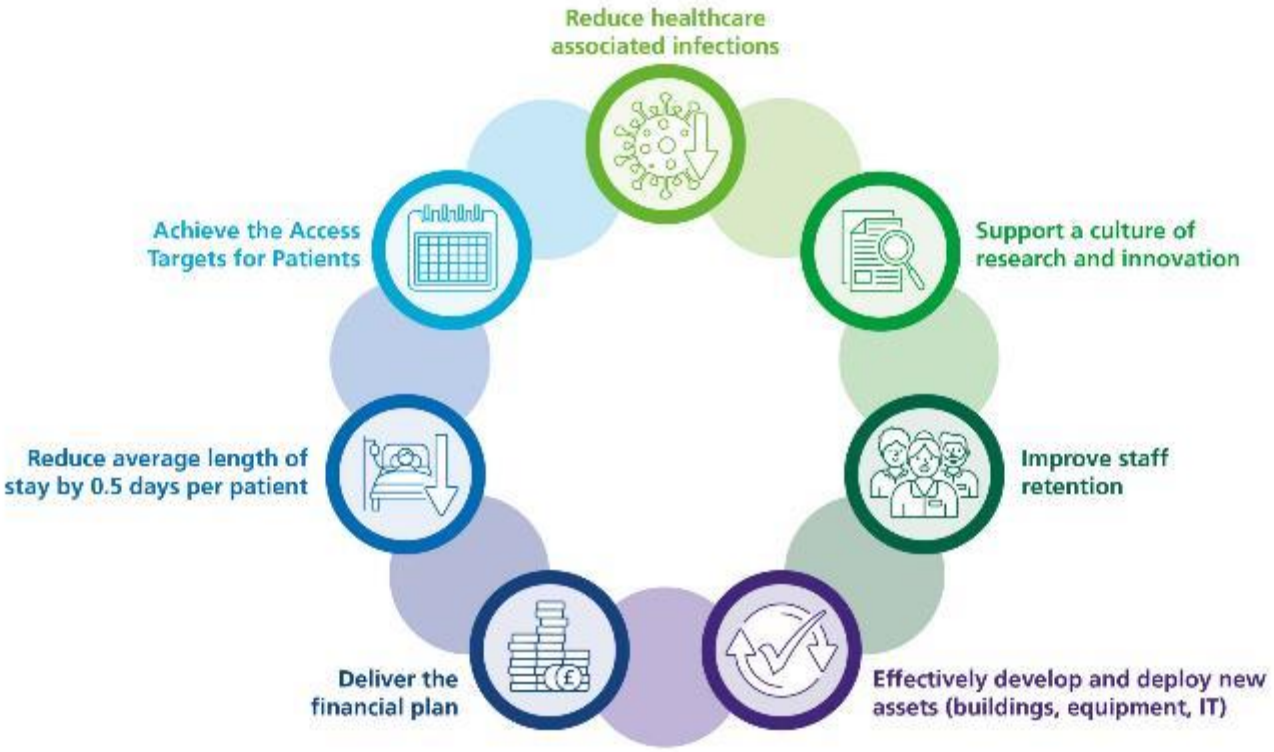
NHS
The Leeds Teaching Hospitals
NHS Trust

Integrated Quality & Performance Report

November 2023

Agenda Item 12.2

7 Commitments



Summary - Performance

The Leeds Teaching Hospitals NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
AE Attendances per day	Oct 23	984.4	-			918.3	779.1	1057.4
Ambulance Handovers <15mins LGI	Oct 23	00:15:05	<15mins	H	P	00:10:00	00:06:48	00:13:13
Ambulance Handovers <15mins SJUH	Oct 23	00:20:03	<15mins	H	?	00:13:13	00:09:08	00:17:18
Last Minute Cancelled Ops	Oct 23	53	-			41	25	57
Cancelled Ops 28days	Oct 23	11	-			14	-3	30
Cancer 2ww	Sep 23	81.7%	93.0%		?	79.4%	40.5%	118.4%
Cancer 28day	Sep 23	68.6%	75.0%		?	75.0%	67.2%	82.8%
Cancer 31day Sub	Sep 23	80.2%	94.0%		F	75.4%	64.0%	86.7%
Cancer 31day	Sep 23	90.3%	96.0%		?	91.8%	86.8%	96.8%
Cancer 62-day denom	Sep 23	9.6	-			9.5	7.0	12.0
Cancer 62 day	Sep 23	46.0%	85.0%		F	52.3%	42.1%	62.5%
Diagnostics	Oct 23	95.6%	99.0%	H	F	93.4%	90.7%	96.0%
DNA Rate	Oct 23	7.70%	-			8.21%	7.13%	9.29%
Outpatient DNA Volumes	Oct 23	8447	-			8868	6450	11286
ECS Monthly	Oct 23	70.5%	76.0%		?	73.8%	69.2%	78.5%
Elective LoS	Oct 23	3.9	-			4.1	3.1	5.1
Elective Readmissions	Oct 23	3.04%	-			3.54%	2.78%	4.31%
Non-Elective LoS	Oct 23	7.0	-	L		7.7	7.2	8.2
Non- Elective Readmissions	Oct 23	8.25%	-	L		10.42%	8.51%	12.34%
OPFU3months	Oct 23	37738	-	H		35868	34037	37699
RTT Performance	Oct 23	62.9%	92.0%		F	63.3%	61.3%	65.2%
RTT Total Waiting list	Oct 23	93889	-			93105	91163	95047
RTT 65 Week Breach Backlog	Oct 23	1097	0		P	994	794	1195
RTT 78Week Breach Backlog	Oct 23	83	0		?	93	-8	194
			-					

Summary

NHS
The Leeds Teaching Hospitals
NHS Trust

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% LR1 responses sent out within timeframe (20/40/60 w/days)	Oct 23	48.6%	80.0%			27.9%	9.5%	46.3%
% CSU draft comments returned in timeframe (10/27/45 w/days)	Oct 23	52.7%	80.0%			37.5%	15.7%	59.3%
Response Lead Time (Hours)	Oct 23	1320	-			1962	1277	2647
Defect Rate (Trust Wide)	Jul 23	10.7%	18.0%			12.0%	#N/A	#N/A
SHMI	Oct 23	112.43	100.00			110.78	109.37	112.18
Never Events	Sep 23	1	0			1	#N/A	#N/A
VTE	Oct 23	96.9%	-			96.5%	95.7%	97.2%
CDI	Oct 23	22	-			16	2	29
MRSA	Oct 23	0	-			1	-1	3
E. Coli	Oct 23	20	-			25	10	39
Pseudomonas	Oct 23	4	-			4	-3	10
Klebsiella	Oct 23	15	-			10	2	19
Falls Rate per 1000 Bed Days	Oct 23	3.1	-			3.8	2.9	4.8
Developed Pressure Ulcers Rate per 1000 Bed Days	Oct 23	1.4	-			1.3	0.6	2.1
Number of HSIB Investigations	Sep 23	1	-			1	-1	4
Rolling Still Birth Rate	Sep 23	3.74	5.20			3.81	3.23	4.40
Rolling Perinatal Mortality Rate	Sep 23	10.41	-			8.78	7.94	9.62

Summary - HR

The Leeds Teaching Hospitals NHS Trust

Measure	Commitment	Reporting Period	Performance	Target	Variance	Assurance
Rolling Overall Sickness Rate	Deliver the Financial Plan	Sep-23	5.45%	5.70%		
Rolling Voluntary Turnover Rate	Retention	Sep-23	7.27%	10.00%		
Agency Spend (as % of total pay bill)	Deliver the Financial Plan	Sep-23	1.90%	3.70%	L	P
Vacancy Percentage	Retention	Sep-23	6.80%	N/A	H	
Mandatory Training Compliance Rate	Retention	Sep-23	87.96%	0.8		P
Quarterly Pulse Survey Engagement	Retention	Jul-23	6.7	N/A		
Staff Survey						
Staff Survey Engagement	Retention	22/23	6.8	N/A		
Staff Survey Response Rate	Retention	22/23	36.66%	65%		
Looking for a new job in the next 12 months	Retention	22/23	52.80%	N/A		
Flexible Working	Retention	22/23	54.27%	N/A		

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Core Metrics

Ambulance Handover

Achieve the Access Targets for Patients

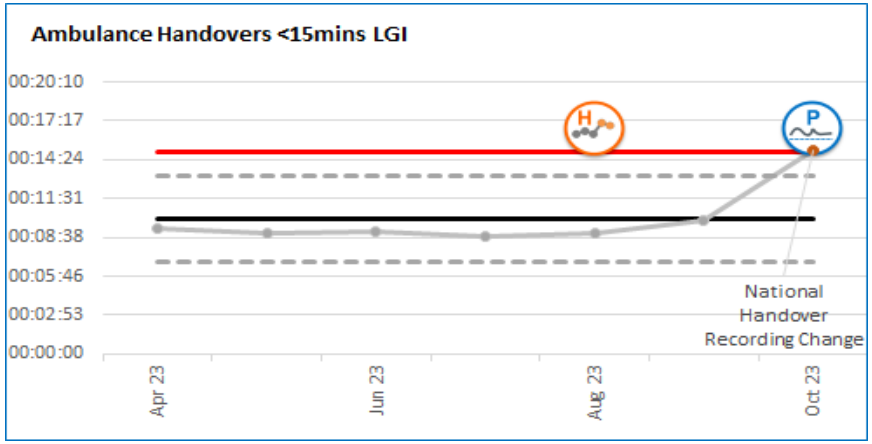
The Leeds Teaching Hospitals NHS Trust

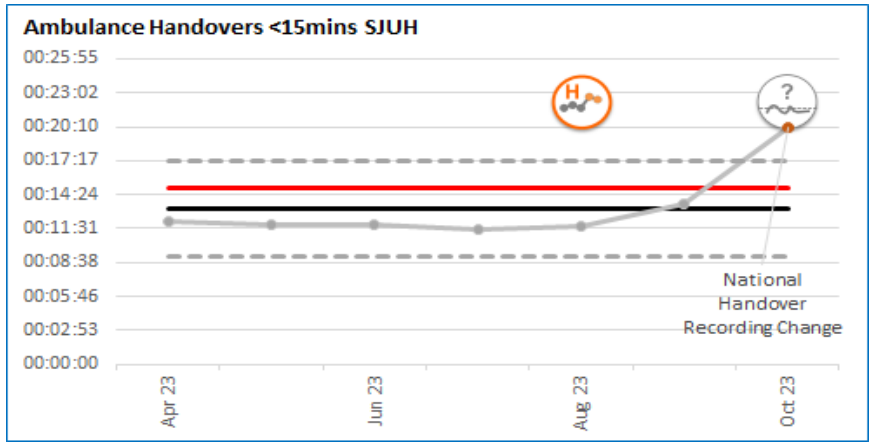
October 2023

Target: <15mins
Performance – LGI : 00:15:05
Performance – SJUH : 00:20:03

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

Content

- There is a distinct increase in ambulance handover time at the point the NHS changes were made in October 2023. This has added approximately 5 minutes onto LTHT handover time
- LGI – In October 2023 there were 1046 handovers over 15 minutes (37.8%). The average handover time at LGI was 15:05 minutes
- SJUH – In October 2023 there were 1917 handovers greater than 15 minutes (63.5%). The average handover time at SJUH was 20:03 minutes
- Nationally LGI placed 11th and SJUH placed 52nd out of 183 hospitals

Action

- Use of 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 co produced with YAS to deliver handovers within 15 minutes is being developed

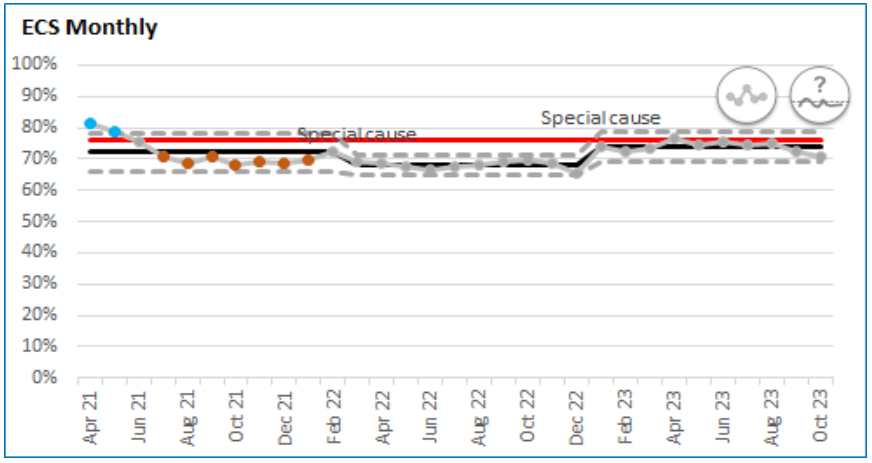
Emergency Care Standard

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

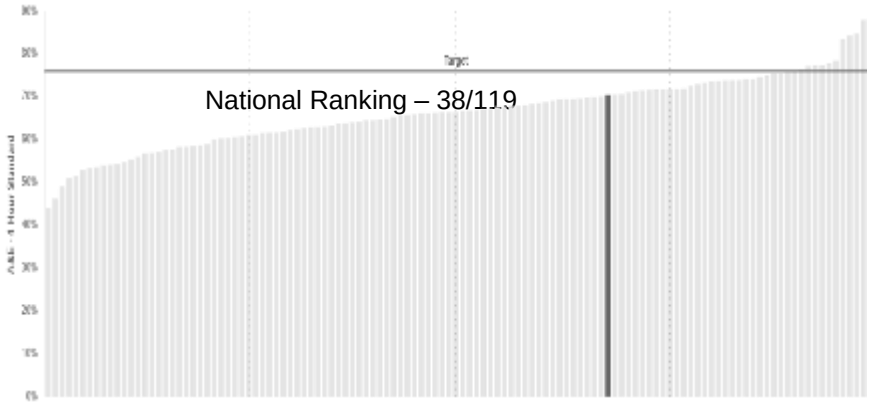
October 2023

Target: 76%
Performance: 70.5%



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.



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 October 2023 was 70.5% against an improvement trajectory of 74%
- LTHT ranked 38th out of 119 Trusts for ECS performance in October 2023
- Attendances across all sites in October 2023 increased by 4.9% compared to October 2022
- Paediatric ECS dropped from 84.7% in September 2023 to 76.4% in October 2023 due to children's hospital pressures and high rates of RSV. October paediatric attendances compared to September 2023 increased by 17.3%. This had an impact of approx. 1.5% on overall ECS performance

Action

- SJUH new medical and elderly SDEC to open on 11th December 2023. Focus on admission avoidance and streaming patients to correct specialties sooner
- SJUH resus estate works planned to support A&E internal flow and oversight
- Process Improvement Week to take place in November 2023 at the LGI site
- Review of 4 hour breach validation process now implemented
- Weekly service delivery huddle to review performance. Feedback to children's hospital now included in this standard work

RTT

Achieve the Access Targets for Patients

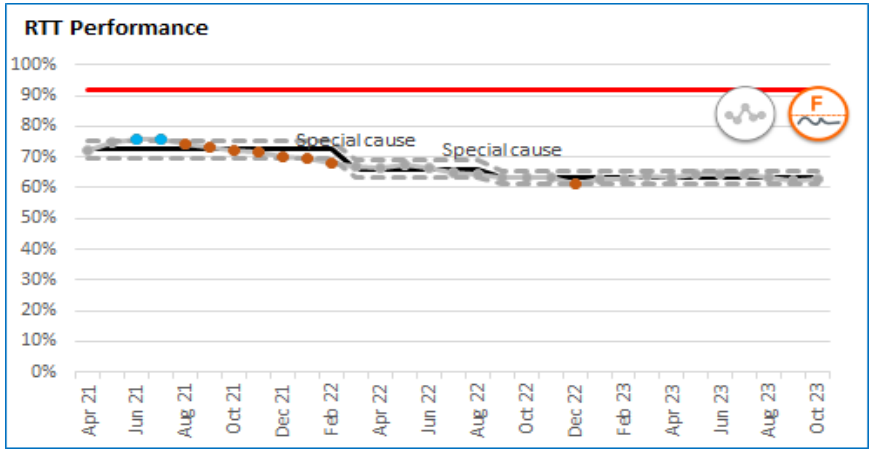
The Leeds Teaching Hospitals NHS Trust

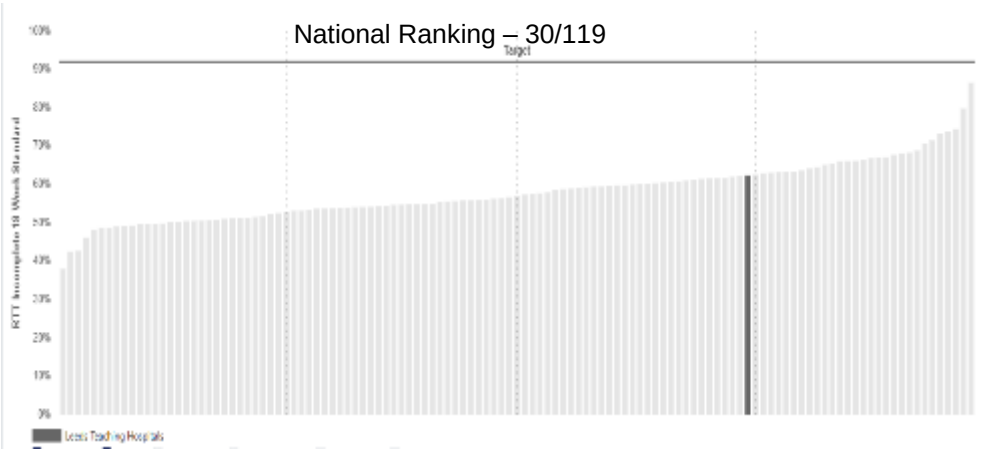
October 2023

Target: 92%
Performance: 62.9%

Executive Owner: Clare Smith (Chief Operating Officer)

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





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 62.9% for October 23, an improvement of 0.6% on September 23 • The number of over 18 weeks has reduced by 683 patients, with an October total of 34,869 • The total waiting list size has decreased for the second consecutive month since January 23, going from 94,376 in September 23 to 93,972, a reduction of 404 patients • 1 patient was over 104 weeks in October 23 • 83 patients were over 78 weeks for October 23, an increase of 18 on September 23 • No industrial action since first week of October	• PIDMAS (Patient Initiated Mutale Aid) (launched end October 23) alongside DMAS • Weekly Corporate Planned Care Huddle at Service Delivery to review position and further actions • SDAM (Service Delivery Accountability Meetings) with ADOPs, CSUs and Performance Team • Validation of waits over 12 week completed, 24,500 patients contacted, with over 1,000 patients indicating no longer wished to be seen

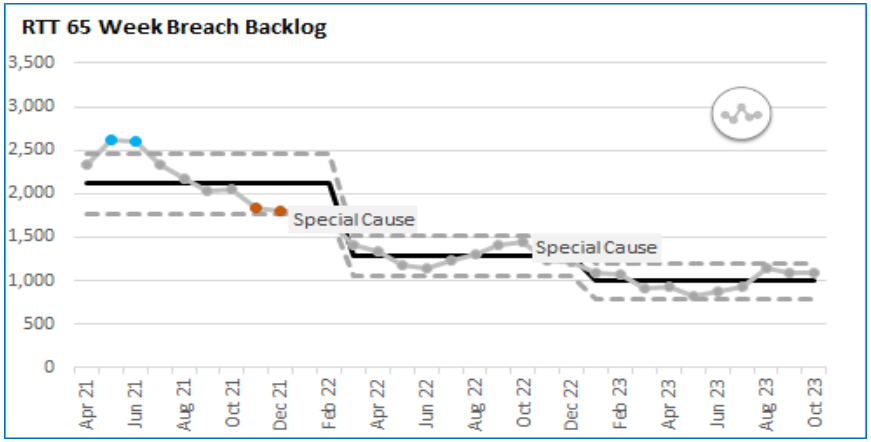
RTT 65 Weeks

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

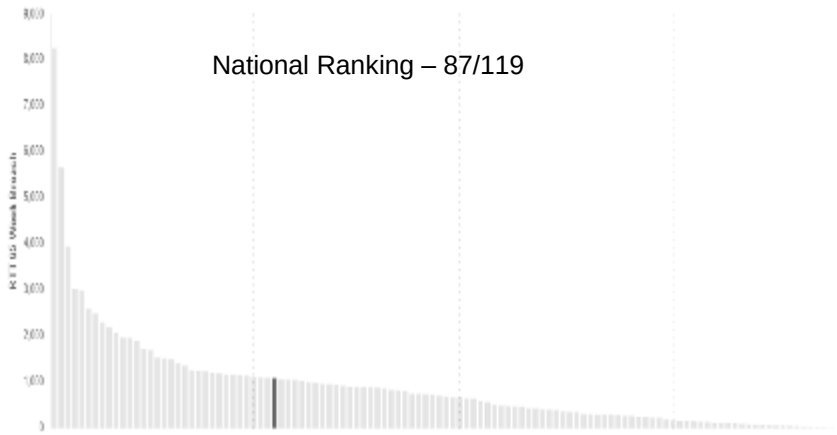
October 2023

Target: 0
Breach Backlog: 1097



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.



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	• October 23 reported 1,071 patients waiting 65 weeks, which is 10 more than September 23 • October 21 we had 2,307 patients waiting 65 weeks and October 22 we had 1,448 • 65 weeks highest in May 21 at 2,618 • c6,000 patients to be treated before April 24 • October 2023 reported 83 patients waiting 78 weeks, 18 than in September 2023 • October 2021 we had 928 patients waiting 78 weeks and October 2022, we had 408 • Significant impact of industrial action on delivery	• Weekly Production Board being used to monitor delivery • Clearance trajectories for 65 week waiting patients with initial focus on those awaiting a 1st OPA, meeting with COO and DOps • Where weekly run rate not being delivered this is shared with ADOPs & CSUs/Business Units • 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

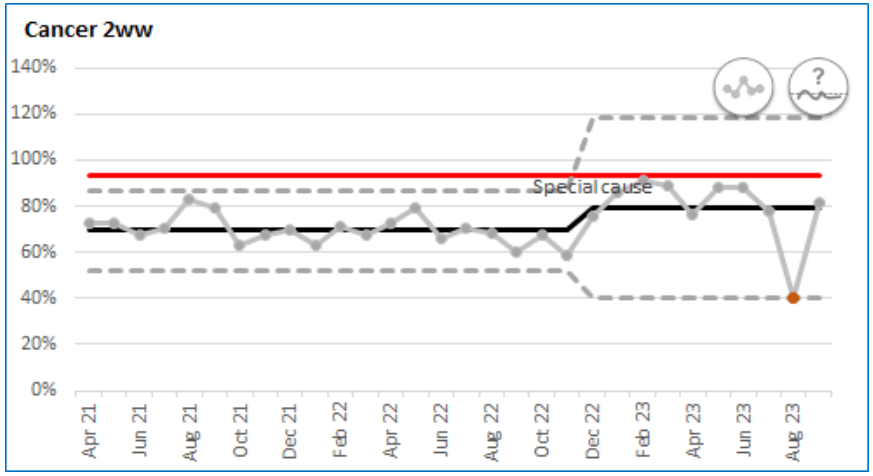
Cancer 2 Week Wait

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

September 2023

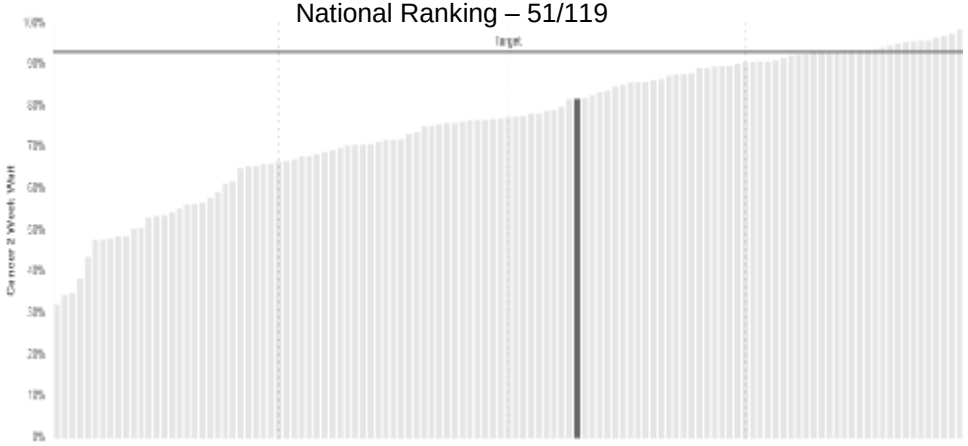
Target: 93%
Performance: 81.7%



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 – 51/119



Background	Context	Action
• 93% of GP referrals are seen for their first OPA or test within 14 days	• Delivery in the skin pathway fell significantly in August (triage was at 21 days) but has recovered in September with triage improving to 9 days. • High volumes of patients samples will progress in this pathway into pathology and create a spike in conversions to plastic surgery in the coming months • Performance in Breast is starting to reduce due to gaps in Radiology cover • Gynae continues to have some long waits, as does ENT and breast. These are due to high numbers of referrals and some capacity shortfalls in these areas	• Skin 2WW performance has impacted on 28-day FDS and backlog. Capacity and demand modelling is being completed. Additional clinic slots provided. • Skin pathway time out 16/11/23, plastics timeout planned 28/11/23. Members from all CSUs are invited to ensure a joined up approach • Work co-ordinated with Breast clinicians to develop improvement plans led at ADOP level • Gynae undertaking US scans separately to hysteroscopy to improve 2WW • ENT triage clinic is to be established, job plans are being finalised

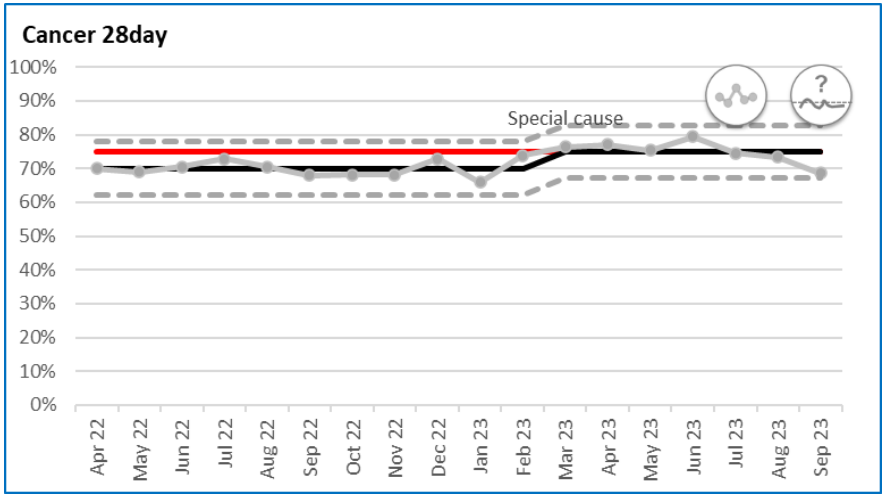
Cancer 28 Day Faster Diagnostic

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

September 2023

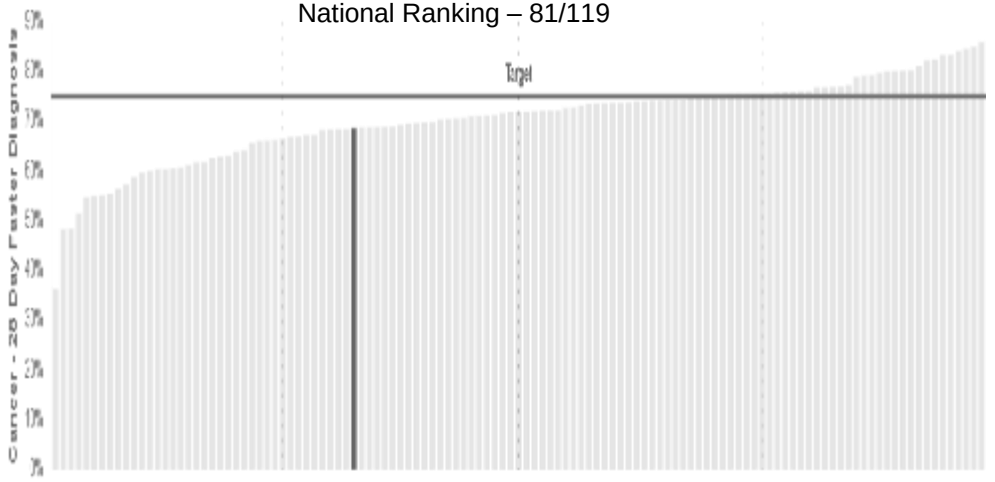
Target: 75%
Performance: 68.6%



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.

National Ranking – 81/119



Background

- NHS England has introduced a new target called the Faster Diagnosis Standard (FDS). The target is that you should not wait more than 28 days from referral to finding out whether you 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%. Performance into September has slipped a little, mainly due to lower performance in skin , as patients are waiting over 4 weeks for the first OP appointment
- Other areas of reduced performance ate ENT and Gynae

Action

- There is a full action plan for Skin to reduce the waiting times in this pathway. Improving the wait in the initial part of the pathway will improve performance
- Increased 2WW waits increases the possibility of delayed diagnosis – both ENT and Gynae have long initial waits , although there are plans in place to reduce these.

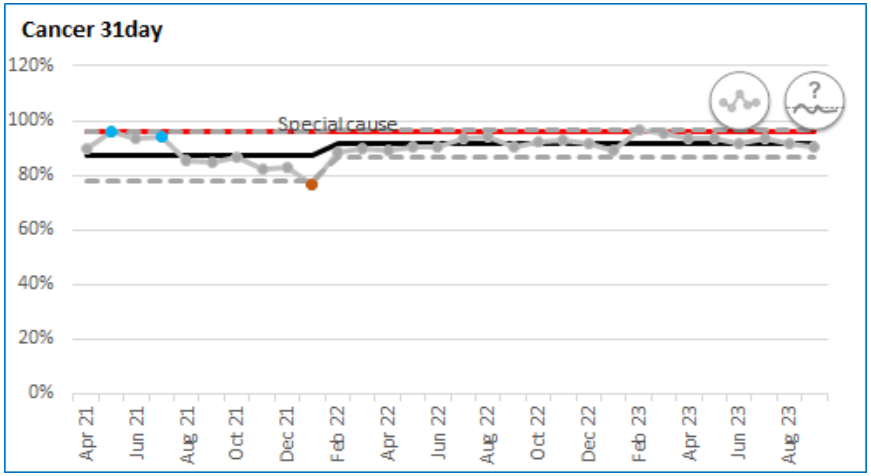
Cancer 31 day

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

September 2023

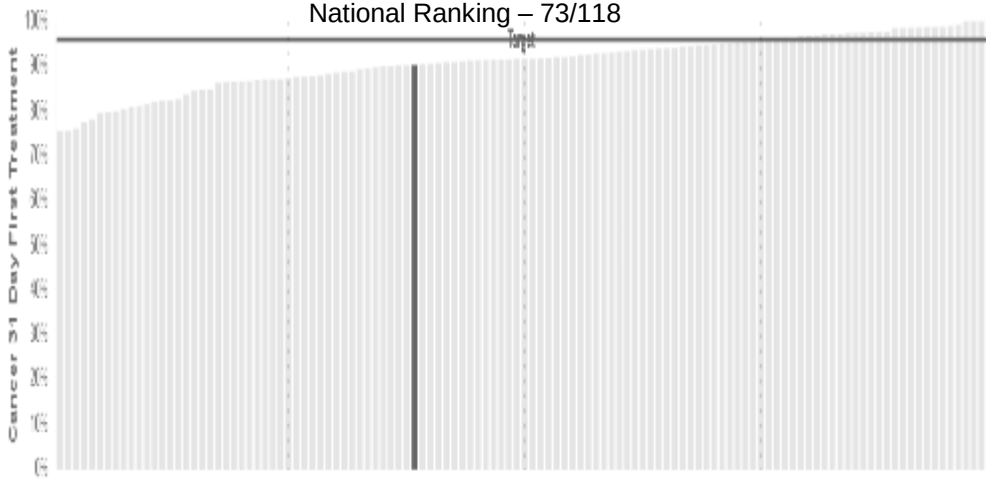
Target: 96%
Performance: 90.3%



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 – 73/118



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, in particular in AMS, have been significantly impacted by the Industrial Action • Performance for subsequent treatments is similar to First treatments, although some radiotherapy can be longer than 31 days if they are low priority	• Theatre capacity presents particular challenges for some CSU's who are struggling to catch up after theatre losses during IA in recent months • Cancer treatments are prioritised ahead of less urgent activity • Subsequent radiotherapy waits have been reassessed and new processes for recording and monitoring implemented (in particular in Breast), this will yield improvements in a few weeks

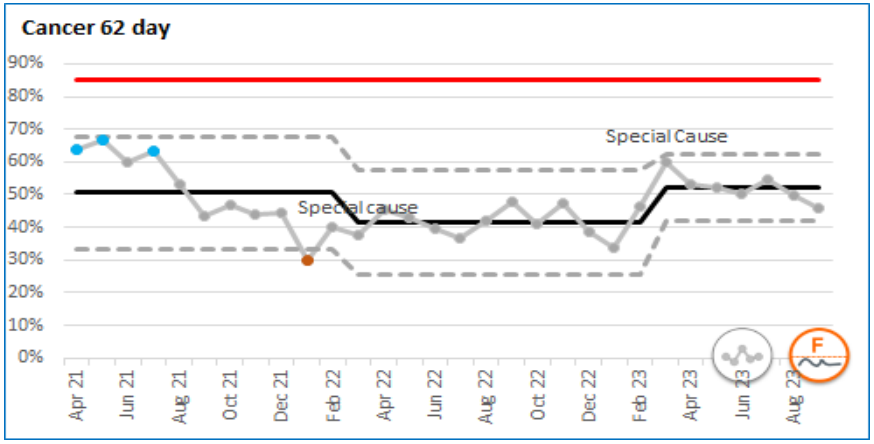
Cancer 62 Days

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

September 2023

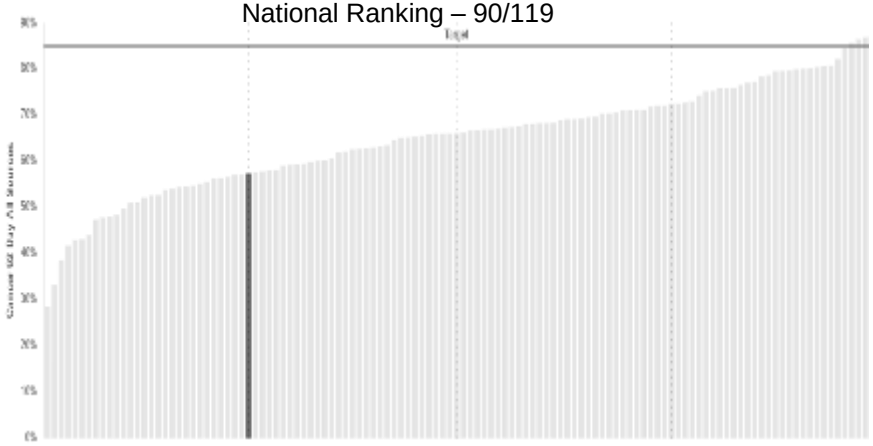
Target: 85%
Performance: 46%



Executive Owner: Clare Smith (Chief Operating Officer)

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

National Ranking – 90/119



Background	Context	Action
• 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	• Backlog continues to rise due to increasing numbers of patients waiting for first OPA in Skin. Other CSU backlogs remain stable • 62 day delivery below trajectory despite good performance earlier in the 2023. This is across all CSU's • New CWT times will enable improved performance in October but the 'classic' 62 day performance will continue to be monitored to more fully assess any improvements	• Skin pathway timeout in November will assist planning longer-term improvements for this pathway • Additional focus across all specialities via the PTL meetings, concentrating on individual patients to remove blockages in pathways and escalate as appropriate • Pathology results reports are now used daily to improve the time taken for actions to be undertaken • 3 x Project Managers (Pathology, Skin/TRS and Gynae/H&N) have been funded with Alliance funding to support CSU's with service improvement work. Interviews for 2 of these are imminent, the third will be advertised shortly

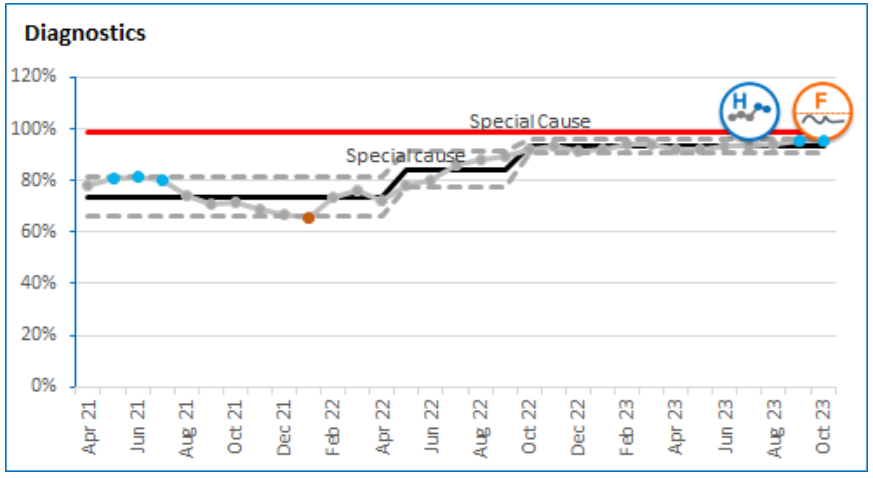
Diagnostic Waits

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

October 2023

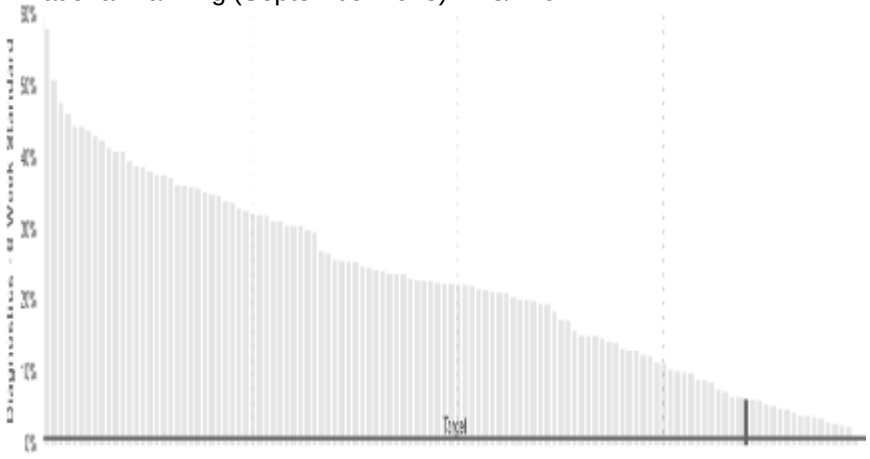
Target: 99%
Performance : 95.6%



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 (September 2023) – 18/120



Background	Context	Action
• 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	• CT & MRI have continued to see increased demand with delays only for Paediatric GA MRI and shortfalls in capacity for Cardiac CT • Ultrasound are currently experiencing a high number of 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	• 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 • Ultrasound - training is underway with current staff to undertake neck scans. 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 using independent provider. Capacity further impacted due to the temporary unavailability of a day-case ward

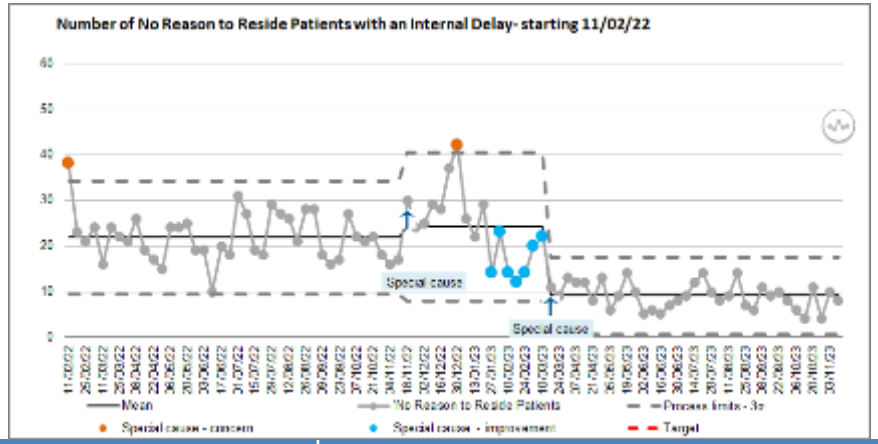
No Reason to Reside

Reduce average length of stay by 0.5 days per patient

The Leeds Teaching Hospitals NHS Trust

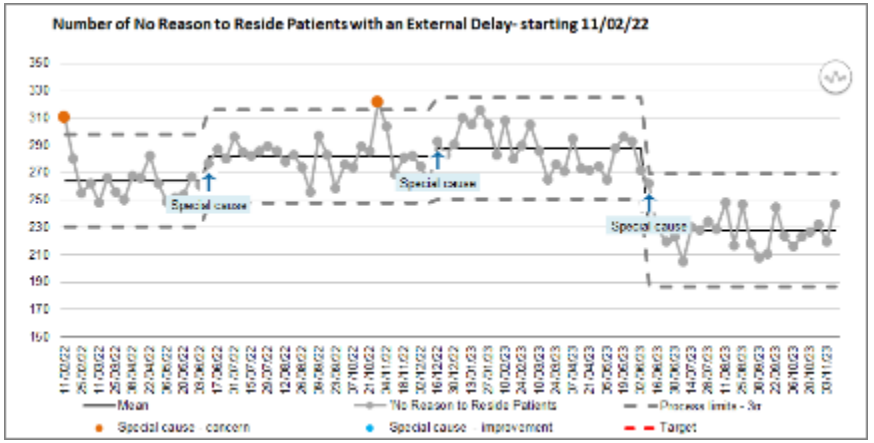
October 2023

Target: 0
Performance Internal Delay : 4
Performance External Delay : 232



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.



Background

- Reason to Reside patients are those assessed by an MDT 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

Context

- There were 236 patients without a reason to reside on the last Friday in October 2023.
- Of these, 232 patients had an external delay and there were 4 patients who had an internal delay.
- LTHT target of <20 patients with an internal delay has consistently been achieved for 33 weeks
- Of the 236 patients:
  - 36.4% of patients were awaiting availability for assessment and start of care at home (Pathway 1)
  - 14.8% of patients were awaiting availability of rehabilitation/reablement/recovery bed in community hospital or other bedded setting (Pathway 2).
  - 33.9% of patients were awaiting availability of bed in a residential or nursing home that is likely to be a permanent placement (Pathway 3)

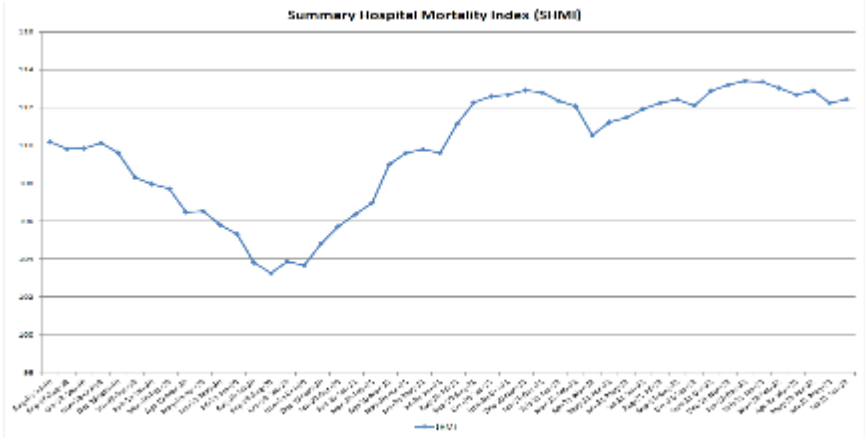
Action

- 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 was reduced from 15% of all discharges in January '22 to 5% in June '23.
- The Home First Programme is developing the model of intermediate care services to achieve more independent and safe outcomes, 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 increasing 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.

Mortality

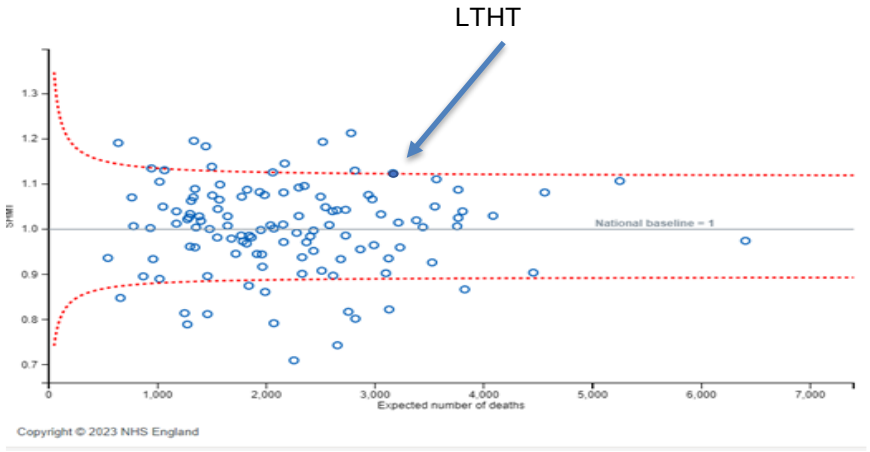
July 22 – June 23

Target: 100
Performance – SHMI: 112.43



Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.



Background	Context	Action
• 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.	• The Trust SHMI for July 2022 – June 2023 was 112.43 a slight increase on the previous reporting period (112.26) which was "As Expected" and has now moved back to "Higher than Expected". The control limit for "Higher than Expected" is 112.29.	• 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

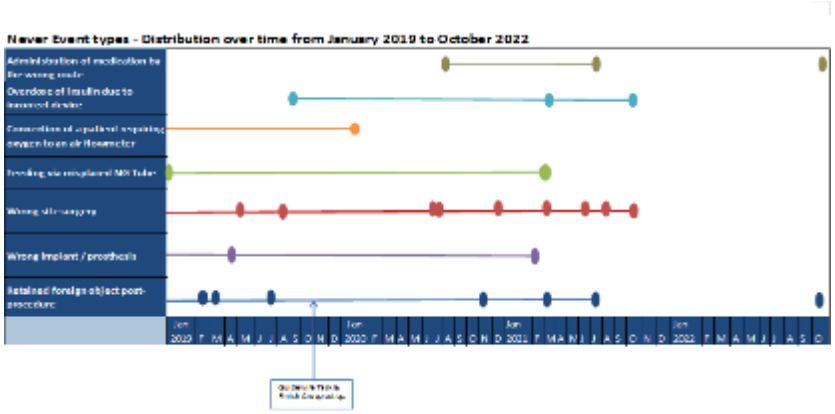
The Leeds Teaching Hospitals NHS Trust

Q2 (2023/24)

Target: 0
Performance : 2 (YTD)

Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.



Never events by Type April 2021 to present by financial quarter

	Qtr 1 21/22	Qtr 2 21/22	Qtr 3 21/22	Qtr 4 21/22	Qtr 1 22/23	Qtr 2 22/23	Qtr 3 ytd	Total
Wrong Site Surgery	1	2	1	0	0	0	0	4
Wrong Implant/Prosthesis	0	0	0	0	0	0	0	0
Retained Foreign Object Post Procedure	0	0	0	0	0	0	1	1
Administration of medication by the wrong route	0	1	0	0	0	0	1	2
Overdose of insulin due to abbreviations or incorrect device	0	0	1	0	0	0	0	1
Misplaced naso- or oro-gastric tubes	0	0	0	0	0	0	0	0
Total	1	3	2	0	0	0	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 reported to commissioners each quarter via the national Strategic Information System (StEIS). There were no Never Event incidents reported in Quarter 2 2022/23. This is the first time the Trust has not reported any Never Events for 3 subsequent quarters. However two never event incidents have been reported in Q3 2022/23 so far. Both of these occurred in Never Event categories previously reported in LTHT.
- 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 Level 3 Patient Safety Incident Investigation (PSII) and investigations have commenced for these two 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.

Maternity

Achieve the Access Targets for Patients

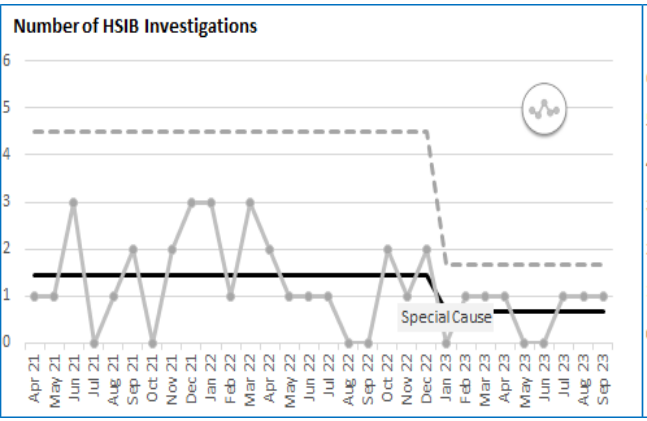
NHS
The Leeds Teaching Hospitals
NHS Trust

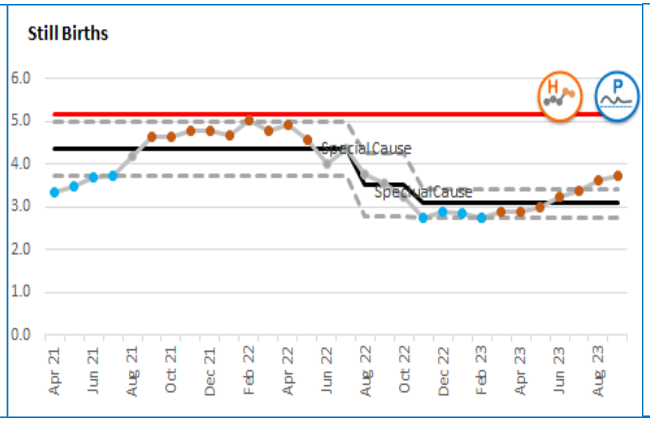
September 2023

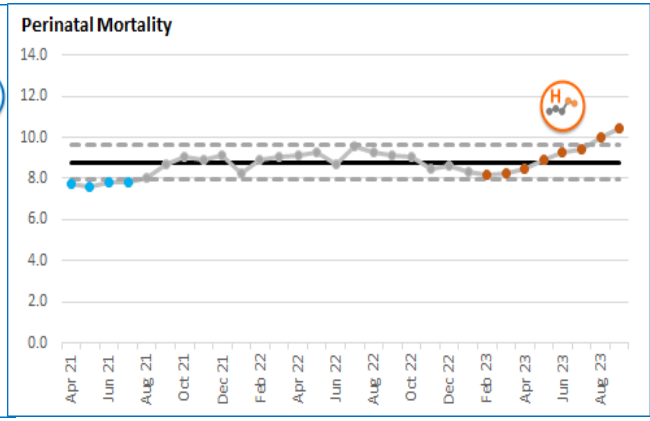
HSIB Investigations: 1
Still Birth Rate: 3.7
Perinatal Mortality Rate: 10.4

Executive Owner: Jackie Murphy (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.
- There is also visual representation of the referrals to MNSI (previously HSIB)

Context

- 3 stillbirths, 2 of which had known abnormalities
- 4 Neonatal Deaths, 3 of which had known severe congenital abnormalities
- 1 Sudden Unexpected Death in Childhood, referred for Coronial review. This case has been referred to MNSI (previously HSIB)

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.
- Use appreciative enquiry to review the findings of the reviews and use outputs to inform service improvements.

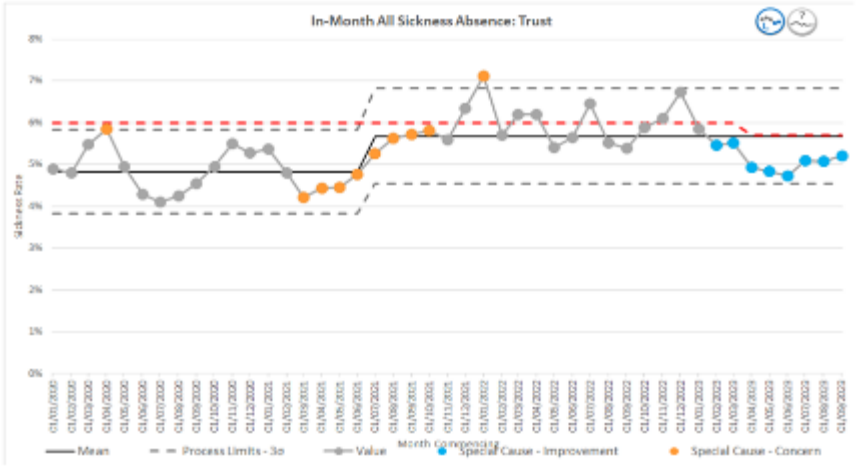
Sickness Absence Rate

Improve staff retention

The Leeds Teaching Hospitals NHS Trust

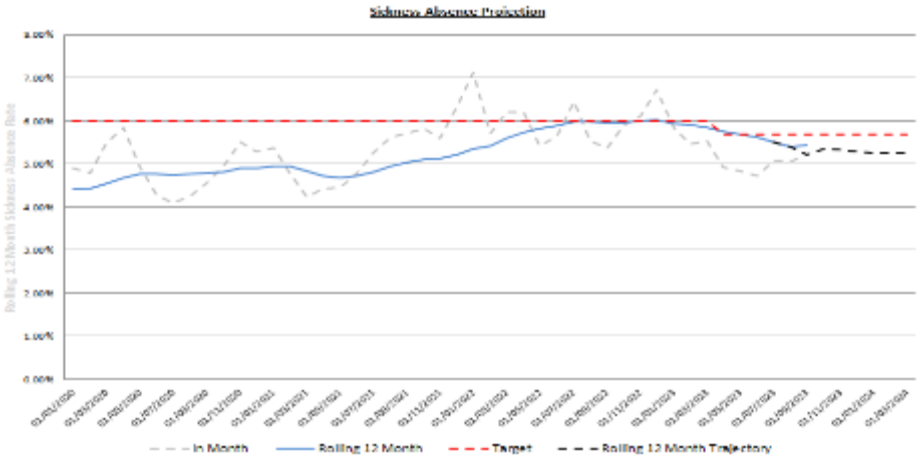
September 2023

Target: 5.7%
Performance: 5.45%



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

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



Background

We have assumed:

- We will see lower COVID related sickness absence throughout the 23/24 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 23/24. The target line for 23/24 on the graph on slide 4 has been updated to reflect this.

Context

- 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

Action

- Regular assurance meetings are in place across all CSUs which focus on improving attendance and reducing sickness related absences whilst maintaining a Personalised People Management (PPM) approach.
- Attendance management training is in place along with bespoke sessions delivered within each CSU.
- From June 2023 the scope for the standard work for optimal attendance sickness absence management has been amended to include special leave. This is providing a better understanding and more correct application of the criteria for special leave, and helping managers better support individuals who make frequent, often short notice, requests for leave.
- The Occupational Health and Wellbeing team continues to prioritise supporting our staff back into work.
- Continued focus on improving the data, information and accessibility to enable managers to proactively manage sickness and special leave in their teams.

Voluntary Turnover Rate

Improve staff retention

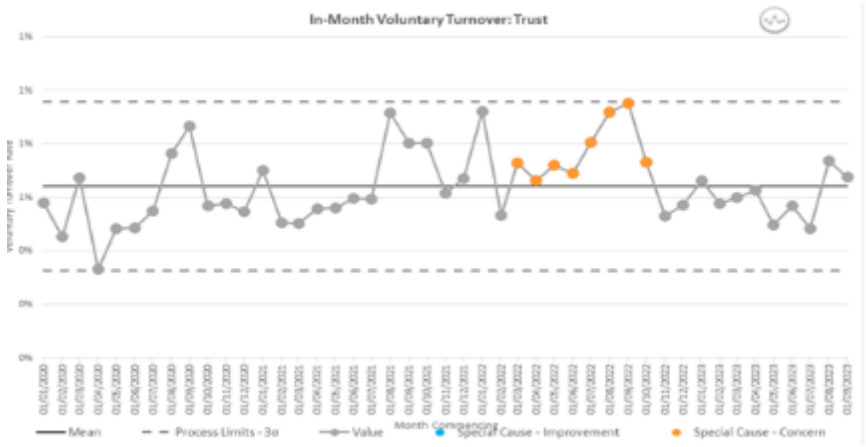
The Leeds Teaching Hospitals NHS Trust

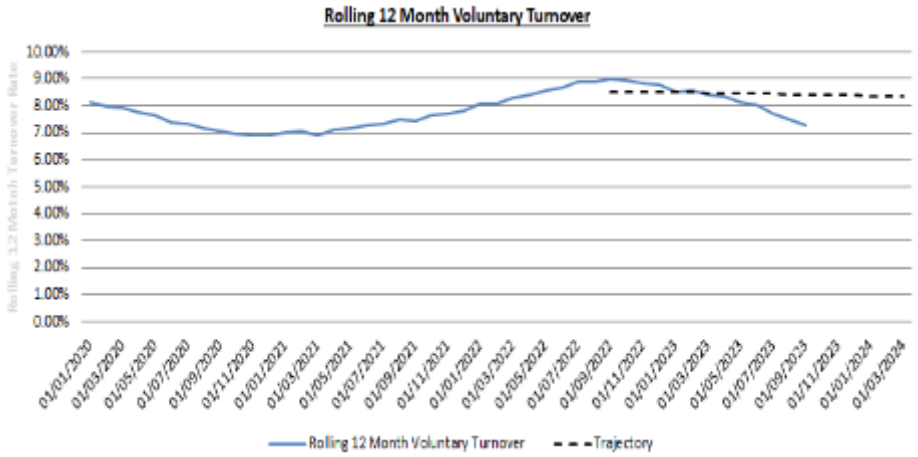
September 2023

Target: 10%
Performance: 7.27%

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

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





Background

- Rolling 12 Month Voluntary Turnover has fluctuated around a mean figure of 7.8% since January 2020.
- While it did decrease in the early part of the pandemic there has been some reversion throughout 21/22.
- We are projecting Voluntary Turnover to continue to reduce very slightly in 23/24 based on historic information however there will be some cyclical variations on a month by month basis

Context

- 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.

Action

- 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 continuing to monitor this.

Agency Spend

Improve staff retention

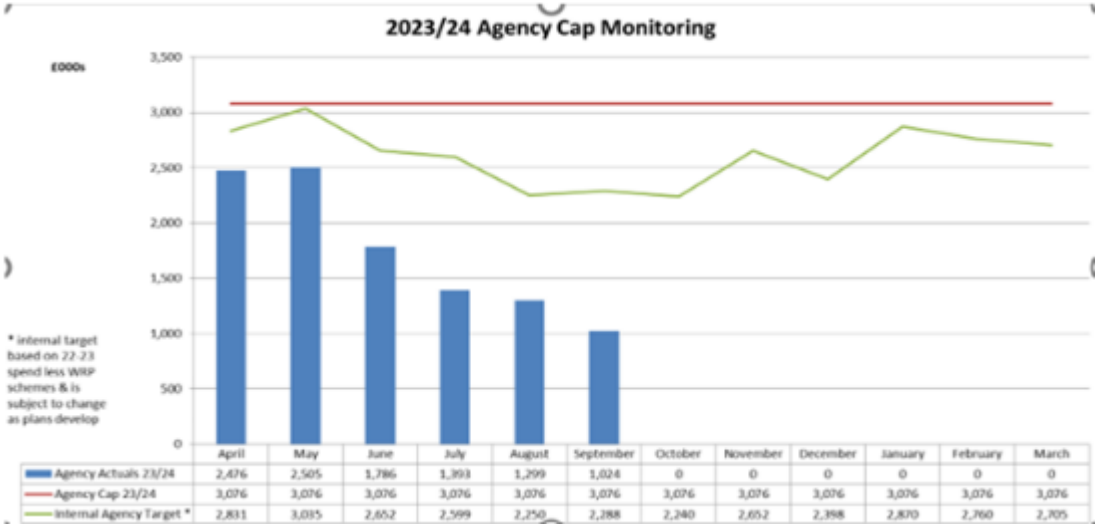
The Leeds Teaching Hospitals NHS Trust

September 2023

Target: 3.7%
Performance: 1.9%

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

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



	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	0	0	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

- The agency cap for 23/24 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 23/24 and is subject to change as plans develop.

Context

- We have achieved the NHSE target for the first six months of the financial year.

Action

- 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.

I&E Position

The Leeds Teaching Hospitals NHS Trust

October 2023

Executive Owner: Simon Worthington (Director of Finance)

In October the Trust reported an in month surplus of £3.5m, which was £3.4m favourable to plan and a year to date deficit of £14.7m, £7.7m adverse to the NHSE plan. Income to date is £1052.7m which is £5.5m favourable to plan and expenditure to date is £1067.4m, £13.2m adverse to plan.

Pay expenditure to date is £629.8m, £24.4m adverse to the NHSE plan and includes expenditure associated with the cost of covering industrial action. Non-pay expenditure to date is £437.6m (including depreciation and finance costs), £11.2m favourable to the plan. The costs of the medical pay award are included in the year to date position and the Trust has now received notification of tariff uplifts from Health Education England. The funding shortfall overall in regard to the medical pay award is £2.4m, £1.4m year to date.

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 £131.5m of waste reduction.

Capital & Cash Position

The Leeds Teaching Hospitals NHS Trust

October 2023

Executive Owner: Simon Worthington (Director of Finance)

Capital

The Trust's capital expenditure forecast for 2023/24 is £93.2m. This has decreased by £10.0m since last month due to the following forecast funding changes. A decrease in IFRS 16 leased assets following the issue of ICB allocations (£6.5m), a reduction in operational capital to remove the ICB 5% over planning assumption (£2.3m), a reduction in BtLW expenditure to reflect the latest funding expectations (£0.9m) and a decrease in donated funding for the MND Centre (£0.7m). This is partially offset following approval of PDC funding for Endoscopy equipment (£0.4m). The programme is broken down as follows:

Programme	Forecast 2023-24 £000
Medical Equipment	9,189
Informatics	18,393
Building & Engineering	50,758
Building The Leeds Way	12,160
Leases	2,700
Total	**93,200**

Expenditure to 31 October 2023 is £35.9m which was £0.1m ahead of forecast due to the early delivery of MSE kit.

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 October was £59m, an increase of £16m from the closing figure in September. Total receipts in month amounted to £181m and included £33m of LDA funding and £4m rates rebate. Total payments amounted to £165m comprising £92m for payroll and £73m for accounts payable.

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 96% and year to date is also 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

Cancelled Ops

Achieve the Access Targets for Patients

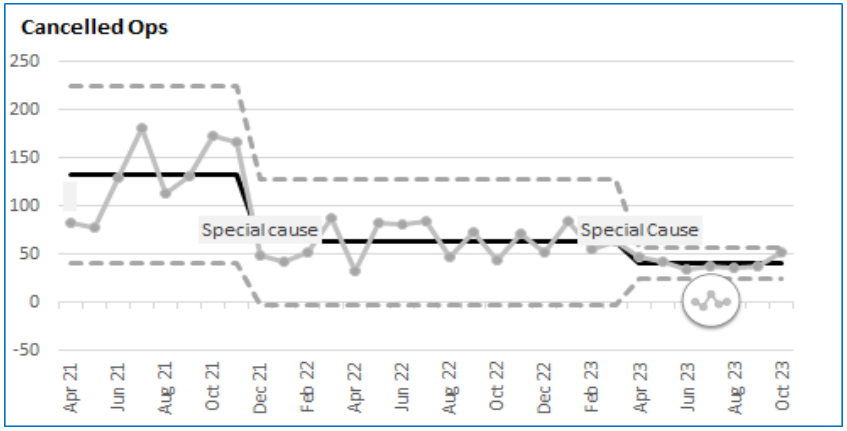
The Leeds Teaching Hospitals NHS Trust

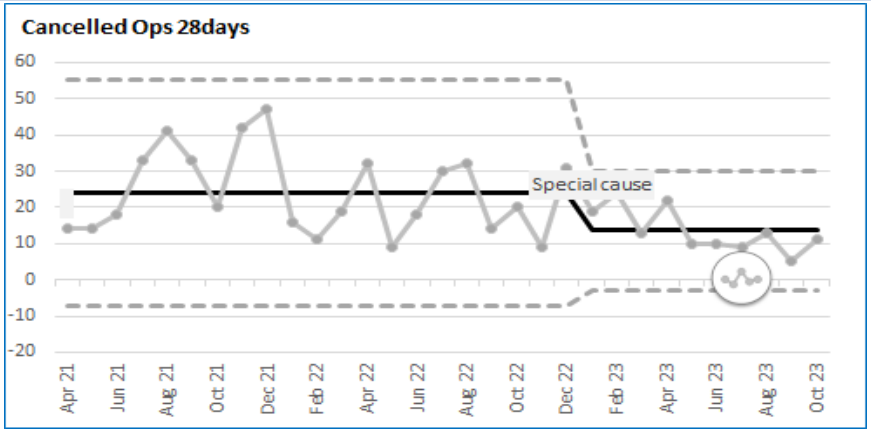
October 2023

Executive Owner: Clare Smith (Chief Operating Officer)

Target:
Performance – LMCO: 53
Performance – 28day Standard: 11

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 53 LMCO in October 2023. This is an increase compared to the 37 LMCO in September 2023 and an increase compared to the 45 LMCO in October 2022 • 21 LMCO in October were in Children's CSU due to bed capacity • LMCO numbers are above the mean but within the process control limits **28 Day Breaches** • There were 11 breaches of the 28-day standard in October 2023, an increase compared to the 5 breaches in September 2023, but a reduction compared to the 20 breaches in October 2022. 28-day breaches are below the mean and within the process control limits	• Continue to support paediatric bed pressures due to RSV and ward closure • Continue to improve utilisation and 'first-starts' • Focus on creation of elective hubs and maximising opportunities around BADS procedures • Operations Centre PDSA for prioritisation of step downs from Adult Critical Care • Right procedure right place (RPRP) project to move admitted work from theatres into outpatient environments • Daily management processes to prevent patient cancellations due to site pressures and staff sickness.

Length of Stay

Reduce average length of stay by 0.5 days per patient

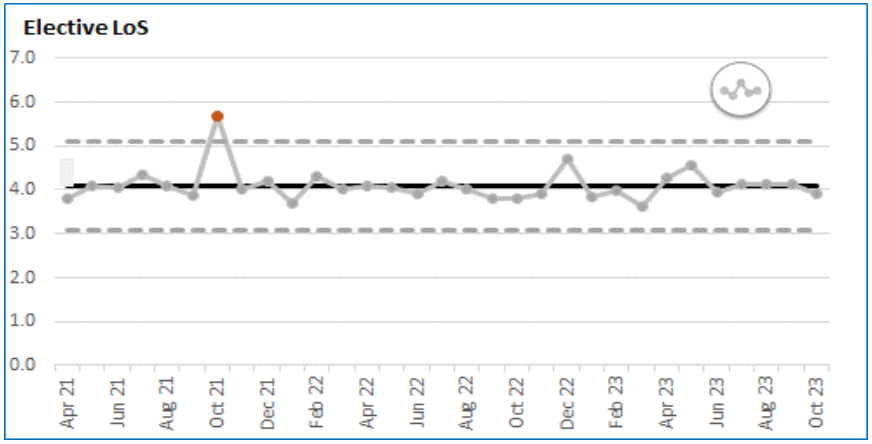
The Leeds Teaching Hospitals NHS Trust

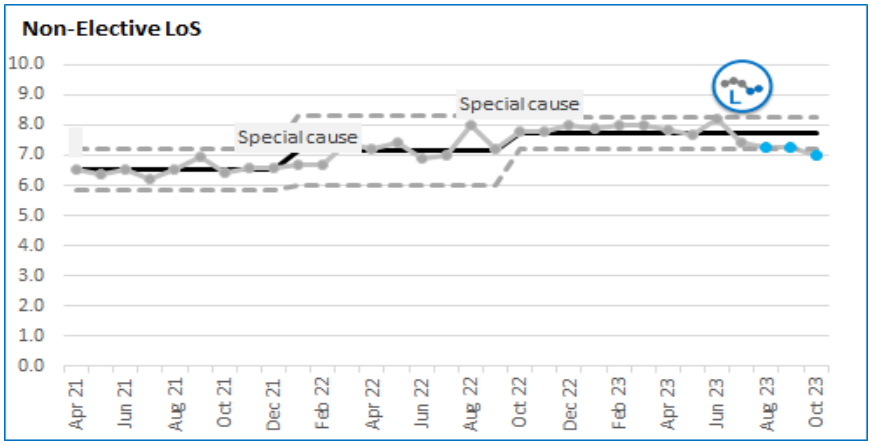
October 2023

Target: Reduce Length of Stay by 0.5 days

Executive Owner: Clare Smith (Chief Operating Officer)

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 10.2% for October 2023 in comparison to October 2022
- 48.8% of non-elective patients had a length of stay of 0-3 days in October 2023
- Elective LOS for October 2023 was 3.9 days. LOS in October 2022 was 3.8 days
- Non-elective LOS for October 2023 7.0 days. This is a reduction from 7.8 days for the same time period last year

Action

- New Medical SDEC due to open on December 11th, with focus on enhanced pathways to avoid admission where possible
- The system wide Home First Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes
- Planned Care programme focus on day case as norm. BADs data set describes the opportunity by specialty. Performance is 78.1% (Jul 23 latest data)
- Pre-optimisation workstreams to improve patient outcomes for surgery and reduce elective LOS including enhanced frailty pre-assessment and ShapeUp4Surgery optimisation

Readmissions

Reduce average length of stay by 0.5 days per patient

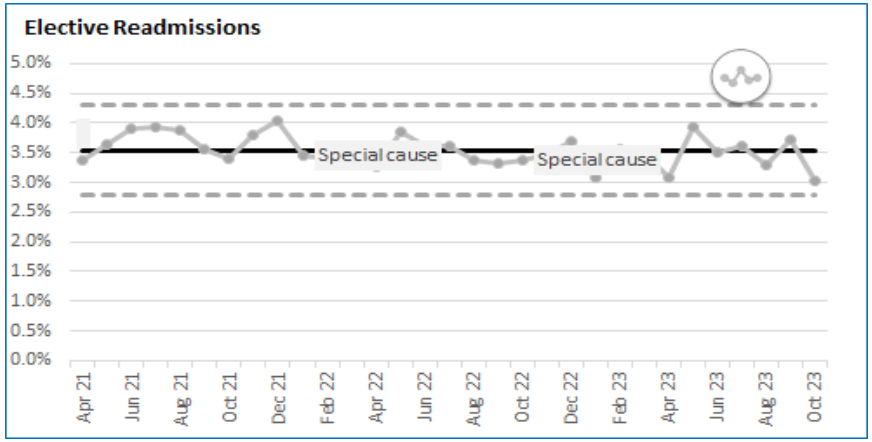
The Leeds Teaching Hospitals NHS Trust

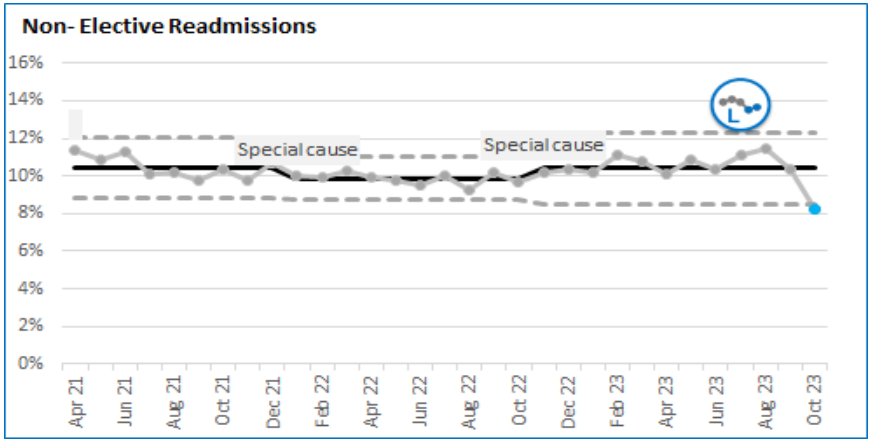
October 2023

Target:

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.





Background

- 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

Context

- Elective readmission rates are at the lower process control limit at 3.04% for October 2023
- Non-elective readmission rates have reduced and are showing special cause variation being below the lower process control limit. The readmission rate for October 2023 was 8.25%. The readmission rate for October 2022 was 9.7%.

Action

- New Medical SDEC due to open on December 11th, with focus on admission enhanced pathways to promote admission avoidance.
- Review of patient pathways that could be delivered as acute clinic or home telemetry 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
- Community partners to enhance care pathways options including access to community services in addition to LTHT pathways avoiding readmission
- Strengthening the utilisation of virtual ward to support early discharge and adaptation to self-management in a person's own home
- Ongoing use of third sector to support successful discharge and support

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

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 & Assurance Group	QSAG
Clinical Effectiveness & Outcomes Group	CEOG
Patient Experience Sub-Group	PESG
Mortality Improvement Group	MIG
Quality Improvement Steering Group	QISG