

# LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SERVICE

## PERFORMANCE REPORT: 9 MARCH 2023

### 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 2 February 23. The Performance Overview section of the report provides the Committee with an update on East Leicestershire and Rutland performance, based on available data at 8<sup>th</sup> February 2023, 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.

### 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 Committee (SEC), 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 on 27 Jan 23 to the LLR ICS System Executive Committee.

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

As of 2<sup>nd</sup> February 2023, 90% of residents aged 12 and over had received the first dose, 87% received the second dose and 74% 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 70% of residents, over 12yrs old, receiving boosters.

## Vaccinations in Rutland ▼

### People vaccinated

First dose total

34,724

Second dose total

33,555

Booster or third dose total

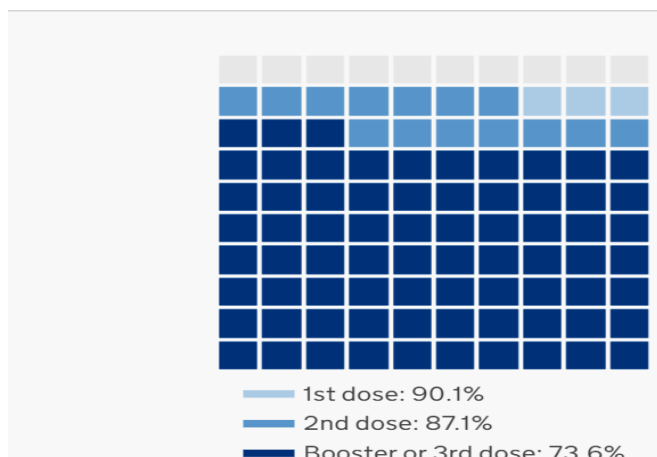
28,357

### Vaccinations given

Total

96,636

## 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 8<sup>th</sup> February 23) 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 22/23 Performance	Local actions in place / supporting information
<p><b>Cancer 62 days from referral to treatment</b></p> <p>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 &gt;85%</u> December 22</p> <p>ELR patients (All Providers) 44% (38/87 pts)</p> <p>Further detail by local provider in Appendix 1</p>	<p><b>UHL</b> There are capacity constraints across all points of the pathways and high backlog levels being treated and prioritised which has had a direct impact on performance. Workforce challenges remain. The Trust continue to clinically prioritise all patients.</p> <p><b>NWAF</b> Cancer 62 day waits remain a focus for particular attention in the light of high numbers, particularly for colorectal patients. This is being addressed through specific improvement</p>

work, alongside general improvement now happening now in other main specialties.

**KGH** Due to the increase in 2WW referrals for Prostate from previous months 'Turnbull effect' combined with NHS PSA (prostate-specific antigen) invitation the Trust has seen a decrease compliance against the standard. Cancer recovery plan discussed and updated weekly by division.

**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.

This measure aims to encourage providers to improve health outcomes and patient experience of A&E.

**National Target >95%**  
 December 22

**University Hospitals Leicester (UHL) A&E – all patients attending, 48%**

**North West Anglia Foundation Trust (NWAFT) A&E – all patients attending. 49%**

**UHL** Crowding in ED due to chronic and sustained lack of flow, high inflow of both walk-in and ambulance arrivals & bed occupancy >90% contributing to performance within ED. Actions include Overnight consultant in ED, rota in place and increase uptake in shifts noted. LRI's Minor Injuries and Minor Illness (MIaMI) extended opening times from 8am to 12pm

**NWAFT** The 4-hour performance has seen a decline in month. Increased demand has resulted in an increase in the average waiting time for both admitted and non-admitted pathways.

Urgent Care	National Target	All patients attending	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	YTD	
Total time spent in UHL A&E <4 hours (all types)	>95%	University Hospital Leicester (UHL)	56%	56%	56%	57%	57%	55%	53%	51%	48%	54%	
		North West Anglia Foundation Trust (NWAFT)	57%	53%	52%	49%	52%	61%	57%	60%	49%	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%**  
 Dec 22

**ELR patients (All Providers) 48%**

Total ELR patients waiting;  
 43,295 of which:  
 - 5,281 patients are waiting more than 52weeks,

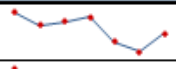

**UHL** The impact of COVID 19 on planned activity capacity has led to a growing backlog. Additionally operational pressures due to emergency demand and workforce challenges is impacting on the service.

Actions:-  
 -Elective Care Strategy developed eight key Elective Recovery Interventions aligned to the National  
 -Elective Recovery Framework.

	<ul style="list-style-type: none"> <li>- 988 patients are waiting more than 78weeks and</li> <li>- 36 patients are waiting more than 104weeks.</li> </ul>	<p>Demand and Capacity modelling being commissioned to support future planning.</p> <p>-Increased numbers sent to Nuffield Independent Sector (IS) provider and BMI Park.</p> <p><b>NWAFT</b> The overall rate of referrals remains high, which is contributing to the increase in the overall waiting list. If demand remains at this level it is expected the total RTT waiting list will increase.</p> <p><b>KGH</b> Operational pressures as the site fluctuates in and out of Critical incidents and OPEL4. This resulted in both in-patient (IP) and Out-patient (OP) activity being stood down. Additionally patient fitness and patient choice continues to be a root cause as patients declined treatment over Christmas and New Year.</p>
--	---	---

	Total ELR patients waiting	ELR Patients Waiting over 52weeks	ELR Patients Waiting over 78weeks	ELR Patients Waiting over 104weeks
<b>UHL</b>	34,970	4794	933	33
<b>NWAFT</b>	1952	109	18	1
<b>KGH</b>	895	6	2	1

<p><b>Dementia</b> 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><b>National Target &gt;67%</b> October 22</p> <p>Rutland LA 49% (345pts)</p> <p>ELR CCG 57% (2648pts)</p>	<p><i>Midland Mental Health High Level Reporting Dashboard Dec 22 – LLR ICS</i></p> <p>Northwest Leicestershire, Harborough &amp; Rutland identified as biggest areas of widening gap in Dementia Diagnosis Rate since Covid. Plans to work with Memory Assessment Service (MAS) to develop a trajectory to target these areas to improve this via their waiting lists and new referrals.</p> <p>MAS have piloted Occupational Therapy (OT) as part of post diagnostic support, delivering functional assessments - funding for pilot ends March 23. MAS review is currently underway with different workstreams that will address the number of people</p>
--	--	---

				waiting for assessment & diagnosis. Funding has been approved to operationalise weekend clinics from 14/01 - 30/03/23.						
Dementia	National Target		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-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%	48.7%	
		ELR CCG	58.0%	57.8%	57.9%	57.8%	57.6%	57.4%	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 December 22 there were a total of 375,140 appointments, this was more than in Dec 19, Dec 20 and Dec 21.
- The number of patients waiting over 104 weeks for elective treatment has reduced steadily each month for the last six consecutive months.  
At the end of Dec 22 there were 67 Leicestershire and Rutland patients waiting over 104 weeks, 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.
- UHL have seen an improvement in Ambulance handover delays in January and this has been a direct result of the opening of the BUS/POD which has reduced the average time to 42 mins from over an hour.

## Appendix 1

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

The numbers in brackets show the number of patients seen/treated within the relevant time against the total number referred. (E.g., At UHL, 1206 ELR patients were seen under the 2ww pathway in Dec 22, of which 1055 were seen within 2 weeks (87%))

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%	Dec-22	87.48% 1055/1206	100% 1/1	33.33% 1/3	55.06% 49/89		90.00% 45/50
Cancer 31 day first definitive treatment	>96%	Dec-22	81.05% 124/153		100% 4/4	87.50% 7/8	0.00% 0/1	87.50% 7/8
Cancer 62 day GP referral to first definitive treatment	>85%	Dec-22	40.26% 31/77			50.00% 2/4		100% 3/3
Cancer- 28 Day FDS two week referral	>75%	Dec-22	71.30% 847/1188	100% 1/1	50.00% 3/6	64.29% 45/70		89.74% 35/39
RTT-18 Weeks Incompletes	>92%	Dec-22	46.96%	67.19%	48.97%	53.84%	62.82%	63.80%
RTT-Overall size of the waiting list		Dec-22	34,970	64	290	1,952	78	895
RTT -Patients waiting over 52 weeks for treatment	0	Dec-22	4794	0	27	109	4	6
RTT -Patients waiting over 78 weeks for treatment	0	Dec-22	933	0	3	18	1	2
RTT -Patients waiting over 104 weeks for treatment	0	Dec-22	33	0	0	1	0	1
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 February 2023

<https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/>

Indicator	Action in Place
Cancer	<p>Referrals remain above pre pandemic levels. Despite the pathway improvements the 2WW standard remains at risk due to the sustained increase in demand, predominantly in out-patients, endoscopy and workforce challenges in both admin and clinical areas.</p> <p>62day and 104day backlogs remain high as a result of ongoing demand and capacity constraints, specifically outpatient, diagnostic and clinical administrative time. Urology remains the key area of concern. Oncology and radiotherapy capacity continues to be challenged with high wait times.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Weekly patient Tracking List (PTL) review including additional support in Urology.</li> <li>- The Trust continue to clinically prioritise all cancer patients.</li> <li>- Non-Site-Specific Symptoms pathway implemented 04/01/23.</li> <li>- Review national timed pathways and identify possible areas for improvement.</li> <li>- Significant investment to support Onc/Radth/Haem</li> </ul>
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"> <li>- Overnight consultant in ED rota in place. MIaMI extended opening times 8am to 12pm</li> <li>- Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards</li> <li>- Extension of discharge lounge at LRI</li> </ul>

	<ul style="list-style-type: none"> <li>- Redirect patients to Urgent Treatment Centres (UTC), Same Day Emergency Care (SDEC) and Walk in Centres</li> <li>- Focused work on flow through hospital to include board rounds and criteria led discharge</li> </ul>
RTT and 52 week waits	<p>Impact of COVID-19 on planned activity capacity has led to a growing backlog. Additionally significant operational pressures due to the emergency demand is impacting upon elective activity. Elective capacity remains challenged at UHL due to staff vacancies and sickness, particularly for anaesthetists leading to cancellations of theatre lists and admin teams impacting on ability to book.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework.</li> <li>- Increase numbers sent to Nuffield Independent Sector (IS) provider and BMI Park</li> <li>- Mutual aid request to be submitted on DMAS (Digital Mutual Aid System)</li> <li>- Establish future mutual aid requirements to get to 78-week position and then 65 weeks for March 2024.</li> <li>- Weekly meetings in place with Clinical Management Groups to go through individual plans for those patients at risk of being/or at 104 weeks, to ensure route to zero by the end of March.</li> </ul>

**North West Anglia Foundation Trust** source; Integrated Performance Report, 13 December 22

<https://www.nwangliaft.nhs.uk/about-us/trust-board/board-papers-meetings/>

Indicator	Action in Place
Cancer	<p>Cancer performance remains challenged with the majority of the cancer indicators not achieved. Challenges are across various stages of cancer pathway, but in particular due to diagnostic and outpatient capacity. The cancer sites driving overall performance are Colorectal, Skin and Urology.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Performance in Urology is also a key driver for 62 day performance with a large number of patients waiting trans perineal prostate biopsy (TPBX). Insourcing has commenced in this area to manage the longest waiting patients.</li> <li>• There are a number of vacancies across radiologists, consultant ultrasonographers and consultant radiographers which has limited the Trusts ability to deliver one stop triple assessment clinics in breast. This is leading to patients needing to return for second visits. Patients continuing to be sent to Cambridge University Hospital NHS Foundation Trust for their ultrasounds and biopsies.</li> <li>• Additional short term insourcing is in place within to support the position for skin cancer via Dermatology and Plastics.</li> </ul> <p>Cancer 62 Day Backlog - recovery of backlog position for cancer 62 days remains the core priority in cancer nationally, and for the Trust. The Trust currently has a challenging position against the planned trajectory. 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>The Trusts overall performance against the 4 hour standard in accident and emergency saw a small decline, driven by a deterioration in performance at Peterborough City Hospital. In contract performance at Hinchingbrooke hospital continued to improve.</p> <ul style="list-style-type: none"> <li>•Attendances also remain significantly higher than 2019/20 levels of activity.</li> <li>•Increased demand has resulted in an increase in the average waiting time for both admitted and non-admitted pathways</li> <li>•The percentage of patients spending over 12 hours in the department in month saw a marginal improvement. This is a reflection of the use of elective areas to support unplanned care capacity, in addition to the purchase of care home beds to discharge medically fit patients.</li> </ul>
RTT	<p>Activity delivery remains below 2019/20 levels across all elective points of delivery. This is a risk to the Trusts ability to keep activity at pace with referrals. The waiting list is expected to continue to increase month on month unless activity delivery increases.</p> <p>The number of patients waiting over 78 weeks has increased. The key area of focus to ensure that patient waits over 78 weeks are eliminated by the end of March 2023 in line with national planning guidance. The position is reviewed weekly at the Elective Care Group, with patients escalated for review as appropriate.</p>

**Kettering General Hospital** source; Integrated Governance Report, 2 February 23  
<https://www.kgh.nhs.uk/board-of-directors-and-board-meetings/>

Indicator	Action in Place
Cancer	<p>The service has been impacted by an increase in 2WW referrals for Prostate and an increase in patients requiring second opinions for other tumour sites and discussions at Tertiary centres e.g. Breast to Sarcoma resulting in extended pathways. Additionally, continued high volume of patient choice relating to 1<sup>st</sup> OPA (Out-patient appointment) and diagnostics and workforce issues in Breast has delayed diagnostics.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Cancer recovery action plan discussed and updated weekly.</li> <li>- Weekly calls take place with tertiary centres for next steps of patients.</li> <li>- Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways</li> <li>- Commencement of Radiology tracker to enable focus on booking and or bringing patients forward where capacity allows</li> </ul>
Urgent Care	<p>Capacity pressures within the Trust remain and lack of visibility on the 'total time' on the ambulance screen has still not been re-instated. This has meant it has not been possible to have sight of the total time since arrival. This has been reported to EMAS and are awaiting for this to be corrected.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- The Trust continue to operate within the parameters of the Rapid Transfer protocol and undertake a clinical harm review into all ambulance handover delays &gt;60mins to include precipitating factors around the position in the department and escalation triggers.</li> <li>- A de-brief post EMAS strike days with operating leads from EMAS/KGH</li> </ul>



RTT	<p>Critical incident and OPEL4 status have resulted in activity and PTLs being stood down. This has impacted greatly on performance. Seasonal reduction in activity have also impacted on the position.</p> <p>Actions:</p> <ul style="list-style-type: none"><li>- Work Recovery plans have been created for both Resp and Neurology services as well as details of additional capacity needed to support recovery of the service.</li><li>- PTL meetings continue with specialities to ensure patients waiting are being planned for the next steps and any delays are flagged for action.</li><li>- Continued monitoring of waiting lists.</li></ul>
-----	---