

## Leeds Case Study – June 2016

Leeds Teaching Hospitals NHS Trust is one of the largest Trusts in the country employing 16,000 staff, it has two large A&E departments, and an annual income of £1 billion. It serves an immediate population of 780,000 and a regional population of 5.4 million. It operates across seven different hospital sites and has 168 different clinical services.

Under any circumstances planning capacity and services in such an organisation can be challenging. Everyone knows how important it is to think strategically and to try and find long term sustainable solutions but under the intense pressure of day to day operational demands, finding the time to step back and develop an effective planning process can be really difficult. Too often, keeping the show on the road takes precedent.

The Trust has an experienced and highly capable information team in house, but as Paul Cook, an information manager at the Trust observes: “In the last few years we’ve tried many different ways of delivering the planning process and developed a different spread sheet model practically every year. Planning like this means there is no continuity for clinical teams. They cannot see how their service is developing.” A disjointed and inconsistent process meant that it was often difficult to reconcile the corporate trust-wide position with what commissioners wanted, let alone what individual clinical teams thought was deliverable.

Leaf Mobbs, Assistant Director of Operations explains: “Year after year the question kept coming up: How are we *not* going to do this again?” With so many resource allocation and performance decisions hanging on the credibility of the planning process there really had to be a better way.

Last year the Trust turned to Checklist.

The planning software is now helping to transform the whole situation with benefits right across the board:

1. For the Informatics Department, which hasn’t had to use up scarce and precious time building (and endlessly tinkering with) a not very satisfactory spreadsheet model.
2. For clinicians, who have started to rely on the rigorous way that Checklist handles prioritisation and provides an objective assessment of demand. This increased confidence in the outputs means that clinicians are willing to throw their weight behind the process, ensuring deeper engagement.
3. For management teams, for whom working with Checklist has provoked a range of strategic conversations about market share, GP referral patterns, efficiency, workforce planning, capacity and phased delivery.
4. For the Trust as a whole, which can engage better with commissioners and provide objective evidence of the impact of demand and improved efficiency.
5. And finally, for NHS Improvement who have access to detailed and credible plans based on fact and evidence.

Looking to the future, what else can be done? Over the last year the Trust has used Checklist to develop a really robust and credible model for activity; it has a much better understanding of what it needs to do.

The next big challenge is for clinical teams to plan their capacity in a completely realistic way. Checklist is now giving them the capacity modelling capability that they need to understand required levels of bed, clinic and theatre capacity required in order to respond to demand.

This Case Study has been prepared by The Checklist Partnership Ltd and approved for publication by the Director of Strategy and the Communications Dept of Leeds Teaching Hospitals NHS Trust.