

LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SYSTEM

PERFORMANCE REPORT: NOVEMBER 2022

Purpose of Report

The report outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Collaborative / Design Group formation.

The report contains information on Covid-19 vaccination uptake for Rutland residents to 13-October-22. The Performance Overview section of the report provides the Committee with an update on East Leicestershire and Rutland performance, based on available data at 20th October 2022, alongside local actions in place.

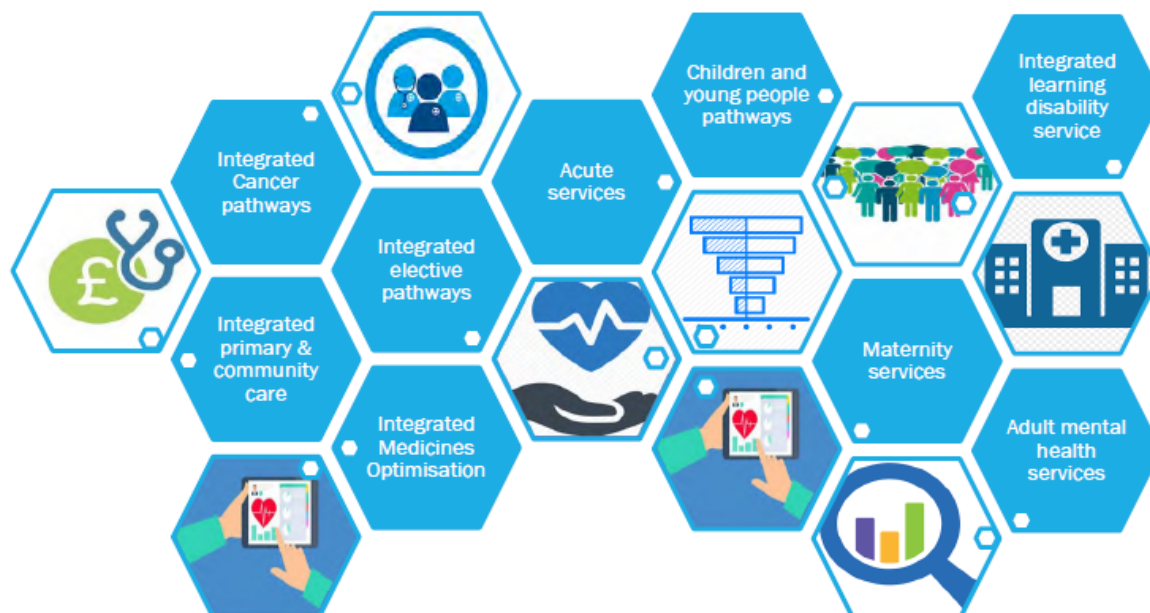
Appendix 1 provides an overview of the most recent performance data for Out of County Providers relevant to Rutland residents (Peterborough, Northampton, Lincolnshire, Kettering and Cambridge), as well as UHL.

LLR Health System Governance, Structure and Design Group Formation

The Integrated Care Board (ICB) is the statutory organisation that was formally established on 1st July 2022. This is the health element of the Integrated Care System (ICS), which works with providers and partners to take decisions about how health and social care services are coordinated.

In line with the National Quality Board requirements the LLR ICB has reviewed the governance structures in place. Since July there has been a System Quality Group who meet and report into the Quality and Safety Committee around quality issues and topics. Performance is reported into the System Executive Group and escalated into the Integrated Care Board

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 System Oversight Framework

The Performance section of this report provides an update on East Leicestershire and Rutland operational performance against key national standards.

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

A monthly performance report is presented to the System Executive Group (SEG), this is based on the Winter Plan, key performance priorities of the LLR System and high level overview of the areas which most require improvement e.g. urgent and emergency care including ambulance handovers; elective waiters including 104 weeks; cancer and access to primary care as some of the examples.

A detailed performance report, based on the NHS System Oversight Framework (<https://www.england.nhs.uk/nhs-oversight-framework/>) was last presented in May 22 to the LLR ICS Quality and Performance Improvement Assurance Committee. Due to lack of national data being made available there has not been a more up to date pack produced but when national data is available, this will be presented to SEG.

Performance reporting is also a key element of the new Collaboratives and Design Groups, and many of these groups have Quality & Performance subgroups, which receive Performance reports throughout the year.

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 13th October 2022, 90% 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 ▾

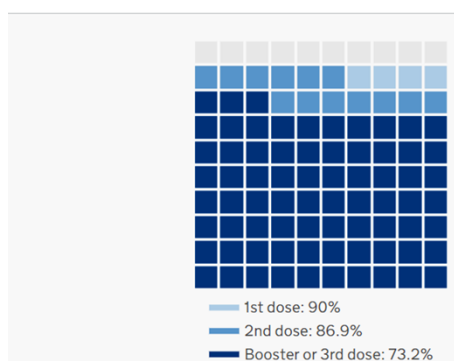
People vaccinated

First dose total	Second dose total	Booster or third dose total
34,256	33,073	27,841

Vaccinations given

Total
95,170

Vaccinations in Rutland ▾



Health Performance Indicators

The following table provides an explanation of the key performance indicators, the latest performance for East Leicestershire & Rutland (as available on 20th October 22) and details of some local actions in place.

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 21/22 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> August 22</p> <p>ELR patients (All Providers) 63% (66/105 pts)</p> <p>Further detail by local provider in Appendix 1</p>	<p>UHL There are capacity constraints across all points of the pathways and high backlog levels being treated. Workforce challenges remain both in admin and clinical areas. The Trust continue to clinically prioritise all patients.</p> <p>NWAFT Demand outstrips capacity for a number of tumour site but more specifically for skin, colorectal and urology pathways. A number of initiatives are being finalised for delivery of additional activity.</p> <p>KGH Elective performance targets including cancer performance remains in the top quartile within the region.</p>
<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> September 22</p> <p>University Hospitals Leicester (UHL) A&E – all patients attending 55%</p> <p>North West Anglia Foundation Trust (NWAFT) A&E – all patients attending 61%</p>	<p>UHL Crowding in ED due to chronic and sustained lack of flow, high inflow of both walk-in and ambulance arrivals & bed occupancy >85% contributing to performance within ED.</p> <p>Actions include; Overnight consultant in ED rota in place and increase uptake in shifts noted, LRI's Minor Injuries and Minor Illness (MIaMI) agreement to extend opening times from Mid-September.</p> <p>NWAFT The 4-hour performance has improved in month, with a decrease in the number of patient spending over 12 hours in the accident and emergency department. Ambulance handovers in excess of 60 minutes also improved with the average handover time also reducing.</p>

Urgent Care	National Target	All patients attending	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD	
Total time spent in UHL A&E <4 hours (all types)	>95%	University Hospital Leicester (UHL)	56%	56%	56%	57%	57%	55%	56%	
		North West Anglia Foundation Trust (NWAFT)	57%	53%	52%	49%	52%	61%	54%	
		Kettering General Hospital (KGH)	CRS Trial Site							

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.

National Target >92% August 22

ELR patients (All Providers) 50%

Total ELR patients waiting; 42,496 of which:

- 5,328 patients are waiting more than 52weeks,
- 935 patients are waiting more than 78weeks and
- 78 patients are waiting more than 104weeks

UHL Causes include impact of reduced outpatients and inpatient activity, due to COVID 19 and the social distancing and infection prevention measures, reduction in theatre capacity to support ITU resulting in significant growth of the Admitted waiting list and referrals increasing but still below 19/20 levels

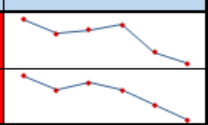
Actions to improve performance; Nine Elective Recovery Interventions will be managed as programmes of work, development of Elective Hub ongoing, meeting with the Nuffield and UHL clinicians to discuss and agree future ENT support.

NWAFT Large increases in referrals through the first four months of the year have been mitigated through insourcing in a number of key areas, however now this has largely ended, if demand remains at this level, it is expected the total RTT waiting list will increase. The Trust is exploring the use of the 'independent sector' as well as incentivising own staff for waiting list initiatives as well as continuation of a number of insourcing contracts

KGH Throughout July staff absence remained higher than previous months which had a direct impact on clinic and theatre list provision, this resulted in a deficit in the number of elective procedures planned.

Surgical specialities have further opportunities to improve session and theatre utilisation, and the work being driven by the theatre productivity programme is positively impacting on the number of patients actively being treated.

	Total ELR patients waiting	ELR Patients Waiting over 52weeks	ELR Patients Waiting over 78weeks	ELR Patients Waiting over 104weeks
UHL	34,124	4784	879	62
NWAFT	1832	95	8	0
KGH	917	3	2	2

Dementia		National Target >67% September 22		Performance has dropped and remains under the national target of 66.7%.					
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		Rutland LA 48% (337pts)		Increased resources to LLR commissioned provider to deliver increased levels of pre and post support in the community. Ongoing support is offered via commissioned pre and post support service for dementia patients and carers.					
ELR CCG 57% (2980pts)									
Dementia	National Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
Diagnosis rate for people aged 65 and over with dementia	>66.7%	Rutland LA	50.0%	49.2%	49.4%	49.7%	48.2%	47.6%	
		ELR CCG	58.0%	57.8%	57.9%	57.8%	57.6%	57.4%	

Areas of Improvement

There are some areas that are worth commenting on and have shown recent improvement:

- There has been an overall increase in the number of General Practice appointments across Leicestershire & Rutland. In August 22 there were 378,151 appointments, more than in Aug 19, Aug 20 and Aug 21.
- The number of patients waiting over 104 weeks for elective treatment has reduced each month from a January 22 peak.
At the end of August 22 there were 78 East Leicestershire and Rutland patients waiting over 104weeks, at a number of different Acute providers. This peaked at 508 patients in January 22.
- Following poor performance during Winter 21/22, there have been improvements in the percentage of patients being seen within 2 weeks following an urgent Cancer referral, although this is still not achieving the national target.
- Faster Diagnosis of Cancer within 28days continues to meet the national standard, again following poorer performance last Winter.

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%	Aug-22	85.27% 1279/1500		100% 8/8	42.86% 42/98	100% 1/1	90.28% 65/72
Cancer 31 day first definitive treatment	>96%	Aug-22	91.03% 142/156	50.00% 1/2		87.50% 7/8	100% 1/1	100% 4/4
Cancer 62 day GP referral to first definitive treatment	>85%	Aug-22	62.50% 60/96			50.00% 2/4	0% 0/1	100% 1/1
Cancer- 28 Day FDS two week referral	>75%	Aug-22	76.80% 1039/1326		60.00% 3/5	46.91% 38/81		83.33% 53/60
RTT-18 Weeks Incompletes	>92%	Aug-22	48.14%	61.97%	59.46%	60.70%	59.52%	70.23%
RTT-Overall size of the waiting list		Aug-22	34,124	71	111	1,832	84	917
RTT -Patients waiting over 52 weeks for treatment	0	Aug-22	4784	10	5	95	7	3
RTT -Patients waiting over 78 weeks for treatment	0	Aug-22	879	9	1	8	2	2
RTT -Patients waiting over 104 weeks for treatment	0	Aug-22	62	9	0	0	0	2

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, 6 October 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 increases in Colorectal and Dermatology. Capacity and workforce pressures are continuing to be the biggest constraint. The 2WW demand and backlogs continue to directly impact on performance. 1st appointment wait times and time to decision to treat are key area of focus to support 62-day performance. It is important to note that whilst backlog clearance continues this will adversely affect 62-day performance.</p> <p>A demand and capacity review is underway with all tumour sites to support updated recovery action plans. These include mutual aid and collaborative working with partners to support improvements in recovery and performance. A diagnostic bid of £9 million for endoscopy, imaging and pathology equipment submitted to NHSE/I in September.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Monthly CMG/tumour site recovery action plan meeting held with all tumour sites - Clinically prioritise all cancer patients - Work with East Midlands Cancer Alliance (EMCA), NHSE and regional providers to seek mutual aid - Review national timed pathways and identify possible areas for improvement
Urgent Care	<p>Overcrowding in ED due to chronic and sustained lack of flow resulting in long waits. There is a high in-flow of both walk-in and ambulance arrivals.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Overnight consultant in ED rota in place - Focused work on flow through the hospital to include board rounds, criteria led discharge, TTO's - Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards - Ensure full utilisation of LGH Medical beds
RTT and 52 week waits	<p>Overall waiting list numbers have increased, and this has been experienced nationally. August has seen an improvement in patients who have breached 104+ weeks. Elective capacity remains a challenge at UHL due to staff vacancies and sickness, particularly for</p>

	<p>anaesthetists and admin booking teams. The Trust is reliant on using insourcing to bridge gaps. GIRFT continues to support Mutual Aid and the system is liaising with IS providers to secure additional capacity as we head in the winter period.</p> <p>Actions:</p> <ul style="list-style-type: none"> - 78+ trajectories meetings taking place with each speciality - Meeting being planned with the Nuffield and UHL clinicians to discuss and agree future ENT support - Extension to cardiac surgery at the BMI/Circle Nottingham to the end of Q2 with sessions in place moving from weekly to bi-weekly - Nine Elective Recovery Interventions will be managed as programmes of work. Calls with IST being arranged to agree support required.
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North West Anglia Foundation Trust source; Integrated Performance Report, 10 October 22 https://www.nwangliaft.nhs.uk/about-us/trust-board/board-papers-meetings/	
Indicator	Action in Place
Cancer	<p>Cancer performance to month 4 remains challenged, particularly across two week wait and 62-day performance standards, and significantly below current national performance. The Trust is working on delivering the cancer improvement plan with focus on reducing the 104 days pathways and improving compliance with the two week access standard.</p> <p>Demand outstrips capacity for a number of tumour site but more specifically for skin, colorectal and urology pathways. A number of initiatives are being finalised for delivery of additional activity.</p> <p>Cancer performance remains significantly challenged with the majority of cancer indicators not achieved. There are challenges across various stages of cancer pathways, but in particular as a result of diagnostic and outpatient capacity.</p> <ul style="list-style-type: none"> • Outpatient capacity is primarily an issue for both colorectal and skin. For skin in particular there are now a large number of appointment slot issues where the specialty has not been able to identify capacity. This is impacting on overall 2 Week Wait performance. • Capacity in endoscopy has affected by the availability of clinicians through July with a reduction in the number of lists being provided across the Trust. Endoscopy has been identified as one of the main diagnostic areas effecting cancer performance in previous months and the July position has therefore exacerbated this. This is impacting on 62-day performance for Colorectal. • A number of initiatives including use of the independent sector is being scoped. <p>Cancer 62 Day Backlog - recovery of backlog position for cancer 62 days remains the core priority in cancer nationally, and for the Trust. While the backlog position remains variable, there is overall a reducing trend within the reported position. While long waiting patients are treated it is forecast that there will continue to be an impact to the 62-day performance standard.</p>
Urgent Care	<p>Unplanned care performance has remained significantly challenged in month resulting in limited improvement in overall 4-hour performance in month. Average Length of Stay and Occupancy levels also increased.</p> <ul style="list-style-type: none"> • The number of attendances fell in month however remain significantly higher than 2019/20 levels of activity due to the addition of the UTC activity since July 2021. Type 1 activity compared to 19/20 is higher at Hinchingsbrooke. • There has been a stepped change in the overall 4 hr performance since the middle of August due to additional escalation actions and rolling out the ambulance offload improvement plan agreed with the national UEC Director.

	<ul style="list-style-type: none"> • The percentage of patients spending over 12 hours in the department in month saw a marginal improvement. This reflects a small improvement in overall occupancy and the use of elective areas to support unplanned care capacity. • Occupancy in the Trust for General and Acute beds improved, but remains high, in particular at Peterborough City Hospital. This is being driven by a reduction in the average daily discharges, as well as an increase in the number of patients with a long length of stay. This is particularly evident in patients with a length of stay over 21 days which has a significant impact on overall capacity.
RTT and 52 week waits	<p>Planned care referrals especially for cancer pathways remain high outstripping capacity within the Trust.</p> <p>The overall rate of referrals remains high, which is contributing to the increase in the overall waiting list large increases through the first four months of the year have been mitigated through insourcing in a number of key areas, however now this has largely ended, if demand remains at this level, it is expected the total RTT waiting list will increase The total number of patients over 52 weeks after initially decreasing is now increasing sharply this is linked to an increase in referrals in the first quarter of 2021 22 which are now reaching 52 weeks.</p>

Kettering General Hospital source; Integrated Governance Report, 30 September 22
<https://www.kgh.nhs.uk/board-of-directors-and-board-meetings/>

Indicator	Action in Place
Cancer	<p>An increase in COVID related delays, both with workforce and staff has affected booking times of diagnosis. Further capacity is required for Gynae One Stop Clinic and the service are seeking additional estate and staffing resource for increased hysteroscopy capacity. The Trust continue to hold the twice weekly Confirm and Challenge meetings chaired by the cancer management team and the Deputy Chief Operating Officer (DCOO) and every patient passed the breach date and up to day 31 of their pathway is discussed.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Cancer recovery action plan discussed and updated weekly - Increased PTL meetings continue to maintain focus and performance
Urgent Care	<p>Challenges with overcrowding in waiting areas remain. This creates an enormous pressure on our Emergency Department to safely manage the patient footfall.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Ongoing collaborative work with East Midlands Ambulance Service (EMAS) to increase the number of direct EMAS conveyances to Medical Same Day Emergency Care (MSDEC), and/or stream directly from ED at the point of arrival as appropriate. - Launch of the new Ambulatory majors process to support effective streaming and management of patients; whilst maximising use of ED footprint - External comms work to promote 111 pathways as an alternative to patients who ordinarily attend ED
RTT	<p>Performance against activity targets varied by speciality, with particular issues in Ear, Nose and Throat and theatre utilisation being below target due to the delayed roll-out of the new scheduling tool within surgical specialities until 31 August; staffing unavailability in Theatres was also a key limiting factor, in response to which a recruitment drive was underway. Mutual Aid patients continue to be transferred from UHL which are given priority for OPA and IP treatment to support the regional request to see long waits cleared by the end of the FY. Patient choice also continues to be a root cause for delays to treatment as patients are choosing to wait.</p> <p>Actions:</p> <ul style="list-style-type: none"> - Work continues to ensure patients are booked as soon as practically possible - Theatre utilisation being monitored to maximise capacity and patients being treated