NHS
The Leeds Teaching Hospitals
NHS Trust

Integrated Quality and Performance Report

September 2023

Agenda Item 12.2

Integrated Quality and Performance Report

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

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

Contents

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Reporting Month: July/August 2023

Interpreting the Dashboard

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Reporting Period: July/August 2023

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

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

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

Dashboard

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

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

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

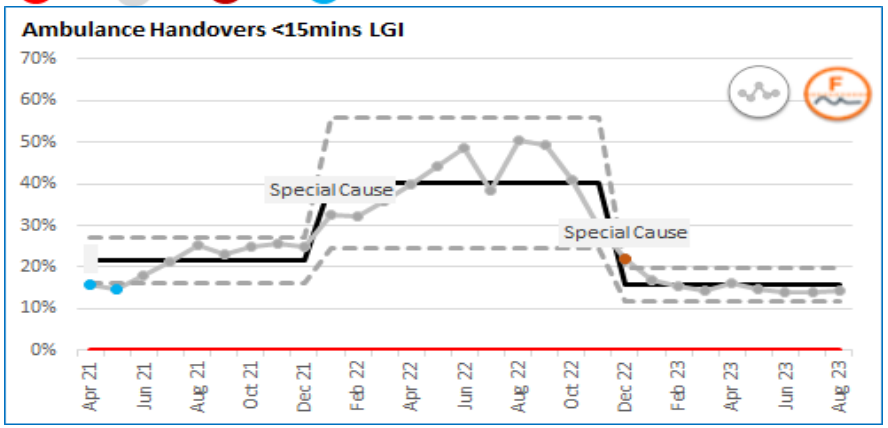
Ambulance Handover

The Leeds Teaching Hospitals NHS Trust

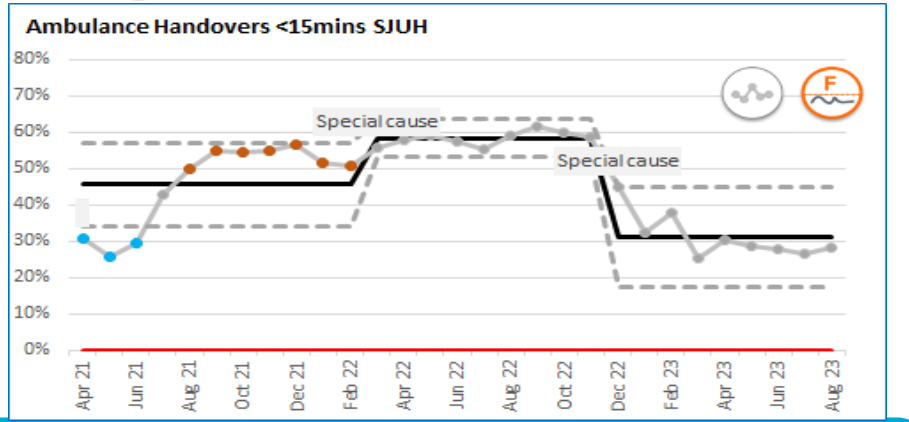
Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
N	NA	F	CC



Target	Trajectory	Assurance	Variation
N	NA	F	CC



Background / target description:

- 100% of all handovers should take place within 15 minutes
- Handover data is recorded by the both the handover nurse and YAS staff on software managed by YAS and the data is submitted to NHSI/E directly.

What does the chart show:

- The SPC charts show ambulance handovers that have taken more than 15 minutes, split by the LGI site and by the SJUH site
- LGI – In August 2023 there were 330 handovers over 15 minutes (14.5%). The average handover time at LGI was 08:57 minutes
- SJUH – In August 2023 there were 729 handovers greater than 15 minutes (28.1%). The average handover time at SJUH was 11:41 minutes
- For July 2023 (latest position available) LGI placed 3rd and SJUH placed 8th nationally out of 183 hospitals for mean handover time

Context:

- Improved handover recording delivered 98% of conveyances at LGI recorded as handover completed in August 2023. SJUH had 96% of conveyances recorded as handover completed
- The August validated position resulted in 0 breaches over 1 hour for both sites. The validated position has had 0 breaches over 1 hour for 8 consecutive months for both SJUH and LGI
- Letter received from NHSE in September 2023 describing additional metrics relating to ambulance handover- this is currently being reviewed to understand potential implications

Actions:

- YAS continue to encourage the use of PCAL to reduce the volume of ambulance conveyances to A&E
- Weekly collaboration meetings continue with YAS to sustain continual improvement and collaboration on the handover processes
- HALO YAS staff members continue to be key on-site partners educating and supporting the ambulance handover
- NHSE and ICB have been asked to support discussions regarding validation of data as this will affect all providers and better help describe the true opportunity for improvement
- The PCAL plus rolling programme of tests of change continues and is aimed at better connecting YAS to primary and community services by routing patients to services that will offer an improved experience and provide right care first time

Emergency Care Standard

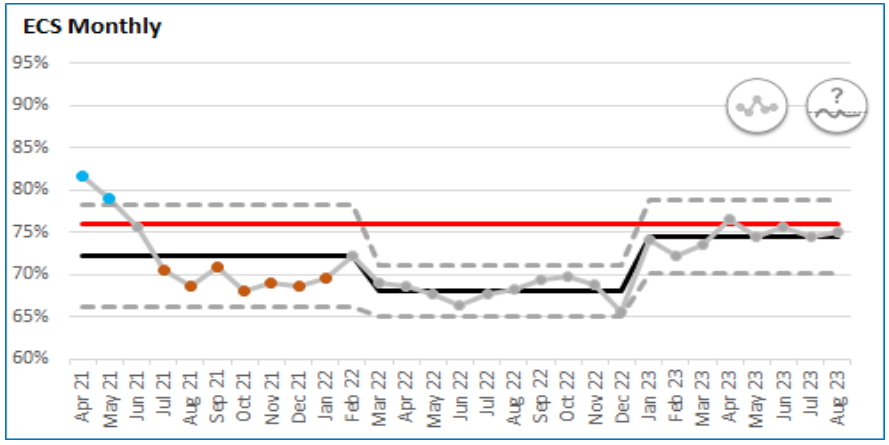
The Leeds Teaching Hospitals NHS Trust

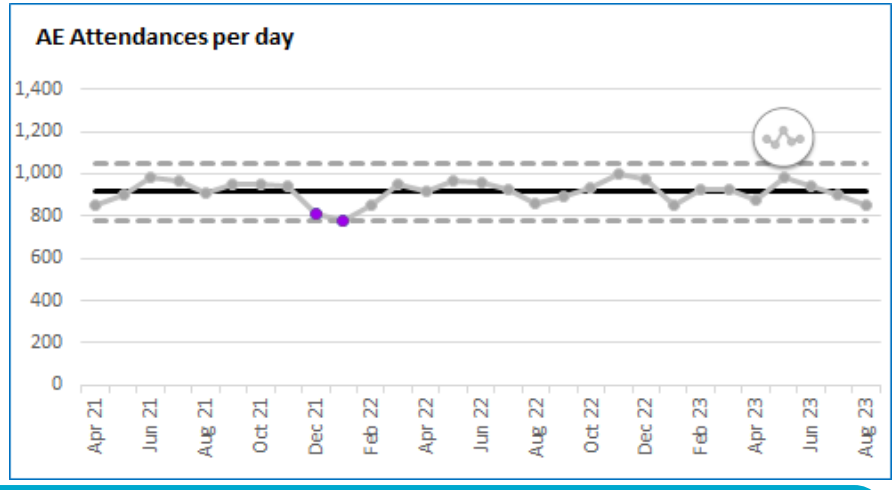
Reporting Month: August 2023

Executive Owner: Clare Smith (Chief Operating Officer)

Management/Clinical Owner: Jo Wood (ADOP)

Target	Trajectory	Assurance	Variation
N	NA	R	CC





Background / target description:

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

What does the chart show/context:

- ECS delivery for August 2023 was 75.0% against a trajectory of 73%
- LTHT ranked 32nd out of 122 Trusts for ECS performance in August 2023
- Attendances across all sites in August 2023 decreased by 1.1% when compared to August 2022
- Across 10 peers, LTHT was 2nd for highest volume of attendances and 2nd best for ECS performance in August 2023

Underlying issues:

- On average 36 patients per day waited over 12 hours in the A&E departments from arrival. This is an improvement compared with August 2022 (70 patients per day)
- On average 2 patients per day waited in the A&E department over 24 hours from arrival in August 2023. Again, this is an improved position compared to August 2022 (11 patients per day)
- In August 2023, the average occupancy for adult beds at midnight was 95.0%, for paediatric beds this was 83.3% and for the Trust overall 94.1%. Average adult occupancy was at 96.8% when patients in A&E awaiting a bed are included
- For bed occupancy, LTHT ranked 9th out of 10 peer organisations and 83rd out of 122 Trusts nationally
- Since Jan 2023 the admitted and non-admitted mean 'time in department' has gradually reduced for both sites from 600.8 minutes in August 2022 to 429.1 in August 2023 for admitted patients and from 247.3 minutes in August 2022 to 200.3 minutes in August 2023 for non-admitted.

Actions:

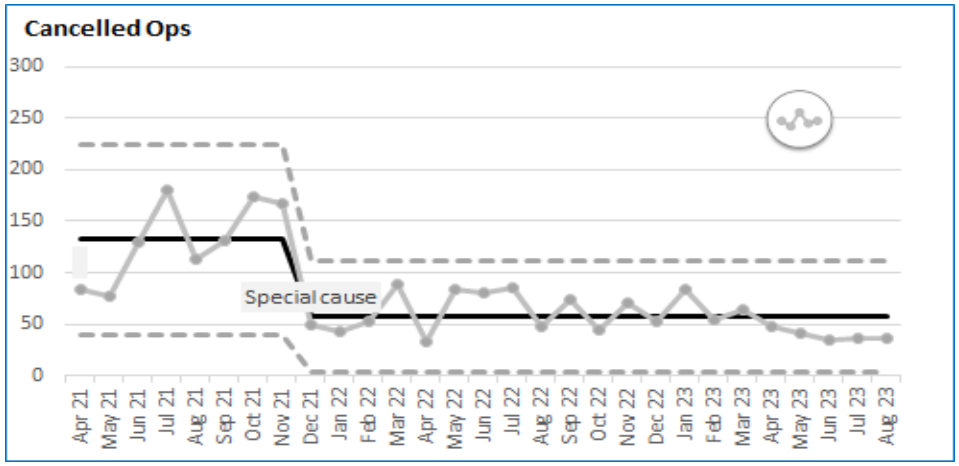
- The Radiographer Led Discharge Pathway in Paediatric A&E trial was successful and this service is to launch service permanently from Sept 2023
- The team have continued the development of the care co-ordination hub through PCAL plus. This system is working to support YAS to direct patients to alternatives to attending A&E
- St James's emergency front door and SDEC redesign remains on schedule for November 2023
- Rapid assessment and extended observations (JEOU) now embedded following trials
- Patient Flow Transformation Programme at LGI launched in July 2023 using the Leeds Improvement Method. PDSA cycles focused on standard work and bringing forward decision making. St James site patient Flow Programme to commence end of September 2023
- Live bed state continues to be tested to support oversight and transparency of bed availability
- External review of length of stay and high bed occupancy now complete and actions being aligned to current work programmes

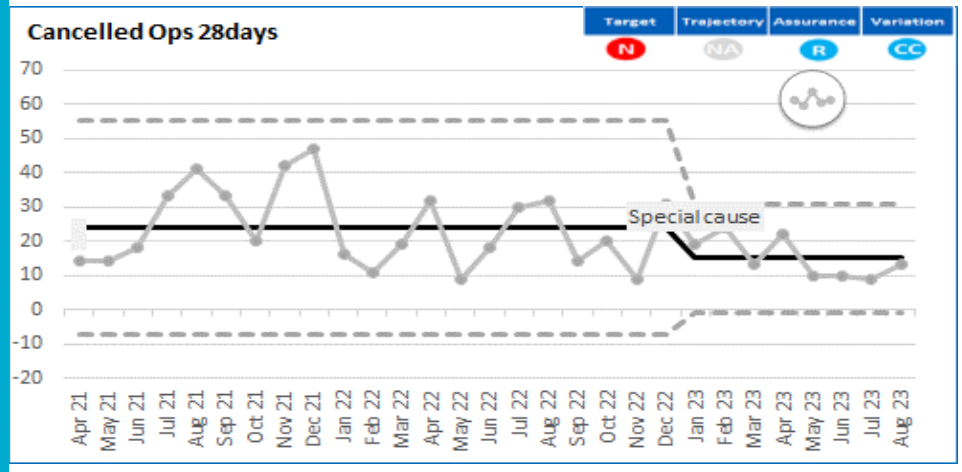
Cancelled Ops

The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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





Background / target description:

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

What does the chart show/context:

Cancelled Operations

- There were 36 LMCO in August 2023. This is a 3% reduction on the 37 LMCO for July 2023. It a reduction of 23% compared to the 47 LMCO in August 2022
- LMCO numbers are below the mean and within the process control limits

28 Day Breaches

- There were 13 breaches of the 28-day standard in August 2023, which is an increase when compared to the 9 breaches in July 2023. This is a reduction of 59% compared to the 32 breaches in August 2022.
- 28-day breaches are below the mean and within the process control limits.

Underlying issues:

- Industrial action led to cancellations of elective patients and reduced elective capacity in which to rebook patients
- Surgical prioritisation supports the most clinically urgent patients being listed first

Actions:

- Monitor cancelled operations and the 28-day standard through the service delivery contract
- Continue to improve theatre utilisation and 'first starts'
- Review of Scheduling Meeting and training for schedulers to prevent cancellations
- Explore moving more admitted work from theatres into outpatient environments through the right procedure right place (RPRP) project
- Operations Centre PDSA for prioritisation of step downs from Adult Critical Care
- Ad-hoc meetings when required, with ADOPs, theatres and CSUs to try and prevent patient cancellations due to site pressures and staff sickness.

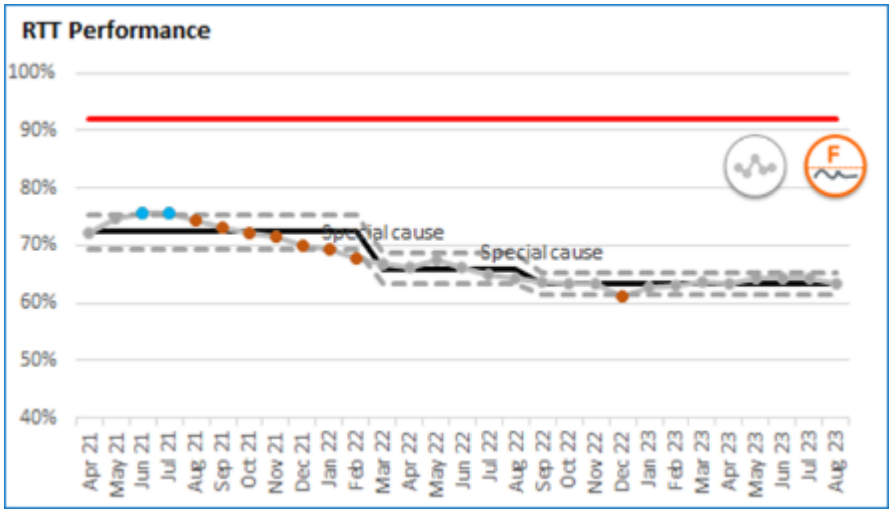
RTT

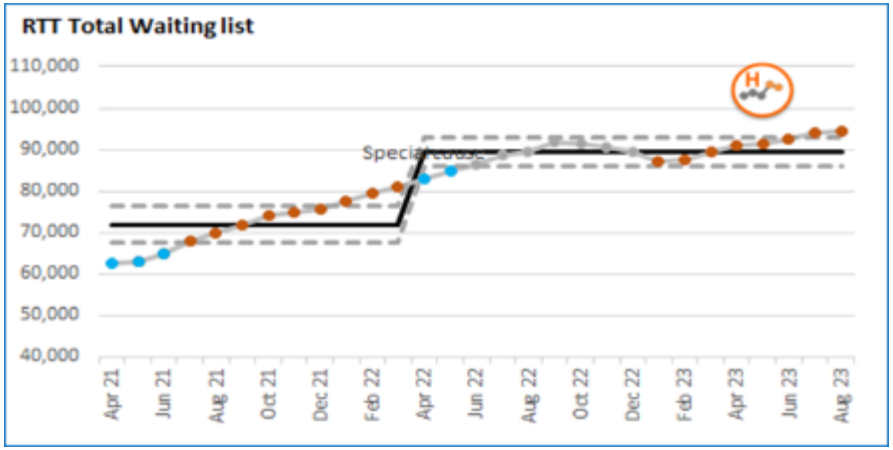
The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

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

What does the chart show/context:

- RTT delivery was at 63.4% for August 2023, a deterioration of 0.9% on last month
- The number of under 18 week waiters has decreased by 487 compared to July.
- The number of patients waiting over 18 weeks was 34,583 for August 2023, in comparison to 33,414 for July 2023 this is an increase of 1,169
- Total waiting list was 94,565 for August 2023 an increase of 682 patients from July 2023.
- 48 patients waited over 78 weeks at the end of August 2023. This was 6 more than July 2023
- LTHT ranked at 61 of 147 Trusts for RTT delivery in July 2023 (latest available data)

Underlying issues:

- Continued industrial action impacting on routine elective and outpatient activity
- Total Waiting Size has increased for seven consecutive months
- A number of services are still working to clear backlogs due to the Covid 19 pandemic

Actions:

- All CSUs have developed or revised plans to accelerate outpatient transformation programmes
- Joint workstream with the ICB to analyse opportunity for Evidence Based Interventions
- Mutual Aid requested via WYAAT colleagues for orthopaedics and gynaecology
- GIRFT Further Faster Programme speciality checklists being completed
- High Flow Cataract programme developing one stop shop for 1st OP patients. First clinic to launch in October
- Review of outpatient waiting lists continues to reduce patient cancellations and DNA/WNB rates thus enabling better clinic utilisation. Specific work in areas to improve processes being enhanced through the administrative support programme
- Admin support programme being undertaken with CSUs to implement daily management processes and improve RTT pathway recording. This will capture more clock stops and reduce duplicate RTT clocks and re-work – therefore reducing TWL numbers
- Review of duplicate patient pathways which is contributing to a higher reportable TWL, actions to correct are underway
- Validation of all patients waiting over 12-weeks without an appointment

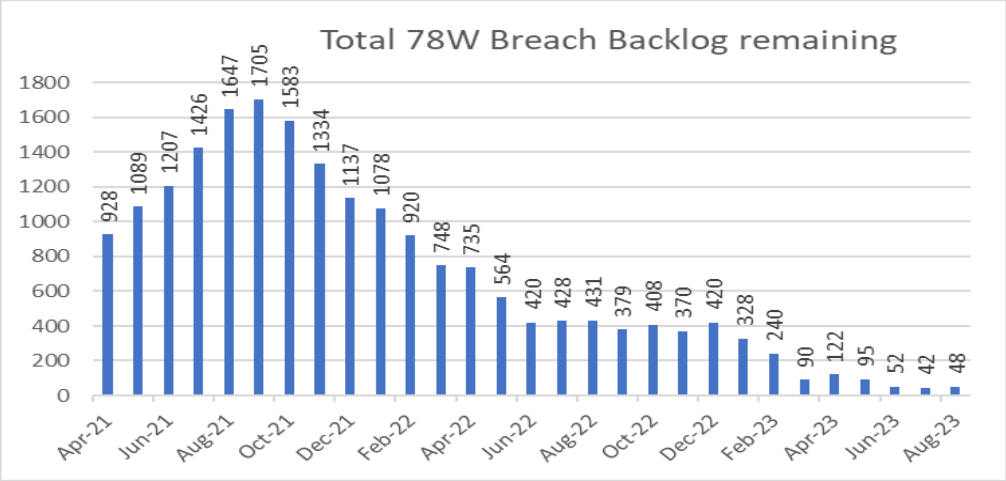
RTT – 78 weeks / 65 Weeks

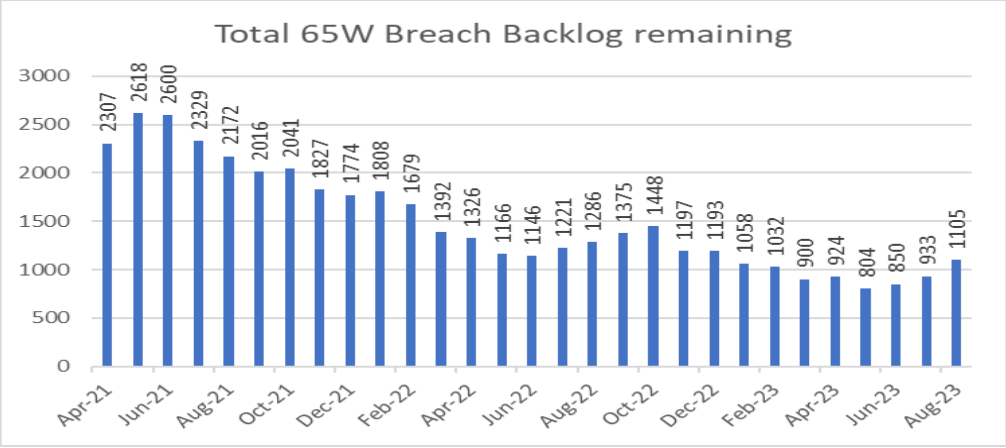
The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

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

What does the chart show/context:

- At the end of August 2023 there were 48 patients who had waited over 78 weeks for treatment
- At the end of August 2023 there were 1151 patients who had waited over 65 weeks for treatment

Underlying Issues

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

Actions:

- Weekly meetings with CSUs to report on 78-week position and actions being taken to reduce numbers
- CSU teams asked to prioritise first outpatient reviews for 65-week year end breaches to review by 31st October where possible
- Review of Paediatric theatre allocations
- Standard work and production boards used to support Corporate and CSU teams to manage delivery against 78-week and 65-week trajectories
- In-depth manual validation of RTT pathways for our long waiting patients by the Corporate Performance Team, ensuring RTT clock stops are actioned and RTT waits are accurate.
- Long waiting patients added to DMAS
- Enhanced Care Beds opened at CHOC to increase case complexity for Orthopedics' and Adult Spines
- Mutual Aid requested from WYAAT for Foot and Ankle patients
- NHSE Tier 2 for elective recovery with fortnightly update meetings

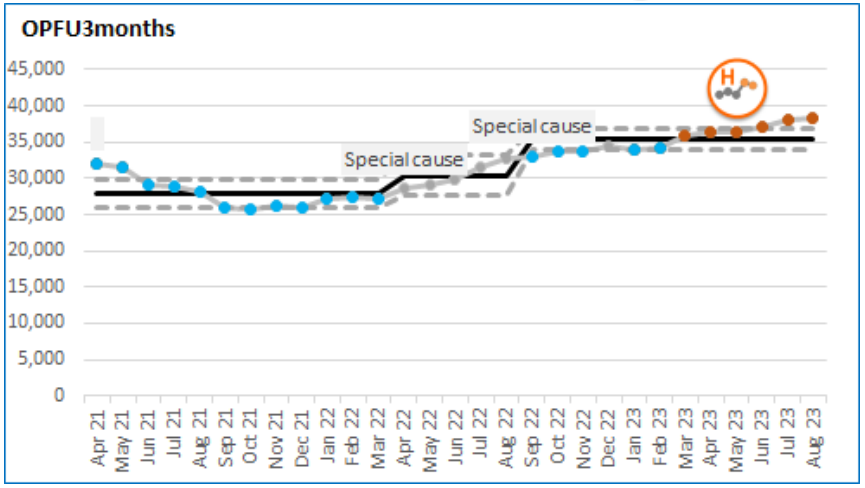
Outpatient Measures

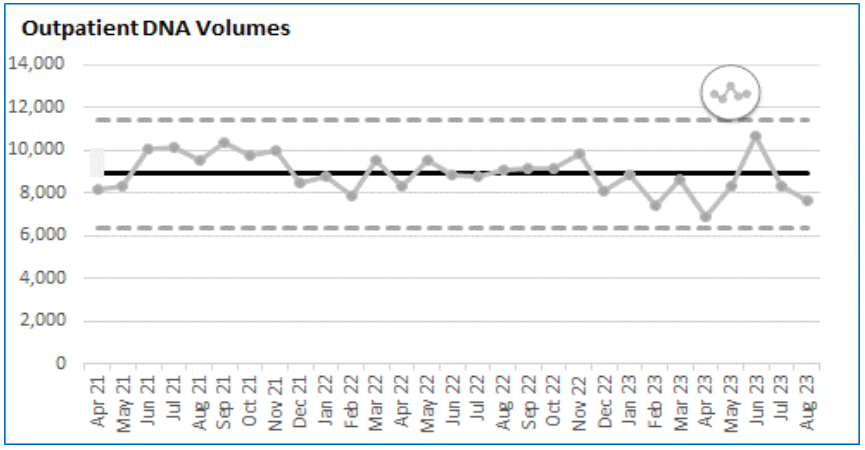
The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
NA	NA	NA	SC





Background / target description:

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

What does the chart show/context:

- August 2023 has seen an increase of 244 in the number of patients overdue their follow up appointment, compared with July 2023
- The chart (bottom) shows the outpatient DNA/WNB number for LTHT. There were 635 less DNA/WNB in August 2023 compared to July 2023 and the August 2023 DNA/WNB rate of 7.8%, is a decrease of 1% from July 2023

Underlying issues:

- Strike action has reduced outpatient activity and efficiency
- Booking of long waiting non-admitted patients has reduced capacity for the booking of routine follow up patients

Actions:

- Ongoing validation of all non-admitted patients with implementation of Robotic Process Automation (RPA)
- CSUs have revised trajectories to accelerate outpatient transformation programmes
- Increase use of Patient Initiated Follow-Up (PIFU) pathways to reduce follow-up backlog as well as increasing capacity for alternate activity
- GIRFT checklists will be used to review adoption of PIFU pathways in endocrinology, urology and gynaecology
- Patient Hub: >90% Business units are now using Patient Hub, which has helped reduce DNA/WNB rates by 1%+
- A pilot project has commenced in July 2023 to support focussed efforts on administrative validation of the outpatients follow-up backlog with AMS and H&N CSUs. Learning will be used to expand the pilot to other CSUs to provide support to validate the follow-up backlog
- E-Outcomes Form Project in development to ensure timely capture of disposal outcomes of OPAs and improve accuracy of the data to ensure progression of patients' pathways - with implementation of RPA to deliver.
- Weekly huddles underway (clinically supported) to review plans and actions for reducing follow up activity/backlog and the implementation of CSU trajectories. The weekly huddle will run throughout 2023/24

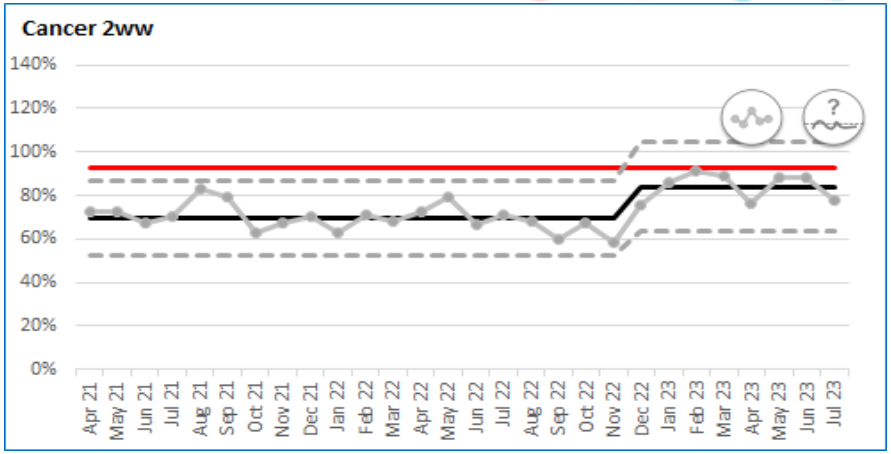
Cancer 2 Week Wait

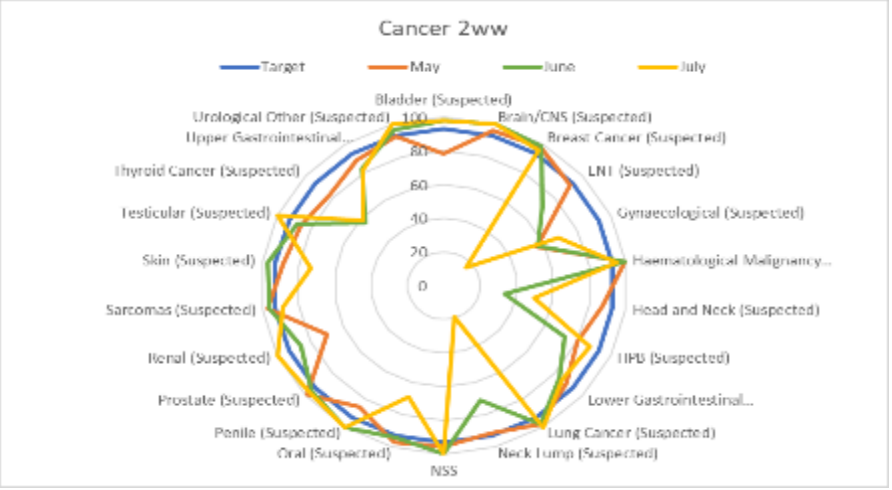
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

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

Target	Trajectory	Assurance	Variation
N	NA	R	CC





Background / target description:

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

What does the chart show/context:

- 2ww delivery in July was 77.5%, which is a decrease from the June position of 88.4%
- LTHT ranked 80 of 131 Trusts for 2ww delivery. LTHT also ranked 6 out of 12 against peer for July 2023 (latest available data)

Underlying issues:

Demand:

- LTHT had the 13th most 2ww referrals nationally in July (8th in June). Total referrals received in July was 4085, a slight decrease from June which was 4469. This continues to represent an upward trend that shows no sign of abating. Referral rates in July and August remain higher than previous years

Capacity:

- Despite the increased referrals, the 2WW performance has remained relatively stable apart from a reduction during Easter and weeks of industrial action. However, due to increasing time for the Skin triage, delivery has fallen in July. A further fall in delivery against this standard is expected in August
- Gynae and ENT/H&N continue to have longer waits, driven by increased referrals and losses of capacity from industrial action
- Breast has experienced some operational issues that have reduced/cancelled outpatient clinics. Floods that affected IT systems impacted the PACS system and there were some short-term issues with the Breast Pain clinics. Both issues are now resolved
- Lower GI referrals continue at a high level

Actions:

- Additional funding has been agreed to continue to deliver additional insourcing / outsourcing capacity for dermatology during September and October. A recovery trajectory is currently being developed with the CSU, and support is being offered to assist with pathway review/redesign
- Gynae have a new GP 2WW referral form being introduced that will direct some patients to a more suitable non 2WW pathway. ENT are considering the same approach
- FIT testing was introduced in Lower GI on 17th July which redirects the referral back to the GP if the FIT test is negative. This is a national requirement, and the compliance is currently being monitored

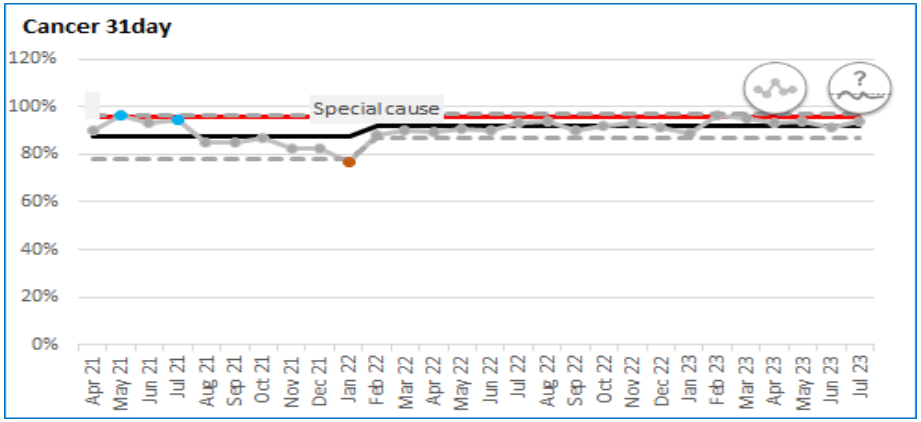
Cancer 31 Days

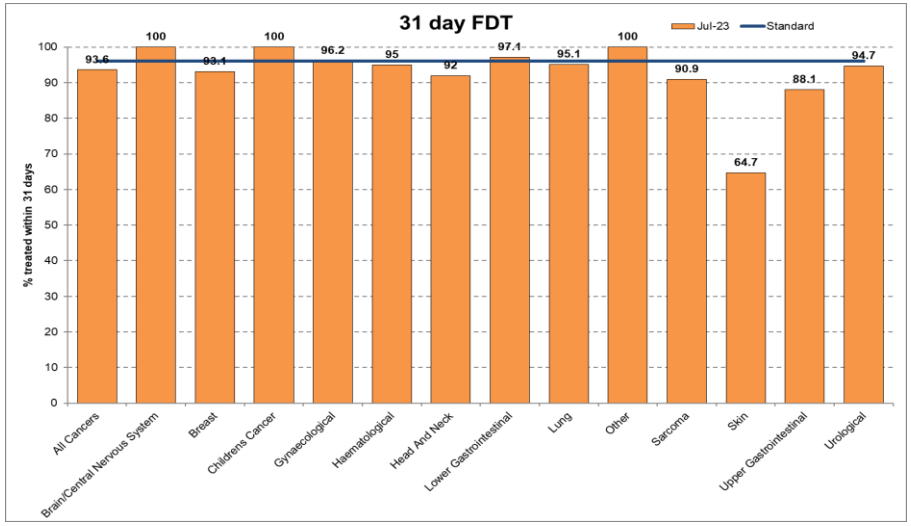
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

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

Target	Trajectory	Assurance	Variation
N	NA	R	CC





Background / target description:

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

What does the chart show/context:

- For 31-day 1st definitive treatment, position for July was 93.6%, which is an improvement on the June position of 91.6% and May at 93.5%. However, this is still below the national target of 96%
- LTHT ranked 71 of 126 Trusts in peer comparison for 31-day first treatment. Among the peer group of 13 Trusts LTHT undertook the fourth highest volume of treatments within 31 days and ranked 3 out of 13 in terms of performance in July - (latest available data)
- Waits for radiotherapy and chemotherapy continue to be within national standards, surgical waits remain problematic with capacity deficits in some areas and IA having a detrimental effect in all CSU's
- For 31-day sub surgery, position in July was 74.5% which is a decrease from the June position of 75.7%. This target was last above 80% in October 2022 and is below the 94% national target

Underlying issues:

- Radiotherapy provision continues to be problematic, with subsequent treatments for Cat C and D patients longer than 31 days
- Industrial action continues to have a significant impact on surgical activity, impacting on both first and subsequent treatments. It is anticipated that this will continue until the issue is resolved

Actions:

- Oncology have introduced new working patterns in Radiotherapy to maximise the staffing available, and maintain focus on recruitment and training new staff
- The CSU's continue to prioritise cancer surgery and maximise theatre capacity where available

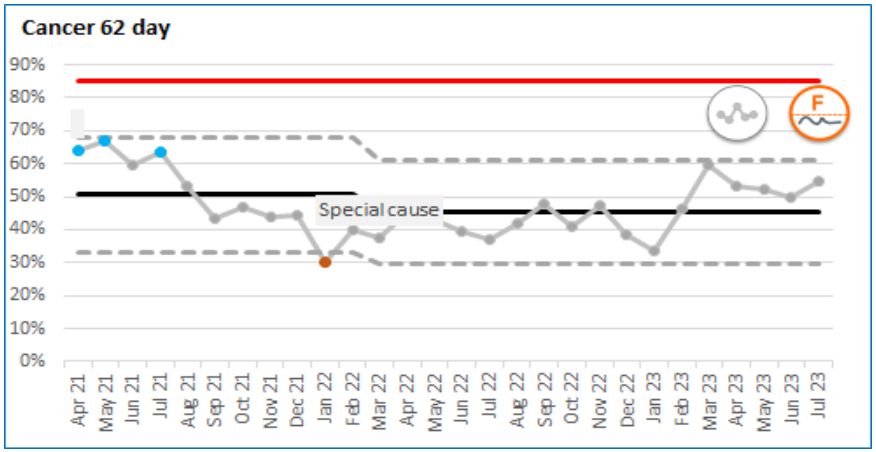
Cancer 62 Days

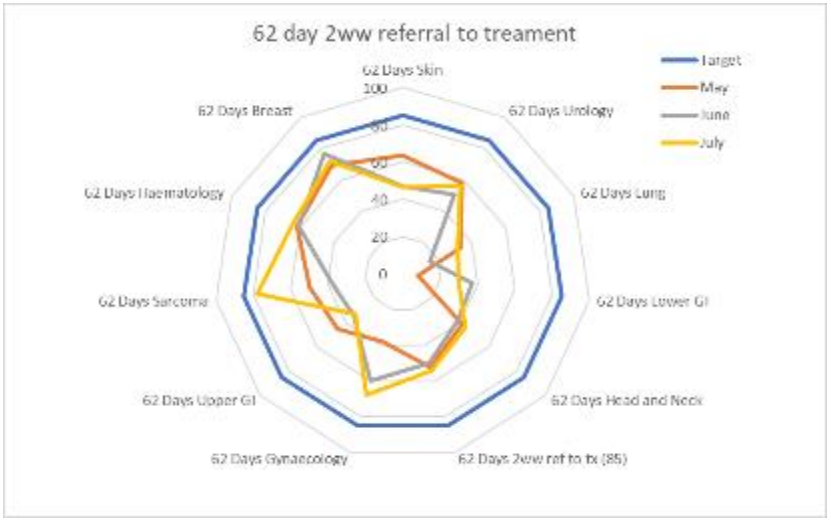
The Leeds Teaching Hospitals NHS Trust

Reporting Month: July 2023

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

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

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

What does the chart show/context:

- Improvements in delivery was maintained in July reporting a position of 54.6% which is an improvement on the June position of 50%
- In July LTHT ranked 102 out of 131 reporting Trusts for 62-day delivery and 10 of 13 against peer group (latest available data)
- The 62-day 'backlog' of patients on a pathway without having started treatment by day 62 decreased at the end of July to 244 from 273 at the end of June
- Both 62-day achievement and backlog are within target of the internal trajectories agreed with the CSUs

Underlying issues:

- Industrial Action impact has led to a static 62 day backlog throughout June and into July, although this has started to increase into August due to increasing numbers of skin patients waiting longer for triage and extending the skin pathway
- Backlog in other CSU's remains stable or improved (AMS in particular have reduced their backlog to a lower than trajectory level)
- Pressure on the skin pathway means that the 62-day backlog will grow during September and October

Actions:

- Close weekly management of PTLs continues, with significant focus on the patients "tipping" over 62 days to minimise the backlog
- Cancer Leads at all referring Trusts have been contacted and summit to agree rules for IPT will be supported by the Alliance
- Additional funding has been agreed to continue source additional insourcing / outsourcing capacity for September / October in Skin
- Data quality in the Cancer data is improved, with a new validation processes agreed in the MDT team
- Cancer Manager has visited all WYAAT hospitals to discuss timeliness of IPT referrals

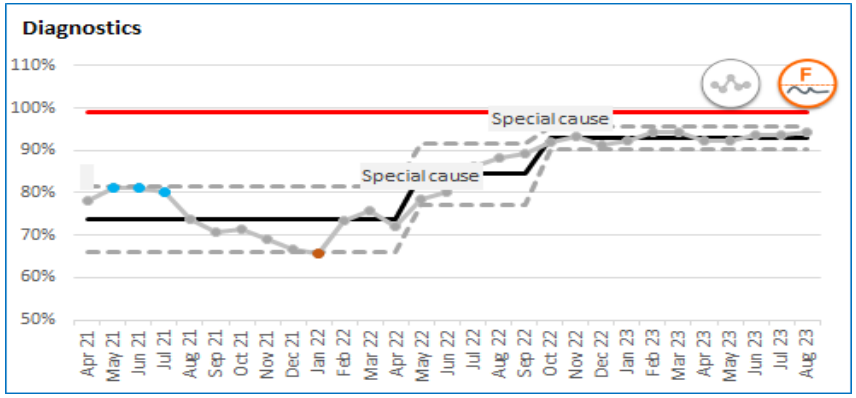
Diagnostic Waits

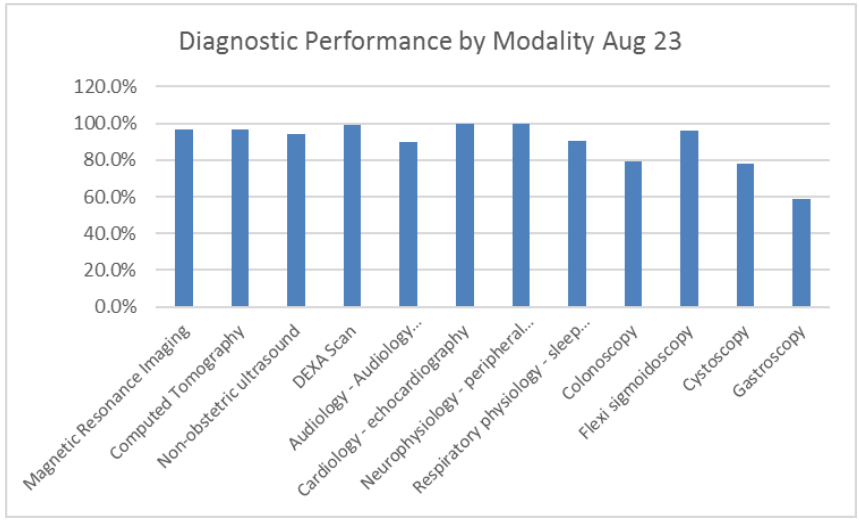
The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
N	NA	F	CC





Background / target description:

- 99% of patients wait no more than 6 weeks for a routine diagnostic test
- 2023/24 National Planning priority is to deliver 95% by March 2025

What do the charts show/context:

- Delivery in August 2023 was 94.2%, a slight improvement on previous month's performance, and the highest performance position since February 2020
- LTHT ranked 40 out of 155 Trusts (first quartile) and 2 out of 15 among peers for diagnostic performance in July 2023 (latest available data)

Underlying issues:

- CT & MRI have continued to see increased demand with delays only for Paediatric GA MRI
- Current shortfalls in capacity for Cardiac CT
- Children's diagnostic services are heavily reliant on theatre capacity due to patients requiring GA for their diagnostic test
- 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

Actions:

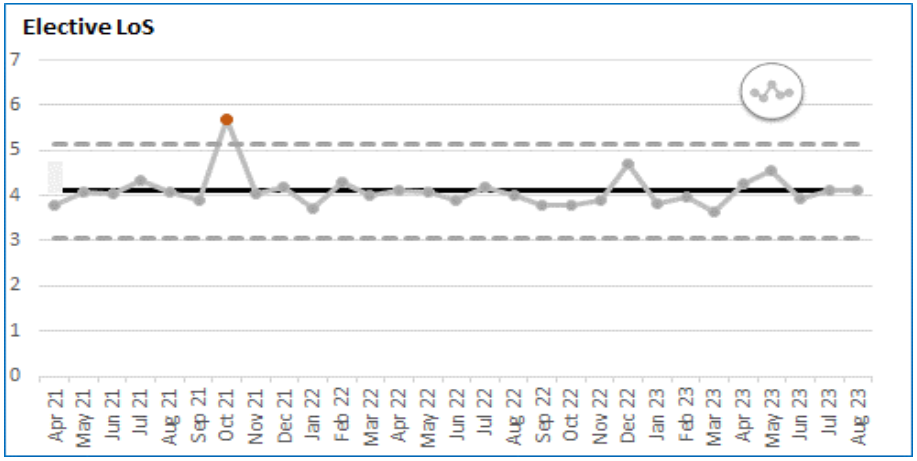
- MRI –use of In-Phase van at SJUH is meeting demand that exceeds 19/20 levels. This will be required until Seacroft Hospital MRI capacity (CDC) is available in late 2023 .
- CT – mobile van at CAH support increased demand levels. Will also be supported by the Leeds CDC from late 2023. Reviewing options to increase capacity for Cardiac CT.
- Theatres asked to review scheduling on audit days and provision of additional lists for adults & paediatric backlog.
- Focus on reducing patients waiting over 13 weeks. Numbers rose slightly in August 2023 to 189 from 176 in July. The majority of these longer waits are in Children's CSU.
- Respiratory Physiology recovery plans have seen performance improvement over the last 3 months and expected to achieve and sustain the 99% standard by October 2023.
- Neurophysiology have delivered additional consultant-led weekend sessions in July/August 2023 and recovered the 99% standard in August 2023. CARP being considered to support consultant recruitment that would deliver sustainable recovery and reduce reliance on outsourcing.
- Ultrasound - training is underway with current staff to undertake neck scans, options for MSK currently underway, and a whole service review has commenced.
- A review is underway of Children's CSU diagnostics theatre allocation and utilisation to explore additional opportunities to create capacity for diagnostic activity.
- Close monitoring of impacts of the ongoing Junior Doctors and Consultant Industrial Action continues, as the CSUs work to mitigate any capacity lost, with those modalities/tests reliant on theatre access being the most affected. The joint Consultant and Junior doctors strike will impact across more services including those outside of Theatres.

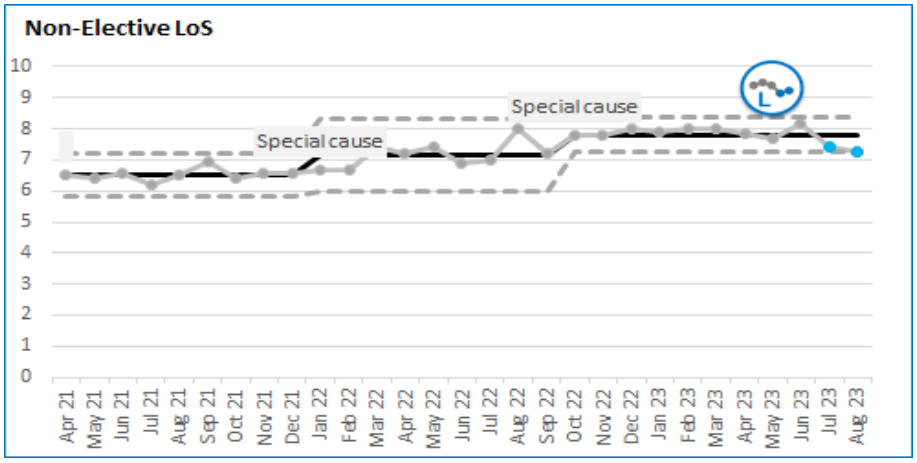
Length of Stay

The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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





Background / target description:

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

What does the chart show/context:

- Elective LOS is a sustained position at 4.1 days for August 2023
- Non-elective LOS has reduced to 7.3 days in August 2023

Underlying issues:

- Non-elective admissions into the main bed base from A&E have increased by 1.3% for August 2023 in comparison to August 2022
- 48.2% of non-elective patients had a length of stay of 0-3 days in August 2023
- Extended waits for social worker assessments, community bed availability and packages of care are continuing to increase the LOS
- Long waiting reason to reside patients are complex, with challenging medical care needs or a combination of medical and complex social care needs

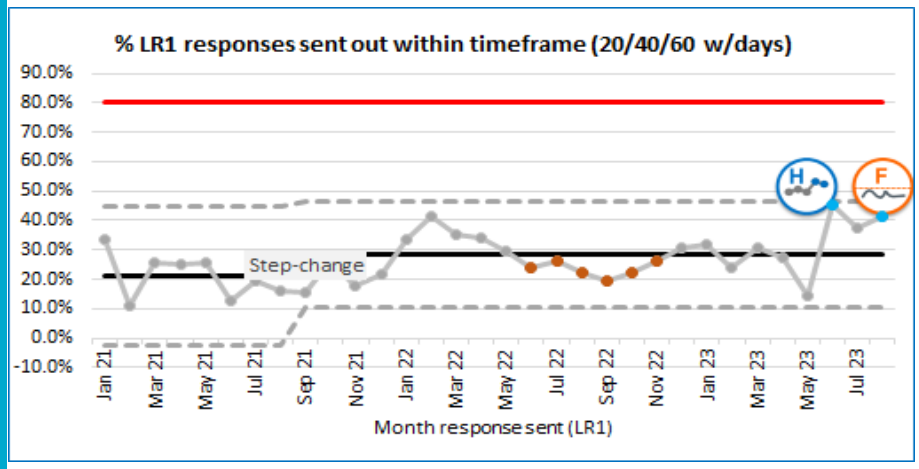
Actions: linked to annual commitments for reducing LOS by 0.5 days, delivery of access standards and efficiency and productivity.

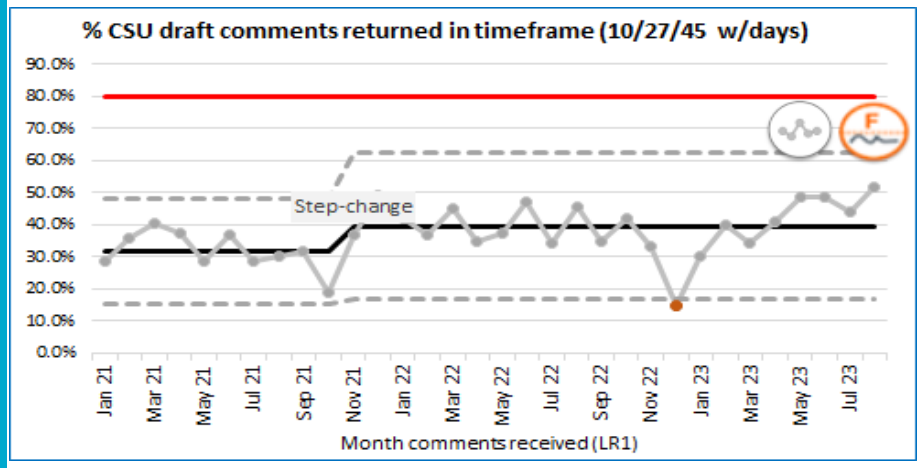
- Leadership of the Remote Monitoring Virtual Ward programme transferred to LTHT from LCH with a focus on identifying current inpatients, those attending SDEC/Assessment areas or patients on surgical pathways who can be safely discharged home and receive daily monitoring of core clinical observations. The first pathway supporting earlier discharge for patients awaiting ERCP procedures is due to go live at the end of September 2023
- Long length of stay review meetings, led by LTHT with key system partners, has reduced the longest length of stay for the top 20 patients
- The system wide HomeFirst Programme is developing and implementing a new model of intermediate care services to achieve more independent and safe outcomes, helping more people to stay at home, whilst improving the experience for people, carers, and staff.
- External review of LOS report now received with findings being aligned to work programmes particularly for areas which have experienced significant increases in LOS
- Planned Care programme is focussing on day case as norm. BADs data set describes the opportunity by specialty. 7th Edition of guidelines will be shared soon and opportunities for LTHT will be assessed. Performance is 80.0% (March) with 80.8% achieved in February (latest data available)
- Pre-optimisation workstreams to improve patient outcomes for surgery and reduce elective LOS including enhanced frailty pre-assessment and ShapeUp4Surgery optimisation: team being recruited to and have started contacting patients

Complaints

Reporting Month: August 2023

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





Background / target description:

- The Trust internal Complaint Response Time Standard requires 80% of complaint responses to be completed within either 20, 40 or 60 working days. National complaint handling guidance states responses must be provided within 6 months. The national standard has been achieved for 93% of Trust complaints responded to in 2023 so far (94% in previous calendar year).

What do the charts show/context:

- The first chart shows overall performance for the percentage of first stage (LR1) complaint responses that met the local standard completion target. This is influenced by all teams involved in the process, including CSUs, the complaints team, quality assurers and executives signing responses.
- The second chart shows the percentage of CSU comments which were returned to the complaints team by CSUs on time. The target for comments is earlier than the target for completed responses, to allow time in the process to complete letter drafting and quality assurance checks. This chart is a good indicator of CSU performance.

- The % of responses sent and % comments returned within target time is consistently falling below the 80% local target. However, recent performance for responses shows a special cause of an improving nature. The timeliness of draft comments has been above the long-term average in the last 5 months.

Underlying issues:

- The improvement in the % of CSU draft comments returned in time is directly impacting on the improvement in the % of responses sent out in time. Although CSUs have the greatest impact on the process, the quality assurance process is also known to occur significant delays.

Actions

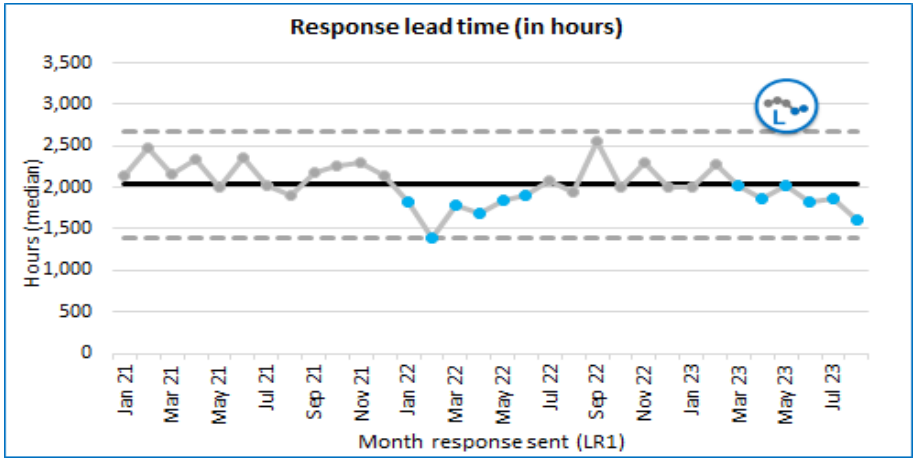
- On 24 July 2023 a new process was introduced for the majority of single CSU complaints. Most HoNs now quality assure their own single CSU complaints, removing the need for an external quality assurance review to take place. As there are still legacy complaints in the system, it will take some time before the impact of the change is fully understood. This change is due to be reviewed at the end of October 2023.

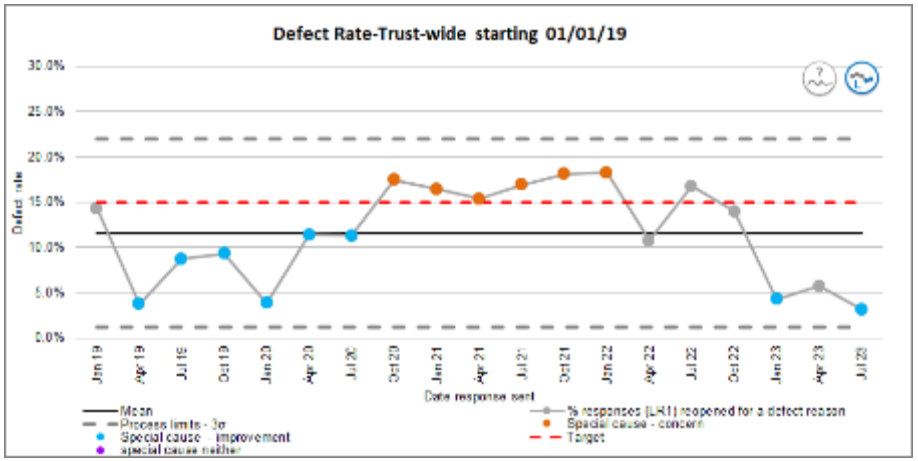
Complaints

The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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





Background / target description:

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

What do the charts show/context:

- The charts show:
  - Lead Time (by month) from January 2021 to the end of August 2023
  - Defect Rate (by quarter) from January 2019 to the end of August 2023
- Both Lead Time and Defect Rate are showing a special cause of an improving variation.

Underlying issues:

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

Actions

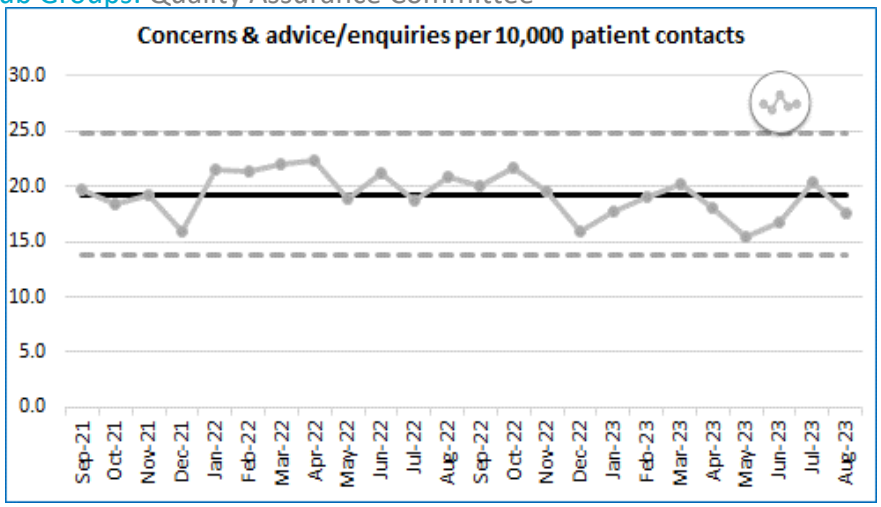
- As of 24 July 2023, complaints resolved by meeting are no longer subject to the local 20,40,60 day target. Targets for completion are now negotiated with complainants individually and will take into account availability for meetings to take place. A new target has been introduced alongside this, which requires CSUs to return a meeting summary letter to the complaint team within 5 working days of a meeting being held. Data sets are currently being developed to track this performance.

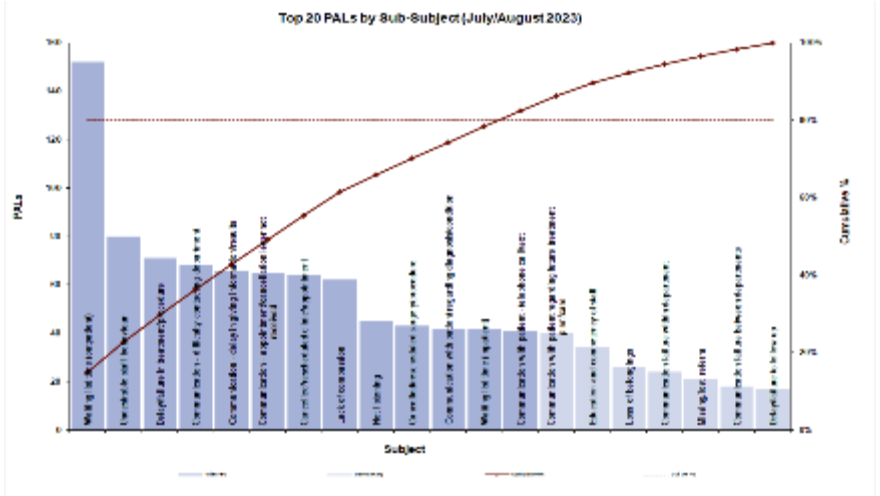
PALS

Reporting Period: August 2023

Target	Trajectory	Assurance	Variation
NA	NA	R	CC

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





Background / target description:

- The graphs show the number of PALS concerns and advice/enquires raised for every 10,000 patient contacts and the topics associated with those concerns in July and August 2023.

What does the chart show/context:

- The rate of PALS raised shows common cause variation.
- Waiting list times for outpatients continues to be the number one reason for PALS raised.

Underlying issues:

- A number of the most frequently raised subjects continue to relate to appointment and treatment delays; waiting list times (outpatient and inpatient), delay/failure in treatment procedure and cancelled procedures or appointments. This is reflective of current operational pressures.
- Three of the top 20 sub-subjects relate to the recently introduced staff interaction subject: undesirable staff behaviour was the second most frequently raised concern, followed by lack of compassion (eighth) and not listening (ninth).
- Difficulty in getting through to wards and departments is the fourth most frequently reported concern, delay in giving information/results is fifth and appointment/cancellation letter not received is sixth.
- Education and competency of staff is the fifteenth top concern sub-subject and relates mainly to nursing and medical staff. There has been a 50% increase in this sub-subject compared to data for the 2022 calendar year.

Actions:

- CSU level subject data on appointment/cancellation letter not received, difficulty contacting department and less positive staff interactions continue to be included in the Patient Experience Assurance Programme (PEAP). CSUs are actively reporting actions they are taking to address these issues in their services.
- A new monthly data report is now being issued to senior CSU colleagues monthly. This report allows complaint and concern subject data to be broken down by CSU, staff group and specialty. This breakdown is additionally shared with CSUs through the PEAP.
- Key PALS themes arising are now being shared quarterly with the Corporate Operations team and plans are in development to share specific data with project teams supporting the Trust's Transformation Programme.
- Work continues to explore how staff interaction data reported by patients can be used to inform and support the work of the Trust HR and OL teams, alongside staff engagement data.

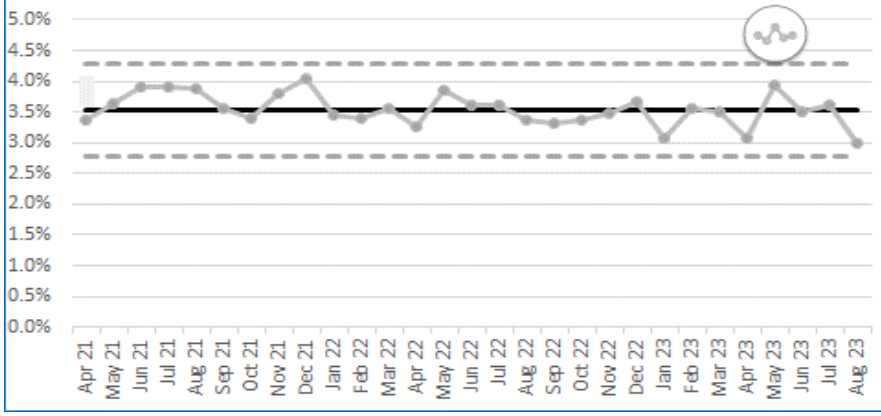
Readmissions

The Leeds Teaching Hospitals NHS Trust

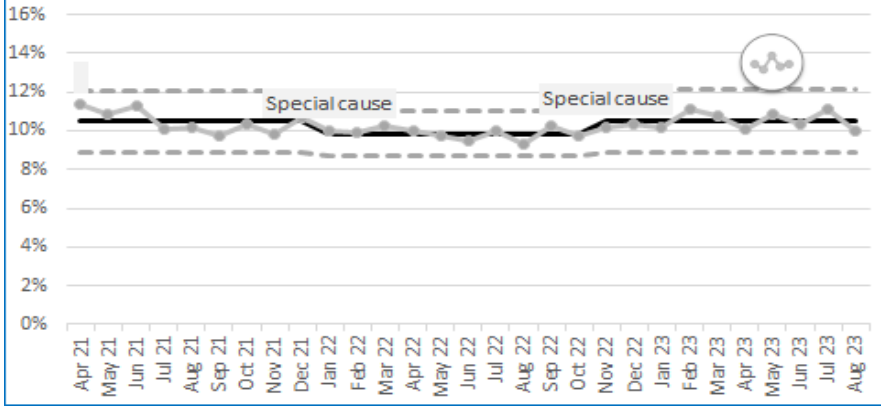
Reporting Period: August 2023

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

Elective Readmissions



Non- Elective Readmissions



Background / target description:

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

What does the chart show/context:

- Elective readmission rates are at the lower process control limit at 2.98% for August 2023
- Non-elective readmission rates are at the lower process control limit. The readmission rate for August 2023 is 9.96%

Actions:

- Medical and elderly SDEC estate work to be completed by November 2023 to enable footprint for maximum admission and readmission avoidance – remains on track
- 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
- Primary Care Access Line service continues to develop including ambulance calls direct to PCAL and review of the stack (the ambulance service list of patients who need to be brought to A&E) to enable alternatives to admission or readmission
- Community partners to enhance care pathways options including access to community services in addition to LTHT care pathways avoiding admission
- Unplanned care programme includes a suite of actions agreed with Health Watch to focus on the discharge experience, patient information and advice on discharge including contacts for advice and support for patients who feel they need ongoing medical care
- Strengthening the utilisation of virtual ward to support early discharge and adaptation to self-management in a person's own home
- Ongoing use of third sector to support successful discharge and support

Mortality

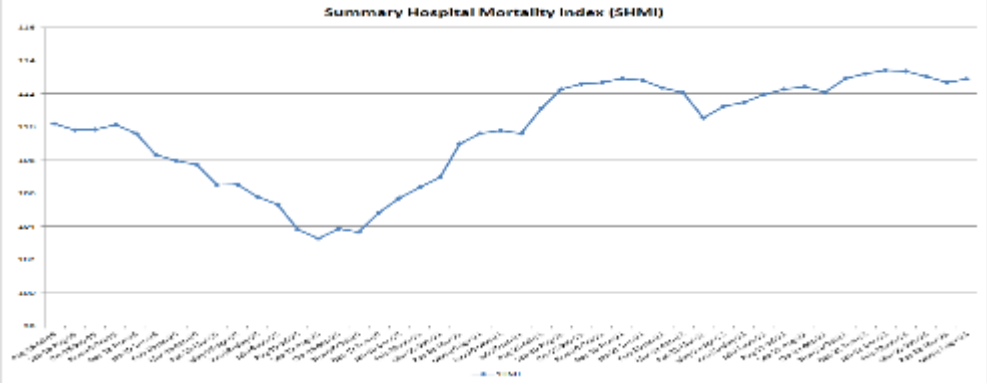
The Leeds Teaching Hospitals NHS Trust

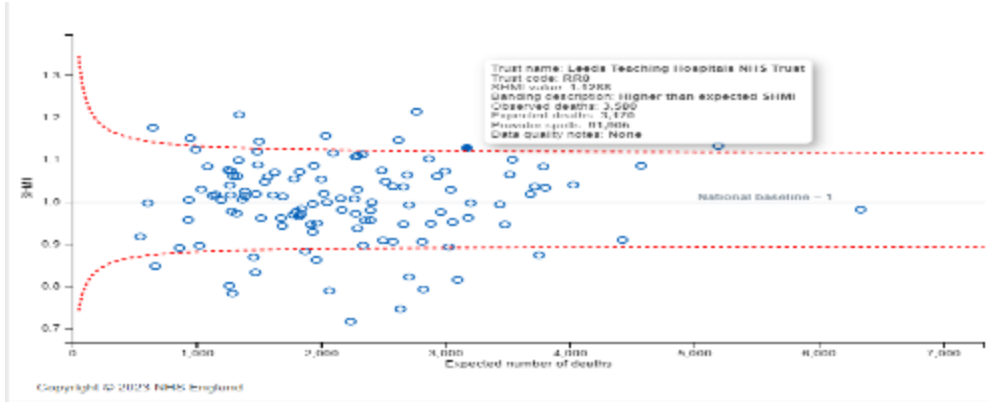
Reporting Period: May-22 to April-23

Target	Trajectory	Assurance	Variation
N	NA	R	CC

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

Trust level Mortality, May-22 to Apr-23	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI published banding (95% CL with over-dispersion)	91,905	112.88	3,580	3,170	89.20-112.11
HSMR	57,222	111.7	2,414	2,161	107.3-116.3





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

What does the chart show/context: The Trust SHMI for May 2022 – April 2023 was 112.88 a slight increase on the previous reporting period and the SHMI remains "Higher than Expected".

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

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

Patient Safety Incident Investigations (PSIRP)

The Leeds Teaching Hospitals NHS Trust

Reporting Period: April 2022 to August 2023

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

National Priorities Incident Type		LTHT actual April 22-August 23
Maternity and neonatal incidents which meet the 'Each Baby Counts' and maternal deaths criteria. These must be referred to HSIB for a HSIB-led PSII.		7 (HSIB)
Child deaths to be referred to the local Child Death Overview Panel. A PSII may also be indicated where there is reason to believe that one or more patient safety incidents/ problems in care could have contributed to the death.		6
Deaths of persons with learning disabilities to be referred to the local LeDeR reviewer. If a trust wishes to complete its own internal mortality review, the LeDeR initial review process is recommended; documentation is available.		0
Safeguarding incidents to be referred to the local safeguarding lead.		1
Incidents in screening programmes to be referred to the local Screening Quality Assurance Team.		0
Incidents meeting the Never Events criteria 2018 (see Never Events List Feb 22)		5
Incidents meeting the 'Learning from Deaths' criteria' ie: a death clinically assessed as more likely than not due to problems in care. (This clinical assessment will have been conducted as part of a local LfD plan, or following concerns about care or service delivery).		11
Deaths of persons with mental illness whose care required case record review as per the Royal College of Psychiatrists' mortality review guidance and which have been determined by case record review to be more likely than not due to problems in care.		0
Suicide, self-harm or assault resulting in the death or long-term severe injury of a person in state care or detained under the Mental Health Act.		0
National priority total		30
Local Priorities - Incident Type	**LTHT plan**	**LTHT actual**
Emergent incidents which justify a heightened level of response because the consequences for patients, families and carers, staff or organisations are so significant and the potential for learning is so great.		2
Pressure Ulcers - Thematic review of deterioration of MASD to category 2 pressure ulcer (review of 20 incidents)	1 (qtr1)	1
Medication - Prescribing incidents concerning Enoxaparin occurring at LGI	4	3
Obstetric Incident - Postpartum Hemorrhage in excess of 1.5L requiring transfer to theatre or activation of major hemorrhage protocol	4	2
Treatment - Thematic review of failure to recognize the deteriorating patient (review of 20 incidents)	1 (qtr2)	0
Communication - Enhanced care plans which are ineffective or not followed to prevent harm to patients including Mental Health (excluding patient falls)	6	0
Local priority total		8
Grand Total		38

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

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

Underlying issues:
Four never event incidents were reported in Quarter 3 2022/23 and a further 2 never events were reported in Quarter 1 and 2 2023/24.

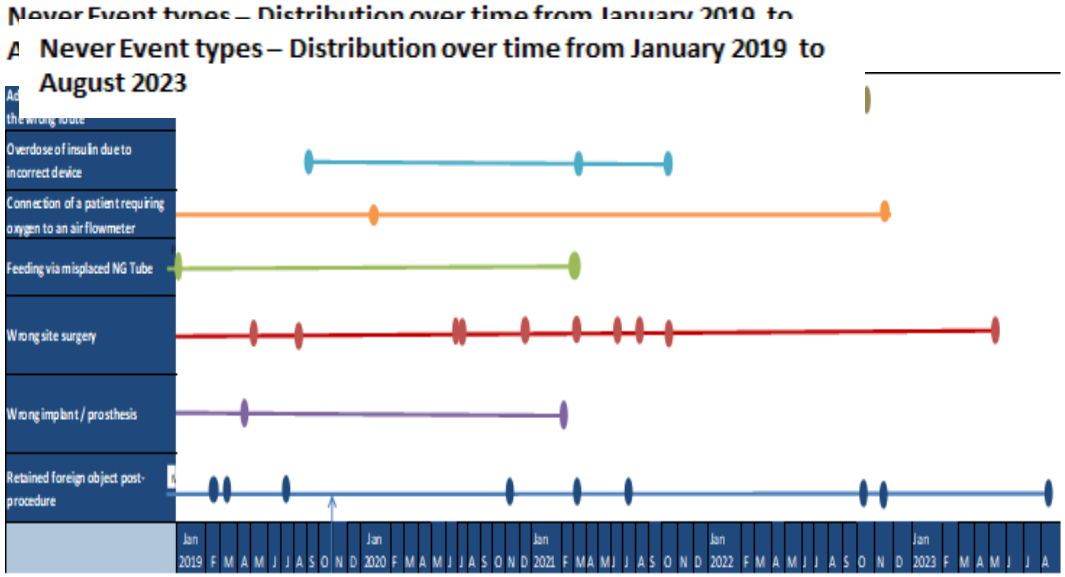
Actions:
Specific incidents will be identified from the Datix record for investigations to commence against the PSIRP local priorities.
An updated version of the NHS Patient Safety Incident Response Framework was published by NHS England in August 2022. The new requirements and investigation tools released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

Never Events

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

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



Never events by Type April 2022 to present by financial quarter

	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	23/24 Q1	23/24 Q2	Total
Wrong Site Surgery	0	0	0	0	1	0	1
Retained Foreign Object Post Procedure	0	0	2	0	0	1	3
Administration of medication by the wrong route	0	0	1	0	0	0	1
Unintentional connection of patient requiring oxygen to an air flowmeter	0	0	1	0	0	0	1
Total	0	0	4	0	1	1	6

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

What does the chart show/context:
The number of Never Event incidents 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 been four Never Events in 2022/23. There have been two 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.

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

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

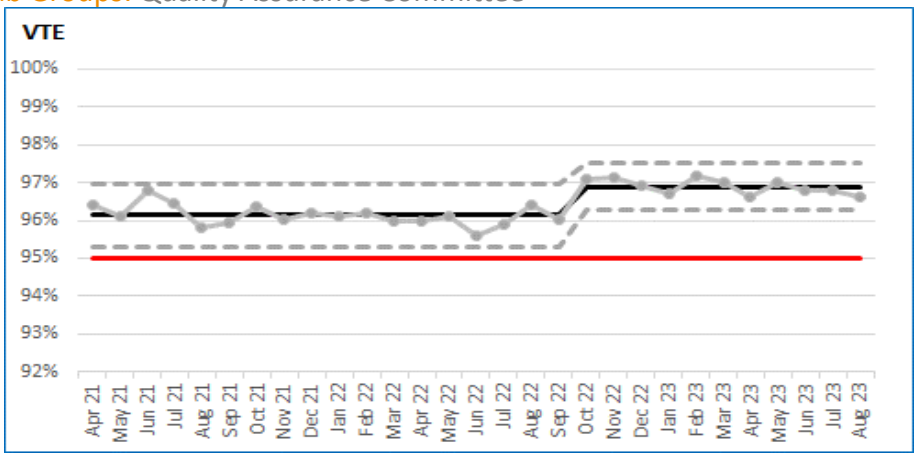
Venous Thromboembolism Risk Assessment

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

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

Target	Trajectory	Assurance	Variation
Y	NA	P	CC



CSU	Jul 23	YTD (2023-24)
Abdominal Medicine and Surgery	93.7%	93.4%
Adult Critical Care	96.3%	96.8%
Cardio-Respiratory	98.9%	98.6%
Centre for Neurosciences	94.2%	94.2%
Chapel Allerton Hospital	99.6%	99.6%
Childrens	90.1%	90.7%
Head & Neck	98.8%	98.2%
Institute of Oncology	97.2%	97.5%
Leeds Dental Institute	100.0%	100.0%
Non LTHT Activity	100.0%	97.2%
Not Known	100.0%	100.0%
Radiology	91.7%	96.1%
Research and Innovation	100.0%	99.6%
Specialty & Integrated Medicine	98.8%	98.0%
Theatres & Anaesthesia	96.2%	96.4%
Trauma and Related Services	96.5%	97.0%
Urgent Care	97.2%	96.3%
Womens	95.8%	95.5%
Trust	**96.8%**	**96.8%**

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

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

What does the chart show/context:
The Trust met the 95% target in 2022/23, for the fourth consecutive year

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

Actions:
- Monthly review by clinical owner
- Highlighting importance of VTE at junior doctor induction
- Work with CSUs that are below target, and those with negative trajectories
- Work with individual wards to utilise Safety huddles & ward rounds for VTE review
- Associate Medical Director has shared local processes from areas that are consistently achieving the target with triumvirate teams from CSUs that are struggling to achieve the target

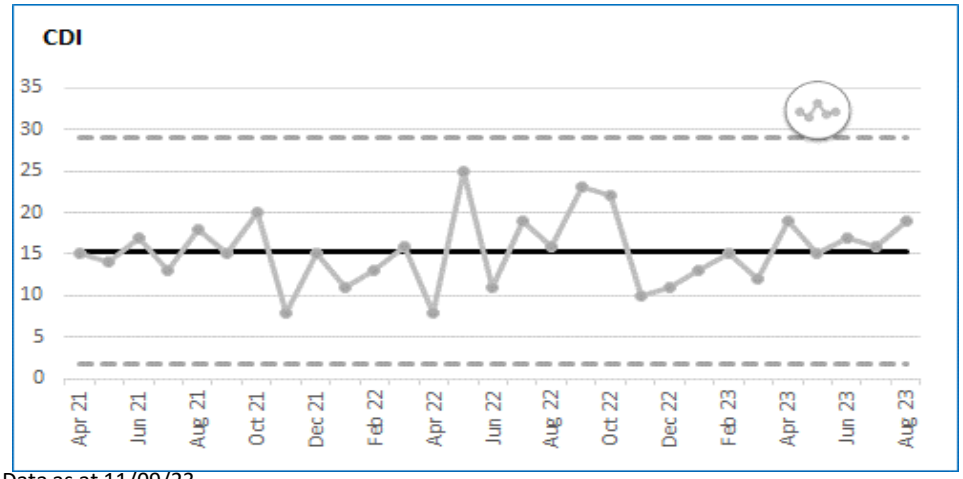
CDI

Reporting Period: August 2023

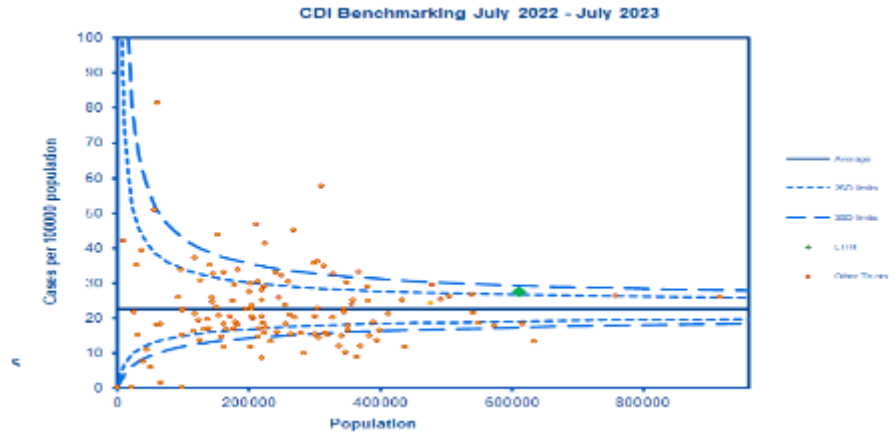
Executive Owner: Helen Christodoulides(Chief Nurse/DIPC)
Management/Clinical Owner: Gillian Hodgson (Deputy Director of Infection Prevention and Control(DIPC)
Sub Groups: Quality Assurance Committee

Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Month	CDI - Hospital Onset Healthcare Associated (HOHA) (actual)	CDI - Community Onset Healthcare Associated (COHA) (actual)	CDI (Subtotal)	CDI (National Threshold)
Aug-23	14	5	19	13



Data as at 11/09/23



Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections allocated threshold for CDI at LTHT is 163 cases .

What does the chart show/context:
First chart displays Trust apportioned CDI cases from April 2021 to August 2023 and shows LTHT continuing to fluctuate on or above the mean.
The second chart with date range July 2022 to July 2023 shows LTHT's position above the national average.

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

Actions:
In the absence of a decant facility a programme of HPV bay by bay led by the COO team is underway . To provide a consistent approach to CDI diagnostic testing and alignment with other organisations a review of modality is underway. To increase our ability to isolate patients with infection a Live PPM side room bed state is in development, planned test phase in October.

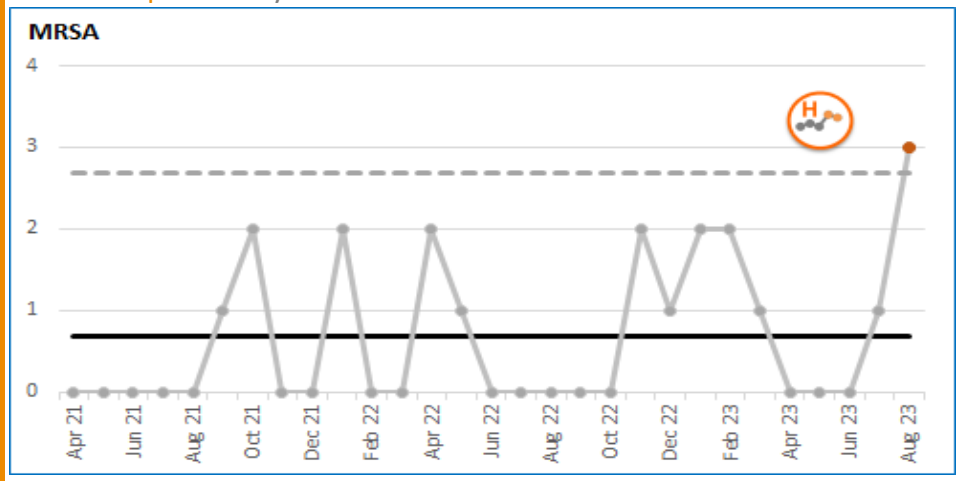
MRSA

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

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

Target	Trajectory	Assurance	Variation
N	NA	R	CC



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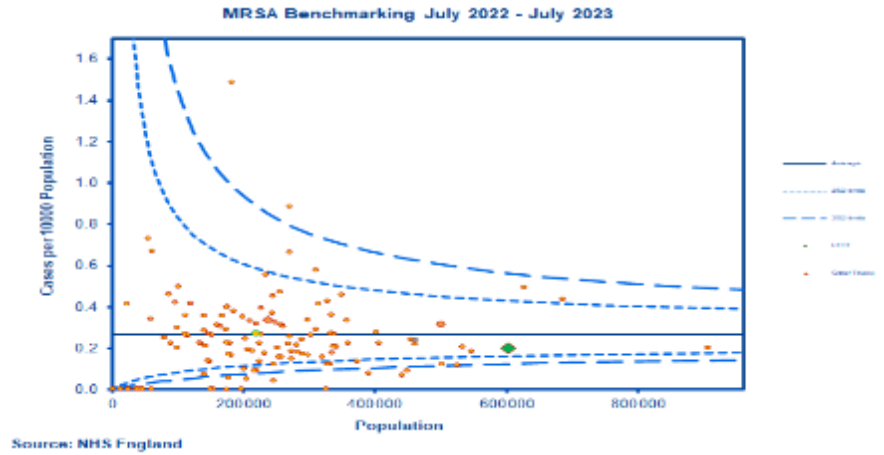


Background / target description:
The National 'zero tolerance' approach to MRSA bloodstream infections continues. A post infection review (PIR) takes place for all cases of MRSA bloodstream infections recorded at the Trust.

What does the chart show/context:
First chart -April 2021 to August 2023 shows that LTHT recorded 3 MRSA bacteraemia's -the highest number recorded in one month during the reporting period and above the upper control limit . Demonstrating special cause variation .

The second chart with date range July 2022 to July 2023 displays LTHT's national position below the mean (this does not include the spike in cases recorded in August)

Underlying issues:
None currently identified. Reviews of all three cases underway.

Actions:
Following a marked increase in cases on the 13 September DIPC requested each CSU to arrange for a clinically led thematic review of HCAIs, to expedite learning and ensure we are focusing on the correct interventions to prevent further cases.

E Coli & Pseudomonas

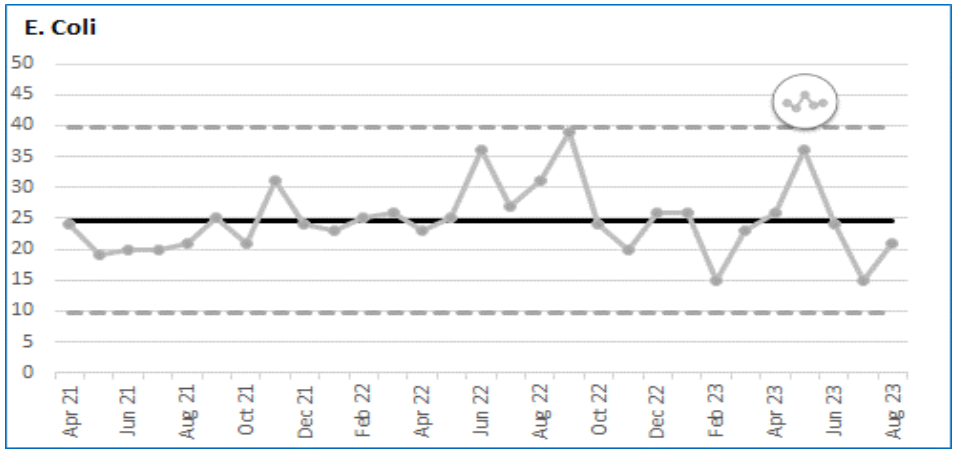
Reporting Period: August 2023

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

Target	Trajectory	Assurance	Variation
Y	Y	R	CC

Month	Ecoli - Hospital Onset Healthcare Associated (HOHA) (actual)	Ecoli - Community Onset Healthcare Associated (COHA) (actual)	Ecoli (Subtotal)	Ecoli (National Threshold)
Aug-23	12	11	23	20

Data as at 11/09/23



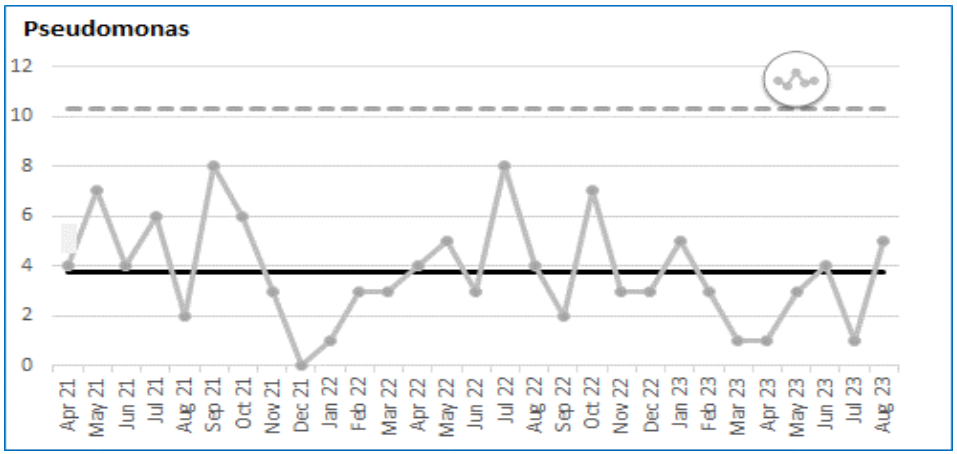
Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections threshold for E. Coli at LTHT is 246 cases .
What does the chart show/context:

The chart with a date range of April 2021 to August 2023 shows natural variation around the mean with the last data point showing a decrease.

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

Actions:
A review of the infection investigation process is underway to incorporate the principles of the Patient Safety Incident Response Framework(PSIRF) to drive thematic reviews and system based learning.

Month	Pseudomonas - Hospital Onset Healthcare Associated (HOHA) (actual)	Pseudomonas - Community Onset Healthcare Associated (COHA) (actual)	Pseudomonas (Subtotal)	Pseudomonas (National Threshold)
Aug-23	4	1	5	3



Background / target description:
The NHS Standard Contract 2023/24 - Minimising Clostridioides difficile (CDI) and Gram-negative Bloodstream Infections threshold for Pseudomonas at LTHT is 40 cases .

What does the chart show/context:
The chart with the date range April 2021 to August 2023 shows natural variation around the mean with the last data point showing in increase. After 6 previous data points being at or below the mean.

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

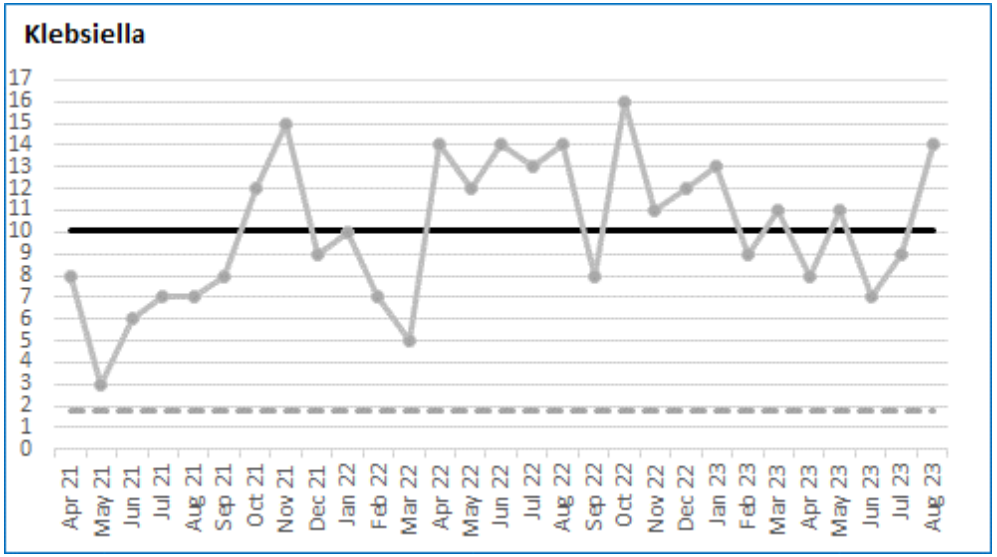
Actions:
Water safety visits completed in 30% of augmented care areas and learning shared across this patient population whilst visits to the remaining areas are delivered.

Klebsiella

Reporting Period: August 2023

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

Target	Trajectory	Assurance	Variation
Y	Y	R	CC



Data as at 11/09/23

Month	Klebsiella - Hospital Onset Healthcare Associated (HOHA) (actual)	Klebsiella - Community Onset Healthcare Associated (COHA) (actual)	Klebsiella (Subtotal)	Klebsiella (National Threshold)
Aug-23	12	3	15	7

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

What does the chart show/context:
The chart with the date range of April 2021 to August 2023 shows LTHT's position fluctuating around the mean since April with a sharp increase in August.

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

Actions:
A review of the infection investigation process is underway to incorporate the principles of the Patient Safety Incident Response Framework(PSIRF) to drive thematic reviews and system based learning. LTHT is participating in System wide collaboration looking at themes and trends regionally regarding GNBSI .

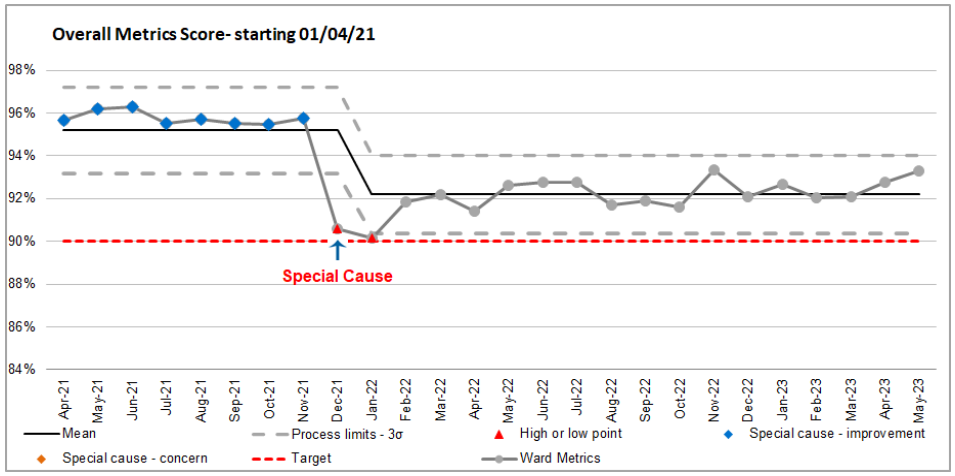
Perfect Ward

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

Target	Trajectory	Assurance	Variation
Y	NA	P	CC

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



Indicators	Target												
Safe													
	>=90												
	>=90	-	-	-	-	-	-	-	-	-	-	-	
	>=90	-	-	-	-	-	-	-	-	-	-	-	
	N/A												
	=0												
	>=90												
	=0												
	=0												
	=0												
	>=90												
Caring													
	=0												

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

What does the chart show/context:
The run chart illustrates an increase in the Trust average Healthcheck metrics score from May to August 23 to 94% when compared to April, this continues to be above the mean and remaining above the Trust standard of 90%. This small increase is reflective of education regarding metrics standards.

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

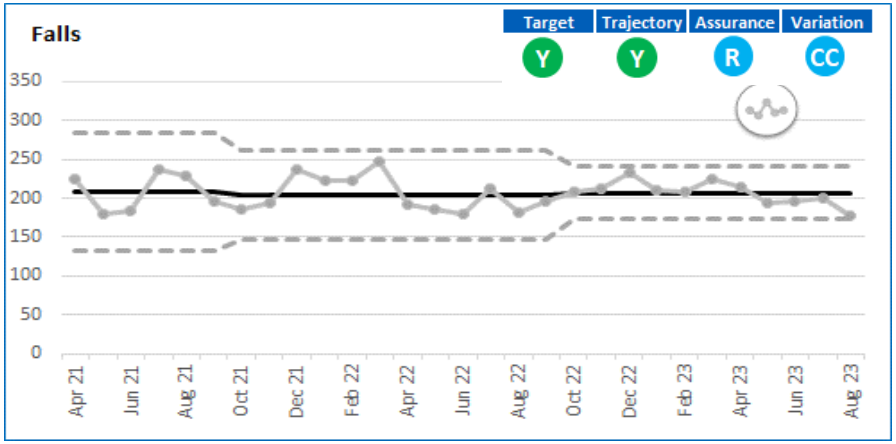
- In June 23 the inpatient metrics questions were changed to align with the Nursing Specialist Assessment, the questions are focused on essentials in patient care. The metrics questions are now split in to environment level and patient level, this allows for wards to focus their improvements for patient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

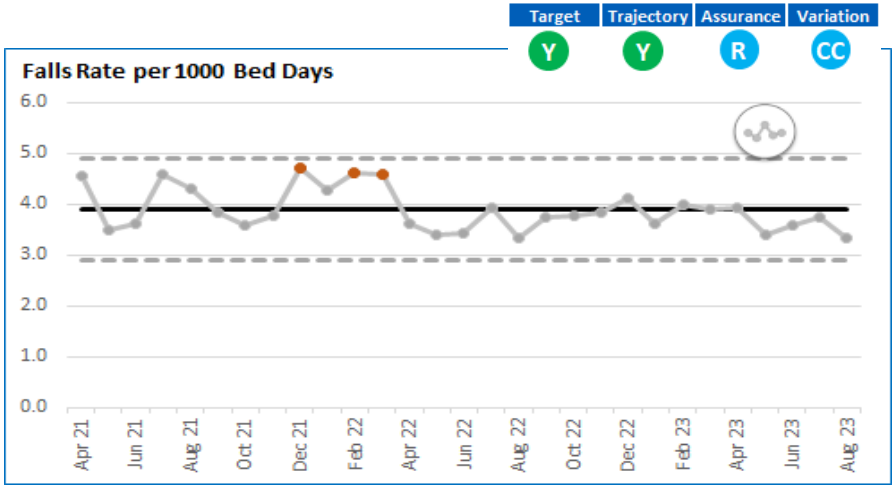
Harm Free Care - Falls

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

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





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

What does the chart show/context:
Between June and August 2023, 571 patient falls were reported, of which 29 resulted in moderate harm or above. All are investigated using RCA, Specialised Falls Review or Stop the Line methods. The Trust has maintained a reduction in the rate of falls for Q2 2023, noting that the rate of falls per 1,000 bed days in May 23 has fallen below the mean and remained below in August 23. Year to date, the Trust is currently tracking on trajectory for 23/24.

A thematic review has highlighted a lack in falls interventions actions being initiated, patients not following advice, unsafe moving and handling of the fallen patient, reduction in documentation of the care provided.

Actions:

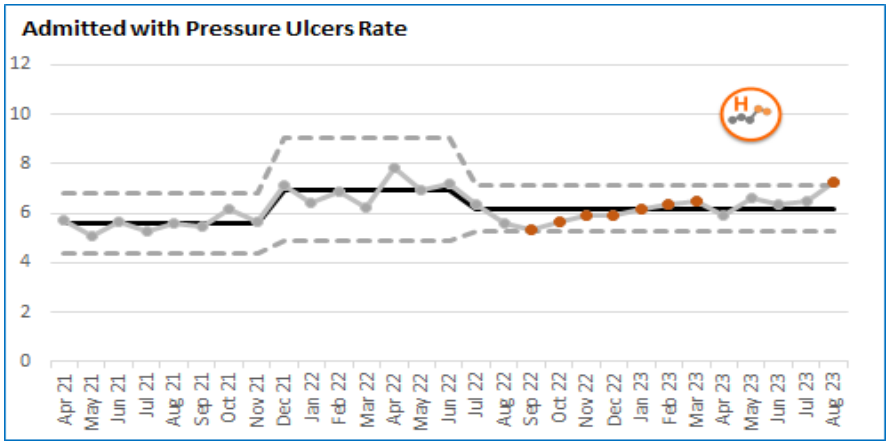
- The Trust 'Falls Collaborative' remains active along with the Trust Falls Prevention Steering Group.
- To continue sharing learning from falls investigation's through the circulation of the upgraded Falls Improvement Bulletin Trust wide.
- Deputy Chief Nurse meets with local teams to review actions where falls with moderate harm and above are deemed to be carrying care delivery factors.
- The patient safety team to support ED with quarterly Falls Prevention & Quality Improvement Review visits to ensure improvement action plans are reviewed regularly and support plans put in place.
- Increased focus on falls across the Trust, where there has been an increased focus across all CSUs, particularly those with highest rates of falls. New trials across many CSUs are ongoing to explore strategies to minimise patients falls risk, as well as work to empower existing fall-reducing strategies.
- New falls panel process: a trial of how falls with moderate harm and above are presented at panel is currently in progress in line with PSIRF, where HoNs are requested to present an action plan and themes for falls for the CSU, allowing an improved dissemination of information and collaborative work within CSUs.
- A new post fall proforma is being trialled in SIM CSU, alongside new quality questions on Datix system to replace the Stop the Line document, in line with the induction of the Patient Safety Framework.
- A new NAIF aligned falls risk assessment is currently being made, to trial in Q3.
- Falls Champions training course has been launched successfully in June 2023 and continues.
- The patient safety team are providing training and education to new staff regularly and ward staff on request.

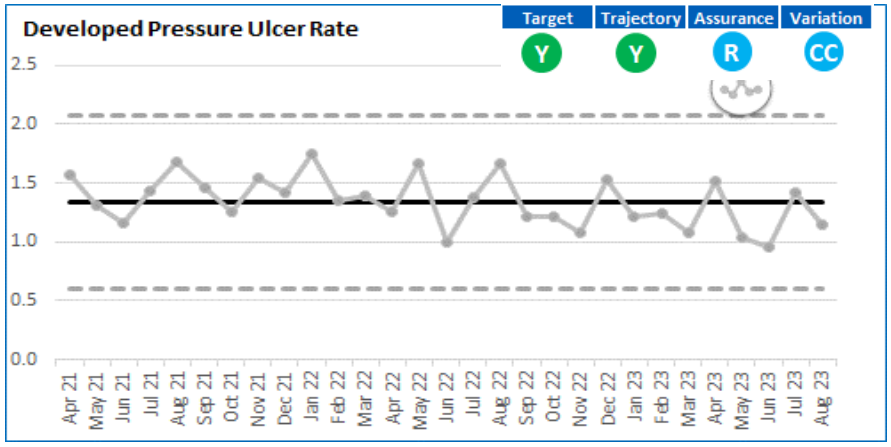
Harm Free Care - Pressure Ulcers

The Leeds Teaching Hospitals NHS Trust

Reporting Period: August 2023

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





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

What does the chart show/context:
Between July and August 2023, 147 hospital acquired pressure ulcers were reported, of which 11 resulted in moderate harm or above. All hospital acquired pressure ulcers are investigated using either the Stop the Line , RCA, or new PSIRF Improvement Review process, depending on the severity of harm.
The Trust continues to see month on month variation in pressure ulcer numbers. Year to date, the Trust is currently tracking 12.8% below trajectory for 23/24.

Admitted with pressure ulcers have seen a gradual increase since September 2022, with the numbers for August numbers experiencing an increase just above the upper control limit. As part of the citywide work, LTHT have made changes to how staff report admitted with pressure damage and these are now embedded across the Trust.

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

Actions:

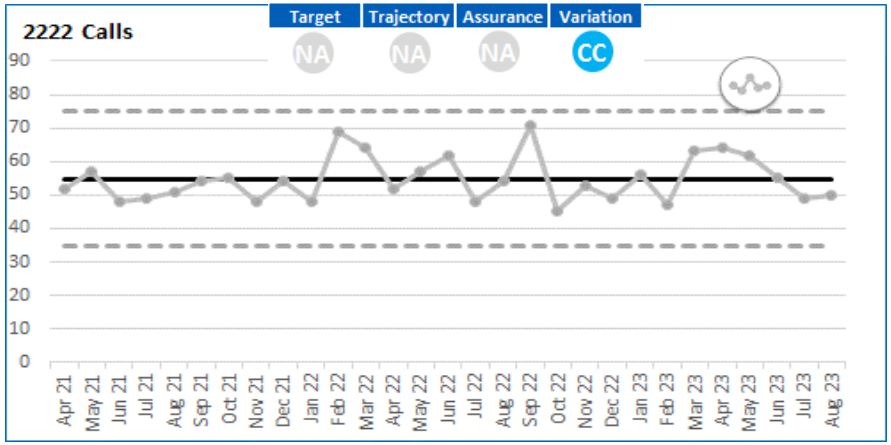
- The pressure ulcer collaborative has moved to bi monthly meetings, with ward walks by tissue viability and the QI partner, this is to encourage staff engagement and promote embedding of the tests of change across the 14 collaborative wards.
- Tissue viability team continue to work closely with CSU's, targeting specific areas where an increase in pressure ulcers has occurred, promoting collaborative working.
- Deputy Chief Nurse continues to meet with local teams to review the actions from PU investigations where lapses in care and with moderate harm or above were identified.
- Level 1 eLearning for pressure ulcer training compliance is currently at 80% (green) and 84% (green) for level 2.
- The Trust Pressure Ulcer and Tissue Viability Strategic group receive assurance from CSU's regarding their internal pressure ulcer reduction action plans. These are presented to the group on a rolling monthly programme.
- As part of the City wide work to standardise PU training across the system, the eLfH online PU training package is now available to Trust staff.
- Work continues on the PSIRF programme across LTHT for Pressure Ulcers. Wave 3 due to commence across three CSU's simultaneously, includes Urgent Care, Cardio-Respiratory and Neurosciences. Pilot already embedded across Oncology, AMS & TRS.

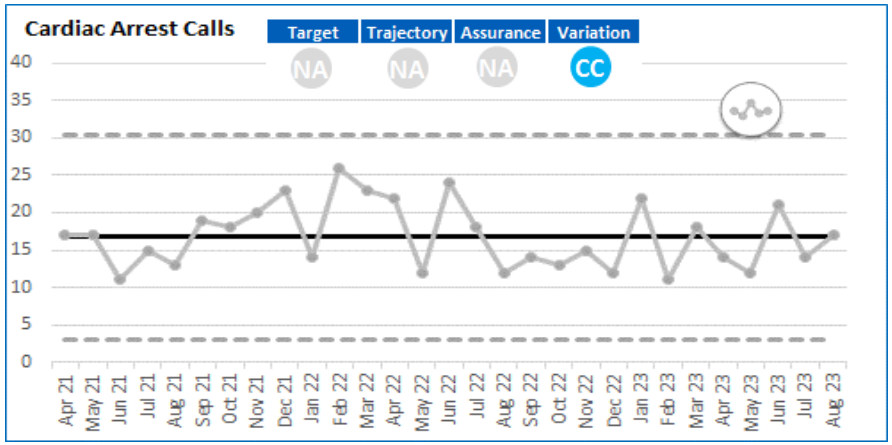
Responding to Risk – 2222 Calls

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: August 2023

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





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

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

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

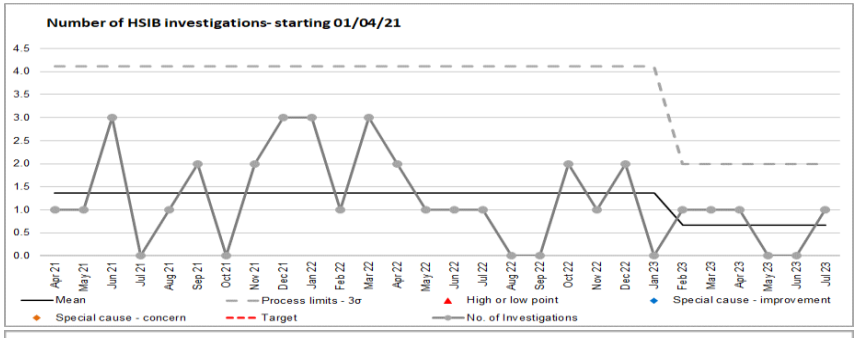
Actions: Work will continue to focus on the CSU's with the largest number of 2222 calls.

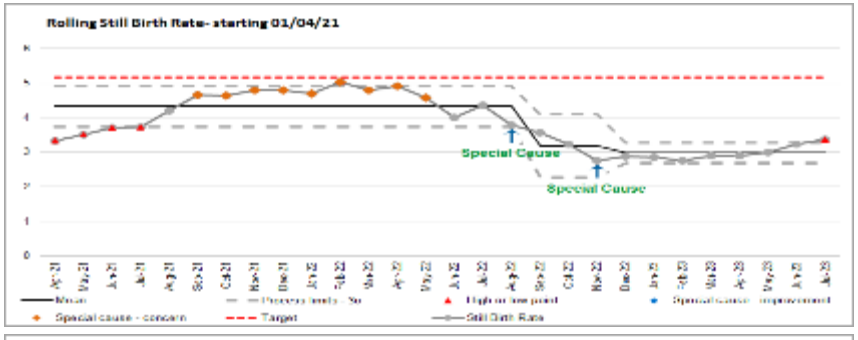
Maternity

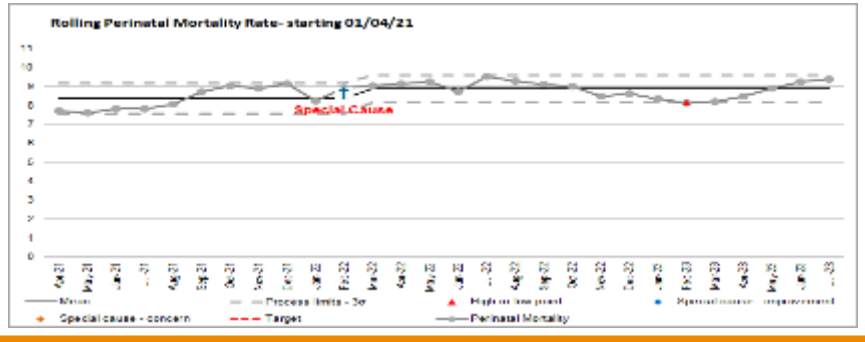
The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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







July 2023

HSIB referrals
1 new referral, suspected Hypoxic Ischaemic Encephalopathy, required therapeutic cooling. The baby was born by Elective Caesarean Section and unexpectedly required resuscitation at birth. A MDT review didn't find any potential reason for the condition of the baby at birth other than a drop in the maternal blood pressure for a very short period of time which was thought to be clinically insignificant. .

Neonatal deaths

There have been 6 neonatal deaths in the reporting period:
- 4 with significant congenital anomalies
- 1 extreme prematurity with pulmonary hypoplasia following spontaneous rupture of membranes at 14 weeks gestation
- 1 unexpected death on PICU at 4 months of age, referral to the coroner.

Stillbirths

There have been 4 stillbirths in July 2023.
- 1 with known growth restriction and placental insufficiency.
- 2 associated with reduced fetal movements reported by the mother and fetal death confirmed on scan.
- 1 associated with a 3L antepartum Haemorrhage

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

Moderate Harms
There were 40 moderate harm incidents reported in July. All cases have been reviewed and Duty of Candour letters have been sent. The common incidents are postpartum haemorrhage (PPH), unexpected admission to the neonatal unit and Obstetric Anal Sphincter injury.

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

Reduce Average Length of Stay by 0.5 Days per Patient

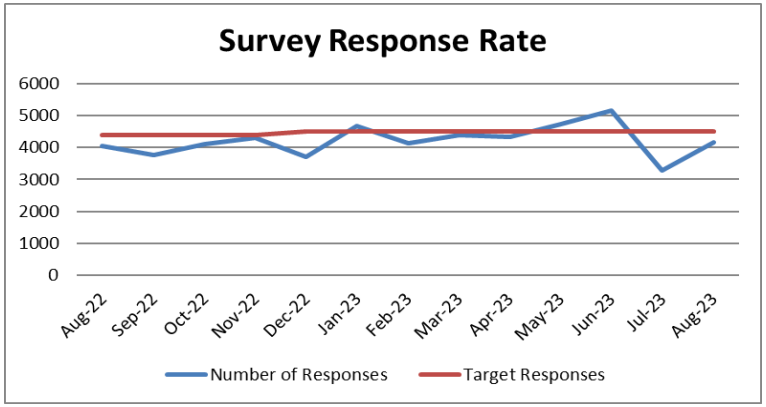
Patient Environment – Patient Catering

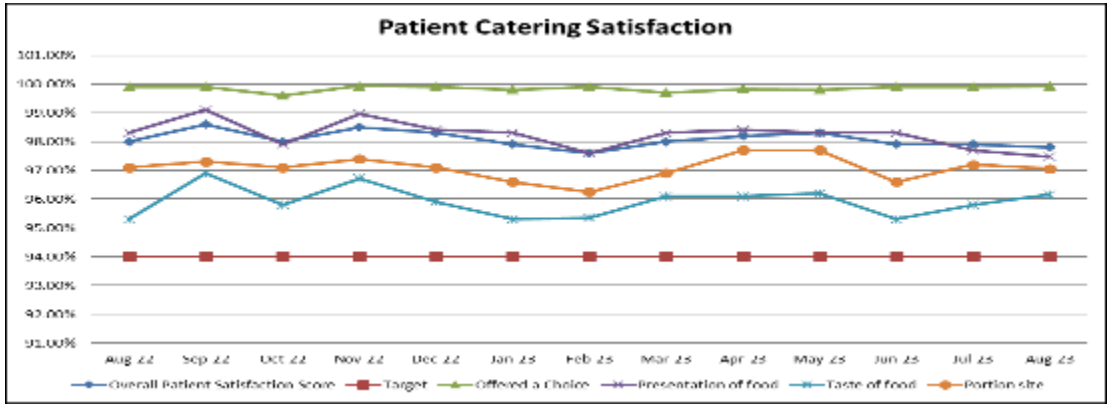
The Leeds Teaching Hospitals NHS Trust

Reporting Month: September 2023

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

OUR 7Cs





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

What does the chart show/context: The response rate has dipped slightly under the target across all combined areas (4156 Vs target of 4516). The second graph shows that we are exceeding all targets across 12 different service review areas. Satisfaction scores have increased in most areas, but with a slight dip in portion size & presentation.

The survey asks 12 different questions covering: offered a choice, healthy options, presentation of food, taste, temperature, portion size, ease of ordering, menu style, meal times, attitude of staff and overall satisfaction of the service. These separate questions are used to calculate the above overall score which is shown as an average across all questions.

Underlying issues: As noted previously, the main patient meal supplier went into administration during the last period which had the potential to cause significant issues. The team worked extremely hard to ensure the transfer to a new supplier was as successful and seamless as possible, but across the country the new specialised frozen meal suppliers have experienced production and transportation issues as they increase their operations to meet the new demand. Inevitably this process could be responsible for the slight fall in some patient scores due to numerous short notice changes to the food items supplied. The nutritional requirements and quality of product has never been compromised or reduced during this time.

Actions: Continue to proactively monitor patient satisfaction and react to unfavourable menu items as required. Continue to work with suppliers and manufacturers to proactively drive up patient satisfaction, in respect of taste and quality, to match the delivery and range of food scores that we achieve. Continue to work with NHS Supply chain & NHSE regards UK wide market provision issues in the delivered ready prepared meal service.

Reduce Healthcare Associated Infections

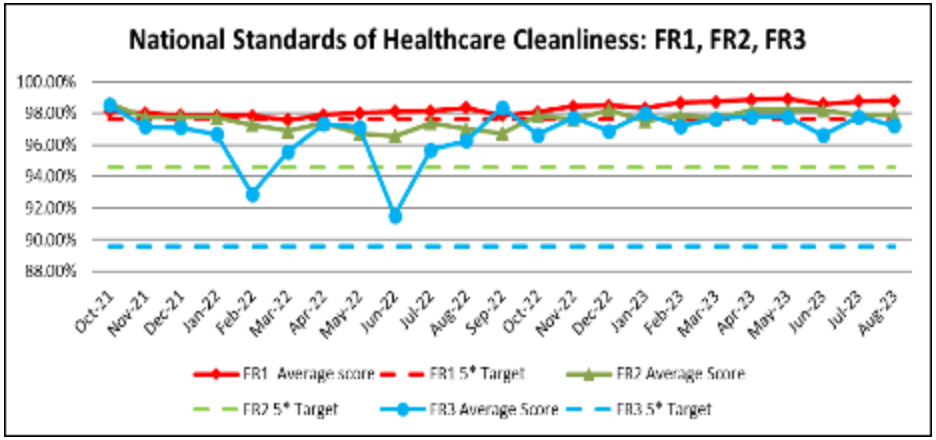
Patient Environment - Cleaning

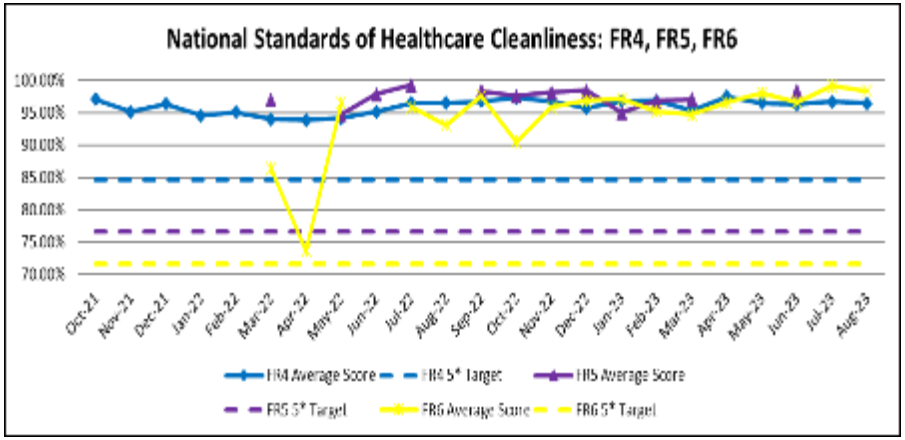
The Leeds Teaching Hospitals NHS Trust

Reporting Month: September 2023

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

OUR 7Cs





Background: Cleaning:
A range of independent measures are used to ensure the provision of a clean and safe environment. The National Standards of Healthcare Cleanliness (NSoHC - 2021) have been fully implemented within the required time frame. Risk ratings are now calculated across 6 risk categories FR1 to FR6, as well as a percentage cleanliness score. Areas are given a star rating between 1 star (poor) and 5 star (excellent).
Autonomous cleaning machines (floor cleaning robots) are now in operation and are more visible around the Trust as they start to be implemented into daily cleaning schedules.

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

Underlying issues:
The standard of cleaning has remained high throughout the year with additional cleaning requirements remaining in place due to localised infection outbreaks. Audit results continue to be positive however, resources remain under pressure from surges in activity and fluctuating infection rates within the community.

Actions:
Continue to flex cleaning resources, methodologies and frequency to meet the ever changing demand. Continue to deliver the NSoHC, with additional services including wall washing and 'pop up' / enhanced cleaning teams to deal with localised infection outbreaks. The Trust is seeing real benefits from the 'new' HPV technology 'ProXcide' for swifter bed space turn around (red cleans).

Reduce Average Length of Stay by 0.5 Days per Patient

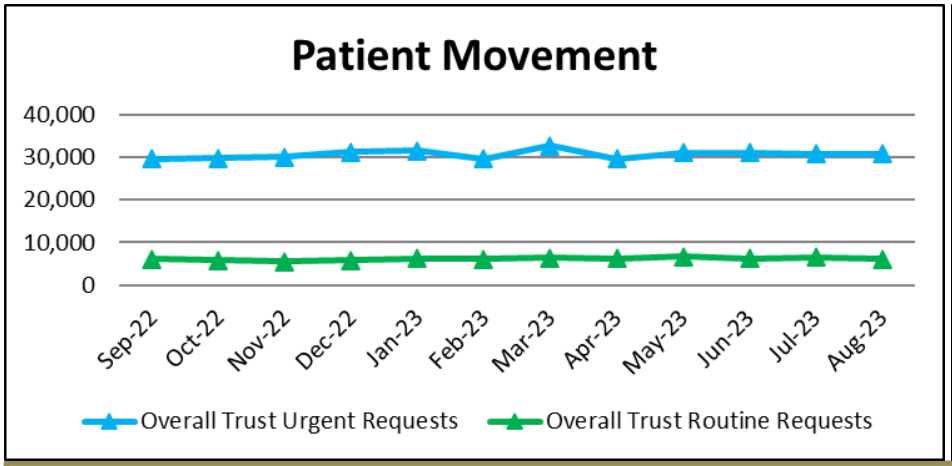
Patient Environment – Portering

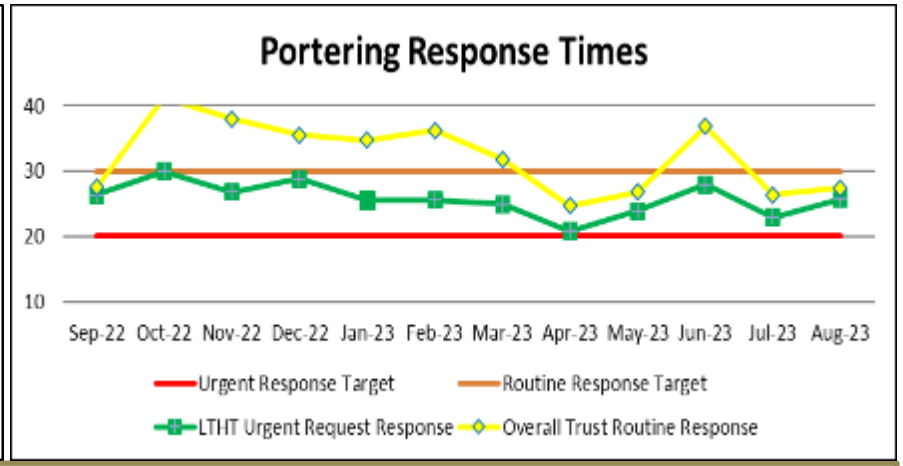
The Leeds Teaching Hospitals NHS Trust

Reporting Month: September 2023

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

OUR 7Cs





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

What does the chart show/context:
Activity in this reporting period remains unchanged, with the demand on services remaining high due to surges in activity. To support activity some patient movements are carried out directly under the instruction of clinical area, such as in Radiology, with the direct deployment of porters by clinical staff, removing the need for them to be recorded via CARPS – the porter task management system. This does mean that all these tasks are not included in the above data set. Overall response times have reduced when compared to when compared to the previous period.

Underlying issues:
Ad hoc short notice requests as the Trust reacted to the changing position regarding patient flow. Staff resourcing has been a challenge and the teams strive to effectively manage attendance.

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

Improve Staff Retention

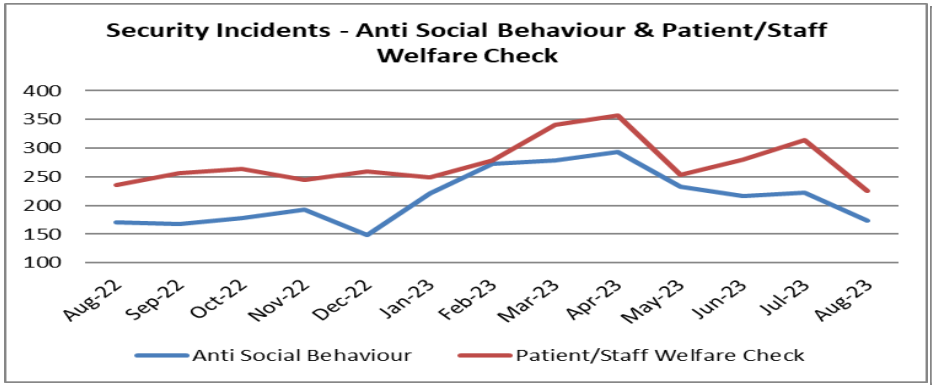
Estates - Security

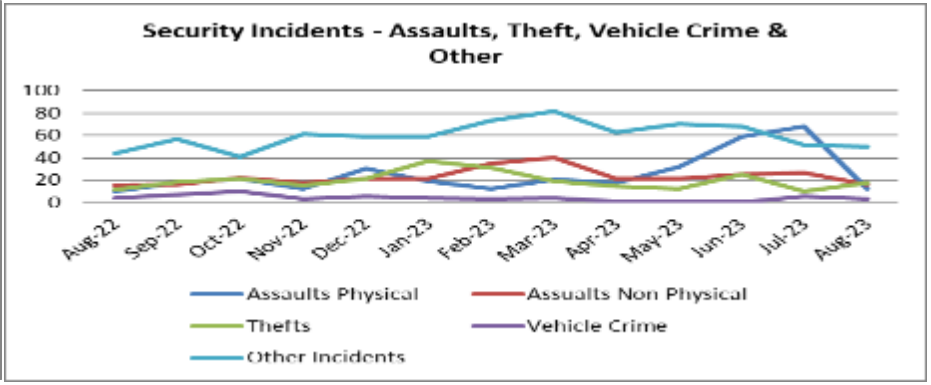
NHS The Leeds Teaching Hospitals NHS Trust

Reporting Month: September 2023

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

OUR 7Cs





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

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

Underlying issues: Analysis of security activity data continues so resources can be deployed in a proactive manner. Wide stakeholder work continues internally to address the violence and aggression issues and partnership work with external agencies continues to address ASB. Security Teams have an increased presence in "hot spot areas".

Actions: Work continues with our "challenging behaviours collaboration" to seek a reduction in assaults. Our focus on data and metrics provides further assurance and governance from the violence prevention and reduction steering group. Team working with corporate nursing colleagues continues in order to reduce missing patient calls.

Achieve the Access Targets for Patients

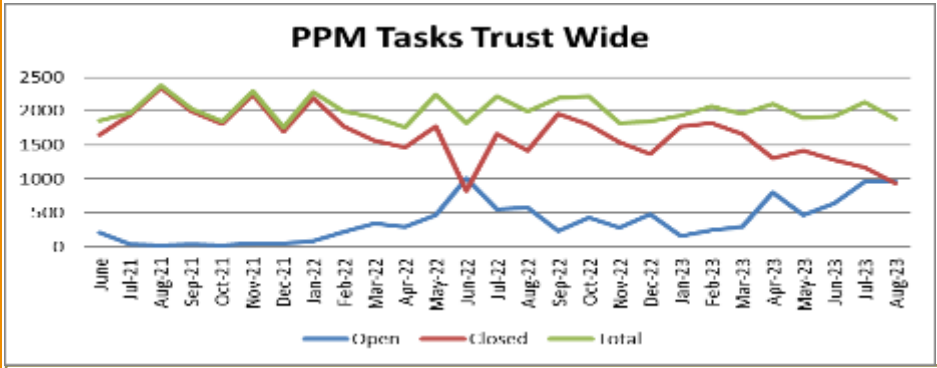
Estates - Operational

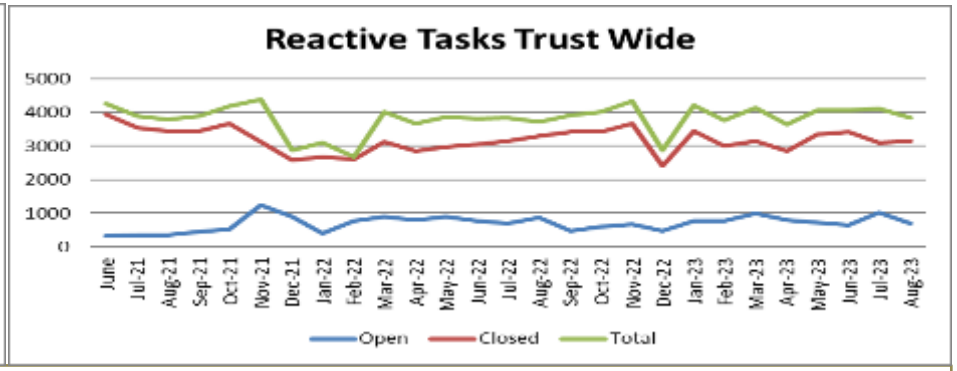
The Leeds Teaching Hospitals NHS Trust

Reporting Month: September 2023

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

OUR 7Cs





Background:
The graphs show the number of planned preventive maintenance (PPM) and reactive maintenance (logged on helpdesk) tasks completed and those awaiting completion by month. The Trust has experienced some issues with water leaks from pipework in Jubilee, drainage issues often from flushing nurse wipes down WCs and severe weather incidents. These are recorded in DATIX

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

Underlying issues:
The teams have provided a response to reset and recovery, unprecedented system pressures, CQC inspections, service changes, capital commitments, HoTF, GSC completion and BtLW challenges. Being responsive to recovery actions is at times challenging, as it restricts the ability to focus on PPM and reactive tasks.

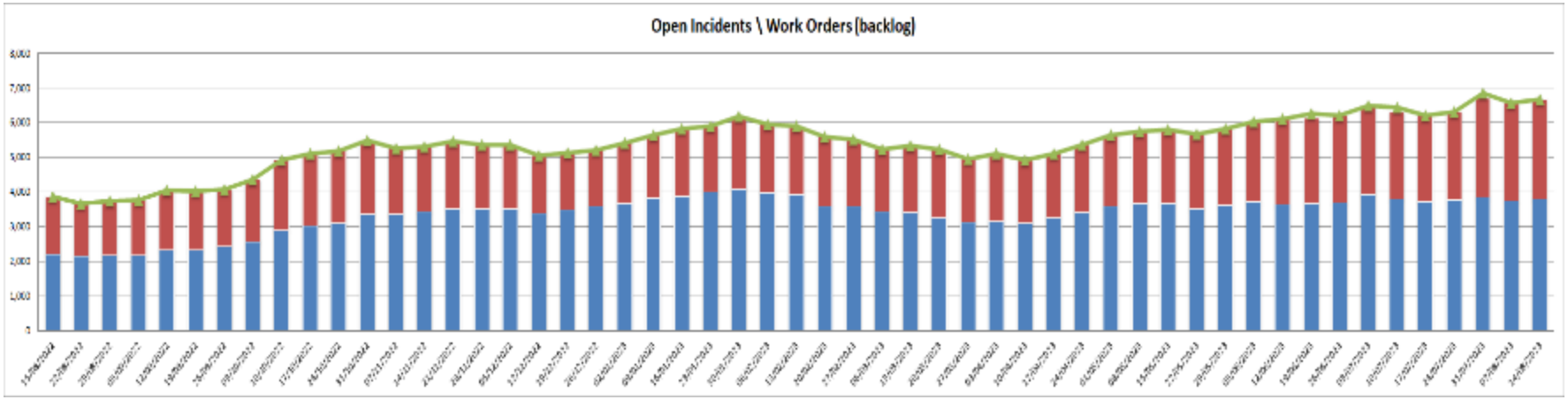
Actions:

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

Service Delivery (Backlog)

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: August 2023
Sub Groups: DIT Committee



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

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

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

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

PDLC KPIs

The Leeds Teaching Hospitals NHS Trust

Reporting Month: End of August 2023 position

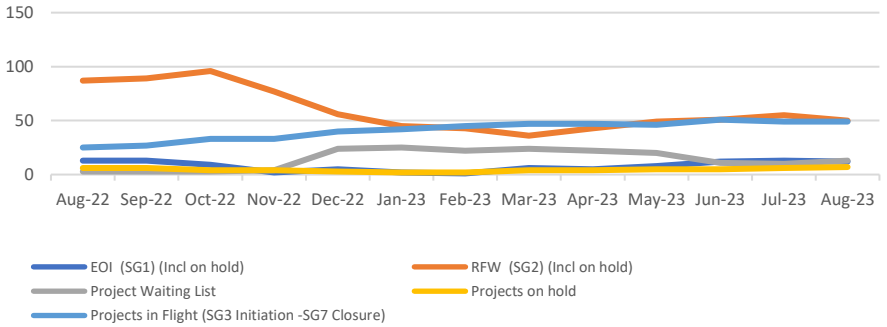
Background/Description:
DIT manage and monitor a large number of projects in a controlled way via the Project Delivery Lifecycle (PDLC) Methodology. PDLC tracks Projects through a 7 Stage Process from Expression of Interest (EOI) to Project Closure. Some small projects are also managed as "PDLC Lite" as they do not require all 7 steps of PDLC.
The team manage demand and prioritise requests via the clinical and Operations lead prioritisation group. Any "RED" projects are discussed at the weekly Senior Leadership Team as a standard agenda item.

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

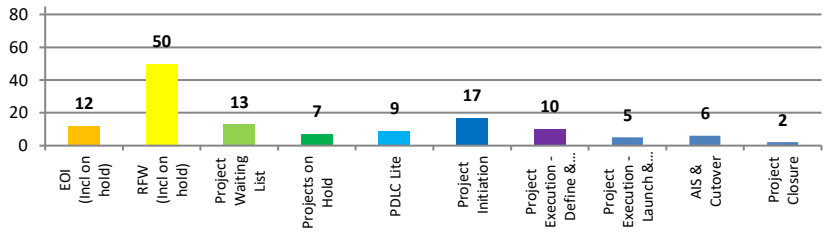
Underlying Issues:
Demand of our resource exceeds our capacity.

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

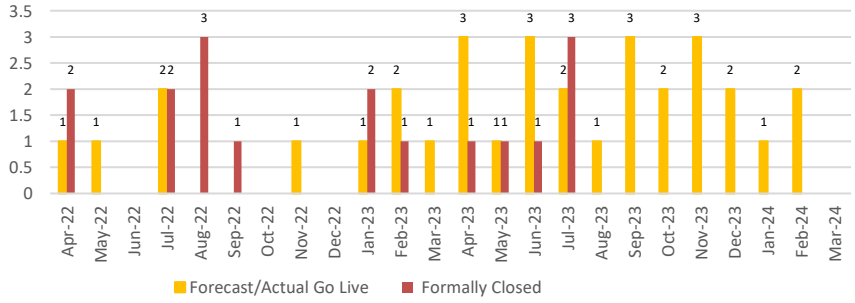
NUMBER OF PROJECTS PER STAGE GATEWAY (SG) - TREND



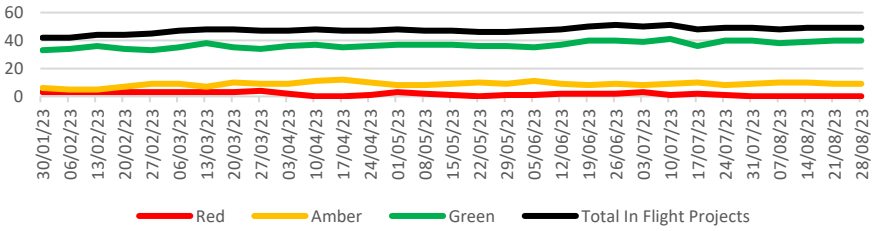
NUMBER OF IN FLIGHT PROJECTS PER PDLC STAGE



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



INFLIGHT PROJECTS WEEKLY RAG STATUS TREND



RED AMBER AND GREEN PROJECTS

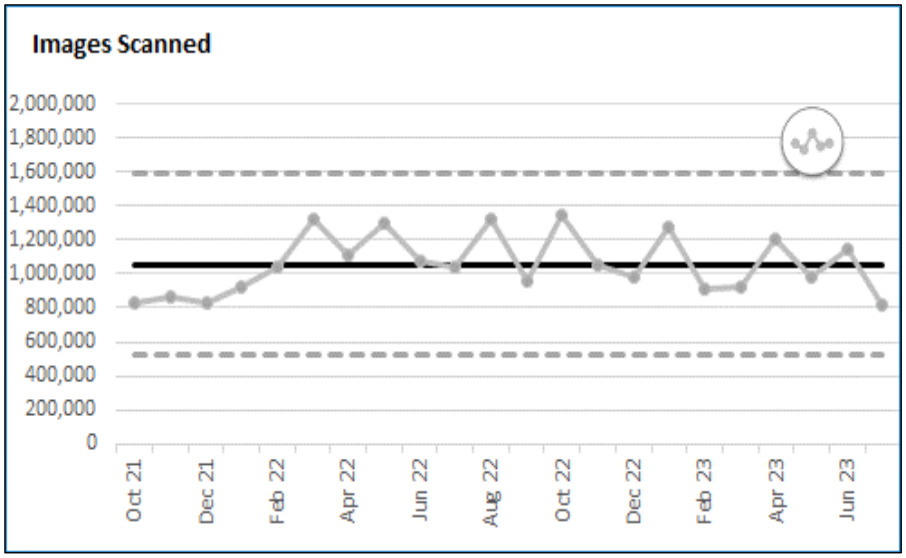
0	9	40

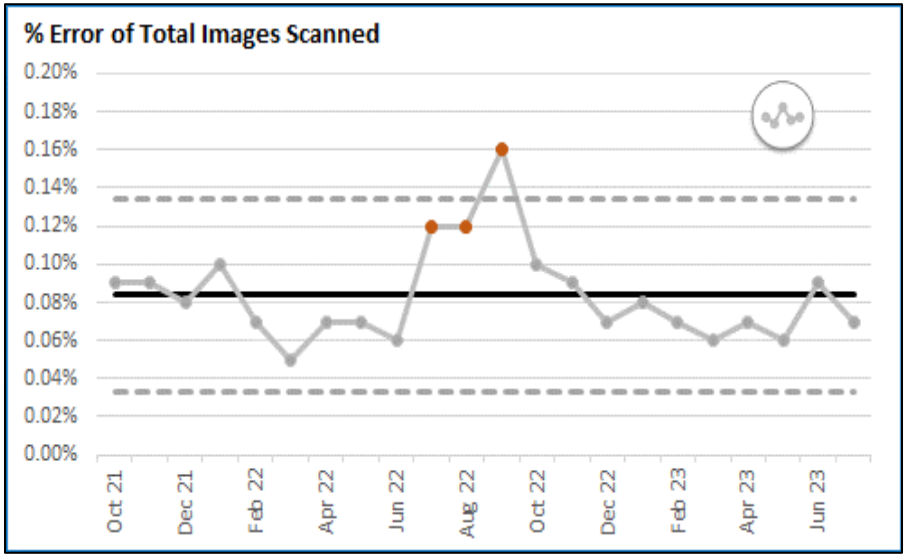
No Red Projects to report.

Medical Records – Images Scanned

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023
Sub Groups: DIT Committee





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

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

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

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

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Underlying Issues: None.

Actions: None

Workforce Planning

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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

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

Measure	22/23 Score	22/23 Target	23/24 Target	Score
CSU workforce plans matured to align to achieving our in year commitments with underpinning actions plans and CSU assurance / governance in place.	N/A	N/A	100% by 30.9.23	11 out of 18
Reduce Agency Spend	£30.4M	90% of 21/22	3.7% of Total Pay Bill	2.28%
Registered nursing workforce trajectory on plan		Achieve Nursing Trajectory	Achieve Nursing Trajectory	
Optimal management of vacancies	8.6%	Improvement on last year	Maintain or improve last year	7.89%
Voluntary Turnover	8.4%	Within SPC measures	Within SPC measures	7.70%
National Level of Attainment (% of staff deployed via e-roster)	78%	78%	90%	79%
National Level of Attainment (% of staff deployed via e-Job Plan)	45%	45%	90%	45%
Improve Staff Survey Response to the question 3i"there are enough staff at this organisation for me to do my job properly"	27.2%	Improve + maintain above average	Statistically Significant Improvement	

Background:

- Supported by the Senior HR Business Partners (SHRBPs), all CSUs are progressing with their retention A3s and are refreshing their workforce plans to ensure alignment.

Updates:

- The Corporate deadline for all CSU A3s to be completed has been set at 30th September 2023. As a result, the deadline for CSU retention actions being incorporated into their workforce plans has been revised to 30th September 2023 (from 31st July 2023). Senior HR Business Partners continue to work with their CSUs to support this work. The Integrated Accountability Framework will be utilised to assess and review A3 completion and inclusion of actions in workforce plans.
- The agency cap for 2023/24 has been set by NHSE at 3.7% of the pay bill equating to approximately £3.1m per month and the Trust has achieved this for the first four months of the financial year.
- Senior HR Business Partners continue to work closely with CSUs and corporate teams to ensure operational workforce plans include actions to address high vacancies and exploration of alternative recruitment options such as alternative roles and apprenticeship options. CSU vacancy information is also monitored weekly at the HR huddle as well as monthly in a join Finance/HR meeting.
- E-job planning digitisation is paused until November 2023 and project resource redeployed to focus on Operational HR Priorities. Work is continuing to improve the quality of the paper -based Job Plans in preparation for digitalisation.

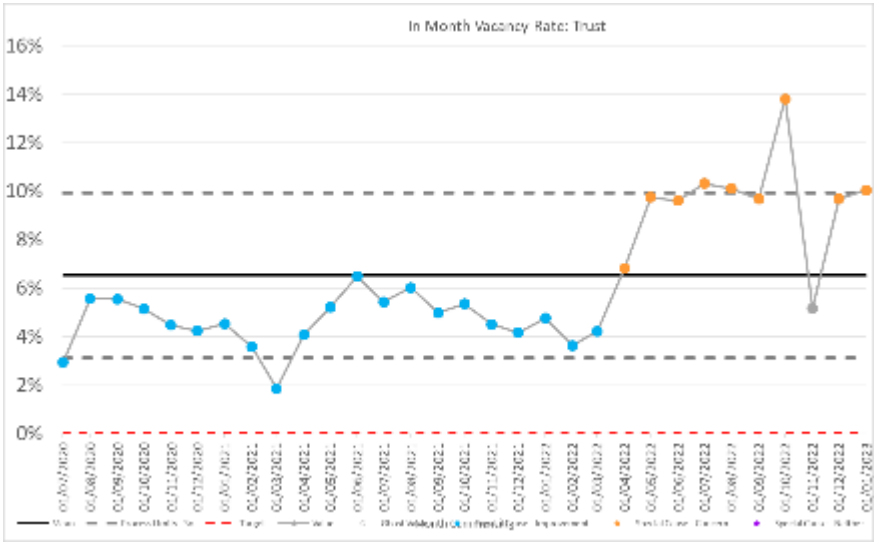
Actions:

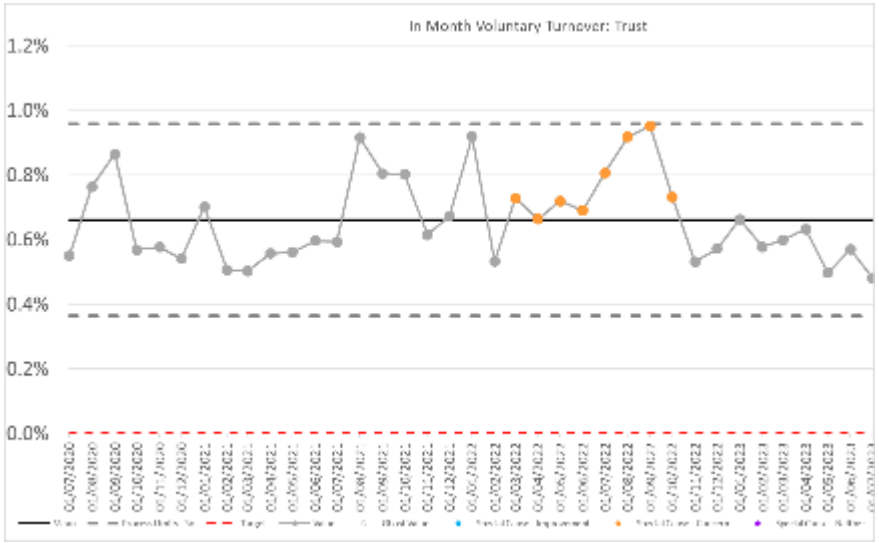
- The Trust Expenditure Review group is now established and is reviewing all CSU vacancy Control trackers for assurance.
- The NHS Long-term Workforce Plan has been published and a gap analysis is currently being undertaken. Gaps will then be managed through a number of the management groups that report into the Workforce Committee.
- CSUs are undertaking further work to support staff retention as part of their A3 plans to support the 7 in-year commitments for 2023/24.

Workforce Planning

Reporting Period: July 2023

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



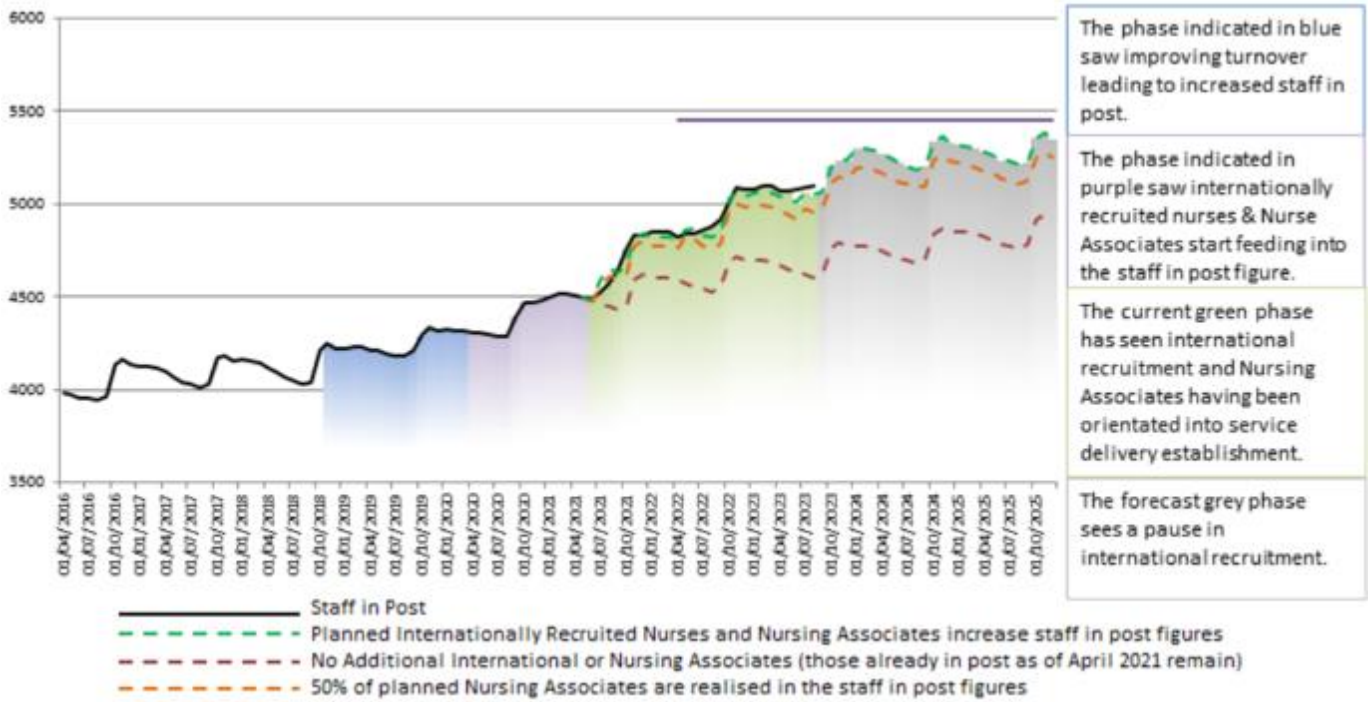


Scenario Planning to increase RN/RNA Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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



What does the chart show/context:

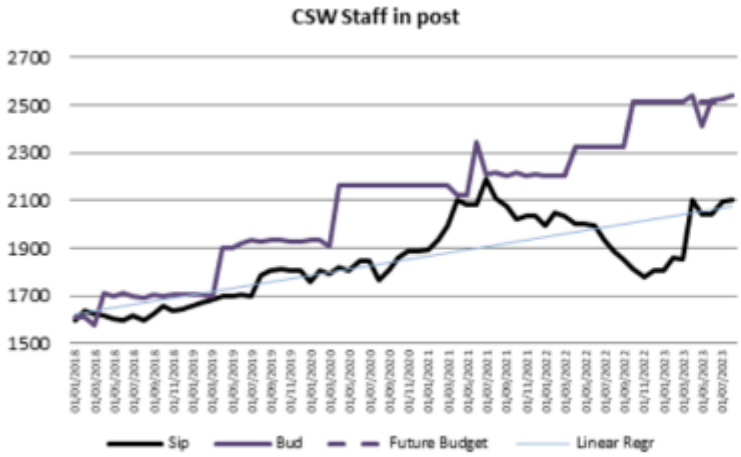
- The Aug 2023 RN/RM vacancy is 538.27 WTE.
- 105 WTE internationally trained nurses will gain UK NMC registration by September 2023, this will further improve the vacancy position.
- 191 new RN, RMs and POPs in recruitment pipeline as of September 2023.

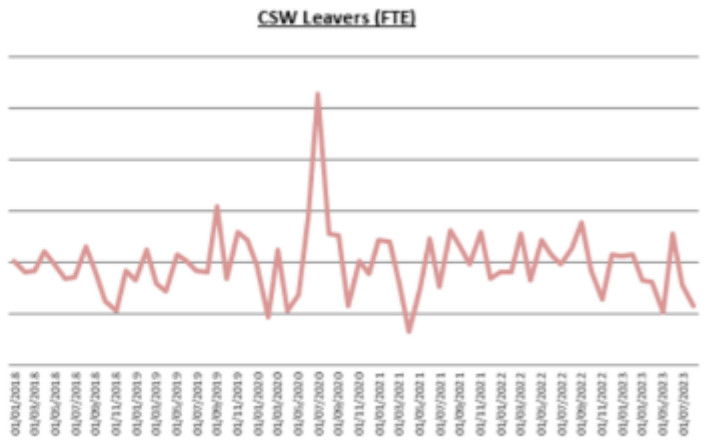
Scenario Planning to increase CSW Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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





What does the chart show/context:

Unregistered - CSWs

- The Aug 2023 HCSW vacancy position is 271 WTE.
- A further 137 New to Care CSWs are recruited to start training in September (27), October (55) and November (55) 2023.
- Band 2/3 CSW review complete with 600 posts uplifted to Band 3 Senior CSW. This will improve retention, enable professional development and increase scope and breadth of practice for support roles reducing reliance on agency and Croma bed watch provision to improve the overall patient experience.

Clear Performance Expectations

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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

Measure	22/23 Score	22/23 Target	23/24 Target	Score
All new staff complete corporate induction	99%	90%	90%	100%
All new staff complete a local induction	82%	90%	90%	90%
All available Agenda for Change staff receive an appraisal	92%	90%	90%	93%
Do you feel this appraisal discussion has been helpful and valuable? (AfC Appraisals completed on training interface)	90%	90%	90%	98%
All medical staff receive an appraisal	98%	95%	95%	
Staff Survey Question 3A: "I always know what my work responsibilities are"	86.4%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21b: "Appraisal helped me improve how I do my job"	18.8%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21c: "Appraisal helped me agree clear objectives for my work"	30.7%	Improve + maintain above average	Statistically Significant Improvement	
Staff Survey Question 21d: "Appraisal left me feeling organisation values my work"	27.4%	Improve + maintain above average	Statistically Significant Improvement	

Background:

- Agenda for Change (AfC) Appraisal Season commenced on 1st April and closed in Mid-July 2023.
- Local Induction - is completed by line managers for new starters within 28 days of commencing employment with LTHT.
- 'Do you feel this appraisal discussion has been helpful and valuable?' is completed through Training Interface as part of Agenda for Change Appraisal.
- **Medical Appraisal** - 2023/24 appraisal season 1st April 23 – 31st March 24, appraisal dates are staggered over a 10-month period, all meetings should be undertaken by 31st January 2024.

Updates:

- Agenda for Change Appraisal is reporting 93% at the end of the Appraisal Season, this is a 1% increase from the previous year.
- Local induction is reporting at 90% compliance, which is 2% above the previous report in July 2023.
- 98% of Agenda for Change staff who completed their appraisal through the Training Interface answered 'yes' to the question 'Do you feel this appraisal discussion has been helpful and valuable?'. This is consistent with previous year's figure.
- **Medical Appraisal** – appraisal documentation now has a Health and Wellbeing question ' On a scale of 1 (most negative) to 10 (most positive), how are you?' The scores are available to the Health and Wellbeing team for them to signpost doctors to the support available if scores are low.
- The seven in-year commitments will be incorporated into appraisal in the coming months for discussion at the appraisal meeting.
- A new appraisal system for Physician Associates is currently being implemented and should be available by September/October.
- 35% non-completion rate to date for those who should have undertaken appraisals April- July.

Actions:

- Meeting arranged for 26th September to discuss the seven in-year commitments and where this fits in the appraisal documentation.
- Go live with Physician associate appraisal system.
- Carry out training for Physician Associate Appraisers.

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: July 2023

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

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

Leeds Health and Care Academy – Overall updates on slide 8 from most recent Academy Steering Group report. Additional highlights since this report:

- 350 LTHT staff have signed up to the city-wide Leeds Learning Portal, accessing a range of training including assertiveness, unconscious bias and communication skills.
- Talent Hub continues to connect talent pools into LTHT to support hard to fill vacancies/service critical roles. 22 candidates supported into employment across a variety of roles within the Trust since the last reporting period.

West Yorkshire Association of Acute Trusts (WYAAT)

Community Diagnostic Centres (CDC): Leeds Beeston spoke – hopeful go live will be August. Wakefield International recruitment cancelled following successful local recruitment.
Elective Recovery: ECG now zero for 104ww. Gynae/urology/peri-op clinical network meetings to agree GIRFT metrics & workstreams . Eyes: further digital transformation funding secured.
Endoscopy: Pan-Yorkshire Academy development. Immersion training model capacity and demand planning. Interview for substantive posts for Regional Training Co-ordinator.
Yorkshire Imaging Collaborative: Intelerad and Voice Recognition (VR) contracts completed. Regional Imaging and Diagnostics Education funding completed.
Neurology Transformation: Site visits taking place. Preferred network model for region under consideration.
Non-Surgical Oncology: Final co-design workshop completed. Work commenced to develop capacity and demand model for single NSO service. Face to face public engagements completed.
Pharmacy: Early recruitment – plan approved. Staff Brief circulated to Staff Side and staff at all 6 Trusts.
International Recruitment – newly formed WYAAT IR workforce leads group established to share good practice and peer support.

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: July 2023

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

VISION

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

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

PRIORITIES

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

2023 PROJECTS

LEEDS ONE WORKFORCE PROGRAMME

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

Leeds Health and Care Academy Learning Portfolio

ENABLERS

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

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

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

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

Leeds Health and Care Academy

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: July 2023

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

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

Leeds Health and Care Academy

Q1 Highlights

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

Q1 Collaborative Workforce Programme

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

Key project milestones:

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

Q1 Learning and System Development

Academy System & OD Consultancy support programmes

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

Evaluations & Sharing Best Practice

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

Reducing Health Inequalities through skills, training and employment

Accelerating Progress > Amplifying Impact > Driving Efficiencies > Improving Quality

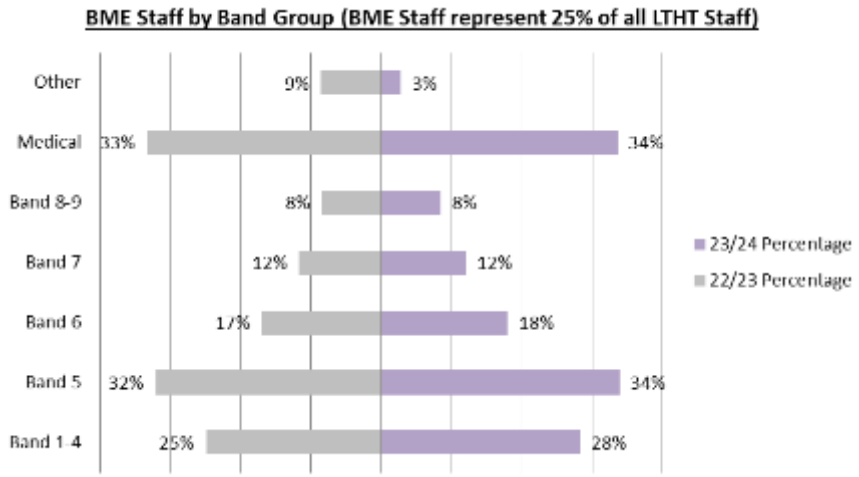
Free From Discrimination

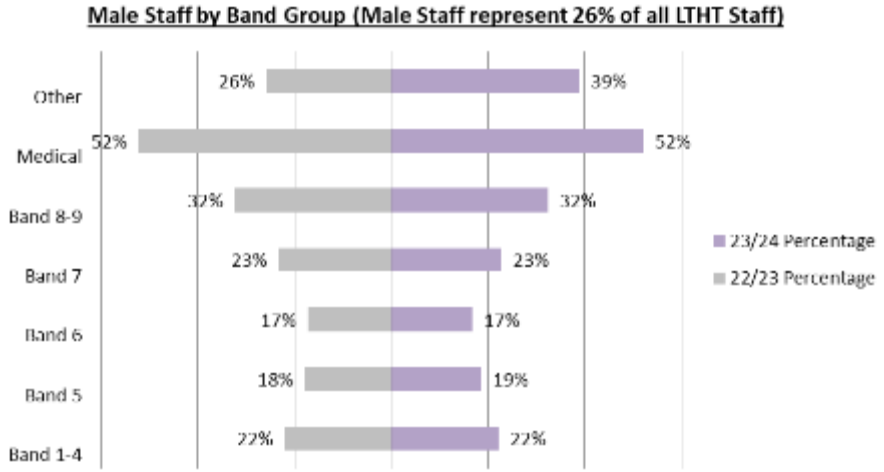
The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Staff equipped as Inclusive Conversations Facilitators	19	25	100	34
Distribution of AVMD (Books & Soundcloud)	N/A	N/A	6000	3848
Improve Gender Pay Gap	19.7%	Improvement	Improvement	17.73%
Staff - Number of people participating in positive action programmes	112	104	130	70
Ensure fair representation at all levels of the organisation for the following protected characteristics: Ethnicity, Gender, Disability, LGBTQ+	N/A	N/A	Improvement	-





Comments on next page

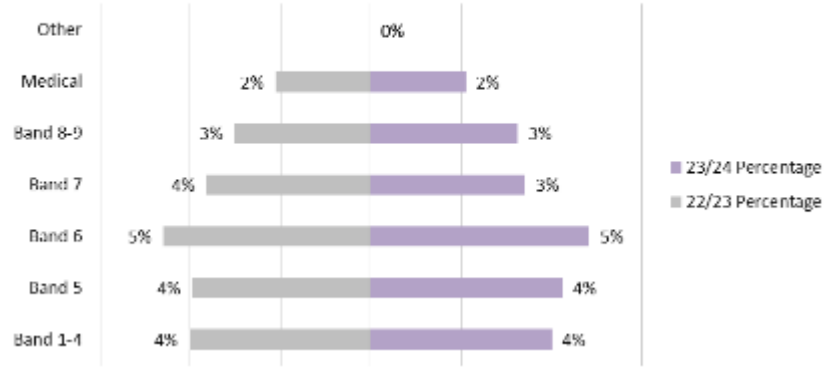
Free From Discrimination (continued)

NHS
The Leeds Teaching Hospitals
NHS Trust

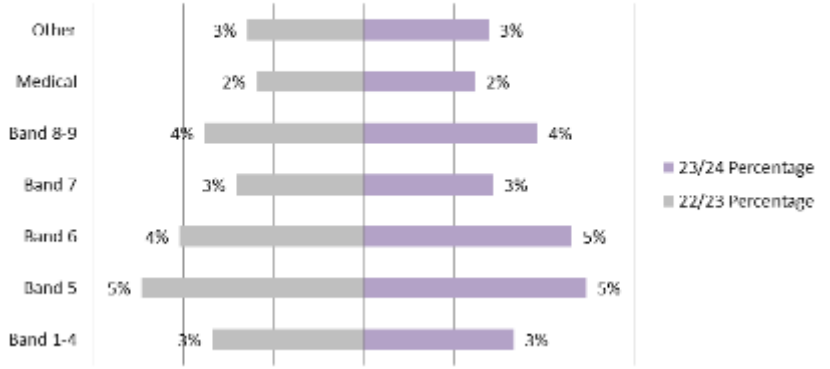
Reporting Period: July 2023

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

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



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



Updates: Comments:
Feedback has been received from NHSE WDES Team regarding LTHT data submission from March 2023. They have identified the top three areas in terms of workforce and disability where the Trust needs to target action to improve ranking among similar NHS Trusts.

- Disabled representation in the workforce (no- clinical).
- Likelihood of appointment from shortlisting.
- Disabled representation at Board.

Actions to address these will be incorporated into our EDI Action plans. Feedback regarding LTHT WRES data has yet to be provided.

Actions: Comments:

- EDI actions plans in relation to WDES and WRES being revised to incorporate feedback from NHSE teams and to include the 6 high impact actions identified in the NHSE EDI Improvement Plan.
- Trust action plans to be published by 31st October 2023.

Education and Training

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: July 2023

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

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Learner Satisfaction Scores				
• Under graduate *(medical staff only)*	85%	85%	85%	86%
• Post graduate *(medical staff only)* ***move to once a year score***	76%	80%	80%	76%
Apprenticeship levy spend	£-	£3m	£3m	£1m
Staff accessing CPD and internally approved Education, Training and Development activity	2695	2000	2000	958
Relative likelihood of white staff accessing non-mandatory or CPD training compared to BME staff (Specific WRES measure)	1.19	0.8-1.2	0.8-1.2	1.17
Mandatory Training Compliance	89%	90%	90%	92%
Staff Survey Question 22c: "I have opportunities to improve my knowledge and skills"	73.4%	Improvement on 21/22 score	Statistically Significant Improvement	
Staff Survey Question 22d "I feel supported to develop my potential"	57.8%	Improvement on 21/22 score	Statistically Significant Improvement	
Staff Survey Question 22e: "I am able to access the right learning and development opportunities when I need to"	60.3%	Improvement on 21/22 score	Statistically Significant Improvement	

Updates: Comments:

- Mandatory training compliance is 92% for the whole Trust. This is consistent with previous report, reflecting a seasonal pattern for appraisal as well work undertaken in conjunction with Training Leads to bring up compliance for individual topics for example Health & Safety, Fire Safety and IPC.
- There was a significant increase in the CPD figure this period due a change in some course ESR codes and therefore the information from those courses was not previously reported.

NOTE – A paper is being presented at the next Learning, Education and Training Committee meeting, 22nd September, which details a proposal for a new format to present the Learner Satisfaction scores which will ensure the information is relevant and more representative of all learner groups.

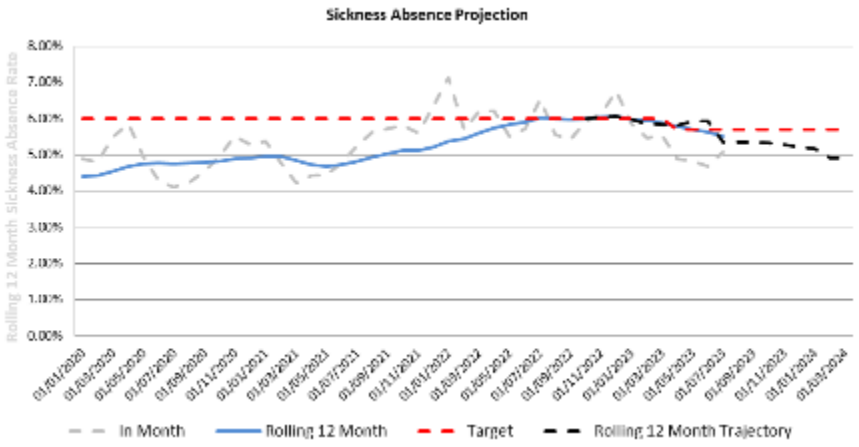
Health and Wellbeing

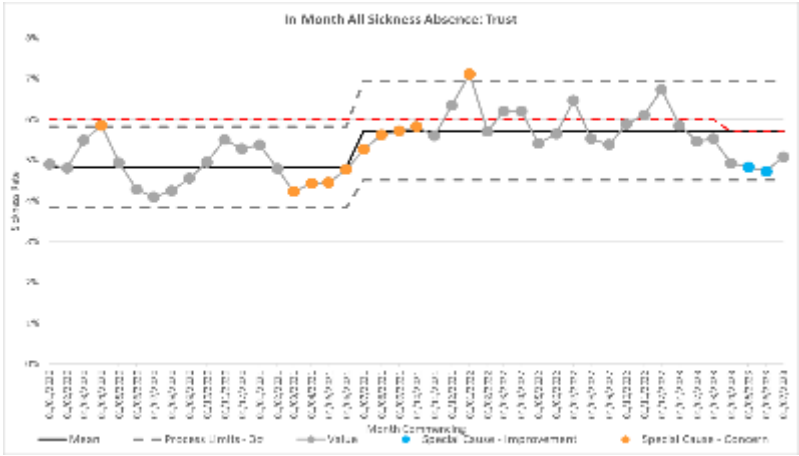
The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Sickness Absence – Improve Overall Sickness Rate	6% (Overall)	Improvement	5.7%	5.5%
Percentage of frontline staff receiving vaccinations as reported by NHSE/I • Flu • Covid	• 49% • 53.1%	• 90% • N/A	• 55% • 55%	• 49% • 53.1%
Improve average waiting time for an occupational health management referral appointment	N/A	N/A	20 days	70– medics 77 – specialist practitioners
• Staff Survey Question 9D "My immediate manager takes a positive interest in my health and well-being"	68.1%	Improvement and maintain above average	Statistically Significant Improvement	
• Staff Survey Question 11A "The organisation takes positive action on health and well-being"	59.5%*	Improvement and maintain above average	Statistically Significant Improvement	





Health and Wellbeing (continued)

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

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

Operational HR

Background:

- The Operational HR Team works with CSUs to ensure Optimal Attendance using LIM, alongside the Personalised People Management approach, to manage and oversee absence.

Updates

- Rolling 12-month sickness rate continues to fall and is now below the year-end target.
- Changes in the last 12 months include: Attendance Assurance process embedded in all CSUs; Managers have direct access to absence reports; Revised streamlined training materials are more accessible to managers, including new training for frontline supervisors in communication during absence and return-to-work discussions; Revised Return-to-Work form implemented; New leaflet produced explaining the process to staff whose absence is above the absence indicator level; Uncontested dismissal process introduced where the employee agrees they cannot return to work (e.g. ill health retirements); process for supporting staff with absences due to long covid developed and implemented.
- Currently working with specific CSUs to map out and improve the process for managing junior doctor absences. Historically this has been a complex process to manage due to frequent rotations of junior doctors, both internally and externally.

Actions:

- Continue to map out the junior doctor absence process, identify learning and improvements, clarify responsibilities, and implement across all CSUs.
- In 2024, the Supporting Attendance Policy is due for review. Engage with CSUs and staff side on fundamental changes to improve staff attendance, eg greater emphasis on health and wellbeing support.

Health & Wellbeing

Background:

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

Updates:

- Staffing in OH is improving, with an interim Head of Service appointed. The shift to an MDT approach is progressing, with the imminent appointment of an Occupational Therapist to provide MSK advice and ergonomic assessments to staff. Following the retirement of the Trust's two Back Care Advisors, we are reviewing the resources needed to facilitate the moving and handling training and provide ergonomic assessments.
- Recent clinical outbreaks including measles and MPX are significantly drawing on OH resource.
- The roll out of Flu/Covid vaccinations for the Trust will commence on 9th October, to be provided through a centralised clinic model.
- To date Money Buddies have returned in excess of £430,000 to staff through provision of financial advice and support, including identification of benefits income and management of debt.

Actions:

- Recruit to vacant posts in Occupational Health.
- Engage with stakeholders to review findings from review of legislative and best practice requirements for moving and handling.
- Use the Leeds Improvement Method to improve the employment checks process.
- Continue to work with IPC on managing clinical outbreaks, whilst reviewing the impact on other clinical work.
- Commence delivery of staff winter vaccinations in early October.

Most Engaged Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: July 2023

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Michelle Litten (Head of OD & Culture)
Sub Groups: Staff Engagement Group

Measure	22/23 Score	22/23 Target	23/24 Target	Score
Quarterly Pulse Survey – Improve Staff Engagement score	N/A	N/A	Improvement	6.78
Overall staff engagement score in the annual staff survey	6.8	Improvement	Improve by 0.2	
NHS Staff survey response rate	37%	Above average for benchmark group	Improvement	
• 3h "I have adequate materials, supplies and equipment to do my work"	45%	Improve on last year	Statistically Significant Improvement	
• 24b "I am unlikely to look for a job at a new organisation in the next 12 months"	52.8%	N/A	Statistically Significant Improvement	

Background:

•The GREEN RAG rating against the Quarterly Pulse Survey score denotes an ongoing upward trend across the 3 survey quarters (Jan: 6.58, April: 6.74, July: 6.78). Trends since the start of the Pulse Survey (Jan 2022) demonstrate a reduction in engagement in January. However, July 2023's final position (prior to the annual Survey in September) of 6.78, is slightly higher than July 2022's 6.74.
•Our in-year commitment of Retention brings together both the **Workforce Planning** and **Staff Engagement People Priorities**.
•CSU Retention A3s have been developed, informed by **data** provided by: Corporate Retention A3, self-assessment against National Retention Tool, Staff Survey results, Exit Interviews, local Gemba Walks.
•CSU A3 Retention actions are now incorporated into existing CSU **Workforce Plans,** supported by HR Business Partners.
•Trust **Staff Engagement Group**, chaired by CEO, is aligned with the Retention Commitment:
-Trust Retention Commitment owned by the Staff Engagement Group
-Representatives agreed as the custodians of the retention commitment for their CSU
-Representatives present to the Group for assurance purposes

Updates:

•**HR Business Partners** discuss retention and workforce plans with their CSUs during monthly meetings.
•**CSU themes** are emerging via HR Business Partners, enabling continued alignment to Corporate Retention A3 (including exit interviews, flexible working, stay interviews and career progression).
•**Alignment established to IAF** – Integrated Assurance Framework meeting, incorporating all Commitments and CSUs, with aligned HR Business Partners and RAG for assurance.
•**Exit Interview** process is now aligned and strengthened, following a collective CSU thought leadership session, and joint Exit Interview questions developed.
•**The Flexible Working** Steering Group continues to progress, supporting 4 CSUs/Teams to embed greater flexibility. 'Flexibility from Day 1' is embedded as part of the new 'Recruiting the Leeds Way' line manager support toolkit.
•**Stay Conversations** have been scoped Nationally and Trust wide, with large variation identified in methodology used.

Actions:

•**Exit Interview:** Pilots, using the new questionnaire, will commence in Oct/Nov prior to a Trust-wide roll out.
•**Flexible Working:** Discussion to be held at October Staff Engagement Group, with CSU leads, exploring the challenges and support required of wider CSUs.
•**Stay Conversations:** Given the variety in methodology identified, two pilots have been identified for implementation: 1.Conversations led by Professional Nurse/Midwife Advocates (PN/MAs) or equivalent/similar – within SIM, and 2.Conversations in alignment with **Scope for Growth** – Women's and MMPS.

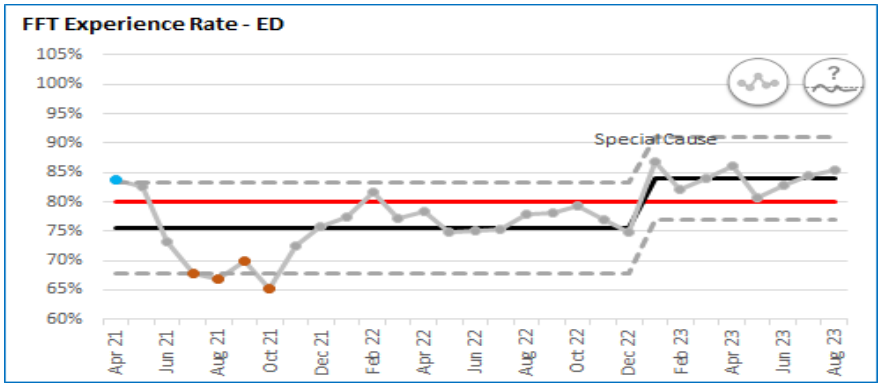
Friends and Family – ED

The Leeds Teaching Hospitals NHS Trust

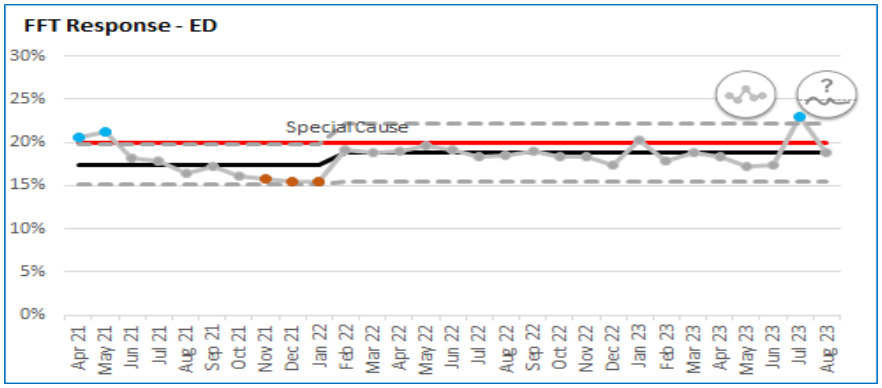
Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Target	Trajectory	Assurance	Variation
N	NA	R	CC



Background / target description:

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

What do the charts show/context:

- The charts show FFT response and positive experience rates for ED.
- The latest data for ED positive experience rate shows normal variation against an increased mean average from January 2023. The ED has been above the 80% target for the past eight months.
- Response rate shows common cause variation, not consistently meeting the 20% target. The response rate in July 2023 was above the upper process limit and target.

Underlying issues:

- The top three positive themes arising from feedback for Q2 23/24 so far include staff attitude, clinical treatment and implementation of care.
- Negative themes arising from the feedback in the same period included staff attitude, waiting times and clinical treatment.

Actions:

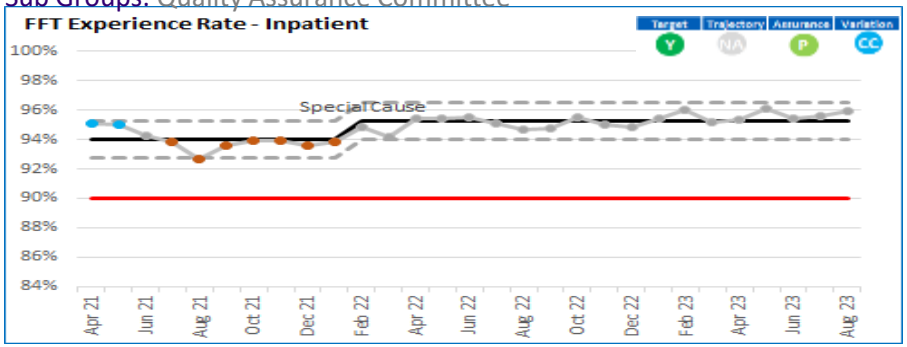
- The FFT team have been invited to present at the November 2023 Urgent Care Time Out Days to highlight the importance of offering every patient the opportunity to feedback on their ED experience.
- Following a 'Walk Around' at ED LGI, the FFT team are proposing to create new FFT artwork to be more ED specific to encourage more patients to feedback on their ED experience.
- At the Patient Experience Sub-Group held on 12/09/23, it was reported that ED are taking action to address the departmental findings in relation to poorly perceived nursing and medical staff attitude with the support of HR.

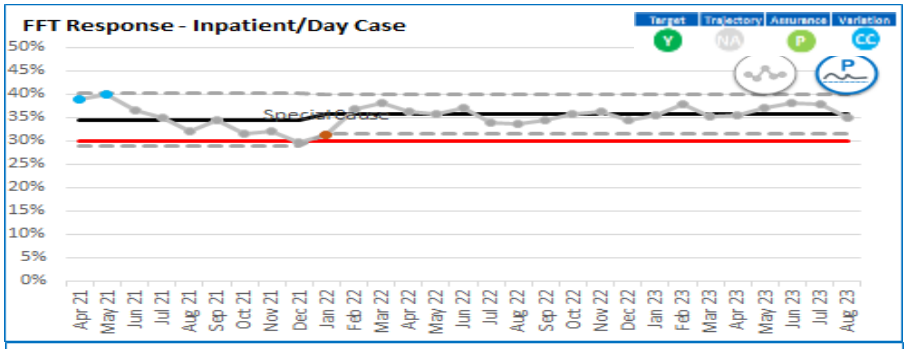
Friends and Family – Inpatient/DC & Outpatients

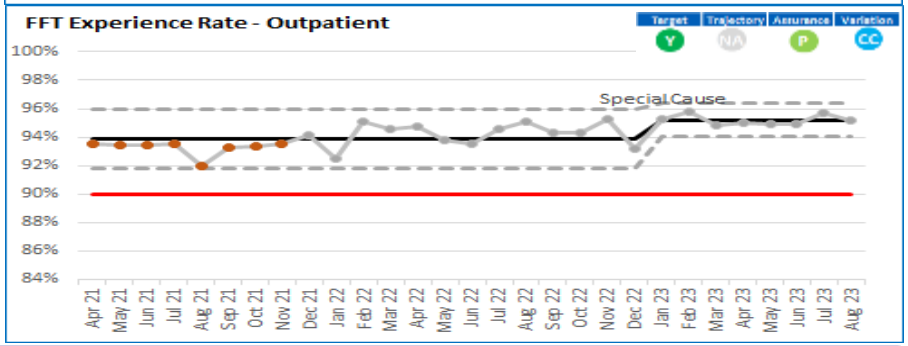
The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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







Background / target description:

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

What does the chart show/context:

- The charts show FFT response and positive experience rates for Inpatient/Day Case and positive experience rates for Outpatients.
- Inpatient /Day Case experience rates shows common cause variation consistently above the target of 90%. Response rates are consistently above target and show normal variation.
- Outpatients experience rates shows common cause variation following an increased process limits from January 2023 reflecting previous improvements in performance.

Underlying issues:

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

Actions:

- SIM are trialing the FFT bedside stickers as an alternative method of offering patients the opportunity to leave feedback whilst in our care.
- Self Serve, a survey tool aligned to the FFT contract, continues to be well received. This month, to coincide with World Patient Safety Day, a new survey has been created and applied to two SIM inpatient wards to ask if patients felt safe during their stay in hospital.
- Cardio -Respiratory CSU is embracing the use of recorded voicemail messages that are received from patients who do not have access to a mobile phone for text messaging in response to an invitation to provide FFT feedback. These recordings are being shared for example in CSU Quality Assurance Group and Perfect Ward meetings, bring the patient voice to life and are positively received by staff.

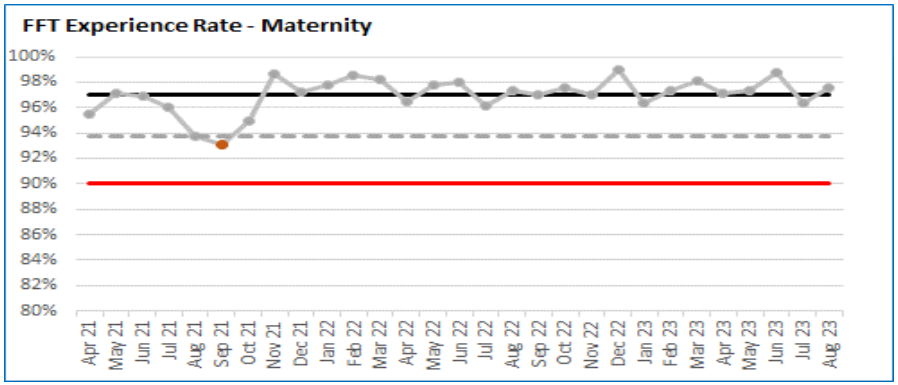
Friends and Family – Maternity

NHS
The Leeds Teaching Hospitals
NHS Trust

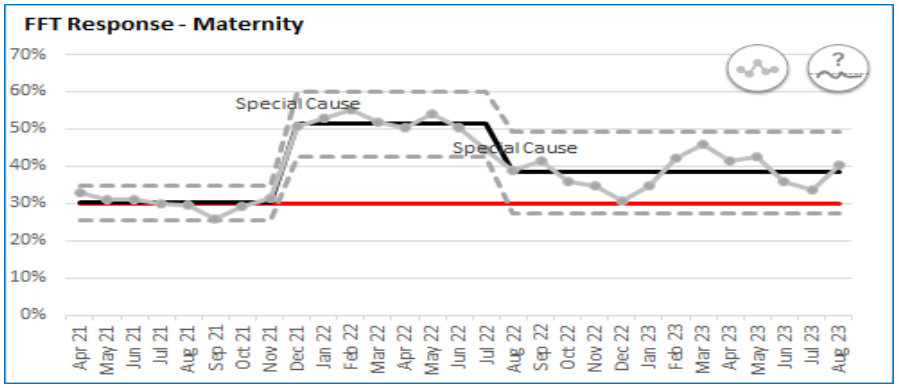
Reporting Month: August 2023

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

Target	Trajectory	Assurance	Variation
Y	NA	P	CC



Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Background / target description:

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

What does the chart show/context:

- The charts show FFT response and positive experience rates for Maternity services.
- Experience rates show common cause variation consistently above the target of 90%.
- Response rates now show common cause variation and have been above target consistently since August 2022.

Underlying issues:

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

Actions:

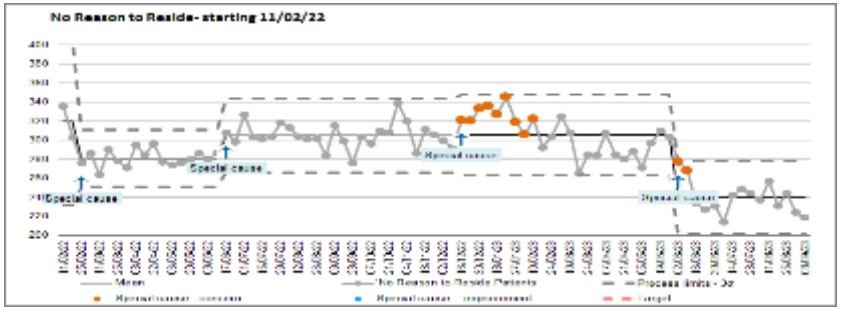
- The FFT team continue to progress a project with the Trust interpreting team and the Trust's interpreting providers, Language Line Solutions, to find a way to offer limited English speaking patients the opportunity to leave feedback in their own language. This is being piloted in Maternity services,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

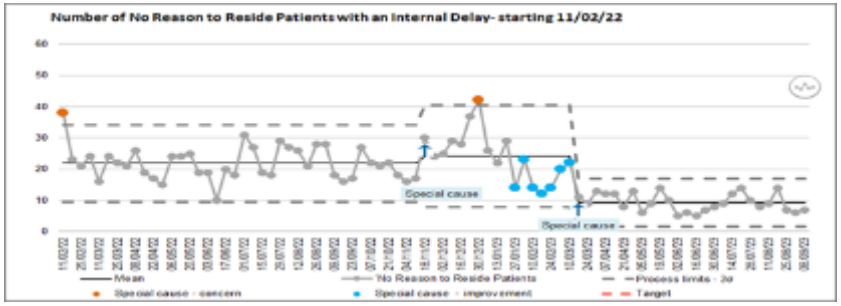
No Reason to Reside

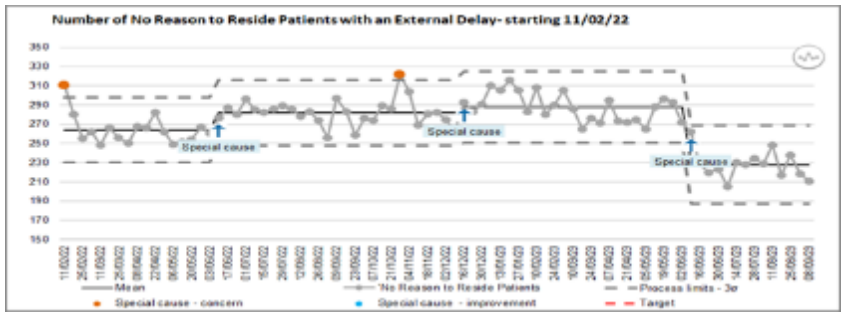
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: August 2023

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







Background / target description:

- Reason to Reside patients are those assessed by 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

What does the chart show/context:

- There were 244 patients without a reason to reside on the last Friday in August 2023.
- Of these there were 238 patients without a reason to reside who had an external delay and there were 6 patients without a reason to reside that had an internal delay
- Of the 244 patients:
    - 3 patients (1.2%) had a length of stay of up to 2 days
    - 184 patients (75.4%) had length of stay of between 3 and 49 days
    - 36 patients (14.8%) had a length of stay between 50 and 99 days
    - 21 patients (8.6%) had a length of stay of over 100 days.
- 44.7% of patients were awaiting availability for assessment and start of care at home (Pathway 1)
- 7.4% of patients were awaiting availability of rehabilitation/reablement/recovery bed in community hospital or other bedded setting (Pathway 2).
- 34.4% of patients were awaiting availability of bed in a residential or nursing home that is likely to be a permanent placement (Pathway 3)

Issues:

- Long waits for social work allocation and assessment due to workforce shortages
- Reduction in discharge to assess bed availability due to end of central funding (March 23)
- A lack of availability of beds for patients with dementia/complex needs
- In the absence of home for assessment community capacity the system is heavily reliant on community beds

Actions:

Internal:

- LTHT target of fewer than 20 patients who are assessed as no reason to reside with an internal delay. This has been achieved consistently for 24 weeks
- The discharge collaborative leads on increasing the number of patients discharged before 3pm and promoting better MDT conversation to improve patients' experience of discharge
- Enhancement of the process for discharging to Community Beds and Reablement by the LTHT Operations Centre. This has reduced the number of failed community discharges due to internal factors, e.g. delayed medication / transport from 15% of all discharges in Jan 22 to 5% in June 23

External :

- The HomeFirst Programme developing and implementing a new model of intermediate care services, helping more people to stay at home
- Weekly meeting with adult social care to review patients with an extended length of stay
- The social care team are redesigning the processes to reduce the timeframes associated with Care Act assessments and support the HomeFirst Programme. The use of Trusted Assessment has increased across the system to improve flow form hospital and intermediate care services. Dedicated social workers have been assigned to Reablement and community beds to improve flow out of these services and ensure capacity for discharge

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: 2023/24

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

National - PSS CQUINs 2023/24: IQPR Update September 2023

There are 4 PSS CQUINs, all 4 are eligible for the financial incentive scheme.

	CQUIN	Value	Year-end Target	Quarter 1 Performance
1	**CQUIN08:** Achievement of revascularisation standards for lower limb Ischaemia	To be confirmed	Achieve ≥ 65% Fail <45%	Data submitted to NVR Q1 N/A
2	**CQUIN09:** Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	To be confirmed	Achieve ≥ 75% Fail <40%	Assessment of Blueteq data in Q2
3	**CQUIN10:** Treatment of non small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	To be confirmed	Achieve ≥ 85% Fail <80%	83%
4	**CQUIN11:** Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	To be confirmed	Achieve ≥ 75% Fail <65%	Progress update submitte
	PSS Total	£.....		

National - Acute (ICB) CQUINs 2023/24: IQPR Update September 2023

There are 8 Acute CQUINs, we had to select 5 to be eligible for the financial incentive scheme.

The 5 are highlighted in yellow.

	CQUIN	Value	Year-end Target	Quarter 1 Performance
1	**CQUIN01: Flu vaccination for frontline healthcare workers**			
	CQUIN01: Achieving 80% uptake of flu vaccinations by frontline staff with patient contact		Achieve ≥ 80% Fail <75%	N/A Submission Q3 & Q4
2	**CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery**			
	CQUIN02: Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending		Achieve ≥ 80% Fail <75%	77%
3	***CQUIN03: Prompt switching of intravenous to oral antibiotic**			
	***CQUIN03:** Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria	To be confirmed	Achieve ≤ 40% Fail >60%	22%
4	***CQUIN04: Compliance with timed diagnostic pathways for cancer services**			
	***CQUIN04:** Achieving 55% of referrals for suspected prostate, colorectal, lung, oesophago gastric, head & neck and gynaecological cancers meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	To be confirmed	Achieve ≥ 55% Fail <55%	45%
5	***CQUIN05: Identification and response to frailty in emergency departments**			
	***CQUIN05:** Achieving 10% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up	To be confirmed	Achieve ≥ 50% Fail <10%	81%
6	**CQUIN06: Timely communication of changes to medicines to community pharmacists via the discharge medicines service**			
	CQUIN06: Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message		Achieve ≥ 1.5% Fail <0.5%	Q1 Data not available yet
7	***CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions**			
	***CQUIN07:** Achieving 30% of unplanned critical care unit admissions from non critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes	To be confirmed	Achieve ≥ 80% Fail <30%	60%
8	***CQUIN12: Assessment and documentation of pressure ulcer risk**			
	***CQUIN12:** Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks	To be confirmed	Achieve ≥ 85% Fail <70%	80%
	CCG Total	£.....		

I&E Position

The Leeds Teaching Hospitals NHS Trust

Reporting Month: August 2023

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

In August the Trust reported a year to date deficit of £16.6m, which was £9.7m adverse to the NHSE plan. Income to date is £748.8m which is £0.8m favourable to plan and expenditure to date is £765.4m, £10.5m adverse to plan.

Pay expenditure to date is £450.2m, £15.6m adverse to the NHSE/I plan and includes expenditure associated with the cost of covering industrial action. Non-pay expenditure to date is £315.2m (including depreciation and finance costs), £5.1m favourable to the plan. The costs of the medical pay award are included in the Month 5 position, however, in accordance with central guidance a corresponding level of income to offset the pressure has been assumed. This equates to £1.7m 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

Reporting Month: August 2023

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

Capital

The Trust's capital expenditure forecast for 2023/24 is £105.7m. The programme is broken down as follows:

Programme	Forecast 2023-24 £000
Medical Equipment	9,187
Informatics	17,762
Building & Engineering	56,515
Building The Leeds Way	13,050
Leases	9,232
Total	**105,746**

Expenditure to 31 August 2023 is £28.3m which was £0.2m 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 August was £66m, a reduction of £8m from the closing figure in July. Total receipts in month amounted to £155m and included £4m of PDC capital funding and both the June and July VAT returns (£9m). Total payments amounted to £163m comprising £86m for payroll and £77m 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 97% and year to date remains at 97%.

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

Updates from Regulators

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

Glossary

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

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