

# Operational Strategy

2024-2027



# FOREWORD

I am delighted to introduce our Operational Strategy which describes an ambitious plan to achieve our vision to provide the highest quality integrated and specialist care delivered in a supportive environment that develops our people and produces optimal outcomes for our patients.

Despite still facing significant operational challenges, we are seeing substantial improvement across many of our services in relation to outpatient waiting times and access to elective and non-elective care. Our dedicated teams have delivered patient centred transformational work that is now improving the experiences of our patients and improving outcomes. However, the challenge remains that these improvements are not always delivered consistently for all our patients, and this must be our focus going forward.

As demand for our services continues to grow it is essential that we sustain and continuously improve the care we provide to deliver efficient and productive services in a timely way. This will involve strong collaborative working across systems and using new innovative ways to deliver care to our patients.

Much has changed even in the past two years since the original Operational Transformations Strategy (2022-2027) was written. It is important that we take stock and refresh our plans accordingly. The approach we are taking, utilising the five programmes of work is not new, but we will have a much stronger focus on the benefits of being more productive, allowing us to care for more patients, reducing waiting times and improving outcomes of care. Using the Leeds Improvement Method to deliver the operational changes needed whilst adhering to our core values - Patient-Centred, Fair, Collaborative, Accountable and Empowered – we are confident that we can deliver our ambition to provide the highest quality integrated and specialist care.

This approach, focusing on improving operational productivity for the direct benefit of patients will support the Trust in its delivery of the multi-year goals and enable our teams to provide the highest standards of care in world class surroundings as the Hospitals of the Future Programme comes to fruition over the next seven years.

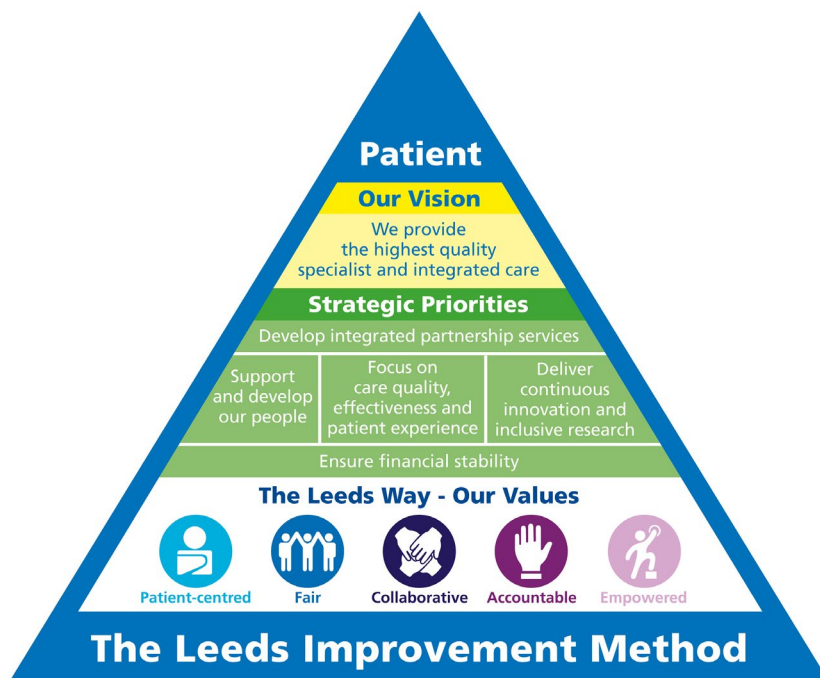


**Clare Smith**

Chief Operating Officer  
& Deputy Chief Executive

# OUR STRATEGY

Leeds Teaching Hospitals NHS Trust is an ambitious organisation with a clear vision to provide the highest quality specialist and integrated care. Our vision, values and strategic priorities are summarised in our strategic triangle below, which shows patients at the centre of everything we do.



- One of the **largest teaching hospitals** in the country
- A **regional and national centre for specialist treatment** and the **local hospital for the Leeds community**
- **Seven hospitals** across **five sites** in the city
- Treat around **1.6 million patients** every year
- Spend around **£1.9 billion** each year
- Almost **22,000 staff**
- Established **Centre of Excellence** for Research and Innovation at scale and a top recruiter for clinical trials

Our mission:

to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves outcomes.

To support delivery of the strategy, we have seven multi-year goals which drive our long term activity and seven annual commitments which are refreshed each year to consolidate our in-year priorities.

Our multi-year goals are:

- Deliver fit for purpose healthcare.
- Deliver top quartile healthcare performance.
- Deliver a sustainable surplus by becoming the most efficient teaching hospital.
- Have an embedded culture of service improvement and innovation.
- To be a leading academic healthcare institution.
- Have a consistent, high performing and sustainable workforce.
- People receive person-centred care in the most appropriate setting.

Our 7 annual commitments are available on our [website](#).



## The Leeds Way

The Leeds Way is what we stand for and what we want to achieve. It is how we do things around here and what makes Leeds Teaching Hospitals different to other organisations. The Leeds Way is described in our strategic triangle; it encompasses our ambition through our vision and strategic priorities and our culture through our values, as created by our staff. It sets out what our stakeholders can expect from us as a Trust.



Patient-centred



Fair



Collaborative



Accountable



Empowered

# The Leeds Improvement Method

The Leeds Improvement Method (LIM) is our philosophy of continuous improvement that underpins all our organisational strategies. It brings the principles of daily management methods, improvement methodology, respectful behaviours and the removal of waste from processes together.

## Our strategy framework

This strategy is part of a wider suite of strategies that work together to support the Trust to meet its overarching vision. At the centre of this is the Trust's corporate strategy, supported by three core strategies and ten enabling strategies. This strategy framework enables us to ensure our strategies align and are updated appropriately to reflect and support the overall Trust strategy.



# ACHIEVEMENTS 2022-2024

more than **1740** additional operations and **1989** pre-assessment appointments completed

**350** paediatric patients supported by UK's first VR Play Specialist

implementation of **SHAPE up 4 surgery**® and **SHAPE up 4 cancer surgery**®

opening of the **Elective Care Surgical Hub** at CAH and the **Community Diagnostic Centre** at Beeston Village Medical Centre

opening of the new **Medical Same Day Emergency Care** (SDEC) department at SJUH

consistently in the **top 10%** of the highest performing Acute Trusts in England for the National Diagnostic 6 Week Standard

received over **77,000 calls** to the Primary Care Access Line (PCAL) in 23/24

**3** paediatric virtual wards launched in 2023/24

completion of the new **Centre for Laboratory Medicine**

increase from **7600** to over **20,000** patients that have moved to a Patient Initiated Follow Up (PIFU) pathway as of Jan 24

**UK cardiac surgery** scimitar syndrome repairs

Children's **Community IV Antibiotic Service (CIVAS)** launched

**new Children's Allegery Day Unit** opened in March 2024

the introduction of a **direct to plastics pathway for skin cancer patients** has led to a **reduction in backlog** from over 600 in 2023 to **under 150 at the beginning of 2024**



# UNPLANNED CARE

Our ambition is for unplanned care to be delivered in a timely and effective way with the right specialist care and environment for a patient's individual care needs. To underpin the work of the Clinical Service Units (CSUs) we will increase the capability of the Operations Centre and develop a live bed state to support operational patient flow to underpin right patient to right speciality. We want to support patients in their own homes where and whenever possible, supported by an integrated system approach across the city that considers hospital admission/intervention to be limited to an urgent clinical response for a prescribed time. This will be underpinned with the need to reduce health inequalities in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way.

## Our operational plan includes:

- Improving the delivery of the Emergency Care Standard (ECS) through optimising internal Emergency Department (ED) processes and outflow from the EDs for all patients (adults, children and young people) requiring admission.
- Optimisation of Same Day Emergency Care (SDEC) provision across the Trust to ensure patients receive prompt assessment and admission to hospital is avoided where clinically appropriate.
- Expansion of the Remote Monitoring service to enable all patients to be safely cared for at home using technology enabled monitoring with clinical oversight.
- Further development of the Primary Care Access Line (PCAL) service to ensure all primary care and Yorkshire Ambulance Service patients are directed to the appropriate service first time.
- Reducing delays for our inpatient through deploying the Emergency Care Improvement Support team principles of red and green days – increasing green days defined as when an inpatient receives value adding acute care that progresses them towards discharge.
- Implement a Home First approach to hospital discharge working closely with system partners.



## Outcomes to be achieved for our patients:

- Reduced numbers of patients waiting in the EDs over 12 hours from arrival
- Increased number of patients who are seen, treated, and discharged same day in SDEC.
- Improved delivery of the ECS in line with the NHS England planning guidance.
- Reduction in patients experiencing ambulance handover delays.
- Reduction in the inpatient length of stay whilst having a reason to reside.

A high-level summary of the unplanned care work programme to be delivered over the next three years:

Unplanned Care programme of works	Year 1	Year 2	Year 3
<b>Optimise Same Day Emergency Care</b> <ul style="list-style-type: none"> <li>• Develop pathways for specialties which are not currently included in the existing SDEC offers, for example Respiratory, Urology and Gastroenterology.</li> <li>• Develop LGI SDEC model to expand the current model of MSAA to support additional clinical pathways.</li> </ul>	✓	✓	✓
<b>Reducing Length of Stay with Reason to Reside</b> <ul style="list-style-type: none"> <li>• Implement red/green days and perfect ward principles to ensure every inpatient receives a meaningful intervention each day.</li> </ul>	✓	✓	✓
<b>Improve Attendance avoidance pathways</b> <ul style="list-style-type: none"> <li>• Continue to expand the number of clinical pathways and services available to the PCAL service.</li> <li>• Work closely with YAS to increase the number of ambulance patients being discussed with the PCAL service. This will allow ambulance conveyances to be streamed to the appropriate service prior to arrival.</li> </ul>	✓	✓	✓
<b>Review 7 day workforce model</b> <ul style="list-style-type: none"> <li>• Expand senior review of inpatients over 7 days to provide an increasingly consistent senior decision making input over the week. This will support increasing the proportion of discharges on a weekend.</li> </ul>	✓	✓	✓





## PLANNED CARE

The five key principles and the ambition of Leeds Teaching Hospital's Planned Care programme remain unchanged with our services and workstreams focused on:

**Best patient:** medically optimised for surgery for improved clinical outcomes.

**Best pathway:** increased number of patients who can be offered and successfully complete a day case procedure; develop our shared decision making with patients; and the skills of our non-surgical workforce to offer appropriate alternatives for patients.

**Best team:** continue to improve the skills of our workforce allowing the Trust to deliver more elective theatre capacity than ever before, as well as increasing the number, type or complexity of elective procedures being carried out within our operating theatres.

**Best place:** opportunity to be treated across West Yorkshire Association of Acute Trusts (WYAAT), ensuring patients do not have inequitable waiting times. Hubs: best practice clinical pathways and high quality patient outcomes.

**Right time:** improvements to our elective care pathways and reduce waits.

## Our operational plan includes:

- Build on the success of our Shape Up For Surgery programme, expanding the number of patients who are able to access and benefit from proactive pre-habilitation in partnership with statutory and third sector services.
- Shape up For Cancer Surgery (SU4CS) programme will allow patients undergoing cancer surgery access to this innovative approach to pre-habilitation, increasing our access to research opportunities.
- Continue to improve the pre-assessment pathway and increase capacity with the continued use of digital technology, and effective theatre scheduling.
- Improve the total number of patients both within the British Association of Day Surgery (BADs) and non BADs procedures who are able to be offered and successfully complete a day case procedure.
- Develop our shared decision making with patients, and the skills of our non-surgical workforce to offer appropriate alternatives for patients i.e. those who would benefit from a frailty assessment through a multidisciplinary team.
- Open additional elective theatre capacity with the addition of two new operating theatres at Wharfedale Hospital, and work closely with our clinical teams to support the development of new skills and opportunities for our workforce to do more complex surgery in our Elective Surgical Hubs. This will improve our ability to both recruit and retain our people.

- Wharfedale Hospital is a collaboration between Leeds Teaching Hospitals and Harrogate and District NHS Foundation Trust, allowing us to jointly utilise our assets and our workforce more effectively for the benefit of our patients. Our ambition will be to receive Elective Surgical Hub accreditation for Wharfedale Hospital, as has been received by Chapel Allerton Orthopaedic Centre in 2023, recognising that this unit provides best practice clinical pathways and is high quality patient outcomes.
- Improve workforce skills for broader scope of procedures performed across sites.

## Outcomes to be achieved for our patients:

- Increase the number of patients who receive timely pre-assessment.
- Reduce the length of stay for patients following an elective procedure.
- Improved post operative outcomes for cancer patients via access to SU4CS.
- Increased procedure complexity across our sites resulting in improved patient choice of where to undergo their treatment and care, reducing inequitable waiting times.
- Increase the productivity of our elective capacity to deliver more elective theatre capacity than ever before, as well as increasing the type and complexity of elective procedures being carried out within our operating theatres at CHOC and WDH.
- Support our teams to be able to identify patients affected by health inequalities whilst they are waiting, to reduce the potential impact of these inequalities on their outcomes.
- Reduce the length of time patients are waiting for their elective procedure.

A high-level summary of the Planned Care programme to be delivered over the next three years:

Planned Care programme of works	Year 1	Year 2	Year 3
Optimise patients	✓	✓	✓
Improve preassessment pathways and access	✓		
Increase BADS and non-BADS day case procedures	✓	✓	✓
Open two additional theatres at WDH	✓		
Improve the skills of our workforce	✓	✓	✓







# OUTPATIENTS

System working continues to be at the heart of our approach to outpatient care as we work with partners to deliver patient-centred, integrated care. We will provide early access to expert advice and guidance and empower our patients to access care at the right time and in the most appropriate setting. This will avoid unnecessary secondary care attendances and improve outcomes, safety and experience as we reset and focus on reducing our waiting times.

Our key ambition to deliver modern, sustainable outpatient care will be underpinned by digital innovation to improve our communication with patients, carers and primary care to better coordinate holistic care. Patients will be offered meaningful choice as we extend our provision of remote monitoring and remote consultations. We will develop our Patient Hub and create more accessible information to actively reduce health inequalities and better support patients to communicate with us. We will continue to extend the functionality within our Electronic Health Record system, PPM+, and further embed Robotic Processing Automation to support our outpatient workforce. This will allow time to be redirected away from basic administration and towards our patients, allowing for easier access to our administrative and clinical teams.

We will digitally empower and invest in our administrative workforce to equip them with the skills needed to deliver personalised care across the entirety of the outpatient pathway. This will include targeted training and use of resources to standardise our processes and deliver 'excellence in basics'. We will enhance our focus on productivity to increase our planned care capacity and direct this to first attendances and delivery of procedures within the outpatient setting. We will continue to share learning, identify and embed best practice as we work with our partners across WYAAT.

The Leeds Improvement Method (LIM) will continue to be used as our primary mechanism to collaborate with specialties across outpatient services. We will use this method to ensure delivery of the highest quality and safest treatment and care to every patient, every time.

 <b>Personalised Outpatients</b>	Patients can access and interact with our service in a way that better suits their lives	<ul style="list-style-type: none"> <li>• Patient initiated follow-up</li> <li>• Remote consultations</li> <li>• Early access to expert advice</li> </ul>
 <b>Excellence in basics</b>	Maintaining a focus on data quality, validation, clinical prioritisation and maximising booking rates	<ul style="list-style-type: none"> <li>• Standardisation</li> <li>• Clinic utilisation review</li> <li>• Patient records</li> </ul>
 <b>Outpatient productivity</b>	Rethinking our approach to increase productivity, repurpose capacity and engage with patients... reduce waits	<ul style="list-style-type: none"> <li>• Did not attend/was not brought workstream</li> <li>• Reduction of activity with low clinical and financial value</li> <li>• Skill mix/additinal support - i.e. NHS Emeritus</li> </ul>
 <b>Health inequalities</b>	Reducing health inequalities (unfair and avoidable differences)	<ul style="list-style-type: none"> <li>• Volunteer services and wayfinding</li> <li>• Accessible information standards</li> <li>• Conversational AI/chatbots</li> <li>• Translation (hub), health and digital literacy</li> </ul>

A high-level summary of the outpatients programme to be delivered over the next three years:

Outpatients programme of works	Year 1	Year 2	Year 3
<b>Personalised Outpatients</b> <ul style="list-style-type: none"> <li>Optimised the used of PIFU for all services.</li> <li>Review remote consultation and increase utilisation.</li> </ul>	✓	✓	
<b>Excellence in basics</b> <ul style="list-style-type: none"> <li>Clinic booking and utilisation.</li> <li>Standardise clinic letters and implement a governance process for ongoing review.</li> <li>Standardise clinic templates and implement a governance process for ongoing review.</li> </ul>	✓		
<b>Outpatient productivity</b> <ul style="list-style-type: none"> <li>Outpatient procedure recording.</li> <li>Getting it right first time further faster and best practice compliance</li> <li>Reduce DNAs.</li> <li>Improve use of clinic room capacity.</li> </ul>	✓	✓	✓
<b>Health inequalities</b> <ul style="list-style-type: none"> <li>Attendance optimisation and health inequality component.</li> <li>Engage in patient and public feedback of outpatient's services.</li> </ul>	✓	✓	✓



The aim of diagnostics at Leeds Teaching Hospitals NHS Trust is to provide equitable access to high quality timely diagnostics, delivered in the right place by the most appropriate professional.

Diagnostics is at the centre of clinical and patient pathways, to detect disease as early as possible and accurately guide clinical teams to the right treatments. Demand is rising across many of our diagnostic test and procedure areas. Currently, diagnostic services are mostly based in acute hospital settings, serving urgent as well as routine planned care. We want to increase diagnostic capacity, particularly that are delivered in community locations, to make it easier for our patients to access these services. This gives opportunities to deliver services in a different way and to improve productivity and efficiency.

There is need to ensure all diagnostic services have a sustainable workforce where personal and professional development plus health and wellbeing are prioritised. New workforce models and workforce skills mix will be considered to manage increases in diagnostic testing demand. There is a requirement to ensure diagnostic testing variations are managed which will require interventions in diagnostics demand optimisation, a focus on responsible requesting, and more widespread adoption of pathway driven diagnostics.

We will continue to develop our diagnostic delivery programme ensuring alignment with wider programme workstreams including planned care, cancer, and unplanned care.

## Our operational plan includes:

- Recovery and improvement of waiting times for diagnostic testing to meet and exceed the diagnostic and cancer standards set out for the NHS.
- Increase the productivity and efficiency of all diagnostic services e.g. patients do not undergo repeat tests unnecessarily, testing close to home.
- Equity of access to diagnostic testing to reduce health inequalities.
- Build resilient and sustainable diagnostic services that provide value for money through continuous improvement in service delivery, capability, capacity, workforce, technology, and digital innovation.

## Outcomes to be achieved:

### For our patients

- Reduced waiting times for patients and reduced uncertainty.
- Equal access for all patients.
- Improved patient outcomes.
- Locally delivered services improving the patient experience.

### For our services

- Improved data quality and transparency of reporting backlogs to optimise reporting turnaround times.
- Optimised pathways, efficient services and increased efficiency and productivity.
- Increased pathway delivered diagnostics.
- Staff training and flexibility to provide more opportunities for personal and professional development, and improved staff health and wellbeing.
- A cohesive approach to quality and continuous improvement, addressing health inequalities.
- Improved sustainability and service resilience.

A high-level summary of the diagnostics work programme to be delivered over the next three years:

Diagnostics programme of works	Year 1	Year 2	Year 3
<b>Optimise clinical pathways</b> <ul style="list-style-type: none"> <li>• Implement best practice timed pathways across diagnostic services, driving productivity and efficiency, ensuring safe and patient centred pathways.</li> <li>• Implement strategies to support diagnostics demand optimisation, responsible requesting, and pathway delivered diagnostics.</li> </ul>	✓	✓	✓
<b>Reduce inequalities in access to diagnostics</b> <ul style="list-style-type: none"> <li>• Consider social, cultural, and physical needs of the diverse population health groups and implement actions to improve pathways and achieve equity of access.</li> </ul>	✓	✓	✓
<b>Implement and optimise community diagnostic centres</b> <ul style="list-style-type: none"> <li>• Increase capacity by investing in new facilities, equipment, and staff training and development.</li> <li>• Improve health outcomes through earlier, faster, and more accurate diagnoses.</li> </ul>	✓	✓	✓
<b>Develop and implement a workforce strategy</b> <ul style="list-style-type: none"> <li>• Ensure an organisational-wide diagnostic workforce strategy is developed that is aligned to the People Plan.</li> <li>• Identify staff shortages and skills gaps to inform retention and recruitment actions.</li> </ul>	✓	✓	✓
<b>Adopt technology and digital innovation</b> <ul style="list-style-type: none"> <li>• Improve systems and processes to support administrative and clinical efficiencies, and improve data and quality.</li> <li>• Implement innovative technologies and supporting infrastructure to improve care for patients by changing how tests are conducted, analysed, and reported.</li> </ul>	✓	✓	✓



Our vision is to deliver the highest quality specialist and integrated cancer care to the people of Leeds, the West Yorkshire region and beyond by championing the skills, expertise and commitment of all who work within the Leeds Cancer Centre. First published in February 2024, the Leeds Teaching Hospitals five year cancer strategy states that along with our clinical priorities, by 2028 or sooner we will:

- Deliver equitable cancer services, which are inherently sustainable and efficient.
- Invest in and deliver high quality academic research, then translate that into service innovation and improvement across cancer services, remaining at the forefront of clinical advancements.
- Offer person-centred cancer care in the most appropriate setting throughout a patient's pathway, from diagnostics to rehabilitation and end of life care if required.
- Successfully utilise our position as an anchor institution to positively influence and champion cancer prevention campaigns in the region. This will be in network with our partners, including local councils, universities, public health specialists and third sector.
- Work with patients to understand their personal needs and preferences, embedding shared decision making and upstream prevention. This will require particular focus with our CORE20Plus population.
- Improve and expand our workforce through recruitment and retention, and offer education and development opportunities to increase the skill mix of our staff.
- Invest in our cancer infrastructure to achieve our diagnostic targets across population groups, with a focus on our new pathology laboratory and Community Diagnostic Centres (CDC).
- Improve cancer outcomes across West Yorkshire, through earlier diagnosis, better time to treatment and utilising our leading-edge cancer infrastructure.



A high-level summary of the cancer work programme to be delivered over the next three years (and beyond):

Cancer programme of works	Year 1	Year 2	Year 3
<b>Prevention</b> <ul style="list-style-type: none"> <li>Consistent metrics for demographic measurements are fully implemented.</li> <li>Yearly increase of patients identified as smokers and those drinking alcohol referred to support service.</li> <li>Yearly increase of those identified as at risk due to unhealthy weight referred to weight loss management programme.</li> <li>Increased engagement prevention programmes with the Core20PLUS group.</li> <li>Developments in seamless services between community and secondary care to increase uptake of screening at first appointment.</li> </ul>	✓	✓	✓
<b>Diagnostics</b> <ul style="list-style-type: none"> <li>Improved performance against KPI's including faster diagnosis standard and best practice timed pathways.</li> <li>Improved network of research with the universities with an increase on diagnostic research conducted and implemented year on year.</li> <li>Sustained increase in the number of patients utilising the patient portal to access their results and appointments.</li> <li>Expanded integration for CDC with primary care offering one stop clinic.</li> </ul>	✓	✓	✓
<b>Treatment</b> <ul style="list-style-type: none"> <li>Utilising the National Cancer Patient Experience Survey to achieve or maintain upper expected range across expected range charts.</li> <li>Sustained improvement in the number of patients been diagnosed and treated within national CWT standards.</li> <li>100% of CSUs with cancer services will complete health inequalities training by 2025.</li> <li>Throughout the patient pathway 100% of patients report having access to psychological care including level 2 provided by key workers and clinical nurse specialists.</li> <li>Achieve a proportional yearly increase of patients being asked to participate in clinical research/trials.</li> </ul>	✓	✓	✓
<b>Living with and beyond cancer</b> <ul style="list-style-type: none"> <li>All patients have a personalised care plan in place.</li> <li>Increased satisfaction with survivorship services from adults, teenage and young adults, and children and young peoples services.</li> <li>All patients perceive adequate support is offered post treatment – measured through the Cancer Patient Experience Survey.</li> <li>Increase year on year of patients success stories received and published.</li> </ul>	✓	✓	✓