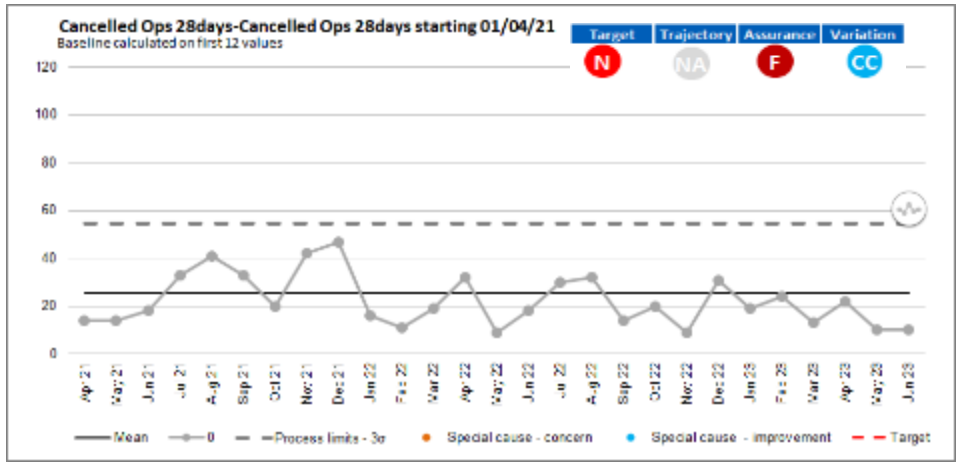
Cancelled Ops

The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Rob Armstrong (ADOP)
Sub Groups: F&P Committee





Background / target description:

- Ensure all patients who have operations cancelled on the day of surgery, for non-clinical reasons are offered another binding date to be treated within a maximum of 28 days (zero tolerance standard)

What does the chart show/context:

Cancelled Operations

- There were 34 LMCO in June 2023, which is a reduction of 19% compared to 42 LMCO in May. This is a 58% reduction to the 81 LMCO in June 2022.
- LMCO numbers are below the mean and within the process control limits
- The main cause for LMCO in June was running out of theatre time

28 Day Breaches

- There were 10 breaches of the 28-day standard in June 2023, the same amount as May 2023.
- The 28-day standard is below the mean and remains within normal process control limits

Quarter 1

- In Q1 2023 there were 124 LMCO compared to 291 LMCO in Q1 2022.
- There were 42 breaches of the 28-day standard in Q1 2023 compared to 47 in Q1 2022.

Underlying issues:

- Industrial action led to cancellations of routine electives and reduced elective capacity
- Non-elective pressures continue to impact the elective bed base resulting in on day cancellations due to capacity
- Challenges remain with critical care, ward and HOBs bed availability due to inability to regularly step patients out of ACC resulting in cancellation of electives
- Surgical prioritisation supports the most clinically urgent patients being listed first

Actions:

- Cancelled Ops and the 28-day standard is now being monitored through the Service Delivery Contract
- A new protocol around 1st starts in Critical Care and HoBs Units has been created to prevent running out of theatre time and was implemented in mid June.
- Increasing throughput through new enhanced care area at CHOC for orthopaedic and adult spinal patients
- Continue to review BADs procedures to reduce the pressure on elective beds
- Improved theatre utilisation through improved late starts and early finishes workstreams. Scheduling review project. RPIW commenced in ophthalmology in high flow cataract pathway. Expansion of right procedure right place (RPRP) project moving admitted work from theatres into outpatient environments.
- Work with the Independent Sector partners & Commissioners to transfer suitable patients to the Independent Sector
- Ad hoc meetings when required, with ADOPs, theatres and CSUs to try and prevent patient cancellations due to site pressures and staff sickness.

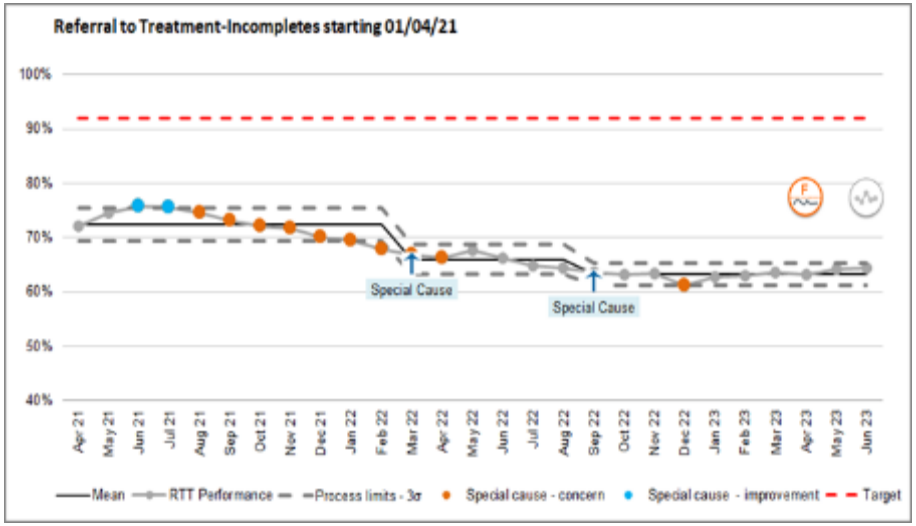
RTT

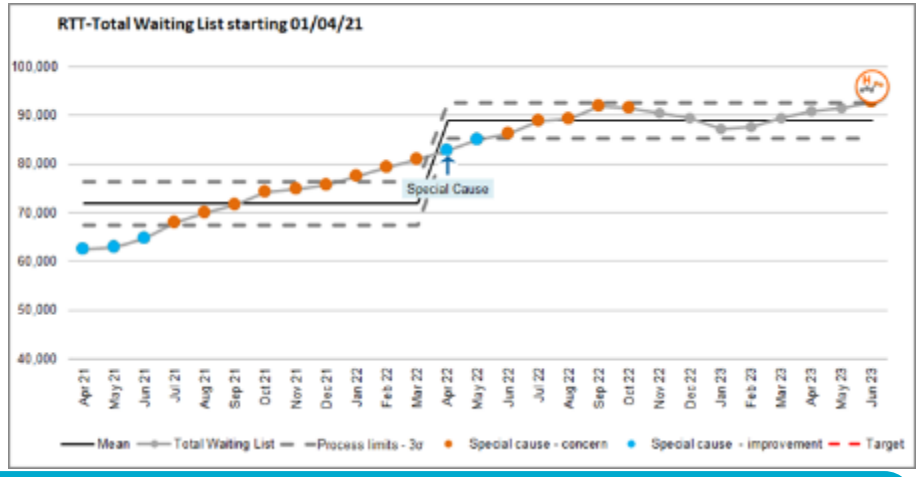
The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Rob Armstrong (ADOP)
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- Ensure 92% of patients are treated within 18 weeks of referral
- Reduce maximum waiting times to below 65 weeks by April 2024

- **What does the chart show/context:**
- RTT delivery was at 64.39% for June 2023, an improvement of 0.11% on last month
- The number of patients waiting over 18 weeks was 33,008 for June 2023, in comparison to 32,008 for May 2023, which is an increase of 345 patients
- The total waiting list was 92,703 for June 2023, which is an increase of 1262 patients from May 2023
- There were 52 patients who had waited over 78 weeks at the end of June 2023
- LTHT ranked at 71 of 147 Trusts for RTT delivery in May 2023 (latest available data)
- The early activity report for June shows higher levels of Elective activity (104%) against 19/20 in Elective and Day Case PODs for the first time at LTHT in the post Covid recovery period with Elective POD activity (113%) and Day Case (121%) both significantly higher

Underlying issues:

- Continued industrial action impacting on routine elective and outpatient activity
- Total Waiting Size has increased for five consecutive months

Actions:

- Continued focus on operational productivity
- Outpatient Focus - Seen more 1st Outpatients this is up 9.5% YTD compared to last year. Outpatient Attendances are 102.4% compared to ERF target YTD Q1
- All CSU's are revisiting and reviewing their clinic templates.
- Waiting list validation continues to ensure an accurate waiting list as this reduces patient cancellations and DNA's thus enabling better clinic utilisation. Specific work in areas to improve processes being enhanced through the admin review.
- Theatre utilisation increased through improved late starts and early finishes workstreams.
- Scheduling review project highlighting specialities not using elective scheduling tool and following 6-4-2 process with mitigating actions identified.
- RPIW commenced in ophthalmology in high flow cataract pathway.
- Expansion of right procedure right place (RPRP) project moving admitted work from theatres into outpatient setting. Balloon Sinuplasty successfully delivered in Outpatients.
- Stand by patient lists developed in specialties to reduce last minute cancellation. Adult Pain utilised 100% of booked slots in May.
- Working with the ICB to align the regional MSK referral pathway into Adult Spines
- Updating Elective Access Policy and a focused administrative support programme being undertaken with CSUs to look at where improvements are to be made, with the development and implementation of daily management processes. This will improve RTT pathway recording, capture more clock stops and reduce duplicate RTT clocks
- Offers of support from DMAS (Digital Mutual Aid System) being explored by specialties.
- Integrated Accountability Meetings with CSUs to monitor service delivery performance

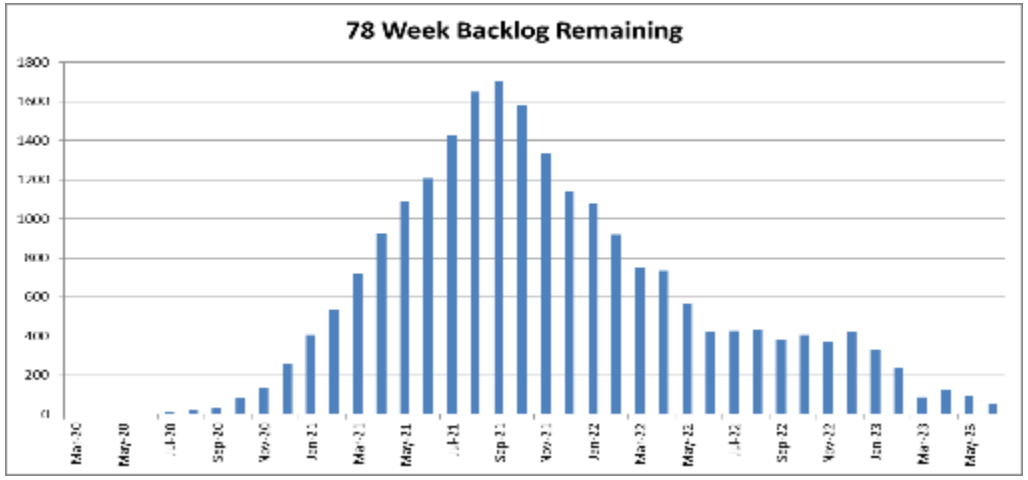
RTT – 104 Weeks / 78 weeks / 65 Weeks

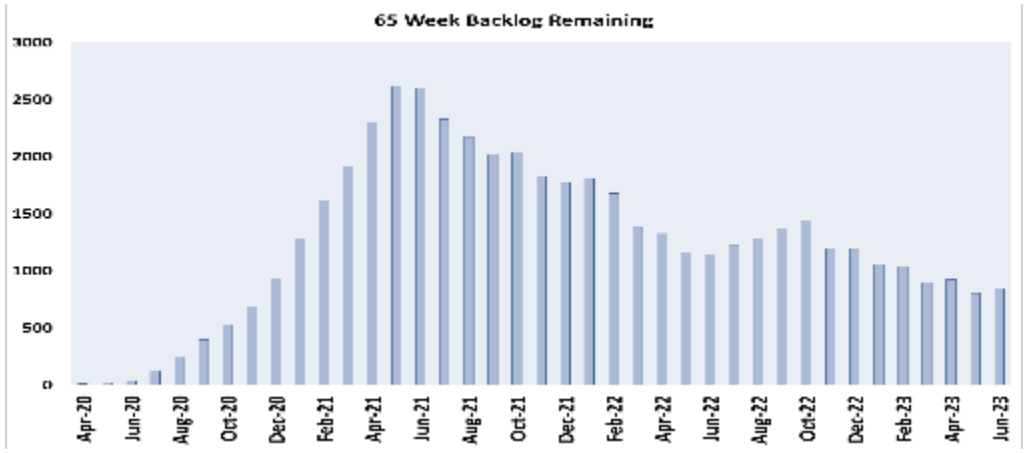
The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Rob Armstrong (ADoP)
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- 104-week target was to have no 104-week breaches by July 2022
- 78-week target was to have no 78-week breaches by 31 March 2023
- 65-week target is to have no 65-week breaches by 31 March 2024

What does the chart show/context:

- At the end of June 2023 there were 0 patients over 104 weeks for treatment
- At the end of June 2023 there were 52 patients who had waited over 78 weeks for treatment
- At the end of June 2023 there were 850 patients who had waited over 65 weeks for treatment.

Underlying issues:

- Further strike action in June 2023, again restricted elective and outpatient activity
- Surgical prioritisation in some specialties such as Colorectal, Neurosurgery, Adult Spines, Paediatric Spines and Congenital Cardiac impacts on long waiting patients
- There is no other Trust able to support long waiting Neurosciences, Colorectal or PENT surgical patients either due to complexity of the patients, or local waiting list positions

Actions:

- Weekly meetings with CSUs to report on 78-week position and actions being taken to reduce numbers
- Review of Paediatric theatre allocations
- Standard work and production boards used to support Corporate and CSU teams to manage delivery against 78-week and 65-week trajectories
- In-depth manual validation of RTT pathways for our long waiting patients by the Corporate Performance Team, ensuring RTT clock stops are actioned and RTT waits are accurate.
- Long waiting patients added to DMAS
- Enhanced Care Beds opened at CHOC to increase case complexity for Orthopedics' and Adult Spines
- Mutual Aid requested from WYAAT for Foot and Ankle patients
- NHSE Tier 2 for elective recovery with weekly update meetings

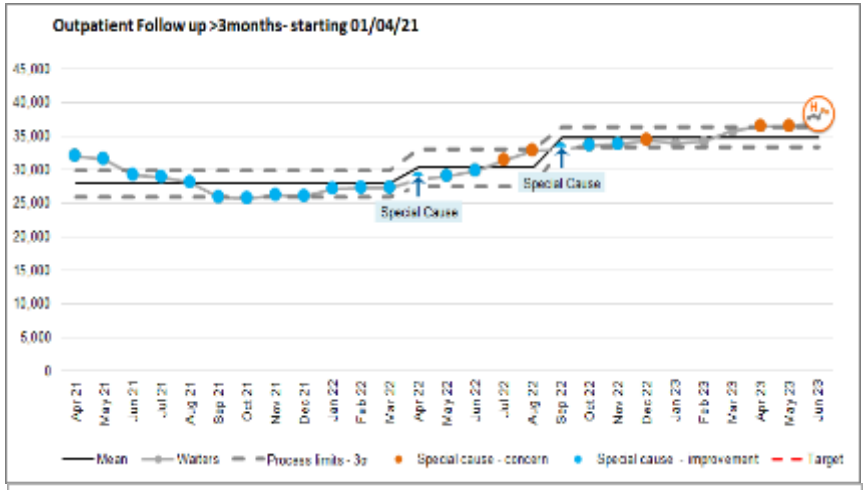
Outpatient Measures

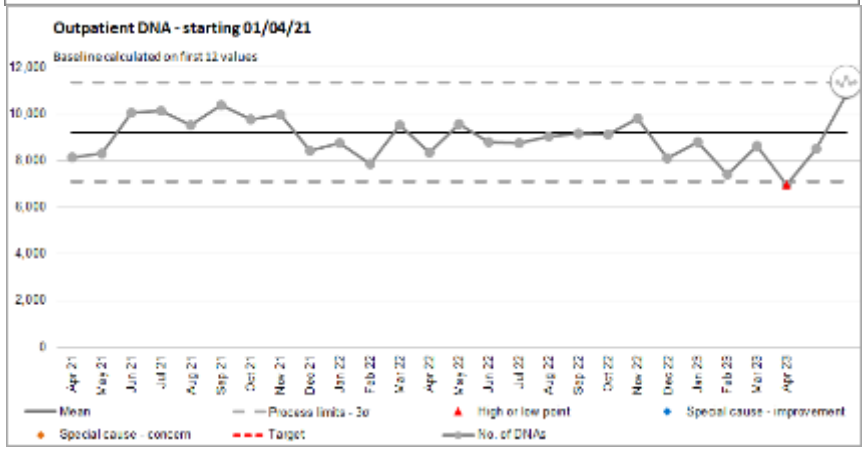
The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Ruby Ali (ADOP)
Sub Groups: None

Target	Trajectory	Assurance	Variation
NA	NA	NA	SC





Background / target description:

- Reduce the number of patients waiting for follow-up appointments beyond 18 weeks of intended appointment date
- Ensure Did Not Attend (DNA) / Was Not Brought (WNB) rate is below peer average

What does the chart show/context:

- June 2023 has seen an increase of 602 in the number of patients overdue their follow up appointment, compared with May 2023
- The chart (bottom) shows the outpatient DNA/WNB number for LTHT. There were 2,341 more DNA/WNB in June 2023 compared to May 2023 and the June 2023 DNA/WNB rate of 9.6%, is an increase of 1.9% from May 2023

Underlying issues:

- Strike action has reduced outpatient activity and efficiency
- In June 2023, 116,700 OPAs were booked which was 3,403 more than May 2023 despite strikes action. But June 2023 saw 2,341 more DNAs than May 2023 due to short notice OPA changes due to strike action.

Actions:

- Ongoing validation of all non-admitted patients with implementation of Robotic Process Automation (RPA)
- Increase use of Patient Initiated Follow-Up (PIFU) pathways to reduce follow-up backlog as well as increasing capacity for alternate activity
- Speciality focussed work underway to support PIFU understanding, opportunities and implementation including with endocrinology, urology and gynaecology using GIRFT guidance to support clinical confidence.
- Patient Hub: Gives patients more control of appointments and reduces mislaid or lost letters. >90% Business units using Patient Hub with most seeing reductions in the DNA/WNB by 1%+. Additional work underway to support wider community engagement on Patient Hub and the opportunities for patients
- A pilot project has commenced in July 2023 to support focussed efforts on administrative validation of the outpatients follow-up backlog with AMS and H&N CSUs. Initial outputs and learning are to be reviewed in Aug 2023 to determine expanding the pilot to other CSUs to provide focussed support to validate the follow-up backlog.
- E-Outcomes Form Project in development to ensure timely capture of disposal outcomes of OPAs and improve accuracy of the data to ensure progression of patients' pathways - with implementation of RPA to deliver. Proof of concept to be tested in April 2023, and further tests underway including PPM+ development work to support a minimum viable product rollout.
- Weekly huddles underway (clinically supported) to review plans and actions for reducing follow up activity/backlog and the implementation of CSU trajectories. The weekly huddle will run throughout 2023/24

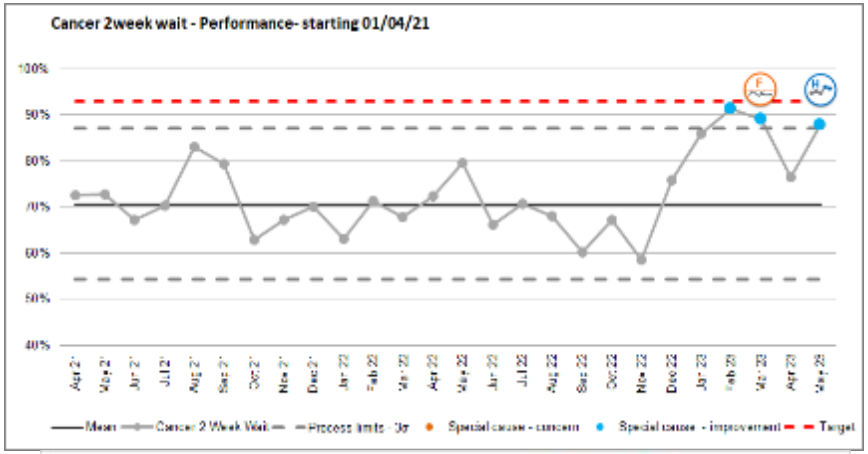
Cancer 2 Week Wait

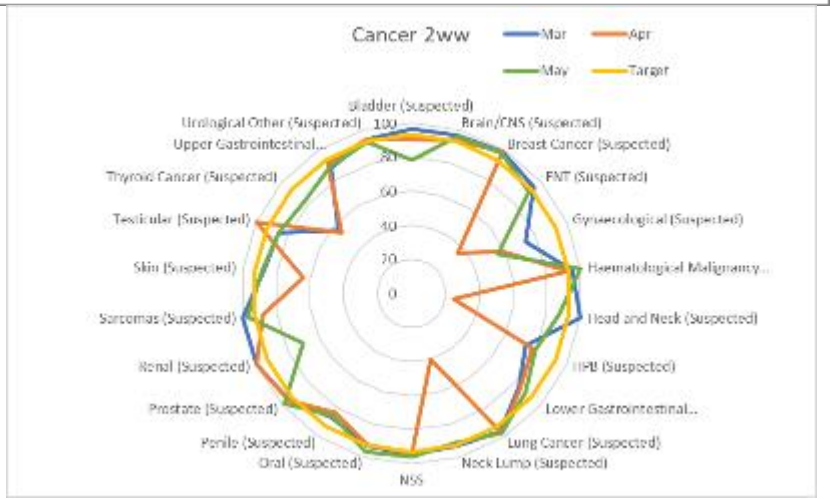
The Leeds Teaching Hospitals NHS Trust

Reporting Month: May 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Elizabeth Barron (ADOP)
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- 93% of GP referrals are seen for their first OPA or test within 14 days

What does the chart show/context:

- 2ww delivery in May 2023 was 87.9% which is an improvement the April position of 76.4%.
- LTHT ranked 52 of 132 Trusts for 2ww delivery. LTHT also ranked 2 out of 12 against peer for May 2023 (latest available data).

Underlying issues:

Demand:

- April saw a slight decrease in referrals due to the Easter bank holidays. This was still recorded as the 8th highest trust for 2ww referral in the country. Total referrals received in May was 4559, an increase from 3397 in April - this upward trend shows no sign of abating with referrals into June and July still higher than previous years

Capacity:

- Despite losing three working days due to Bank Holidays in May, the numbers of patients seen on a 2WW pathway was 10% higher than in April, reflecting that we are responding to increased demand effectively.
- The triage time in Skin was significantly improved.
- Best Practice Time Pathway (BPTP) work is in place in all these CSU's, accountable through the Transformation Programme. Delivery plans are in various stages in each of these areas, but urgent support is being offered to Gynae and Skin, to ensure sustainable improvements are put in place

Actions:

- ENT have provided GP's with details regarding the appropriateness of their 2WW referrals and information on what pathways patients should be on for their condition.
- Mandatory positive FIT results for Lower GI 2WW (with some clinically appropriate exclusions) starts on Monday 17th July – LTHT is the first to use this Alliance pathway and comes at the end of complex discussions with the ICB and local GP's to make sure this is safe and timely. This is expected to have a significant impact on the volumes of 2WW referrals for Lower GI.
- Continued work with Gynaecology to improve the 2ww pathway through the transformation programme. Pathway modelling completed, teams working with GPs on appropriateness of all referrals.

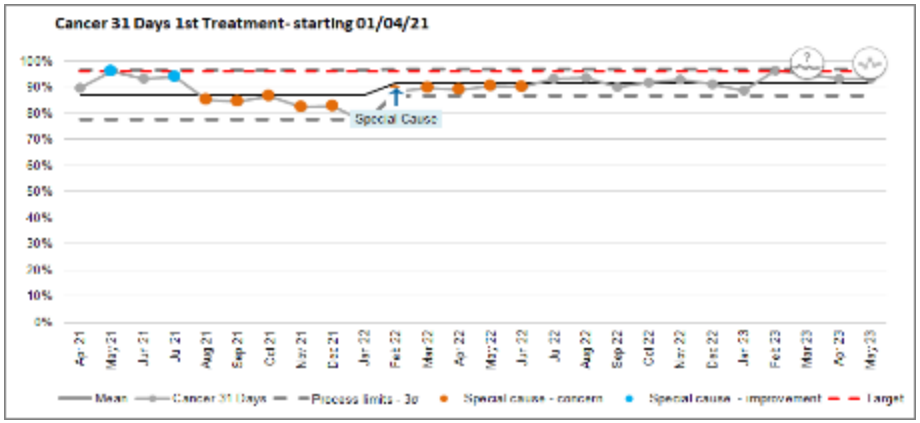
Cancer 31 Days

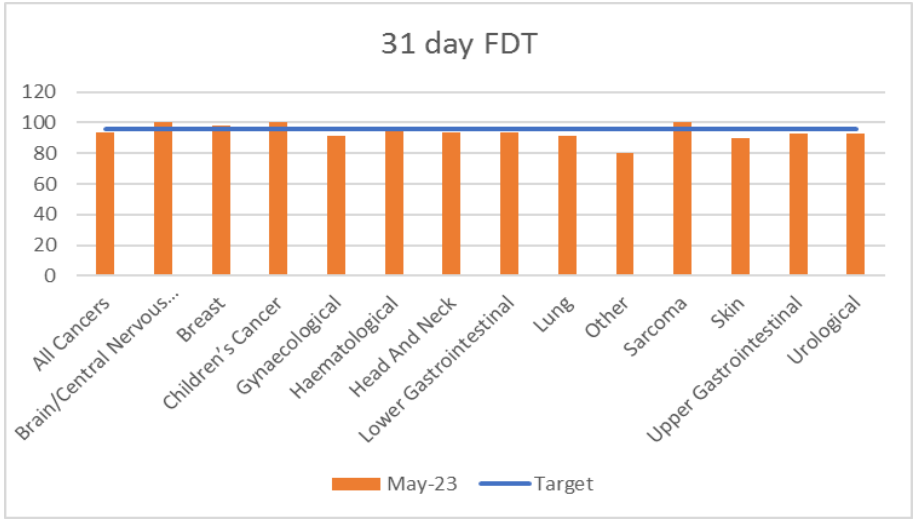
The Leeds Teaching Hospitals NHS Trust

Reporting Month: May 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Elizabeth Barron (ADOP)
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	R	CC





Background / target description:

- 96% of patients receive their first definitive treatment (FDT) within 31 days.
- 94% of patients receive their subsequent surgery within 31 days

What does the chart show/context:

- For 31-day 1st definitive treatment, position for May was 93.5%, a slight improvement from the April position of 93.2%. This is below 96% target.
- LTHT ranked 70 of 132 Trusts in peer comparison for 31-day first treatment. Among the peer group of 13 Trusts LTHT undertook the sixth highest volume of treatments within 31 days and ranked 3 out of 13 in terms of performance in May - (latest available data)
- Waits for radiotherapy and chemotherapy continue to be within national standards, surgical waits remain problematic with capacity deficits in some areas and IA having a detrimental effect in all CSU's
- For 31-day sub surgery, position in May was 80.1%, this was last above 80% in October 2022 and is below the 94% target.

Underlying issues:

- High volumes of 2WW referrals remained throughout this year across Breast, Gynae, Head and Neck, Lower GI, and Urology (Prostate & Bladder), and continue to impact on the ability of the CSUs to achieve the CWT
- Radiotherapy provision has suffered for Subsequent treatments due to radiographer vacancies but is now recovering back to an acceptable level after a lot of recruitment recording 88% in May and 90.7% in June, anticipating 91% in July.
- Higher referral rates and industrial action have impacted on activity levels for 31-day delivery throughout April and May, continues into July. However, there is an expectation that the 31 FDT standard will continue to maintain at 90%+

Actions:

- Cancer patients continue to be prioritised for surgery and radiotherapy, with those most clinically urgent addressed first
- KPO team are working with the thoracic department starting in July to improve time to surgery
- Melanoma team reviewing theatre capacity to understand the gap to meet the demand by end of September.

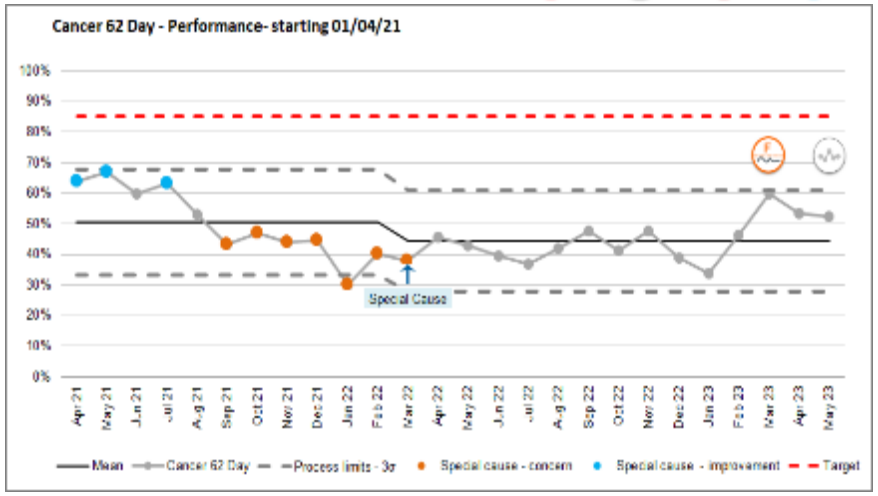
Cancer 62 Days

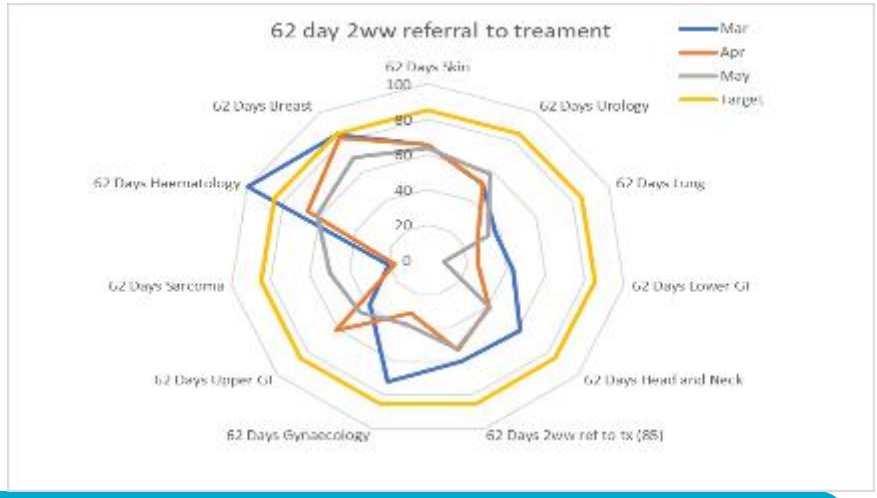
The Leeds Teaching Hospitals NHS Trust

Reporting Month: May 2023

Executive Owner: Clare Smith (COO)
Management/Clinical Owner: Elizabeth Barron
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- 85% of patients receive their first definitive treatment for cancer within 62 days of a GP referral for suspected cancer
- By March 2024 the plan is to deliver 69%
- 62-day backlog for 2023/24 planning guidance is to reduce to 248 by March 2024

What does the chart show/context:

- Improvements in delivery was maintained in May 2023 reporting a position of 52.4%, a very slight decrease from 53.3% in April 2023 .
- In May LTHT ranked 95 out of 130 reporting Trusts for 62-day delivery and 8 of 13 against peer group (latest available data)
- The 62-day 'backlog' of patients on a pathway without having started treatment at day 62 increased at the end of May to 281 but this was following the months of April and May which both had reduction in activity due to industrial action and higher than normal Bank Holidays.
- Both 62 Day achievement and Backlog are within target of the internal trajectories agreed with the CSUs

Underlying issues:

- The further loss of 3 days of capacity in May means that the achievement of 62 days has not been maintained/improved. The increase in backlog is across all CSUs
- There are some long waits for Pathology results, especially with clinical gaps within the H&N team which has increased treatment dates beyond 62 days.
- Surgical capacity in some specialities (Melanoma) does not meet demand, impacting on the waits for operations increasing
- Further industrial actions are a continuous concern on capacity with impacts being seen into June and July, 62 days after the increased BHs and Easter.

Actions:

- High risk PTL's are tracking in detail those patients who are close to breaching and support is offered where required to escalate.
- Exploring supportive measures with Pathology that can be funded via Alliance monies. It is anticipated that MDT Streamlining will release Pathologists time .
- Meetings with struggling CSU's are underway with appropriate GM and ADOP's to ensure bottlenecks in capacity are dealt with at the highest level e.g. theatre allocations
- Work underway between transformation programmes for theatre capacity assessing all risk for each speciality and CSU.

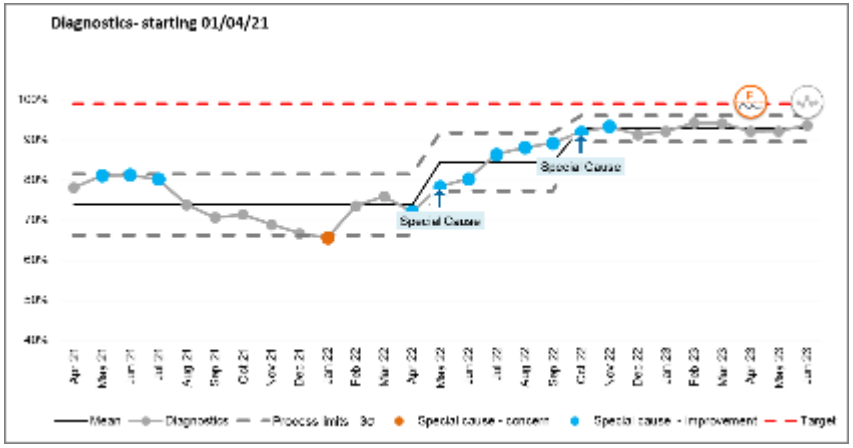
Diagnostic Waits

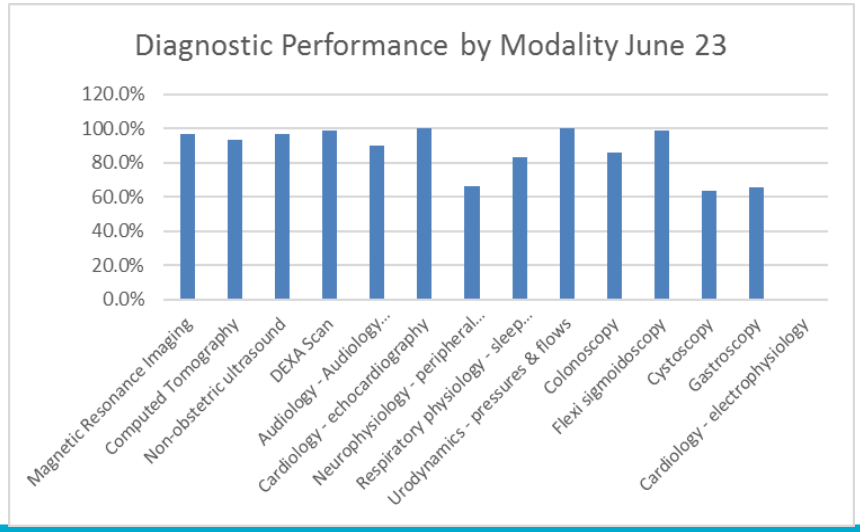
The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Ruby Ali (ADOP)
Sub Groups: F&P Committee

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- 99% of patients wait no more than 6 weeks for a routine diagnostic test
- 2023/24 national planning priority is to deliver 95% by March 2024

What do the charts show/context:

- Delivery in June 2023 was 93.6%, improvement on the previous month's performance.
- LTHT ranked 40 out of 158 Trusts and 2 out of 15 among peers for diagnostic performance in May 2023 (latest available data)

Underlying issues:

- MRI has recovered most of the long waits, except those patients who are waiting for a GA, where theatre capacity is limited
- CT & MRI have continued to see increased demand
- Neurophysiology continue with capacity challenges impacting on performance.
- Respiratory Physiology have seen an improvement in June and are currently finalising a recovery trajectory.
- Children's diagnostic services are heavily reliant on theatre capacity due to patients requiring GA for their diagnostic test

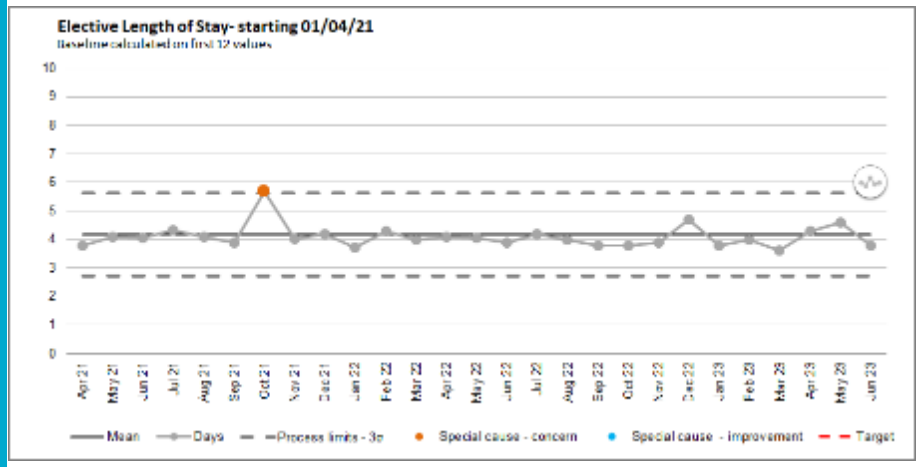
Actions:

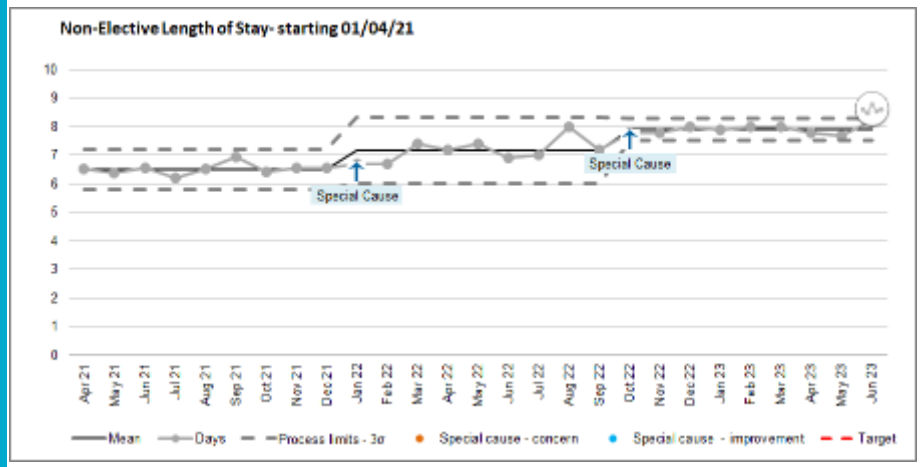
- MRI – continued use of In-Phase (insourcing company) van at SJUH to meet additional demand. This will enable the team to maintain activity levels (which exceed 19/20) and will be required until refurbishment work at Seacroft Hospital deliver MRI capacity as part of the Leeds Community Diagnostics Centre (expected in late 2023)
- CT – mobile van at CAH extended into 2023/24 to support increased demand levels. Will also be supported by the Leeds CDC from late 2023
- Theatres have been asked to review allocation of capacity to reduce long waits for 6 weeks diagnostics, and additional capacity for modalities/specialties requiring theatre provision. Actions have included scheduling on audit days and additional lists to recover the adults & paediatric backlog
- Ongoing focus to clear the >13 weeks waiters which decreased in June 2023 from 199 May 2023, to 183. The bulk of the waits sit in Children's CSU. Work is underway to ascertain what requirements are needed to achieve and maintain a zero over 13-week position by March 2024
- Respiratory Physiology finalising recovery plans and trajectory, with plans in place seeing performance improvement in June 2023
- Neurophysiology have agreed additional consultant led weekend sessions in July/Aug 2023 to support capacity and recovery of performance
- Close monitoring of impacts of the ongoing Junior Doctors and Consultant Industrial Action continues, as the CSU's work to reduce capacity lost

Length of Stay

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Steve Bush (MD Ops)
Sub Groups: None





Background / target description:

- Elective and non-elective LOS run charts from April 2021 to June 2023

What does the chart show/context:

- Elective LOS has reduced to under 4 days for June 2023
- Non-elective LOS has increased to over 8 days in June 2023

Underlying issues:

- Non-elective admissions into the main bed base from A&E have increased by 2.1% for June 2023 in comparison to June 2022
- 48.6% of non-elective patients had a length of stay of 0-3 days in June 2023. Non-elective and short stay admission reductions correlate with increased activity in medical SDECs
- Extended waits for social worker assessments, community bed availability and packages of care are continuing to increase the LOS of the patients who no longer have a reason to reside (R2R)
- Long waiting R2R patients are complex, with challenging medical care needs or a combination of medical and complex social care needs

Actions: linked to annual commitments for reducing LOS by 0.5 days, delivery of access standards and efficiency and productivity.

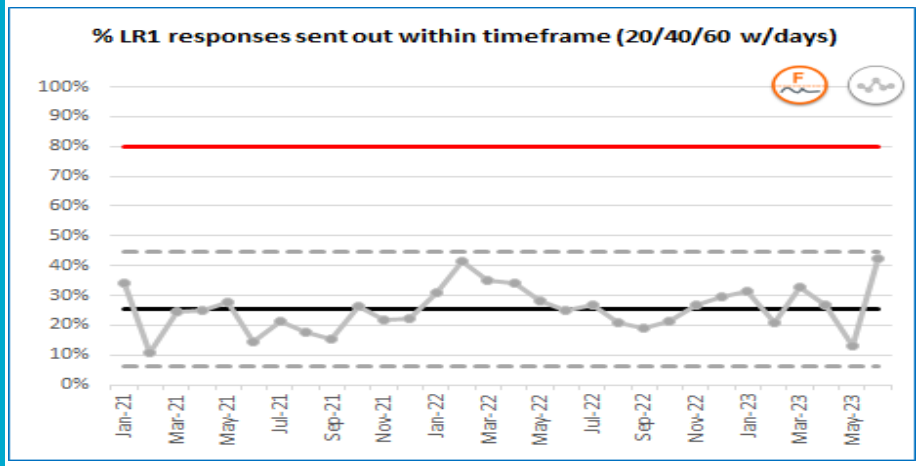
- The leadership of the Remote Monitoring Virtual Ward programme has been transferred to LTHT from LCH. The focus will be on identifying current inpatients and patients attending SDEC/Assessment areas who can be safely discharged home and receive daily monitoring of core clinical observations. The first pathway supporting earlier discharge for patients awaiting ERCP endoscopic procedures is due to go live at the end of July.
- Continue with the long length of stay review meetings, led by LTHT with key system partners, has reduced the longest length of stay for the top 20 patients from a range of 160-426 days in August 2022 to a range of between 73-284 days in hospital at the start of July 2023.
- The system wide HomeFirst Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff.
- External review of LoS has been commissioned and in progress by Attain. This will focus on identifying specialties and pathways which have experienced significant increases in length of stay to support the creation of an action plan on reducing the LoS.
- Planned Care programme is focussing on day case as norm. BADs data set describes the opportunity by specialty. 7th Edition of guidelines will be shared soon and opportunities for LTHT will be assessed. Performance is 80.0% (March) with 80.8% achieved in February (latest data available).
- Pre-optimisation workstreams in train to improve patient outcomes for surgery and reduce elective LOS including enhanced frailty pre-assessment and ShapeUp4Surgery optimisation: team being recruited to and have started contacting patients.

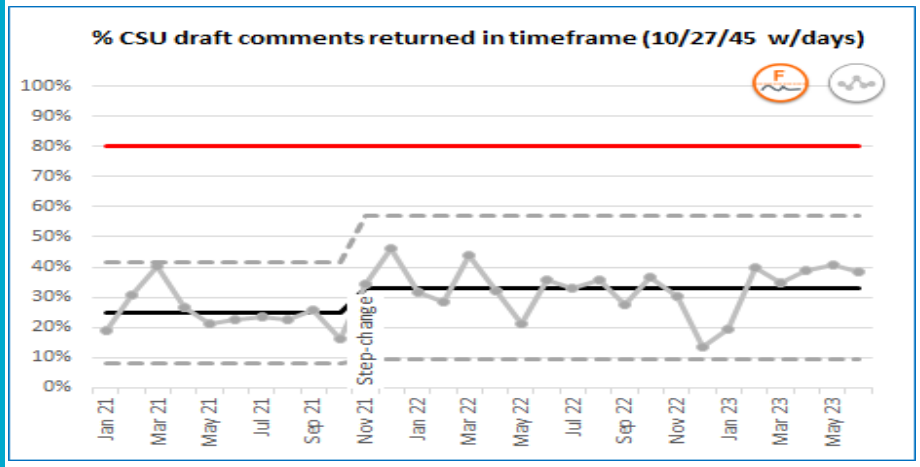
Complaints

The Leeds Teaching Hospitals NHS Trust

Reporting Month: Q1 2023/24

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee





Background / target description:

- The Trust internal Complaint Response Time Standard requires 80% of complaint responses to be completed within either 20, 40 or 60 working days. National complaint handling guidance states responses must be provided within 6 months. The national standard has been achieved for 83% of Trust complaints responded to within the past 12 months.
- The top complaint subjects continue to reflect common themes in line with the national picture.

What do the charts show/context:

- The first chart shows overall performance for the percentage of first stage (LR1) complaint responses that met the local standard completion target. This is influenced by all teams involved in the process, including CSUs, the complaints team, quality assurers and executives signing responses.
- The second chart shows the percentage of CSU comments which were returned to the complaints team by CSUs on time. The target for comments is earlier than the target for completed responses, to allow time in the process to complete letter drafting and quality assurance checks. This chart is a good indicator of CSU performance.
- Data for both metrics shows normal (common cause) variation that is consistently falling below the local target. However, the response time performance was above 40% in June 2023, the highest result since February 2022. Additionally, timeliness of draft comments returned has been above the mean for the past five months.

Underlying issues:

- There are timeliness challenges for all teams involved in the complaints process. Although CSUs have the greatest impact on the process, the quality assurance process is also known to occur significant delays.

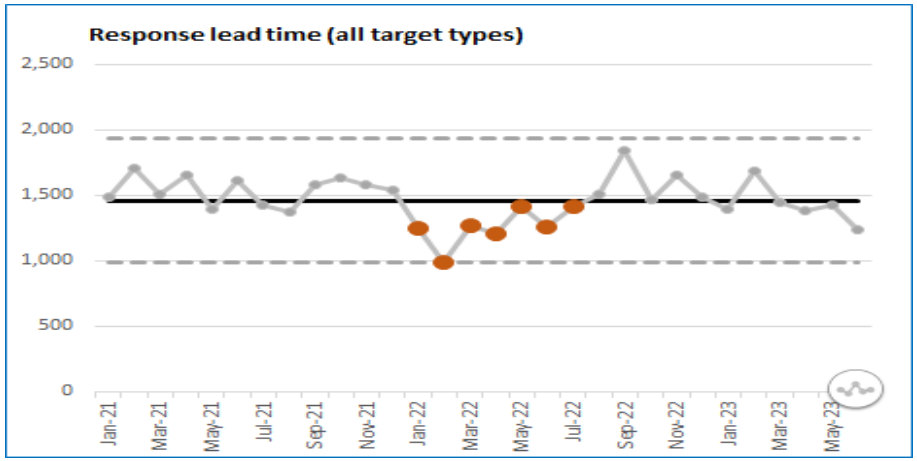
Actions

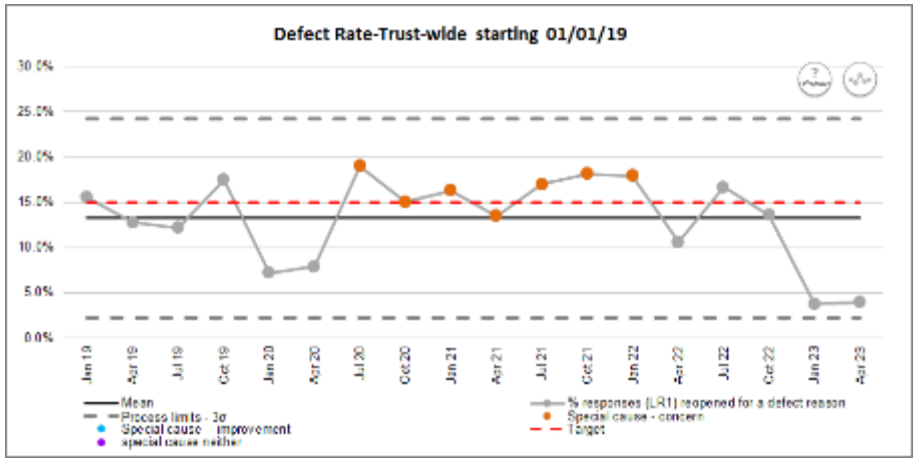
- Work has taken place within the Complaints Improvement Programme (CIP) to support CSUs to develop internal processes that ensure comments are received by the complaints team in good time.
- On 24 July 2023 a new process will be introduced for the majority of single CSU complaints. HoNs will quality assure their own CSU complaints, removing the need for an external quality assurance review to take place.

Complaints

Reporting Month: Q1 – 2023/24

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee





Background / target description:

- Lead time is the median number of hours from the date a complaint is received to the response being sent out, and represents the time complainants are waiting for a response.
- Defect Rate is the % of first stage complaint responses sent out to the complainant which were reopened for a defect reason. Defects are reopened due to an incomplete previous response, disputed information and/or factual errors.

What do the charts show/context:

- The chart show:
  - Lead Time (by month) from January 2021 to the end of June 2023
  - Defect Rate (by quarter) from January 2019 to the end of June 2023
- Both Lead Time and Defect Rate are showing normal variation.

Underlying issues:

- Along with the quality assurance process, complaints that are resolved through a meeting have been highlighted by CSUs as sources of significant delays. This is because it is challenging to arrange meeting dates that fit within the 20,40,60 day internal targets and the availability of participants.

Actions

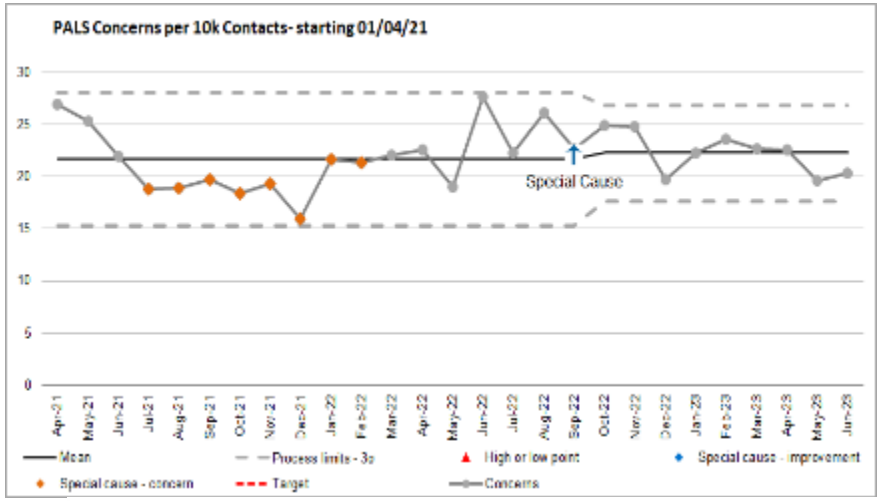
- Cohort 4 of the CIP continues and includes non-bed holding CSUs and Corporate teams. Work with these teams is focussing on returning draft comments within target times and streamlining the drafting and Executive review stages of the complaints process.
- From 24 July 2023, complaints resolved by meeting will no longer be subject to the local 20,40,60 day target . Targets for completion will be negotiated with complainants individually and will take into account availability for meetings to take place. A new target will be introduced, which requires CSUs to return a meeting summary letter to the complaint team within 5 working days of a meeting being held.

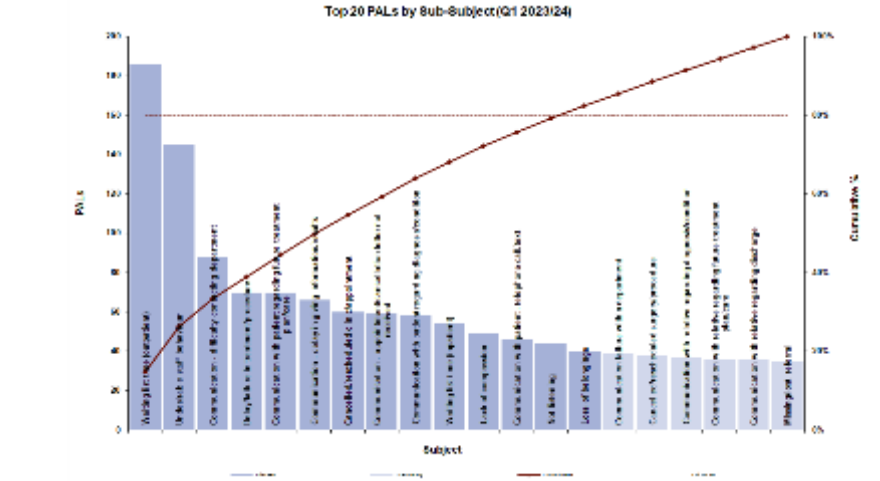
PALS

Reporting Period: Q1 – 2023/24

Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee





Background / target description:
The graphs show the number of PALS concerns raised for every 10,000 patient contacts and the topics associated with those concerns.

What does the chart show/context:
- The rate of PALS raised shows common cause variation around an increased mean.
- Waiting list times for outpatients continues to be the number one reason for PALS raised.

Underlying issues:
- A number of the most frequently raised subjects relate to appointment and treatment delays; waiting list times (outpatient and inpatient), delay/failure in treatment procedure and cancelled procedures or appointments. This is reflective of current operational pressures.
- Concerns previously coded under the subject of 'staff attitude' have been replaced by a new 'staff interaction' subject as part of work that has taken place to understand better what patients mean when they complain about staff attitude. The chart (bottom left) shows that undesirable staff behaviour is the most frequently raised concern relating to this subject in Q1 23/24, with lack of compassion being the next most frequently raised concern in this category.
- Difficulty in getting through to wards and departments is the third most frequently reported concern.

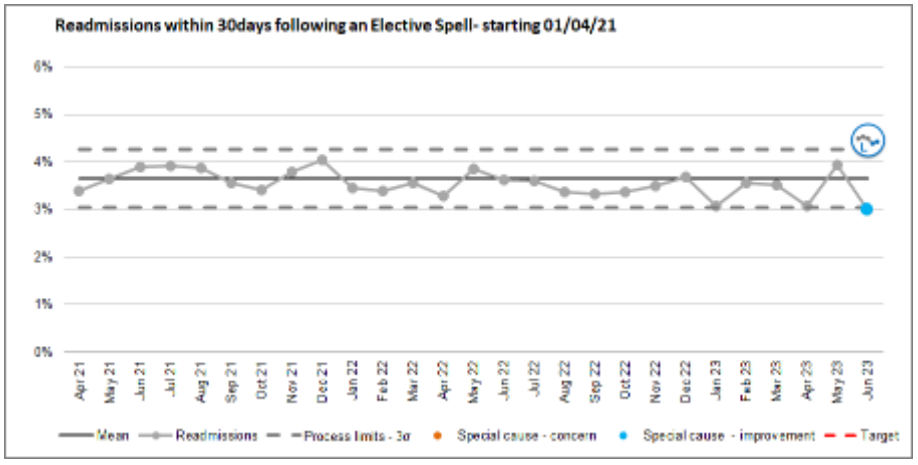
Actions:
- CSU level subject data on difficulty contacting department and staff interactions is included in the Patient Experience Assurance Programme and enables CSUs to report actions they are taking to address these issues in their services.
- Work is underway to regularly share data on key themes arising with the Corporate Operations team and teams supporting the Trust's Transformation Programme.
- Work is also taking place to explore how staff interaction data reported by patients can be used to inform and support the work of the Trust HR and OL teams, alongside staff engagement data.

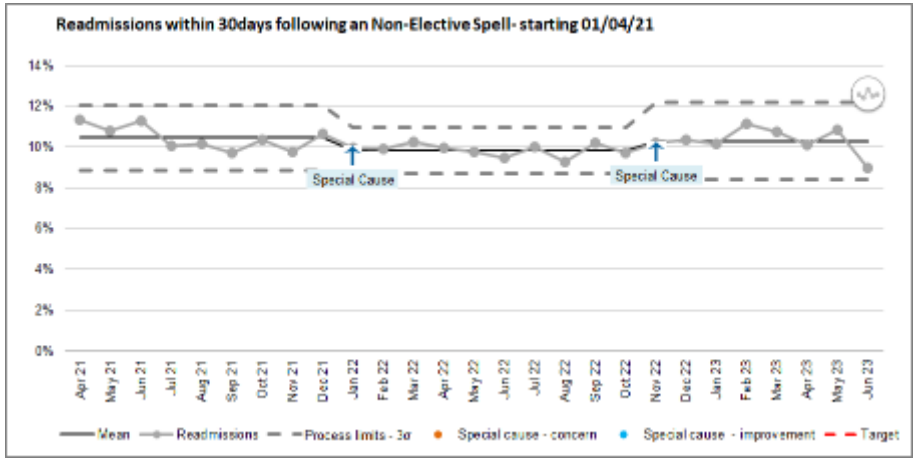
Readmissions

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Jo Wood, (ADOP)/Steve Bush MD Ops
Sub Groups: None





Background / target description:

- Readmission rates within 30 days for elective and non-elective patients are monitored monthly
- Readmission rates are measured to assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support

What does the chart show/context:

- Elective readmission rates are at the lower process control limit at 3.00% for June 2023
- Non-elective readmission rates are at the lower process control limit. The readmission rate for June 2023 is 8.98%

Actions:

- Medical and elderly SDEC estate work to be completed by October 2023 to enable footprint for maximum admission and readmission avoidance – remains on track
- Review of patient pathways that could be delivered as acute clinic rather than admission or readmission including the headache pathway, neurology clinic, acute gall bladder and paracetamol overdose
- Geriatrician 8am to 8pm presence across the Emergency Department and Same Day Emergency Care to support admission and readmission avoidance
- Primary Care Access Line service continues to develop including ambulance calls direct to PCAL and review of the stack (the ambulance service list of patients who need to be brought to A&E) to enable alternatives to admission or readmission
- Community partners to enhance care pathways options including access to community services in addition to LTHT care pathways avoiding admission
- Unplanned care programme includes a suite of actions agreed with Health Watch to focus on the discharge experience, patient information and advice on discharge including contacts for advice and support for patients who feel they need ongoing medical care
- Strengthening the utilisation of virtual ward to support early discharge and adaptation to self-management in a person's own home

Mortality

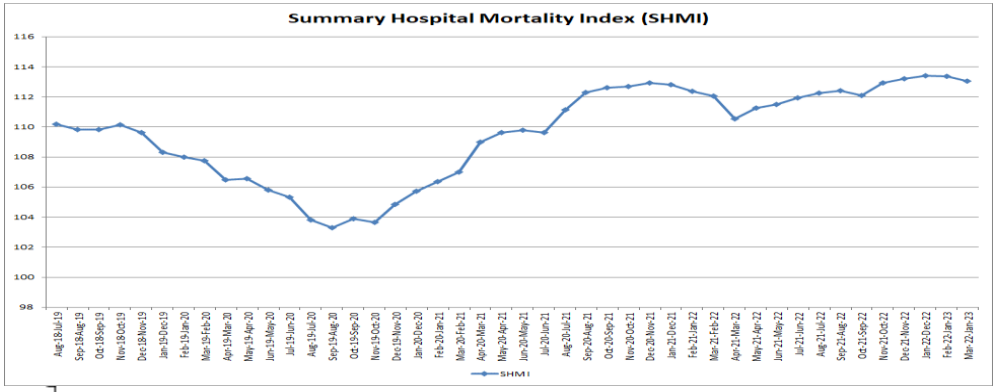
The Leeds Teaching Hospitals NHS Trust

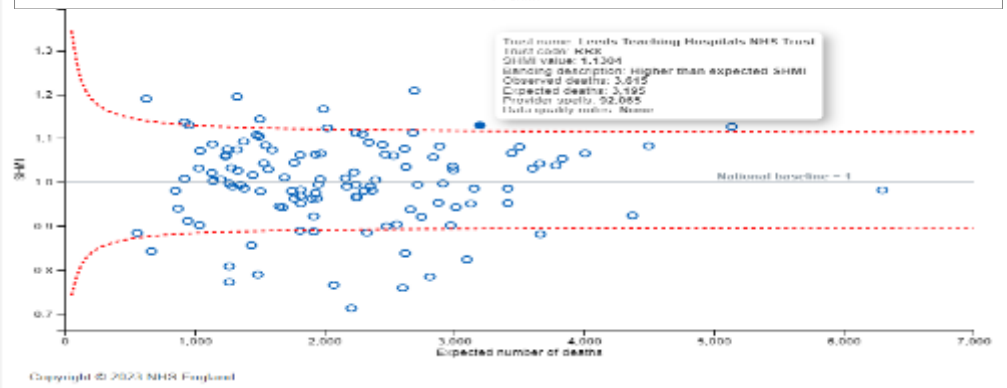
Reporting Period: March-22 to February-23

Target	Trajectory	Assurance	Variation
N	NA	R	CC

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: John Adams (Medical Director Governance & Risk)
Sub Groups: Quality Assurance Committee

Trust level Mortality, Mar-22 to Feb-23	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI published banding (95% CL with over-dispersion)	92,065	113.04	3,615	3,195	89.48-111.76
HSMR	57,411	112.4	2,452	2,181.90	108.0-116.29





Background / target description: There are two national Trust-level risk adjusted measures of mortality; the Summary Hospital Mortality Indicator (SHMI) and the Hospital Standard Mortality Rate (HSMR). These are used by NHSi and the CQC to inform the mortality alert process, and are calculated using a twelve month rolling average.

What does the chart show/context: The Trust SHMI for March 2022 – February 2023 was 113.04 a second consecutive decrease, however the SHMI remains "Higher than Expected".

Underlying issues: Both SHMI and HSMR use calculations based on diagnostic categories to standardise mortality rates. Whilst this is a well established process, it makes no account of disease severity and we would expect that LTHT as a tertiary referral centre and Major Trauma Centre that admits the sickest patients from around the region would have a higher mortality rate than many local hospitals and the national average. The HSMR rate is released in advance of the SHMI and we anticipate SHMI will track a similar trajectory.

Actions: The Mortality Improvement Group will continue to monitor SHMI in terms of both absolute value, comparison with peer organisations and changes in the diagnostic group breakdown. The Group uses a step-wise investigation response outlined by NHS Digital to review any areas of statistical outlier and this on-going comprehensive review process, in addition to a deep dive undertaken earlier this year have subsequently failed to reveal any problems in care. We continue to seek assurance through statistical analysis, coding reviews, and case note analysis. The Trust have strengthened the learning from deaths framework and have a robust screening process in place, the Structured Judgement Review (SJR) methodology is used to identify learning and provide assurance on quality of care. The escalation process has also been revised to enable greater oversight of any concerns highlighted through SJRs and this will be updated in the Mortality Review Policy in November 2022. A central SJR system is currently being piloted and is scheduled for Trustwide implementation in early 2023 for greater oversight of learning themes and to provide further assurance from the SJR process.

Patient Safety Incident Investigations (PSIRP)

The Leeds Teaching Hospitals NHS Trust

Reporting Period: April 2022 to June 2023

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: Quality Assurance Committee

National Priorities Incident Type	April 2022 to June 2023
Maternity and neonatal incidents which meet the 'Each Baby Counts' and maternal deaths criteria. These must be referred to HSIB for a HSIB-led PSII.	7 (HSIB)
Child deaths to be referred to the local Child Death Overview Panel. A PSII may also be indicated where there is reason to believe that one or more patient safety incidents/ problems in care could have contributed to the death.	5
Deaths of persons with learning disabilities to be referred to the local LeDeR reviewer. If a trust wishes to complete its own internal mortality review, the LeDeR initial review process is recommended; documentation is available.	0
Safeguarding incidents to be referred to the local safeguarding lead.	1
Incidents in screening programmes to be referred to the local Screening Quality Assurance Team.	0
Incidents meeting the Never Events criteria 2018 (see Never Events List Feb 22)	5
Incidents meeting the 'Learning from Deaths' criteria' ie: a death clinically assessed as more likely than not due to problems in care. (This clinical assessment will have been conducted as part of a local LfD plan, or following concerns about care or service delivery).	11
Deaths of persons with mental illness whose care required case record review as per the Royal College of Psychiatrists' mortality review guidance and which have been determined by case record review to be more likely than not due to problems in care.	0
Suicide, self-harm or assault resulting in the death or long-term severe injury of a person in state care or detained under the Mental Health Act.	0
National priority total	29
Local Priorities - Incident Type	**LTHT actual 2022/23**
Emergent incidents which justify a heightened level of response because the consequences for patients, families and carers, staff or organisations are so significant and the potential for learning is so great.	2
Pressure Ulcers - Thematic review of deterioration of MASD to category 2 pressure ulcer (review of 20 incidents)	1
Medication - Prescribing incidents concerning Enoxaparin occurring at LGI	2
Obstetric Incident - Postpartum Hemorrhage in excess of 1.5L requiring transfer to theatre or activation of major hemorrhage protocol	2
Treatment - Thematic review of failure to recognize the deteriorating patient (review of 20 incidents)	0
Communication - Enhanced care plans which are ineffective or not followed to prevent harm to patients including Mental Health (excluding patient falls)	0
Local priority total	7
Grand Total	36

Background / target description:
LTHT is committed to identifying, reporting and investigating patient safety incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence.
Incidents that require the highest level of patient safety investigation are now identified and reported in accordance with NHS Patient Safety Incident Response Framework (PSIRF). They are patient safety incidents that occur as categorised by a number of national and local patient safety priorities.

What does the chart show/context:
The number of incidents reported against each of the categories of the Trust's Patient Safety Incident Response Plan (PSIRP), where a Level 3 Patient Safety Incident Investigation (PSII) is being undertaken.

Underlying issues:
Four never event incidents were reported in Quarter 3 2022/23 and a further never event was reported in Quarter 1 2023/24.

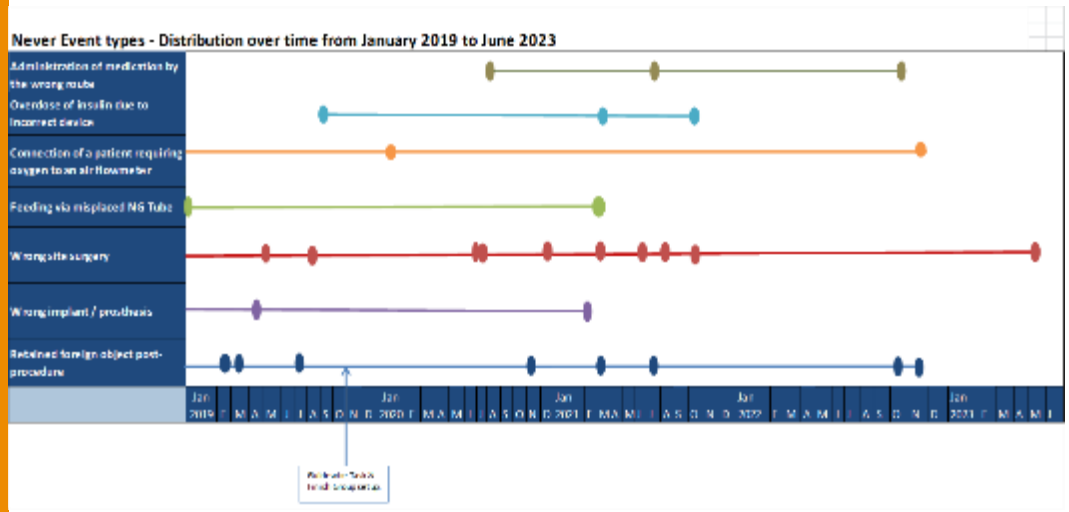
Actions:
Specific incidents will be identified from the Datix record for investigations to commence against the PSIRP local priorities.
An updated version of the NHS Patient Safety Incident Response Framework was published by NHS England in August 2022. The new requirements and investigation tools released have been reviewed by the LTHT PSIRF Programme Board and a plan is in place to make the changes required to LTHT incident management processes prior to the national implementation date in Autumn 2023.
Progress reports, including actions taken continue to be provided to Quality Assurance Committee and Quality, Safety & Assurance Group.
The PSIRP is currently being reviewed in accordance with PSIRF requirements .

Never Events

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2021

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: Quality Assurance Committee



Never events by Type April 2021 to June 2023 by financial quarter

	Qtr 2 21/22	Qtr 3 21/22	Qtr 4 21/22	Qtr 1 22/23	Qtr 2 22/23	Qtr 3 22/23	Qtr 4 22/23	Qtr 1 22/23	Total
Wrong Site Surgery	2	1	0	0	0	0	0	1	5
Wrong Implant/Prosthesis	0	0	0	0	0	0	0	0	0
Retained Foreign Object Post Procedure	0	0	0	0	0	2	0	0	2
Administration of medication by the wrong route	1	0	0	0	0	1	0	0	2
Overdose of insulin due to abbreviations or incorrect device	0	1	0	0	0	0	0	0	1
Misplaced naso- or oro-gastric tubes	0	0	0	0	0	0	0	0	0
Connection of a patient requiring oxygen to an air flowmeter	0	0	0	0	0	1	0	0	1
Total	3	2	0	0	0	4	0	1	11

Background / target description:
Never Events are defined as patient safety Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

What does the chart show/context:
The number of Never Event incidents reported to commissioners each quarter via the national Strategic Information System (StEIS). A Wrong Site Surgery never event incident was reported in Quarter 1 2023/24.

Underlying issues:
The most commonly occurring Never Events are related to failures in established checking procedures. This reflects the national profile in line with the report published by NHSE.

Actions:
All Never Event incidents are subject to a Level 3 Patient Safety Incident Investigation (PSII). Investigations have completed and action plans are in place to prevent recurrence of these incidents. Never Event incidents are notified to commissioners and the CQC. Learning from Never Events are subject to review at the WYAAT shared learning group chaired by LTHT.

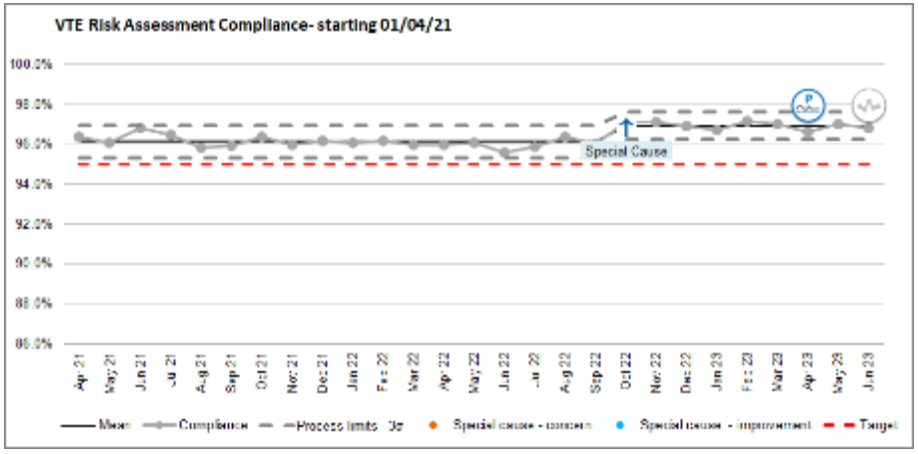
Venous Thromboembolism Risk Assessment

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2023

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: John McElwaine (Associate Medical Director)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	NA	P	CC



CSU	May 23	YTD (2023-24)
Abdominal Medicine and Surgery	93.2%	93.1%
Adult Critical Care	98.2%	97.2%
Cardio-Respiratory	98.9%	98.7%
Centre for Neurosciences	95.2%	94.8%
Chapel Allerton Hospital	99.7%	99.6%
Childrens	92.3%	92.5%
Head & Neck	98.4%	98.1%
Institute of Oncology	97.9%	97.6%
Leeds Dental Institute	100.0%	100.0%
Radiology	95.2%	94.7%
Research and Innovation	100.0%	100.0%
Specialty & Integrated Medicine	97.1%	97.6%
Theatres & Anaesthesia	97.4%	97.0%
Trauma and Related Services	97.8%	96.9%
Urgent Care	95.2%	95.6%
Womens	95.7%	95.3%
Trust	**97.0%**	**96.8%**

Background/target description: To Ensure a 95% VTE risk assessment completion rate

The target is for 95% of VTE risk assessments to be completed within 24 hours of admission. The Trust has historically struggled to meet this.

What does the chart show/context:
The Trust met the 95% target in 2021/22, for the third consecutive year

Underlying issues:
- Continued focus work is required to maintain Trust position
- There is a dip in compliance when junior staff rotate

Actions:
- Monthly review by clinical owner
- Special cause for Neurosciences- Our data suggests they are responsible for Nuffield ward 1, which does not use PPM+, and therefore has 15% of the Trust's "failure to assess VTE risk"
- Highlighting importance of VTE at junior doctor induction
- Work with CSUs that are below target, and those with negative trajectories
- Work with individual wards to utilise Safety huddles & ward rounds for VTE review
- Associate Medical Director has shared local processes from areas that are consistently achieving the target with triumvirate teams from CSUs that are struggling to achieve the target

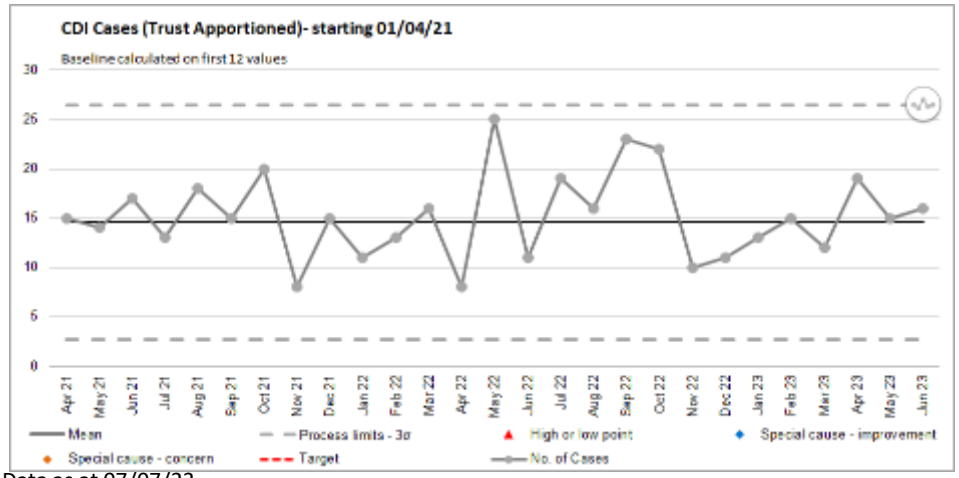
CDI

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: June 2023

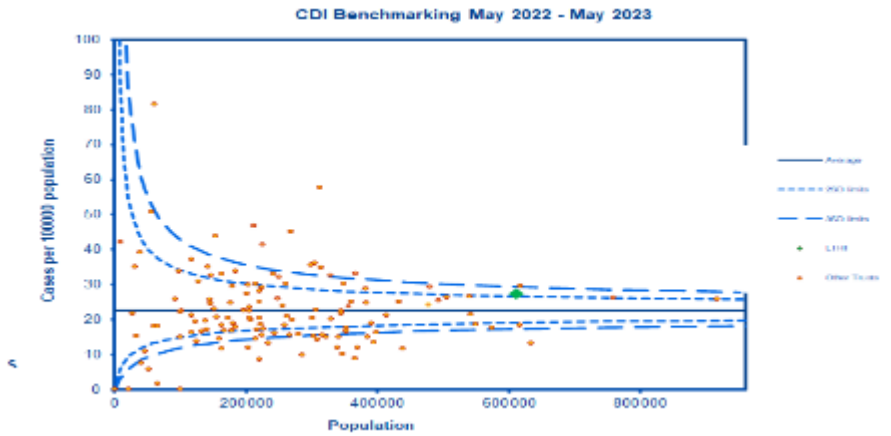
Executive Owner: Helen Christodoulides(Chief Nurse/DIPC)
Management/Clinical Owner: Gillian Hodgson (Deputy Director of Infection Prevention and Control(DIPC)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
NA	NA	R	CC



Data as at 07/07/23

Month	CDI - Hospital Onset Healthcare Associated (HOHA) (actual)	CDI - Community Onset Healthcare Associated (COHA) (actual)	CDI (Subtotal)	CDI (National objective)
Jun-23	13	4	17	13



Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections has been received by the Trust, the threshold is 163 cases.

What does the chart show/context:
First chart displays Trust apportioned CDI cases from April 2021 to June 2023 and shows natural variation around the mean.
The second chart with date range May 2022 to May 2023 shows LTHT's position above the national average, placing LTHT in the 2nd lowest quantile. However, it is acknowledged CDI cases have increased nationally within the last year.

Underlying issues:
The underlying issues continue to include competing priorities for isolation rooms, operational challenges to delivering Hydrogen Peroxide Vapour (HPV) for environmental decontamination and antimicrobial stewardship.

Actions:
New intervention includes a Hydrogen-peroxide vaporisation rolling programme in high risk areas.

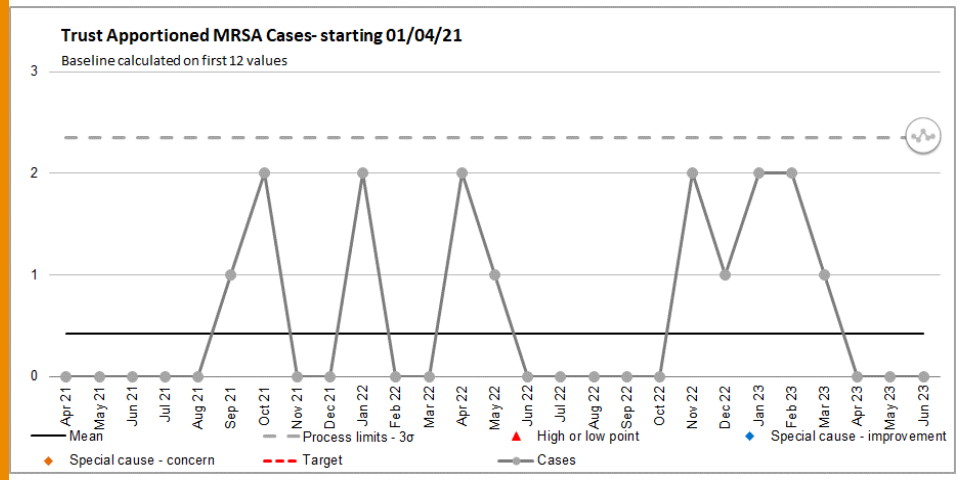
MRSA

The Leeds Teaching Hospitals NHS Trust

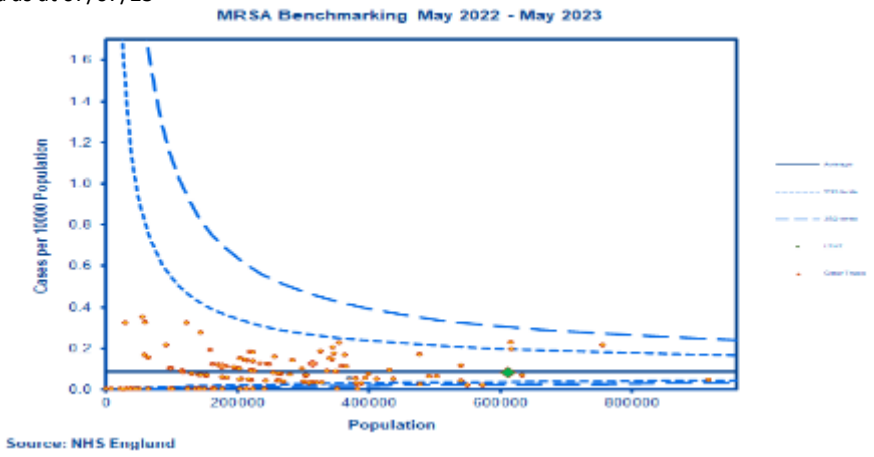
Reporting Period: June 2023

Executive Owner: Helen Christodoulides (Chief Nurse/ Director of Infection Prevention and Control)
Management/Clinical Owner: Gillian Hodgson (Deputy DIPC)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Data as at 07/07/23



Background / target description:
The National 'zero tolerance' approach to MRSA bloodstream infections continues. A post infection review (PIR) takes place for all cases of MRSA bloodstream infections recorded at the Trust.

What does the chart show/context:
First chart -April 2021 to June 2023 shows that LTHT recorded no cases in the first quarter of the year, achieving 91 days since the last recorded case.

The second chart with date range May 2022 to May 2023 displays LTHT's national position remaining centred around the mean.

Underlying issues:
None currently identified

Actions:
Continued support with the development of the surgical site surveillance software.

E Coli & Pseudomonas

The Leeds Teaching Hospitals NHS Trust

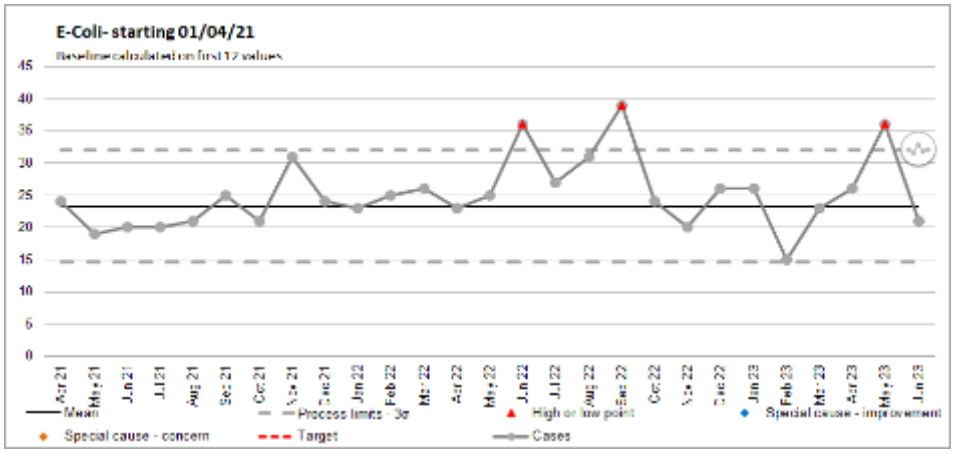
Reporting Period: June 2023

Executive Owner: Helen Christodoulides (Chief Nurse/ Director of Infection Prevention and Control)
Management/Clinical Owner: Gillian Hodgson (Deputy DIPC)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	Y	R	CC

Month	Ecoli - Hospital Onset Healthcare Associated (HOHA) (actual)	Ecoli - Community Onset Healthcare Associated (COHA) (actual)	Ecoli (Subtotal)	Ecoli (National objective)
Jun-23	15	6	21	20

Data as at 07/07/23

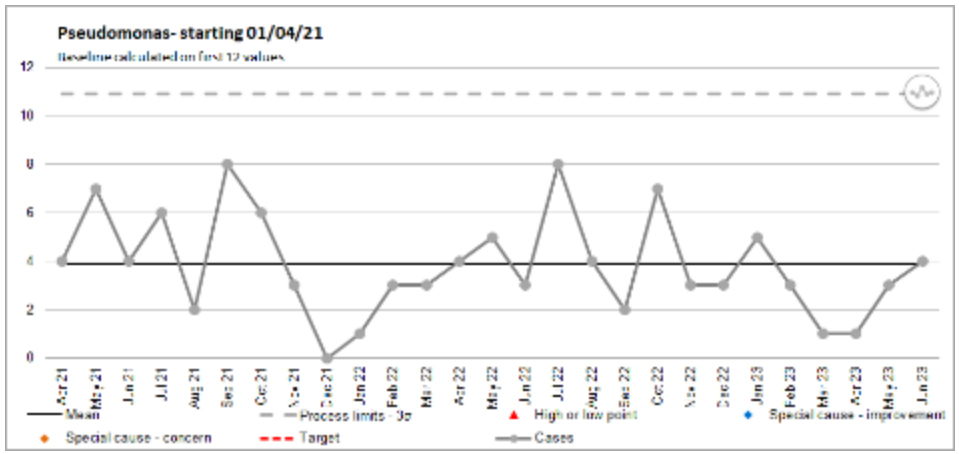


Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections has been received by the Trust, and the threshold for E.coli is 246.

What does the chart show/context:
The chart with a date range of April 2021 to June 2023 shows natural variation around the mean with a reduction in the last month.

Underlying issues:
The root cause of infection differs between CSU's and overlaps with Klebsiella spp. Infections however the management of devices remain a recurrent theme.

Actions:
Support the CSUs with implementing the HCAI annual commitment. Planned Trust wide Point Prevalence Surveillance on urinary catheters to understand (i) number of patients at any one time with a urinary catheter, (ii) Indication for the catheter device, and (iii) infection rate among that group of patients. This will provide CSU specific data to support a targeted response.



Month	Pseudomonas - Hospital Onset Healthcare Associated (HOHA) (actual)	Pseudomonas - Community Onset Healthcare Associated (COHA) (actual)	Pseudomonas (Subtotal)	Pseudomonas (National objective)
Jun-23	1	3	4	3

Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections(BSI) has been received by the Trust. The threshold for Pseudomonas BSI is 40.

What does the chart show/context:
The chart with the date range April 2021 to June 2023 shows an increase in cases, however we remain centred around the mean.

Underlying issues:
Current low numbers indicate the Trust's approach to water safety may be having an impact.

Actions:
Continue to support the IPC standards and Antimicrobial stewardship elements within the HCAI annual commitment utilising LIM Methodology .

Klebsiella

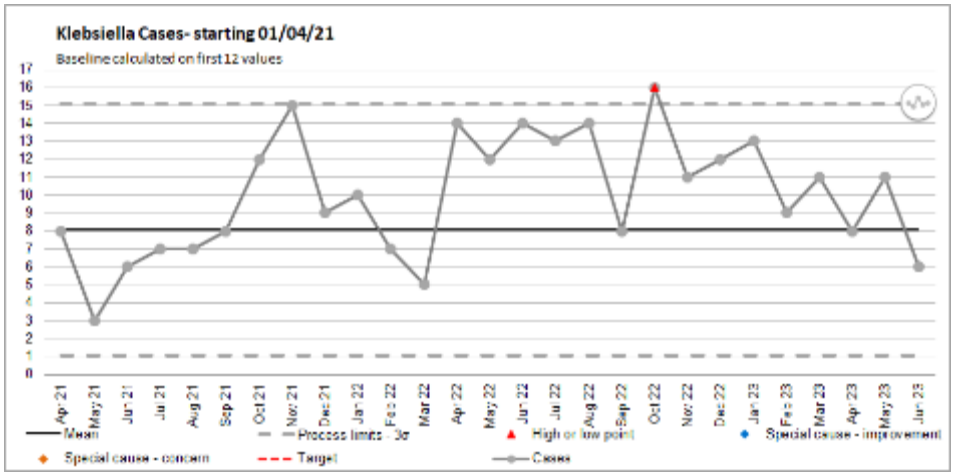
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: June 2023

Executive Owner: Helen Christodoulides Chief Nurse/ Director of Infection Prevention and Control)
Management/Clinical Owner: Gillian Hodgson (Deputy DIPC)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	Y	R	CC

Month	Klebsiella - Hospital Onset Healthcare Associated (HOHA) (actual)	Klebsiella - Community Onset Healthcare Associated (COHA) (actual)	Klebsiella (Subtotal)	Klebsiella (National objective)
Jun-23	6	0	6	7



Data as at 7/07/23

Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections has been received by the Trust, and the threshold is 85.

What does the chart show/context:
The chart with the date range of April 2021 to June 2023 shows LTHT's position fluctuated since April, currently experiencing a downward trend.

Underlying issues:
The root cause of infection differs between CSU's and overlaps with E. coli infections. Current investigation findings suggest prophylaxis on insertion of a urinary catheter may have a role.

Actions:
Undertaking a Trust wide Point Prevalence Surveillance on urinary catheters to understand (i) number of patients at any one time with a urinary catheter, (ii) Indication for the catheter device, and (iii) infection rate among that group of patients. This will provide CSU specific data to support a targeted response.

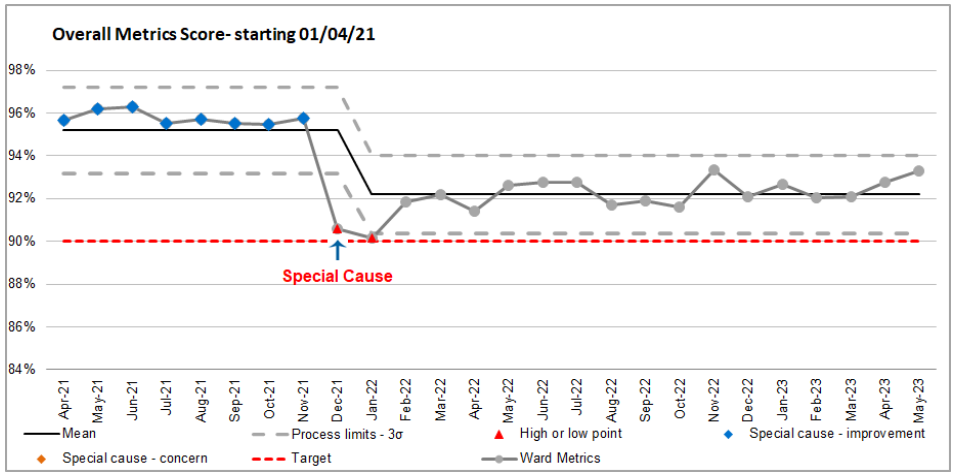
Perfect Ward

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Katie Robinson (Associate Director of Nursing)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	NA	P	CC



Indicators	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Safe													
Overall Metrics Score **	>=90	92.8%	91.7%	91.9%	91.6%	93.4%	92.1%	92.7%	92.0%	92.1%	92.8%	93.3%	-
Overall Patient Level Metrics Score **	>=90	-	-	-	-	-	-	-	-	-	-	-	93.1%
Overall Environment Level Metrics Score **	>=90	-	-	-	-	-	-	-	-	-	-	-	94.8%
Falls	N/A	212	181	195	209	212	232	211	208	225	215	193	195
Falls Resulting in Moderate Harm and Above	=0	8	6	7	10	11	16	11	8	10	13	7	8
Falls Assessment / Mobility (Metrics)	>=90	89.2%	88.4%	89.1%	89.3%	91.0%	88.4%	90.7%	89.7%	89.8%	91.1%	92.6%	89.7%
Pressure Ulcers (Grade 2) (developed)	=0	69	74	60	60	52	76	69	62	54	73	59	41
Pressure Ulcers (Grade 3 & 4) (developed)	=0	4	8	1	2	3	6	0	0	4	5	1	4
Pressure Ulcers (U) and Deep Tissue Injury (developed)	=0	3	12	6	12	9	12	8	9	6	7	2	8
Pressure Area Care / Skin Condition (Metrics)	>=90	91.5%	91.1%	88.8%	89.0%	92.3%	91.3%	90.5%	90.8%	89.5%	89.9%	91.6%	90.5%
Caring													
Mixed Sex Accommodation Breaches	=0	214	242	195	225	245	191	202	178	239	163	179	202

Background / target description:
The Perfect Ward dashboard is a standardised framework for monitoring, reviewing and evaluating data, based against patient safety and experience indicators. The expected Trust standard is above 90%. The ward Healthcheck metrics which feeds into the Perfect Ward is an audit of wards and departments across a range of key areas reflecting the standards of care.

What does the chart show/context:
The run chart illustrates a small increase in the Trust average Healthcheck metrics score for May 23 to 93.3% when compared to April, this continues to be above the mean and remaining above the Trust standard of 90%. This small increase is reflective of education regarding metrics standards.

Underlying issues & Actions (by exception):
The amendments include;

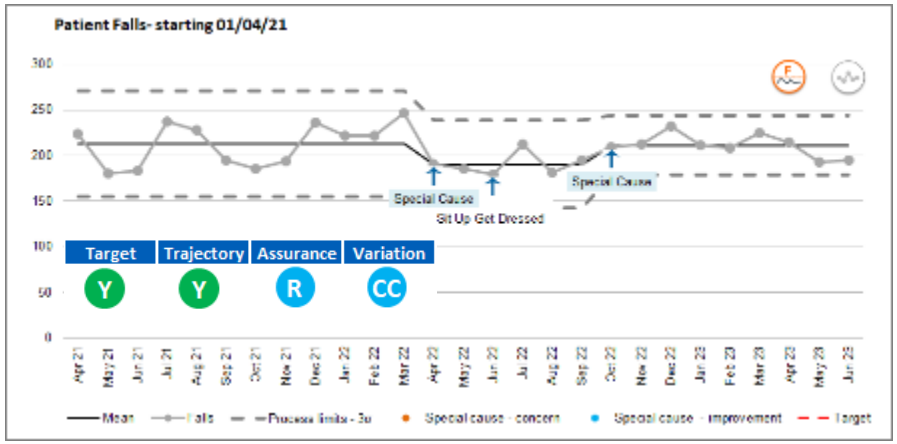
- In June 23 the inpatient metrics questions were changed to align with the Nursing Specialist Assessment, the questions are focused on essentials in patient care. The metrics questions are now split in to environment level and patient level, this allows for wards to focus their improvements for patient safety or care. Training was provided to auditors to ensure they understood the principles and guidance for the questions.
- This change has not impacted the overall Trust score for metrics, both environment and patient level questions achieving the Trust standard of above 90%.
- Reporting of Mixed Sex Breaches widened to include further areas such as HASU, CCU, HOBS areas in addition to ACC in May 22. The number of reported of mixed sex breaches increased in June 23. The MSB QI meetings has identified the increase in mixed breaches is due to delays in patient discharges from stepdown wards, work with the discharge collaborative has begun to support a reduction in MSBs. There has been no PALS complaints regarding mixed sex breaches.

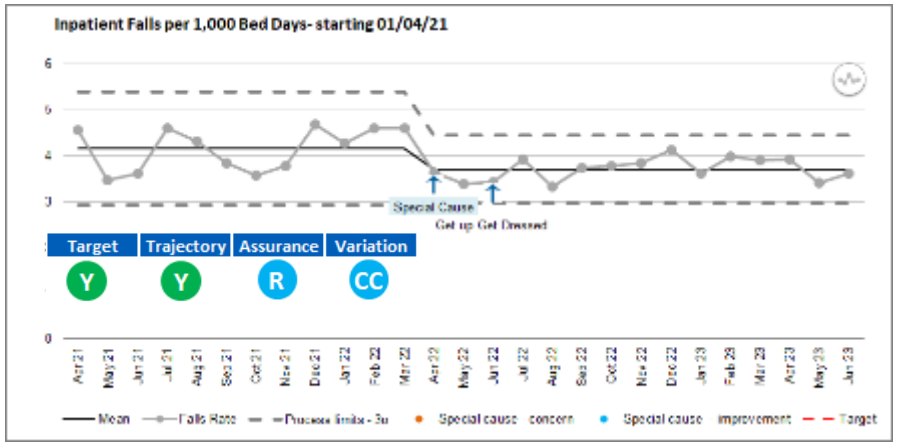
Harm Free Care - Falls

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Katie Robinson (Associate Director of Nursing)
Sub Groups: Quality Assurance Committee





Background / target description:
The prevention of falls is a Trust patient safety priority for 2023/24.

What does the chart show/context:
Between April and June 2023, 602 patient falls were reported, of which 29 resulted in moderate harm or above. All are investigated using RCA, Specialised Falls Review or Stop the Line methods. In May and June 23 a reduction below 200 monthly falls has been recorded for the first time since September 2022. The Trust has maintained a reduction in the rate of falls for Q1 2023, noting that the rate of falls per 1,000 bed days in May 23 has fallen below the mean and remained below in June 23. Despite this, Q1 closed above the falls trajectory established for 2023/24. Contributing factors to falls are associated with the increase number of admissions, increased length of stay leading to deconditioning and increase in patients requiring enhanced care. Further thematic review has highlighted a number of patients not following provided advice on falls risk, gaps in the completion of intentional rounding, L+S BP not completed, falls risk not identified by staff, footwear not in place, call bell not in reach, falls interventions identified, but not initiated.

Actions:

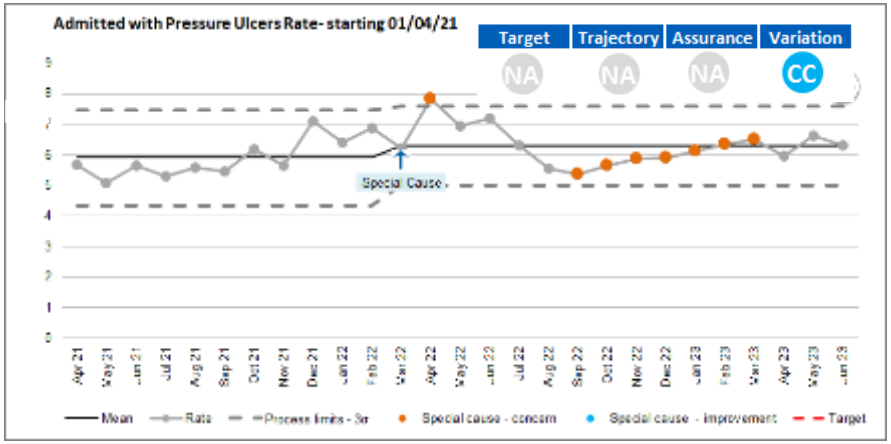
- The Trust 'Falls Collaborative' remains active along with the Trust Falls Prevention Steering Group. The falls QI bundle is currently scaled up Trust wide and continue to trial new interventions and review its progress.
- The escalation process for accessing the Rescue kit has been agreed and the flowchart is now launched. Approval for the purchase of a new falls rescue kit for LGI and the peripheral sites, expected to be completed within the current financial year.
- To continue sharing learning from falls investigation's through the circulation of the upgraded Falls Improvement Bulletin Trust wide.
- Deputy Chief Nurse meets with local teams to review actions where falls with moderate harm and above are deemed to be carrying care delivery factors.
- The patient safety team to support ED with quarterly Falls Prevention & Quality Improvement Review visits to ensure improvement action plans are reviewed regularly and support plans put in place.
- A new post fall proforma is going to be trialled in Q2, alongside new quality questions on Datix system to replace the Stop the Line document, in line with the induction of the Patient Safety Framework.
- A new NAIF aligned falls risk assessment is currently being made, to trial between Q2 and Q3.
- Falls Champions training course has been launched successfully in June 2023.
- The patient safety team are providing training and education to ward staff.

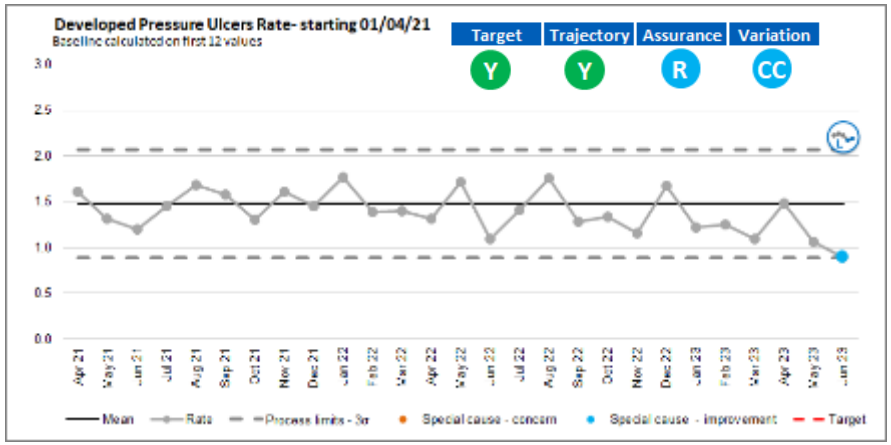
Harm Free Care - Pressure Ulcers

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Katie Robinson (Associate Director of Nursing)
Sub Groups: Quality Assurance Committee





Background / target description: The prevention of hospital acquired pressure ulcers remains a Trust patient safety priority for 2023/24.

What does the chart show/context:
During Q1 2023, 209 hospital acquired pressure ulcers were reported, of which 17 resulted in moderate harm or above. All hospital acquired pressure ulcers are investigated using either the Stop the Line , RCA, or new PSIRF template depending on the severity of harm.
The Trust continues to see month on month variation in pressure ulcer numbers, with the last 6 data points being on or below the mean per 1000 bed days. Year to date, the Trust is currently tracking 1.2% below trajectory for 23/24.
Admitted with pressure ulcers remain within the upper and lower control limits. As part of the citywide work, LTHT have made changes to how staff report admitted with pressure damage and these are now embedded across the Trust.

Pressure ulcer numbers in recent months have been on a general downward trend towards pre pandemic levels. Contributing factors to the higher than normal levels have included increased admissions and bed occupancy, staff shortages, increased length of stay and patients requiring enhanced care /patient acuity.

Actions:

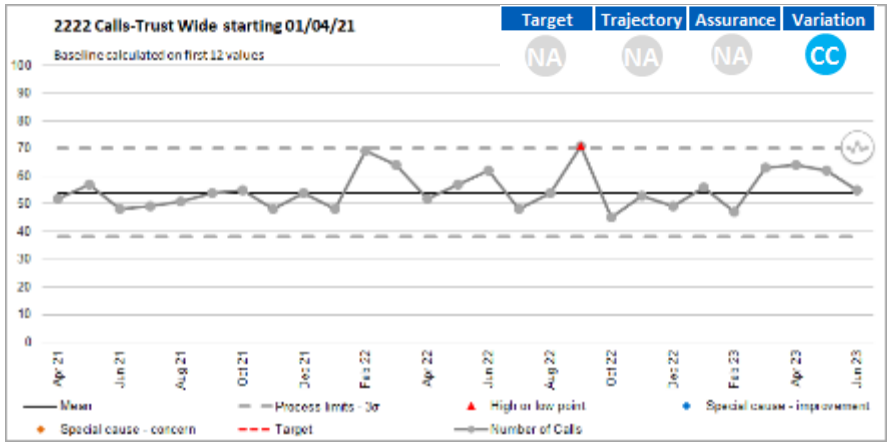
- The pressure ulcer collaborative has moved to bi monthly meetings, with ward walks by tissue viability and the QI partner, this is to encourage staff engagement and promote embedding of the tests of change across the 14 wards.
- Tissue viability team continue to work closely with CSU's, targeting specific areas where an increase in pressure ulcers has occurred, promoting collaborative working.
- Deputy Chief Nurse continues to meet with local teams to review the actions from PU investigations where lapses in care and with moderate harm or above were identified.
- Level 1 eLearning for pressure ulcer training compliance is currently at 80% (green) and 84% (green) for level 2.
- The Trust Pressure Ulcer and Tissue Viability Strategic group receive assurance from CSU's throughout the year regarding their internal pressure ulcer reduction action plans. These are presented to the group on a rolling monthly programme.
- As part of the City wide work to standardise PU training, across the system. The eLfH online eLearning PU training package is now available across the Trust.
- Launch of PSIRF (patient safety incident reporting framework) in Oncology. Pilot began 1st June with positive feedback from teams. Second wave of PSIRF pilot agreed for AMS & TRS, with training currently in progress. Anticipated to launch from 1st August and continue roll out Trust wide for 2023/24.

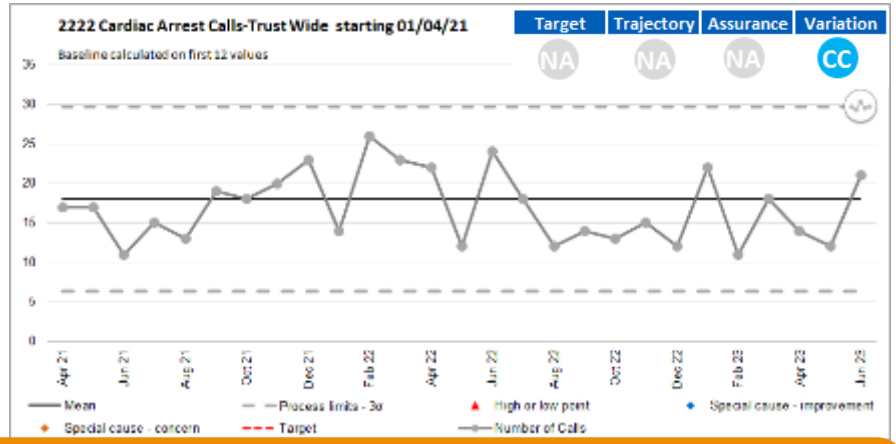
Responding to Risk – 2222 Calls

The Leeds Teaching Hospitals NHS Trust

Reporting Period: June 2023

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: Dr Anna Winfield (Specialist in Elderly Medicine and Quality Improvement) /Dr Ali Cracknell (Consultant for Older People and Associate Medical Director for QI)
Sub Groups: Quality Assurance Committee





Background: In June 2014 14 collaborative wards were identified to utilise the model for improvement as a framework for testing new interventions to reduce avoidable deterioration.
In June 2015 five key successful interventions developed and tested by these teams formed an "intervention bundle" and this bundle was tested at scale across the 14 Collaborative wards. This "intervention bundle" has proven across the Collaborative wards to reduce harm, and improve the quality and reliability of our care.
By November 2015 analysis showed a significant step reduction in 2222 calls on these wards, with earlier response to deterioration and earlier identification of patients approaching end of life.
From 2016 onwards the work has been scaled up CSU by CSU.

What does the chart show/context: A statistically significant improvement in both 2222 calls and 2222 calls relating to a Cardiac Arrest was achieved prior to April-21. This improvement has been sustained.

Underlying issues: The early identification of the Deteriorating Adult has led to an unintended consequence of a reduced confidence when attending Cardiac Arrests. This has been addressed through additional training where required.

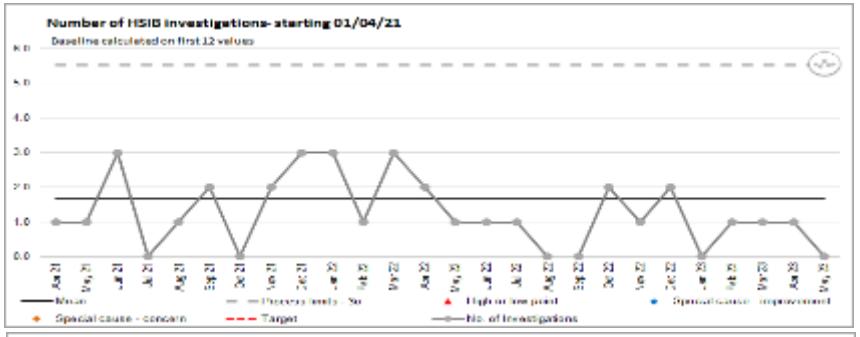
Actions: Work will continue to focus on the CSU's with the largest number of 2222 calls.

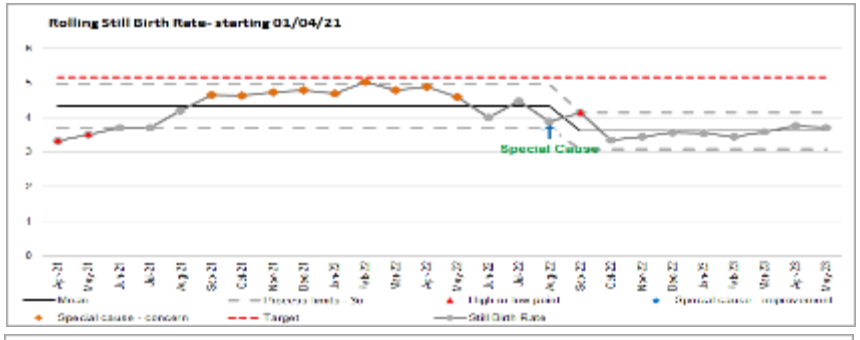
Maternity

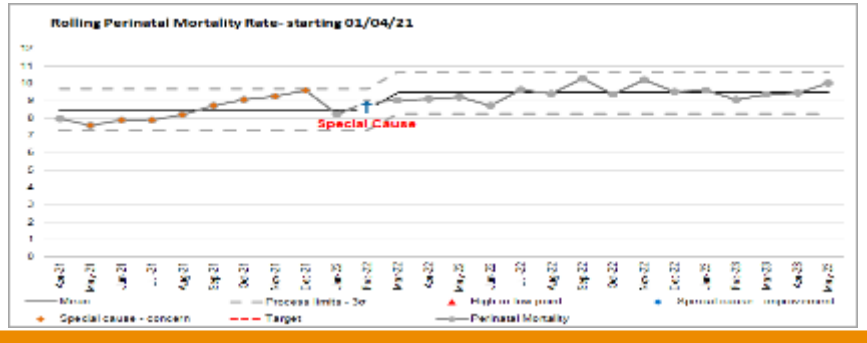
The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Susan Gibson (Director of Midwifery)
Sub Groups: Quality Assurance Committee







May 2023

HSIB referrals
1 new case referred to HSIB in May 2023 associated with a stillbirth. Attended Maternity Assessment Centre and intrauterine death confirmed on admission. Proceeded to spontaneously labour and progressed to a normal birth.

Neonatal deaths

There have been 8 neonatal deaths in the reporting period:
- 1 x SUDIC (Sudden Unexpected Death In Childhood)
- 3 x extreme prematurity
- 4 x Congenital abnormalities

Stillbirths

There have been 2 stillbirths in May 2023.
- 1 associated with late booking and intrauterine death confirmed on routine fetal assessment scan at 26 weeks gestation
- 1 associated with reduced fetal movements reported by the mother and fetal death confirmed on scan at 24+4. Baby noted to be small for gestation and reduced liquor.

All of these cases will be fully reviewed through the PMRT process by a multidisciplinary team and actions developed accordingly.

Moderate Harms
There were 50 moderate harm incidents reported in May. All cases have been reviewed and Duty of Candour letters have been sent. The common incidents are postpartum haemorrhage, unexpected admission to the neonatal unit and Obstetric Anal Sphincter injury, return to theatre and maternal readmission.

Serious incidents – There have been no other serious incidents identified May 2023.

Reduce Average Length of Stay by 0.5 Days per Patient

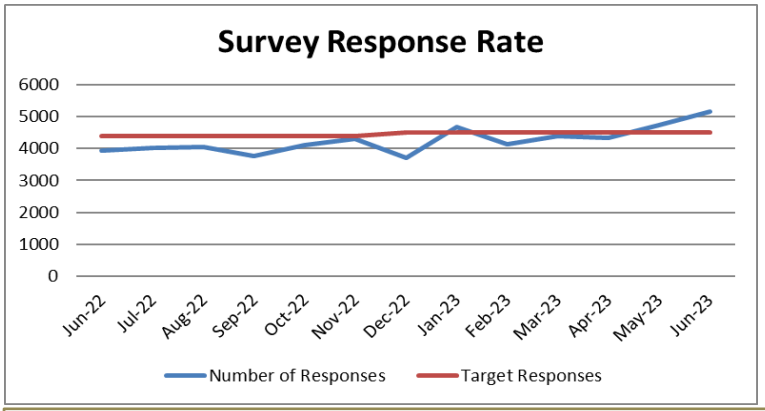
Patient Environment – Patient Catering

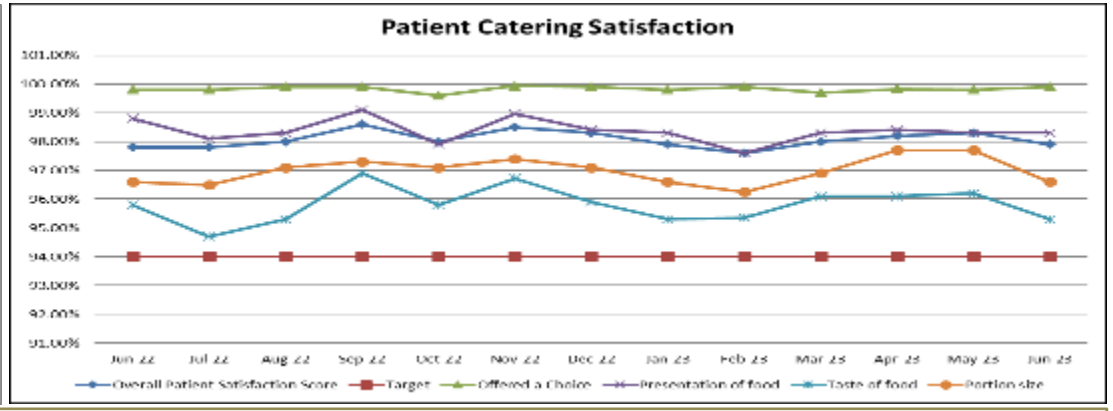
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Chris Ayres (Associate Director Facilities Operations)
Sub Groups: N & HC SG

OUR 7Cs





Background:
We proactively seek feedback directly from our patients with regards to the service we offer, particularly around the standard of service, choice range and quality. We routinely receive over 3500 patient satisfaction surveys each month across our hospitals (SJUH, LGI & Chapel Allerton) regarding the patient meal experience.

What does the chart show/context:
The survey asks 12 different questions covering: offered a choice, healthy options, presentation of food, taste, temperature, portion size, ease of ordering, menu style, meal times, attitude of staff and overall satisfaction of the service. These separate questions are used to calculate the above overall score which is shown as an average. The response rate has increased above the target across all areas combined, the satisfaction scores have decreased for the overall satisfaction, taste and portion size elements, although the scores have still exceeded the target for Patient satisfaction across 12 different service elements.

Underlying issues:
The main patient meal supplier went into administration early in this period which had the potential to cause significant issues. The team worked extremely hard to ensure the transfer to a new supplier was as successful and seamless as possible, but inevitably this process could be responsible for the slight fall in satisfaction scores due to numerous short notice changes to the food items supplied to Patients. The nutritional requirements and quality of product has never been compromised or reduced during this time.

Actions: Continue to proactively monitor patient satisfaction and react to unfavourable menu items as required. Continue to work with suppliers and manufacturers to proactively drive up patient satisfaction, in respect of taste and quality, to match the delivery and range of food scores that we achieve.

Reduce Healthcare Associated Infections

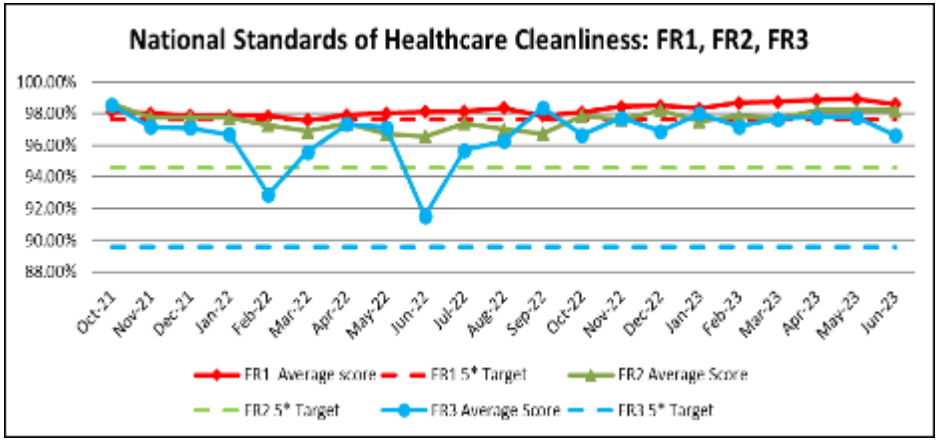
Patient Environment - Cleaning

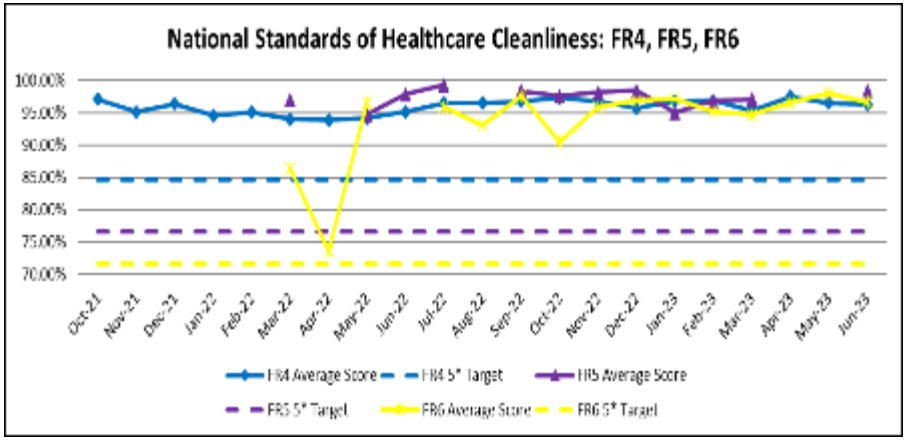
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Chris Ayres (Associate Director Facilities Operations)
Sub Groups: HCAI and IPCC

OUR 7Cs





Background: Cleaning:
A range of independent measures are used to ensure the provision of a clean and safe environment. The National Standards of Healthcare Cleanliness (NSoHC - 2021) have been fully implemented within the required time frame. Risk ratings are now calculated across 6 risk categories FR1 to FR6, as well as a percentage cleanliness score. Areas are given a star rating between 1 star (poor) and 5 star (excellent).
(FR1 (e.g. HDU/ Theatres) are audited twice a month, FR2 (e.g. All General Wards) are audited monthly, FR3 (e.g. Departments) are audited every 2 months, FR4 (e.g. OP Clinics) are audited quarterly, FR5 (e.g. Low risk departments i.e. Medical Physics) are audited every 6 months and FR6 (e.g. Very low risk departments; i.e. Medical Records) are audited annually.)

What does the chart show/context:
As in previous reporting periods, the Trust remains above the national targets in all functional risk areas.

Underlying issues: The standard of cleaning continues to remain high, with additional cleaning measures remaining in place due to localised infection outbreaks. The NSoHC have been in place excess of 12 months, with the audit results showing a positive improvement. Resources remain under pressure from surges in activity and fluctuating infection rates within the community.

Actions: Continue to flex cleaning resources, methodologies and frequency to meet the ever changing demand. Continue to deliver the NSoHC with comprising additional services include wall washing and 'pop up'/enhanced cleaning teams to deal with localised infection outbreaks. A trial of automated/robotic cleaning machines in circulation areas commenced in June and will be reviewed prior to being rolled out further.

Reduce Average Length of Stay by 0.5 Days per Patient

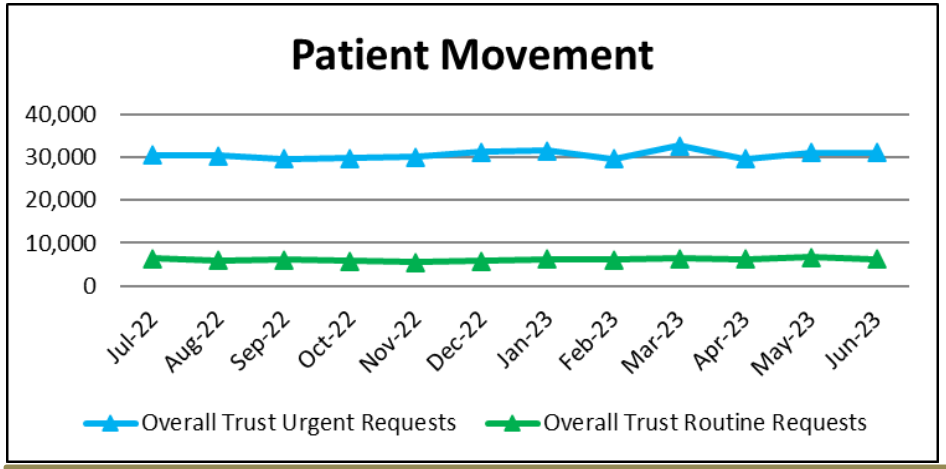
Patient Environment – Portering

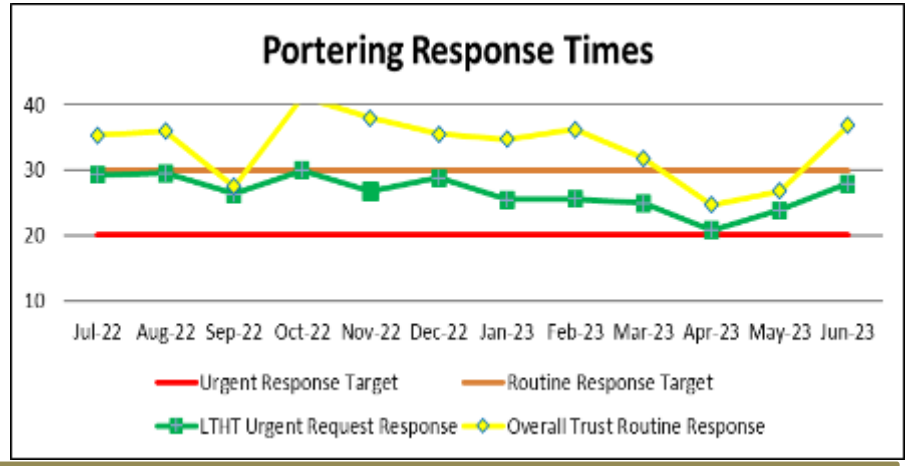
NHS The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Chris Ayres (Associate Director Facilities Operations)
Sub Groups: HCAI and IPCC

OUR 7Cs





Background:
This graph summarises the patient movement related activity which the Trust porter teams respond to.

What does the chart show/context:
Activity in this reporting period has remained unchanged, with the demand on services remaining high due to surges in activity. Some patient movements are carried out directly under the instruction of individual clinical areas, such as in Radiology with the direct deployment of porters by clinical staff, removing the need for them to be recorded via CARPS - the porter task management system. This does mean that all these tasks are not included in the above data set. Overall response times have deteriorated this period following an improvement during the last reporting period.

Underlying issues:
Ad hoc short notice requests as the Trust reacts to the changing position regarding patient flow. Staffing has improved, but the challenge in effective attendance management remains.

Actions:
Porter activity is flexed as required to support the need for rapid discharge and to support patient flow.

Improve Staff Retention

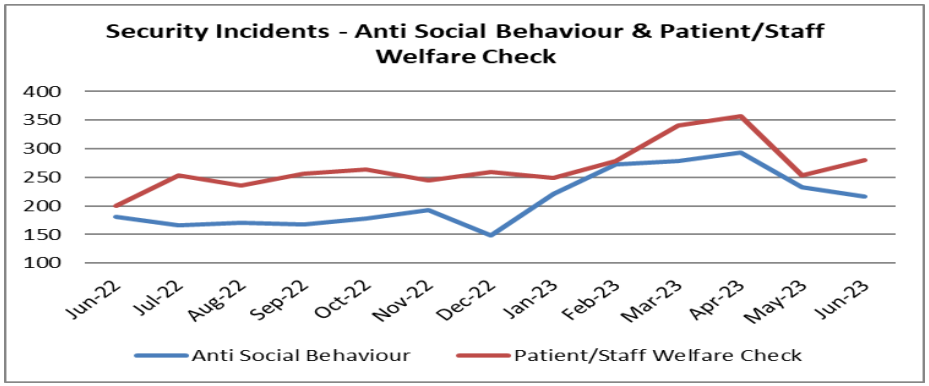
Estates - Security

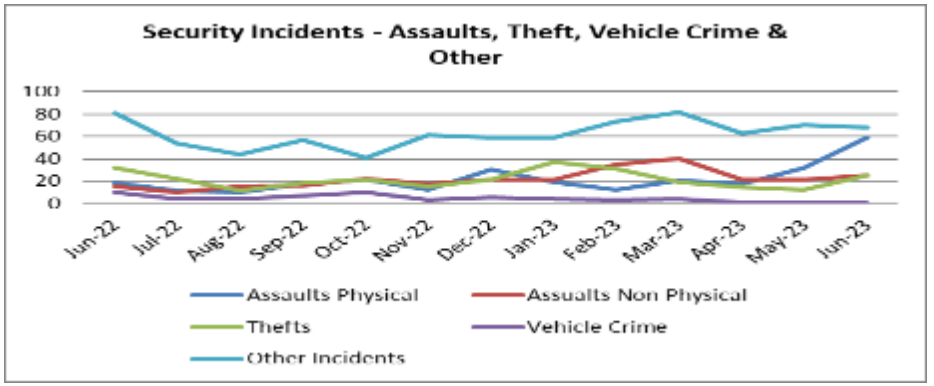
NHS The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Peter Aldridge (Associate Director Estates Operations)
Sub Groups: **PPRG, RMC**

OUR 7Cs





Background: This graph summarises the security related activity that the teams respond to.

What does the chart show/context: Both physical and non-physical assaults on staff have seen an increase, particularly physical assaults. Additional resource continues to be deployed within the ED's on both sides of the city, which has recently reduced to cover out of hours only, this does assist in reducing the impacts and longevity of incidents. Interviews for a Violence Prevention and Reduction (VPR) Co-ordinator have concluded, with the post being filled from 21st August 23. Revised DATIX reports are produced monthly and a key role of the VPR Co-ordinator will be to carry out a thematic review and identify the root causes of incidents. There has been an increase in patient/staff welfare checks, which is in part as a result of our drive to provide a "safe and secure environment" for patients, visitors and colleagues, This is positive as the Team deliver a responsive service to staff welfare. ASB incidents have seen a continued increase and interactions with partner agencies continue. Other Incidents show a decrease, these incidents include fire calls, assisting in car parking operations and lost property issues. Of the other incidents MISPERS are included and work with CSU's continues. Vehicle crime remains low, and there has been an increase in thefts.

Underlying issues: Analysis of security activity data continues so resources can be deployed in a proactive manner. Wide stakeholder work continues internally to address the violence and aggression issues and partnership work with external agencies continues to address ASB. Security Teams have an increased presence in "hot spot areas". Of the physical assaults reported a greater number come from individuals without capacity rather than those with capacity.

Actions: Work continues with our "challenging behaviours collaboration" to seek a reduction in assaults. Our focus on data and metrics provides further assurance and governance from the violence prevention and reduction steering group. Team working with corporate nursing colleagues continues in order to reduce missing patient calls. Further work has commenced to provide clarity on the percentage of assault related to individuals both with and without capacity.

Achieve the Access Targets for Patients

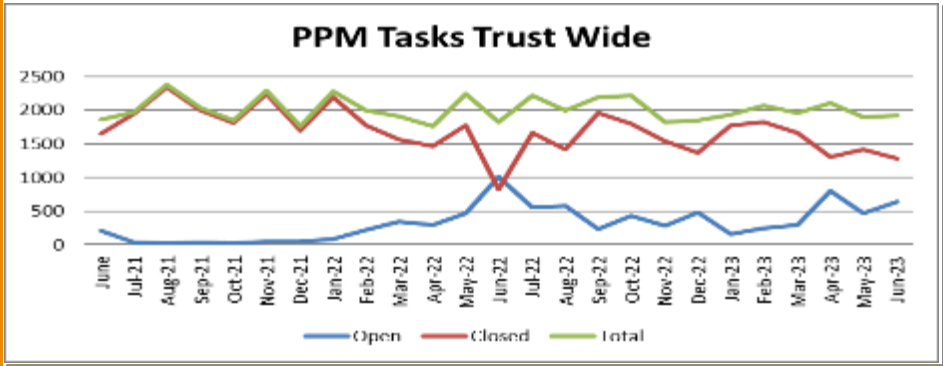
Estates - Operational

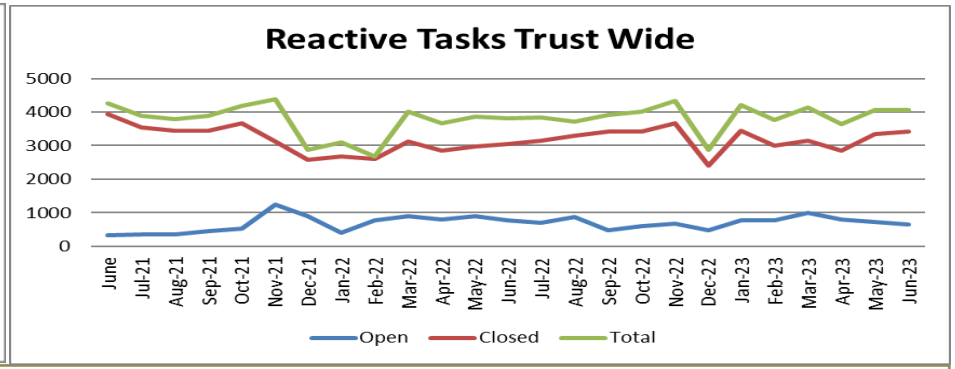
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Peter Aldridge (Associate Director Estates Operations)
Sub Groups: Estates & Facilities F&P

OUR 7Cs





Background:
The graphs show the number of planned preventive maintenance (PPM) and reactive maintenance (logged on helpdesk) tasks completed and those awaiting completion by month. There are no Estates issues that are impacting on the ability to deliver clinical services.

What does the chart show/context:
The total number of PPM's is not the same each month as the frequency is not uniform across the year. There has been a decrease in the number of completed PPM's. Reactive maintenance usually follows a similar trajectory each month however, there has been a slight increase in the number of reactive tasks not completed. The number of open jobs shows a slight decrease.

Underlying issues:
All clinical areas of the Trust continue to be under pressure and accessing these areas remains a challenge, as does the need for the workforce to be flexible in terms of responding to changes to the estate at short notice. The teams have provided a response to reset and recovery, unprecedented system pressures, CQC inspections, service changes, capital commitments, HoTF, GSC refurbishment and BtLW challenges. Being responsive to recovery actions is at times challenging, as it restricts the ability to focus on PPM and reactive tasks.

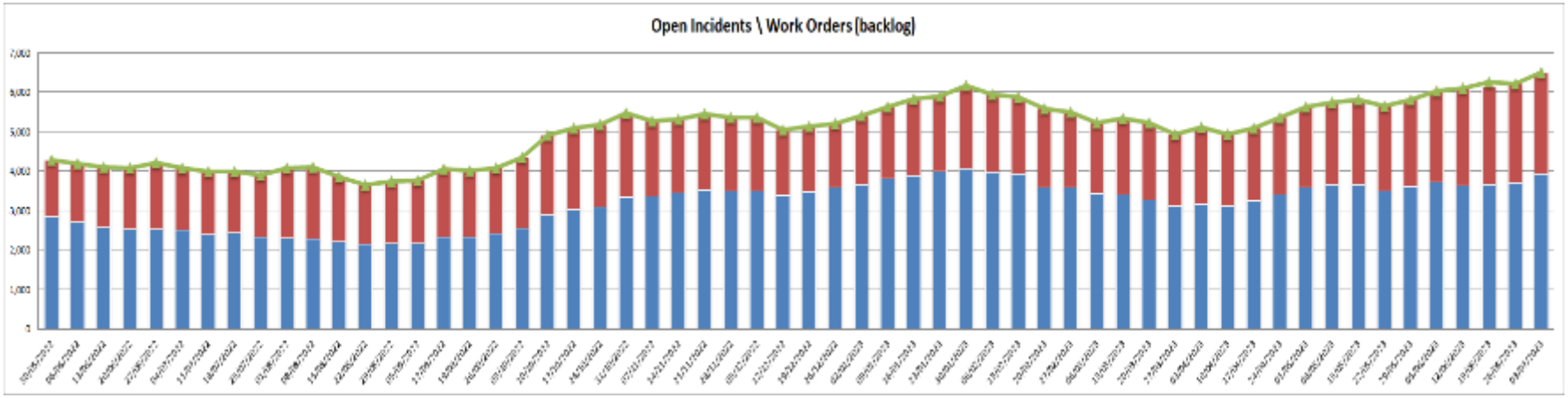
Actions:

- The team will continue to focus on PPM and reactive maintenance and will flex resources to balance increased activity and outstanding tasks. Trailing combined roles at peripherals and cross trade working – continues and remains under review.
- Continue to work to address issues with the estates management system (K2) as some jobs are potentially sitting in the system that have been completed or duplicated – LIM methodology workshop has held in April to focus on this issue, with the findings now being implemented
- Continue to work on the Workforce Strategy to focus on deployment of resources. High vacancy numbers at SJUH is affecting reactive/PPM tasks and compliance

Service Delivery (Backlog)

The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023
Sub Groups: DIT Committee



Background/Description:
Backlog refers to the number of outstanding or unresolved Incidents and Work Orders. When demand outstrips the ability to service these requests, there will be an increase in the overall backlog number.

What does the chart show:
The overall backlog trend is increasing.

Underlying Issues:
The legacy hardware and software issues within the End User Compute environment is a key driver in the backlog. It is anticipated that completion of the EUCMP will have a positive impact on the backlog and future trend. There has also been an increase in System Administration and accommodation requests to support estates changes and operational requirements.

Actions:
Weekly review sessions are now in place across key resolver teams to understand demand drivers and identify improvement opportunities. The EUCMP now includes a weekly operational review of the impact of the programme on BAU ticket numbers.

PDLC KPIs

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: End of June 2023 position

Background/Description:
DIT manage and monitor a large number of projects in a controlled way via the The Project Delivery Lifecycle (PDLC) Methodology. PDLC tracks Projects through a 7 Stage Process from Expression of Interest (EOI) to Project Closure on successful delivery. Some small projects are also managed as PDLC Lite as they do not require all 7 steps of PDLC.

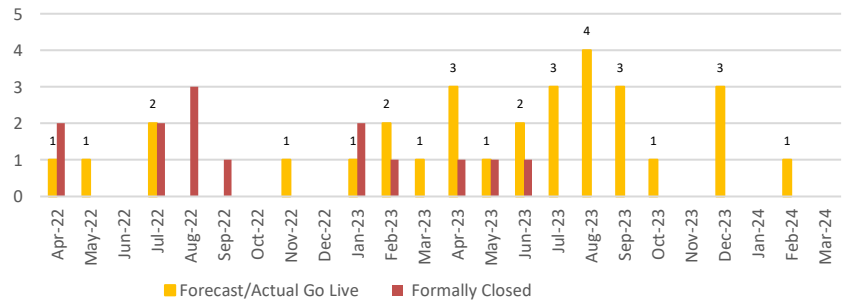
The team manage demand and prioritise requests via the clinical and Operations lead prioritisation group.

What do the Charts Show:
That the projects are in control and well monitored. It demonstrates that demand for DIT resource exceeds are capacity.

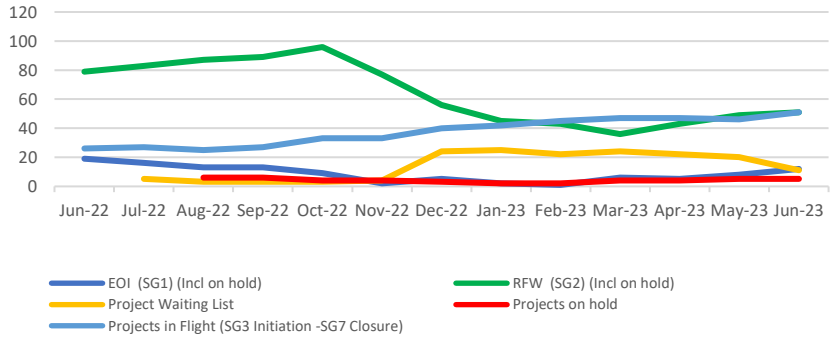
Underlying Issues:
Demand of our resource exceeds our capacity.

Actions:
Work with colleagues to prioritise appropriate work or look for additional funding streams.

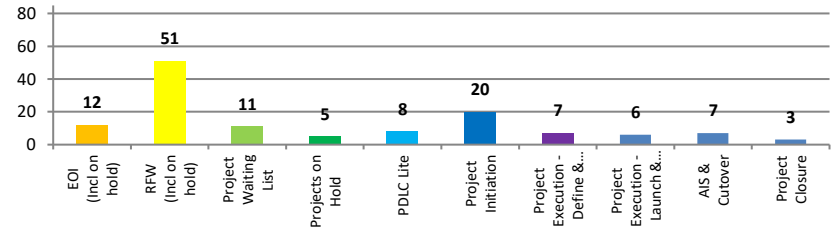
VOLUME OF PROJECTS FORMALLY CLOSED, BASELINE & FORECASTED/ACTUAL GO LIVE DATES



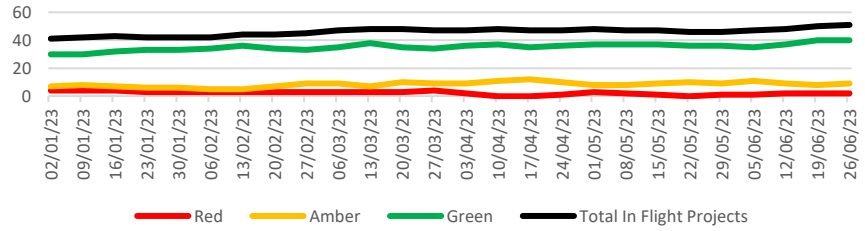
NUMBER OF PROJECTS PER STAGE GATEWAY (SG) - TREND



NUMBER OF IN FLIGHT PROJECTS PER PDLC STAGE



INFLIGHT PROJECTS WEEKLY RAG STATUS TREND



RED AMBER AND GREEN PROJECTS

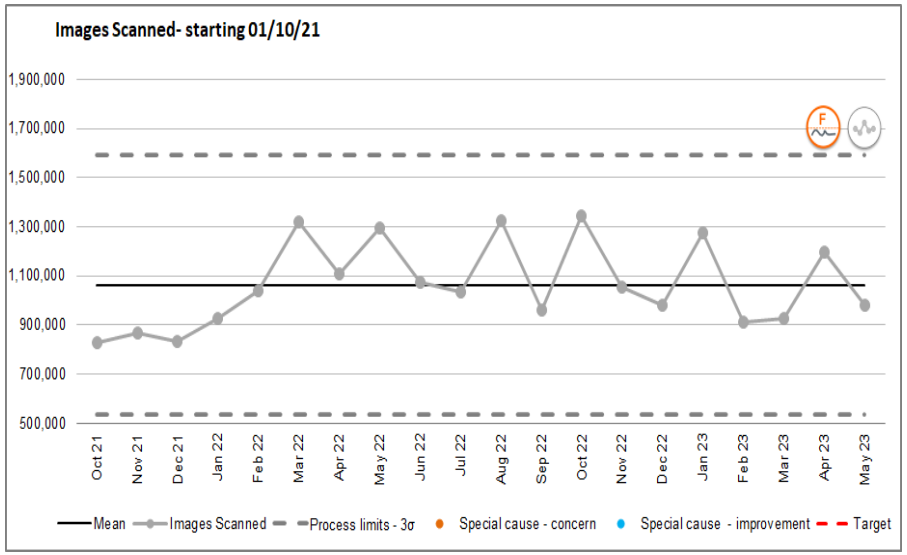
2	9	40

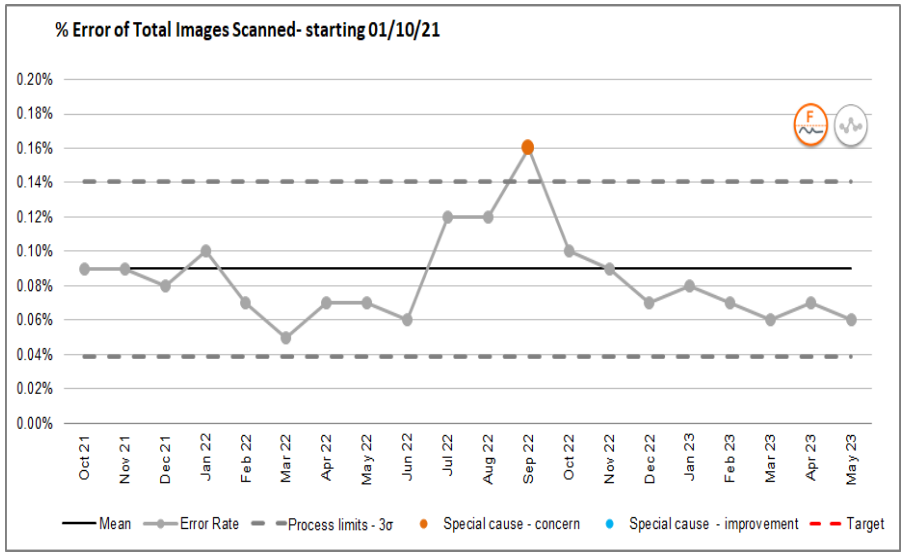
DM504- Leeds Genomic LIMS-LTHT project is **RED** as project plan is not yet approved/ published (currently in draft), lack of visibility of the regional governance structure, SQL/ Staging Server requirements identified and GLH Migration and Test Plan to be distributed: this will provide process to be supported.
DM051 – Personal Health Record (PHR) - Go-live at risk as resolution to below issues has caused delays and LIVE config cannot commence until fix is in place.

Medical Records – Images Scanned

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023
Sub Groups: DIT Committee





Background / target description: Clinic Pulls and Email requests used to be the core business of the library and now hardly requested due to the health records being available on PPM+. Focus is on scanning back log and reducing scanning errors

What does the chart show/context:
Difference in how the Library works with records now being available on PPM+ so records no longer required in paper form. Due to digitisation our quality process have evolved over time.

There was slight variation on how some team members were documenting/recording errors.

The errors have arisen due to a combination of factors i.e. human errors occurred during the prep/scanning process, Allergy alert missed, mixed patients and errors from wards.

.

Underlying Issues: None.

Actions: None

Workforce Planning

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jo Buck (Deputy Director of HR)
Sub Groups: Resource Management Group

Staff Survey – Picker (Provider of national staff survey) provide weighted annual reports identifying where a question has changed by a statistically significant amount which will be used to assess LTHT Performance

Measure	22/23 Score	22/23 Target	23/24 Target	Score
CSU workforce plans matured to align to achieving our in year commitments with underpinning actions plans and CSU assurance / governance in place.	N/A	N/A	100% by 31.7.23	1 of 18
Reduce Agency Spend	£30.4M	90% of 21/22	3.7% of Total Pay Bill	2.78%
Registered nursing workforce trajectory on plan		Achieve Nursing Trajectory	Achieve Nursing Trajectory	
Optimal management of vacancies	8.6%	Improvement on last year	Maintain or improve last year	7.27%
Voluntary Turnover	8.4%	Within SPC measures	Within SPC measures	8.14%
National Level of Attainment (% of staff deployed via e-roster) **(move to longer term targets)**	78%	78%	90%	79%
National Level of Attainment (% of staff deployed via e-Job Plan) **(move to longer term targets)**	45%	45%	90%	45%
Improve Staff Survey Response to the question 3i"there are enough staff at this organisation for me to do my job properly"	27.2%	Improve + maintain above average	Statistically Significant Improvement	

Background:

- Supported by the Senior HR Business Partners (SHRBPs) , all CSUs are currently developing their retention A3s and are refreshing their workforce plans to be aligned.

Updates:

- SHRBPs are working with CSUs to ensure actions arising out of the CSU specific Retention commitments are included in the CSU operational workforce plans with a target completion date of 31st July 2023.
- The agency cap for 2023/24 has been set by NHSE at 3.7% of the pay bill equating to approximately £3.1m per month. In April and May 2023, the Trust was achieving this target with expenditure of £2.5m.
- The increase in vacancies from 3.9% in March 2022 to 8.6% in March 2023 is as a result of nursing establishment increases from April 2022 (RN by 150 WTE and CSW by 221 WTE). SHRBPs are working closely with CSUs and corporate teams to ensure operational workforce plans include actions to address high vacancies and exploration of alternative recruitment options such as alternative roles and apprenticeship options. CSU vacancy information is also monitored weekly at the HR huddle as well as monthly in a join Finance/HR meeting.
- E-job planning digitisation is paused until November 2023 and project resource redeployed to focus on Operational HR Priorities. Work is continuing to improve the quality of the paper -based Job Plans in preparation for digitalisation.

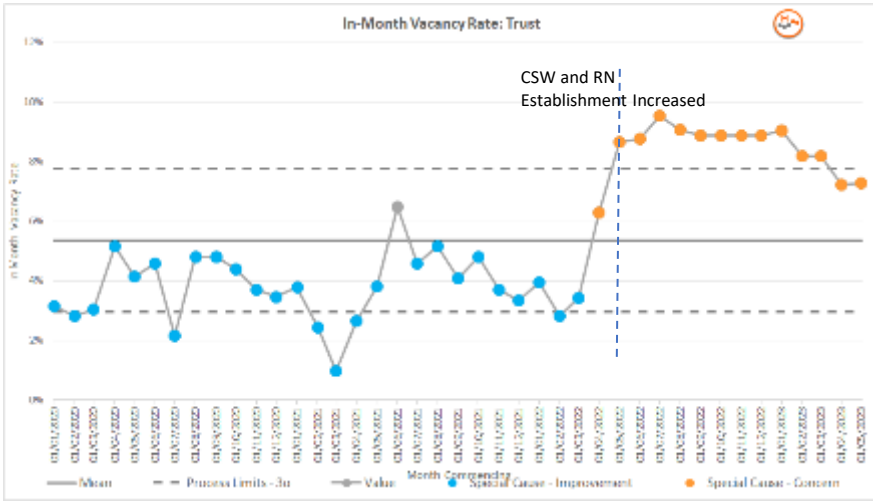
Actions:

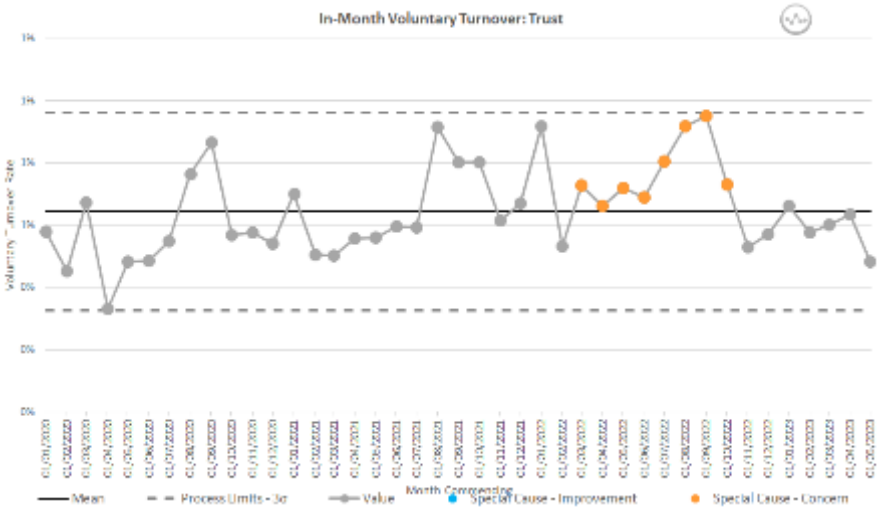
- The Trust Expenditure Review group has recently been established which will review all Trust vacancies for assurance.
- The NHS Long-term Workforce Plan has been published and further work is required to understand what work may be required to support its implementation.
- CSUs are undertaking further work to support staff retention as part of their A3 plans to support the 7 in-year commitments for 2023/24.

Workforce Planning

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jo Buck (Deputy Director of HR)
Sub Groups: Resource Management Group



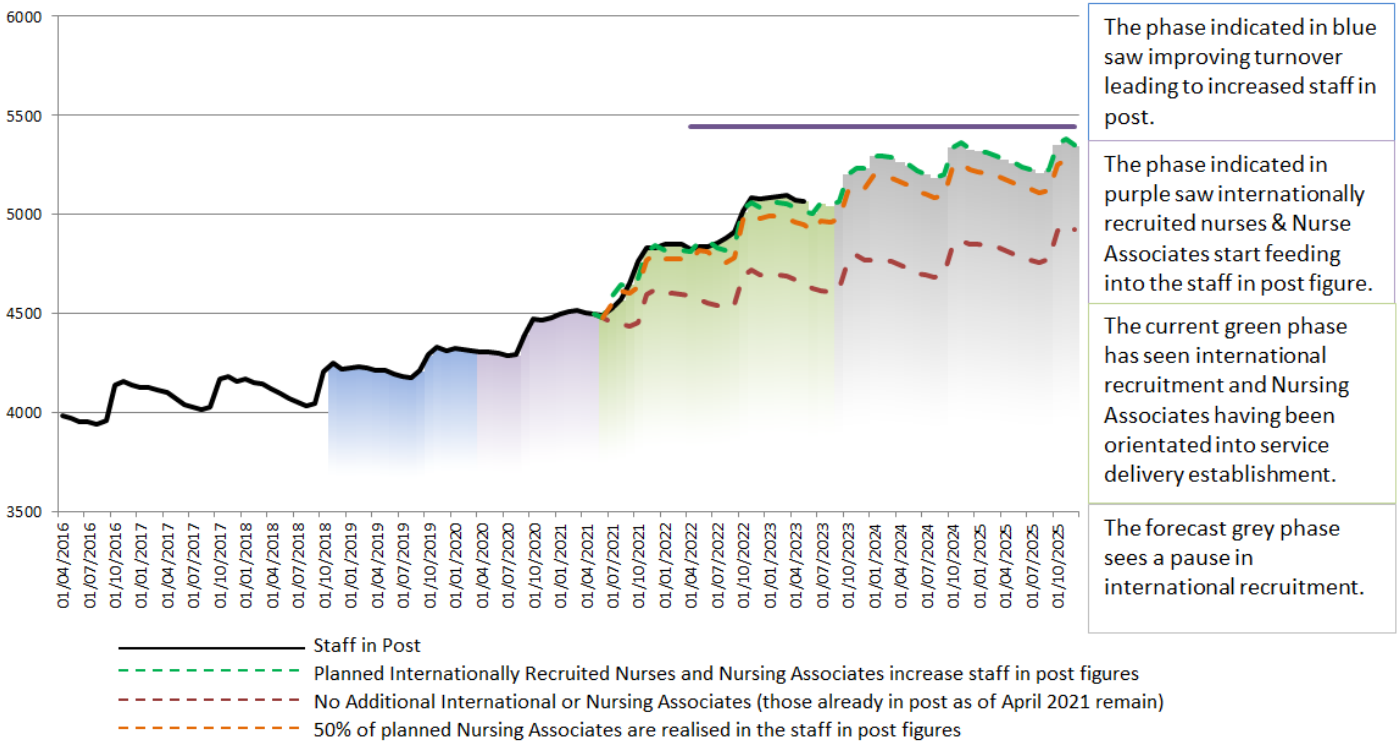


Scenario Planning to increase RN/RNA Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Lisa Gibson (Head Of Nursing And Midwifery)
Sub Groups: Resource Management Group



The phase indicated in blue saw improving turnover leading to increased staff in post.

The phase indicated in purple saw internationally recruited nurses & Nurse Associates start feeding into the staff in post figure.

The current green phase has seen international recruitment and Nursing Associates having been orientated into service delivery establishment.

The forecast grey phase sees a pause in international recruitment.

What does the chart show/context:

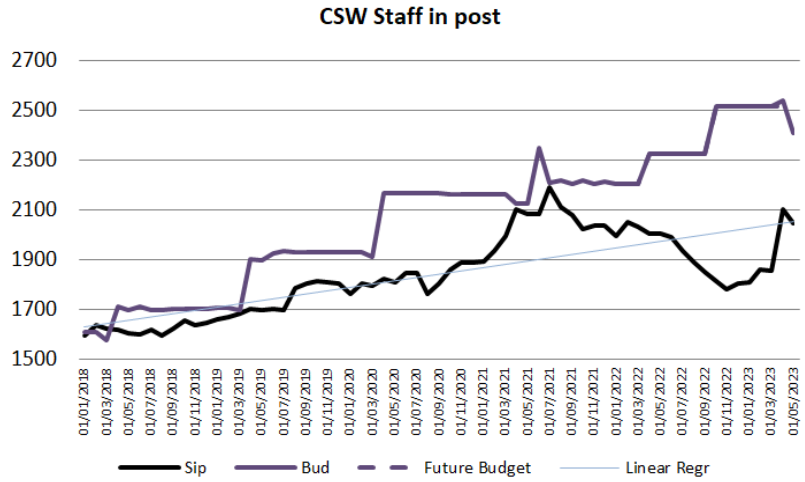
Since January 2023 the RN vacancy has reduced from 546.41 WTE to 483.99 WTE in May 2023. Turnover has also improved from 7.33% in January 2023 to 6.70% in May 2023.
Through international nurse recruitment 160 WTE nurses have commenced in post between January 2023 and March 2023 with nurses being deployed to CSUs with the highest vacancy rate. A further 93 WTE nurses are recruited and will join the Trust in July 2023 to support areas where additional temporary wards are open. This will allow us to exit high-cost agency workers from the organisation by the end of September 2023.
The vacancy position will significantly improve once internationally recruited nurses have been in a Band 5 post a full month due to the way vacancies are calculated from the ledger.

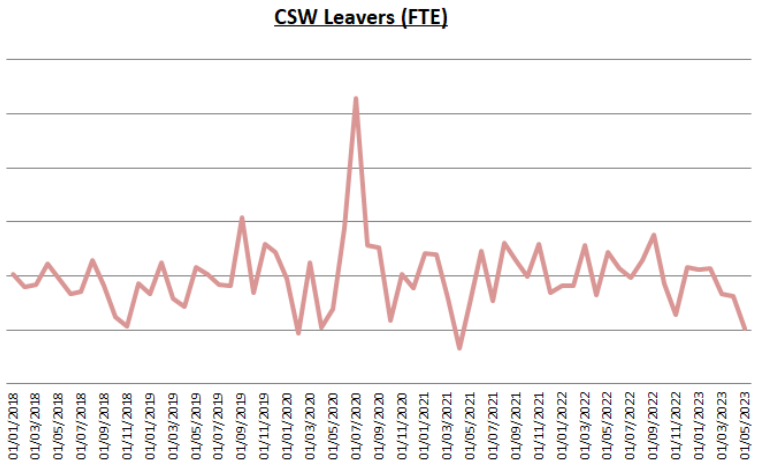
Scenario Planning to increase CSW Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Helen Christodoulides (Chief Nurse)
Management/Clinical Owner: Lisa Gibson (Head Of Nursing And Midwifery)
Sub Groups: Resource Management Group





What does the chart show/context:

Unregistered - CSWs
The CSW vacancy has reduced from 516.07 WTE (January 2023) to 257.87 WTE (May 2023). Turnover has also improved from 11.11% in January 2023 to 10.29% in May 2023.
The New to Care trainee CSW recruitment programme continues to be successful with a further 150 WTE CSWs to commence training by the end of September 2023.
The vacancy position will significantly improve once new starters have been in post a full month due to the way vacancies are calculated from the ledger.

Unregistered – Apprentice Nurses
All other cohorts are on track and running as planned.

Clear Performance Expectations

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jo Buck (Deputy Director of HR), Chris Carvey (Deputy Director of HR)
Sub Groups: Executive Directors

Measure	22/23 Score	22/23 Target	23/24 Target	Score
All new staff complete corporate induction	99%	90%	90%	100%
All new staff complete a local induction	82%	90%	90%	88%
All available Agenda for Change staff receive an appraisal	92%	90%	90%	
Do you feel this appraisal discussion has been helpful and valuable? (AfC Appraisals completed on training interface)	90%	90%	90%	
All medical staff receive an appraisal	98%	95%	90%	
Staff Survey Question 3A: "I always know what my work responsibilities are"	86.4%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21b: "Appraisal helped me improve how I do my job"	18.8%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21c: "Appraisal helped me agree clear objectives for my work"	30.7%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21d: "Appraisal left me feeling organisation values my work"	27.4%	Improve + maintain above average	Statistically Significant Improvement	

Background:

- Medical Appraisal – Appraisal cycle runs from 1st April - 31st March.
- Agenda for Change (AfC) Appraisal Season commenced on 1st April and is scheduled to be closed in Mid-July 2023.
- Local Induction - is completed by line managers for new starters within 28 days of commencing employment with LTHT.

Updates:

- Medical Appraisal – New 2023/24 cycle underway. 39% non-completion rate to date for those who should have undertaken in April and May.
- Local Induction is reporting 88% which is an increase of 9% from the previous IQPR. Current completion figure for local induction is the highest completion rate reported since the pandemic. The increase is a result of additional admin processes that include a simplified Local Induction form and improved messaging in relation to local induction.
- AfC Appraisal completion data will be made available in August 2023.

Actions:

Medical Appraisal – CSUs are receiving monthly emails regarding completion rates with actions to undertake for overdue appraisals.

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jenny Lewis (Director of HR & Organisational Development)
Sub Groups: WYAAT HRD Group, LSWB, Academy

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Leeds Health & Care Academy – Progress update against programme of work	N/A	N/A	N/A	
West Yorkshire Association of Acute Trusts – Progress against Workforce elements of strategy	N/A	N/A	N/A	

Updates: Comments:

Leeds Health and Care Academy – overall updates on slide 8, to highlight:

- 289 LTHT staff have signed up to the new city-wide Leeds Learning Portal. Using the portal will enable more staff to access the breadth of opportunities offered through the Academy, and is being actively promoted through the Learning Prospectus, social media and organisational communications. In 2023/24 we anticipate a continued increase in staff accessing learning and development opportunities through the Learning Portal and continued strong partnership across our teams.
- The Academy's Talent Hub continues to make a positive impact over the first quarter of 2023, strengthening its role in narrowing inequalities as well as providing high quality, timely services to support recruitment into priority roles within LTHT, including new to care boot camps and bio medical science.

WYAAT (West Yorkshire Association of Acute Trusts)

- Community Diagnostic Centres (CDC): CHFT CDC spoke case for Calderdale submitted and approved. LTHT business case for upgrading Seacroft to standard hub architype being developed. Bradford spoke case paused, other options being explored.
- Elective Recovery: 3-month theatre educational support package agreed between HDFT and AFT (setting up local induction & supporting training & education requirements). Theatre school careers project (co-created by WYAAT theatre workforce leads) in design phase moving to delivery planning by October.
- Endoscopy: Development of expressions of interest for academy funding.
- Yorkshire Imaging Collaborative: Discussion around Scope for Growth (S4G) passed on to LTHT and CHFT for onward progression. Career champions not yet identified.
- Neurology Transformation: lead nurses' group to develop strategy for prioritisation, regional trainees consulted on potential future model and feedback received.
- Haematology Programme: on-call options being explored with clinical and operational leads.
- Non-Surgical Oncology: 3 workshops for the co-design of the target operating model in the northern sector completed. International Recruitment planned event window elapsed with no suitable candidates identified. Window extended until end of June.
- Pathology: Draft Workforce strategy proposal started for July completion.

Health and Care System

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jenny Lewis (Director of HR & Organisational Development)
Sub Groups: WYAAT HRD Group, LSWB, Academy

VISION

LEEDS HEALTH & CARE ONE WORKFORCE PROGRAMME - 2023 Version 3 April 23

The Leeds Health and Care sector continues to work together to make Leeds the best place to train and work in at any age. Together we provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to work with the people of Leeds, now and in the future.

PRIORITIES

1. Integrated Workforce Design	2. Growing & Developing Registrants	3. Working Across Organisations	4. Preventing ill-health	5. Narrowing Inequalities	6. Learning Together	7. Improving Health & Wellbeing
Connect care closer to home, without destabilising services or workforce	Attract and retain registered HCPs, ensuring no gaps in priority services	Enable better service delivery through addressing system barriers	Embed the prevention of ill-health across all services and roles	Engage with, recruit and develop diverse workforce from local communities	Develop skills, leadership and digital expertise to support current and future care	Ensure staff across our health and care services are well at work

2023 PROJECTS

LEEDS ONE WORKFORCE PROGRAMME

1.1 System integration of ARRS roles in Primary Care 1.2 Leeds Integrated Workforce planning approach	2.1 Expansion and diversification of clinical placements 2.2 Collaborative Clinical Apprenticeships 2.3 Team Leeds Student Pathway 2.4 Careers Platform	3.1 Workforce Mobility 3.2 Optimising Workforce Capacity (LCRG) 3.3 Leeds H&C Talent Hub 3.4 City Transformation projects	4.1 Public Health knowledge and skills for our workforce	5.1 Narrowing Inequalities through Health and Care Careers - Community Recruitment - Retention & Development 5.2 Schools and Young People - H&C Careers	6.1 Team Leeds – Developing the Partnership 6.2 Collaborative Apprenticeships 6.3 Health and Care digital and data curriculum	7.1 Health and Wellbeing Community of Practice

Leeds Health and Care Academy Learning Portfolio

ENABLERS

COMMUNICATIONS & ENGAGEMENT	INFRASTRUCTURE, FINANCES & RESOURCES	TRANSFORMATION & QI CAPABILITIES	DIGITAL, DATA & MI CAPACITY

Leeds Health &Care Partnership – Leeds providers and networks; Leeds Committee of the ICB; Population and Health Boards; LAHP; Leeds Anchors Network; Leeds Learning Alliance

West Yorkshire Health & Care Partnership – WY ICS; WY People Board; HEE (Y&H); West Yorkshire Combined Authority

National stakeholders - DHSC Leeds Health & Care Hub (People and Talent); NHS Employers; NHS England; Skills for Care;

Leeds Health and Care Academy

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jenny Lewis (Director of HR & Organisational Development)
Sub Groups: WYAAT HRD Group, LSWB, Academy

Leeds Health and Care Academy, 2023-2024 Quarter 1 Dashboard

Leeds Health and Care Academy

Q1 Highlights

1) The Academy ANNUAL REPORT 2022/23 has been published and is generating new interest and connections
2) The Academy has been shortlisted for the HPMA Cross Sector Working award
3) 91 people professionals from health and social care joined the Leeds People Festival in June
4) The first cohort of Leeds Health and Care T Level students completed their studies and one student received NCFE 'Learner of the Year' award
5) The Academy showcased our Team Leeds approach at Leeds Innovation Arc, NHS Workforce Conference (London) and HPN Conference (Midlands)

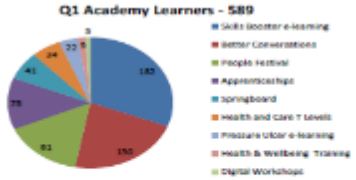
Q1 Collaborative Workforce Programme

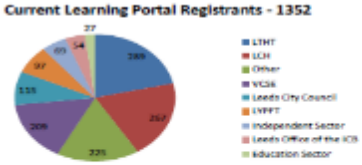
Talent Hub Key Indicators	Annual - 22/23	Q1 - 23/24
Total Candidates	589	334
- completed Assessment Centres	241	84
- into employment	128	45
- into education or training	124	23
- achieved accredited qualification	166	35
- referred for specialist support	75	35
Supported Candidates - Unemployed	113	60
Supported Candidates - Priority Wards	23%	16%
Supported Candidates - Ethnic Minority Groups	69%	78%
Employee retention at 12 months	95%	91%
% of candidates hired within 4 weeks	61%	59%

Key project milestones:

1) **Leeds integrated Workforce planning approach** - PEG confirmed ambition for system workforce planning and provided LOWSB with clear mandate to progress
2) **Team Leeds Student Pathways** - Co-chairs confirmed and development phase commenced with focus groups and research plan
3) **Schools and young people** - Health and Care Careers "Jobs for everyone" pilots launched and progressing through Summer

Q1 Learning and System Development





Academy System & OD Consultancy support programmes

1) Committee Effectiveness Development with the Leeds Committee of the ICB
2) Leeds People Festival connecting people professionals across the city
3) Team Leeds Induction resource launched
4) Co-development of Team Leeds; Partnerships in Practice offer
5) Responsive individual leadership coaching and career coaching

Evaluations & Sharing Best Practice

Strategic workforce planning in health and social care -an international perspective: A scoping review

Reducing Health Inequalities through skills, training and employment

Accelerating Progress > Amplifying Impact > Driving Efficiencies > Improving Quality

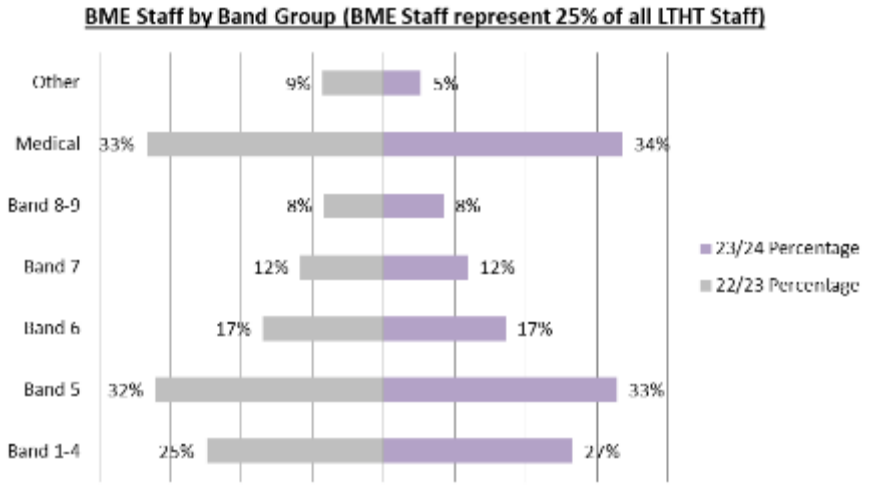
Free From Discrimination

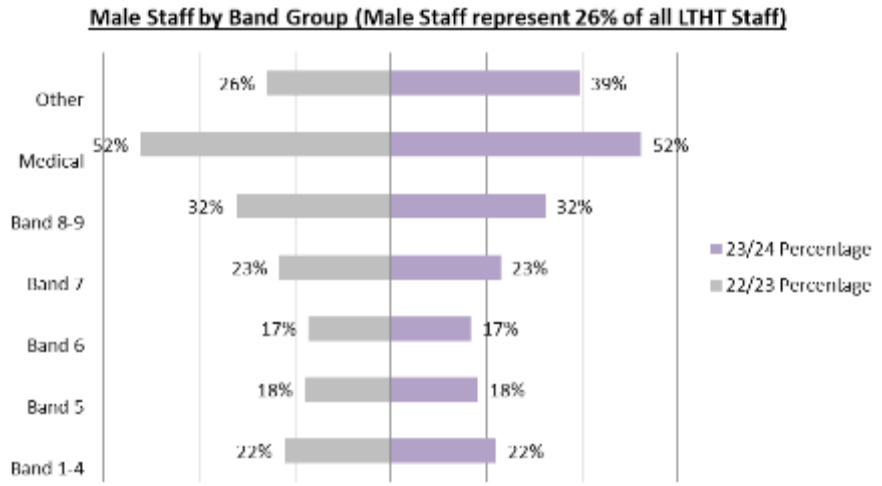
The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)
Sub Groups: EDI Strategic Group

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Staff equipped as Inclusive Conversations Facilitators	19	25	100	25
Distribution of AVMD (Books & Soundcloud)	N/A	N/A	6000	3767
Improve Gender Pay Gap	19.7%	Improvement	Improvement	
Staff - Number of people participating in positive action programmes	112	104	130	65
Ensure fair representation at all levels of the organisation for the following protected characteristics: Ethnicity, Gender, Disability, LGBTQ+	N/A	N/A	Improvement	





Comments on next page

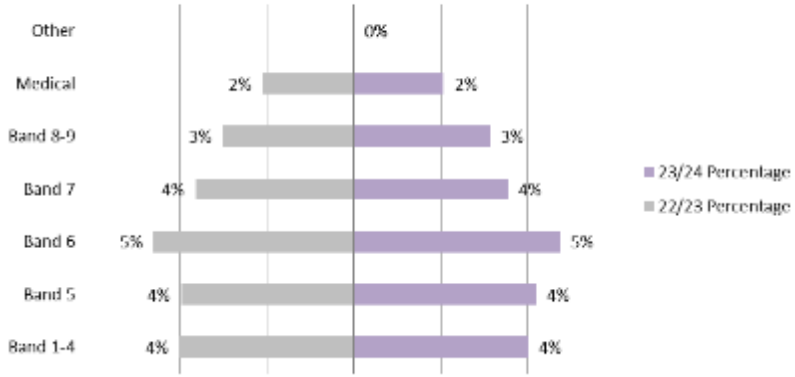
Free From Discrimination (continued)

The Leeds Teaching Hospitals NHS Trust

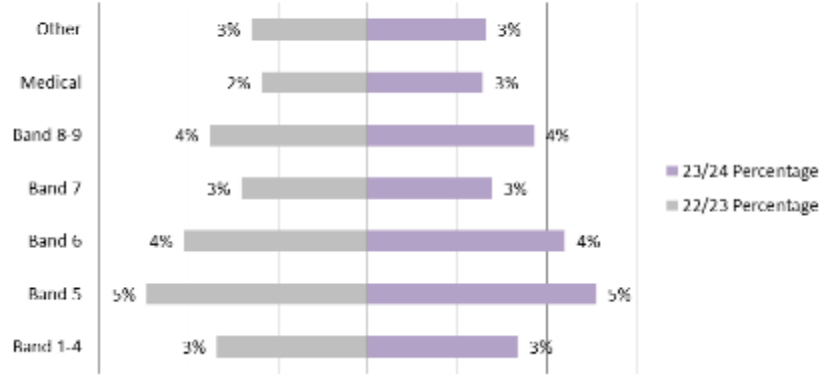
Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)
Sub Groups: EDI Strategic Group

Disabled Staff by Band Group (Disabled Staff represent 4% of all LTHT Staff)



LGBTQ+ Staff by Band Group (LGBTQ+ Staff represent 4% of all LTHT Staff)



Updates: Comments:

- May 2023 - Annual Workforce Equality Standard data has been submitted to NHSE for Race and Disability (WRES & WDES). Challenges identified and shared with Executives and at Workforce Commmitee along with draft action plans to address.
- June 2023 - NHSE have published their EDI Improvement Plan with 6 high Impact actions.

Actions: Comments:

- Gap analysis to be carried out July /August 2023 to establish assurance that LTHT is addressing all the measures identified by NHSE in their Improvement plan.
- Draft action plans re WDES & WRES to be updated to reflect any gaps identified with actions agreed prior to publication on Trust Internet site (Oct ober2023).

Education and Training

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Stuart Haines (General Manager, Corporate Medical CSU)
Sub Groups: Learning Education & Training Committee

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Learner Satisfaction Scores: Under graduate *(medical staff only)*	85%	85%	85%	85%
Apprenticeship levy spend	£3.5m	£3m	£3m	£0.7m
Staff accessing CPD and internally approved Education, Training and Development activity	2695	2000	2000	213
Relative likelihood of white staff accessing non-mandatory or CPD training compared to BME staff (Specific WRES measure)	1.19	0.8-1.2	0.8-1.2	1.11
Mandatory Training Compliance	89%	90%	90%	93%
Learner Satisfaction Score: Post graduate *(medical staff only)*	79%	80%	80%	
Staff Survey Question 22c: "I have opportunities to improve my knowledge and skills"	73.4%	Improvement on 21/22 score	Statistically Significant Improvement	
Staff Survey Question 22d "I feel supported to develop my potential"	57.8%	Improvement on 21/22 score	Statistically Significant Improvement	
Staff Survey Question 22e: "I am able to access the right learning and development opportunities when I need to"	60.3%	Improvement on 21/22 score	Statistically Significant Improvement	

Updates:
Mandatory Training completion is reporting at 93%, which represents a 2% increase from the previous IQPR.

Comments:
Mandatory training has improved reflecting a seasonal pattern for appraisal as well work undertaken in conjunction with Training Leads to bring up compliance for individual topics for example Health & Safety, Fire Safety and IPC.

NOTE – This slide will be reviewed on 1st Aug following a deep dive review by the Learning, Education and Training Committee.

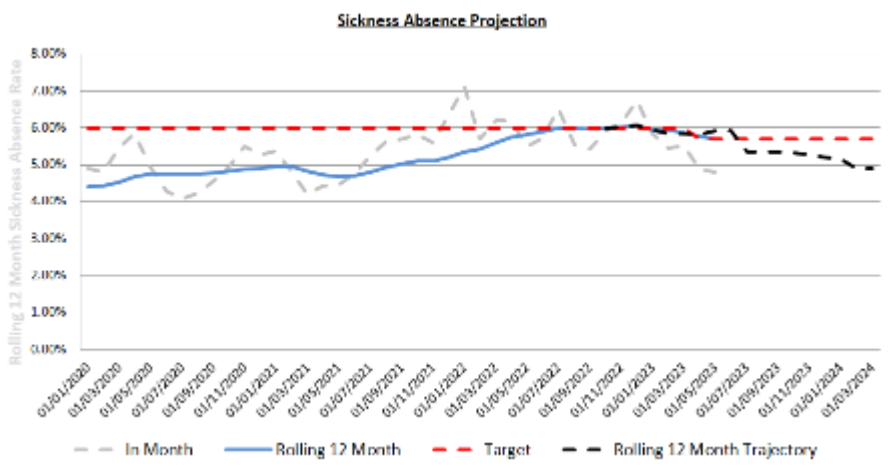
Health and Wellbeing

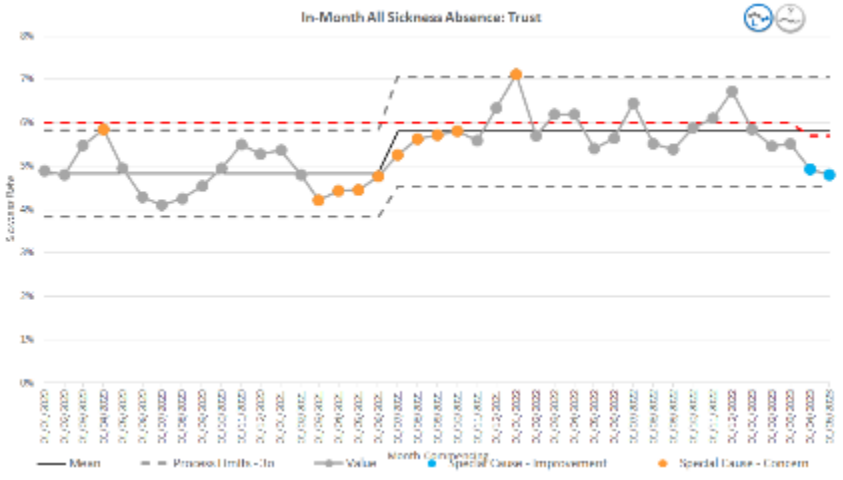
The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jo Buck (Deputy Director of HR)
Sub Groups: Health & Wellbeing

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Sickness Absence – Improve Overall Sickness Rate and Long Term Sickness Rates (remove long term sick)	6% (Overall)	Improvement	5.7%	5.7%
Percentage of frontline staff receiving vaccinations as reported by NHSE/I • Flu • Covid	• 49% • 53.1%	• 90% • N/A	• 55% • 55%	• 49% • 53.1%
Improve average waiting time for an occupational health management referral appointment	N/A	Improvement	20 days	Consultant – 60 Specialist Nurse - 74
• Staff Survey Question 9D "My immediate manager takes a positive interest in my health and well-being"	68.1%	Improvement and maintain above average	Statistically Significant Improvement	
• Staff Survey Question 11A "The organisation takes positive action on health and well-being"	59.5%*	Improvement and maintain above average	Statistically Significant Improvement	





Health and Wellbeing (continued)

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Jo Buck (Deputy Director of HR)
Sub Groups: Health & Wellbeing

Operational HR

Background:
The focus remains on sickness management.

Updates
- In month SPC shows a reducing trend since December 2022
- Top 5 reasons for absence remain the same. (1. Anxiety/stress/depression, 2. Chest and respiratory, 3. Cold, cough and flu, 4. Other musculoskeletal problems, 5. Gastrointestinal problems.
- Staff groups in bands 1-3 experience highest rates of sickness absence.

Actions:
- Continue the improvement work to support line managers through improved access to advice, guidance, coaching training and education to effectively manage sickness.

Occupational Health and Wellbeing

Background:
- The key health and wellbeing projects are now embedded as business as usual.

Updates:
- We continue to train Mental Health First Aiders (MHFA), with over 700 trained to date, providing nearly 6,000 supportive conversations to colleagues.
- Staffing in OH continues to be problematic with the Head of Service retiring, nursing, admin and back care advisor vacancies and high levels of sickness due mainly to personal issues and long-term health conditions.
- There is a significant increase in demand for Ill Health Retirements (IHR) which are currently accounting for 80% of Occupational Health medical capacity.
- Recent clinical outbreaks including six cases of measles are significantly drawing on OH resource.
- A new Immunisations lead has been appointed that will lead on the roll out of Flu/Covid vaccinations for the Trust.
- To date Money Buddies have supported staff to save in excess of £100,000 through provision of financial advice and support.
- Following the retirement of the Trust's two back care advisors we are reviewing the resources needed to facilitate moving and handling training and provide ergonomic assessments.

Actions:
- Recruit to vacant posts in Occupational Health.
- Continue review of resources required to meet legislative and best practice requirements for moving and handling.
- Use the Leeds Improvement Method to improve the employment checks process.
- Continue to work with IPC on managing clinical outbreaks, whilst reviewing the impact on other clinical work.
- Develop the Flu/Covid immunisation roll out plan.

Most Engaged Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: May 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)
Sub Groups: Staff Engagement Group

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Quarterly Pulse Survey – Improve Staff Engagement score	N/A	N/A	Improvement	6.74
Overall staff engagement score in the annual staff survey	6.8	Improvement	Improve by 0.2	
NHS Staff survey response rate	37%	Above average for benchmark group	Improvement	
• 3h "I have adequate materials, supplies and equipment to do my work"	45%	Improve on last year	Statistically Significant Improvement	
• 24b "I am unlikely to look for a job at a new organisation in the next 12 months"	52.8%	N/A	Statistically Significant Improvement	

Background:
Progress towards the achievement of the newly established in-year commitment to improve retention is now the focus within this People Priority, through the following approach:
Updates:
•CSU Retention A3s informed by data provided by: Corporate Retention A3, self-assessment against National Retention Tool, Staff Survey results, exit interviews, local Genba Walks.
•The process has highlighted that existing retention improvements previously identified remain relevant and that the A3 questions have helped refresh and re-energise these.
•Exit interview processes continue to be strengthened as part of the commitment to retention.
•Flexible working is appearing as a common theme across the A3s, along with career progression and staff recognition, and further work is required to understand this further within the context of the CSU environment.
•HR Business Partners discuss and assure retention with their CSUs at the JAAF meetings.
•CSU themes emerging via HRBPs, enabling continued alignment to Corporate Retention A3 (including exit interviews, flexible working and career progression).
Actions:
•CSU A3 actions to be incorporated into existing Workforce Plans: developing a holistic improvement approach that is already embedded within CSUs, supported by HRBPs.
•Trust Staff Engagement Group Review conducted in line with Retention Commitment Group chaired by CEO, Group agreed the following:
-Trust Retention Commitment to be owned by the Staff Engagement Group.
-Representatives to be the custodians of the Trust's retention commitment for their CSU.
-Representatives to align with CSUs Retention A3 Plans.
-Staff Engagement Group Representatives to share progression and learning, and gain support at the Staff Engagement Group meetings.
•Close the Loop Communications Strategy to support greater awareness of corporate improvements underway e.g.
-Align with Research results, designed to understand responder bias for employee voice tools.
-Develop and share communications materials for CSU retention leads to use in a bespoke manner locally (establishing a Teams Channel as a sharing vehicle).

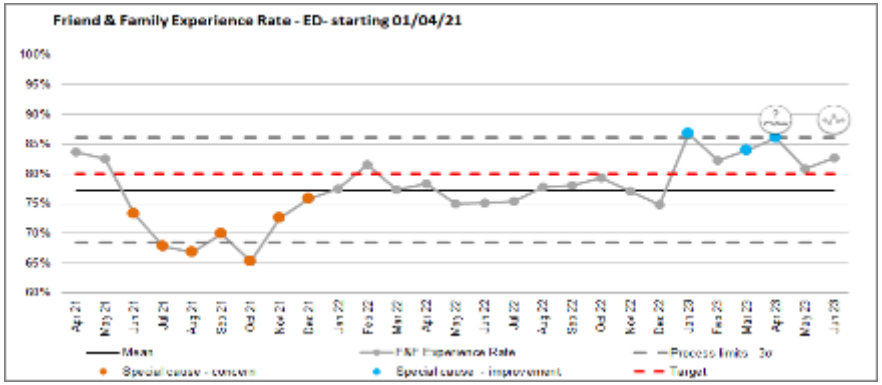
Friends and Family – ED

The Leeds Teaching Hospitals NHS Trust

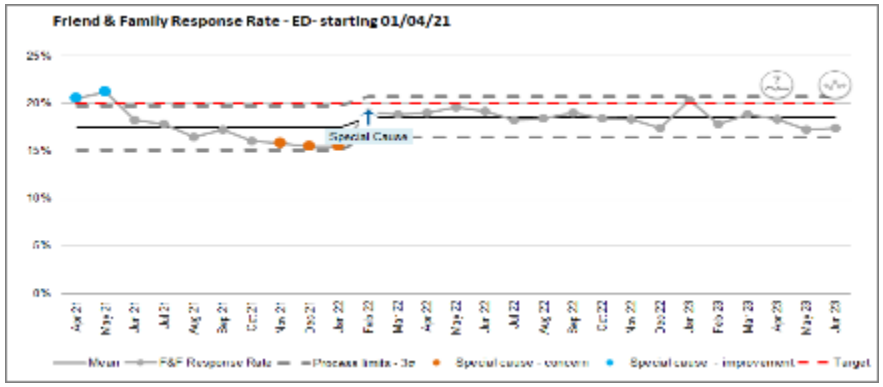
Reporting Month: June 2023

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Target	Trajectory	Assurance	Variation
N	NA	R	CC



Background / target description:

- ED have internal FFT targets to achieve a 20% response rate and an 80% positive experience rate.

What do the charts show/context:

- The charts show FFT response and positive experience rates for ED.
- The latest data is showing normal variation and has been above target for the past six months.
- Response rate shows common cause variation, not consistently meeting target.

Underlying issues:

- The top three positive themes arising from feedback for Q1 23/24 include staff attitude, clinical treatment and implementation of care.
- Negative themes arising from the feedback in the same period also included staff attitude, waiting times and clinical treatment.

Actions:

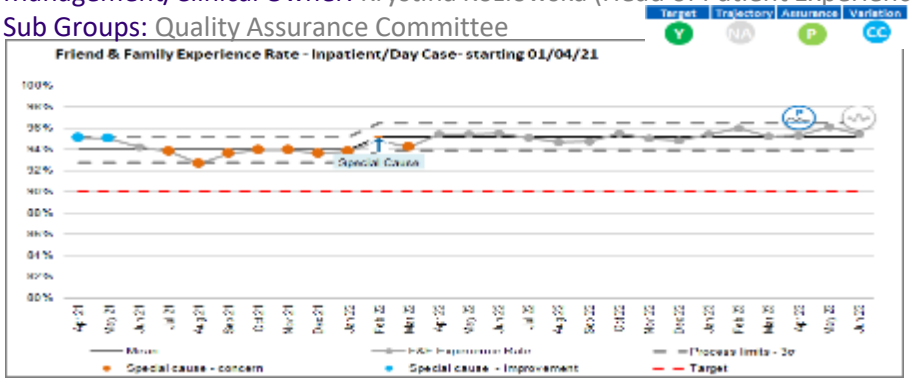
- The FFT team were involved in a recent ED away day to highlight the importance of offering every patient the opportunity to feedback on their ED experience.
- The team recently met with Matrons across both ED sites to discuss how to increase awareness and improve response rates for FFT. Agreed actions include:
    - the FFT team to carry out 'Walk Arounds' on both sites to ensure that FFT is being appropriately promoted in public areas and to also ensure that staff are aware of the importance of gaining patient feedback;
    - A new FFT Champions to be recruited in the department to ensure that FFT is being offered to every patient at every opportunity using a method that suits the patient.

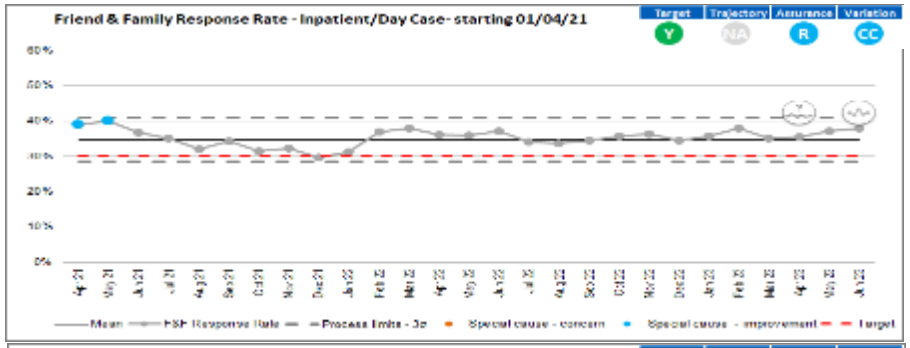
Friends and Family – Inpatient/DC & Outpatients

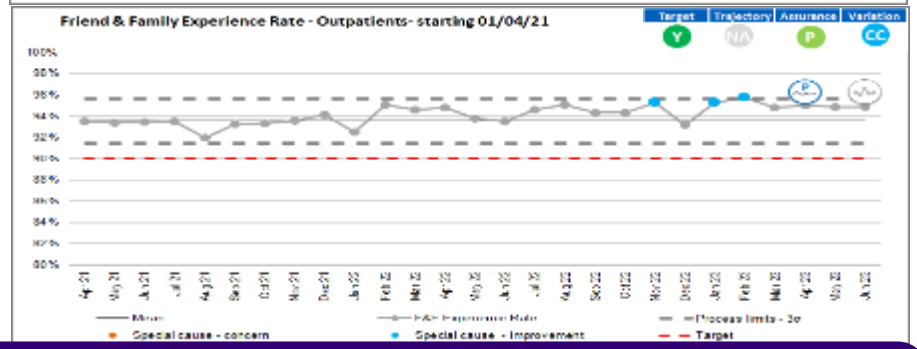
NHS The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee







Background / target description:

- Inpatient / Day Case services have an internal FFT target to achieve a 90% positive experience rate and 30% response rate.
- Outpatient services have an internal target to achieve a 90% positive experience rating, with no response rate required.

What does the chart show/context:

- The charts show FFT response and positive experience rates for Inpatient/Day Case and positive experience rates for Outpatients.
- Inpatient /Day Case experience rates shows common cause variation consistently above the target of 90%.
- Inpatient /Day Case response rates shows common cause variation.
- Outpatients experience rates shows common cause variation consistently above the target of 90%.

Underlying issues:

- Uptake of FFT is lower in some areas of the Trust and it is known texts are not accessible to all patients.
- There are opportunities to use the FFT contract in different ways to support CSU objectives and encourage wider staff engagement with patient feedback.

Actions:

- A trial is taking place in Children's CSU of bedside stickers promoting the FFT QR code to encourage uptake of surveys at any time in a patient journey.
- Additional Self Serve questions have been applied to all TRS inpatient surveys to raise awareness of the Daisy/Iris Awards with patients and to encourage staff nominations.
- Self Serve, a survey tool aligned to the FFT contract, continues to be well received. This month, a new survey has been created and applied to various inpatient wards to gain feedback about the technology patients have access to. Feedback will be used in support the delivery of the new Children's Hospital Build.
- SIM CSU is embracing the use of recorded voicemail messages that are received from patients who do not have access to a mobile phone for text messaging in response to an invitation to provide FFT feedback. These recordings are being shared for example in Perfect Ward meetings, bring the patient voice to life and are positively received by staff.

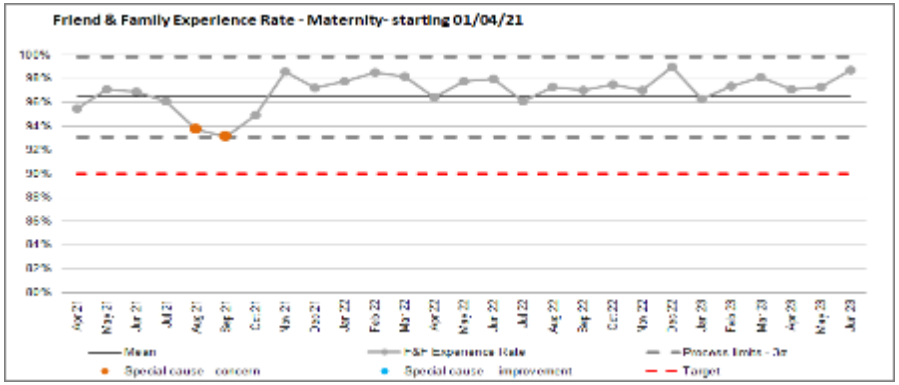
Friends and Family – Maternity

The Leeds Teaching Hospitals NHS Trust

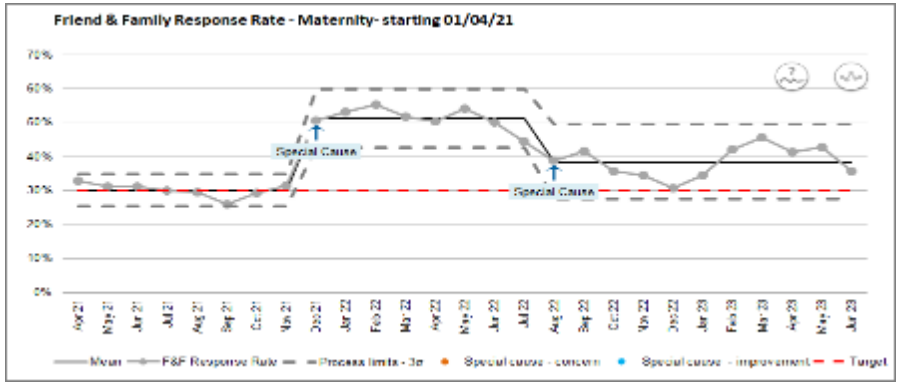
Reporting Month: June 2023

Executive Owner: Helen Christodoulides (Interim Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
Y	NA	P	CC



Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Background / target description:

- Maternity services have an internal target to achieve a 30% response rate and a 90% positive experience rate.

What does the chart show/context:

- The charts show FFT response and positive experience rates for Maternity services.
- Experience rates show common cause variation consistently above the target of 90%.
- Response rates now show common cause variation.

Underlying issues:

- The previously reported downturn in maternity response rate was in part due to antenatal community patients not having been included in October 2022 figures, due to an external technical error. The FFT team and external partners have taken action to address this and are continuing to work with the CSU to monitor the position.
- The FFT team and CSU have been continuing to work on capturing a greater range of experiences relating to antenatal and postnatal / postnatal community-based maternity care, to ensure experiences across the whole pathway are understood.

Actions:

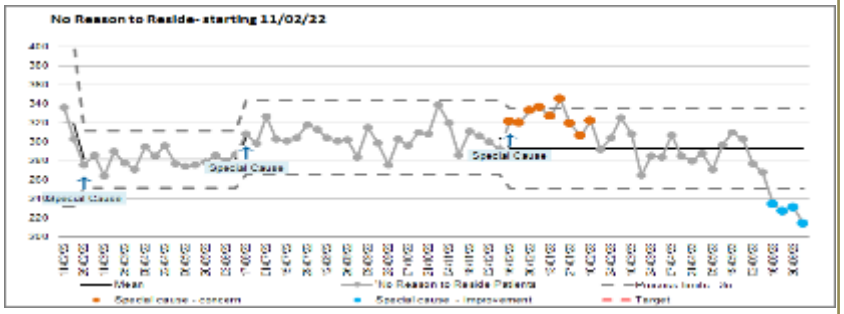
- The FFT team continue to progress a project with the Trust interpreting team and the Trust's interpreting providers, Language Line Solutions, to find a way to offer limited English speaking patients the opportunity to leave feedback in their own language. This is being piloted in Maternity services, with a view to rolling the principle out Trust wide if it is successful.
- All four FFT maternity touch points – antenatal, birth, postnatal ward and postnatal community are now set up with the texting service, enabling patients to provide feedback about their significant experience within that part of the maternity pathway.

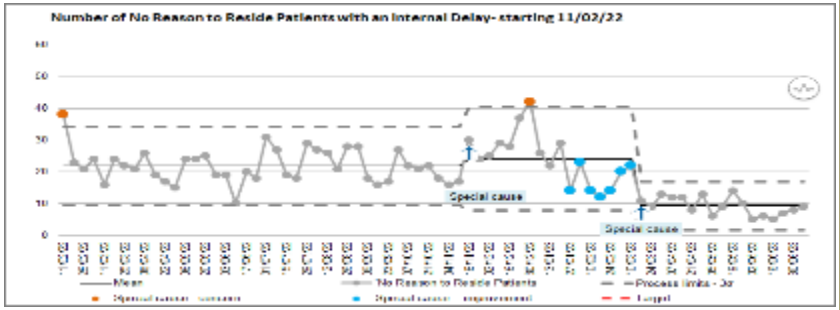
No Reason to Reside

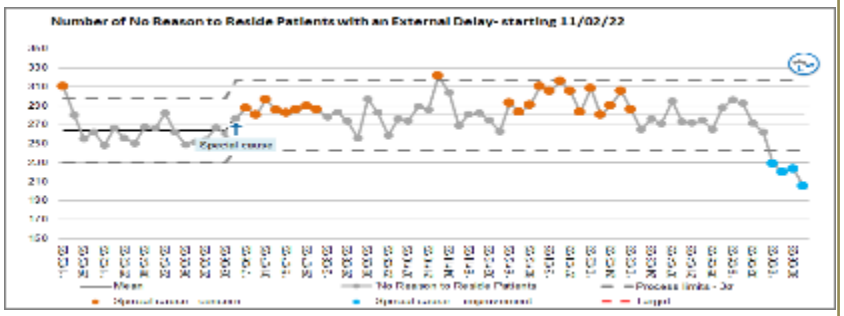
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: June 2023

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Dawn Marshall (Associate Director of Nursing)
Sub Groups: None







Background / target description:

- Reason to Reside patients are those assessed by a multi-disciplinary team as requiring acute intervention
- No reason to reside patients are those assessed by the MDT as medically optimised and no longer requiring an acute hospital bed for their on-going care

What does the chart show/context:

- There were 231 patients without a reason to reside on the last Friday in June 2023.
- Of these there were 223 patients without a reason to reside who had an external delay and there were 8 patients without a reason to reside that had an internal delay.
- Of the 231 patients:
    - 8 patients (3.5%) had a length of stay of up to 2 days,
    - 158 patients (68.4%) had length of stay of between 3 and 49 days,
    - 41 patients (17.7%) had a length of stay between 50 and 99 days and
    - 24 patients (10.4%) had a length of stay of over 100 days.
- 35.5% of patients were awaiting availability for assessment and start of care at home (Pathway 1)
- 5.6% of patients were awaiting availability of rehabilitation/reablement/recovery bed in community hospital or other bedded setting (Pathway 2).
- 39.4% of patients were awaiting availability of bed in a residential or nursing home that is likely to be a permanent placement (Pathway 3)
- Due to data validation challenges benchmarking for June 2023 is unavailable

Issues:

- Depleted social work workforce leading to protracted waits for social work allocation and assessment
- A reduction in discharge to assess bed availability due to withdrawal of central funding at the end of March 23
- A lack of availability of beds for patients with dementia/complex needs
- In the absence of Home for assessment community capacity the system is heavily reliant on community beds

Actions:

Internal:

- LTHT has agreed a target of maintaining less than 20 patients who are assessed as no reason to reside with an internal delay. This has been achieved consistently for 16 weeks
- The discharge collaborative leads on two improvement initiatives, to increase the number of patients discharged before 3pm and promote better MDT conversation to improve patients experience of discharge
- Within the LTHT Operations Centre, the process for managing patients being discharged to Community Beds and Reablement has been enhanced. This has reduced the number of failed community discharges due to internal factors, e.g. delayed medication or delayed transport has been reduced from 15% of all discharges in January '22 to 5% in June '23. Further taking place to further avoid failed discharges

External :

- The HomeFirst Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff
- In partnership with adult social care a weekly meeting is in place to review patients with an extended length of hospital stay
- The social care team are redesigning the processes within their teams to both reduce the timeframes associated with Care Act assessments and support the HomeFirst Programme. The use of Trusted Assessment has increased across the system to improve flow form hospital and intermediate care services. Dedicated social workers have been assigned to Reablement and community beds to improve flow out of these services and ensure capacity for discharge

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: 2022/23

Executive Owner: Dr Hamish Mclure (Interim Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: None

National - PSS CQUINs 2022/23: IQPR Update 10th July 2023

There are 8 PSS CQUINs, 4 are in-scope for the Trust and eligible for the financial incentive scheme

	CQUIN	Value	Year-end Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	Annual Performance
1	PSS1: Achievement of revascularisation standards for lower limb ischaemia	£1,375,000	Achieve ≥60% Fail <40%	66.7%	40.0%	Published result: N/A Numerator value <5	Published result: N/A Numerator value <5	50%
2	PSS2: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	£1,375,000	Achieve ≥75% Fail <65%	No submissions in 2022/23				
3	PSS3: Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	£1,375,000	Achieve ≥60% Fail <40%					81.7%
5	PSS5: Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	£1,375,000	Achieve ≥98% Fail <90%	Q1 details not included in the final year calculation to give extra time to improve data quality	94.7%	93.6%	97.2%	95.1%
	PSS Total	£5,500,000						

National - ICB CQUINs 2022/23: IQPR Update 10th July 2023

There are 15 CCG CQUINs, 9 are in-scope for the Trust and we had to select 5 to be eligible for the financial incentive scheme.
The 5 are highlighted in yellow.

	CQUIN	Value	Year-end Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	Annual Performance
	*CCG1: Flu vaccination for frontline healthcare workers							
1	*CCG1: Achieving 90% uptake of flu vaccination by frontline staff with patient contact	£1,710,603	Achieve ≥ 80% Fail <70%					40.0%
	CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+							
2	CCG2: Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment		Achieve ≥ 60% Fail <40%	72.0%	60.0%	61.3%	52.0%	61.3%
	*CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions							
3	*CCG3: Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded	£1,710,603	Achieve ≥ 60% Fail <20%	44.0%	64.0%	64.0%	68.0%	60.0%
	*CCG4: Compliance with timed diagnostic pathways for cancer services							
4	*CCG4: Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	£1,710,603	Achieve ≥ 65% Fail <35%	Collation & validation of data. Summary of compliance [illegible] (Partial compliance agreed with ICB)	Collation & validation of data. Summary of compliance [illegible] (Partial compliance agreed with ICB)	Collation & validation of data. Summary of compliance [illegible] (Partial compliance agreed with ICB)	Collation & validation of data. Summary of compliance [illegible] (Partial compliance agreed with ICB)	28.3%
	CCG5: Treatment of community acquired pneumonia in line with BTS care bundle							
5	CCG5: Achieving 70% of patients with confirmed community acquired pneumonia to be managed in accordance with relevant steps of BTS CAP Care Bundle		Achieve ≥ 70% Fail <40%	Proposal in Q1	0.0%	5.7%	2.2%	2.9%
	CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery							
6	CCG6: Ensuring that 60% of major blood loss surgery patients are treated in line with NICE guideline NG24		Achieve ≥ 60% Fail <45%	Proposal in Q1	66.1%	71.5%	71.3%	71.7%
	*CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service							
7	*CCG7: Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message	£1,710,603	Achieve ≥ 1.5% Fail <0.5%	3.4%	3.4%	4.1%	3.3%	3.6%
	CCG8: Supporting patients to drink, eat and mobilise after surgery							
8	CCG8: Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending		Achieve ≥ 70% Fail <60%	Proposal in Q1	72.0%	92.0%	80.0%	81.7%
	*CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients							
9	*CCG9: Achieving 35% of all unique inpatients (with at least one night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis	£1,710,603	Achieve ≥ 35% Fail <20%	4.0%	29.7%	45.9%	41.8%	35.3%
	CCG Total	£8,553,012						

I&E Position

The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Jonathan Gamble (Deputy Director of Finance)

In June the Trust reported a year to date deficit of £15.4m, which was £8.1m adverse to the NHSE plan. Income to date is £442.4m which is £3.3m adverse to plan. Pass through drugs & devices income is £2.5m below plan which is offset in expenditure. Expenditure to date, £457.8m, is £4.8m adverse to plan mainly due to expenditure associated with the cost of covering industrial action and phasing of efficiencies.

Pay expenditure to date is £269.9m, £9.6m adverse to the NHSE/I plan and non-pay expenditure to date is £187.8m (including depreciation and finance costs), £4.8m favourable to the plan (£2.5m of this is offset with reduced pass through income).

The Trust has a balanced income and expenditure plan for the year, however there are a number of significant risks to delivery. Achievement of the balanced plan relies on delivery of £128.4m of waste reduction.

Capital & Cash Position

The Leeds Teaching Hospitals NHS Trust

Reporting Month: June 2023

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Martin Campbell Smith (Associate Director of Finance – Financial Services)

Capital

The Trust's capital expenditure forecast for 2023/24 is £111.4m. This has decreased by £5.5m since last month due to the removal of expected PDC funding assumptions for IT Strategy (£5.3m) and Cyber Security (£0.2m). The programme is broken down as follows:

Programme	Forecast 2023-24 £000
Medical Equipment	9,147
Informatics	14,933
Building & Engineering	60,448
Building The Leeds Way	17,633
Leases	9,232
Total	**111,393**

Expenditure to 30 June 2023 is £13.0m which was in line with forecast.

Capital expenditure forecasts are discussed with Programme Managers monthly together with orders raised and contracts awarded but yet to be fulfilled. Progress is formally monitored each month at the Capital Planning Group.

Cash

Cash at the end of June was £83m, unchanged from the closing figure for May. Total receipts in month amounted to £185m and included funding for the 22/23 pay award from NHS England (£33m) and 23/24 pay award funding via the ICB . Total payments amounted to £185m comprising £107m for payroll and £78m for accounts payable.

Under the current finance regime, the Trust continues to receive monthly contract payments from commissioners.

Payments to our suppliers in June totalled £78m. Better Payments Practice Code ("BPPC") compliance for the month was 97% and year to date is also 97%.

The Trust is not currently forecasting any requirement to borrow revenue cash to meet its obligations.

Updates from Regulators

Regulators	**Provider regulation – NHS Improvement** regulates NHS foundation trusts and trusts on their financial stability, operational performance, care quality, leadership, improvement capability and their ability to deliver strategic change. It does this through the Single Oversight Framework which combines powers previously exercised by Monitor and the NHS Trust Development Authority (TDA). **Quality regulation –** Quality regulation has risen up the agenda in recent years. As a result, the Care Quality Commission (CQC) has undergone significant reform. The CQC sets the fundamental standards of quality and safety for healthcare services and monitors and inspects providers to ensure standards are upheld. The CQC's five year strategy for 2016-21 sets out how its regulatory model will develop following the first inspection of all NHS providers.
NHS Improvement: Join the conversation on workforce (February 2019)	NHS Improvement launched five discussion pages on Talk Health and Care asking: • How can we better support our clinical workforce? • How do we ensure the NHS is a great place to work? • How do we develop compassionate, effective and diverse leaders in the NHS? • The future medical workforce: How do we get the balance right? • How can we enable the delivery of the NHS Long Term Plan by improving skills and education in using new technology? Each week they post new questions via workforce bulletin. Share your views at: https://dhscworkforce.crowdicity.com/category/browse/
NHS Improvement Provider Bulletins	Further in formation on the NHS Provider Bulletins is available on the NHS Improvement Website at: https://improvement.nhs.uk/news-alerts/?articletype=provider-bulletin
Care Quality Commission: Inspections suspended (March 2020)	Routine inspections suspended in response to coronavirus outbreak. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/routine-inspections-suspended-response-coronavirus-outbreak
Care Quality Commission: The recovery challenges for NHS hospital services (September 2021)	The CQC's have published a report that looks at how NHS trusts are planning for people's care while tackling a backlog of treatment caused by COVID-19. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/recovery-challenges-nhs-hospital-services
Care Quality Commission: Latest News	The latest news articles published by CQC can be found on the CQC Website at: http://www.cqc.org.uk/search/site/news

Glossary

Job Title	Abbreviation
General Manager	GM
Chief Operating Officer	COO
Associate Director of Operations	ADOP
Director of Nursing	DoN
Medical Director	MD
Chief Medical Officer	CMO
Head of Nursing	HoN

Sub Groups	Abbreviation
Finance & Performance	F&P
Quality Assurance Committee	QAC
Quality Safety & Accurance Group	QSAG
Clinical Effectiveness & Outcomes Group	CEOG
Patient Experience Sub-Group	PESG
Mortality Improvement Group	MIG
Quality Improvement Steering Group	QISG