NHS
The Leeds Teaching Hospitals
NHS Trust

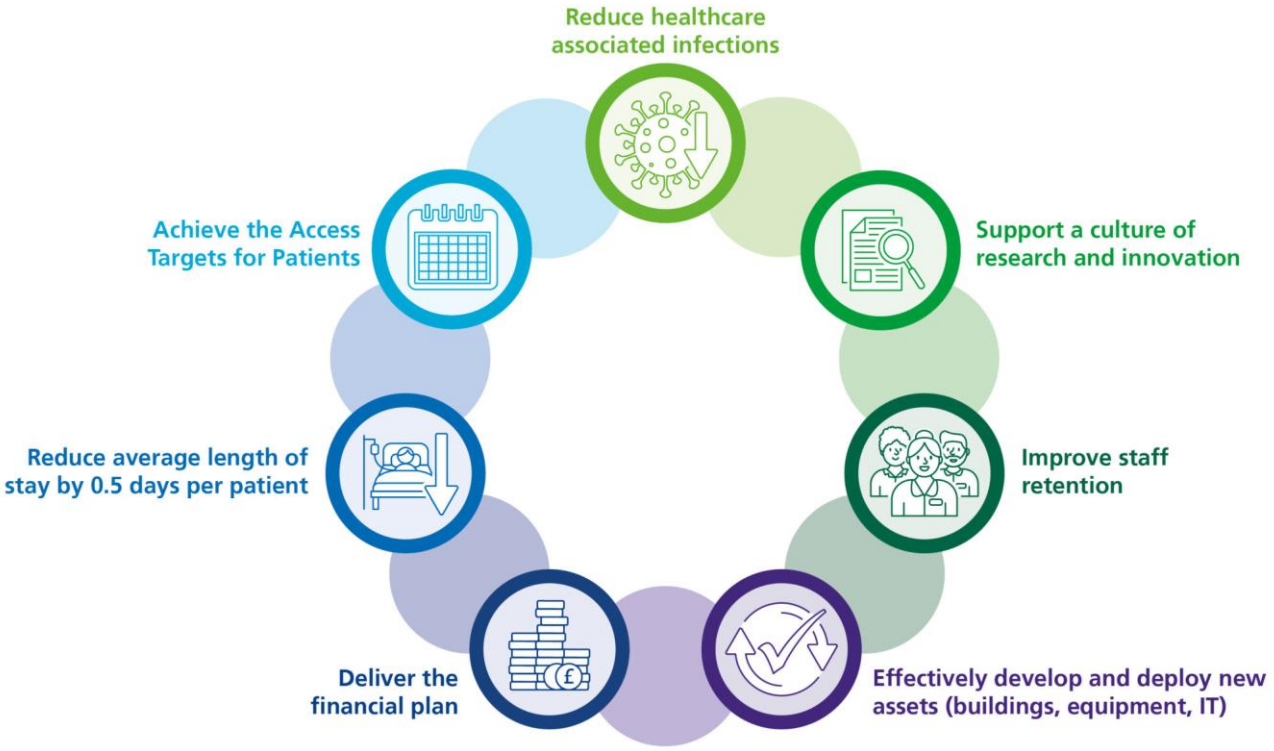
Integrated Quality & Performance Report

March 2024

Agenda Item 12.2

NHS
The Leeds Teaching Hospitals
NHS Trust

7 Commitments



Summary - Performance

The Leeds Teaching Hospitals NHS Trust

Performance

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
AE Attendances per day	Feb 24	992.9	-			922.8	790.4	1055.2
Ambulance Handovers <15mins LGI	Feb 24	00:17:10	00:15:00	H	P	00:12:16	00:09:35	00:14:56
Ambulance Handovers <15mins SJUH	Feb 24	00:22:36	00:15:00	H	?	00:16:12	00:12:41	00:19:43
Last Minute Cancelled Ops	Feb 24	57	-			46	29	63
Cancelled Ops 28days	Feb 24	13	-			14	-2	29
Cancer 2ww	Jan 24	70.3%	93.0%		?	76.9%	45.4%	108.5%
Cancer 28day FSD	Jan 24	69.3%	75.0%		?	72.4%	64.9%	79.8%
Cancer 31day Sub	Jan 24	82.5%	94.0%		F	75.5%	63.0%	88.0%
Cancer 31day	Jan 24	88.1%	96.0%		?	91.3%	86.4%	96.2%
Cancer 62-day Rate per WD	Jan 24	11.0	-			9.5	7.0	12.0
Cancer 62 day	Jan 24	49.2%	85.0%		F	51.1%	37.0%	65.2%
Diagnostics	Feb 24	95.8%	95.0%	H	?	93.8%	91.5%	96.1%
DNA Rate	Feb 24	7.30%	-			7.73%	6.71%	8.76%
Outpatient DNA Volumes	Feb 24	7790	-			8804	6422	11186
ECS Monthly	Feb 24	73.1%	76.0%		?	73.7%	68.2%	79.2%
Elective LoS	Feb 24	3.7	-			4.1	3.1	5.1
Elective Readmissions	Feb 24	3.59%	-			3.58%	2.91%	4.26%
Non-Elective LoS	Feb 24	7.6	-			7.5	6.6	8.3
Non- Elective Readmissions	Feb 24	9.47%	-			10.65%	8.82%	12.47%
OPFU3months	Feb 24	37937	-	H		36423	34350	38495
RTT Performance	Feb 24	61.8%	92.0%		F	62.9%	60.9%	64.8%
RTT Total Waiting list	Feb 24	91712	-		F	92811	91025	94596
RTT 65 Week Breach Backlog	Feb 24	944	0		F	1023	802	1243
RTT 78Week Breach Backlog	Feb 24	155	0		F	114	11	218
Cancer 62 Day (All)	Jan 24	49%	-			53%	41%	65%

Summary

The Leeds Teaching Hospitals NHS Trust

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
% LR1 responses sent out within timeframe (20/40/60 w/days)	Feb 24	30.6%	80.0%		F	28.4%	7.1%	49.6%
% CSU draft comments returned in timeframe (10/27/45 w/days)	Feb 24	49.1%	80.0%		F	37.9%	16.8%	59.1%
Response Lead Time (Hours)	Feb 24	2064	-			1956	1240	2672
Defect Rate (Trust Wide)	Jan 24	7.1%	18.0%			11.3%	#N/A	#N/A
SHMI	Mar 24	111.93	100.00		F	111.24	109.72	112.77
Never Events	Dec 23	1	0		P	1	1	1
VTE	Feb 24	96.4%	-			96.5%	95.7%	97.3%
CDI	Feb 24	11	-			15	2	28
MRSA	Feb 24	1	-			1	-1	3
E. Coli	Feb 24	20	-			25	10	40
Pseudomonas	Feb 24	2	-			4	-3	10
Klebsielalla	Feb 24	14	-			10	1	20
Falls Rate per 1000 Bed Days	Feb 24	3.6	-	L		3.8	2.9	4.7
Developed Pressure Ulcers Rate per 1000 Bed Days	Feb 24	1.3	-			1.4	0.6	2.1
Number of MNSI Investigations	Jan 24	0	-			0	0	0
Rolling Still Birth Rate	Jan 24	5.00	5.20	H	P	3.88	3.23	4.53
Rolling Perinatal Mortality Rate	Jan 24	11.30	-	H		8.99	8.08	9.90

Core Metrics

The Leeds Teaching Hospitals NHS Trust

Measure	Commitment	Reporting Period	Performance	Target	Variance	Assurance
Rolling Overall Sickness Rate	Deliver the Financial Plan	Jan-24	5.26%	5.70%		
Rolling Voluntary Turnover Rate	Retention	Jan-24	6.77%	10.00%		
In-Month Agency Spend (as % of total pay bill)	Deliver the Financial Plan	Jan-24	1.00%	3.70%		
In-Month Vacancy Percentage	Retention	Jan-24	5.94%	N/A		
In-Month Mandatory Training Compliance Rate	Retention	Jan-24	84.71%	80.00%		
Quarterly Pulse Survey Engagement Score	Retention	Jan-24	6.7428	7		
Staff Survey						
Annual Staff Survey Engagement Score	Retention	23/24	7	7.2		
Annual Staff Survey Response Rate	Retention	23/24	55.00%	Not confirmed		
Annual Response - Looking for a new job in the next 12 months	Retention	23/24	55.22%	Statistically Significant Improvement		
Annual Response - Satisfied with opportunities for flexible working patterns	Retention	23/24	58.21%	Statistically Significant Improvement		

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Core Metrics

Ambulance Handover

Achieve the Access Targets for Patients

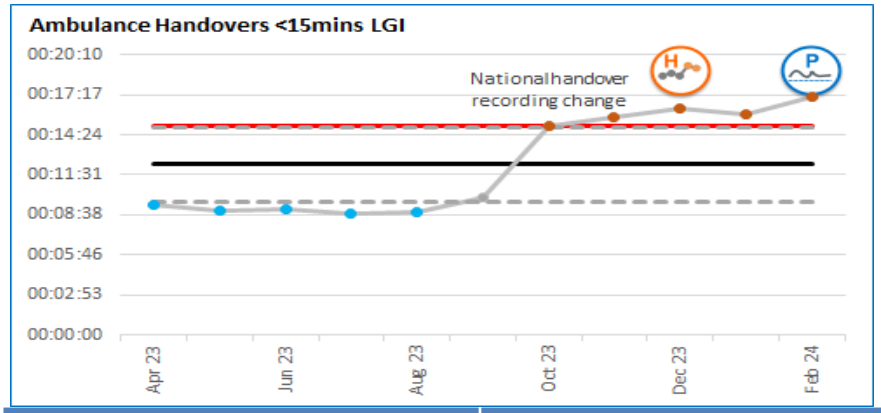
The Leeds Teaching Hospitals NHS Trust

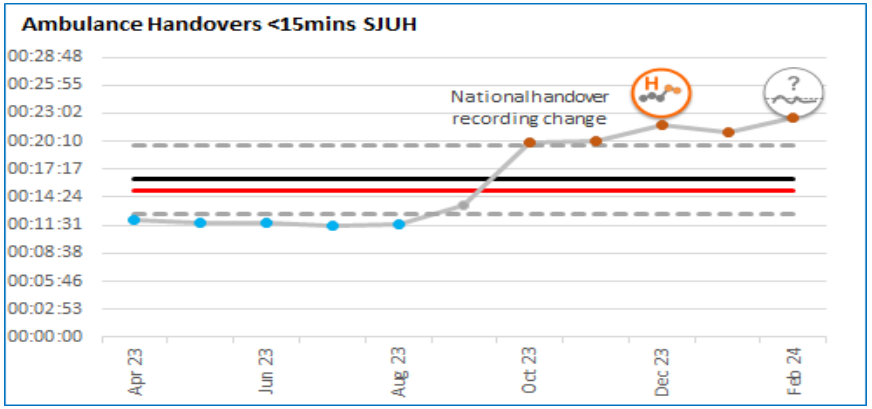
February 2024

Target: <15mins
Performance – LGI : 00:17:10
Performance – SJUH : 00:22:36

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.





Background

Background / target description:

- 100% of all handovers should take place within 15 minutes
- Handover data is recorded by the both the handover nurse and YAS staff on software managed by YAS and the data is submitted to NHSI/E directly
- From October 2023 NHSE changed the start point when calculating the ambulance handover time across the country adding 5-8 minutes to each handover

Context

- Increase in recorded ambulance handover times due to reporting changes made in October 2023. This has added 5-8 minutes onto LTHT handover times
- LGI – In February 2024 there were 1191 handovers over 15 minutes (46.3%). The average handover time at LGI was 17:10 minutes
- SJUH – In February 2024 there were 1976 handovers greater than 15 minutes (70.7%). The average handover time at SJUH was 22:36 minutes
- Out of 183 hospitals LGI placed 12th in the country and SJUH placed 45th for ambulance handover for January 2024 (latest data available)

Action

- Continued sharing of delivery and best practice at the WYAAT UEC group where YAS present
- Band 7 nurse lead assigned per site to focus on barriers to achieving handover within 15 mins
- Separate action plans being developed by site due to different challenges seen per site led by matron
- Escalation plan for YAS assessment nurse developed to avoid long delays and circulated
- Relaunch of the LTHT/YAS meetings with new attendees and focus on improving the patient journey
- Shared learning and feedback from the ambulance handover perfect week with further feedback to be shared

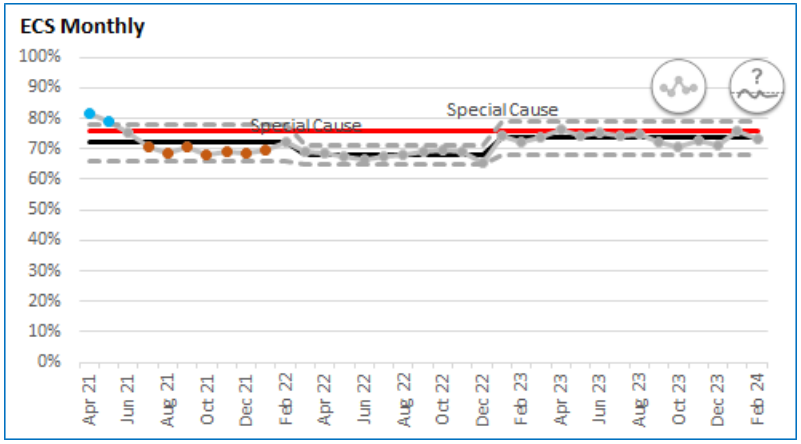
Emergency Care Standard

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

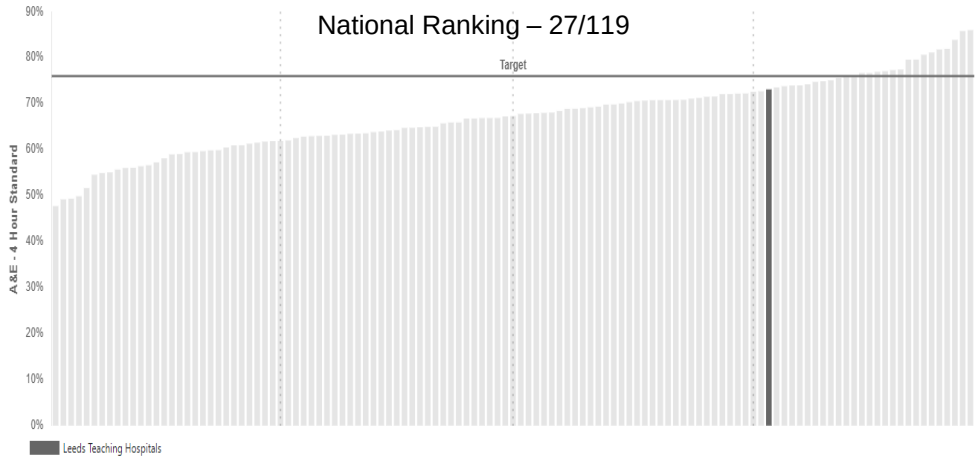
February 2024

National Planning Priority Target 2023/24: 76%
Performance: 73.1%



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background

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

Context

- ECS delivery for February 2024 was 73.1% against an improvement trajectory of 75%
- LTHT ranked 27 out of 119 Trusts for ECS performance in February 2024
- Attendances across all sites in February 2024 increased by 11.2% compared to February 2023
- The February 2024 conversion rate was 18.8%, a 0.6% reduction compared to the February 2023 conversion rate

Action

- LGI Rapid Assessment Unit process relaunched in March 2024 following learning from the PDSA cycle in January 2024. Focus on senior decision makers closer to the beginning of a patient's journey
- 9th March 2024 implemented all decisions to admit a patient from A&E's to be signed off by a Consultant or registrar. This ensures that home first considered appropriately and supports training junior drs
- An extended observation unit has opened at SJUH enabling ongoing observations or waiting results for appropriate patients in an area outside the main A&E footprint
- Promote UTC slot utilisation with 'streamer' staff at both sites
- Daily standard work to include breach validation aligned to WYAAT practice with a maximum breaches per day by site to deliver ECS above 76% shared with the on-shift A&E teams

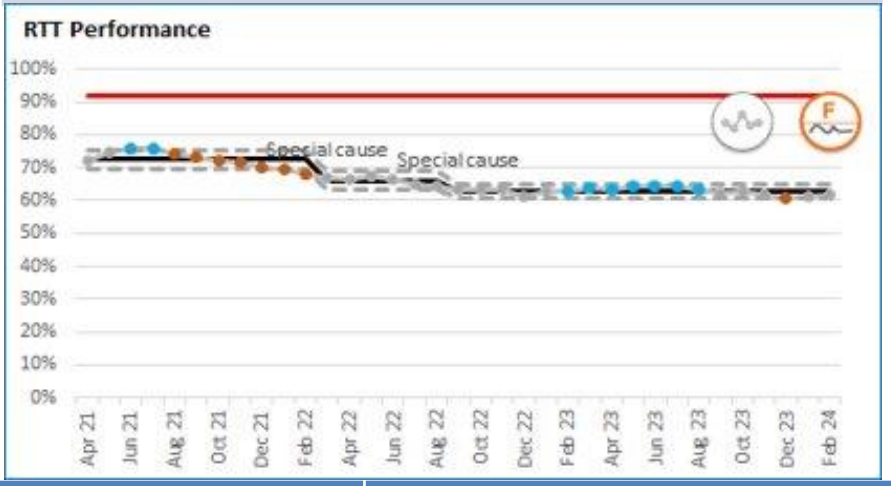
RTT

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

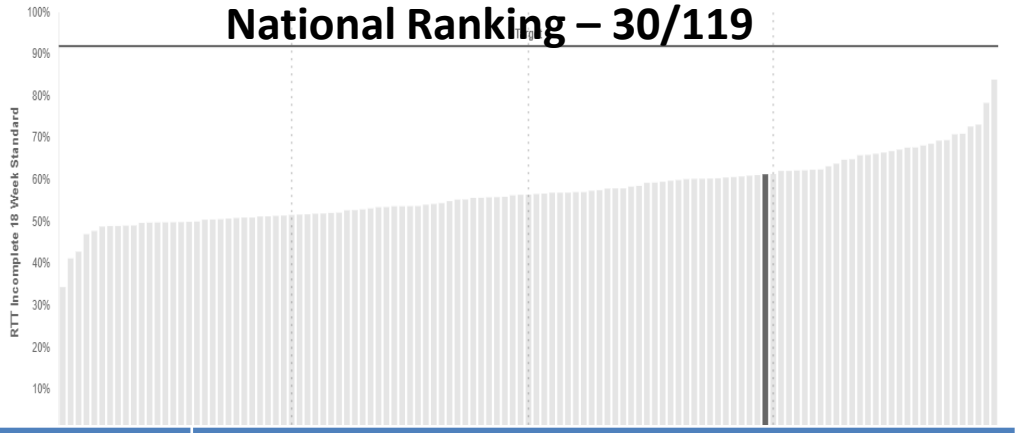
February 2024

Target: 92%
Performance: 61.5%



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background

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

Context

- RTT delivered at 61.8% for February 2024, an improvement of 0.3% on January
- The number of over 18 weeks has decreased by 357 patients, with a February 2024 total of 35,017. Again, this is the second consecutive month an improvement has been seen
- The total waiting list size reduced by 202, to 91,712 in February 2024
- February 2024 saw a reduction of 16 patients over 78 weeks, with a total of 155
- We have improved with regards to national ranking, going from 30th to 29th best performing

Action

- Regular meetings with CSUs and COO and actions identified to support delivery of 78 and 65 weeks
- Weekly Production Board being used to monitor delivery with follow up by DOPs with CSUs
- E-outcomes project progressing and will support with RTT pathway management/validation
- In-depth manual validation of long waiting patients on RTT pathways to ensure accurate reporting
- Continued use of mutual aid from WYAAT providers
- Supporting CSU's with inter provider transfers where patients are choosing to be treated at alternative providers
- SOP on patient choice updated and reissued to CSUs to provide guidance on how to transact on our PAS system

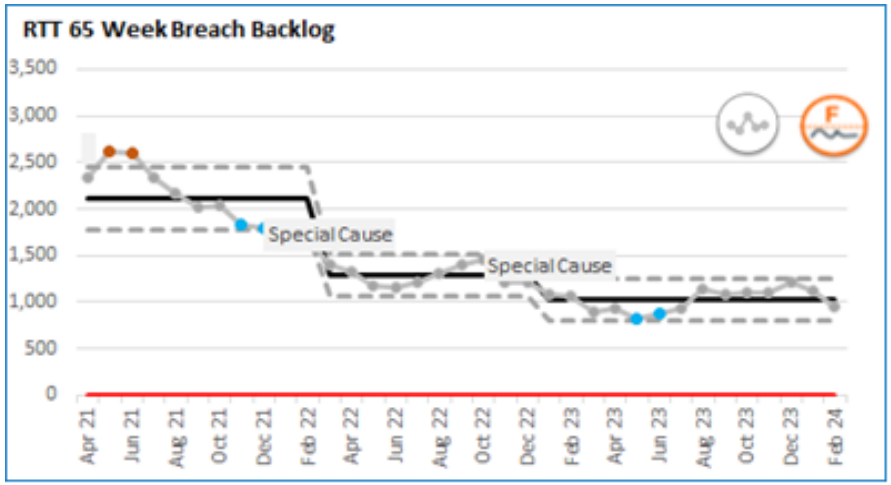
RTT 65 Weeks

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

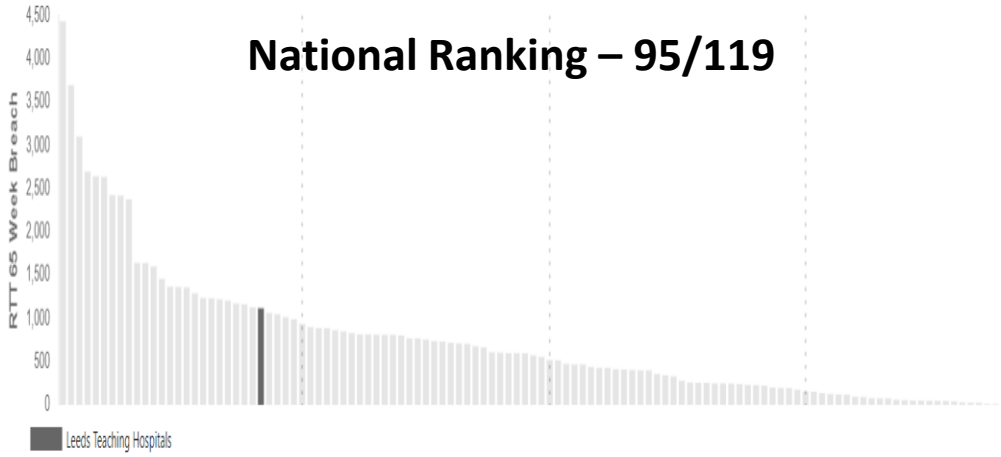
February 2024

National Planning Priority Target 2023/24: 0 (YTD 1350)
Performance: 944



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background	Context	Action
• Reduce maximum waiting times to below 65 weeks by March 2024	• February 24 reported 927 patients waiting 65 weeks, which is 152 less than January 2023 • 65 weeks high point was in May 2021 at 2,618 • There are 1,056 patients to be treated before April 2024 • Significant impact of industrial action on delivery • Interim planning guidance for 2024/25 has set a target for Trusts to eliminate any remaining of waits above 65 weeks by September 2024	• Weekly Production Board being used to monitor delivery • Clearance trajectories for 65 week waiting patients agreed with CSUs • Regular 65 weeks meetings with CSUs, DOP and escalation process with Deputy COO and COO respectively • Continued use of mutual aid from WYAAT providers • In-depth manual validation of long waiting patients on RTT pathways to ensure accurate reporting • NHSE Tier 2 for elective recovery with fortnightly update meetings • Reallocation of theatre capacity to support dating of long-waiting patients

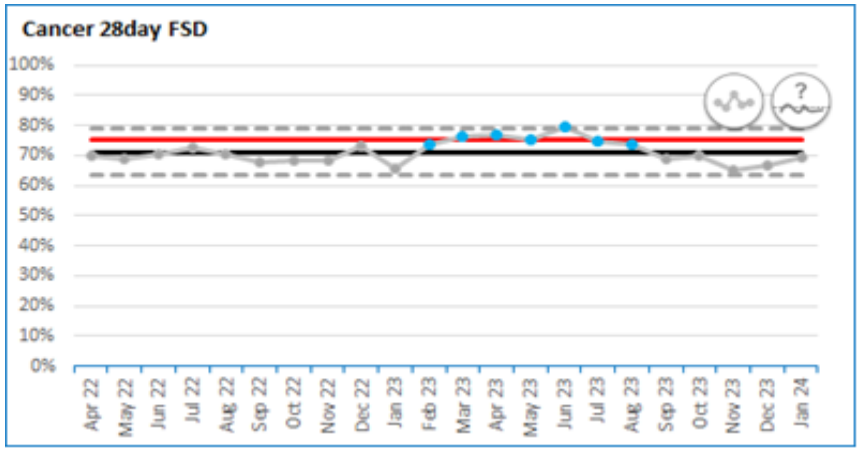
Cancer 28 Day Faster Diagnostic

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

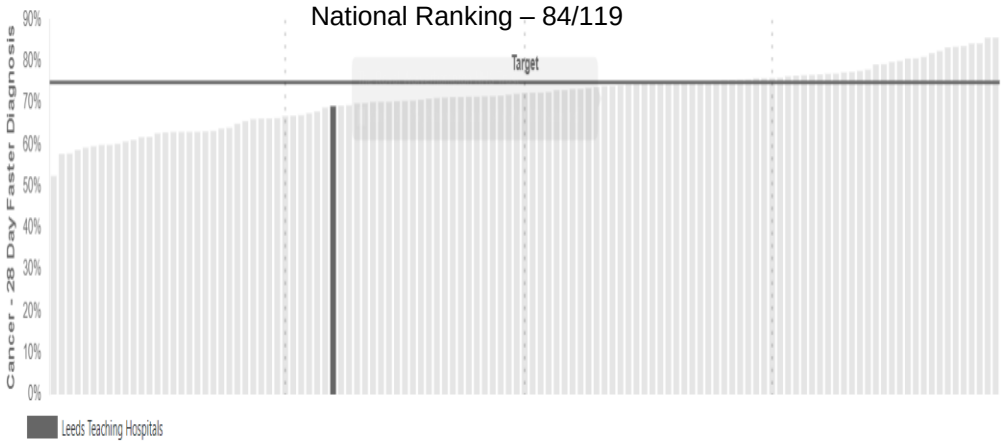
January 2024

Target: 75%
Performance: 69.3%



Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.



Background	Context	Action
• Patients should not wait more than 28 days from referral to finding out whether they have cancer or not • The current target is for 75% of patients to find out within 28 days	• Delivery of the 28-day Faster Diagnosis Standard has started in a positive position compared to Q3s • In January delivery was at 69.3%, an improvement on the December position of 66.7% • The Skin position is improved with first OPA at 2 weeks rather than the long waits during November and December 2023 • National position has improved from 105th in December to 84th in January	• As predicted, the skin position has improved in January, and has continued to improve during February 2024 • Work continues with the prostate pathway to reduce wait states through the pathway but particularly in relation to waits for biopsies • Breast patients continue to be sent out to the independent sector, and is improving, but remains below plan for 28 days FDS • There have been improvement work ongoing in Prostate and Urology, with performance steadily increasing • Full-pathway mapping to establish improvement trajectories for each pathway underway

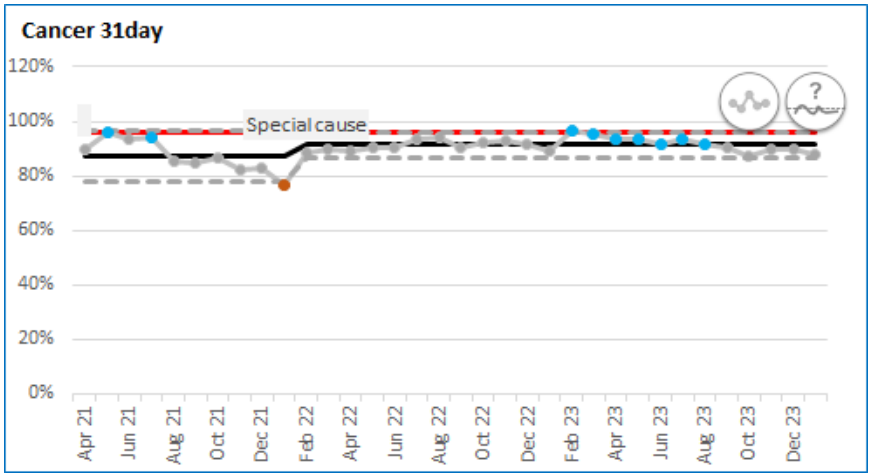
Cancer 31 day

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

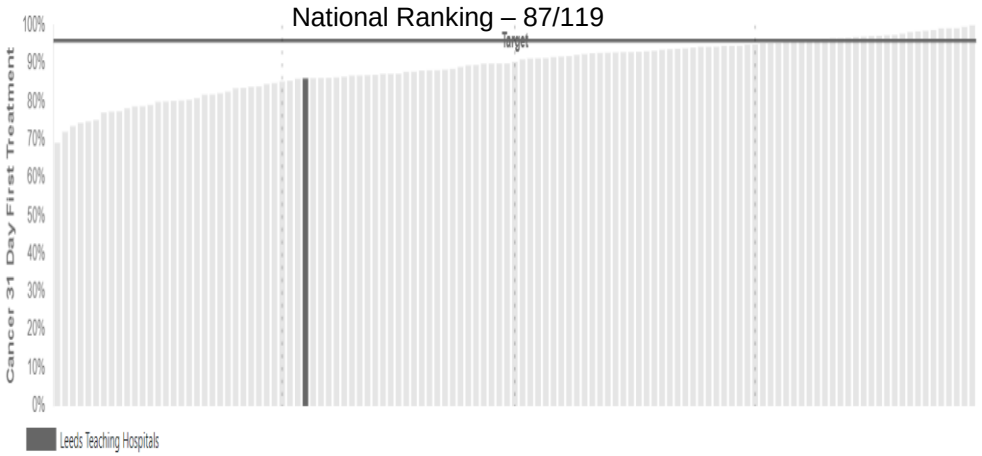
January 2024

Target: 96%
Performance: 88.1%



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background	Context	Action
• 96% of patients receive their first definitive treatment (FDT) within 31 days • 94% of patients receive their subsequent surgery within 31 days	• First treatments delivered within 31 days of a decision to treat after a cancer diagnosis is generally 100% for patients receiving chemotherapy • Surgical treatments were significantly impacted by industrial action following Christmas leave period and so delivery slowed in January 2024 after some improvement during November and December • Delays in Radiotherapy continue into January, with congoing workforce issues	• The CSU's have set recovery trajectories catch up into February and an improvement in performance is anticipated as long as Industrial Action is not ongoing • Radiotherapy are to continue to cover gaps in staffing and to ensure that the most urgent treatments (Cat A) are seen within 31 days • Recruitment plans for radiotherapy presented to Trust Expenditure Review Group by the Oncology CSU to mitigate turnover and in-year absences

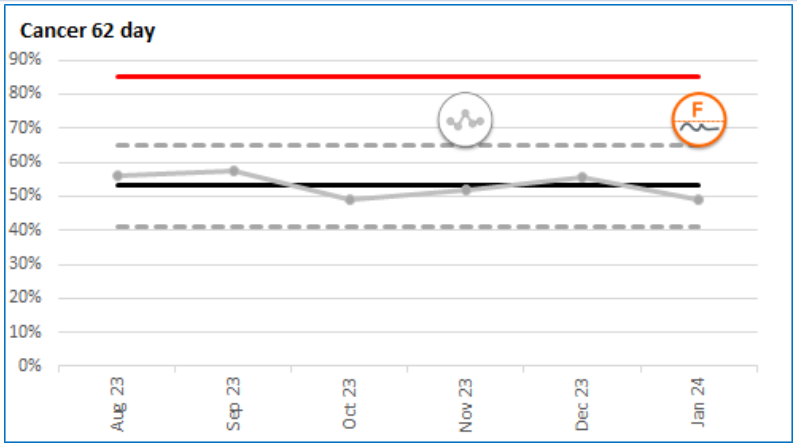
Cancer 62 Days

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

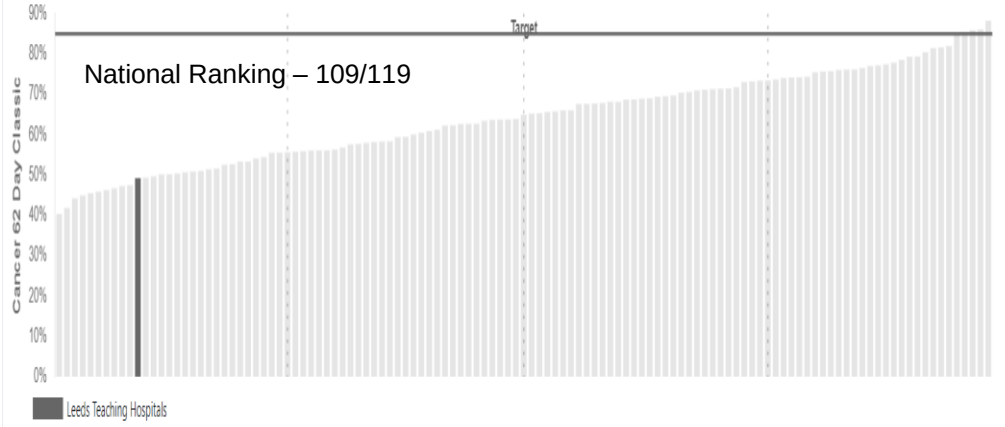
January 2024

Target: 85%
Performance: 49.2%



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background	Context	Action
• 85% of patients receive their first definitive treatment for cancer within 62 days of a referral for suspected cancer • By March 2024 the plan is to deliver 69% • 62-day backlog for 2023/24 planning guidance is to reduce to 248 by March 2024	• 49.6% of 458 patients with cancer were treated within 62-days in January, a reduction from 55.7% in December • This includes all GP referrals, screening and upgrades • The backlog at the end of January was 603, an improvement from 660 at the end of December. There is still significant focus on reducing this to the end of March trajectory which is making good progress • Backlogs in other pathways continue to remain stable with significant progress across tumour sites within AMS	• Continued close management of skin pathway to reduce backlog as recovery slowed during January, due to minor operations being removed at slower rate than anticipated • Use of Westcliffe for additional MOP capacity supported increased rate of removal in February and March • The Pathology PTL has reduced delays across several pathways with longer waiters being prioritised • Trajectory planning for 2024/5 requiring CSU's to collaborate on pathway mapping • Project support funded by the Cancer Alliance has been recruited to ensuring action plans to achieve these trajectories are completed and progressed • Improvement on 62-day % anticipated in February

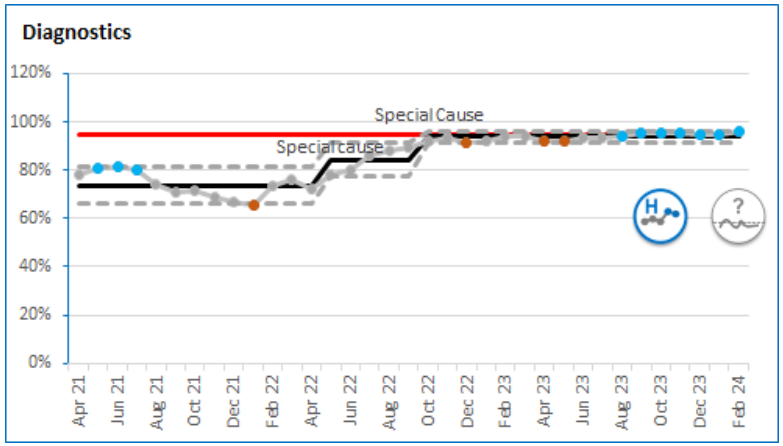
Diagnostic Waits

Achieve the Access Targets for Patients

The Leeds Teaching Hospitals NHS Trust

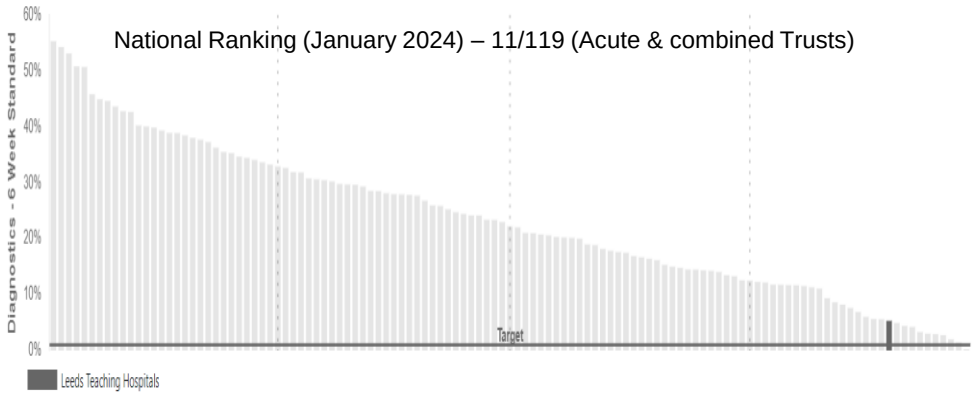
February 2024

National Planning Priority Target 2023/24: 95%
Performance: 95.8%



Executive Owner: Clare Smith (Chief Operating Officer)

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



Background

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

Context

- CT & MRI have continued to see increased demand with delays for Paediatric GA MRI and shortfalls in capacity for Cardiac CT
- Ultrasound experiencing waits above 6 weeks due to staffing pressures and capacity shortfalls for some specific body site scans
- Children's diagnostic services (colonoscopy, cystoscopy and gastroscopy) are heavily reliant on theatre capacity due to patients requiring GA for their diagnostic test
- Sickness and capacity shortfalls in Paediatric Audiology have resulted in increased 6-week breaches
- February 2024 diagnostic performance position is the highest recorded for LTHT since February 2020

Action

- . MRI capacity requirement being reviewed with update to Corporate Ops by end of March 2024 because NHSE have not approved funding for MRI at Seacroft in 2024/25
- CT – options being reviewed to increase capacity for Cardiac CT which is the main cause of > 6ww breaches. Mid-Yorkshire NHS Trust to start Cardiac CT service which will reduce referral volumes
- Ultrasound – some capacity challenges for specialist areas. Ongoing work to mitigate staffing shortfalls and deliver required service
- Pioneer weekend sessions running to support paediatric diagnostics during March 2024
- Paediatric Audiology focus on reducing overdue follow-up waits has some short-term impact on 6-week diagnostic capacity, capacity and demand planning underway to support service recovery during March and April 2024

Mortality

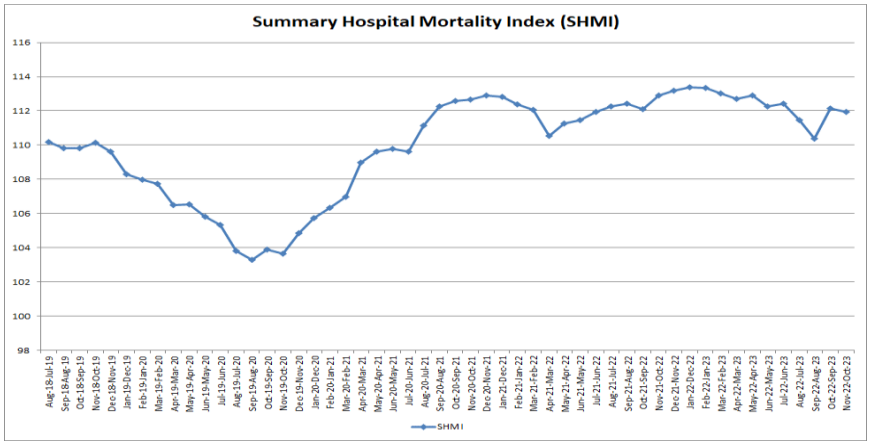
The Leeds Teaching Hospitals NHS Trust

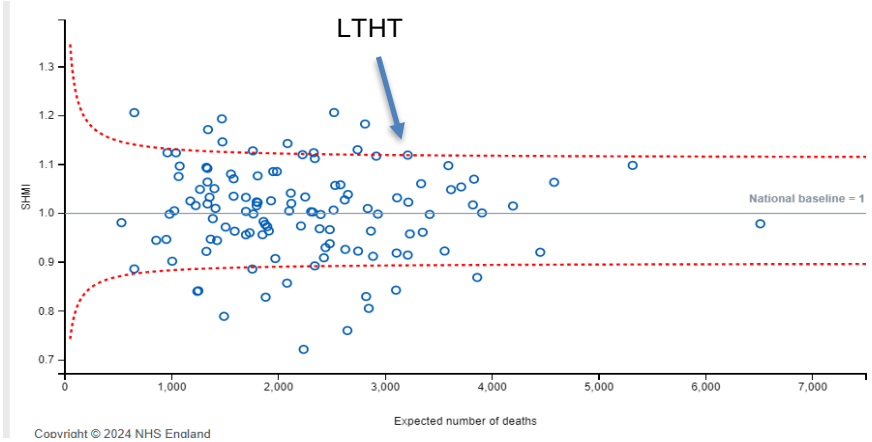
Nov 22 – Oct 23

Target: 100
Performance – SHMI: 111.93

Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.





Background

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

Context

- The Trust SHMI for November 2022 – October 2023 was 111.93 against an upper confidence limit of 111.91 and therefore "Higher than Expected".
- It is the third lowest SHMI value since October 2022

Action

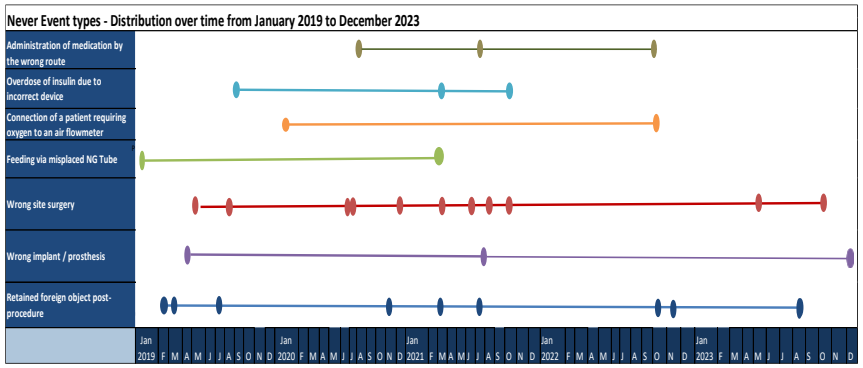
- The Mortality Improvement Group will continue to monitor SHMI in terms of both absolute value, comparison with peer organisations and changes in the diagnostic group breakdown.
- We continue to seek assurance through statistical analysis, coding reviews, and case note analysis. The Trust have strengthened the learning from deaths framework and have a robust screening process in place, the Structured Judgement Review (SJR) methodology is used to identify learning and provide assurance on quality of care.

Never Events

The Leeds Teaching Hospitals NHS Trust

Q3 (2023/24)

Target: 0
Performance : 4 (YTD)



Executive Owner: Dr Magnus Harrison (Chief Medical Officer)

Variance: Common cause variation.

Never events by Type April 2022 to present by financial quarter

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

Background

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

Context

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

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

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

Action

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

Maternity

Achieve the Access Targets for Patients

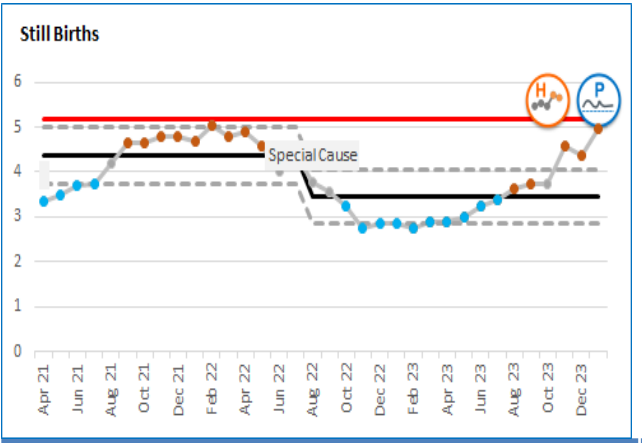
The Leeds Teaching Hospitals NHS Trust

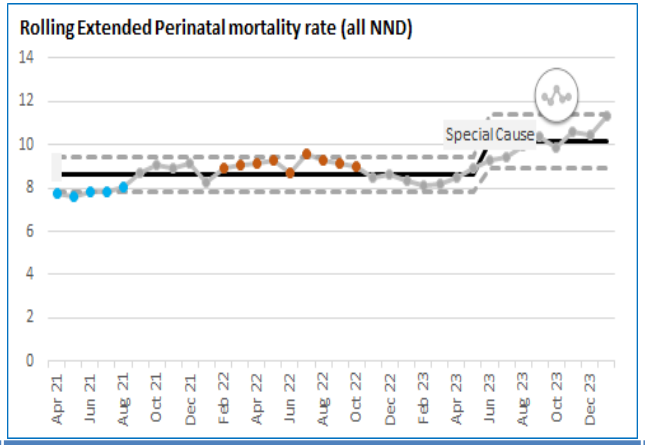
January 2024

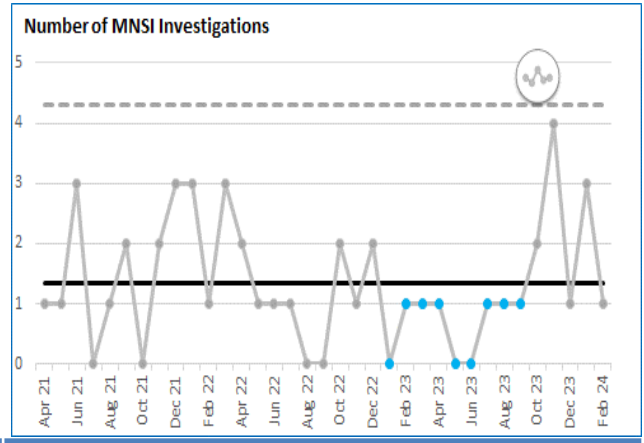
Still Birth Rate: 5.0
Extended Perinatal Mortality Rate: 11.3
Number of MNSI Investigations: 1

Executive Owner: Rabina Tindal (Chief Nurse)

Variance: Common cause variation.







Background

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

Context

- 7 Stillbirths, 6 of which were antenatal less than 34 weeks gestation. All will be reviewed through PMRT process to identify whether there were any aspects of care or treatment that may have impacted the outcome.
- 5 Neonatal Deaths, 1 following premature birth with suspected abnormalities, 1 following extreme premature birth. 3 NND for out born babies
- 3 referrals to MNSI, 2 maternal deaths (1 indirect and 1 likely direct maternal death). 1 indirect maternal death did not receive any maternity care at LTHT, was stabilised and transferred to LTHT for specialist hepatology care. 1 likely direct maternal death is for HM Coroner PM. Initial PSRR identified

Action

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

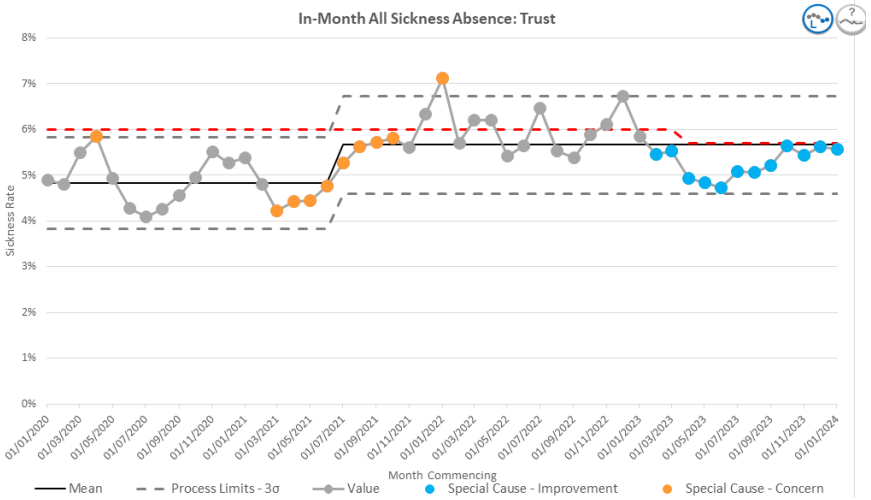
Sickness Absence Rate

The Leeds Teaching Hospitals NHS Trust

January 2024

Target: 5.7%
Performance: 5.2%

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

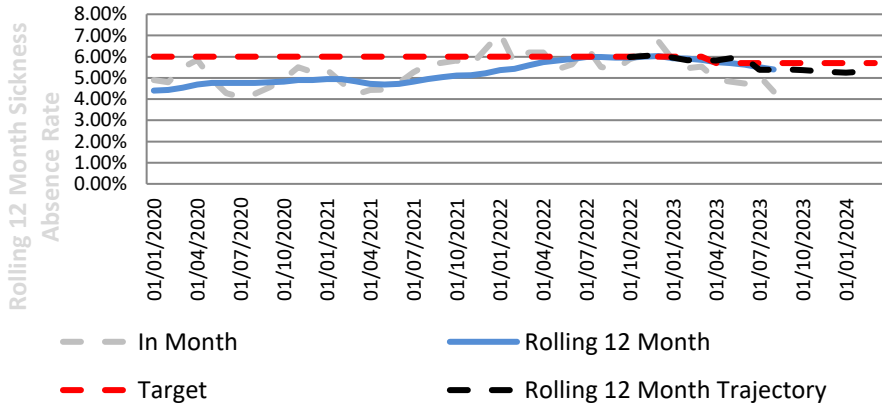


Executive Owner: Jenny Lewis (Director of HR & OD)

Management/Clinical Owner: Chris Carvey

Sub-Groups: Workforce Committee

Sickness Absence Projection



Background	What the chart tells us	Issues	Actions	Context
We have assumed: • We will see lower COVID related sickness absence throughout the 2023/24 financial year compared to the previous 2 financial years. • As a result of the actions of the Operational HR team, in collaboration with the Senior HR Business Partners, Clinical Service Units, Triumvirate teams and Line Managers within each CSU, we will see a reduction of 0.3% in Non-COVID related sickness absence throughout 2023/24. The target line for 2023/24 on the graph on slide 4 has been updated to reflect this.	• The in-month rate has been below mean for all of 2023. In addition, the expected peak in December 2023 was much lower than the worst case forecast.	N/A	•The Supporting Attendance process has been audited by PWC (Q3 2023/24). The report has been received and has been given a moderate risk rating. The actions are being progressed based on the recommendations in the report. •The Occupational Health and Wellbeing team continues to prioritise supporting our staff back into work. A deep dive took place at January Workforce Committee. •There is a continued focus on improving the data, information and accessibility to enable managers to proactively manage sickness and special leave in their teams. The enhanced management reports in the Absence Reporting Suite have been rolled out to CSUs to enable data to be captured and maintained regarding the management of individual absence, i.e. stage of the process, meeting dates, and next planned step or action. This has increased the effectiveness of assurance meetings. •Successful Sickness summit in Outpatients with input from senior managers to clarify everyone's role in the various steps of the process, i.e. staff, line managers, senior managers and HR •Build line manager confidence and capability, e.g. training, including wider training (e.g. having honest conversations training); shadowing more experienced managers •As part of one of the audit actions, the team are developing a criteria to focus on high-risk areas for sickness absence.	N/A

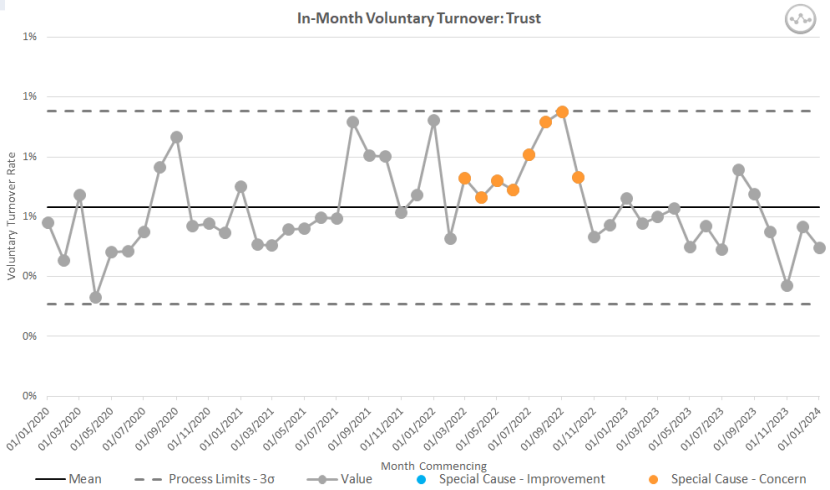
Voluntary Turnover Rate

The Leeds Teaching Hospitals NHS Trust

January 2024

Target: 10%
Performance: 6.77%

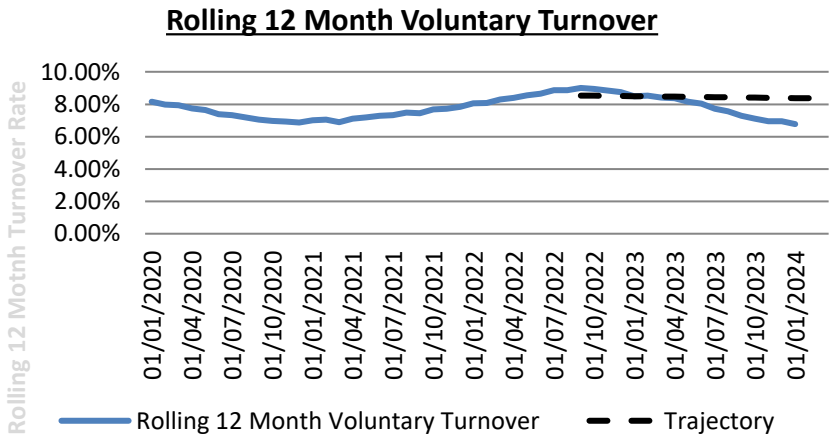
Variance: Common cause variation. The process will regularly achieve the target



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

Management/Clinical Owner: Michelle Litten

Sub-Groups: Workforce Committee



Background	What the chart tells us	Issues	Actions	Context
• Rolling Voluntary Turnover has reduced ahead of forecast throughout 2023/24 • The In-month rate has fluctuated around the mean however there have been 4 consecutive months below mean which will have an impact on the rolling rate.	• Voluntary Turnover has been trending down for over 12 months and is almost at a historic low	N/A	•Trust and CSU implementations of Retention A3s, as part of the in-year commitment, continue to progress, with actions embedded as part of local workforce plans. Assurance on activity across CSUs is successfully being gained via the HRBP and CSU JAAF framework, with the management and sharing of best practice supported via the Staff Engagement Group (with a rolling schedule for CSU updates at each bi-monthly meeting). Key corporate focus has been against: Flexible Working, Exit Interviews, Stay Conversations, and Scope for Growth Development conversations, to support the maintenance of turnover improvements longer term. •LTHT has been successful in the application to be a part of cohort 2 of the national NHS People Promise Exemplar Programme, providing a QI structured programme to support trusts to improve retention. We will therefore align this programme to support and underpin progress against the newly refreshed 'Improve Retention' in-year commitment. The Programme initiates with a structures self-assessment process, enabling LTHT to understand they key focus areas to improving retention over the next 12 months.	Voluntary turnover has been improving for 12 months. We have compared overall turnover to other acute trusts and other large acute/teaching hospitals trusts and we are positioned above the average

Agency Spend

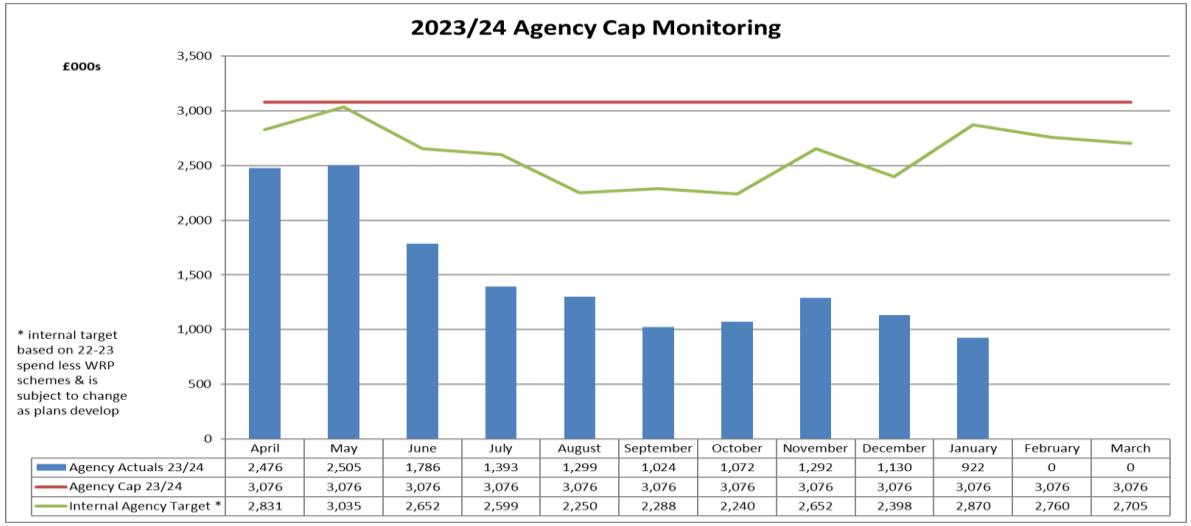
The Leeds Teaching Hospitals NHS Trust

January 2024
Target: 3.7% **Performance: 1.8**%
Variance: Common cause variation. The process will regularly achieve the target

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

Management/Clinical Owner: Johnny Gamble

Sub-Groups: Workforce Committee



	April	May	June	July	August	September	October	November	December	January	February	March
Agency Actuals 23/24	2,476	2,505	1,786	1,393	1,299	1,024	1,072	1,292	1,130	922	0	0
Agency Cap 23/24	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076	3,076
Internal Agency Target *	2,831	3,035	2,652	2,599	2,250	2,288	2,240	2,652	2,398	2,870	2,760	2,705

Background	What the chart tells us	Issues	Actions	Context
• The agency cap for 2023/24 has been set by NSHE at 3.7% of the pay bill equating to approximately £3.1m per month. • A more challenging internal target has been developed based on 2022/23 expenditure levels less WRP schemes. This target is being monitored as we progress through 2023/24 and is subject to change as plans develop.	• We are achieving both the NHSE target for this financial year along with our own internal target.	N/A	•International nurse recruitment is supporting a reduction in agency spend. •CSUs have also included actions in their workforce plan to reduce bank and agency rates. •A 'Good Roster Management Practice Guide' has been disseminated to all CSUs and HR are supporting CSUs to better plan their workforce to reduce reliance on Agency. •Processes are now in place to monitor and reduce spend on non-clinical agency. •Further strengthened management of variable pay is being developed for start 1.4.24.	N/A

Vacancy Rate

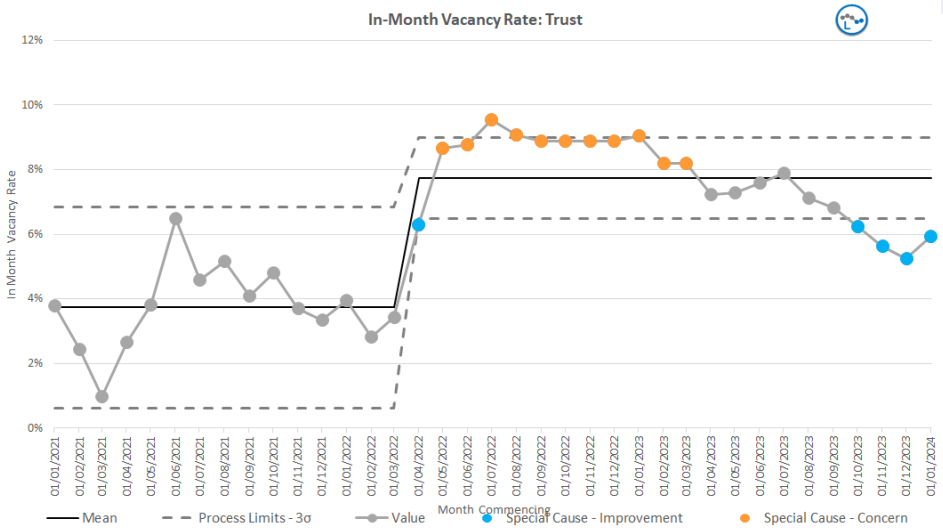
The Leeds Teaching Hospitals NHS Trust

January 2024
Target: N/A **Performance: 5.94%**
Variance: Common cause variation. The process will regularly achieve the target

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

Management/Clinical Owner: Jenny Lewis

Sub-Groups: Workforce Committee



Background	What the chart tells us	Issues	Actions	Context
• Control Limits were re-cast at April 2022 due to an increase in the budget line. We are monitoring the current performance to assess whether to re-cast the limits again as of April 2023 even though the change in budget for this financial year was not as large as 2022/23. • Changes in budget are not aligned to recruitment patterns, particularly with relation to the recruitment of newly qualified registered staff. • Vacancy is calculated comparing substantive staffing numbers with funded FTE from the financial ledger which is adjusted for reductions arising from Waste Reduction Programmes and Vacancy Factor targets.	• Vacancies have reduced across most professional groups including registered and non-registered nursing and medical however in the most recent month of Jan 24 we have seen a slight increase in vacancies due to both a slight drop in staff in post and a small increase in establishment	N/A	• Senior HRBPs are working closely with CSUs and corporate teams to ensure operational workforce plans include actions to address high vacancies and exploring alternative recruitment options e.g. alternative roles (ACP, PA, Nursing Associates) along with apprenticeship options. However, some level of vacancy supports our flexible workforce (bank) colleagues. • As part of our in-year commitment on retention, all CSUs have developed A3s to address retention and actions from this are in their workforce plans. • CSU vacancy information is monitored monthly at the HR huddle as well as monthly in a joint Finance/HR meeting. • Workforce capacity risks are actively managed through the risk management processes and committee.	N/A

I&E Position

The Leeds Teaching Hospitals NHS Trust

February 2024

Executive Owner: Simon Worthington (Director of Finance)

In February the Trust reported an in month surplus of £1.4m, which was £0.4m favourable to plan and a year to date deficit of £7.3m, which is £3.3m adverse to the NHSE plan. Income to date is £1,665m which is £19.4m favourable to plan and expenditure to date is £1,672.3m, £22.7m adverse to plan. The year to date position includes additional funding associated with the industrial action.

Pay expenditure to date is £988.4m, £42.9m adverse to the NHSE plan and includes expenditure associated with the cost of covering industrial action. Non-pay expenditure to date is £683.8m (including depreciation and finance costs), £20.2m favourable to the plan. The costs of the medical pay award and associated funding are included in the year to date position. The funding shortfall overall in regard to the medical pay award is £2.4m, £2.2m year to date. Additional funding of £5m in relation to Industrial Action is included in the year to date position.

Following NHSE guidance, remeasurement of the PFI liability on an IFRS 16 basis is included in the reported YTD and forecast position. These are currently estimates, as figures are still being finalised, but is expected to be completed and reviewed by our auditors by the end March.

The Trust has a balanced income and expenditure plan for the year, however there remains a number of 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

February 2024

Executive Owner: Simon Worthington (Director of Finance)

Capital

The Trust's capital expenditure forecast for 2023/24 is £95.7m. The forecast outturn has increased by £0.8m to £95.7m due to additional PDC of 0.8m for the AI Diagnostic scheme. We have been offered £1.16m funding for a Genomics Novaseq Analyser, however, at this stage it is not included in the forecast as there is a risk of significant capital and revenue implications associated with the purchase.
The programme is broken down as follows:

Programme	Forecast 2023-24 £000
Medical Equipment	7,916
Informatics	25,748
Building & Engineering	39,004
Building The Leeds Way	12,160
Leases	10,896
Total	**95,724**

Expenditure to 29th February 2024 is £66.1m which was £0.4m ahead of forecast. The overspend was mainly driven by Community Diagnostic Centre Armley Spoke refurbishment works being carried out ahead of schedule.

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

At the end of February the balance had reduced to £57m, an increase of £30m from the January closing position. Receipts in the month totalled £187m and included £18m for LDA funding covering February and March and £19m of PDC capital funding. Total payments were £157m comprising £90m for payroll and £67m for payments to suppliers. The month end balance was significantly ahead of the month 8 fundamental review (£25m) primarily due to timing differences in the receipt of commissioner income and PDC drawdowns.

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 95% and year to date remains at 96%.

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

NHS
The Leeds Teaching Hospitals
NHS Trust

Supplementary Metrics Produced by Exception

Length of Stay

Reduce average length of stay by 0.5 days per patient

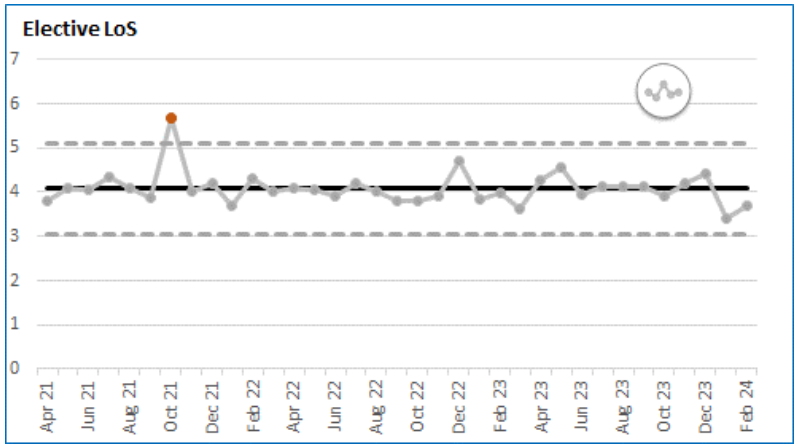
The Leeds Teaching Hospitals NHS Trust

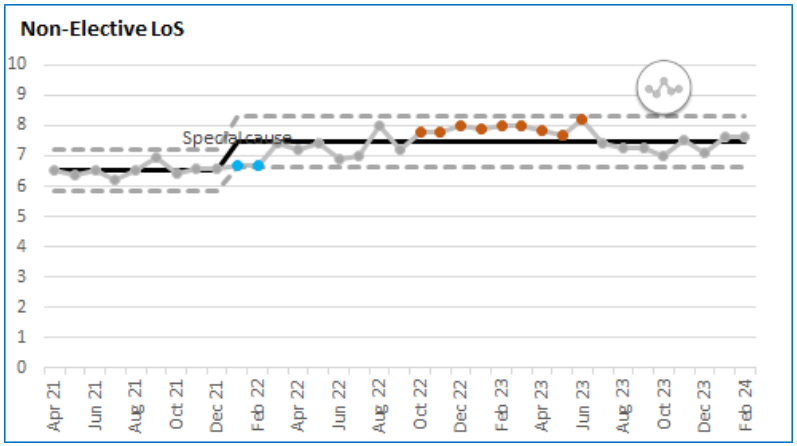
February 2024

Target: Reduce Length of Stay by 0.5 days

Executive Owner: Clare Smith (Chief Operating Officer)

Variance: Common cause variation.





Background

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

Context

- Overall, when comparing February 24 to February 23 there was a reduction of 0.4 days for elective and non-elective LoS
- Non-elective admissions into from A&E have increased by 12.3% for February 2024 in comparison to February 2023
- Non-elective LoS for February 2024 was 7.6 days. This is a reduction from 8.0 days for the same period last year
- Elective LoS for February 2024 was 3.7 days and in February 2023 was 4.0 days
- This delivered despite short LoS being removed from bed base through increased day case and use of SDEC

Action

- Medical/elderly SDEC now established in new footprint at SJUH with focus on enhanced pathways to avoid admission where clinically appropriate- currently delivering a 33% increase in SDEC attendances Continued work to embed and maximise this SDEC opportunity. Next steps to review MSAA (LGI SDEC) opportunity.
- Home telemetry established with focus on maximising early discharge using this service across multiple specialities and increase the number of beds saved to 16
- Review Dr Foster peer data on LOS and establish improvement trajectories for areas where LTH LOS is greater. To be supported through the service delivery contract
- Support the system-wide Home First Programme to deliver against submitted trajectory of reducing the number of no reason to reside patients to 160 or below

Cancelled Ops

Achieve the Access Targets for Patients

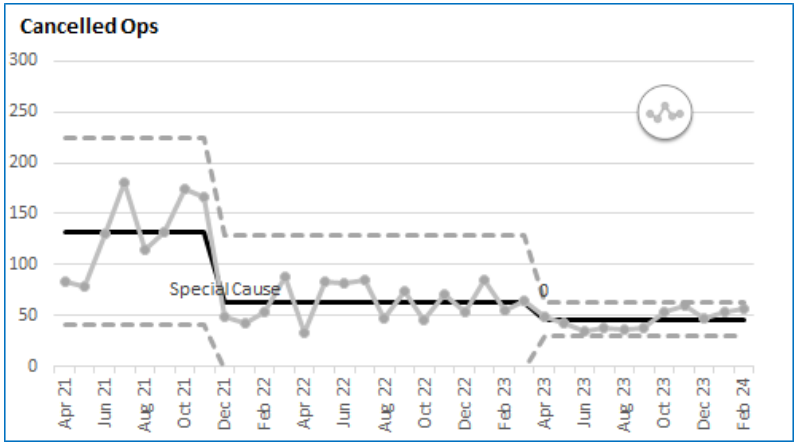
The Leeds Teaching Hospitals NHS Trust

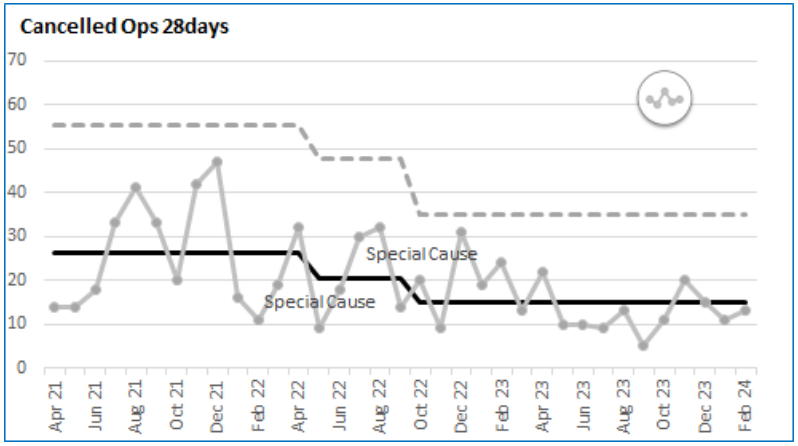
February 2024

Target: 0
Performance – LMCO: 57
Performance – 28 day Standard: 13

Executive Owner: Clare Smith (Chief Operating Officer)

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





Background	Context	Action
Ensure all patients who have operations cancelled on the day of surgery, for non-clinical reasons are offered another binding date to be treated within a maximum of 28 days (zero tolerance standard)	**Cancelled Operations** • There were 57 LMCO in February2024. Continued lower rate of cancellation since 2022 **28 Day Breaches** • There were 13 breaches of the 28-day standard in February 2024. This is a reduction on the 24 breaches in February 2023	• Theatre lists with late starts/early finishes identified. Theatre Productivity PID identifying how more cases can be added per sessions and improve utilisation • Continue the pre-optimisation of patients prior to surgery to reduce cancellations on the day • CAH have done a 'Perfect Week' to increase cases per session and theatre utilisation • LMCO and 28-day breaches to be included in the 24/25 Service Delivery Matrix and CSU will be monitored monthly

Appendix – A Guide to SPC

The Leeds Teaching Hospitals NHS Trust

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

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

Appendix – A Guide to SPC

The Leeds Teaching Hospitals NHS Trust

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

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

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

Glossary

The Leeds Teaching Hospitals NHS Trust

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

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

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