NHS
The Leeds Teaching Hospitals
NHS Trust

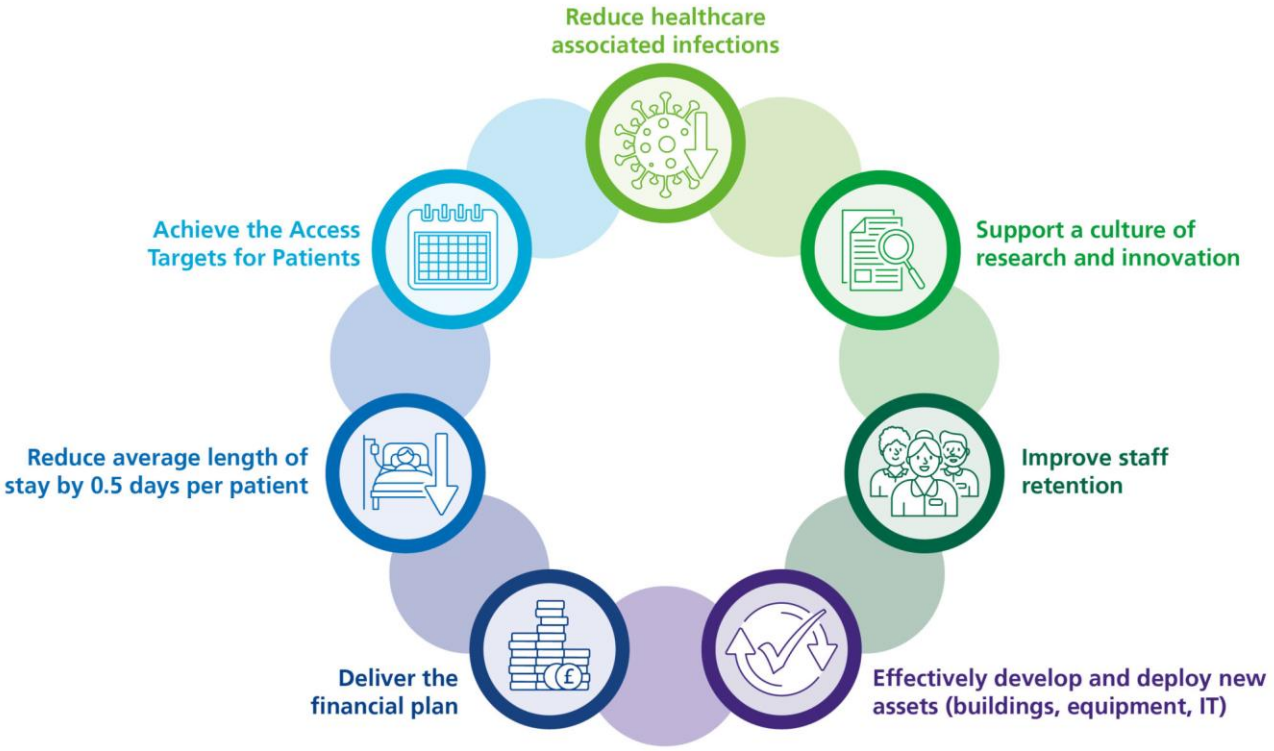
Integrated Quality & Performance Report

January 2024

Agenda Item 12.2

NHS
The Leeds Teaching Hospitals
NHS Trust

7 Commitments



Summary - Performance

The Leeds Teaching Hospitals NHS Trust

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
AE Attendances per day	Dec 23	927.2	-			919.6	784.4	1054.8
Ambulance Handovers <15mins LGI	Dec 23	00:16:17	00:15:00	H	P	00:11:19	00:08:30	00:14:07
Ambulance Handovers <15mins SJUH	Dec 23	00:21:47	00:15:00	H	?	00:14:57	00:11:18	00:18:35
Last Minute Cancelled Ops	Dec 23	47	-			44	26	61
Cancelled Ops 28days	Dec 23	15	-			14	-3	31
Cancer 2ww	Nov 23	67.6%	93.0%		?	77.8%	42.5%	113.1%
Cancer 28day FSD	Nov 23	65.1%	75.0%	L	?	73.3%	65.4%	81.2%
Cancer 31day Sub	Nov 23	74.0%	94.0%		F	74.8%	62.2%	87.5%
Cancer 31day	Nov 23	89.9%	96.0%		?	91.5%	86.4%	96.7%
Cancer 62-day Rate per WD	Nov 23	11.0	-			9.5	6.9	12.1
Cancer 62 day	Nov 23	51.6%	85.0%		F	50.7%	36.6%	64.8%
Diagnostics	Dec 23	94.7%	99.0%		F	93.6%	91.1%	96.1%
DNA Rate	Dec 23	8.40%	-			8.18%	7.12%	9.24%
Outpatient DNA Volumes	Dec 23	7752	-			8841	6429	11253
ECS Monthly	Dec 23	71.4%	76.0%		?	73.6%	68.8%	78.3%
Elective LoS	Dec 23	4.4	-			4.1	3.1	5.1
Elective Readmissions	Dec 23	3.37%	-			3.57%	2.83%	4.30%
Non-Elective LoS	Dec 23	7.1	-			7.7	7.0	8.3
Non- Elective Readmissions	Dec 23	10.20%	-			10.59%	8.81%	12.38%
OPFU3months	Dec 23	39693	-	H		36206	34168	38243
RTT Performance	Dec 23	60.7%	92.0%	L	F	63.0%	61.0%	65.1%
RTT Total Waiting list	Dec 23	92744	-			93012	91096	94927
RTT 65 Week Breach Backlog	Dec 23	1219	1350	H	P	1021	827	1215
RTT 78Week Breach Backlog	Dec 23	200	0		?	106	-6	217
			-					

Summary

The Leeds Teaching Hospitals NHS Trust

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% LR1 responses sent out within timeframe (20/40/60 w/days)	Dec 23	15.4%	80.0%		F	28.1%	8.0%	48.2%
% CSU draft comments returned in timeframe (10/27/45 w/days)	Dec 23	37.5%	80.0%		F	37.6%	15.8%	59.4%
Response Lead Time (Hours)	Dec 23	2124	-			1959	1252	2666
Defect Rate (Trust Wide)	Dec 23	8.3%	18.0%			11.6%	#N/A	#N/A
SHMI	Jan 24	110.39	100.00		F	111.20	109.74	112.65
Never Events	Dec 23	1	0		P	1	1	1
VTE	Dec 23	96.3%	-			96.5%	95.7%	97.3%
CDI	Dec 23	13	-			16	2	29
MRSA	Dec 23	2	-			1	-1	3
E. Coli	Dec 23	35	-			25	10	40
Pseudomonas	Dec 23	5	-			4	-3	10
Klebsiella	Dec 23	4	-			10	1	19
Falls Rate per 1000 Bed Days	Dec 23	3.6	-	L		3.8	2.9	4.7
Developed Pressure Ulcers Rate per 1000 Bed Days	Dec 23	2.0	-			1.4	0.6	2.1
Number of MNSI Investigations	Nov 23	4	-	H		1	-1	4
Rolling Still Birth Rate	Nov 23	4.58	5.20	H	P	3.83	3.21	4.45
Rolling Perinatal Mortality Rate	Nov 23	10.57	-	H		8.87	7.98	9.76

Summary - HR

The Leeds Teaching Hospitals NHS Trust

Measure	Commitment	Reporting Period	Performance	Target	Variance	Assurance
Rolling Overall Sickness Rate	Deliver the Financial Plan	Nov-23	5.37%	5.70%		
Rolling Voluntary Turnover Rate	Retention	Nov-23	6.90%	10.00%		
In-Month Agency Spend (as % of total pay bill)	Deliver the Financial Plan	Nov-23	1.80%	3.70%		
In-Month Vacancy Percentage	Retention	Nov-23	5.64%	N/A		
In-Month Mandatory Training Compliance Rate	Retention	Nov-23	88.20%	80.00%		
Quarterly Pulse Survey Engagement Score	Retention	Jul-23	6.7	7		
Staff Survey						
Annual Staff Survey Engagement Score	Retention	22/23	6.8	7		
Annual Staff Survey Response Rate	Retention	22/23	36.66%	65%		
Annual Response - Looking for a new job in the next 12 months	Retention	22/23	52.80%	Statistically Significant Improvement		
Annual Response - Satisfied with Flexible Working Opportunities	Retention	22/23	54.27%	Statistically Significant Improvement		

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Core Metrics

Ambulance Handover

Achieve the Access Targets for Patients

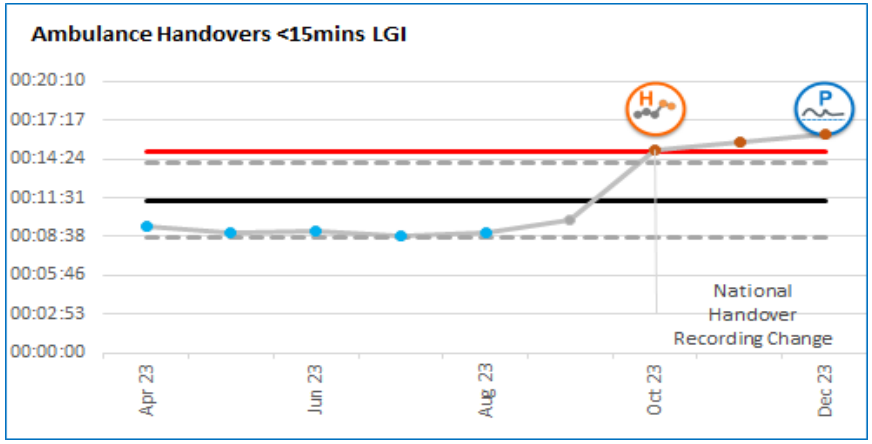
The Leeds Teaching Hospitals NHS Trust

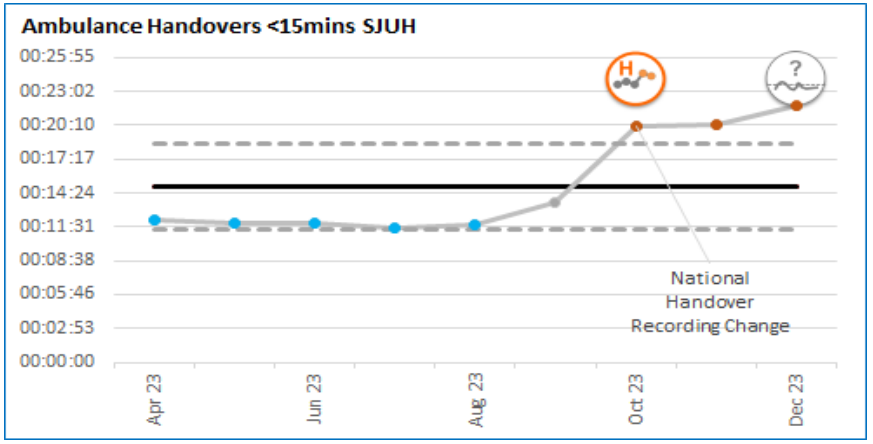
December 2023

Target: <15mins
Performance – LGI : 00:16:17
Performance – SJUH : 00:21:47

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.





Background

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
- From October 2023 NHSE changed the start point when calculating the ambulance handover time across the country adding 5-8 minutes to each handover

Context

- There is a distinct increase in ambulance handover time at the point the NHS changes were made in October 2023. This has added 5-7 minutes onto LTHT handover times
- LGI – In December 2023 there were 1149 handovers over 15 minutes (43.0%). The average handover time at LGI was 16:17 minutes
- SJUH – In December 2023 there were 2140 handovers greater than 15 minutes (70.8%). The average handover time at SJUH was 21:47 minutes
- Nationally LGI placed 13th and SJUH placed 52nd out of 183 hospitals for December 2023

Action

- Use of access to the YAS dashboard to track what is driving the increased numbers of post 15-minute handovers
- Both YAS and Acute Trusts have raised concerns and articulated the impact of change in delivery to NHSE
- Continued escalation as acute hospital providers at the WYAAT UEC group
- As a result of the recent recording changes a new action plan has been co-produced with YAS to improve handover performance within 15 minutes. Escalation plan for YAS assessment nurse developed to avoid long delays

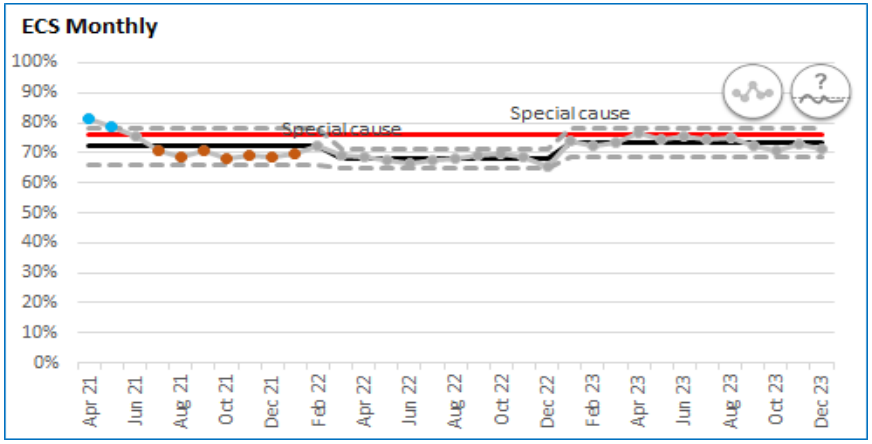
Emergency Care Standard

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

December 2023

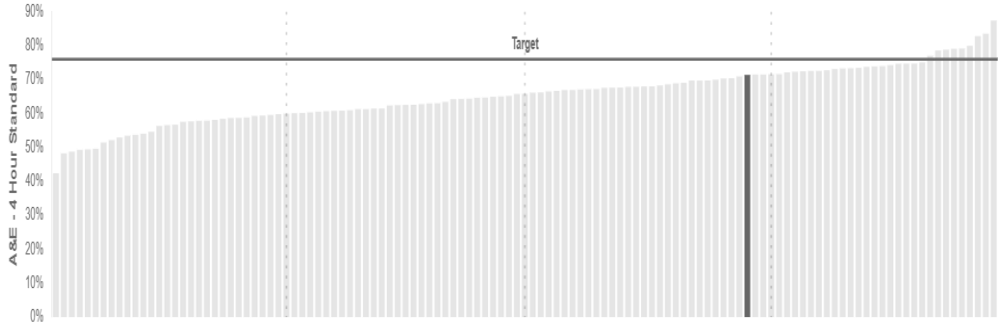
National Planning Priority Target 2023/24: 76%
Performance: 71.4%



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation. The process will fail to achieve the target more often that it achieves it.

National Ranking – 32/119



Background

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

Context

- ECS delivery for December 2023 was 71.4% against an improvement trajectory of 74%
- LTHT ranked 32 out of 119 Trusts for ECS performance in December 2023
- Attendances across all sites in December 2023 decreased by 5.0% compared to December 2022
- There were more (5932) ambulance conveyances to A&E in December 2023 compared to the 5568 ambulance conveyances for the same period the previous year indicating increased acuity of patients this December

Action

- SJUH new medical and elderly SDEC opened on 11th December 2023. This aims to stream patients from ED / admission to alternative pathways. Data will be available in January 2024
- SJUH new A&E Front Door launched on 13th December 2023 with ongoing PDSA cycles to improve flow and processes and streaming to right place first time as early on the patients journey
- Process Improvement Week took place in December 2023 in the Rapid Assessment Unit (RAU) at LGI adult A&E with report out indicating a 10% improvement in ECS for this area when the test of change ran. Process is currently being be rolled out in January 2024 with continuous PDSA cycle
- New 4-hour validation process was implemented in December 2023. CSU reviewing impact on ECS performance with results to be shared in January 2024

RTT

Achieve the Access Targets for Patients

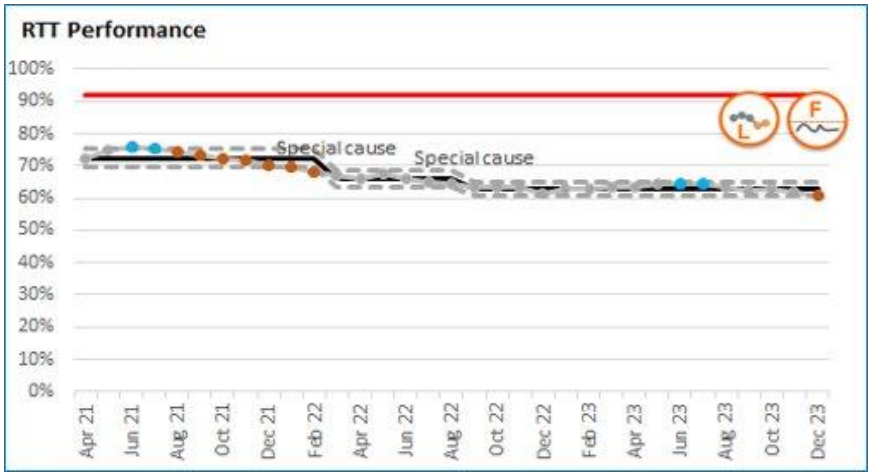
The Leeds Teaching Hospitals NHS Trust

December 2023

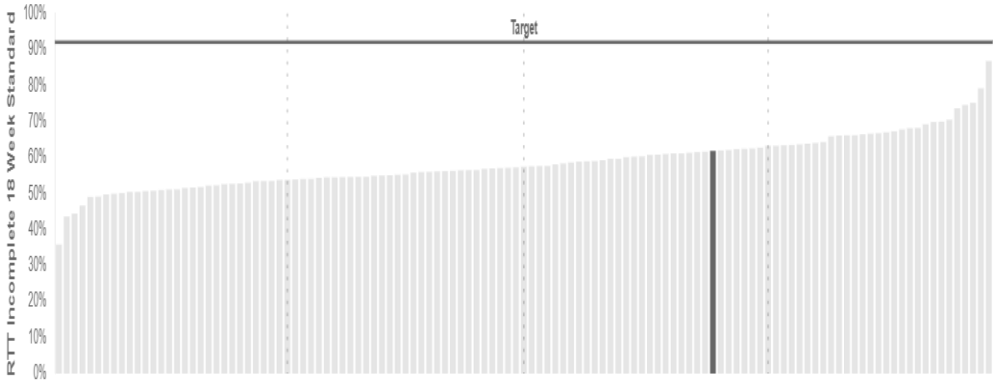
Target: 92%
Performance: 61.8%

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation. The process will not achieve the target



National Ranking – 29/119



Background	Context	Action
• Ensure 92% of patients are treated within 18 weeks of referral • Reduce maximum waiting times to below 65 weeks by April 2024	• RTT Performance was 60.7% for December 23, a reduction of 1.2% on November 23 • The number of over 18 weeks has increased by 1,098 patients, with a December 23 total of 36,461 • The total waiting list size remained static at 92,788 78 patients • Strike action in December impacted disproportionately on long-waiting patients • 200 patients were over 78 weeks for December 23, an increase of 75 on November 23 • High levels of activity in November and December have reduced non-admitted shorter waits at a faster rate than longer waits for admitted elective care	• Recovery trajectories have been confirmed with CSUs to clear 78-week growth and reduce numbers over 65-weeks to 150 by end of March 24 • E-outcomes project progressing and will support with RTT pathway management/validation • Recover higher levels of activity delivered when not impacted by industrial action • Monthly SDAM (Service Delivery Accountability Meetings) with ADOPs, CSUs and Performance Team • Weekly validation of patients over 13 weeks using RPA • Reallocation of theatre capacity to reduce backlogs • Continued use of mutual aid from WYAAT providers

RTT 65 Weeks

Achieve the Access Targets for Patients

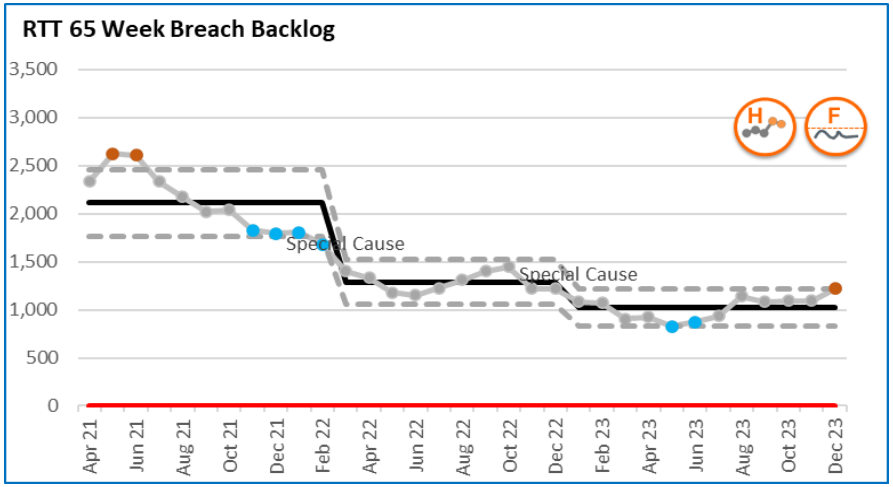
The Leeds Teaching Hospitals NHS Trust

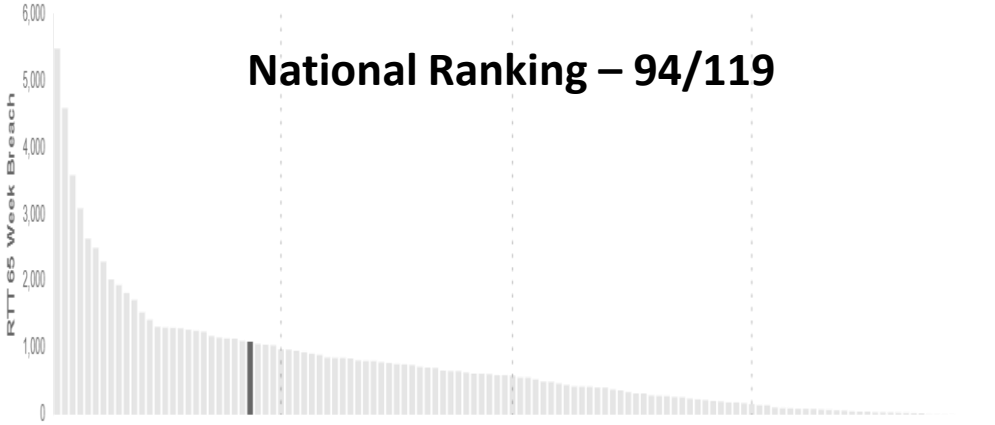
December 2023

National Planning Priority Target 2023/24: 0 (YTD 1350)
Performance: 1219

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation. The process will not achieve the target





Background	Context	Action
• Reduce maximum waiting times to below 65 weeks by April 2024 • All providers required to submit a new 65 week wait trajectory to NHSE on 17 November 2023	• December 23 reported 1,215 patients waiting 65 weeks, which is 149 more than November 2023 • 65 weeks high point was in May 2021 at 2,618 • c3,600 patients to be treated before April 2024 • December 2023 reported 200 patients waiting 78 weeks, 75 more than in November 2023 • Significant impact of industrial action on delivery	• Weekly Production Board being used to monitor delivery • Clearance trajectories for 65 week waiting patients agreed with CSUs • Regular 65 week meetings with CSUs and COO • Mutual aid capacity being accessed within WYAAT • Where required weekly run rates are not being delivered this is shared with ADOPs & CSUs • In-depth manual validation of long waiting patients on RTT pathways to ensure accurate reporting • NHSE Tier 2 for elective recovery with fortnightly update meetings

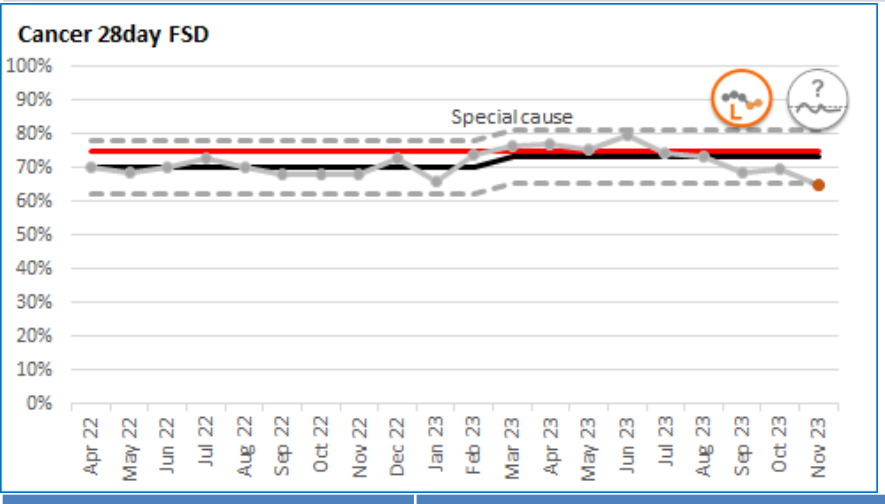
Cancer 28 Day Faster Diagnostic

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

November 2023

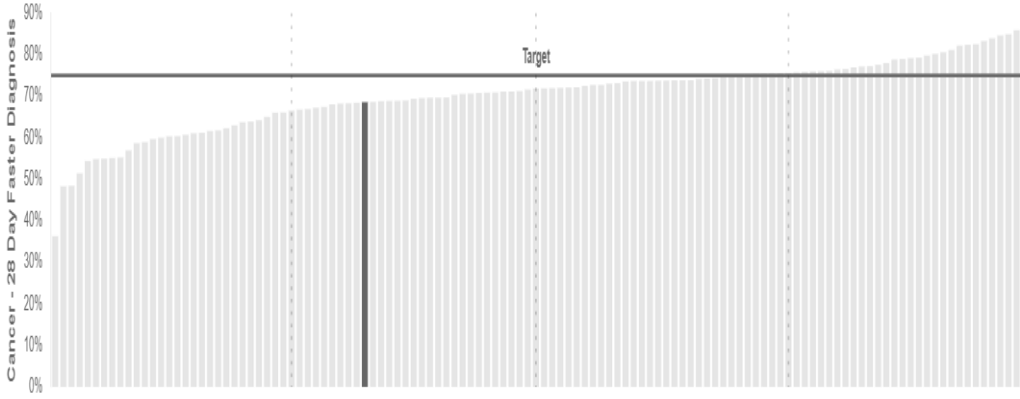
Target: 75%
Performance: 65.1%



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.

National Ranking – 81/119



Background

- Patients should not wait more than 28 days from referral to finding out whether they have cancer or not.
- The current target is for 75% of patients to find out within 28 days

Context

- Performance against the 28-day Faster Diagnosis Standard has stayed mainly stable during the year, at around 73%
- Reduced delivery in the skin pathway to 65.1% in November
- Skin has the most impact with performance of 49.3%, due outstanding diagnostic procedures
- Improvement is also required in Urology (Prostate), breast and NSS

Action

- The front-end of the skin pathway is significantly improved in December, and will be reflected in December reporting
- Work with the NSS team to consider delivery of service from CDC to improve access to diagnostics and improve flow
- The prostate pathway review continuing. Currently considering improvements to the wait for biopsy in collaboration with radiology management team
- Radiology working on plan to develop workforce to reduce breast first OP waits which impact on 28-day delivery and reduce reliance on IS capacity into 2024
- Detailed trajectories set for the recovery of 28 day standards

Cancer 31 day

Achieve the Access Targets for Patients

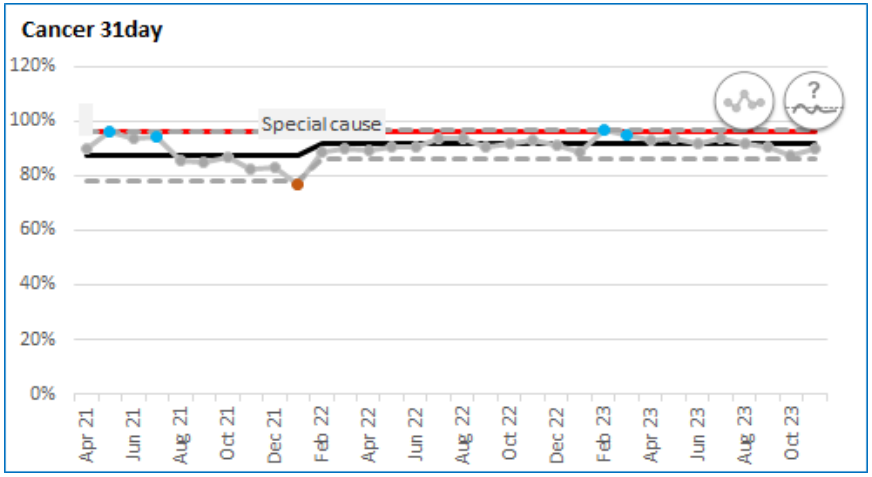
The Leeds Teaching Hospitals NHS Trust

November 2023

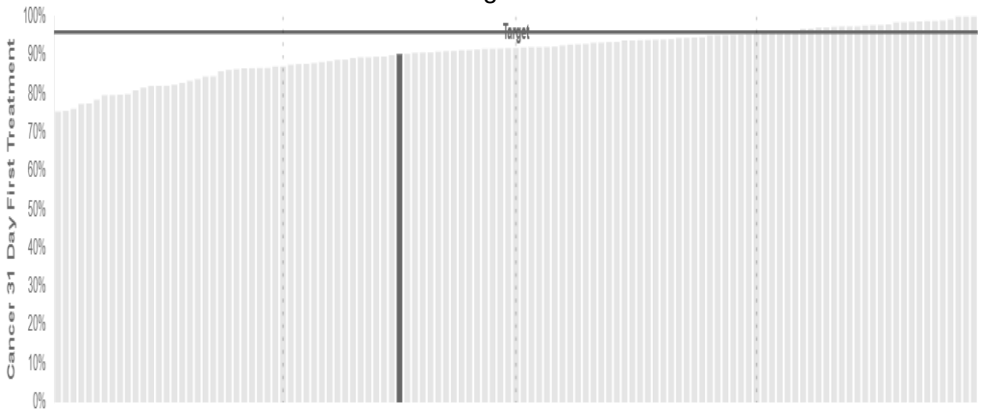
Target: 96%
Performance: 89.9%

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation. The process will fail to achieve the target more often that it achieves it.



National Ranking – 75/119



Background	Context	Action
• 96% of patients receive their first definitive treatment (FDT) within 31 days • 94% of patients receive their subsequent surgery within 31 days	• First treatments delivered within 31 days of a decision to treat after a cancer diagnosis is generally 100% for patients receiving chemotherapy and radiotherapy • Surgical treatments have been significantly impacted by industrial action, but we have seen improvements with uninterrupted capacity in November • Timeliness for deliver of subsequent treatments is similar to first treatments, although the delays in radiotherapy have worsened in November	• CSUs have allocated additional capacity during January for cancer treatments. This is to mitigate for capacity lost during periods of industrial action in December and January • Radiotherapy have also allocated additional capacity for Cat C and D patients (up to 50 days) to recover capacity lost due to staffing shortfalls • Reporting of breast subsequent treatments will be amended to bring into line with national guidance. This will improve reported performance in the coming months

Cancer 62 Days

Achieve the Access Targets for Patients

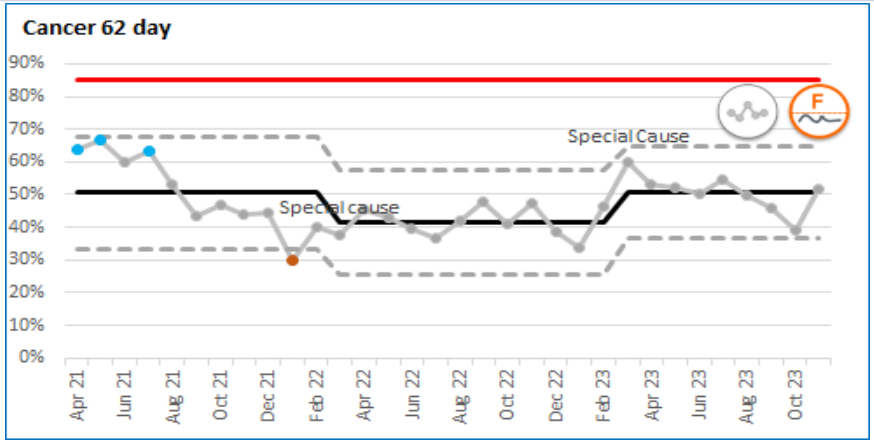
The Leeds Teaching Hospitals NHS Trust

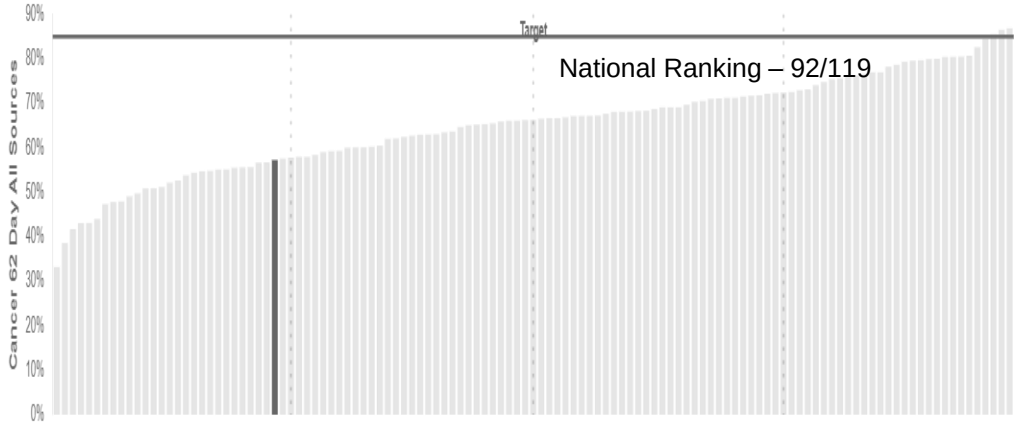
November 2023

Executive Owner: Clare Smith (Chief Operating Officer)

Target: 85%
Performance: 51.6%

Variance: Common cause variation. The process will fail to achieve the target.





Background

- 85% of patients receive their first definitive treatment for cancer within 62 days of a 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

Context

- 51.6% of 395 patients with cancer were treated within 62-days, improvement from 49.2% in Oct
- This includes all GP referrals, screening and upgrades
- The backlog at the end of November was 782, up from 660 at the end of October. This included 503 patients on the skin backlog
- Backlogs in other pathways remain stable, but with some growth as a result of lost activity during periods of industrial action

Action

- Outpatient reviews of backlog in pathway skin are complete. Remaining backlog requires treatments and treatments
- Significant additional MOP's capacity scheduled in-house with additional capacity provided by IS and from Mid-Yorks & Bradford
- Attendance at the WYAAT Cancer Recovery Group to progress mutual aid
- Agreed capacity for plastics with Westcliffe (MOPs)
- This has allowed booking of remaining backlog to facilitate delivery of predicted March end position of 66 in the backlog
- Additional treatment capacity scheduled in January to recover backlog growth due to industrial action
- Pathology sending samples to IS to improve TAT
- RALP capacity for prostate patients provided by Bradford for 2 patients
- PTL's for Pathology in place to challenge on delivery

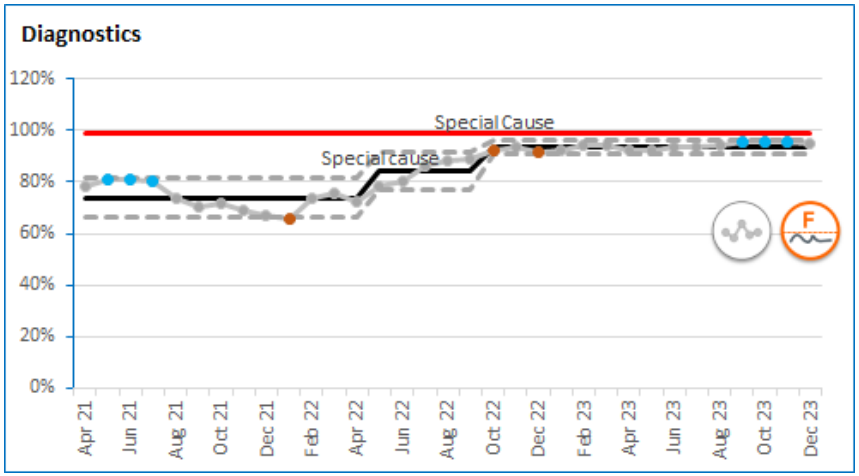
Diagnostic Waits

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

December 2023

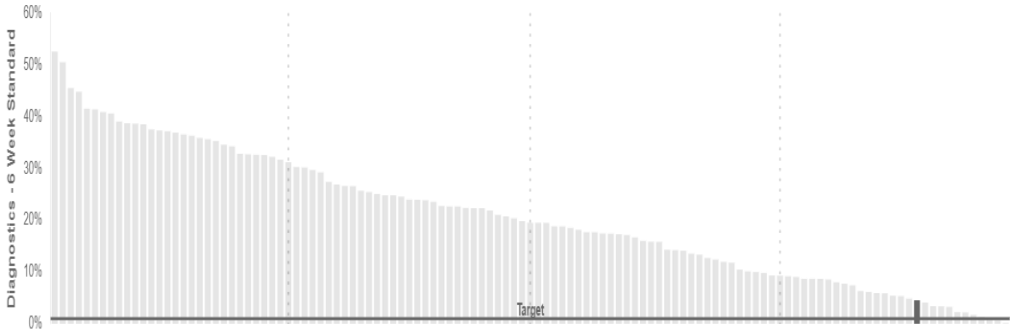
Target: 99%
Performance: 94.7%



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Special Cause of improving nature. The process will fail to achieve the target more often that it achieves it.

National Ranking (November 2023) – 12/119 (Acute & combined Trusts)



Background

- 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 2025

Context

- CT & MRI have continued to see increased demand with delays for Paediatric GA MRI and shortfalls in capacity for Cardiac CT
- Ultrasound are experiencing waits exceeding 6 weeks due to staffing pressures and capacity shortfalls for some specific body site scans
- Children's diagnostic services (colonoscopy, cystoscopy and gastroscopy) are heavily reliant on theatre capacity due to patients requiring GA for their diagnostic test
- Sickness in neurophysiology and audiology have resulted in some breaches due to lost capacity

Action

- MRI – Seacroft Hospital MRI (CDC) is now operational
- CT – mobile van now at Seacroft Hospital (CDC)
- Reviewing options to increase capacity for Cardiac CT which is the main cause of > 6ww breaches. Mid Yorks to start a Cardiac CT service which should help reduce referrals
- Ultrasound - review of capacity and demand underway for specialist areas e.g. paediatrics
- Ongoing review of Children's CSU diagnostics theatre allocation and utilisation. CSU are exploring additional opportunities to create capacity for diagnostic activity including mutual aid, outsourcing and insourcing and reallocation of internal capacity

Mortality

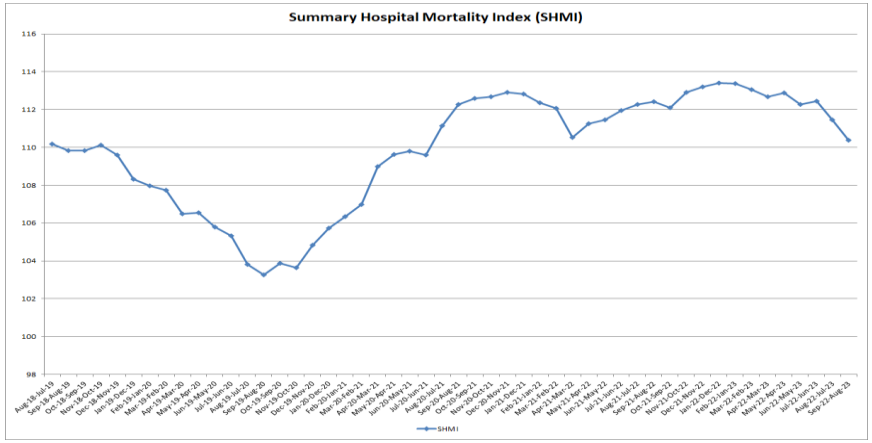
The Leeds Teaching Hospitals NHS Trust

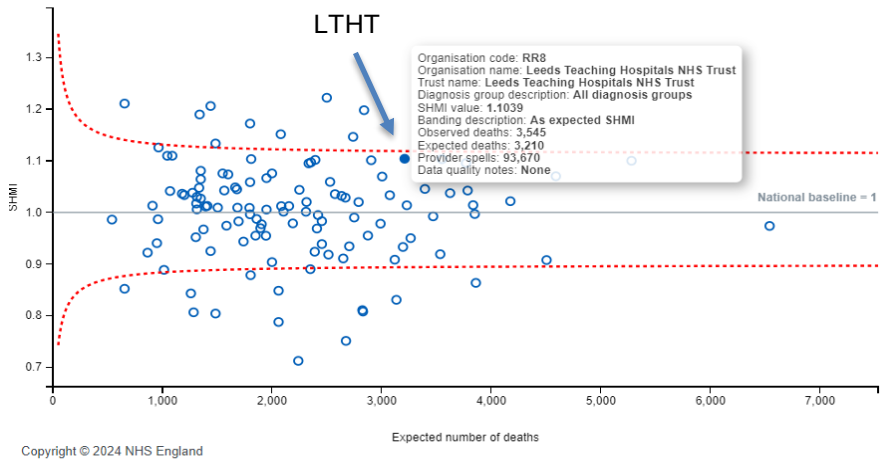
Sep 22 – Aug 23

Target: 100
Performance – SHMI: 110.39

Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.





Background

- 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.

Context

- The Trust SHMI for September 2022 – August 2023 was 110.39 an improvement for the second consecutive period and remains “As Expected”.
- The SHMI is at its lowest point since the November - 2021 publication

Action

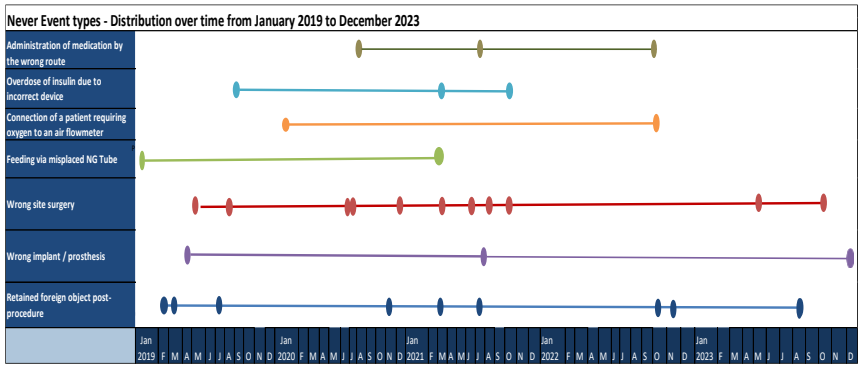
- The Mortality Improvement Group will continue to monitor SHMI in terms of both absolute value, comparison with peer organisations and changes in the diagnostic group breakdown.
- We continue to seek assurance through statistical analysis, coding reviews, and case note analysis. The Trust have strengthened 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.

Never Events

The Leeds Teaching Hospitals NHS Trust

Q3 (2023/24)

Target: 0
Performance : 4 (YTD)



Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.

Never events by Type April 2022 to present by financial quarter

	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23	Q1 23-24	Q2 23-24	Q3 23-24	Total
Administration of medication by the wrong route	0	0	1	0	0	0	0	1
Connection of a patient requiring oxygen to an air flowmeter	0	0	1	0	0	0	0	1
Wrong site surgery	0	0	0	0	1	0	1	2
Wrong Implant / prosthesis	0	0	0	0	0	0	1	1
Retained foreign object post-procedure	0	0	2	0	0	1	0	3
Total	0	0	4	0	1	1	2	8

Background

- 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

Context

The number of Never Event incidents are reported to our commissioners each quarter via the national Strategic Information System (StEIS) and notified to the ICB . The chart shows that there have were four Never Events in 2022/23. There have been four Never Events reported this financial year (April 23-present):

1. Wrong Site Surgery in Quarter 1.
2. Retained Foreign Object Post Procedure in Quarter 2.
3. Wrong Site Surgery in Quarter 3.
4. Wrong implant/ prosthesis in Quarter 3.

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/I.

Action

All Never Event incidents are subject to a Patient Safety Incident Investigation (PSII). Investigations for two of the incidents this financial year are currently under investigation. One investigation (from Q2) has been completed. Learning from Never Events are subject to review at the WYAAT shared learning group chaired by LTHT.

Maternity

Achieve the Access Targets for Patients

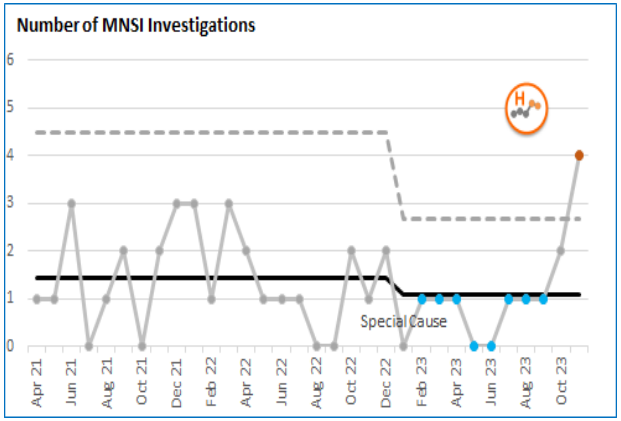
The Leeds Teaching Hospitals NHS Trust

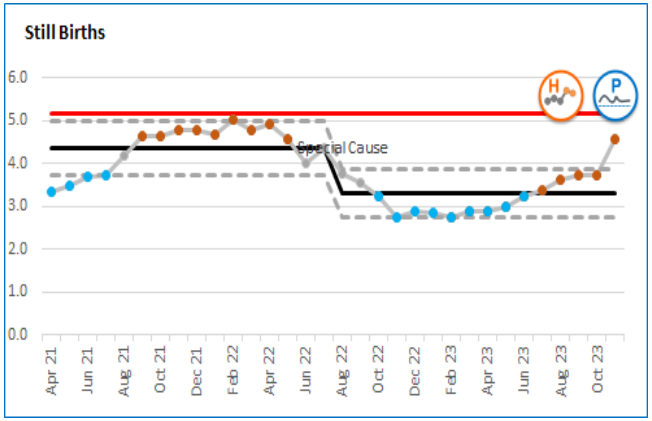
November 2023

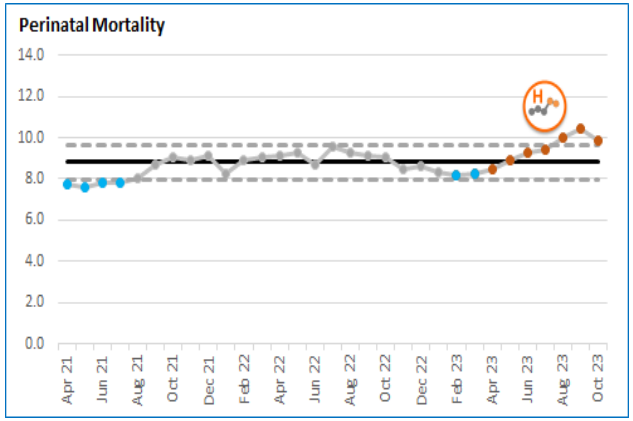
MNSI Investigations: 4
Still Birth Rate: 4.6
Perinatal Mortality Rate: 10.56

Executive Owner: Rabina Tindal (Chief Nurse)

Variance: Common cause variation.







Background

- These charts show the rolling stillbirth and perinatal death rate per 1000 births. LTHT is a tertiary unit and receives referrals for complex congenital abnormalities some of which have an impact on expected survival rates.
- The data which informs the perinatal mortality rate is currently under review as historically it has included all neonatal deaths rather than early neonatal deaths plus stillbirths. This will impact on the overall perinatal mortality rate recorded on the SPC charts in the future.
- There is also visual representation of the referrals to MNSI (previously HSIB)

Context

- 7 Stillbirths, 6 of which were antenatal less than 34 weeks gestation and 1 associated with uterine activity. All to be reviewed through PMRT process to identify whether there were any aspects of care or treatment that may have impacted the outcome.
- 6 Neonatal Deaths, 4 of which were expected to have a poor prognosis and outcome. 1 had an unknown severe cardiac condition which was diagnosed following birth, coronial referral but no PM indicated. 1 NND on the delivery suite following a baby born in poor condition.
- 4 referrals to MNSI, 2 indirect maternal deaths, 1 Sudden unexpected death in Childhood at home. 1 NND of a baby born in poor condition (as above).

Action

- Continue to review all cases as an MDT using the Perinatal Mortality Review Tool.
- Continue to work with other units to support peer review of perinatal mortality.
- Review and revise the dataset informing the perinatal mortality rate.
- Use appreciative enquiry to review the findings of the reviews and use outputs to inform service improvements.

Sickness Absence Rate

The Leeds Teaching Hospitals NHS Trust

November 2023

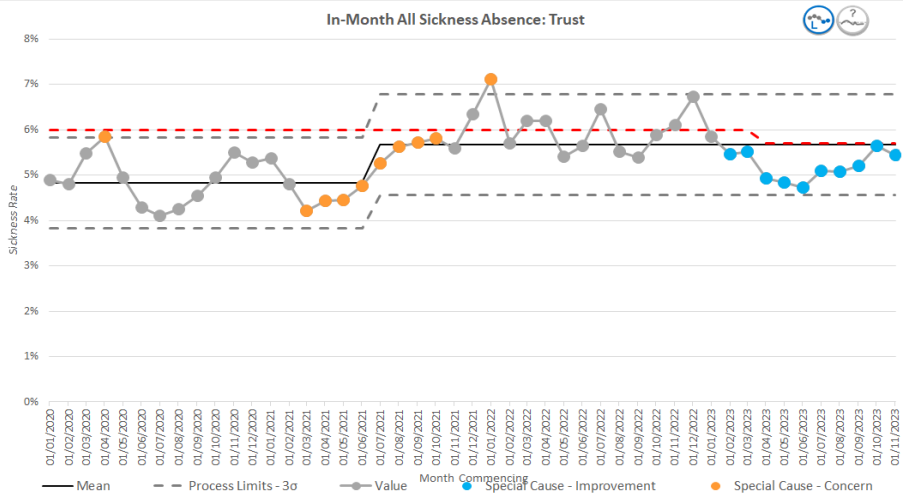
Target: 5.7%
Performance: 5.37%

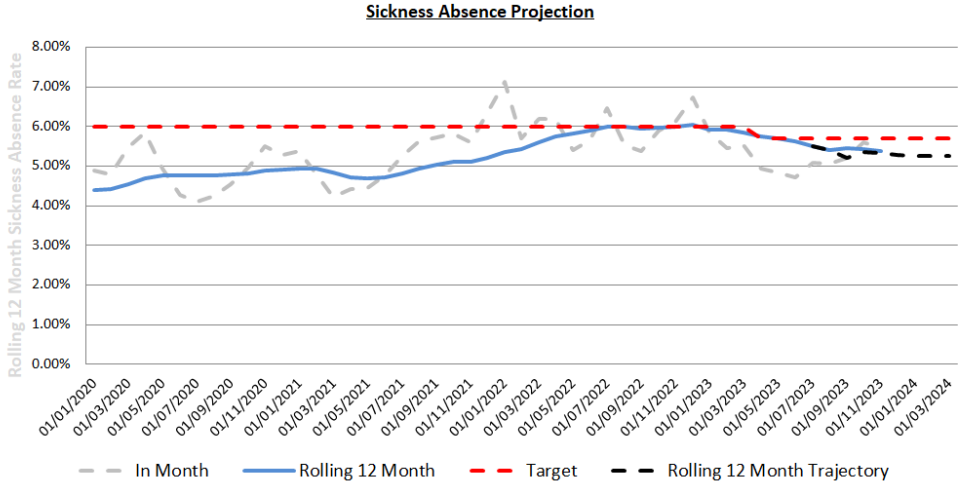
Variance: Common cause variation. The process will regularly achieve the target

Executive Owner: Jenny Lewis (Director of HR & OD)

Management/Clinical Owner: Chris Carvey

Sub-Groups: Workforce Committee





Background	What the chart tells us	Issues	Actions	Context
We have assumed: • We will see lower COVID related sickness absence throughout the 2023/24 financial year compared to the previous 2 financial years. • As a result of the actions of the Operational HR team, in collaboration with the Senior HR Business Partners, Clinical Service Units Triumvirate teams and Line Managers within each CSU, we will see a reduction of 0.3% in Non-COVID related sickness absence throughout 2023/24. The target line for 2023/24 on the graph on slide 4 has been updated to reflect this.	• The in-month rate has been below mean for most of 2023 however we are expecting an increase in December 2023 which may be above the 5.7% target for that month. • The November 2023 In-Month rate is lower than expected,	• N/A	•The Supporting Attendance process has been audited by PWC (Q3 2023/24). The draft report has been received and has been given a moderate risk rating. The proposed actions are being finalised, based on the recommendations in the report. •The Occupational Health and Wellbeing team continues to prioritise supporting our staff back into work. A deep dive took place at January Workforce Committee. •Continued focus on improving the data, information and accessibility to enable managers to proactively manage sickness and special leave in their teams. In December 2023, the management reports in the Absence Reporting Suite have been enhanced to allow data to be captured and maintained regarding the management of individual absence, i.e. stage of the process, meeting dates, and next planned step or action. •We will assess whether the control limits need to be adjusted when February 2024 data is available.	• N/A

Voluntary Turnover Rate

The Leeds Teaching Hospitals NHS Trust

November 2023

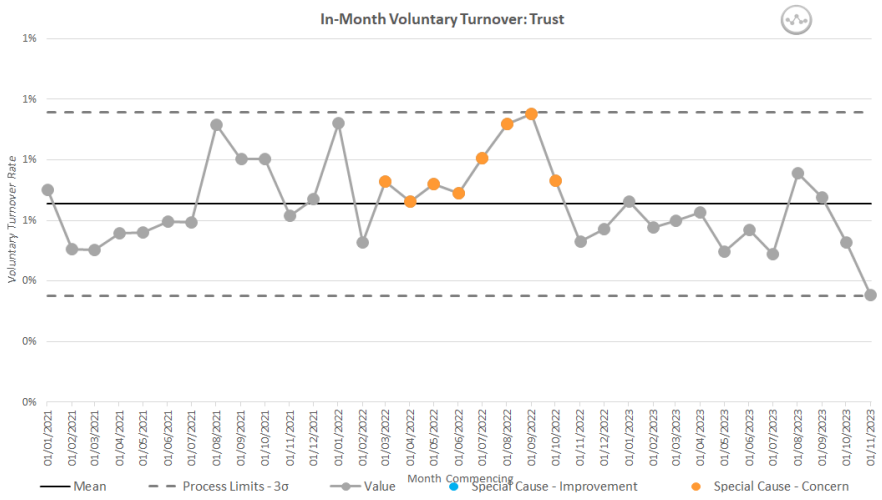
Target: 10%
Performance: 6.9%

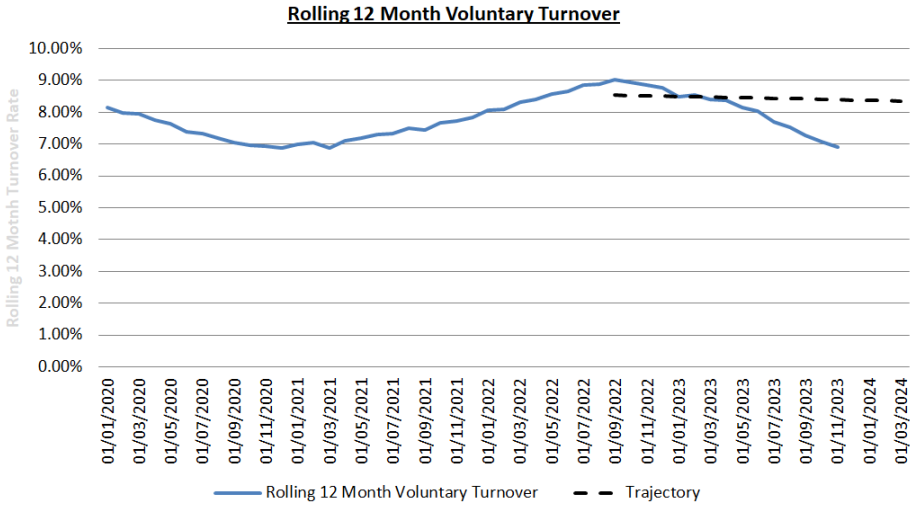
Variance: Common cause variation. The process will regularly achieve the target

Executive Owner: Jenny Lewis (Director of HR & OD)

Management/Clinical Owner: Michelle Litten

Sub-Groups: Workforce Committee





Background	What the chart tells us	Issues	Actions	Context
• Rolling Voluntary Turnover has reduced ahead of forecast throughout 2023/24 so far. • The In-month rate has fluctuated around the mean however there have been 3 consecutive months of decline which has a large impact on the rolling rate.	• Voluntary Turnover has been trending down for over 12 months	• N/A	• We have used the National People Promise and National Retention Guidance from NHSE to self-assess our work on retention. As part of the in-year commitment on retention, CSUs have undertaken their own self-assessment against the People Promise and Retention Guide and included actions from the Retention A3 in their Operational Workforce Plans along with progressing other actions to support retention. • Whilst we are seeing a reduction in turnover, at the present time the data is inconclusive as to whether this is attributable to the work being undertaken on retention as part of the in-year commitment. We are	• Voluntary turnover has been improving for 12 months. We have compared overall turnover to other large teaching hospitals trusts in the North and Midlands and LTHT seems to be improving at a similar rate to the control group.

Agency Spend

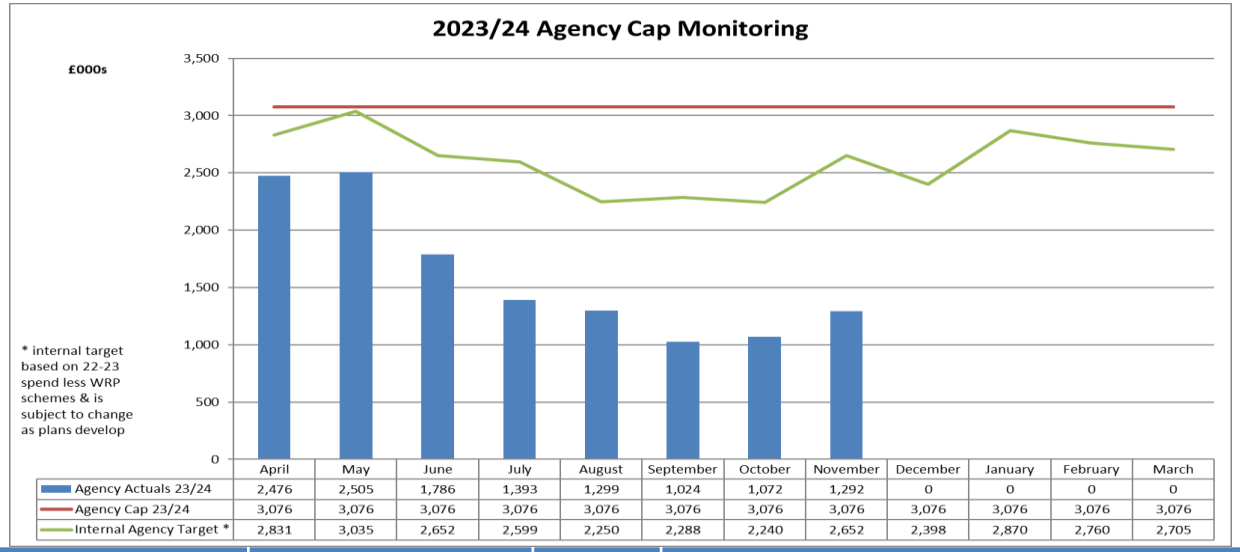
The Leeds Teaching Hospitals NHS Trust

November 2023
Target: 3.7% **Performance: 1.8**%
Variance: Common cause variation. The process will regularly achieve the target

Executive Owner: Jenny Lewis (Director of HR & OD)

Management/Clinical Owner: Johnny Gamble

Sub-Groups: Workforce Committee



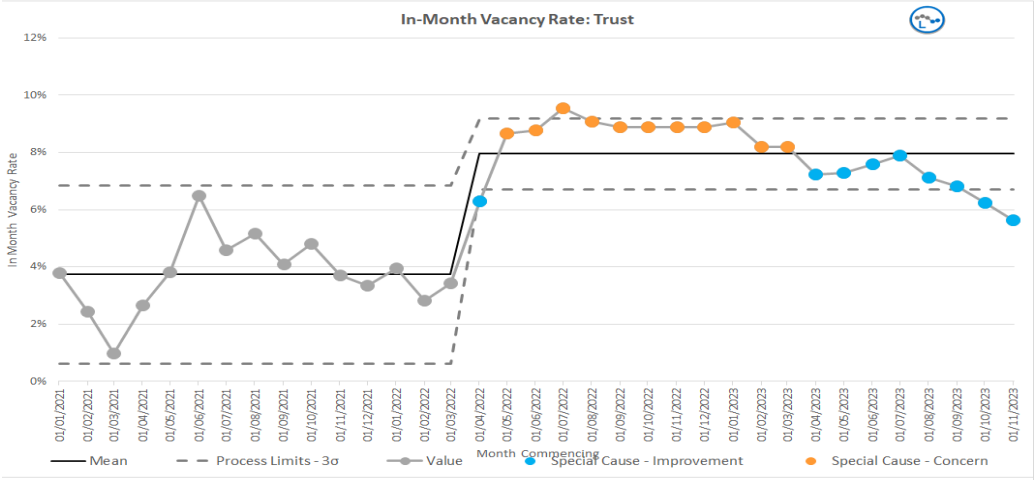
	April	May	June	July	August	September	October	November	December	January	February	March
Agency Actuals 23/24	2,476	2,505	1,786	1,393	1,299	1,024	1,072	1,292	0	0	0	0
Agency Cap 23/24	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076
Internal Agency Target *	2,831	3,035	2,652	2,599	2,250	2,288	2,240	2,652	2,398	2,870	2,760	2,705

Background	What the chart tells us	Issues	Actions	Context
• The agency cap for 2023/24 has been set by NSHE at 3.7% of the pay bill equating to approximately £3.1m per month. • A more challenging internal target has been developed based on 2022/23 expenditure levels less WRP schemes. This target will be monitored as we progress through 2023/24 and is subject to change as plans develop.	• We are achieving the NHSE target for this financial year.	• N/A	• International nurse recruitment is supporting a reduction in agency spend. CSUs have also included actions in their workforce plan to reduce bank and agency rates. • Work is being undertaken to look at the return on investment of the improved roster work that has been undertaken as part of the Financial Mitigation project in SIM, Urgent Care, Neuro, TRS and AMS and a further roll out plan will follow once the results have been analysed. • Processes are now in place to monitor and reduce spend on non-clinical agency.	• N/A

Vacancy Rate

The Leeds Teaching Hospitals NHS Trust

November 2023	Executive Owner: Jenny Lewis (Director of HR & OD)
Target: N/A **Performance: 5.64%**	**Management/Clinical Owner:** Jenny Lewis
Variance: Common cause variation. The process will regularly achieve the target	**Sub-Groups:** Workforce Committee



Background	What the chart tells us	Issues	Actions	Context
• Control Limits were re-cast at April 2022 due to an increase in the budget line. We are monitoring the current performance to assess whether to re-cast the limits again as of April 2023 even though the change in budget for this financial year was not as large as 2022/23. • Changes in budget are not aligned to recruitment patterns, particularly with relation to the recruitment of newly qualified registered staff. • Vacancy is calculated comparing substantive staffing numbers with funded FTE from the financial ledger which is adjusted for reductions arising from Waste Reduction Programmes and Vacancy Factor targets.	• Vacancies have reduced across most professional groups including registered and non-registered nursing and medical.	• N/A	• Senior HRBPs are working closely with CSUs and corporate teams to ensure operational workforce plans include actions to address high vacancies and exploring alternative recruitment options e.g. alternative roles (ACP, PA, Nursing Associates) along with apprenticeship options. However, some level of vacancy supports our flexible workforce (bank) colleagues. • As part of our in-year commitment on retention, all CSUs have developed A3s to address retention and actions from this are in their workforce plans. • CSU vacancy information is monitored monthly at the HR huddle as well as monthly in a joint Finance/HR meeting.	• N/A

I&E Position

The Leeds Teaching Hospitals NHS Trust

Decemer 2023

Executive Owner: Simon Worthington (Director of Finance)

In December the Trust reported an in month surplus of £3.3m, which was £3.6m favourable to plan and a year to date deficit of £9.5m, which is £2.9m adverse to the NHSE plan. Income to date is £1,362.4m which is £16m favourable to plan and expenditure to date is £1371.9m, £18.9m adverse to plan. The year to date position includes additional funding associated with the industrial action.

Pay expenditure to date is £810.1m, £35.3m adverse to the NHSE plan and includes expenditure associated with the cost of covering industrial action. Non-pay expenditure to date is £561.8m (including depreciation and finance costs), £16.4m favourable to the plan. The costs of the medical pay award and associated funding are included in the year to date position. The funding shortfall overall in regard to the medical pay award is £2.4m, £1.8m year to date. Additional funding of £5m in relation to Industrial Action is included in the year to date position.

The Trust has a balanced income and expenditure plan for the year, however there remains a number of significant risks to delivery. Achievement of the balanced plan relies on delivery of £131.5m of waste reduction.

Capital & Cash Position

The Leeds Teaching Hospitals NHS Trust

December 2023

Executive Owner: Simon Worthington (Director of Finance)

Capital

The Trust's capital expenditure forecast for 2023/24 is £96.7m. This has increased by £1.8m since last month due to the following forecast funding changes. An increase to the IFRS 16 leased assets of £0.8m following several lease remeasurements, the inclusion of £0.4m for the Genomics Central Lab orders which are funded by the North East and Yorkshire Genomic Laboratory Hub, £0.3m of Leeds CDC Seacroft additional PDC capital to fund a number of high priority M&SE capital items, £0.2m PDC received for the Cyber Improvement Programme and £0.1m funded from the Leeds NIHR Biomedical Research Centre. Conversations with DHSC and NHSE are ongoing regarding CRL cover for this spend. The programme is broken down as follows:

Programme	Forecast 2023-24 £000
Medical Equipment	10,011
Informatics	22,167
Building & Engineering	41,495
Building The Leeds Way	12,160
Leases	10,896
Total	**96,729**

Expenditure to 31 December 2023 is £47.4m which was £0.8m ahead of forecast; the variance was mainly driven the early delivery of the Genexus Sequencer and Cepheid Machine and costs ahead of forecast on Elective Theatres, WGH and the Purchase of HPV Machines scheme. AP010 will be reprofiled.

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 December was £42m, a reduction of £8m from the closing figure in November. Total receipts in the month amounted to £159m and included £5m for additional funding to cover strike costs, two VAT returns and a VAT rebate (£4.9m in total) and £1.2m of PDC capital funding. Total payments were £167m, comprising £89m for payroll and £78m for payments to suppliers. The month end balance is significantly ahead of the latest fundamental review (£26m) primarily due to receipt of commissioners payments earlier than forecast. The year end forecast remains £31m.

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

Better Payments Practice Code ("BPPC") compliance for the month was 98% and year to date remains at 96%.

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

NHS
The Leeds Teaching Hospitals
NHS Trust

Supplementary Metrics Produced by Exception

Length of Stay

Reduce average length of stay by 0.5 days per patient

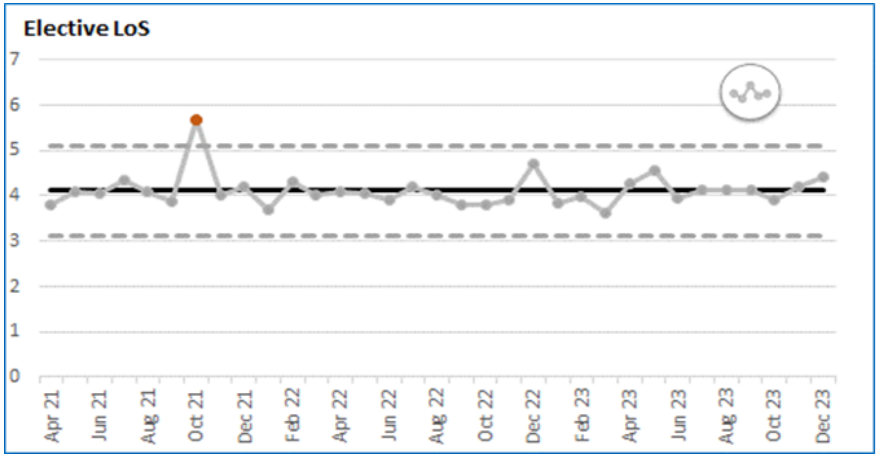
The Leeds Teaching Hospitals NHS Trust

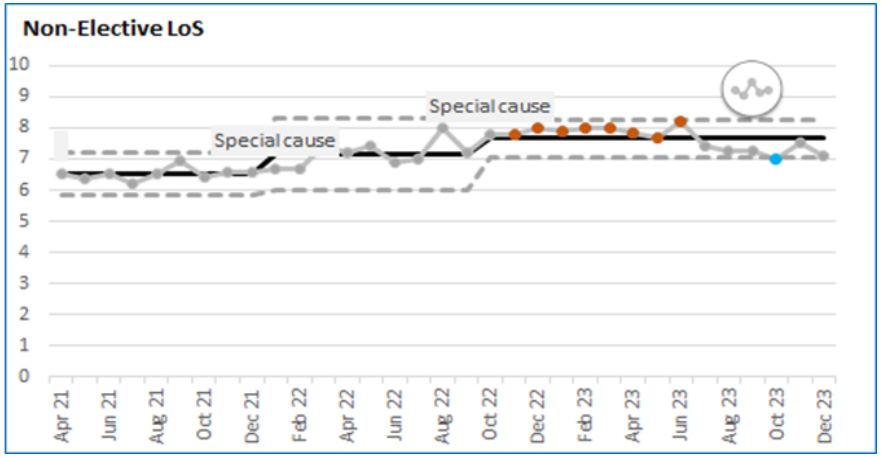
December 2023

Executive Owner: Clare Smith (Chief Operating Officer)

Target: Reduce Length of Stay by 0.5 days

Variance: Common cause variation.





Background

- Aim to reduce length of stay by 0.5 days
- Extended waits for social worker assessments, community bed availability and packages of care impact on the LOS of patients
- Long waiting Reason to Reside patients are complex, with challenging medical care needs or a combination of medical and complex social care needs

Context

- Non-elective admissions into the main bed base from A&E have increased by 5.4% for December 2023 in comparison to December 2022
- Non-elective LOS for December 2023 was 7.1 days. This is a reduction from 8.0 days for the same period last year
- Elective LOS for December 2023 was 4.4 days. LOS in December 2022 was 4.7 days

Action

- New Medical SDEC opened on December 11th, with focus on enhanced pathways to avoid admission where clinically appropriate- currently embedding this function and data collection
- The system wide Home First Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes against a trajectory of reducing the number of no reason to reside patients to 160 or below.
- Planned Care programme focus on day case. BADs directory outlines the opportunities by specialty. Performance is 77.2% (Sept 23 latest data)
- Pre-optimisation workstreams to improve patient outcomes for surgery and reduce elective LOS including enhanced frailty pre-assessment and ShapeUp4Surgery optimisation

Cancelled Ops

Achieve the Access Targets for Patients

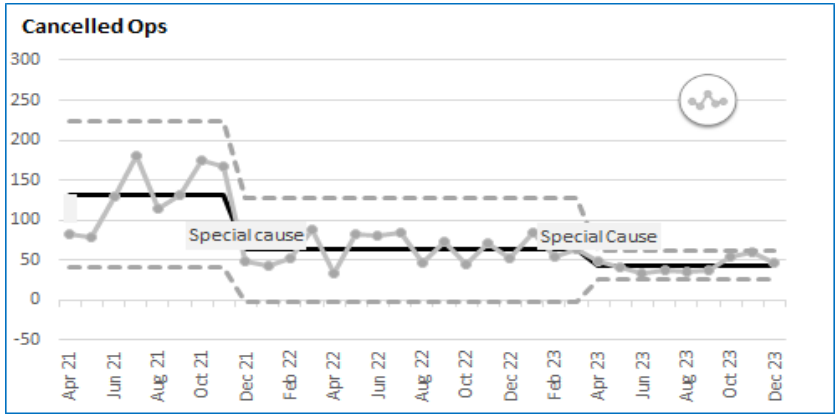
The Leeds Teaching Hospitals NHS Trust

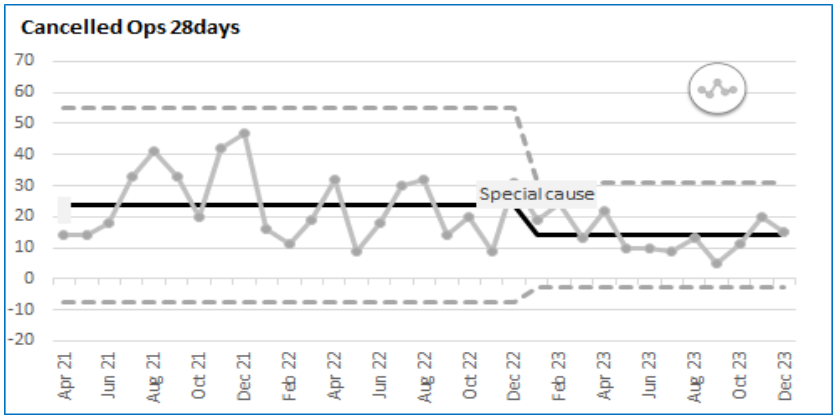
December 2023

Target: 0
Performance – LMCO: 47
Performance – 28day Standard: 13

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation. The process will fail to achieve the target.





Background	Context	Action
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)	**Cancelled Operations** • There were 47 LMCO in December 2023. This is a reduction compared to the 57 LMCO in November 2023 and a reduction when compared to the 53 LMCO in December 2022 • LMCO numbers are above the mean but within the process control limits **28 Day Breaches** • There were 15 breaches of the 28-day standard in December 2023. This is a reduction when compared to the 20 breaches in November 2023 and the 31 breaches in December 2022. 28-day breaches are above the mean but within the process control limits	• Deep dive into the reasons for cancellations on day in DBDU for AMS and Vascular theatre lists continues. • Continue work on the Elective Hub at WGH • Maximising opportunities around BADS procedures • Continue to improve utilisation, cases per session and 'first-starts' • Right procedure right place (RPRP) project to move admitted work from theatres into outpatient environments

Appendix – A Guide to SPC

The Leeds Teaching Hospitals NHS Trust

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

- If the target line is above the upper process limit you cannot expect to hit the target; doing so would represent a highly unusual occurrence as approximately 99% of values fall within the process limits
- Reset triggers (e.g. run of points above/below mean) set at 7 data points for Monthly however you need to first question the system, understand the cause and then only if, working with others, you're sure there's a new system, redraw the mean and limits from the point the new system was introduced.
- Baseline period (for setting mean & control limits) to be set at 12 data points for Monthly
- Baseline reset rules are only applied after the baseline period
- Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.
- A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system. When more than 7 sequential points fall above or below the mean that is not deemed to be natural variation and may indicate a significant change in process. This process is not in control.
- When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process.

Appendix – A Guide to SPC

The Leeds Teaching Hospitals NHS Trust

Variation			Assurance			
						
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	'Pass' Variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	'Fail' Variation indicates consistently - (F)ailing of the target	Data Currently unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Glossary

The Leeds Teaching Hospitals NHS Trust

Full Name	Abbreviation
Associate Director of Operations	ADOP
Abdominal Medicine & Surgery	AMS
Better Payments Practice Code	BPP
Building the Leeds Way	BtLW
Cancer 2 Week Wait	Cancer 2WW
Clostridioides difficile	CDI
Chief Operating Officer	COO
Care Quality Commission	CQC
Clinical Service Unit	CSU
Cancer Wait Time	CWT
Did Not Attend	DNA
Director of Operations	DOPs
Emergency Care Standard	ECS
Emergency Department	ED
Faster Diagnosis Standard	FDS
First Definitive Treatment	FDT
General Practitioner	GP
Human Resources	HR
Health Safety Investigation Branch	HSIB
Hospital Standard Mortality Rate	HSMR
Integrated Care Board	ICB
International Financial Reporting Standards	IFRS
Key Performance Indicators	KPI
Leeds General Infirmary	LGI
Last Minute Canelled Operations	LMCO
Length of Stay	LoS
Leeds Teaching Hospitals NHS Trust	LTHT

Full Name	Abbreviation
Multidisciplinary Team	MDT
Motor neurone disease	MND
Maternity & Newborn Safety Investigations	MNSI
Methicillin-resistant Staphylococcus aureus	MRSA
NHS England	NHSE
Plan, Do, Study, Act	PDSA
Patient Initiated Mutale Aid	PIDMAS
Personalised People Management	PPM
Patient Safety Incident Investigation	PSII
Right procedure right place	RPRP
Referral to Treatment	RTT
Service Delivery Accountability Meetings	SDAM
Same Day Emergency Care	SDEC
Summary Hospital Mortality Indicator	SHMI
Specialty & Integrated Medicine	SIM
Structured Judgement Review	SJR
St James University Hospital	SJUH
Statistical Process Control	SPC
National Strategic Information System	StEIS
Trauma Related Services	TRS
Venous thromboembolism	VTE
Waste Reduction Programme	WRP
West Yorkshire Association of Acute Trusts	WYAAT
Yorkshire Ambulance Service	YAS
Year to Date	YTD

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