

APPENDIX A - LLR CCG Performance Data Report – July 2022

Purpose of Report

The report outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group formation and an update on the 21/22 NHS Oversight Framework. As the Clinical Commissioning Groups (CCGs) move from three CCGs to an Integrated Care System (ICS), the governance reflects the move to work towards a shared vision and ownership of health solutions.

The report contains information on Covid-19 vaccination uptake for Rutland residents to 20-June-22. The Performance Overview section of the report provides the Committee with an update on East Leicestershire and Rutland CCG performance, based on available data at 20th June 2022.

Appendix 1 provides an overview of the most recent performance data for Out of County Providers relevant to Rutland residents (Peterborough, Northampton, Lincolnshire, Kettering and Cambridge), as well as UHL.

LLR Health System Governance, Structure and Design Group Formation

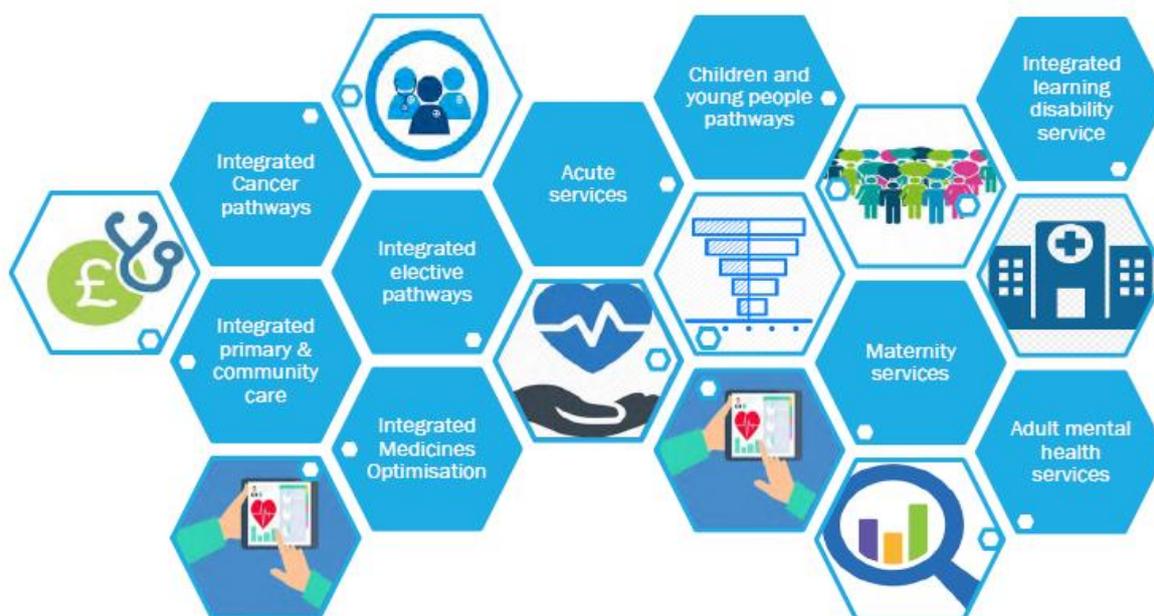
On 1st July 2022 the Leicester, Leicestershire and Rutland Clinical Commissioning Groups will become an Integrated Care Partnership working with system partners for improved care and outcomes.

As part of the ICS development there have been governance changes bringing quality and performance improvement conversations into a newly formed ICS System Quality Group who are meeting for the first time on 16th June. This has health and care representatives alongside local authority, health inequalities and patient colleagues.

The purpose of the group is to provide a strategic forum to facilitate engagement, intelligence-sharing, learning and quality improvement across the ICS and it will report into the Quality, safety and assurance committee separating the operational and assurance functions. This also fits with the requirements of the National Quality Boards and ensures the LLR ICS is compliant with their statutory duties and obligations.

Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups, soon to be Collaboratives. These are system groups; planning, designing and transforming services.

They will take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below:



NHS Oversight Framework

Detailed performance reporting on the NHS System Oversight Framework 2021/22 (<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>) will be presented quarterly to the new LLR ICS System Quality Group (SQG) and was last presented in May 22 to the LLR ICS Quality and Performance Improvement Assurance Committee.

Each month SQG receives a high-level overview around the areas which are most under scrutiny by regulators. This focuses on primary care, Priority 2 patients, elective long waiters, cancer, ambulance handovers, urgent care, mental health and covid vaccinations.

For most reporting Rutland cannot be identified separately to East Leicestershire as national performance metrics are reported publicly by Clinical Commissioning Group (East Leicestershire & Rutland) or Integrated Care System (Leicester, Leicestershire & Rutland).

Covid Vaccination Uptake

The below is data on uptake of Covid-19 vaccinations uptake for Rutland residents. It shows the latest percentage of people aged 12 and over who have received a COVID-19 vaccination, by dose.

As at 20th June 2022, 91% of residents aged 12 and over had received the first dose, 87% received the second dose and 73% received their booster of the Covid-19 vaccination.

This compares favourably to the Leicestershire position of 70%, Leicester City position of 46% and the overall England position of 69% of residents, over 12yrs old, receiving boosters.

Vaccinations in Rutland ▾

People vaccinated

First dose total
34,418

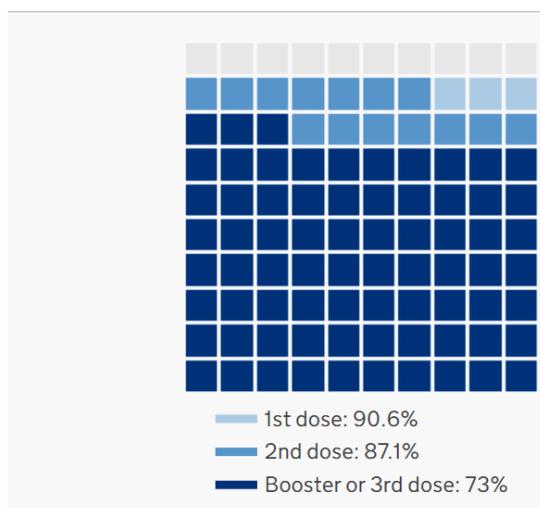
Second dose total
33,096

Booster or third dose total
27,742

Vaccinations given

Total
95,256

Vaccinations in Rutland ▼



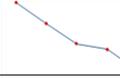
CCG Performance

The following provides an explanation for the key Constitutional indicators. Locally sourced 2021/22 data has been provided in the table below. Details of local actions in place in relation to key metrics are also shown.

Appendix 1 provides an overview of the most recent performance data for Out of County Providers relevant to Rutland residents (Peterborough, Northampton, Lincolnshire, Kettering and Cambridge), as well as UHL.

NHS Constitution metric and explanation of metric	Latest 20/21 Performance	Local actions in place / supporting information
<p>Cancer 62 days from referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment.</p> <p>Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.</p>	<p><u>National Target >85%</u> April 22</p> <p>ELR patients (All Providers) 47% (43/91 pts)</p> <p>Further detail by local provider in Appendix 1</p>	<p>UHL Waiting list volumes for 62 day remain high as a result of ongoing demand for 2WW. The Trust continue to clinically prioritise all patients on a cancer pathway with ongoing focus on ensuring theatre sessions are protected where possible.</p> <p>NWAF Cancer performance remains challenged and significantly below current national performance. Actions in the cancer recovery plan continue to be monitored to drive improvements in performance across a number of key cancer sites.</p>

		KGH The Trust did not meet this standard. Cancer recovery plan in place and reviewed weekly at Access Board.
<p>A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department.</p> <p>This measure aims to encourage providers to improve health outcomes and patient experience of A&E.</p>	<p><u>National Target >95%</u> May 22</p> <p>University Hospitals Leicester (UHL) A&E – all patients attending 56%</p> <p>North West Anglia Foundation Trust (NWAFT) A&E – all patients attending 53%</p>	<p>UHL There has been a high inflow of both walk-in and ambulance arrivals. Crowding in ED due to chronic and sustained lack of outflow. The mobile UTC on LRI site is working well to support deflection of patients away from ED. Trust investment process confirmed for additional funding of overnight ED consultant shift.</p> <p>NWAFT There has been a significant increase in the level of activity being admitted directly to Same Day Emergency Care (SDEC) services compared to previous years.</p>

Urgent Care	National Target	All patients attending	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD	
Total time spent in UHL A&E <4 hours (all types)	>95%	University Hospital Leicester (UHL)	69%	67%	63%	63%	57%	57%	62%	
		North West Anglia Foundation Trust (NWAFT)	80%	72%	65%	63%	56%	59%	66%	
		Kettering General Hospital (KGH)	CRS Trial Site							

<p>18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.</p>	<p><u>National Target >92%</u> April 22</p> <p>ELR patients (All Providers) 50%</p> <p>Total ELR patients waiting; 41,327 of which:</p> <ul style="list-style-type: none"> - 4,731 patients are waiting more than 52weeks and - 300 patients are waiting more than 104weeks 	<p>UHL Additional activity has been secured through mutual aid at Kettering/NGH and Grantham hospitals with further hospitals to be identified for patient whom are willing to travel outside of LLR. Planning for a day case unit at the LGH has started with the aim to support the long-term ambitions for elective performance by increasing overall elective capacity.</p> <p>NWAFT The increase in the overall incomplete waiting list has primarily been driven by a significant increase in referrals in March, in addition to a reduced volume of planned activity delivered through April.</p>
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		KGH Consultants will conduct clinical harm reviews on patients who have waited in excess of 52 weeks. Weekly PTL meetings are used to monitor patient pathways and ensure any issues are escalated.
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	Total ELR patients waiting	Total ELR patients waiting over 52 weeks	Total ELR patients waiting over 104 weeks
UHL	32,884	4373	285
NWAFT	1700	64	0
KGH	835	4	3

<p>Improving Access to Psychological Therapies (IAPT)</p> <p>The primary purpose of this indicator is to measure improvements in access to psychological therapy services for adults with depression and/or anxiety disorders</p> <p>Recovery levels are a useful measure of patient outcome and helps to inform service development</p>	<p><u>% Adults accessing IAPT services, from a defined prevalence</u></p> <p><u>LLR/NHSE/I target >17.3%</u> YTD March 22 ELR – 23.1% (6,365 pts entering treatment April 21 - March 22)</p> <p><u>% of people who complete treatment who are moving to recovery</u></p> <p><u>National target >50%</u> YTD March 22 ELR – 56.58%</p>	<p>IAPT access rates have been improving since the start of the financial year with the commencement of the new LLR provider.</p> <p>The current achievement is 23.1% against a target of 17.3%.</p> <p>IAPT recovery continues to perform above the 50% target.</p>
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<p>Dementia</p> <p>Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations</p>	<p><u>National Target >67%</u> May 22</p> <p>Rutland LA 49% (344pts)</p> <p>ELR CCG 58% (2941pts)</p>	<p>The current risks are in line with the national picture of dementia prevalence rates declining, impacted directly by COVID-19.</p> <p>Transformation Officer has been in post from Jan 2022.</p> <p>Reconfigured leadership governance and fully representative on Homefirst, care homes, frailty and older persons sub-groups to strategically connect dementia agenda across the system alongside the Mental Health design Group.</p>
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		<p>System working across the partnership to increase dementia diagnosis rate. Inclusive work to scope referral pathways to be undertaken to identify gaps/health inequalities.</p> <p>Recovery plan to be developed for memory assessment clinic to address long waiting lists</p>															
Dementia	National Target		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
Diagnosis rate for people aged 65 and over with dementia	>66.7%	Rutland LA	51.5%	53.3%	53.2%	53.0%	52.5%	52.7%	53.2%	52.2%	51.7%	51.8%	50.9%	50.3%	50.0%	49.2%	
		ELR CCG	59.6%	60.0%	60.1%	60.1%	60.0%	60.0%	60.2%	59.7%	59.2%	58.6%	58.4%	58.2%	58.0%	57.8%	

Areas of Improvement

There are some areas which are worth commenting on, that have shown improvement:

- There has been an overall increase in the number of General Practice appointments across Leicester, Leicestershire & Rutland (LLR). In April 22 there were 502,049 appointments, more than in April 20 and April 21.
- The number of patients waiting over 104 weeks for elective treatment has reduced each month from a January 22 peak.
- IAPT recovery continues to achieve the national target.
- LLR is the only ICS in the Midlands to have no 'Inappropriate adult acute mental health Out of Area Placements (OAPs)' in the last 7 months. An OAP is inappropriate if the reason is non-availability of a local bed.

Appendix 1

Please note the data in the below table relates to ELR patients only.

Indicator	Target	Date of data	UHL	Northampton General Hospital	United Lincolnshire Hospital	North West Anglia NHS Foundation Trust	Cambridge University Hospital	Kettering General Hospital
Cancer 2 Week Wait from GP referral	>93%	Apr-22	82.20% 928/1129	100% 3/3		61.63% 53/86	100% 1/1	97.83% 45/46
Cancer 31 day first definitive treatment	>96%	Apr-22	84.76% 89/105	0% 0/1		90.00% 9/10	100% 1/2	83.33% 5/6
Cancer 62 day GP referral to first definitive treatment	>85%	Apr-22	46.58% 34/73			55.56% 5/9	0% 0/1	66.62% 3/3
Cancer- 28 Day FDS two week referral	>75%	Apr-22	77.35% 823/1064	100% 1/1		68.92% 51/74		84.62% 33/39
RTT-18 Weeks Incompletes	>92%	Apr-22	48.48%	88.24%	53.41%	61.76%	62.32%	64.91%
RTT-Overall size of the waiting list		Apr-22	32, 884	68	88	1700	69	835
RTT -Patients waiting over 52 weeks for treatment	0	Apr-22	4373	2	2	64	5	4
RTT -Patients waiting over 104 weeks for treatment	0	Apr-22	285	0	0	0	0	3

Data source- Aristotle
*Note for the Cancer and RTT metrics, the data relates to ELR patients only.

University Hospitals of Leicester source; Quality and Performance Report, 9 June 22 https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/	
Indicator	Action in Place
Cancer	<p>Referrals remain high and remain above pre pandemic levels, with significant increase in Haematology, Head and Neck & Upper / Lower GI. Capacity pressures along with workforce issues (vacancies and sickness) are presenting particular challenges.</p> <p>The 2WW demand and backlogs, particularly in Breast and ENT, continue to directly impact on performance for 2WW and 62 day, although both are improving with breast booking with 14 days.</p> <p>Specific actions are in place; with further improvements predicted mainly in 2ww and FDS. These include new pathways in the community, utilisation of the independent sector, insourcing, Face to Face GP appointments, recruitment to locums and waiting list initiatives. Urology backlog and 62-day position remains a significant concern; East Midlands Cancer Alliance (EMCA) are supporting regional Urology meetings with a view to further mutual aid and Cancer Centre resources are supporting streamlining of the Urology pathway.</p>
RTT and 52 week waits	<p>RTT- Elective capacity remains challenging through staff vacancies and sickness but through the introduction of a number of Elective Recovery Fund (ERF) schemes the Trust have been able to bridge some of this gap. New Agreements with Independent Sector (IS) providers have been put in place to support the 104+ positions and Get It Right First Time (GIRFT) have supported on successfully agreeing further mutual aid with Grantham to support Orthopaedics and Urology.</p> <p>Actions:</p>

	<ul style="list-style-type: none"> - Complete Induction for New RTT validators and along with competencies to ensure we are able to step down the external validation team at end of June. - Contract to be extended for external validation team to 30th June. Funding approved through ERF. - Booking centre to start contact patients on the non-admitted waiting list, starting with Gynaecology <p>52wk waits- There has been significant pressures due to the emergency demand and COVID-29 current inpatients, UHL has reported operational OPEL 4 levels on a regular basis.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Review waiting list from 78+ for patients suitable to transfer to alternative providers. (Grantham, Kettering/Northants and Park BMI) -Expected demand model for proposed day case unit at the LGH
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North West Anglia Foundation Trust source; Integrated Performance Report, 14 June 22 https://www.nwangliافت.nhs.uk/about-us/trust-board/board-papers-meetings/	
Indicator	Action in Place
Cancer	<p>Overall cancer performance remains challenged with particular challenged in the diagnostic stage of the pathway with delays in both endoscopy and imaging which are both essential to the pathways.</p> <p>2WW: performance has declined and this has mainly been driven by an increase in the number of breaches in colorectal and skin cancer. The Trust continue to see an increase in 2WW referrals which are now higher than pre-COVID levels This is impacting on all areas. Skin 2WW performance continues to benefit from additional insourcing in both Dermatology and Plastic Surgery. This is adding additional capacity to first outpatients as well as ensuring patients are treated in a one stop clinic.</p> <p>62 Day Performance: Performance remained consistent with the previous month. The tumour sites with the largest number of 62 Day breaches are in Breast, Colorectal, Skin and Urology.</p> <p>The cancer recovery plan agreed via the Trusts Performance and Estates Committee continues to be monitored against agreed trajectories, along with the delivery of underpinning actions. This is also being supported by a refreshed PTL management approach including escalations for patients who are forecast to breach standard.</p>
RTT and 52 week waits	<p>RTT- The overall Trust waiting list has increased and this includes patients currently reported under Referral Assessment Service (RAS). The delivery of planned activity was impacted by a number of factors, including the continued impact of urgent care demand on hospital capacity, continued staffing absence and the additional bank holidays in month. The impact on activity can be seen. For the total volume of activity for both day cases and outpatient in particular, while activity is lower in month, the run rate of activity delivered per working day increases demonstrating that there are improvements within planned care. As a result of this, a significant stepped change in the delivery of planned activity is now required in order to meet planning objectives for 2022/23.</p>

	52wk waits- All clinical divisions are working across specialties to reduce the number of patients waiting over 52 weeks, ensuring there are plans in place to manage this in the Trust and with the independent sector.
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Kettering General Hospital source; Integrated Governance Report, 27 May 22 https://www.kgh.nhs.uk/download.cfm?doc=docm93jjim4n3246.pdf&ver=6460	
Indicator	Action in Place
Cancer	<p>The Trust continue to struggle with 2-week, 62 Day and Screening Treatments. The Trust continue with the weekly Confirm and Challenge meetings which review all patients sitting at 45 days+ in their pathway. This is chaired by the Cancer management Team and Dep COO and governed via the weekly Patient Access Board.</p> <p>Delays continue to be seen as a result of patients delaying next steps with other commitments, in particular holidays. Patients delaying pathways are being contacted in order to offer reassurance and encourage to attend. The backlog (patients over 63 days) has seen an increase in early May and this needs to be reduced by the end of May to provide assurance of delivery of the 62-day target in June/July.</p>
RTT	<p>The RTT PTL has significantly increased over the last year. This has been driven by increasing demand (referrals) and not being back to pre-pandemic capacity.</p> <p>Elective sessions have increased, although availability has been limited by holidays, COVID infections and patient choice. Transfers from Leicester will increase as the Trust accepts patients in ENT and General Surgery. Consultants will conduct reviews on patients who have waited in excess of 52 weeks and weekly PTL meetings are being used to monitor patient pathways and any issues escalated as required.</p>