ANNEX A

The Leeds Teaching Hospitals NHS Trust

Integrated Quality and Performance Report

January 2020

Agenda Item 12.1

Integrated Quality and Performance Report

The Leeds Teaching Hospitals NHS Trust

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 January 2020 Trust Board.	

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NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Interpreting the Dashboard

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

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

NHS
The Leeds Teaching Hospitals
NHS Trust

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

CQC Domain	Metric	Target	Trajectory	Assurance	Variation
Safe	Serious Incidents	NA	NA	Y	CC
	CDI	Y	Y	R	CC
	MRSA	Y	Y	R	CC
	VTE	Y	NA	R	CC
	Harm Free Care - Safety Thermometer	Y	NA	R	CC
	Harm Free Care - Falls	Y	N	R	CC
	Harm Free Care - Pressure Ulcers	Y	Y	R	CC
Caring	People - FFT Response Rate – A&E	Y	NA	R	CC
	People - FFT Recommendation Rate – A&E	Y	NA	R	CC
	People - FFT Response Rate – Inpatient	Y	NA	R	CC
	People - FFT Recommendation Rate – Inpatient	Y	NA	P	CC
	People - FFT Recommendation Rate – Outpatient	Y	NA	P	CC
	People - FFT Response Rate – Maternity	Y	NA	R	SC
	People - FFT Recommendation Rate – Maternity	Y	NA	P	SC
Use of Resources	Super-Stranded	N	N	F	SC
	Achieving Reliable Care for Safety (ARCS)	NA	NA	NA	NA

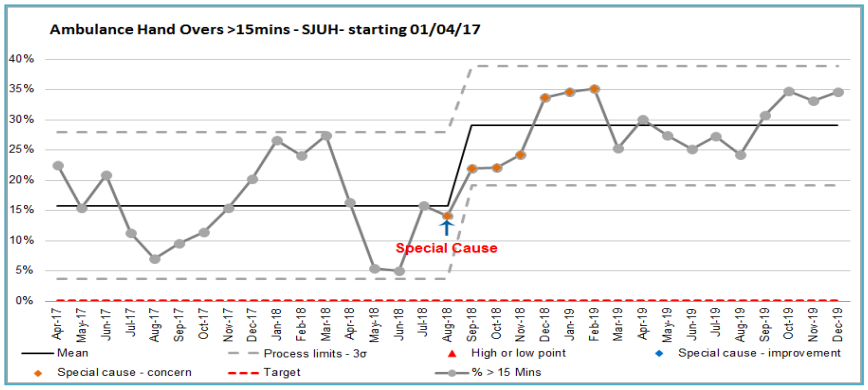
Ambulance Handover

The Leeds Teaching Hospitals NHS Trust

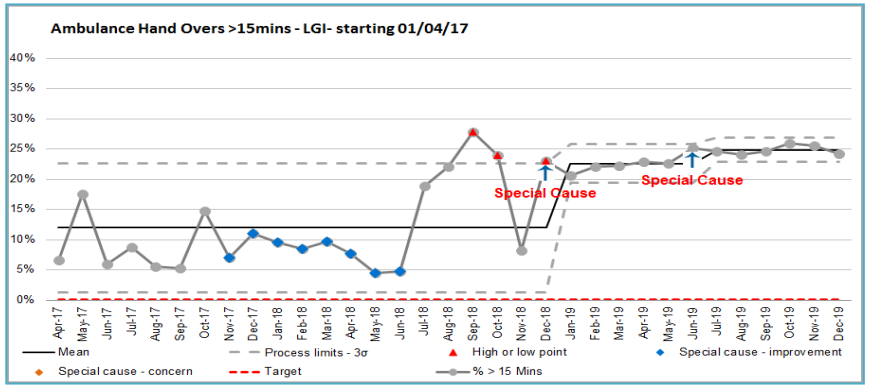
Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Jo Wood (General Manager)
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 YAS staff on YAS software and submitted to NHSI/E directly. The ability for LTHT validation and challenge pre National submission ceased in November 2018. LTHT continues to locally validate the position and highlight discrepancies through to the CCG.

What does the chart show/context:

The SPC Charts show Ambulance Handovers that have taken more than 15 minutes, split by the SJUH site and by the LGI site.

- SJUH –December 2019 demonstrates 956 handovers greater than 15 minutes (34.6%). The average handover time at SJUH is 13:25 minutes.
- LGI – December 2019 demonstrates 487 handovers greater than 15 minutes (24.2%). The average handover time at LGI is 11:12 minutes.
- Within the total reporting period there has been a reduction in ambulance performance with a run of data points above the mean and a statistically significant deterioration in performance.

Underlying issues:

- Levels of delivery are linked to the introduction of direct YAS reporting without LTHT validation and an increase in site attendances. The narrowing upper control limits and lower control limits of the LGI graph are due to a reduction in the amount of variation in performance month on month reflecting a more controlled system. LTHT continues to validate the handovers to monitor the true Trust position. This is shared on a regular basis with the CCG.

Actions:

- LTHT implemented a new YAS web based system for handover times in December 2019 this has delivered more accurate handover times.
- Using LIM, detailed review of ambulance handover process at LGI is occurring to remove waste and improve response. This commenced in December 2019.
- YAS will identify suitable patients that can self book into ED, releasing the crew and delivering the 15 minute standard for this cohort of patients. This commenced in November 2019. Expected impact is 20 patients a day will self book in.

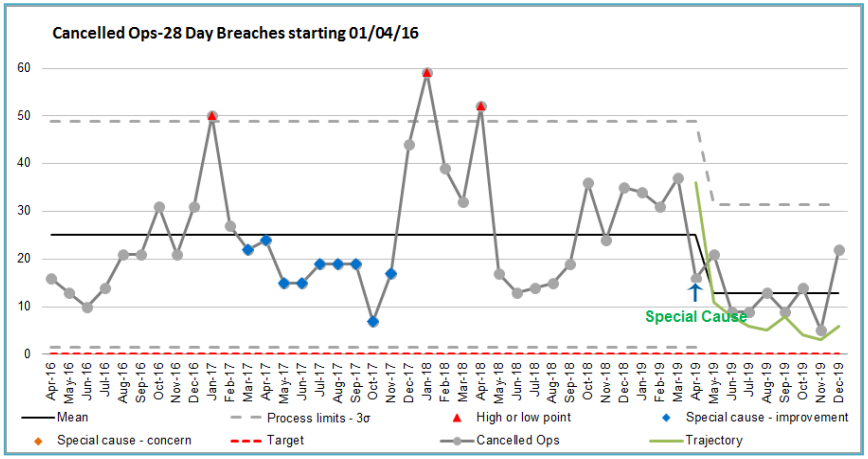
Cancelled Ops

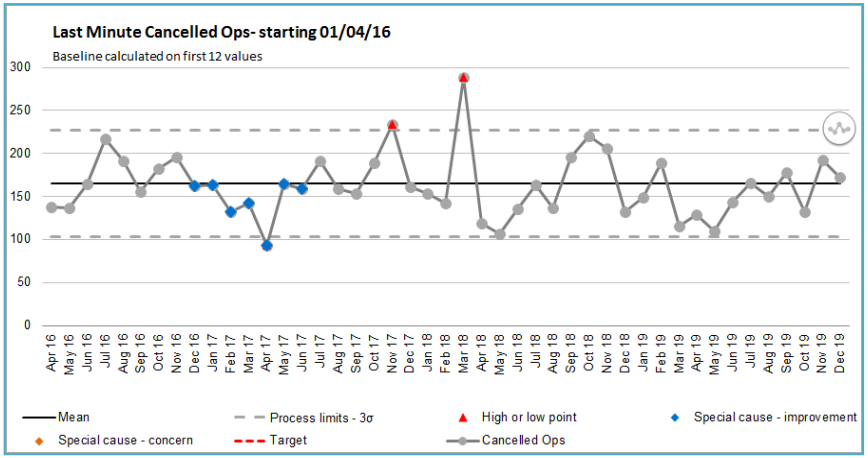
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
N	N	R	CC

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P





Background / target description:
Ensure all patients who have operations cancelled at the last minute, 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

- In December 2019 there were 173 patients whose operation was cancelled on the day of surgery, of which there were 22 breaches of the 28 day standard.

28 Day Breaches

- There is improvement YTD in reducing the number of 28 day breaches against last year's position. For Q1 LTHT reported 46 breaches of the 28 day standard, when compared against Q1 for 2018 this is a reduction of 36 (44%).
- Q2 LTHT reported 31 breaches, when compared against Q2 of 2018 is a reduction of 17 (35%). Q3 is being validated, however it is likely that LTHT will report 41 breaches which is a reduction of 57% when compared against Q3 2018.
- It is of note that since April 2019 the process has been consistently below the mean with a special cause improvement now noted, allowing the mean and the process control limits to be reset

Underlying issues:

- Q4 trajectory is set at 75% reduction on equivalent quarter in 2019 i.e. a threshold of 26. The Winter period is historically difficult for re-dating cancellations as can be seen in the SPC chart (above left) and coupled with the increase seen in LMCOs in Nov and Dec 19 there is a risk to delivery of this trajectory.

Actions:

- A weekly check process is now underway to ensure oversight of patients when they are cancelled and are awaiting re-dating to ensure that they are offered new dates with reasonable notice within the 28 day period.
- The learning from the visit to Sheffield is now embedded with further work commenced including a trial of ensuring all first starts go ahead at SJUH. This continued through November and has been extended to include the first 3 Critical Care cases on the SJUH site and Neurosurgery/ Spines at the LGI from 18/11/2019. Early indications are showing prompt starts which is reducing the risk of cancellations due to running out of theatre time for last cases.

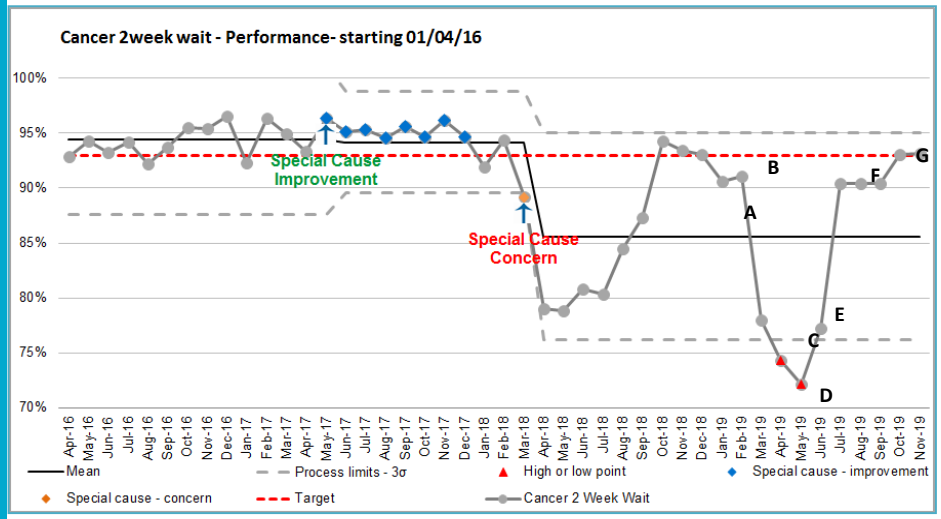
Cancer 2 Week Wait

The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Reporting Month: November 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



A	Jan	Highest volume of breast 2ww and breast symptomatic referrals received (959)
B	Feb	Internal fortnightly capacity and demand meetings with MDT and Lead Cancer Team
C	April	Work commenced with Breast MDT, Lead Cancer Clinicians, Commissioners and GPs to increase capacity and manage demand through additional imaging, clinics and review of referral data.
D	May	Improved scheduling into breast imaging slots. Additional Saturday breast lists in place. Template review allowed for an additional 5 slots per week.
E	June	Increased capacity in Breast service allowed for a 12% improvement in Breast 2ww as the backlog of breast 2ww patients reduces.
F	July - Sept	13% improvement in 2ww performance maintained for 3 months
G	Oct	Constitutional standard achieved despite increased referral demand

Background / target description:

- The target is that 93% of patients referred in by their GP are seen for their first OPA or test within 14 days.

What does the chart show/context: (See separate table to the bottom left)

- November's 2ww performance achieved the standard at 93.14% for the second consecutive month since December 2018.
- Performance remains within process control limits with the last five consecutive months delivering above the mean.

Underlying issues:

- November 2019 referral volumes were similar to November 2018 although cumulative referrals remains above the planning assumptions set out in the trajectory.
- This increase in referrals may correlate to the introduction of FIT testing (faecal immunochemical test for haemoglobin) and increased awareness of colorectal cancer. Whilst overall November referral volumes appear to have reduced, further capacity particularly within the lower GI 'straight to test' service is needed to ensure 2ww demand is met.
- Capacity issues within the lower GI service continued into Q3 and continue to impact on the service's ability to deliver the standard with November performance reported at 79.8% for lower GI only. As 15% of all 2ww patients seen in November were referred in on a lower GI pathway, non-delivery in the lower GI service remained a key risk for November although the overall standard was achieved.

Actions:

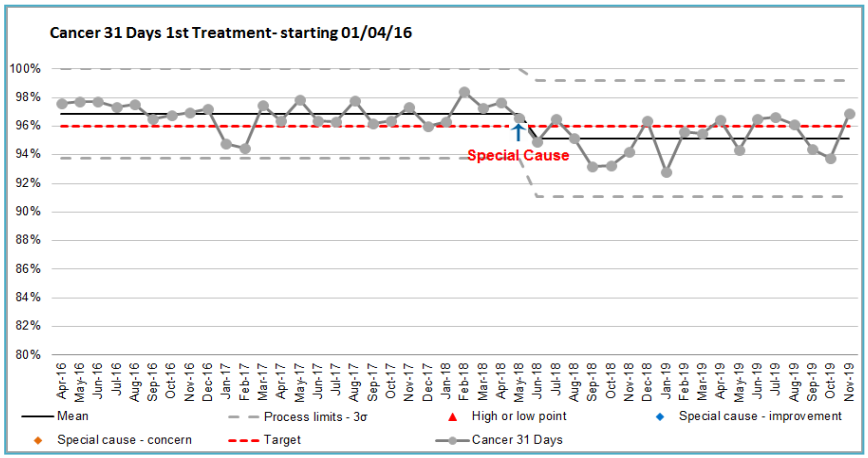
- It is expected that the standard will achieve in December 2019 despite higher than expected referral volumes and increased patient choice to defer appointments. However there is significant risk to delivery in January 2020.
- Work on Optimal Pathways has identified non-value adding steps in the diagnostics process. An example being the removal of unnecessary first OP appointments for patients who can be safely referred for CT Colonography. However this has created a short-term increase in demand into the CTC service which Radiology are working to mitigate.

Cancer 31 Days

The Leeds Teaching Hospitals NHS Trust

Reporting Month: November 2019

Executive Owner: Clare Smith Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Background / target description:

- Ensure at least 96% of patients receiving their first definitive treatment (FDT) are treated within 31 days.
- Ensure at least 94% of patients receiving their subsequent surgery are treated within 31 days.

What does the chart show/context:

- 31 day 1st Definitive Treatment was achieved in November at 96.9% and remains within normal process control limits.
- All 31 day subsequent treatment modalities (i.e. surgery, chemotherapy and radiotherapy) also achieved the constitutional standards and this is the first month that all 3 have achieved since July 2018.

Underlying issues:

- Of the 1,051 patients receiving surgical, radiotherapy or drug subsequent treatments in November, 1030 were treated within 31 days in line with the constitutional standard. Of the 21 breaches, 8 were on a surgical pathway (of the 168 treated surgically) and 11 were on a radiotherapy pathway (of the 469 treated). The Radiotherapy capacity issues highlighted in the previous IQPR report are being mitigated and the consequent risk to delivery has been reduced.

Actions:.

- Increase Radiotherapy capacity to meet rising demand.
- Optimal Pathway work in key pathways of Lung, Lower GI, Prostate and Breast to continue.
- Trial pathway navigators (patient facing) in pathways that transfer patients between CSUs including lung/gynaecology/head and neck/urology.
- Visit high performing organisations to identify good practice.

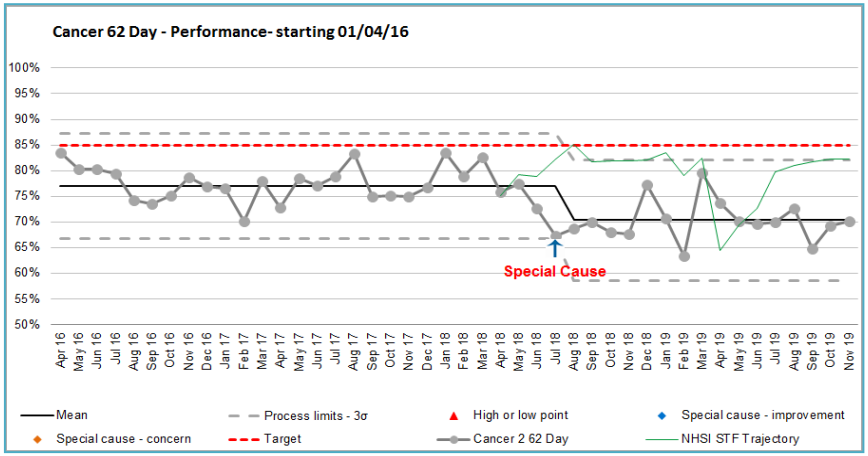
Cancer 62 Days

The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
N	N	F	CC

Reporting Month: November 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Mike Harvey (ADOP)
Sub Groups: F&P



November 2019 Reported Position by Cancer MDT site

Brain/Central Nervous System	100
Breast	96.3
Gynaecological	85.3
Haematological (Excluding Acute Leukaemia)	84.2
Head and Neck	73.7
Lower Gastrointestinal	53.2
Lung	64.3
Other	0
Sarcoma	57.1
Skin	78
Upper Gastrointestinal	46.9
Urological (Excluding Testicular)	60.6
Totals	70.1

Background / target description:

- Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.
- Ensure at least 90% of patients receive their first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service.

What does the chart show/context:

- The 62 day standard reported for November 2019 was 70.1%. This remains within normal process control limits.
- The chart to the bottom right shows the November 2019 reported position by Cancer MDT site.

Underlying issues:

- The long term strategy to deliver performance sustainably is to reduce the volume of patients who have already breached the 62 day threshold. With this in mind the number of 62 day patients treated per working day has increased each month since June.
- As a consequence the delivery of the constitutional standard has been more challenging, particularly in Urology, Lower GI, skin, Head & Neck and Breast as we have focused effort on treating those waiting the longest (where clinically appropriate).

Actions:

- Twice weekly review at individual patient level continues between the key CSUs and the lead cancer team focused on progressing individual patients. Actions to recover delivery will be agreed through Level 1 and Level 2 escalation meetings with ADOP and DCOO.
- Fundamental pathway reviews, including diagnostic and treatment capacity and demand mapping is crucial to the sustainable recovery of the standard. LTHT has prioritised these reviews in Prostate, Lung and colo-rectal (in line with national guidance). Of these Prostate is expected to report first by enacting key pathway changes. This is particularly important in the prostate pathway, where patients are often presented with multiple treatment options following diagnosis, which does mean that at times a patient will breach the standard whilst they decide on the treatment option.
- The Lung and colo-rectal work has commenced with early opportunities in the colo-rectal pathway to improve the time in the diagnostic phase already identified, specifically with the introduction of point of care testing prior to CT contrast studies.
- The Breast and Pancreas MDTs are engaged with the Leeds Improvement Methodology via value streams supported by the KPO.

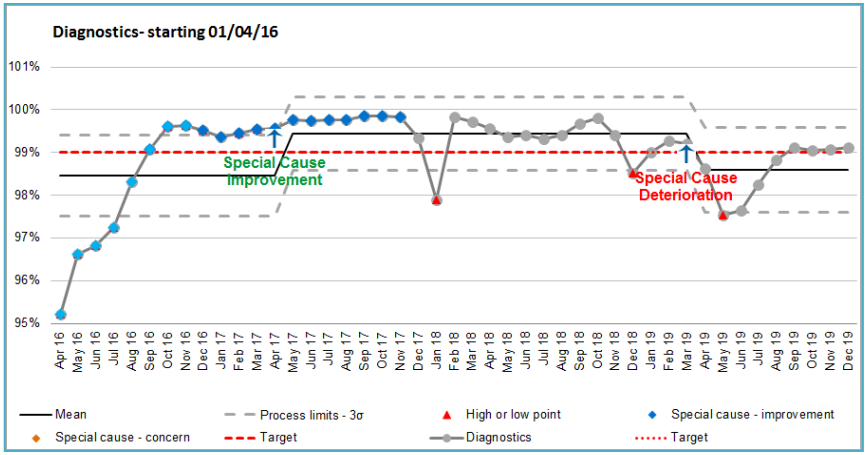
Diagnostic Waits

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Angie Craig (ADOP)
Sub Groups: F&P

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



Diagnostic Test		Waiting list position as at 31-Dec-19		
		Number of Patients on Waiting List	Number Waiting over 6 Weeks	% Waiting Less Than 6 Weeks
Target		-	-	99%
Endoscopy	Colonoscopy	211	1	99.5%
	Flexi sigmoidoscopy	91	0	100.0%
	Cystoscopy	148	1	99.3%
	Gastroscopy	230	5	97.8%
Imaging	Magnetic Resonance Imaging	2,488	74	97.0%
	Computed Tomography	2,894	28	99.0%
	Non-obstetric ultrasound	4,751	1	100.0%
	Barium Enema	0	0	-
	DEXA Scan	755	2	99.7%
Physiological Measurement	Audiology - Audiology Assessments	184	0	100.0%
	Cardiology - echocardiography	1,442	5	99.7%
	Cardiology - electrophysiology	0	0	-
	Neurophysiology - peripheral neurophysiology	383	0	100.0%
	Respiratory physiology - sleep studies	336	0	100.0%
	Urodynamics - pressures & flows	4	4	0.0%
Trust		**13,917**	**121**	**99.1%**

Background / target description:

- Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

What does the chart show/context:

- Service delivery in December 2019 is at 99.1% which is above the required standard of 99%. This represents a fifth consecutive month that this standard has been achieved.
- As the target sits above the lower control limit, there could be times where the standard is not delivered. Further work is required through the CSU delivery contracts to increase the lower control limit.
- Diagnostics benchmarking for November 2019): 84/166.

Underlying issues:

- There remains a shortfall in capacity for Paediatric GA MRI. An additional list was negotiated with Theatre CSU which started in October 2019.
- There is a risk of not achieving the standard for January due to patients choosing to wait longer over the Christmas period, loss of capacity due to Bank Holidays in those areas already maximised, and machine breakdowns. The risk of not achieving the standard in January was identified in the trajectory planning last year and was set at 98.5%.

Actions:

- Two additional lists for Paeds GA lists have been confirmed in February.
- Outsourcing and overtime continues where possible to provide additional capacity.
- Continued use of Taskmaster administration staff to support booking utilisation.
- MRI business case is progressing alongside NHSE/I replacement capital funding.
- Additional general capacity being sourced to mitigate risks in November and December.
- A play specialist has been recruited to start in January 2020 to support reducing anaesthetic requirements (Paeds GA).

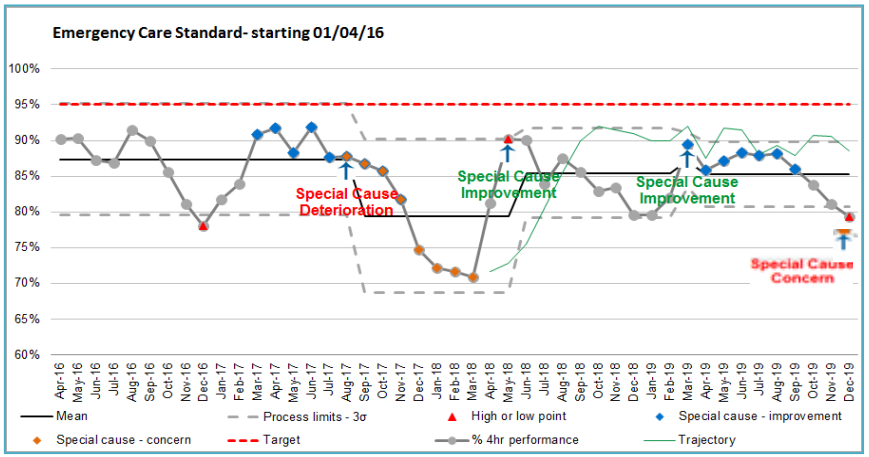
Emergency Care Standard

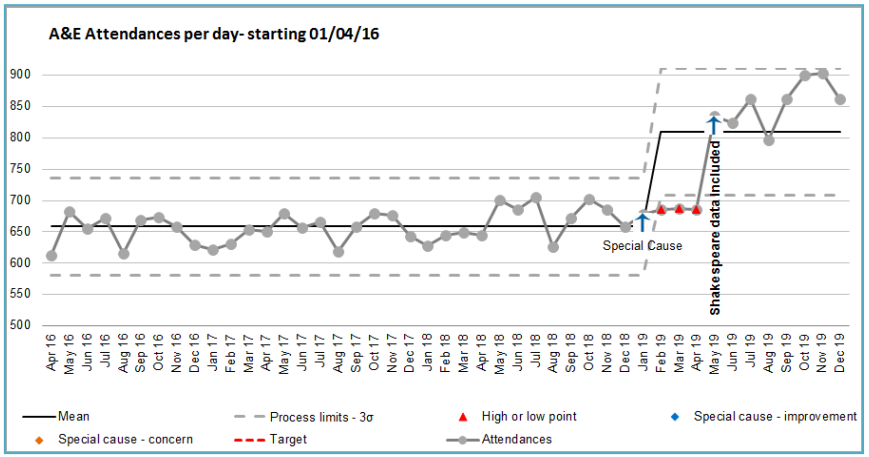
Target	Trajectory	Assurance	Variation
N	N	F	SC

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Sajid Azeb (Deputy COO)
Sub Groups: F&P





Background / target description:

- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

What does the chart show/context:

- ECS performance for the 7 months from March to September 2019 was above the mean, indicating special cause improvement has occurred. In addition there is less variation in ECS performance, as demonstrated by the narrowing of the upper and lower control limits. The special cause improvement correlates with the commencement of the Unplanned Care Improvement Board's focus on ECS.
- December 2019 ECS performance was below the lower control limit, representing special cause concern. The NHSI trajectory target for December was 88.6%; LTHT achieved 79.30%. This is in line with performance in December 2018 (0.36% less than December 2018)
- ECS benchmarking for December 2019 : 43/118 (comparative cohort is 123,in December, 5 Trusts were excluded)

Underlying issues:

- There were 394 more attendances across LGI and SJUH Emergency Departments in December 2019 than 2018. LGI had 432 more attendances than the previous year (4.04% increase).
- Located at the LGI, Paediatrics A&E had 3,849 attendances in December 2019, a 10.54% increase when compared to attendances in December 2018.
- In 2019/20 to date (April to December), there have been 5,590 more attendances (3.38% increase) than the equivalent period in 2018/19.
- Due to the pressures being experienced across the LGI and SJUH sites, elements of the Winter Bed Plan were brought forward - as a result 8 beds were opened week commencing 23rd December and a further 7 beds were opened week commencing 29th December on J32 to help mitigate the impact of the increased demand for inpatient beds.
- More recently higher than expected non-elective demand has been impacting on surgical assessment unit with significant numbers of patient presentations per day. The CSU continue to enhance seniority of medical cover on the unit to maximise admission avoidance opportunities.

Actions:

- Unplanned Care Improvement Programme has continued to meet on a monthly basis and is focussed on delivering against the operational, tactical and strategic elements of the overall recovery plan.
- Long Los reviews (Super stranded patients) have continued on a weekly basis with all CSUs. Attendance has been widened to include partners from community and adult social care to try and assist in expediting out of hospital plans for patients.
- Cardio-Respiratory CSU have developed an A3 for the delivery of Bed Back within 1 hour for patients who have a TCI from the Emergency Departments. The reporting for this is via the Unplanned Care Improvement Programme. Learning and improvements will be shared with other CSUs.
- Daily Executive safety walk established and in place throughout the winter period to help ensure patient safety and staff wellbeing.
- Consultant in Charge model continues to be refined, with qualitative feedback being gathered. Good to Great campaign is being launched by the CSU through Q3/Q4.
- Leeds Improvement Value Stream work continues with a second Kaizen event recently undertaken focussed on the Nurse Assessment process. A 76.5% improvement has already been seen in the reduction of lead times. Further improvement work continues.

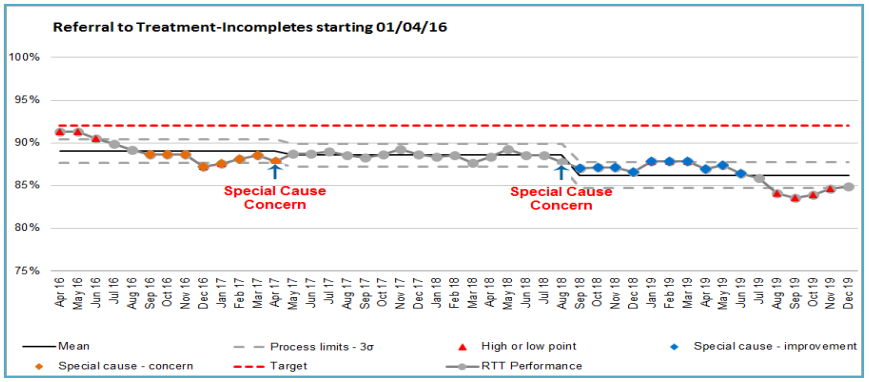
RTT

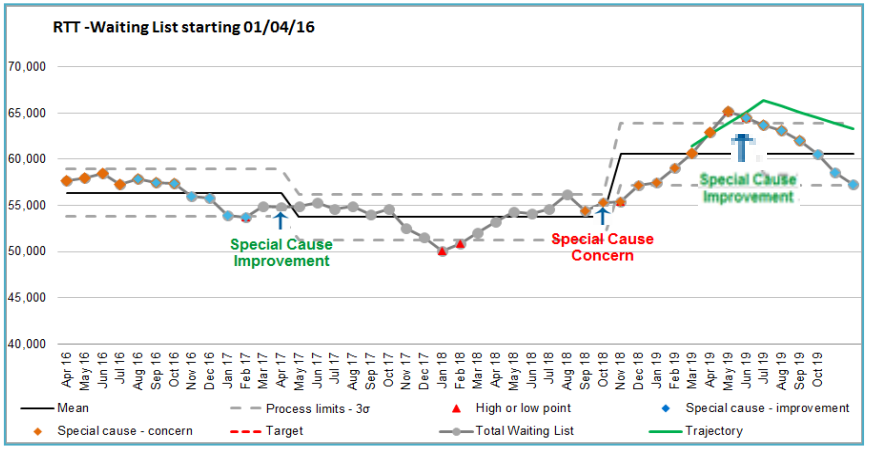
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P

Target	Trajectory	Assurance	Variation
N	N	F	CC





Background / target description:
There are 3 contractual RTT requirements:

- RTT 18 Week Performance – delivery over 92%.
- Total Waiting List Trajectory of 61446 to be achieved by March 2020.
- Over 52 weeks waiting time – Zero patients waiting over 52 weeks.

What does the chart show/context:

- The RTT reported position for December is 84.88%, an improvement of 0.28% on the November position. In each of the previous three years there was a drop in the RTT percentage performance during December due to reduced activity in month.
- Special Cause Variation was indicated for the size of the total waiting list in May and June 2019 (shown bottom left), when growth was outside the upper control limit. We have now seen a reduction in the total waiting list size over 7 consecutive months demonstrating special cause improvement and performance is within normal process control limits and ahead of trajectory. At the end of December the TWL was 57,302 which is 5,979 better than the trajectory of 63,281
- RTT benchmarking for November 2019: 93/166

Underlying issues:

- Delivery of RTT performance has improved as key specialties have reduced the number of non-admitted patients who have waited over 18 weeks. This is reflected in the graph (top left) which shows that we are now delivering performance within normal process control limits following a four month period below the lower control limit.
- RTT performance (reported as a percentage) would have improved more rapidly had the total waiting list size not fallen so significantly during this period.
- The rapid increase in referral numbers in some specialties between December 2018 and May 2019 created a bulge of routine activity that was difficult to accommodate particularly where 2ww activity increased.
- Whilst Backlog clearance continues in Urology and Colorectal Surgery which has seen steady improvement, significant reduction in the TWL size denominator has made this improvement less obvious from a percentage perspective.

Actions:

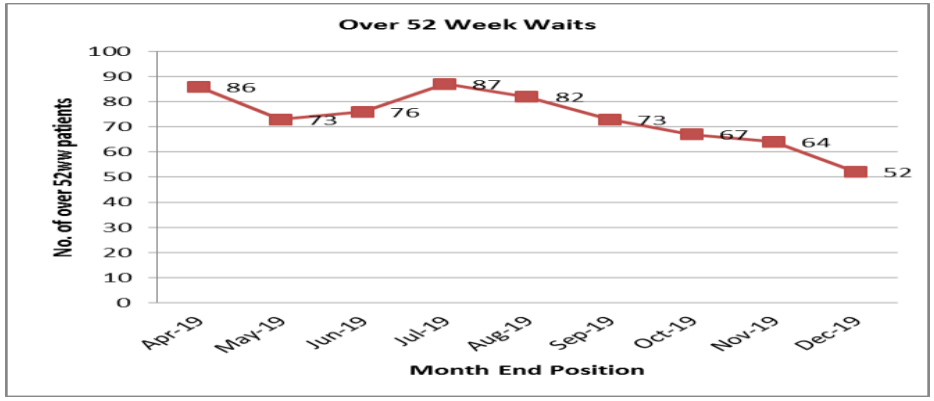
- Delivery of 26 week choice offering to patients as part of a pilot with NHSE is underway offering choice to patients where possible in Adult Spines, Colorectal and Urology.
- Capacity has been identified in the Independent Sector to transfer some patients. A new process to transfer patients has been developed and has significantly reduced the administrative burden of this activity.
- Funding has been allocated to a number of CSUs to undertake activity to reduce the number of patients waiting above 18 weeks. This is delivering an improved RTT position.
- Support may also be provided from Sheffield Teaching Hospital to deliver capacity for a 'bulge' of potential long wait breaches in Spinal Surgery during Q1 of 2020.

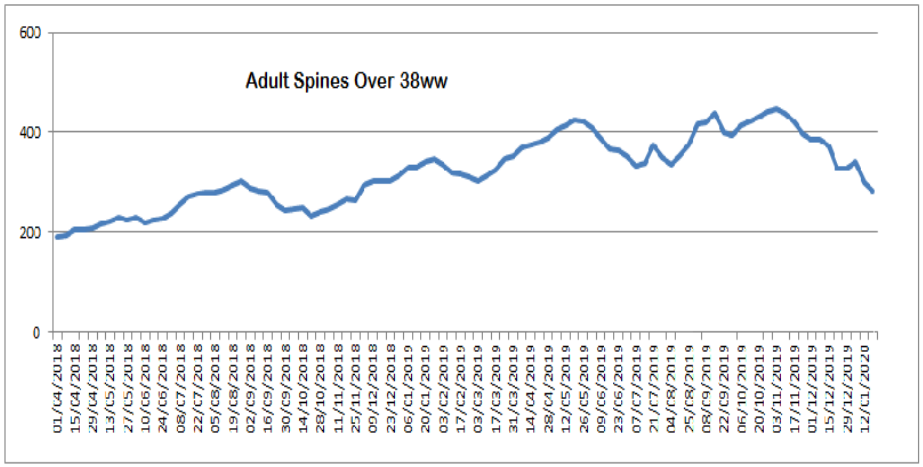
RTT – 52 Weeks

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P





Background / target description:

- Over 52 weeks waiting time – Zero patients waiting over 52 weeks

What does the chart show/context:

- Over 52ww: shows how the over 52 week wait position has reduced since March.
- There were 52 patients who waited over 52 weeks for treatment at the end of December 2019 in Adult Spines.
- Over 38ww: shows a reduction in the over 38 week wait position. There has been a reduction of 23.5% in the total number of over 38ww in Adult Spines since April 2019.

Underlying issues:

- Capacity shortfall to deliver demand in spinal surgery.
- Significant volume of over 52 week wait patients are complex surgeries that require Jubilee Theatre operating capacity.
- Approximately 66% of adult spines core operating theatre capacity is utilised for acute and urgent patients.
- There are 124 patients who require an outpatient appointment before March 2020, with a conversion of 38% who will also require surgery before March 2020 to achieve a zero month end position. The majority of these patients have already been offered an appointment by mid February 2020.
- NHSI/E were unable to source capacity at other providers for 211 outpatient pathways (to take full pathways) and 5 complex spinal surgery patients per week from now until the end of March to support the delivery of a zero March 2020 position.

Actions:

- Continued use of additional theatre lists offered by CAH, TRS and Head & Neck CSUs to provide adult spines with additional operating theatre capacity.
- GIRFT visit took place on 28/10/2019 with some clear pathway recommendations to be taken forwards by the service. Follow up visit planned for 03/02/2020.
- Spinal surgery management time-out held which defined several different areas to be addressed to improve the service. These have been prioritised with action plans, developed and being implemented for the key priority areas.
- Support may also be provided from Sheffield Teaching Hospital to deliver capacity for a 'bulge' of potential long wait breaches in Spinal Surgery during Q1 of 2020. This capacity will be essential to preventing deterioration of the position delivered at year-end.

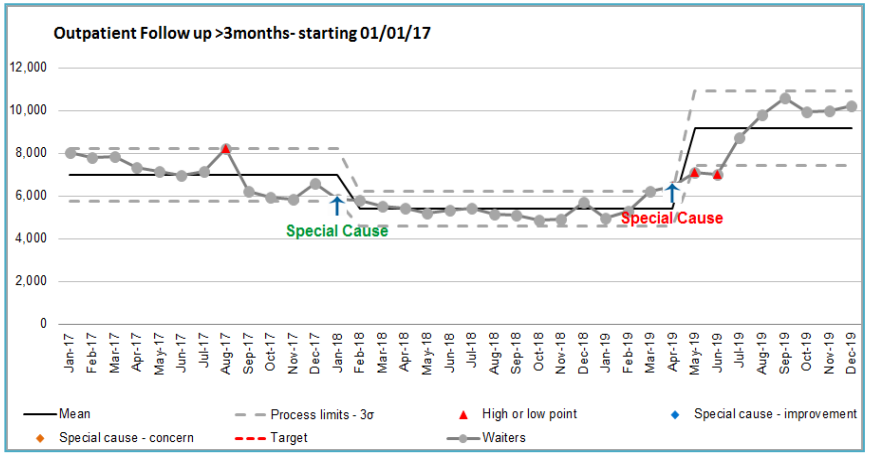
Outpatient Measures

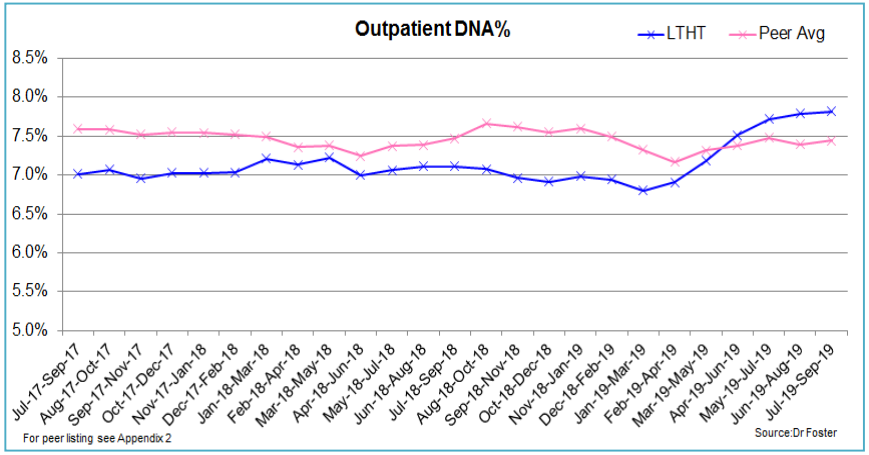
The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
NA	NA	NA	CC

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Tim Hiles (Interim ADOP)
Sub Groups: F&P





Background / target description:

- Ensure the Trust's Did Not Attend (DNA) rate is below the peer average.
- Reduce the number of appointments cancelled by hospital within 6 weeks of appointment.
- Reduce the number of appointments cancelled by patient within 6 weeks of appointment.

What does the chart show/context:

- Significant growth can be seen in the chart to the left in the over 3 month follow up position with both July and August demonstrating special cause. A reduction can be seen in October position and this position has maintained similar levels throughout November and December. The main CSU's with growth are as follows AMS, H&N, CAH, Children's, TRS and Women's.

Underlying issues:

- The growth in referrals between December 2018 and May 2019 has impacted on the waiting list size and CSU's ability to provide additional capacity to see both new and follow up patients.
- The rate of outpatient appointment cancellations by both the hospital and patients still remains a challenge for LTHT. The Outpatient CSU, is continuing to support CSUs reducing clinic cancellations under 6 weeks, but there has been a decrease in the number of outpatients appointments booked through choice.
- A group has been established to address the causes of the increased DNA rates. Offering patients choice of appointments is key to delivering improvement.

Actions:

- CSU Trajectories to reduce follow-up backlog have now been signed off and now form part of CSU Service Delivery Contracts and they are managed against this trajectory.
- CSUs are required to assess and discuss risks associated with delayed follow ups at their Governance meetings.
- PMO leading a project to scope DNA reduction opportunity and share best practice amongst CSU's.
- A business case has been developed to automate registration of referrals. If approved this would release more staff to offer choice of appointments to patients. This has been identified as the biggest contributor to higher DNA rates.
- PMO Lead is undertaking work to review rebooking of patients who have DNA'd as rebooking rates are high.

Delayed Transfer of Care

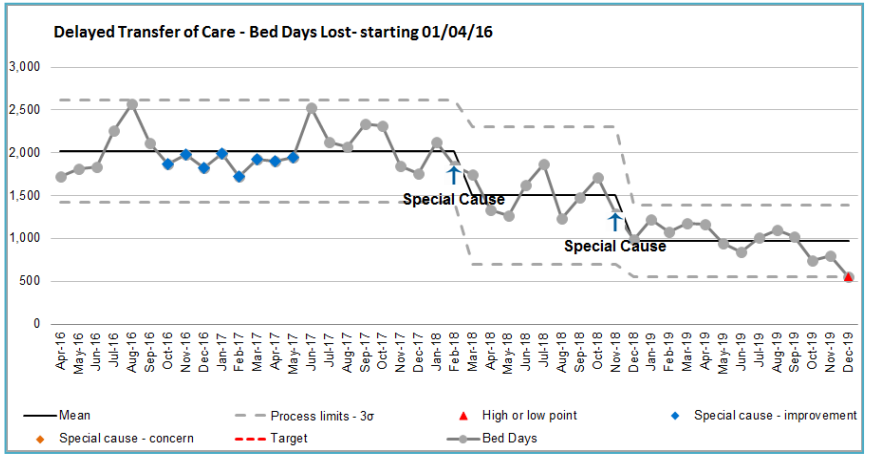
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	NA	CC

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Joanna Regan/Breeda Columb
Interim Directors of Nursing (Operations)

Sub Groups: F&P



Background / target description:

- To reduce the number of delayed transfers of care and ensure patients receive the appropriate care in the appropriate environment.

What does the chart show/context:

- December 2019 shows the number of bed days lost fall below the lower control limits demonstrating a low point (as can be seen in the SPC chart).

Underlying issues:

- Good progress in reducing the number of DTOC patients however underlying issues associated with complexity of patient needs, e.g. EMI capacity, leads to delays in discharge. In addition delays associated with patient and family choice continue to impact on the ability to reduce DTOC volumes, the robust implementation of the transfer of care (TOC) policy aims to minimise the impact. The policy has been re launched as part of the Decision Making work stream.

Actions:

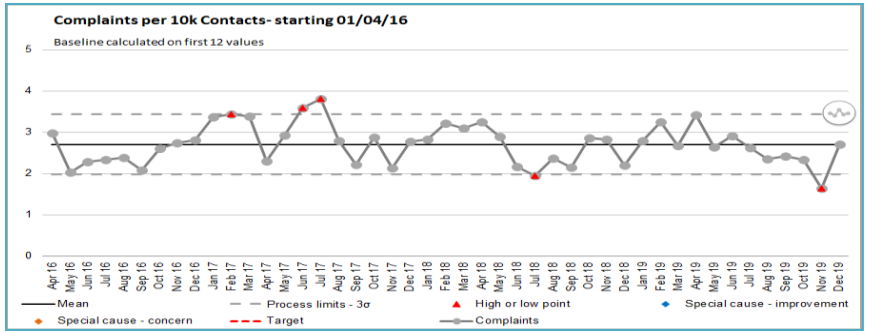
- Newton Europe diagnostic recommendations to be taken through the Decision Making workstream with Leeds system partners.
- Consistent application of TOC policy.
- Achieving reliable care (ARCs) programme will identify common causes of delay within ward areas, roll out began 7th October 2019.

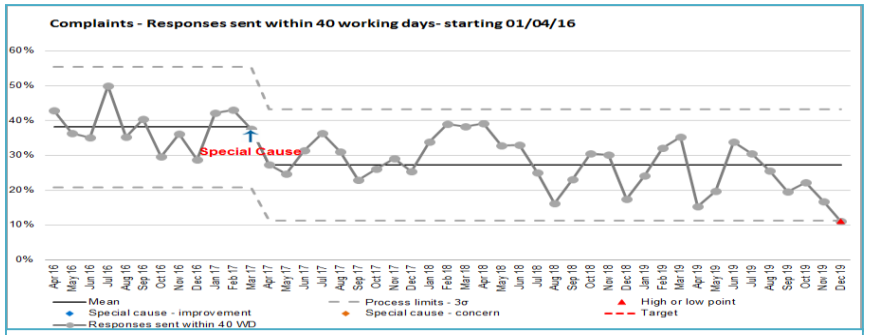
Complaints

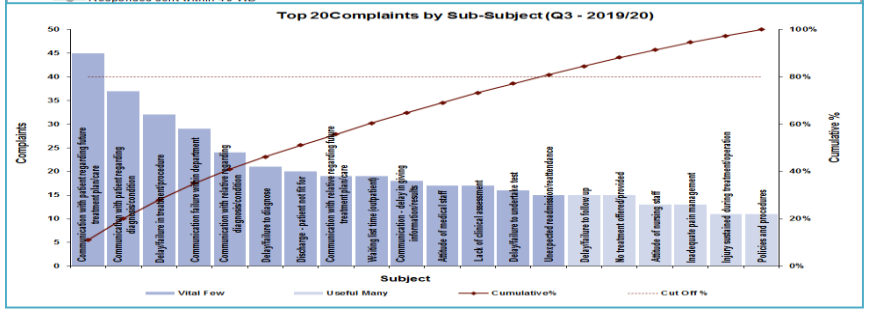
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, PESG







Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Background / target description:
There is a Trust internal target to achieve responses within 40 working days for 80% of complaints.
National complaint handling guidance states responses must be provided within 6 months.

What does the chart show/context:
The charts show common cause variation with a low point in December 2019 of 10% of responses being sent in 40 working days. Rate of complaints against activity returned to the average in December 2019, following a period of five months lower than average. The top sub-subjects are as expected and reflect the national picture.

Underlying issues:
Previously, 3 CSUs were not meeting the response time target. In December 2019 there were 10 CSUs in this position. It is recognised that this is a deteriorating position. Work is focussed on reducing waste and overwork to improve complaint handling time and in supporting CSUs to meet the standard.

Actions:
- The Complaints team are examining the complaints pathway to identify parts where time taken has exceeded expected timescales. This will include the corporate function.
- The QI project continues in AMS CSU to identify opportunities for waste reduction, using Leeds Improvement Method (LIM); noting reduction from average 109 days to 57 days; June – December 2019.
- The QA survey has been completed and a proposal is being developed to improve and standardise the QA function.
- An external review of the complaints process is underway.
- A complaints CSU event is planned for March 2020, to share good practice and actions for improvement.

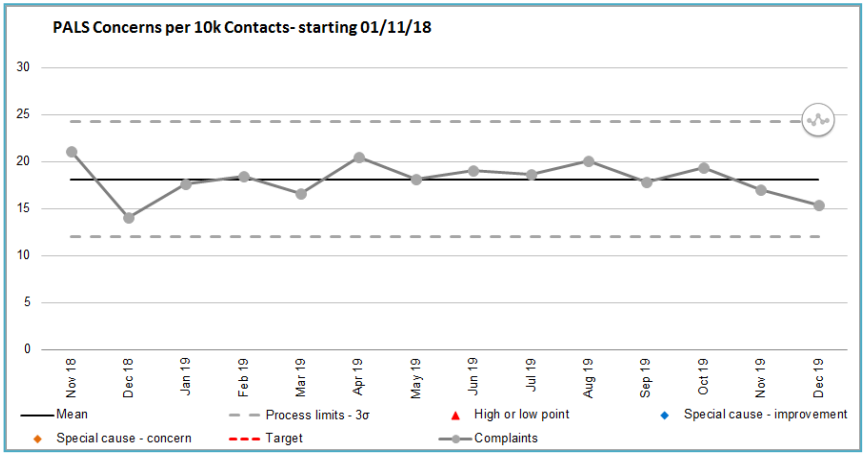
PALS

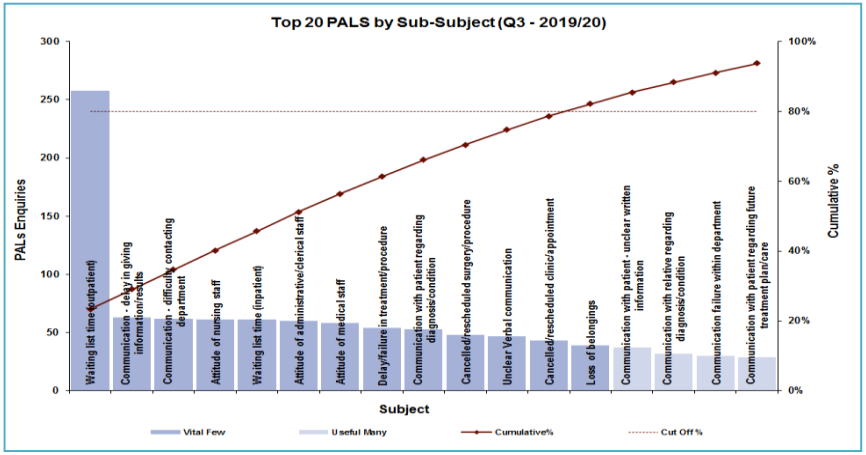
The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	R	CC

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, PESG





Background / target description:
The graphs show the number of PALS concerns raised for every 10,000 patient contacts and the topics associated with those concerns.

What does the chart show/context: Patient contacts fluctuate in line with normal variation, however the number of recorded concerns show a tendency to reduce during holiday periods. The top three sub-subjects for PALS concerns remain unchanged.

Underlying issues: During December 2019, the PALS team received an increase in the number of concerns relating to waiting times for surgical procedures.

Following a flood in the PALS office on 15 November 2019, the PALS team were fully functioning again by the 29th November 2019.
There was some degree of service disruption during this 2 week period.

Actions:

- The PALS team continue to work with individual CSUs who provide service level information to enable the team to resolve PALS at the initial point of contact.
- The Head of Patient Experience and Lead Nurse for Patient Experience met with General Managers in December 2019 to agree a CSU PALS escalation process to meet the 48 hour response standard, including a RAG rating alert. This is currently being enacted by the PALS team.
- CSU level data on PALS closures will be included in the next report.
- The PALS service will be included in the complaints external review that is currently taking place.

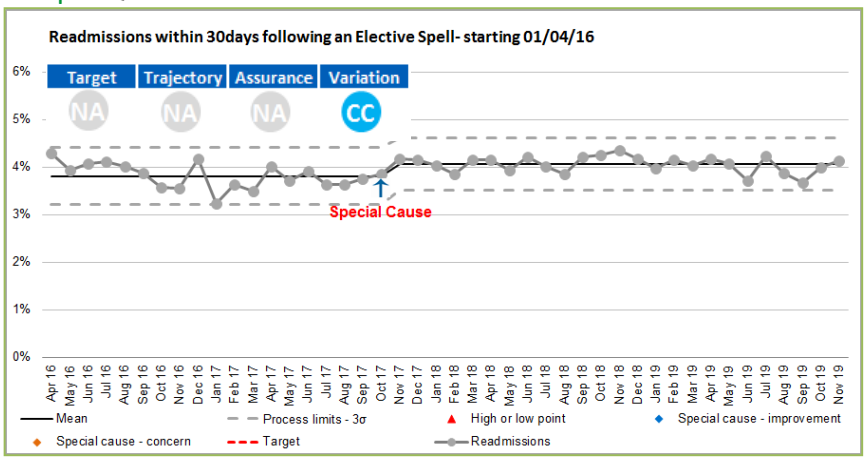
Readmissions

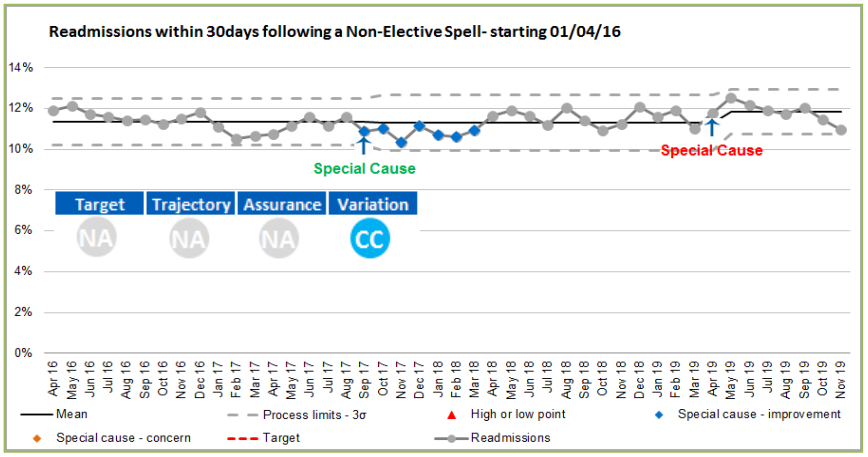
Reporting Month: November 2019

Executive Owner: Clare Smith (Chief Operating Officer)

Management/Clinical Owner: Joanna Regan/Breeda Columb
Interim Directors of Nursing (Operations)

Sub Groups: QAC





Background / target description:
Readmission rates within 30 days for elective and non elective patients are monitored on a monthly basis.

Readmission rates are measured in order to assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support. LTHT readmission rate compares favourably with peer organisations.

What does the chart show/context:

- Elective Readmission Rates remain within normal process control limits.
- Non Elective Readmission Rates remain within normal process control limits.

Underlying issues:

- Timeliness of discharge and readmission.

Actions:

- Continued pathway work with community partners e.g. Early supportive discharge for stroke patients.
- Strengthened assessment and ambulatory function across LTHT to maximise admission avoidance opportunities
- Work with partners to establish a virtual frailty ward live from November 2019 and main focus on areas of admission avoidance within two localities across the city. From the 20th January 2020, the teams will be accepting patients from acute admission wards and CDU at St James.

Mortality

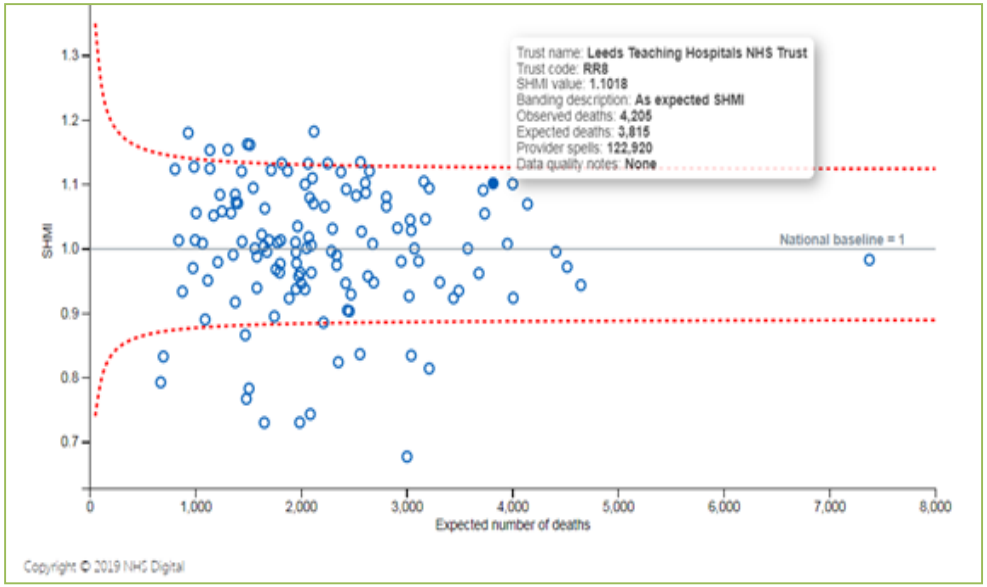
The Leeds Teaching Hospitals NHS Trust

Reporting Period: Aug-18 to Jul-19

Target	Trajectory	Assurance	Variation
Y	NA	NA	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: David Berridge (Deputy Chief Medical Officer)
Sub Groups: QAC, QMG, MIG, SOAG

Fig. 1 Trust level mortality, Aug-18 to Jul-19	Spells	Value	Observed Deaths	Expected Deaths	95% Confidence Interval
SHMI published banding (95% CL with over-dispersion)	122,920	110.18	4,205	3,815	88.75-112.67
HSMR	60,621	112.00	2,544	2,271	107.69-116.44



Background / target description: For SHMI the target is for LTHT to be in the lower quadrant of the funnel chart. 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 datasets are used by NHSi and the CQC to inform the mortality alert process.

What does the chart show/context: The Trust SHMI for August 2018 – July 2019 was 110.18. There have been further small increases in both the SHMI & HSMR. Observed deaths are above expected deaths for the 10th consecutive period but still remains 'as expected' when compared to the national dataset.

Underlying issues: The measures used by the national mortality models are not adjusted to consider the acuity of patients; as LTHT is a tertiary centre and MTC this can impact on observed deaths within the Trust.

In addition, compared to peer organisations LTHT has a lower expected death rate; this is currently being investigated by the Mortality Improvement Group . It has been noted that the Trust has some diagnosis groups with a higher than expected crude death rate.

Actions:
Coding reviews continue to be undertaken to further understand the lower expected mortality rate compared to peers with further work being undertaken in relation to admission source, reducing multiple consultant transfers and audits of every death. We continue to work with external reference organisations to fully understand this.

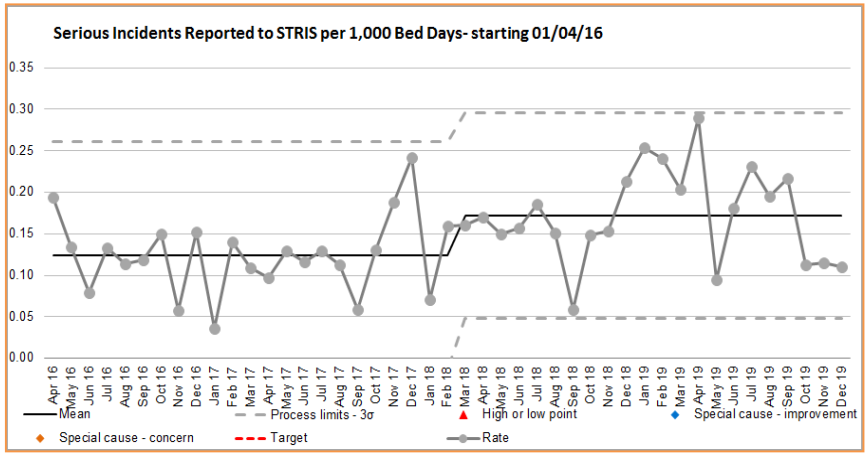
Serious Incidents

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
NA	NA	Y	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, SOAG



Type	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Pressure Ulcers	9	5	12	15	14	10	8
Falls	5	9	10	10	7	10	4
Diagnostic or treatment delay	5	2	1	4	2	4	3
Obstetric/maternity	1	3	0	3	1	1	3
Never Events	2	0	3	2	2	3	0
Mental Health	1	0	0	0	0	0	0
Infection	0	0	0	1	2	0	0
Others	1	2	1	2	3	5	0
Totals	24	21	27	37	31	33	18

Background / target description:
LTHT is committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence.

Serious Incidents (SIs) are identified and reported in accordance with NHS Improvement's Serious Incident Framework 2015. They are patient safety incidents that lead to serious harm or death of one or more patients.

What does the chart show/context:
The rate of serious incidents per 1,000 bed days reported to commissioners each month via the national Strategic Information System (StEIS).

Underlying issues:
Fluctuation in the reporting rate is affected by the internal governance processes supporting management of pressure ulcer and falls reporting. Category 3 and 4 pressure ulcers, and falls leading to significant harm are consistently the most reported incident types.

Actions:
- Findings from falls and pressure ulcer incident investigations are fed into the Trust's Quality Improvement programmes relating to these topics.
- All reported serious incidents are subject to an investigation using Root Cause Analysis methodology in order to understand the significant contributory factors that led to the incident.
- Recommendations are made based upon the lessons learned and an action plan is put in place to make the necessary changes to reduce the risk of a similar incident happening again.

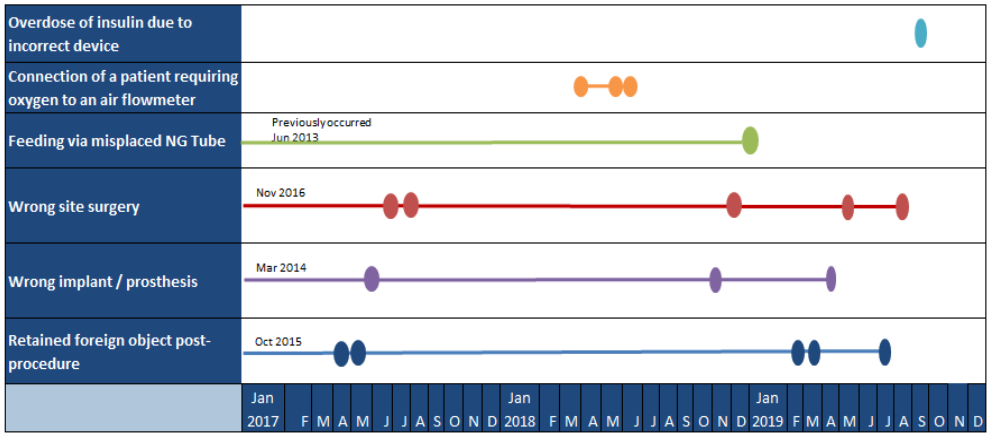
Never Events

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: QAC, QMG, SOAG

Never Event types - Distribution over time from January 2017 to December 2019



Type	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20
Medical air administered instead of oxygen	2	0	0	0	0	0	0
Incorrect implant used	0	0	1	0	1	0	0
Wrong site procedure	0	0	1	0	1	1	0
Feeding via misplaced NG Tube	0	0	1	0	0	0	0
Retained foreign object post procedure	0	0	0	2	0	1	0
Overdose of insulin due to use of incorrect device	0	0	0	0	0	1	0
Totals	2	0	3	2	2	3	0

Background / target description:
Never Events are defined as Serious 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 reported to commissioners each quarter via the national Strategic Information System (StEIS).

Underlying issues:
The Never Events list is reviewed every year and so categories can change. The most commonly occurring Never Event types are related to failures in established checking procedures. The National Safety Standards for Invasive Procedures (NatSSIPs) were introduced in 2016 to support the reduction in the number of Never Events.

Actions:
- All Never Event incidents are subject to a Level 3 incident investigation.
- The Trust meets with its commissioners on an annual basis to provide assurance on the actions taken following Never Event investigations.
- A clinical audit took place in Quarter 3 19/20 to assess the current uptake of NatSSIP standards in clinical areas undertaking invasive procedures. The results are currently being collated.
- A Trust-wide working group chaired by the Associate Medical Director (Governance) has been setup in order to assess further actions to prevent the retention of guidewires following invasive procedures.

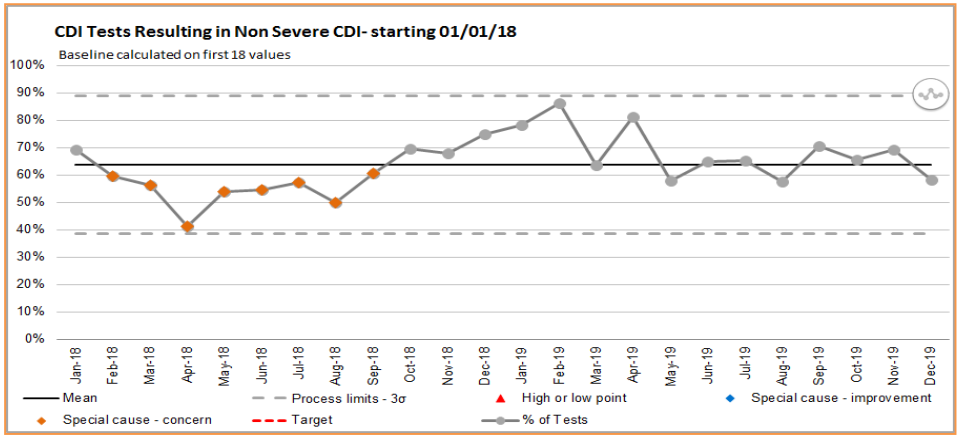
CDI

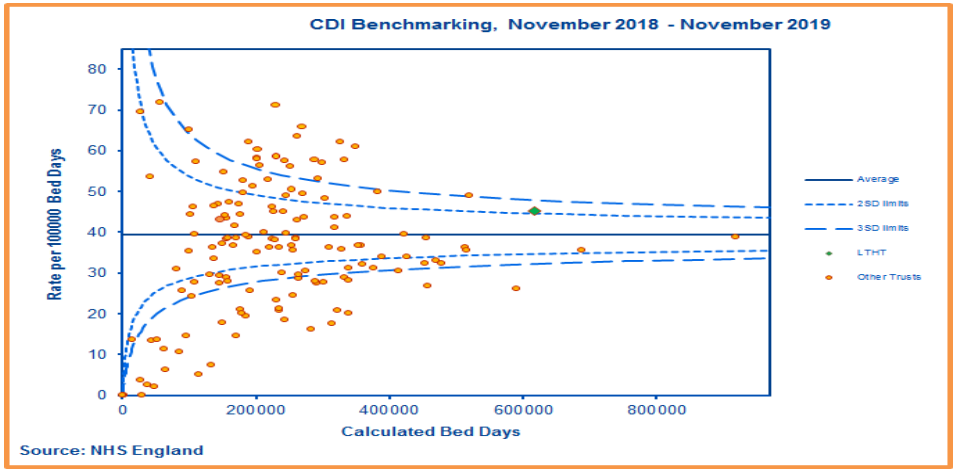
Target	Trajectory	Assurance	Variation
Y	Y	R	CC

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Gillian Hodgson (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





Month	CDI- Hospital Onset (actual)	CDI- Community Onset with previous LTHT admission (actual)	CDI (Subtotal)	CDI (Objective)
Total YTD	89	32	121	187

Background / target description: There is an objective in 2019/20 to have no more than 259 Clostridium Difficile Infections. This is split monthly and the April to October objective is to have no more than 98 cases.
From 1st April 2019 there was a change in the allocation algorithm that saw cases allocated as follows with case definitions 1 and 2 attributed to LTHT:

1. Healthcare onset healthcare associated - cases detected in the hospital >2 days after admission;
2. Community onset healthcare associated - cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 4 weeks.
3. Community onset indeterminate association: cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks,
4. Community onset community associated: cases that occur in the community (or within 2 days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

What does the chart show/context:
The first chart shows the proportion of inpatients in the Trust with non severe CDI. For December 2019, 42% of CDI positive patients were classified as severe. The funnel plot identifies LTHT as an outlier compared to our peers. There has been a total of 121 CDIs split 89 Hospital Onset and 32 Community Onset with previous LTHT admission. We have had 20 cases that occurred during Q1 and Q2 agreed as no lapse in care following CCG Panel review.

Underlying issues:
Patients who are identified as case definition 2 above are now investigated by LTHT; at this stage it is too early to identify themes.

Actions:
Lessons shared by clinical teams at their governance meetings.

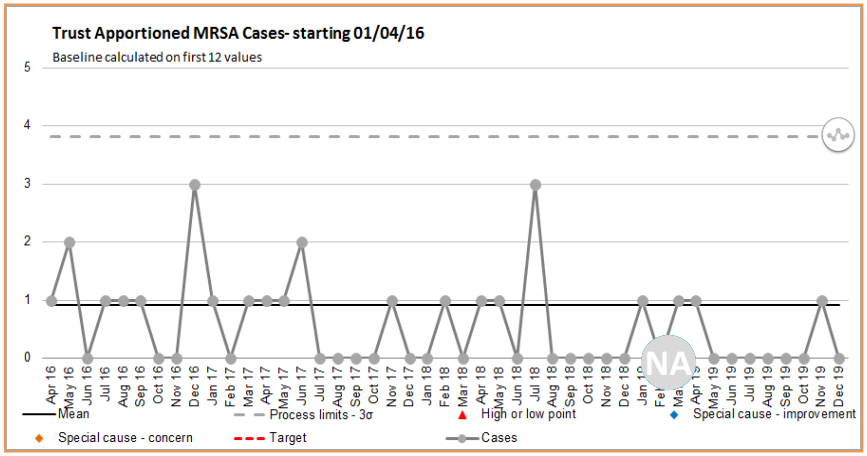
MRSA

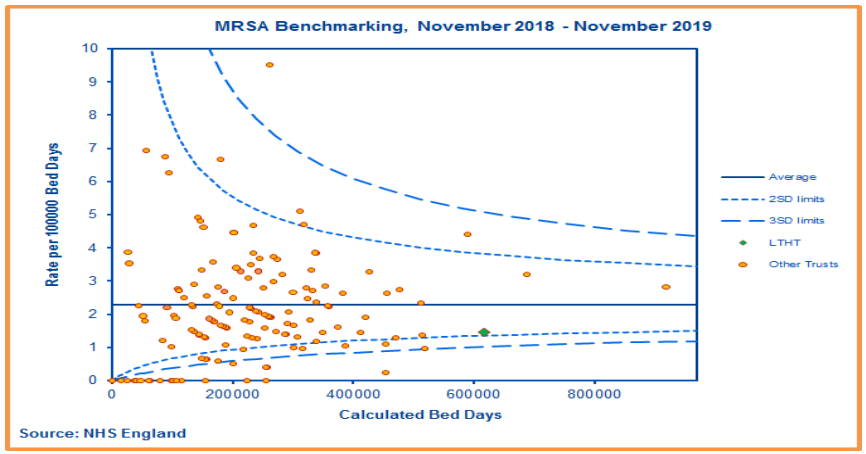
The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Gillian Hodgson (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





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

What does the chart show/context:
The chart indicates that since April 2019 the Trust has had 2 cases of MRSA bloodstream infection, compared to 5 for the same period of 2018/19. We also achieved our longest time between cases of 204 days.

Underlying issues:
The key findings from our investigations are around the use of the appropriate decolonisation when a patient has resistance to Mupirocin (nasal treatment) and ensuring that asepsis is maintained when accessing intravenous devices.

Actions:
Cases shared at clinical governance and communications shared. Development of "Alert " on PPM+ for key infections such as MRSA, CPE, CDI and VRE.

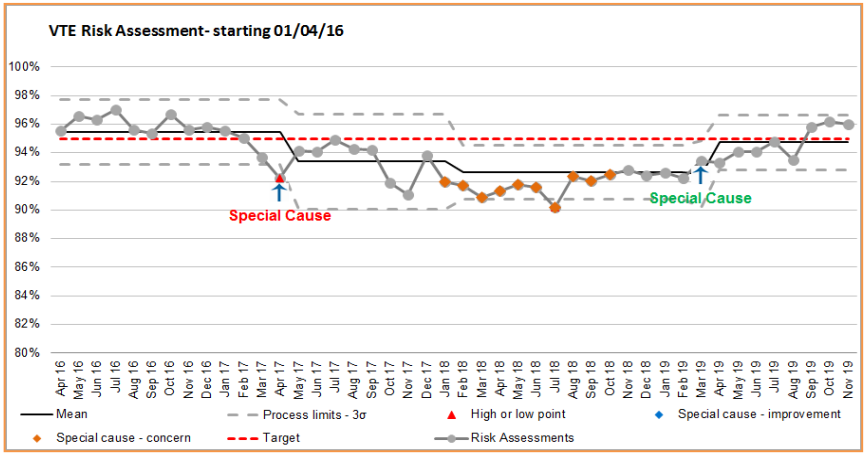
Venous Thromboembolism Risk Assessment

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: November 2019

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: John McElwaine (Assistant Medical Director)
Sub Groups: QAC, QMG, SOAG

Target	Trajectory	Assurance	Variation
Y	NA	R	CC



CSU	YTD (2019-20)	Nov 19	Target
Abdominal Medicine and Surgery	91.0%	91.0%	95%
Adult Critical Care	89.0%	93.8%	95%
Cardio-Respiratory	93.9%	97.9%	95%
Centre for Neurosciences	87.4%	90.4%	95%
Chapel Allerton Hospital	99.7%	99.9%	95%
Childrens	87.1%	86.1%	95%
Emergency and Specialty Medicine	95.1%	94.5%	95%
Head & Neck	98.0%	98.8%	95%
Institute of Oncology	96.9%	98.4%	95%
Leeds Dental Institute	99.3%	100.0%	95%
Not Known	33.3%	-	95%
Radiology	99.4%	100.0%	95%
Theatres & Anaesthesia	93.8%	95.9%	95%
Trauma and Related Services	89.4%	94.1%	95%
Womens	95.0%	96.8%	95%
Trust	94.7%	96.0%	95%

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 chart to the left shows that risk assessment rates have been consistently improving since February 2019, with November 2019 achieving 96%.

Underlying issues:
- Continued focus work is required to embed timely risk assessment in specific areas such as surgical admission unit and TRS/neuro wards.
- Dip in compliance when junior staff rotate

Actions:
- Monthly review by clinical owner
- Work with CSUs that are below target, and with negative trajectories
- Work with wards to utilise Safety huddles & ward rounds for VTE review
- Associate Medical Director and VTE Prevention nurse have visited clinical areas that are struggling to achieve the target to identify the issues and suggest improvement methods
- Re visits to wards to embed improvement work
- 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

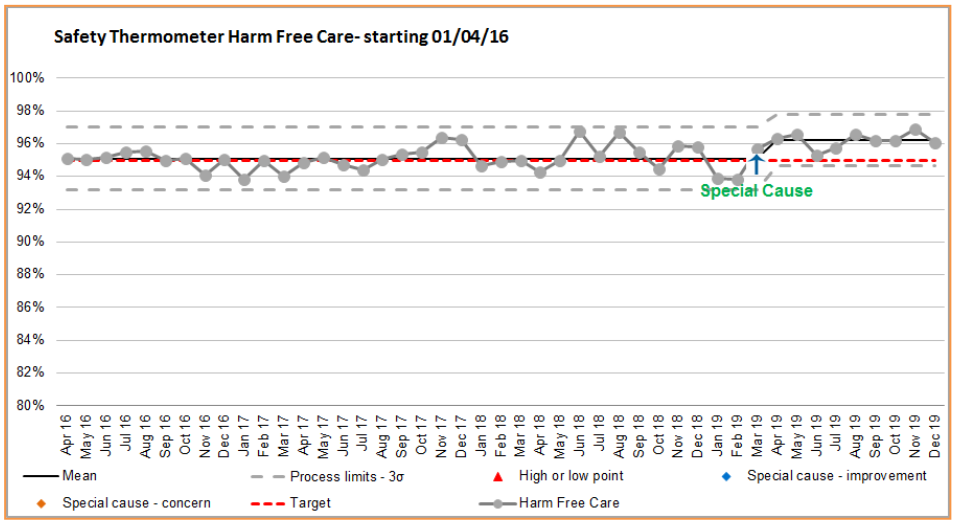
Harm Free Care – Safety Thermometer

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Target	Trajectory	Assurance	Variation
Y	NA	R	CC

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG



Background / target description:
The target is 95% total harm free care. The Safety Thermometer was developed as a point of care survey instrument. The NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients.

The tool measures four high-volume patient safety issues:

- Pressure ulcers
- Falls in care
- Urinary infection (in patients with a catheter)
- Treatment for Venous Thromboembolism

What does the chart show/context:

Performance related to harm free care has been greater than 96% for five consecutive months. Since December 2018 Harm Free Care performance has remained above 95% for eleven months.
There has been a special cause improvement in the Harm Free Care

Underlying issues: The data includes harm that has occurred outside hospital prior to admission, and therefore are outside of our influence.

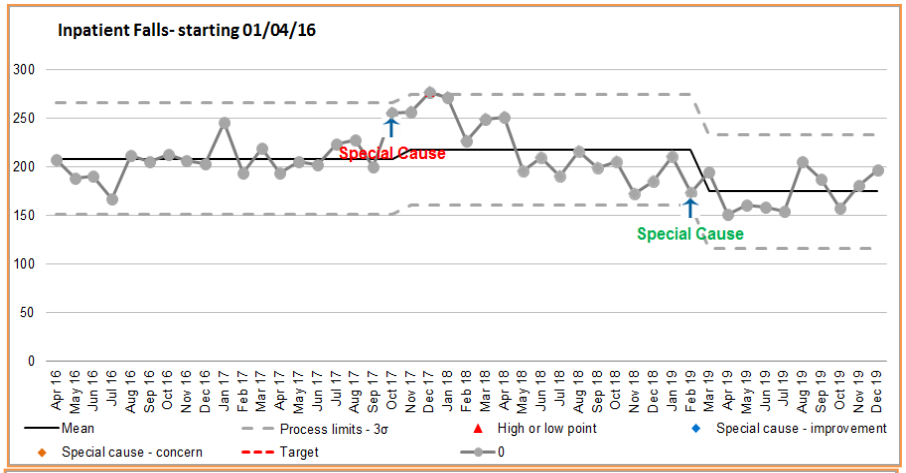
Actions: Please note the next two slides on Harm Free Care which detail actions being undertaken with regards to Falls and Pressure Ulcers

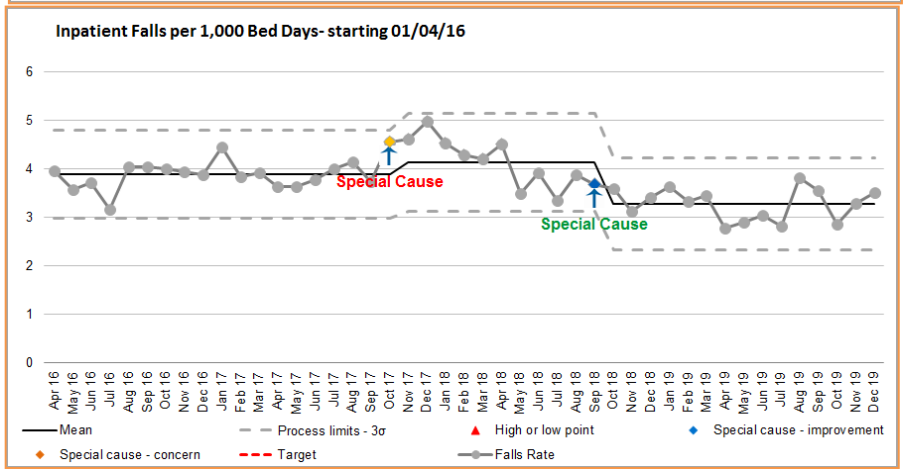
Harm Free Care - Falls

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG





Target	Trajectory	Assurance	Variation
Y	N	R	CC

Background / target description:
To Reduce Inpatient Falls across the Trust by 15%.

What does the chart show/context:
During Q3 529 patient falls were reported, of which 23 resulted in moderate harm or above. All have been investigated using an RCA method. There has been a 15% reduction in the total number of falls on the first three quarters of 2019-20 compared to the same period in 2018-19.

Since April 2017 falls with harm have seen a statistically significant reduction of 63%, with the mean recalculated from 0.38% to 0.14%.

Actions:

- The Trust 'Falls Collaborative' remains active along with a Trust Falls Prevention Group. Early indication of data is positive with pilot wards reporting a 21% reduction since November 2018.
- A falls prevention video to be shown to patients outlining the steps they can take to reduce their risk of a fall whilst an in-patient has been produced and will be piloted by the wards in the Collaborative. A QI celebration event is planned for early 2020/2021.
- Falls training compliance is currently 82% (green). Targeted work is underway on individual CSU's and ward where compliance is below the expected standard of 80%.
- Work continues in collaboration with Informatics to update the Nursing Specialist Assessment and the Falls Prevention Care plan to improve compliance with the CQUIN requirements.

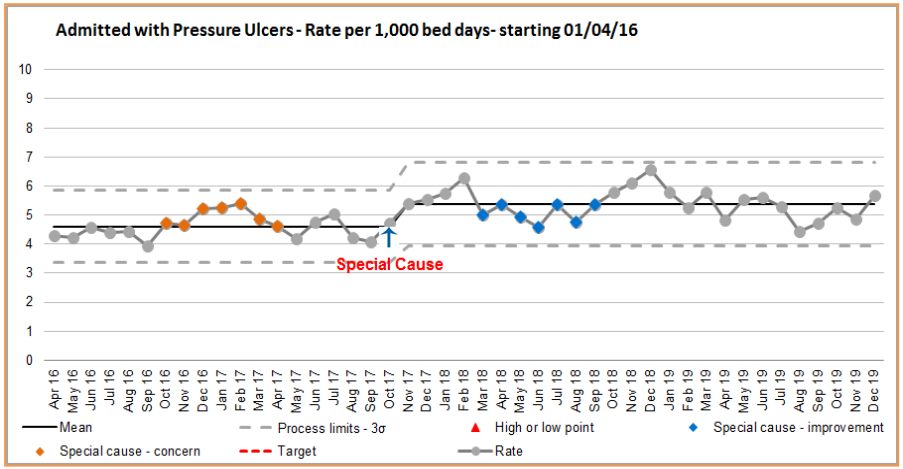
Harm Free Care - Pressure Ulcers

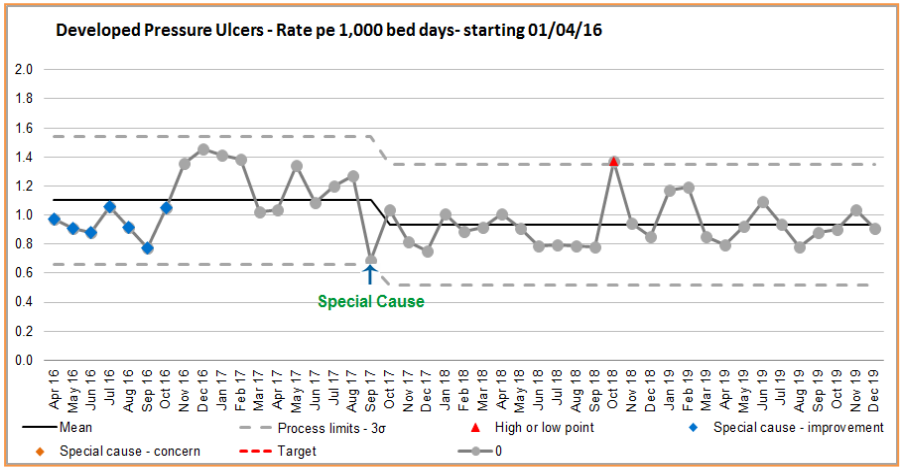
The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Breeda Columb (Head of Nursing)
Sub Groups: QAC, QMG, SOAG

Target	Trajectory	Assurance	Variation
Y	Y	R	CC





Background / target description: To Reduce the number of pressure ulcers across the Trust by 10% in 2019/20

What does the chart show/context:
Admitted with Pressure ulcers has shown a slight increase in this quarter

The number of acquired pressure ulcers Category 2 to 4 reported in Q3 2019/20 has increased compared to Q2 2019/20, and continues to show month on month variation.
We are currently meeting our target of 10% reduction in developed pressure ulcers across the Trust.

Underlying issues:

September 2019 saw a change to Datix reporting for pressure ulcers, as a result of NHSi changes to definitions.

Actions:

- The Trust 'Pressure Ulcer Collaborative' group remains active
- The City Wide Pressure Ulcer Prevention Group continue to meet quarterly and are in the process of revising its TOR
- The hybrid mattress trial continues on 2 wards
- The SEM Scanner ward based trial is now complete, the data and findings are currently being evaluated
- Launch of a 'HeelsUp' campaign on International Stop the Pressure Day
- Level 1 eLearning for pressure ulcer training compliance is currently at 92% (green) and 75% (amber) for level 2
- The eLearning package for level 2 is now complete and should be ready for rollout early in Q4 across the Trust. This is expected to improve compliance levels further and allow for easier access to training via the online training rather than a face to face competency

Patient Environment

The Leeds Teaching Hospitals NHS Trust

Reporting Month: October 2019

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

Trust Nurseries Standard

Ofsted Good Provider

Patient-Led Assessments of the Care Environment (PLACE)

Place Criteria	LTHT 2017	LTHT 2018	National 2017	National 2018	LGI 2017	LGI 2018	SJUH 2017	SJUH 2018	CAH 2017	CAH 2018	WDH 2017	WDH 2018
Cleanliness	99.62	99.69↑	98.4	98.50↑	99.7	99.80↑	99.6	99.61↑	99.2	99.86↑	99.6	99.73↑
Food	94.1	94.80↑	89.7	90.20↑	92.6	92.19↓	95	96.50↑	94.3	95.92↑	95.2	95.50↑
Privacy, Dignity and Wellbeing	88.1	88.50↑	83.7	84.20↑	86.9	87.97↑	89.4	89.59↑	84.9	78.67↓	80.9	85.29↑
Condition, appearance and Maintenance	98	97.71↓	94	94.30↑	96.9	97.03↑	99.2	98.43↓	92.2	94.97↑	94.1	95.95↑
Dementia (new 2015)	82	85.02↑	76.7	78.90↑	80.2	76.25↓	83.5	91.37↑	79.5	85.62↑	79	76.57↓

NA NA R CC

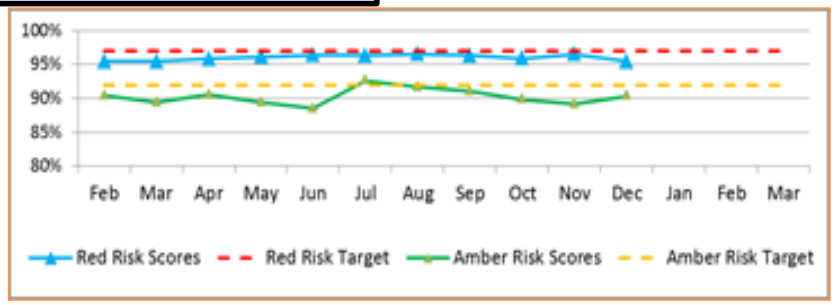
Patient Catering Standard

FOOD HYGIENE RATING 0 1 2 3 4 5 VERY GOOD

Retail Catering Standard

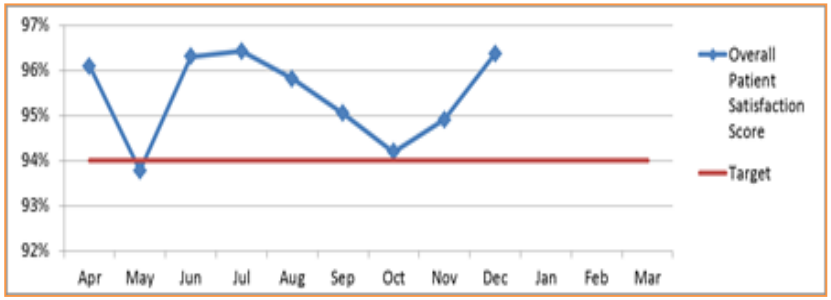
FOOD HYGIENE RATING 0 1 2 3 4 5 VERY GOOD

Cleaning Standards; Internal



N N F CC

Patient Catering Satisfaction



Y Y P CC

Background: A range of independent measures are used to ensure that a clean and safe environment fit for health care is provided. External Patient-Led Assessments of the Care Environment (PLACE) are undertaken annually and are used to develop a rolling improvement plan. The internal independent Quality Assurance Team audits all clinical areas defined as high/red risk on a monthly basis, these include theatres and inpatient areas. Lower risk/amber areas are audited quarterly and include outpatient areas. Leeds City Council undertake unannounced inspections of the Patient and Retail Catering Services, the results consistently achieving the highest 5 star rating.
What does the chart show/context: Cleaning standards are considered broadly as being consistently high from both an external and independent perspective.
Underlying issues: The PLACE audit shows the Trust is continuing to develop healthcare premises that are designed in a less alienating way for people with dementia, creating a safe and secure environment. The PLACE scores for 2019 are due to be published in the near future.
Actions:. Continue to drive improvements in hospital cleanliness. Utilise the latest technologies to enhance environmental cleaning and consistently achieve cleaning audit scores above the 97% internal target score. Continue to comply with the NHS Cleaning-Public Available Specification (C-PAS 2014,).

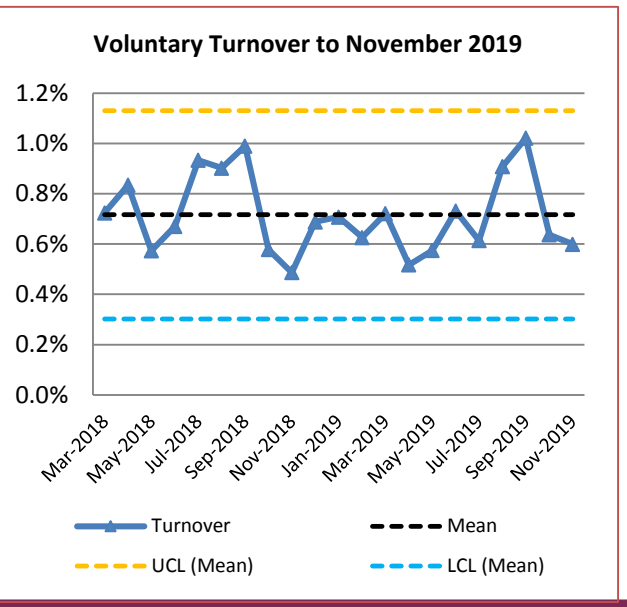
Workforce Planning

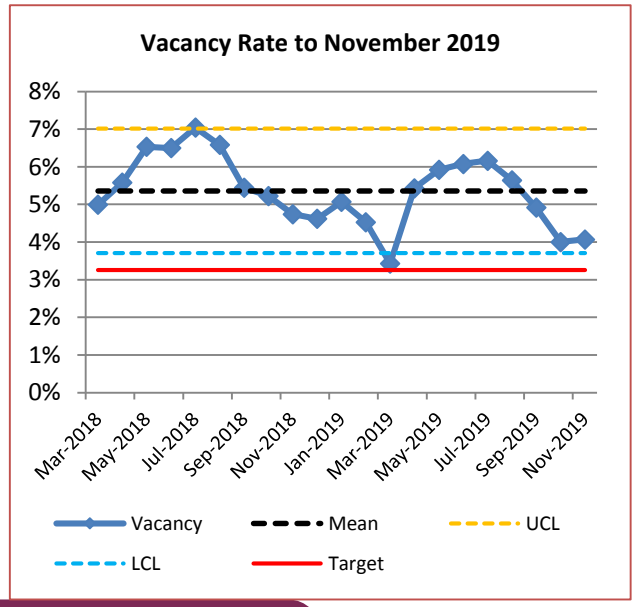
The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

NA	Measure	2018 Measure	2019 Target	RAG Nov 19
RMG	Each CSU/Corporate department has a workforce plan	-	100%	
RMG	Reduction in number of vacancies	3.43%	3.26%	4.91%
RMG	Gaps in junior doctors' rotas – gaps fluctuate in year and the target is to be the same or less than the same period in the previous year.	5.17% Nov 2018	<= 5.17% Nov 2019	4.9%
RMG	Achieve Agency Cap in 2019/20	£18m	£16.8m	£10.1m
RMG	Reduce red staffing risks on Risk Register	81	76	98
RMG	Improve Staff Survey Response to the question "there are enough staff at this organisation for me to do my job properly"	35.79%	39.37%	Staff Survey
RMG	Voluntary Turnover – 5% reduction in annual rate	8.69%	8.26%	8.35%
RMG	Time to Hire (in days)			101
RMG	Digital Competence/capability		Measure in development	





Workforce Plans: Thus far CSU's are on track to deliver refreshed workforce plans. We will share these at RMG to get a sense of assurance. This work will contribute to action to reduce risks on the workforce risk register. HRBP's continue to work with CSUs' to develop workforce plans. Workforce issues for the Hospitals of the Future project will also be captured within this process. A registered nurse workforce plan in place

Voluntary turnover and vacancy rates: These are stable and are not exceeding statistical control limits but targeted improvements are not being achieved. This is being monitored by the Resource Management Group (RMG)

Time to hire: Data has been collated. However, baseline data is not available . More robust metrics are required in this area once further analysis has been undertaken. Data excludes junior doctors.

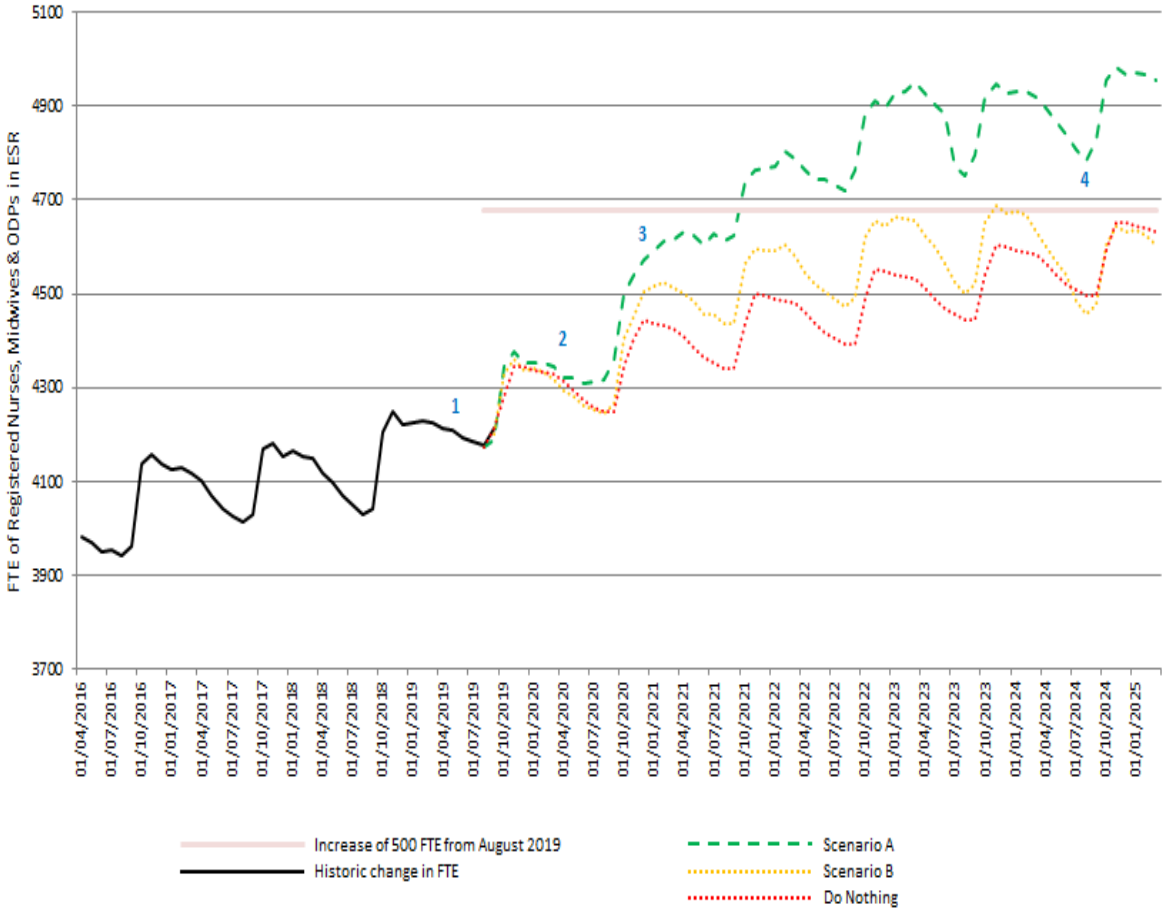
Risks: RMG received a detailed paper on Workforce Risks at the November 2019 meeting . A number of recommendations were agreed and the Group will review this again in May 2020

Scenario Planning to increase RN/RNA Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: September 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Helen Christodoulides, Director of Nursing (Corporate)
Sub Groups: F&P



1 - We have seen a marked improvement in retention this year.

2 - In Scenario A, the improvement in retention is sustained and international recruits start feeding through meaning the traditional reduction in staffing numbers is not as severe.
In Scenario B, the improvement in retention is not sustained and the international recruitment numbers are not as high as expected.

3 - In Scenario A, newly qualified Nursing Associates start feeding into the numbers.
In Scenario B, the number of Nursing Associates is reduced.
In Do Nothing scenario, no Nursing Associates are added.

4 - In Scenarios A and B, a proportion of International Recruits choose to leave the trust.
The Do Nothing Scenario is unaffected by these losses.

In all scenarios, a 10% reduction has been applied to newly qualified nurses coming through the traditional university training routes.

In Scenario A and Do Nothing Scenario the improvement in retention we have already seen is continued into future years.
In Scenario B the improvement in retention is treated as an anomaly and turnover returns to pre-2019 levels.

Clear Performance Expectations

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	Target	RAG Nov 19
TBA	All available Agenda for Change staff receive an appraisal	98%	100%	98%
TBA	All medical staff receive an appraisal - April 2018 – March 2019	93.9%	100%	N/A
TBA	Improve appraisal related Staff Survey Responses:			
TBA	• In the last 12 months have you had an appraisal, annual review, development review?	93.43	98%	Survey
TBA	• It helped me improve how I do my job	28.43%	29.85%	Survey
TBA	• It helped me agree clear objectives for my work	44.77%	47%	Survey
TBA	• It left me feeling that my work is valued by my organisation	36.78%	38.61%	Survey
TBA	Employee Relations Cases (conduct & grievance) Average duration reduced by 5%		90 days	130 days

Background: The trust is committed to ensuring its expectations of staff are understood by everyone. Appraisal provides a forum to clarify expectations with clear objectives and the staff survey gives an indicator of success.

- Medical appraisals are undertaken through out the year, the responsible officer (RO) reports completion rates to the Board and NHSE annually.
- AfC Appraisal is completed within a 3 month cycle annually . Appraisal data currently does not have an assurance group to report into and a review is underway to determine a Governance Framework. A group will be then established once this work has been completed.

What does the chart show/context:

- 2.9% of eligible medical staff did not complete an appraisal by 31st March 2019, 2.85% have completed a late appraisal the remaining 0.05% have received a letter from the RO.
- 2% of the Trust's AfC staff did not complete an AfC Appraisal during the three month appraisal season.

Underlying issues: All medical staff for whom the trust is their designated body (eligible) are included in the report. In addition to those who completed an appraisal in 2018/2019 a further 3.2% were recorded as having mitigating circumstances for example maternity leave, long term absence, career break.

Actions:

- Where the measure is derived from the staff survey, a self-assessment using feedback from CSU action plans has been applied.
- Organisational Learning are working with HR Business Partners to develop a process to ensure that the 2% of staff that have not been appraised receive their appraisal post season or are in an appropriate supporting performance framework.
- A paper containing recommendations for improvement to the AfC appraisal has recently been agreed at Executive Board.

ER Cases: LIM is being utilised by the team in order to reduce the average duration of cases. The team are focussing on closing backlog cases which had commenced prior to the new arrangements being put in place. These cases significantly impact the mean average. Monitoring arrangements for new cases with clear escalation points are in place.

Health and Care System

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
WYAAT HRD Group	As a partner in the WYAAT network deliver shared objectives – objectives agreed and delivered in 19/20	Not available	WYATT assessment of progress against programme priorities	
LSWB	For Leeds (as place) within wider WY&H ICS/STP – Leeds Workforce priorities and delivery arrangements agreed by October 2019 through PEG			Completed
Academy PDG	As founding partner, deliver and implement Leeds Health and Care Academy portfolio – delivery of defined Phase 2 and 3 in 19/20			
TBA	Increasing the number of LTHT staff accessing LHCA products and services from 13% to 15%	13%	15%	Annual Measure
TBA	Increasing number of employees from the 10 most deprived areas of Leeds by 50 new recruits in 2019/20	-	356*	320

* Figure of 356 is based on the November trajectory to achieve a total of 535 people recruited from the most deprived areas in Leeds in the financial year 19/20

Background: The trust is committed to be a valuable partner and leader within the wider health and care system supporting regional streamlining projects which include the streamlining of mandatory and statutory training as well as work to support Occupational Health assessments, junior doctor induction, BAME programme, systems leadership, resourcing and medical bank work. Additional work is being conducted with the West Yorkshire & Harrogate Delivery Group and the LWAB to progress the learning and development and workforce arms of the Integrated Care agenda.
In respect of ICS/STP priorities these are detailed within the Leeds section of the ICS workforce plan.

What does the chart show/context: No Chart.
Underlying issues: Progress is being made against all streamlining programmes within the WYAAT portfolio.
Actions:

- An internal trust working group has been formulated to monitor on-going progress against the streamlining agenda.
- In order to increase the number of employees from deprived areas each CSU will address this as part of the Joint Accountability Assurance Framework.
- We are working in partnership with LCC and continue to expand the Lincoln Green project with 2 planned cohorts this year targeting priority neighbourhoods across Leeds.
- Phase 2 of the LHCA progressing. A substantive team has been recruited and a 20/21 budget agreed.

Free From Discrimination

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Group: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
E&D Strategic Group	50% increase in the number of contacts to Freedom to Speak Up Guardian and Champions (reported to Audit Committee)	57	86	66
E&D Strategic Group	Improved performance against the 9 Workforce Race Equality Standard (WRES) indicators (Appendix 1) SELF ASSESS	Progress will be assessed following publication of Staff Survey results.		Survey
E&D Strategic Group	Improved performance against the 10 Workforce Disability Equality Standard (WDES) indicators (Appendix 1) SELF ASSESS	Progress will be assessed following publication of Staff Survey results.		Survey
	Improved Gender Pay Gap:			
E&D Strategic Group	• Mean Gender Pay Gap	27.30%	Reduction	Annual Measure Published 31/3/20
E&D Strategic Group	• Median Gender pay Gap	9.38%	Reduction	Annual Measure Published 31/3/20

There was a deep dive into Free From Discrimination at the November meeting of the Workforce Committee and the Committee received reports in relation to:

- The Equality Delivery System (EDS)
- The Workplace Race Equality System (WRES)
- The Workplace Disability Equality System (WDES)
- The Trust's targeted ambitions for Equality and Diversity

It was noted that the EDS, which is a peer assessed, is Green in relation to Goal 3: Empowered, engaged and well-supported staff. However, insufficient progress has been made in relation to WRES and the Trust's Targeted Ambitions. The WDES is a new measure and the data has not been previously submitted. The Committee reviewed the action plans for improvement for 2020/21.

It was noted that the current Trust's Targeted Ambitions end in 2020 and since they were agreed new national assurance frameworks have been introduced. It was agreed that a new assurance framework and outcome measure are required for this People Priority and this will be developed by the end of March.

Education and Training

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
TBA	Improvement in student experience	85%	95%	90.73%
TBA	Increase Apprenticeship Levy spend	£1.18M	£1.29M	£1.40M
TBA	Staff Survey education and training questions:			
TBA	• Were any training, learning or development needs identified in your appraisal?	74.17%	77.8%	Staff Survey
TBA	• Have you had any training, learning or development in the last 12 months?	72.25%	75.8%	Staff Survey
TBA	• My manager supported me to receive this training, learning or development	60.37%	63.3%	Staff Survey

Background: Education and Training will develop our workforce to be able to meet future challenges head on and to enable the Trust to develop staff to meet the changing priorities and pressures of the health and care system. Our student experience data is moving in the right direction but we need to continue our focus in this area.

What does the chart show/context: The data demonstrates that the Trust's performance on the staff survey metrics around, identifying, receiving and been supported to receive learning and development continue to be important areas to focus on.

Underlying issues: Currently the staff survey data is embargoed, following its publication a benchmarking exercise requires completion to ascertain whether the downward trend is specific to Leeds Teaching Hospitals or is reflective of wider national issues.

Actions:

- The Trust continues to work with multiple apprenticeship training providers to maximise the use of the apprenticeship levy and improve the governance around accessing Levy funds to make sure these are being used appropriately to manage workforce skills gaps.
- Further engagement work is needed with CSU's and Corporate teams to identify skills gaps and learning needs within their service to ensure that the Trust learning & development offer is reflective of organisational needs.
- A new prospectus is being designed and will be promoted ahead of the 2020 Appraisal season to increase managers awareness of what development is on offer at the Trust.
- Managers will be encouraged through appraisal communications and training on how to support staff members to access learning and development interventions.
- The Trust is expanding its pre-employment programme to provide a pipeline for entry level roles. This is been done in conjunction with other employers within the city.

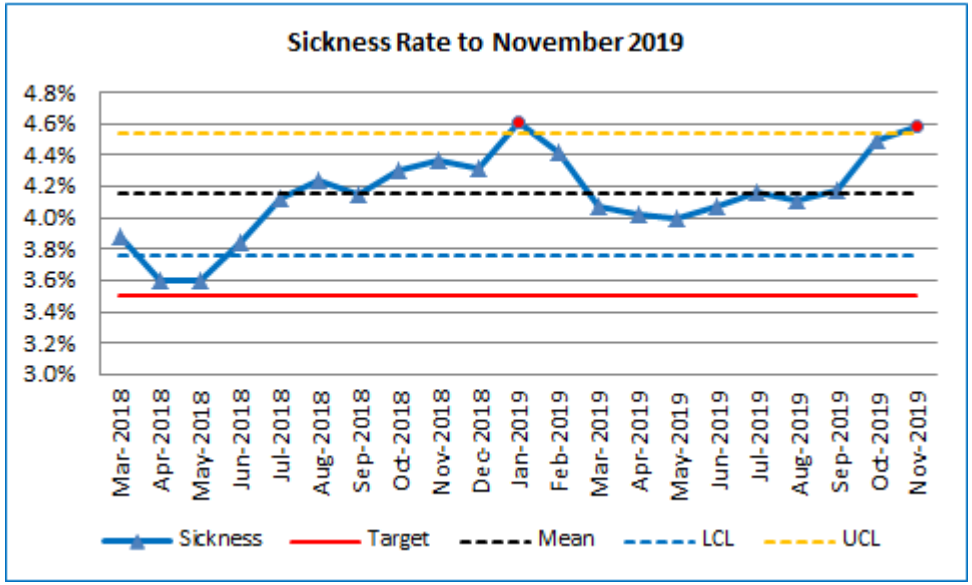
Health and Wellbeing

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
H&W	Staff Survey Health and Wellbeing Questions:			
H&W	• My immediate manager takes a positive interest in my health and well-being	70.45%	73.9%	Staff Survey
H&W	• The organisation takes positive action on health and well-being	32.83%	34.5%	Staff Survey
H&W	Staff Survey Health and Wellbeing Questions:			
H&W	• My immediate manager takes a positive interest in my health and well-being	70.45%	73.9%	Staff Survey
H&W	• The organisation takes positive action on health and well-being	32.83%	34.5%	Staff Survey
H&W	Sickness Absence – NHS average target	4.14%	3.5%	4.25%



Sickness Absence:
A deep dive in relation to sickness absence was undertaken at the last Workforce Committee in November 2019. It was agreed to review the trajectory for improvement to ensure an appropriate balance between stretch and achievability.

In the last few months there has been an increase in sickness absence, mainly due to an increase in long term absence. The Nov 2019 rate is above the UCL and this last occurred in January 2019. The Operational HR Team is working with line managers to focus on long term sickness absence cases, seeking to support a return to work where possible at the earliest opportunity.

Most Engaged Workforce

The Leeds Teaching Hospitals NHS Trust

Reporting Period: December 2019

Executive Owner: Jenny Lewis (Director of HR & Organisational Development)
Management/Clinical Owner: Chris Carvey (Deputy Director of HR)/Karen Vella (Deputy Director of HR)
Sub Groups: None

	Measure	2018 Measure	2019 Target	RAG Nov 19
SE Group	Improvement in the staff engagement score in the annual Staff Survey	7.3	7.6	Staff Survey
SE Group	5-year target to be the best NHS Employer in the annual staff survey	7.3	8.2	Staff Survey
SE G Group	Improve the percentage of staff who recommend the Trust as a place to work in the staff FFT	73%	85%	70%

In relation to Staff FFT, the Trust continues to compare well with both local Trusts in the ICS and peer Trusts in the North, however, the stretch improvement target is not being achieved. Results of the latest FFT have been shared with CSUs and action plans will be developed, incorporating the results from the latest staff survey when these are available.

In relation to the staff survey for 2019, the results are embargoed until 18th February 2020 when the national results will be published. National benchmarked and weighted data will be available to the Trust by 31 January 2020. The initial internal results of the staff survey have been shared with the Staff Engagement Group, Executive Group and the Trust Board. The results will also be shared with CSUs, corporate leads, staff representatives and staff networks. Arrangements will also be put in place to ensure all employees receive a personal communication explaining the survey results specific to their part of the organisation. CSUs and corporate teams will now commence a process of engagement with staff to develop action plans for improvement in response to the results.

The initial results suggests that the identified People Priorities agreed by the Board continue to be relevant to supporting our objective of being the Best Place to Work.

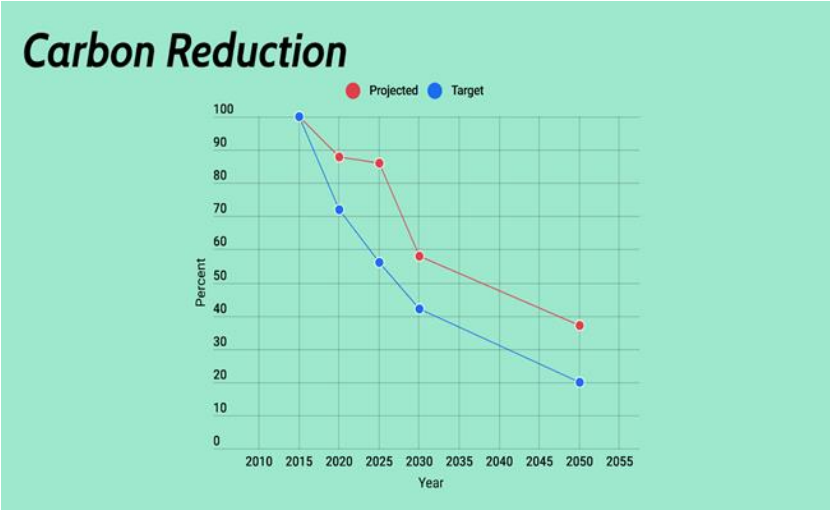
Estates - Sustainability

The Leeds Teaching Hospitals NHS Trust

Reporting Period: October 2019

Executive Owner: Craige Richardson (Director of Estates & Facilities)
Management/Clinical Owner: Jon Craven (Head of Estates – Compliance and Risk)
Sub Groups: F&P

Year	Reduction Target (%)	Target Emissions (tonnes CO_2e/annum)	Projected Emissions (tonnes CO_2e/annum)	Variance against target (%)
2020	28	71,614	89,576	18%
2025	50	49,732	85,577	46%
2030	64	35,807	59,099	23%
2050	80	19,893	36,364	16%



Background:
The Trust baseline for CO2 emissions was measured in 2013 at 99,464 tCO2e/a
The stated aim for the Trust is to achieve an 80% reduction by 2050.

What does the chart show/context:
The table above and chart to the left demonstrate that at current projections the Trust will achieve a reduction of 64% by 2050. some 16% short of our target. This is an external target.

Underlying issues:
This is a very ambitious Target and dependant on significant inroads being made across all new builds.
This chart does not take into account any likely increases in electrical demand at the LGI due to the construction of the hospitals of the future (BtLW).

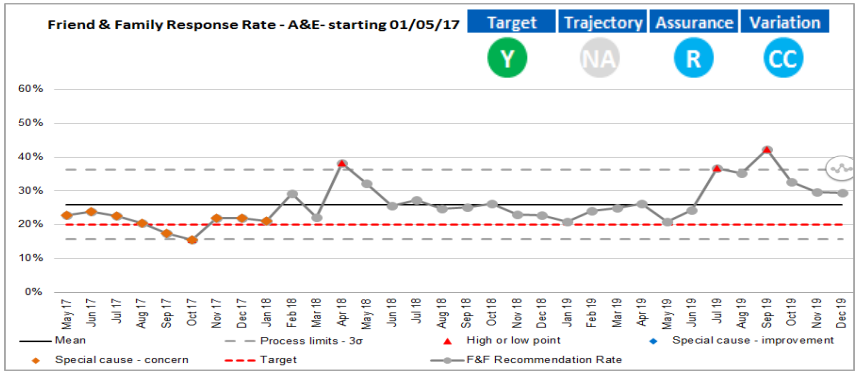
Actions:
This projection factors in the emission reduction, from work[s] currently being undertaken at the Trust (via the SDMP) as well as regional and national interventions that are proposed [to date]. Such interventions include the transition of the Leeds' gas grid network from a natural gas fuel to a zero-emission hydrogen fuel and the ban on sale of petrol and diesel vehicles by 2040. These planned interventions, if implemented, will achieve substantial CO2e emission reductions for the Trust. The remaining 16% reduction that needs to be achieved (according to projections) could be delivered through further decarbonisation of the grid (i.e. increase in renewable energy/nuclear energy provision) which is a stated aim of government.

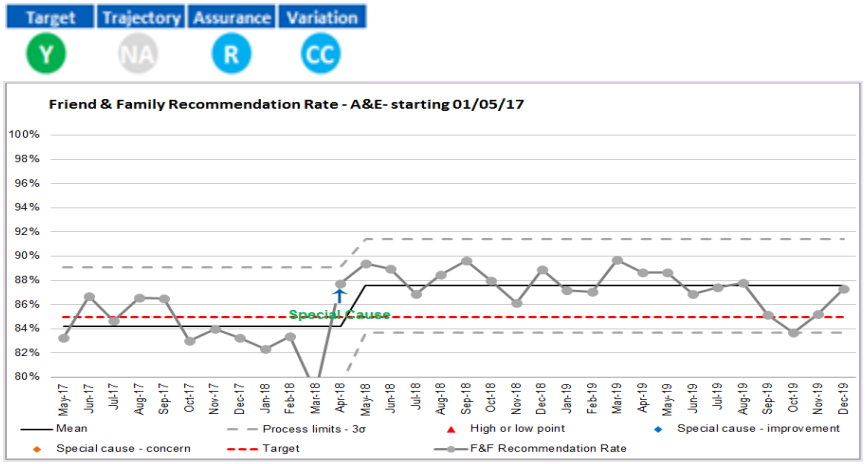
Friends and Family – ED

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG





Background / target description:
ED has an internal FFT target to achieve a 20% response rate and a 85% recommendation rate.

What do the charts show/context:
The charts show FFT response and recommendation rates for ED and show common cause variation.

Underlying issues:

- The recommendation rate for ED has shown gradual improvement since October 2019; it is currently above target and is in line with previous performance.
- Response rate is significantly higher at SJUH ED than LGI ED. There has been successful implementation of digital feedback at SJUH ED and this feedback method will be rolled out at LGI ED.

Actions:

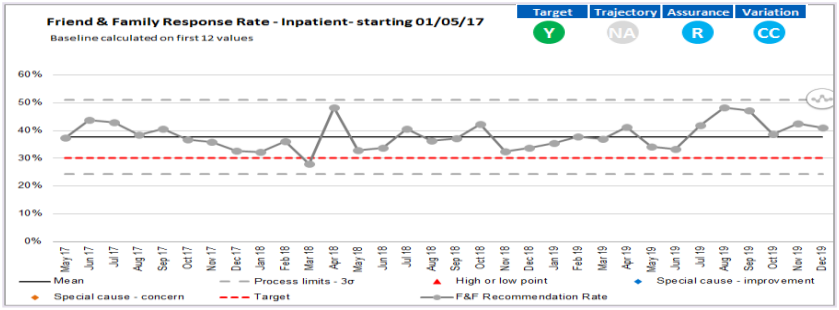
- Work is underway to convert LGI and Children`s ED to digital collection. This will continue as part of the 2020/21 FFT plan.

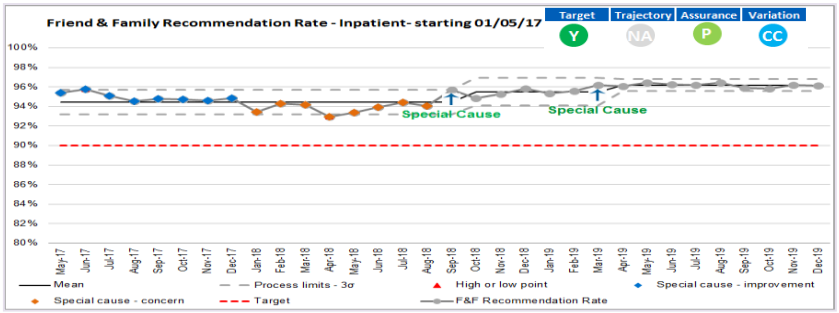
Friends and Family – Inpatient/DC & Outpatients

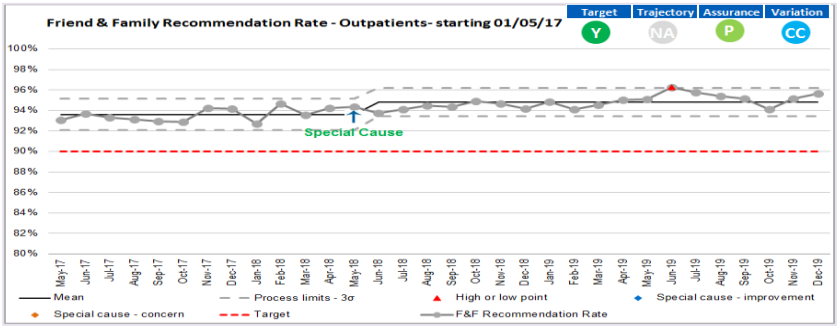
NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG







Background / target description:

- Inpatient & Day Case services have internal FFT targets to achieve of 30% response rate and 90% recommendation rate.
- Outpatient services have an internal target to achieve of 90% recommendation rate with no response rate required.

What does the chart show/context:

- The charts show response and recommendation rates for Inpatient & Day Case services , which both demonstrate common cause variation.
- The recommendation rate for Outpatients also shows common cause variation.

Underlying issues:

- New FFT guidance is to be implemented in all areas from 1st April 2020. An action plan has been developed to achieve this. There are associated risks relating to cost of implementing new guidance and changes to data submission requirements which mean response rates will no longer be monitored. This could negatively impact on staff engagement with the process. These risks have been discussed at the Patient Experience Group.
- Outpatient teams: Work continues to build the IT capability for outpatients to submit feedback relating to a particular service. This will assist in implementation of the new guidance, by enabling outpatient areas to have easier access to comments that are specific to their areas.

Actions:

- An audit of all areas across the Trust , including Inpatient & Day Case and Outpatient areas , is in progress to assist in the implementation of the new FFT guidance.
- The aim is for the outpatient IT build to be completed by 1st March 2020.

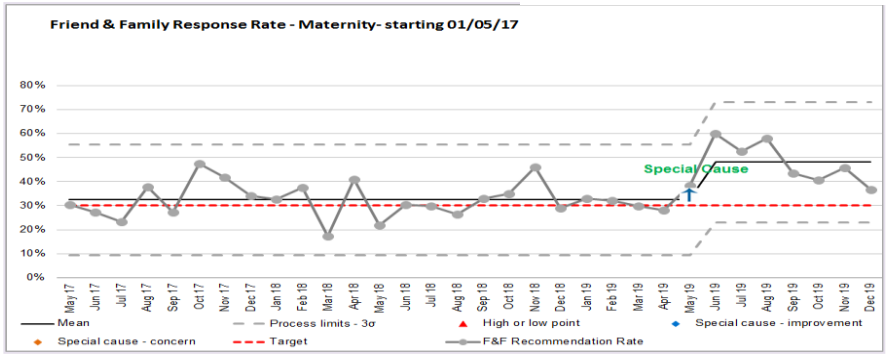
Friends and Family – Maternity

NHS
The Leeds Teaching Hospitals
NHS Trust

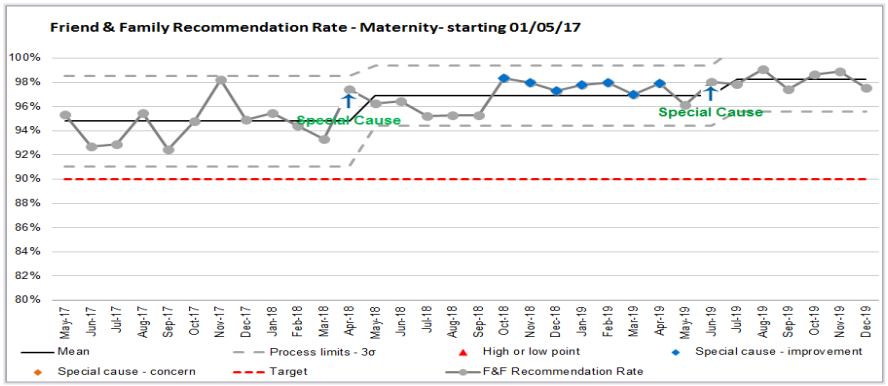
Reporting Month: December 2019

Executive Owner: Lisa Grant (Chief Nurse)
Management/Clinical Owner: Krystina Kozlowska (Head of Patient Experience)
Sub Groups: QAC, QMG, SOAG, PESG

Target	Trajectory	Assurance	Variation
Y	NA	R	SC



Target	Trajectory	Assurance	Variation
Y	NA	P	SC



Background / target description:
Maternity services have an internal target to achieve of 30% response rate and 90% recommendation rate .

What does the chart show/context:
The charts show common cause variation for both response and recommendation rates.

Underlying issues:

- Although the overall performance within Maternity meets the required targets, there is variation within teams.

Actions:

- The FFT team is working with Maternity services to ensure successful implementation of the new FFT guidance.
- This is being aided by an FFT Audit to ensure that the complexities of offering Maternity feedback at different points in the patient pathway are addressed. This will include the implementation of digital feedback.
- Work continues to recruit FFT Champions in Maternity.
- The FFT team attending maternity team meetings to offer help with lower performing areas.

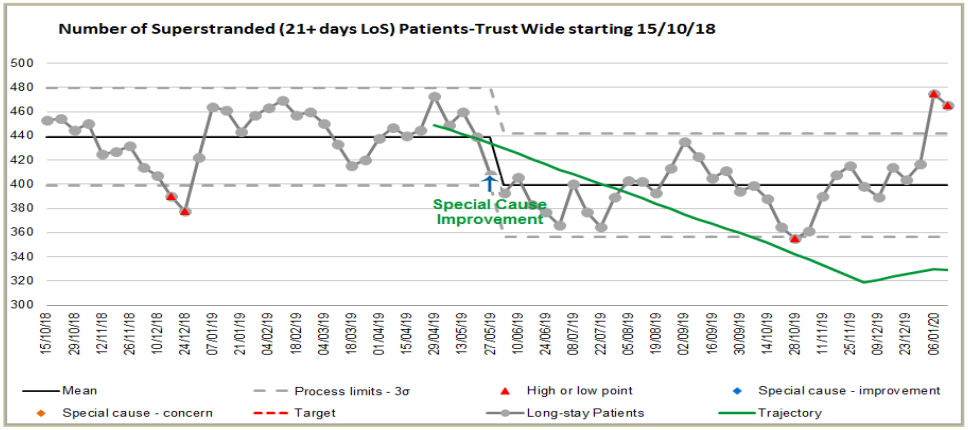
Super-Stranded

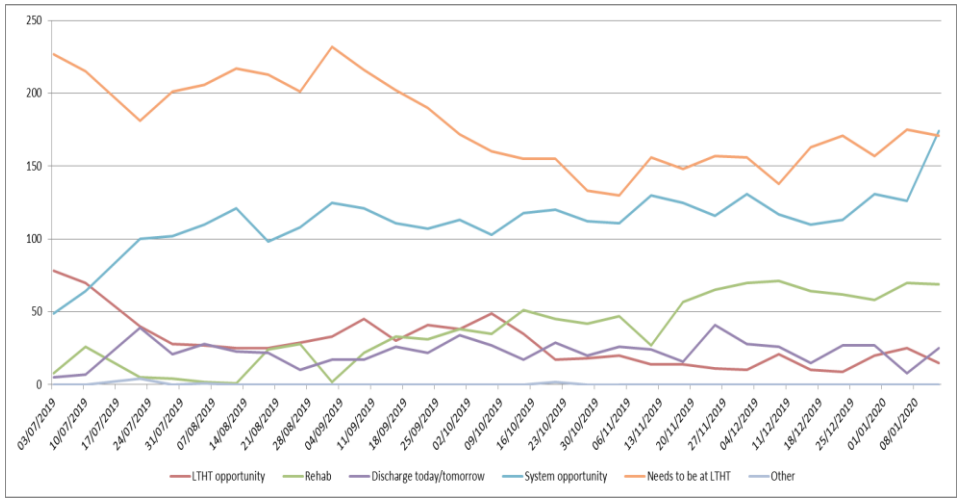
The Leeds Teaching Hospitals NHS Trust

Target	Trajectory	Assurance	Variation
N	N	F	SC

Reporting Month: December 2019

Executive Owner: Clare Smith (Chief Operating Officer)
Management/Clinical Owner: Angie Craig (ADOP)
Sub Groups: F&P





Background / target description:

- In April 2019, NHSE/I allocated LTHT a target of reducing its super-stranded patients by 42% (from a baseline of 550 at March 2018) by 1st March 2020, and maintaining that number through March 2020 - a target of 319 super-stranded patients.
- The 42% super-stranded target is one of the workstreams of the Unplanned Care Improvement Programme.
- Each bed holding CSU was allocated a trajectory to contribute to the overall target, and since April 2019 CSUs have been regularly attending super-stranded review meetings with an ADOP.

What does the chart show/context:

- Following a run of 11 points below the mean, a special cause improvement occurred from 27th May 2019.
- Since the mean and control limits were recalculated following the special cause improvement, performance has been within normal process control limits.
- W/C 30/12/2019 and 06/01/2020 are at a high point and are above the upper control limits.

Underlying issues:

- There are still some internal delay reduction opportunities, around alternate pathways and timely /appropriate escalation.
- The largest proportion of patients have been those requiring care at LTHT to date, however as at 8th Jan, those requiring on-going care outside LTHT has overtaken this for the first time
- For the first 2 weeks in January, there was a significant increase in superstranded patients at LTHT, with main growth areas being for:
    - care outside LTHT
    - Needing LTHT care (sick/ high acuity patients)
    - Rehabilitation

Actions:

- Increased frequency of CSU super-stranded review meetings to weekly from 13th November 2019.
- Escalation of themes from super-stranded review meetings to the Operational Delivery Group, and the Decision Making Workstream.
- Consistent application of TOC policy.
- Further focus on small internal areas (e.g. IV antibiotics and daycase rehab)
- From 1st week in January, Ward social work team leaders joining weekly review process to further support work regarding external delays
- Operational Delivery Group to focus on <21 day Medically Optimised for Discharge and Superstranded review meeting to focus on >21 days patients weekly

Achieving Reliable Care for Safety (ARCS)

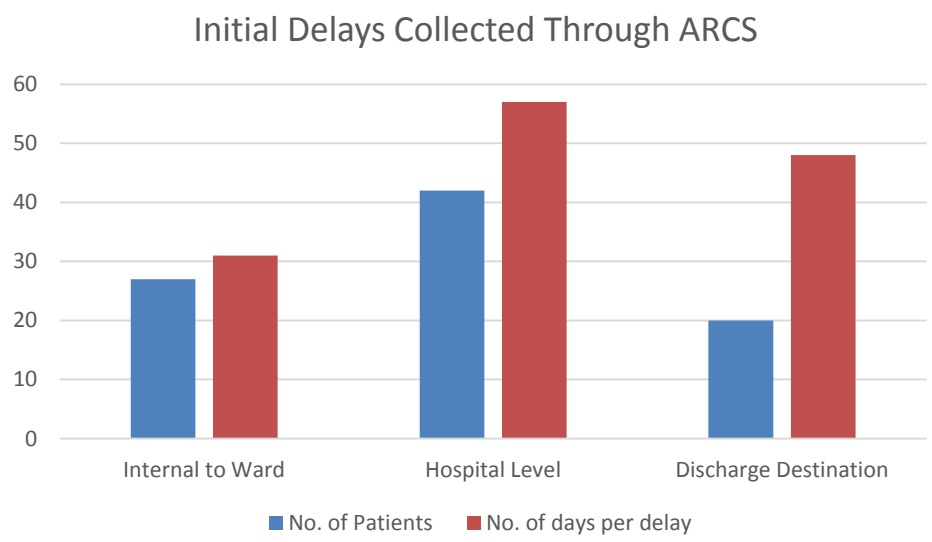
The Leeds Teaching Hospitals NHS Trust

Reporting Month: January 2020

Target	Trajectory	Assurance	Variation
NA	NA	NA	NA

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

ARCS aims *to 'reduce variability and focus on patients getting what they need when they need it, putting the patient and their needs at the heart of delivering good quality, safe care'*



**The graph shows early data collection, more detail will follow as ARCS becomes fully established on wards*

Background / target description:
Aims

- To increase the reliability of processes of care across the patient journey in LTHT.
- To deliver a demonstrable and significant reduction in length of stay and patient harm at both ward and organisational level – and to celebrate the results.
- To improve multi-professional team working, safety climate, job satisfaction and patient experience.

What does the chart show/context:
The ARCS project is on track against the project plan and delays data is starting to be collected by the wards involved

- The early data collection shows 65% of delay days are either internal to the ward or at the hospital level.
- Issues relating to the discharge destination for patients make up the remaining 35% of delays

Progress:

- Completed training of ward coaches for cohort 1 & cohort 2
- Nearing completion of implementation on 6 wards in cohort 1 & 2 (J29, J15, J12, J08, J84, J92)
- Starting to capture the delays data for the cohort 1 wards
- Started engagement of ward coaches in cohort 3 (J91, J07, J14, J17, L18 & L15)
- Developed plan for the analysis of patient and staff experience

Next steps

- Establish delays data collection from all wards in cohort 1 &2
- Establish relevant task and finish groups to address emerging delays
- Start to track the KPI for the wards that have implemented ARCS (length of stay, patient harms, readmissions, patient and staff experience)

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: Quarter 2

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: None

National - CCG CQUINs 2019/20: Update 14 November 2019

				Quarter 1		Quarter 2	
	CQUIN	Value	Year-end Target*	Performance	CCG Feedback	Local Trajectory	Performance
1	**CCG1: Antimicrobial Resistance (AMR)**						
	CCG1a: Antimicrobial Resistance - Lower Unrinary Tract Infections in Older People	£504,155	Achieve ≥ 90% Fail <60%	53%	✓	60%	46%
	CCG1b: Antimicrobial Resistance - Antibiotic Prophylaxis in colorectal surgery	£504,155	Achieve ≥ 90% Fail <60%	50%	✓	60%	79%
2	**CCG2: Staff Flu Vaccinations**						
	Staff Flu Vaccinations - uptake of flu vaccinations by frontline clinical staff	£1,008,311	Achieve ≥ 80% Fail <60%	Not applicable until Q4			
3	**CCG3: Alcohol & Tobacco (National Targets apply from Q1)**						
	CCG3a: Alcohol and Tobacco - Screening	£336,104	Achieve ≥ 80% Fail <40%	89%	Met in Full	N/A	90%
	CCG3b: Alcohol and Tobacco - Tobacco Brief Advice	£336,104	Achieve ≥ 90% Fail <50%	38%	Not Met	N/A	36%
	CCG3c: Alcohol and Tobacco - Alcohol Brief Advice	£336,104	Achieve ≥ 90% Fail <50%	65%	Partially Met	N/A	68%
4	**CCG7: Three High Impact Actions to Prevent Hospital Falls**						
	1. Lying & standing BP 2. No hypnotics etc OR rationale for giving 3. Mobility assessment	£1,008,311	Achieve ≥ 80% Fail <25%	30%	✓	40%	48%
5	**CCG11: Same Day Emergency Care (SDEC)**						
	CCG11a: SDEC - Pulmonary Embolus	£336,104	Achieve ≥ 75% Fail <50%	100%	✓	60%	90%
	CCG11b: SDEC - Tachycardia with Atrial Fibrillation	£336,104	Achieve ≥ 75% Fail <50%	90%	✓	60%	69%
	CCG11c: SDEC - Community Acquired Pneumonia	£336,104	Achieve ≥ 75% Fail <50%	89%	✓	60%	91%
	CCG Total	**£5,041,556**					

* Except Alcohol and Tobacco CQUIN where national targets apply throughout year. This CQUIN has continued from 2018/19.

CQUIN Tracker

The Leeds Teaching Hospitals NHS Trust

Reporting Period: Quarter 2

Executive Owner: Yvette Oade (Chief Medical Officer)
Management/Clinical Owner: Craig Brigg (Director of Quality)
Sub Groups: None

NHSE Specialist Commissioning CQUINs 2019/20: 14 November 2019

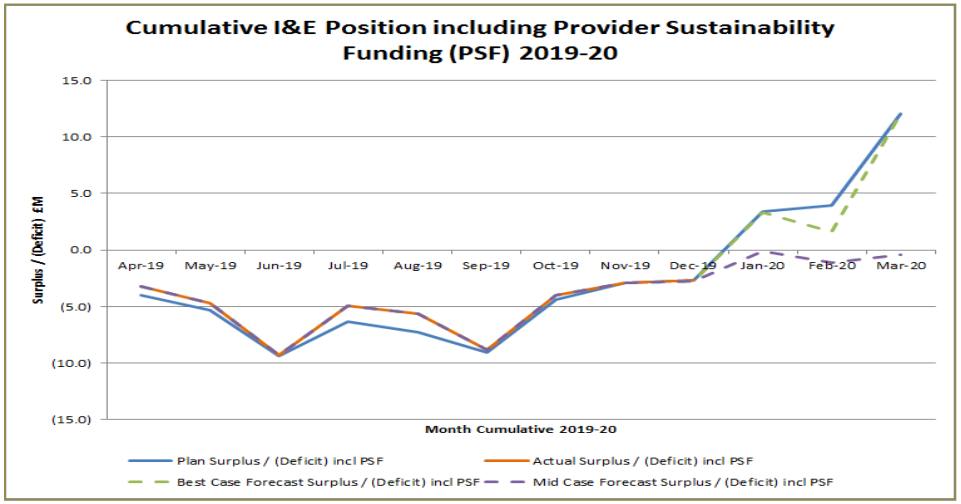
				Quarter 1		Quarter 2
	CQUIN	Value	Target	Performance	Feedback	Performance
1	**Hepatitis C**					
	Trigger 1 - Minimum Activity	£1,955,000	40 per month	166	Awaiting feedback from national team	203
	Trigger 2 - ODN average expected treatment cost per patient		Follow guidance on drugs to use	Not applicable		Submitted
	Trigger 3 - Completeness and Data Quality on the national Arden Regsitry		85%	Not applicable		Not applicable
	Governance & Partnership Working - Quarterly reports		Evidence activities to eliminate HCV	Submitted		Submitted
2	**Medicines Optimisation**					
	Trigger 1 - Improving efficiency in the IV chemothrapy pathway from pharmacy to patient	£277,000	Use waste calculator tool	Report Submitted	✓	Report Submitted
	Trigger 2 - Managed access agreement compliance	£101,000	Use Med Opt tool			
	Trigger 3 - Supporting national treatment criteria through accurate completion of prior approval proformas	£352,000	Audits & action plan if variation			
	Trigger 4 - Faster adoption of prioritised best value medicines & treatment	£453,000	New pts 90% Existing pts 80%			
	Trigger 5 - Anti-fungal stewardship	£477,000	Reduce inappropriate use			
3	**Immunoglobulin Stewardship**					
	Trigger 1 - Support admin payment to support panel • Panel operating with agreed clinical and admin support	£260,000	Submit minutes of meeting	Report Submitted	✓	Report Submitted
	Trigger 2 100% new patients reported to SRIAP. Confirmation at meeting of 100% usage reported on MDSAS.		Minutes and summary of data			
	Trigger 3 - 65% of long-term patients, as at 31/3/2019, reviewed by the member (individual trust level) IAP and efficacy outcomes. Annual review recorded on the MDSAS database by the end of Q4; to include 100% neurology patients		MDSAS SRIAP report incl. data summary			
	Trigger 4 - Improved comms between NHSE Spec Comm, Commercial Medicines Unit (CMU), IAPs and acute trust providers (100% returns to stock taking and forecasting requirements)		% response to any stock take or forecasting request			
	Trigger 5 - Not applicable in year 1					
4	**Spinal Surgery**					
	Trigger 1 - Infrastructure (only where not already established)	£1,022,000	Already established	Report Submitted - BSR figures missing from the Q1 submission	✓	Report Submitted - apart from Trigger 3 which is being finalised
	Trigger 2 - MDT Oversight		Network MDT to agree elect surg			
	Trigger 3 - Data Entry		All data input to registry			
	Trigger 4 - Concentration of Specialised Surgery		Ensure only takes place in spec. centres			
	Trigger 5 - Avoidance of Unnecessary Interventions		Baseline of surgical activity & WL monitored.			
5	**Enabling Thrombectomy**					
	Trigger 1 - One trainee recruited and started training	£150,000	Evidence of consultants in training to be provided. Date and time of commencement of training. Anticipated completion. Detail on qualification and background. Detail on registry to RCR training programme. Employing Trust and evidence of backfill payment	Report Submitted	✓	Q2 submission being finalised.
	Trigger 2 - Backfill payment for first trainee transferred to parent hospital					
	Trigger 3 - Second trainee recruited and started training					
	Trigger 4 - Backfill payment for second trainee transferred to parent hospital					
	NHSE Total	**£5,047,000**				

I&E Position

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Jonathan Gamble (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context: The Trust has signed up to achieving an overall surplus of £12.0M in 2019-20 which includes Provider Sustainability Funding (PSF) of £17.2M. The best case from the month 9 risk range results in a surplus of £12.0M. achieving the Trust's control total. The mid case scenario results in a £0.4M deficit.

Underlying issues: Throughout the year £8M of risks have been identified including international recruitment of nurses, bank costs associated with review of nursing staff levels and medical pay award costs greater than plans.
The Trust is eligible for PSF provided that it meets a control total before PSF of £5.2M deficit. If this target is not achieved the full amount of PSF, £17.2M, will not be awarded.

Action:

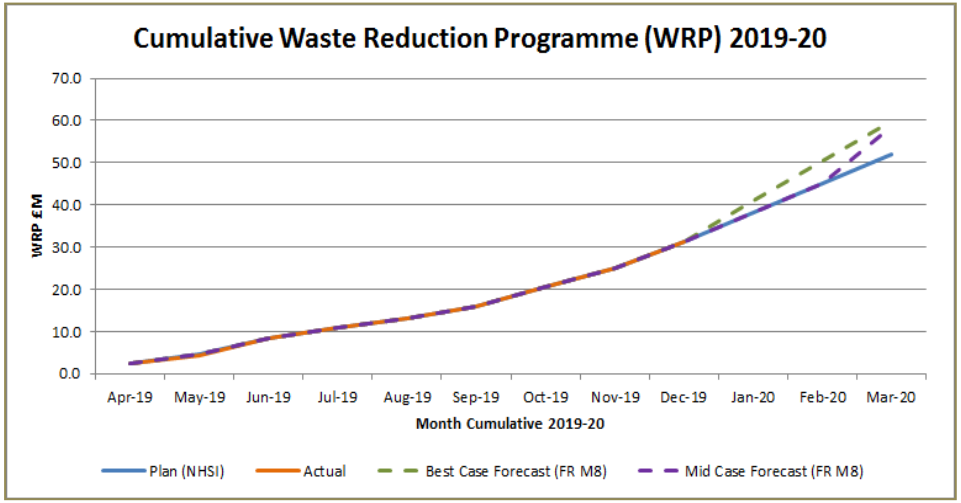
- Continued use of the Finance Performance Framework to support achievement of CSU control totals.
- Contain the cost of winter and long waiters within plan.
- Contain the cost of international nurse recruitment to £0.3M in year.
- No additional corporate spending decisions to be committed in year.

Waste Reduction Programme

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: Jonathan Gamble (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

To achieve an overall best case surplus of £12.0M the Trust must deliver £59.8M of savings through the Waste Reduction Programme (WRP). At the end of December WRP savings are in line with plan.

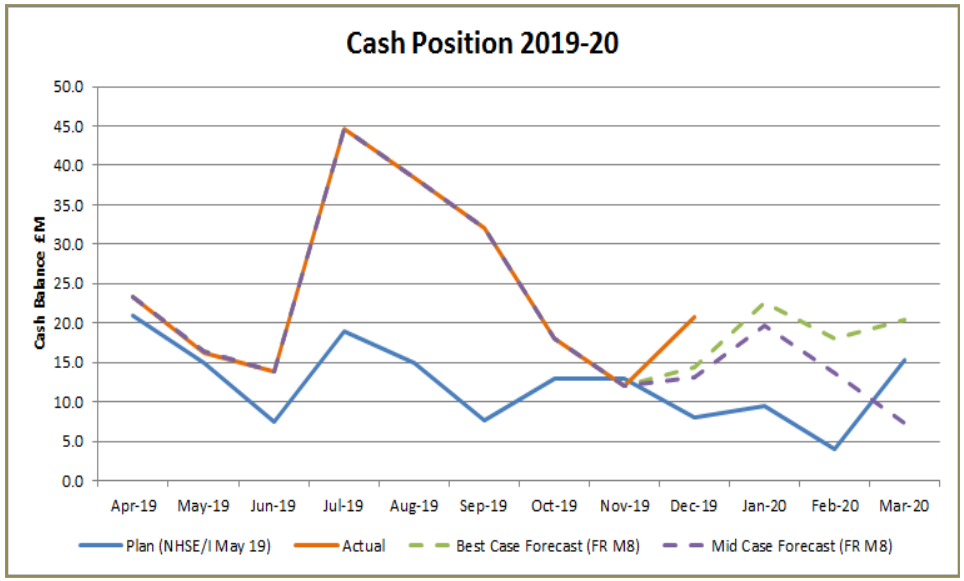
Underlying issues:
The target of £59.8M, 4.6%, is challenging although the estimated delivery has improved considerably in the mid case since the August and November fundamental reviews and continues to improve.

Cash Position

NHS
The Leeds Teaching Hospitals
NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: David Hay (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

The Trust came into 2019-20 with a cash balance of £30.2M. The best case forecast (fundamental review month 8 / November risk adjusted) shows a year end forecast balance of £20.3M and includes £14.5M to be used in 2020-21 to fund capital investment.
At the end of December the cash balance stood at £20.7M ahead of the latest NHSI monthly forecast submission of £13.3M including the receipt of quarter two Provider Sustainability Funding (PSF). Additional receipts from NHS England and several provider organisations were the main reasons for the increased balance.
There has been no revenue borrowing throughout the year to date.
The mid case forecast has a cash balance of £7M at the end of 2019-20.

Underlying issues/Actions:

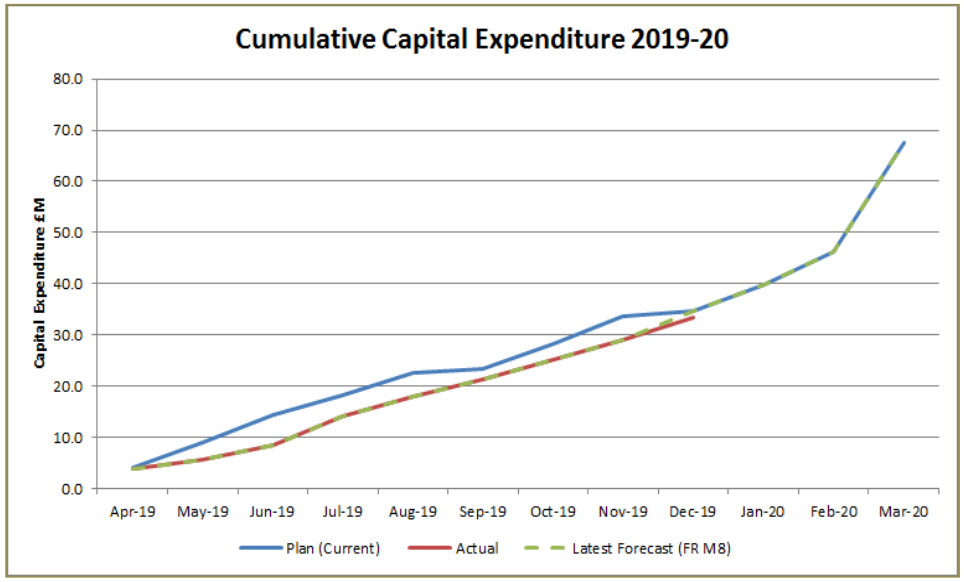
To deliver the capital programme and ensure that we do not need to resort to applying for any form of temporary cash funding the Trust's income and expenditure plan must be delivered.
A revenue loan due for repayment in February 20 has been extended until August 20.

Capital Expenditure

The Leeds Teaching Hospitals NHS Trust

Reporting Month: December 2019

Executive Owner: Simon Worthington (Director of Finance)
Management/Clinical Owner: David Hay (Associate Director of Finance)
Sub Groups: F&P



What does the chart show/context:

At the end of December the Trust has spent £33.3M, behind the latest forecast by £1.4M. Forecast capital expenditure for the year has been revised to £67.5M following confirmation from NHS England/Improvement that previous reductions to meet national funding constraints could be reversed.

Underlying issues:

£5M of the programme is funded from the surplus the Trust is planning to make in 2019-20 and is therefore at risk if the surplus is not delivered.

£1.5M is funded from the planned disposal of property assets. One asset has now been sold however there is a risk of £1m if the other sale does not proceed.

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: State of Care 2017/18 (October 2018)	State of Care is our annual assessment of health and social care in England. This year's State of Care finds that most people receive a good quality of care, but that people's experiences are often determined by how well different parts of local systems work together. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/state-care-201718-published
Care Quality Commission: Quality improvement in hospital trusts (September 2018)	The CQC's have published a report that explores how a number of high performing hospital trusts have used a systematic approach to quality improvement (QI) to ensure better patient outcomes and performance. Further information and the full report is available on the CQC Website at: https://www.cqc.org.uk/news/stories/how-hospital-trusts-are-embedding-quality-improvement-deliver-high-quality-sustainable
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
Assistant 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 Management Group	QMG
Safety & Outcomes Sub-Committee	SOSC
Patient Experience Sub-Group	PESG
Mortality Improvement Group	MIG
Quality Improvement Steering Group	QISG