

Public TB paper D – 12 January 2023

UHL Trust Board Performance Update

January 2023

Jon Melbourne, Chief Operating Officer

Elective Care

Elective Care Strategy

Timely, Inclusive and Convenient Access to Planned Care

Year 1 – 22/23

- Stabilise waiting list
- Deliver zero 104+
- Reduce 78+ week waits
- Reduce 62 day and 104+ day cancer waits

Year 2 – 23/24

- Channel long term conditions and diagnostics out to community PCN/Primary Care
- Longer term agreements with IS
- Community Diagnostic Centre's – (2&3)

Year 3 – 24/25

- Elective hub fully operational
- Net importer of activity into capacity
- Upper Quartile Productivity
- Digital Leader

Interventions Via Elective Recovery Committee

1. Productivity and releasing constraints
2. OP Transformation
3. Pathway changes
4. Validation of the waiting list
5. Additional capacity
6. Mutual aid
7. Use of the Independent Sector
8. Elective Recovery Fund (ERF)

Enabling strategies

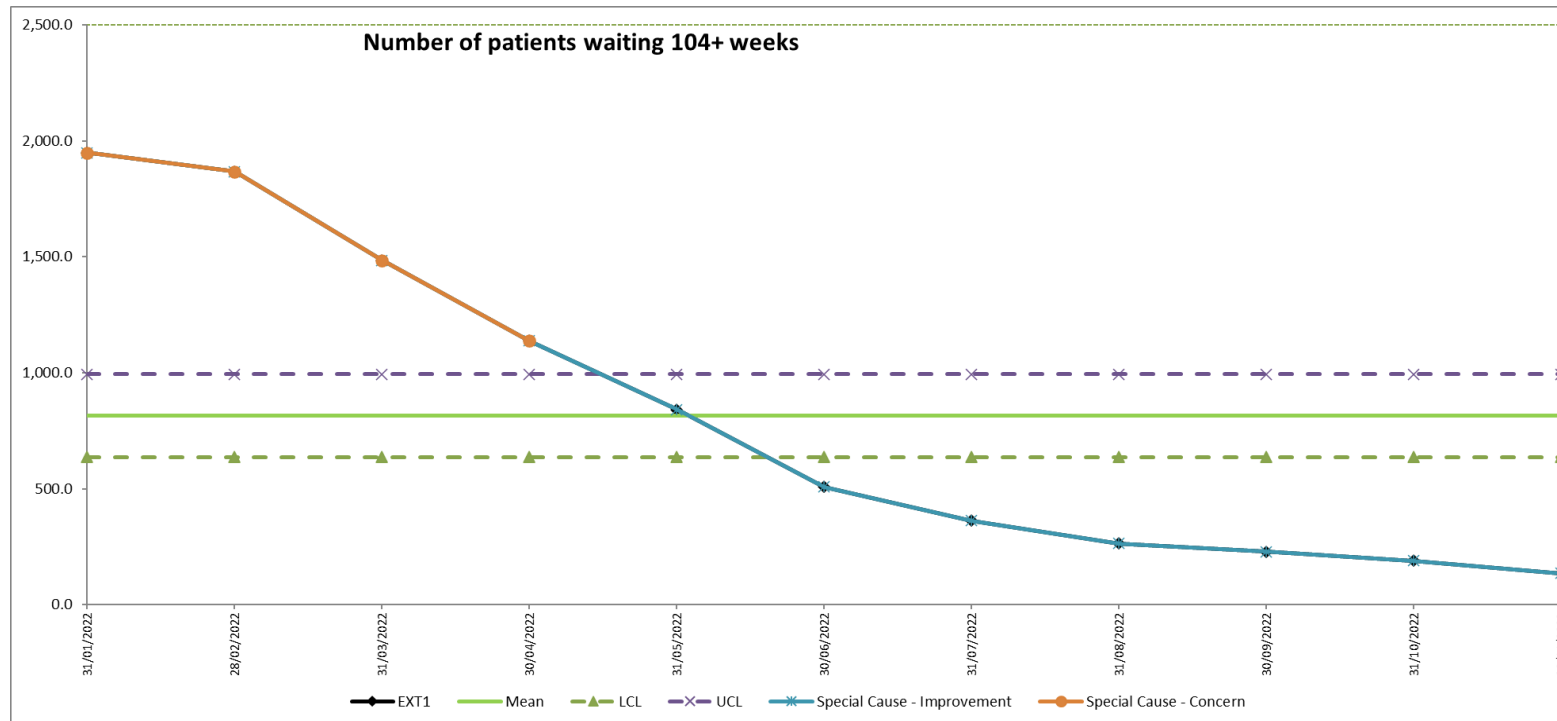
- Digital
- Workforce
- Communications and Engagement
- Health Inequalities
- Prevention
- Diagnostics

104 week wait position



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- The UHL plan is to get to zero waits by the end of March 2023.
- The total cohort of 104 week waiters until end of March 2023 is 992. UHL have seen significant continued progress through 2022.
- As at the end of December 2022 (unvalidated), our 104 week wait position is 120. A further 28 patients are with IS providers - LLR System total 148.

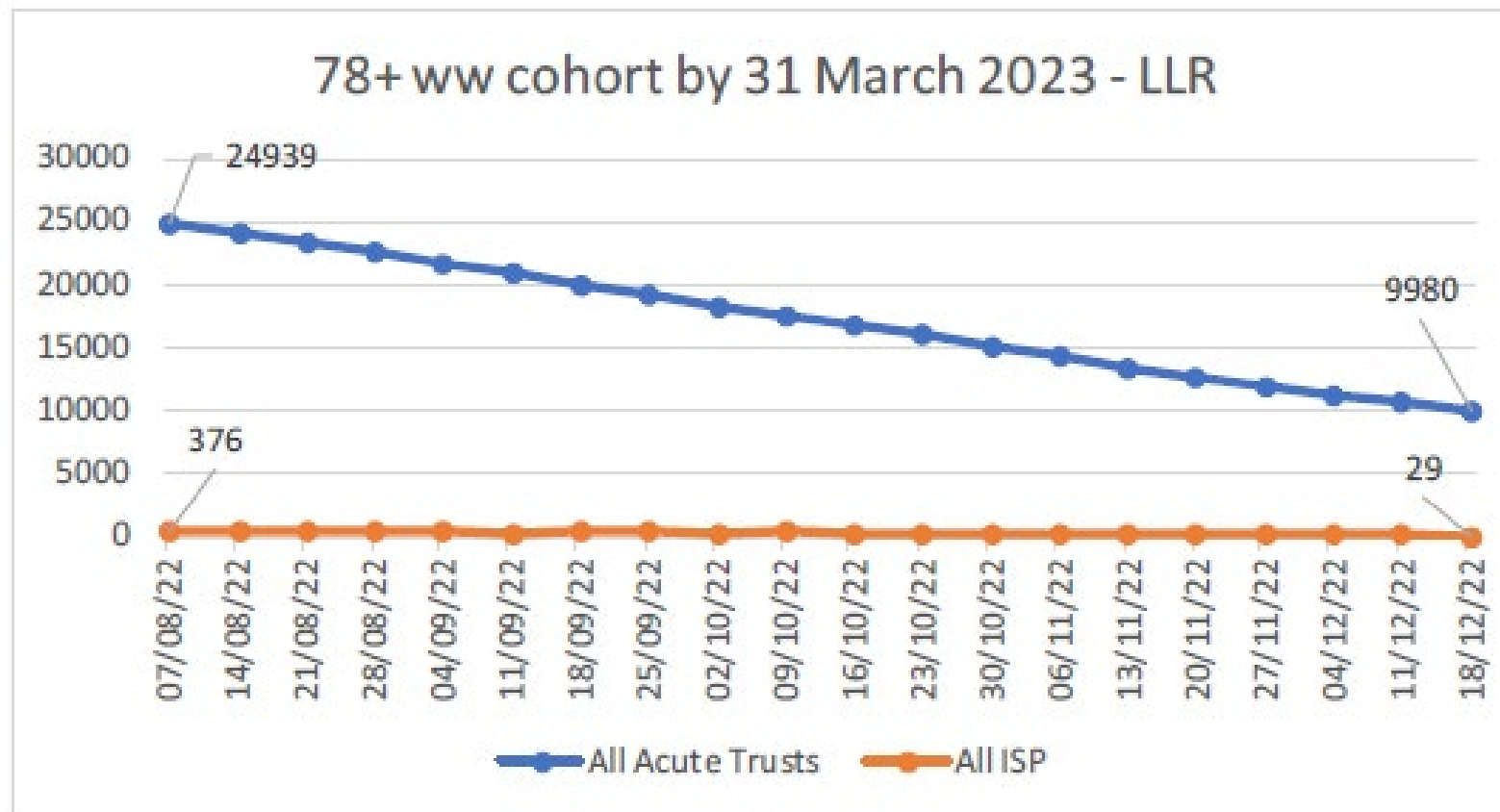


78 week wait - cohort position



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- The 78 week wait cohort to end of March 2023 continues to reduce – 9,980 as of 18th Dec 2022.
- 85% of the cohort is non-admitted.



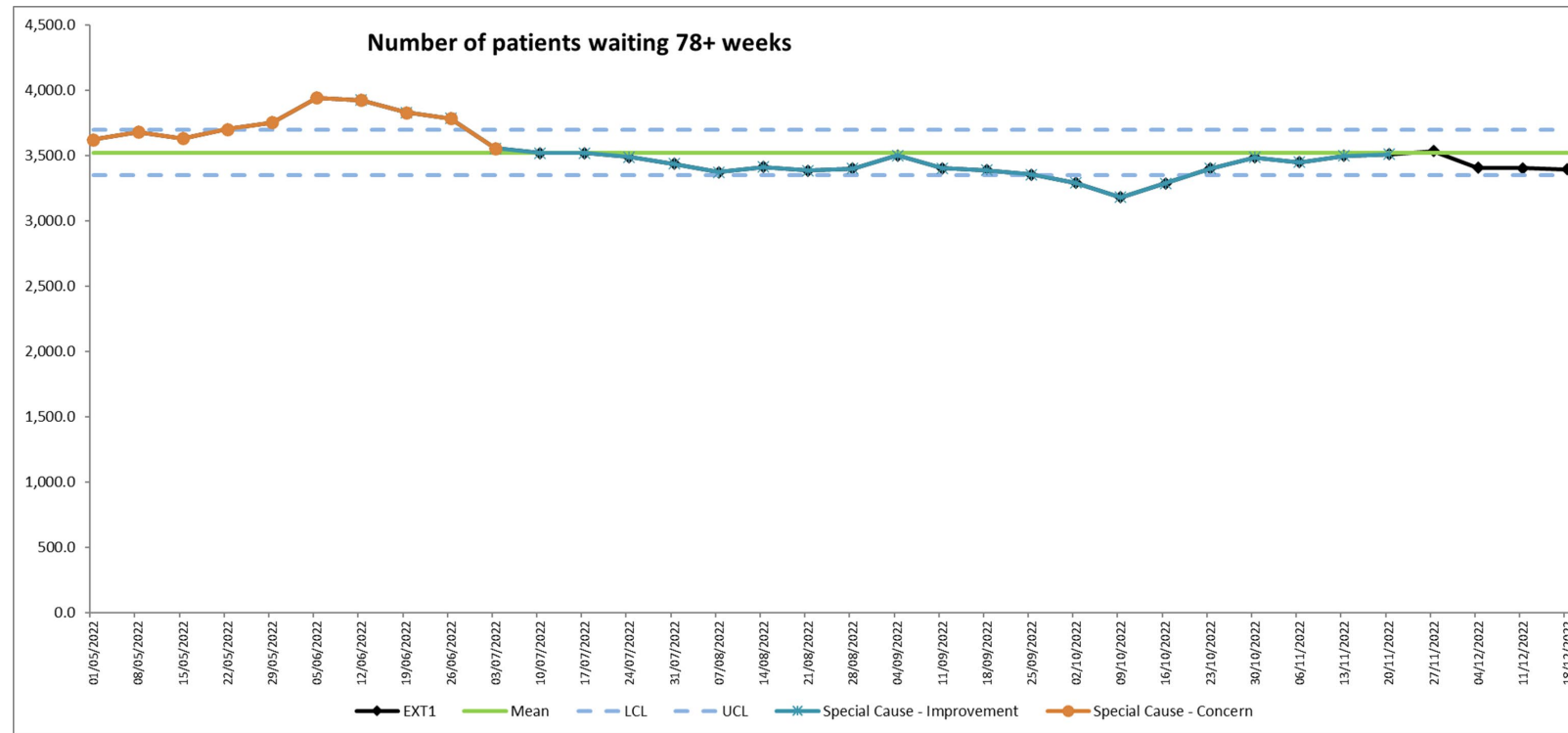
Total 78ww cohort

Independent sector

78 week wait position



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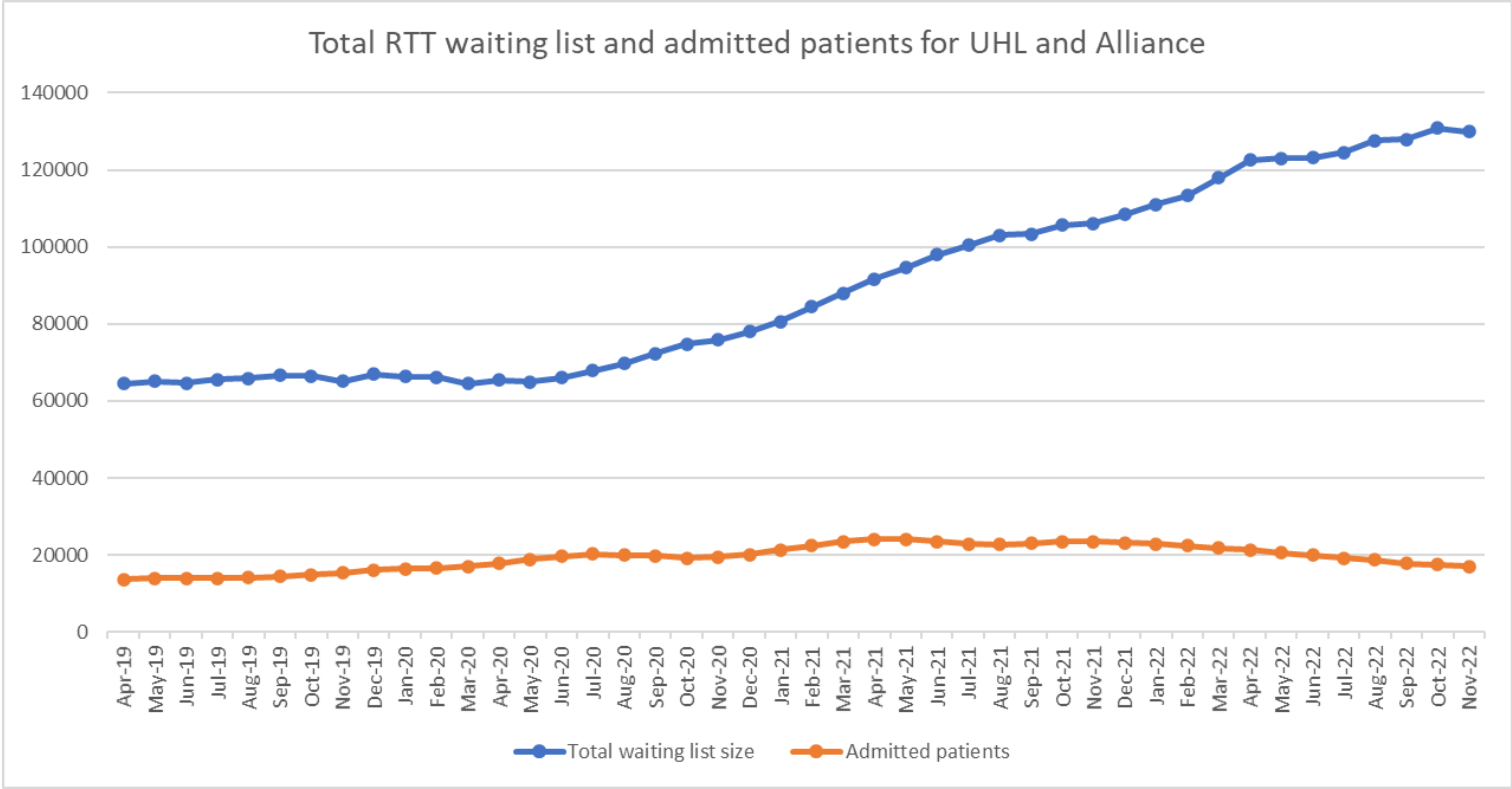


- 18/12/22 78+ actual position is 3,395 (down from ~4,600 in January 2022).
- 1st Jan 2022 – 20th Dec 2022 UHL has treated/removed 57,893 patients who were at risk of being 78 week wait breaches by 31st March 2023
- Pathways with the longest waits include ENT, gastroenterology and gynaecology.

Waiting List Overview – Published November data



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Breakdown		
Name	Number of patients	% of patients
All patients on waitlist	129,960	100%
52+ Week Waiters	18,318	14.1%
78+ Week Waiters	3,386	2.6%
104+ Week Waiters	135	0.1%

Theatre Productivity

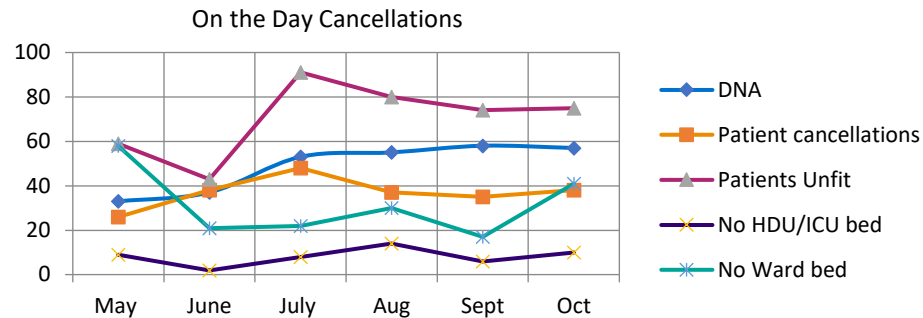


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KPI	Target	Pre-Covid Monthly Average	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	YTD	Assurance	Variation	Trend
Theatre Utilisation %	85%	79%	70.3%	67.0%	65.8%	67.6%	68.0%	68.7%	72.3%	72.9%	71.8%	75.3%	77.2%	75.7%	71.1%			
Average ACPL		1.96	1.56	1.60	1.53	1.64	1.63	1.67	1.71	1.70	1.69	1.74	1.70	1.69	1.66			
% Late Starts > 15 mins	0%	86%	82.2%	85.0%	81.3%	81.8%	80.7%	79.9%	78.3%	80.1%	82.4%	82.4%	78.6%	70.8%	80.1%			
% Over runs	5.0%	50.0%	28.3%	25.8%	24.6%	25.0%	24.8%	25.1%	32.1%	32.0%	32.4%	41.6%	42.3%	39.1%	31.4%			
% OTDC's	5.0%	9.1%	14.5%	13.2%	14.6%	11.8%	11.7%	12.1%	10.7%	9.2%	11.9%	11.0%	10.7%	11.2%	11.8%			
No. of OTDC's	-		563	499	580	498	561	502	479	372	543	523	502	512	6134			

Initially focus on **three key workstreams**

- Improving the scheduling process, increasing list utilisation, and decreasing late starts.
- Increasing day case activity
- Reducing on the day cancellations



Next Steps

- Implementing actions following the GIRFT HVLC visit in December (various)
- Pre-operative project plan (January)
- Clinical retrospective study looking at day case conversions (January)
- New procedure/guidelines to be developed for escalating on the day cancellations (February)
- AccuRX to be rolled out as reminder for upcoming TCIs (February)

Recovery

- Implemented & improved 6,4,2 process
- National GIRFT on the ground support for improving scheduling process and implementation of 'auto-send'/golden patient (trial started w/c 28th November, now for continued roll-out to become).
- GIRFT high volume low complexity action plan- being progressed
- Refreshed focus for Theatre Productivity Board
- Improving Day Case activity project lead identified and work started
- Quality Improvement programme in place for urology and gynae. Outcomes expected mid-Dec 22
- Admin recruitment and retention programme plan developed.
- Investment into pre-operative care looking at standardisation and centralisation

Cancer

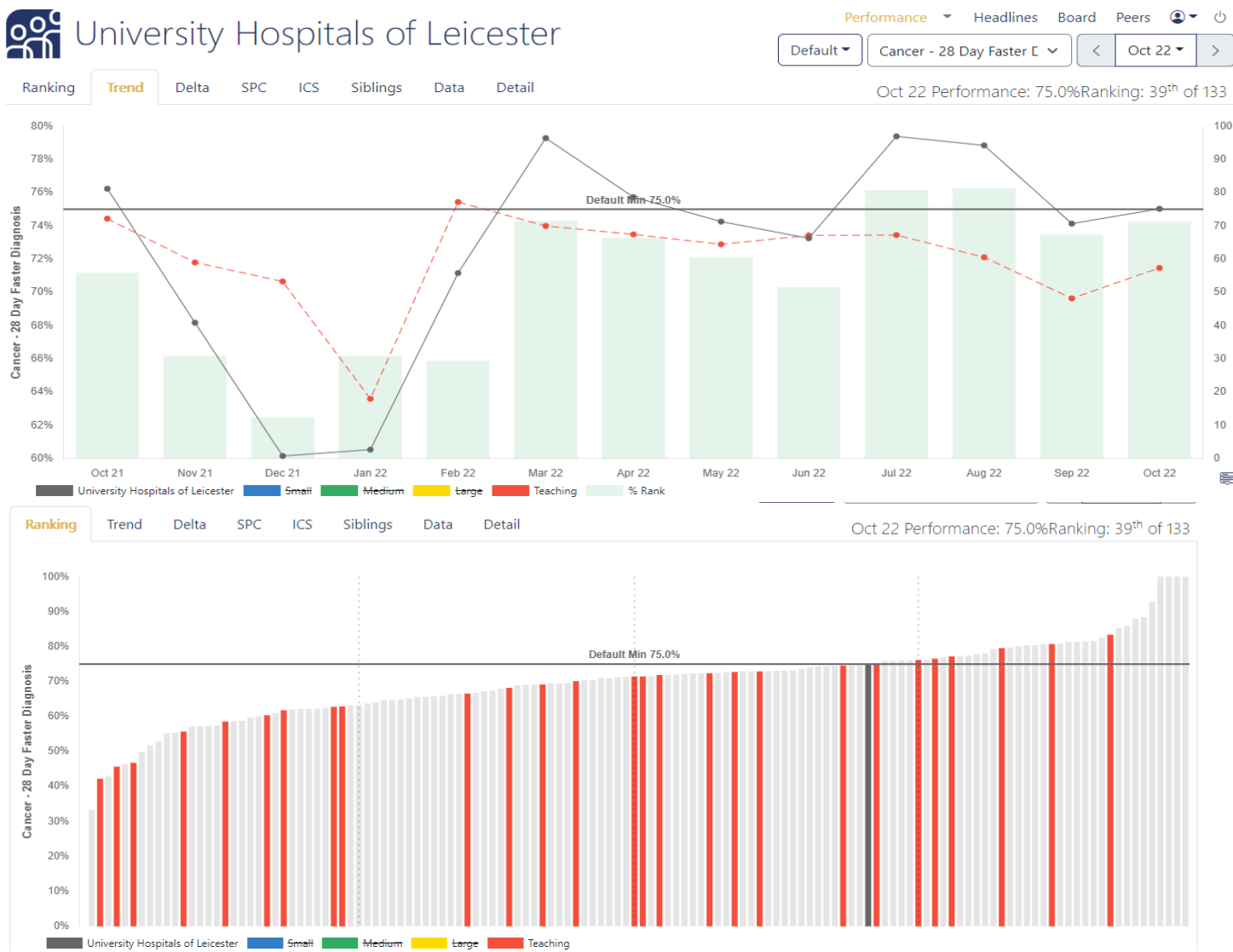
2 week wait & Faster Diagnosis Standard

2 week wait

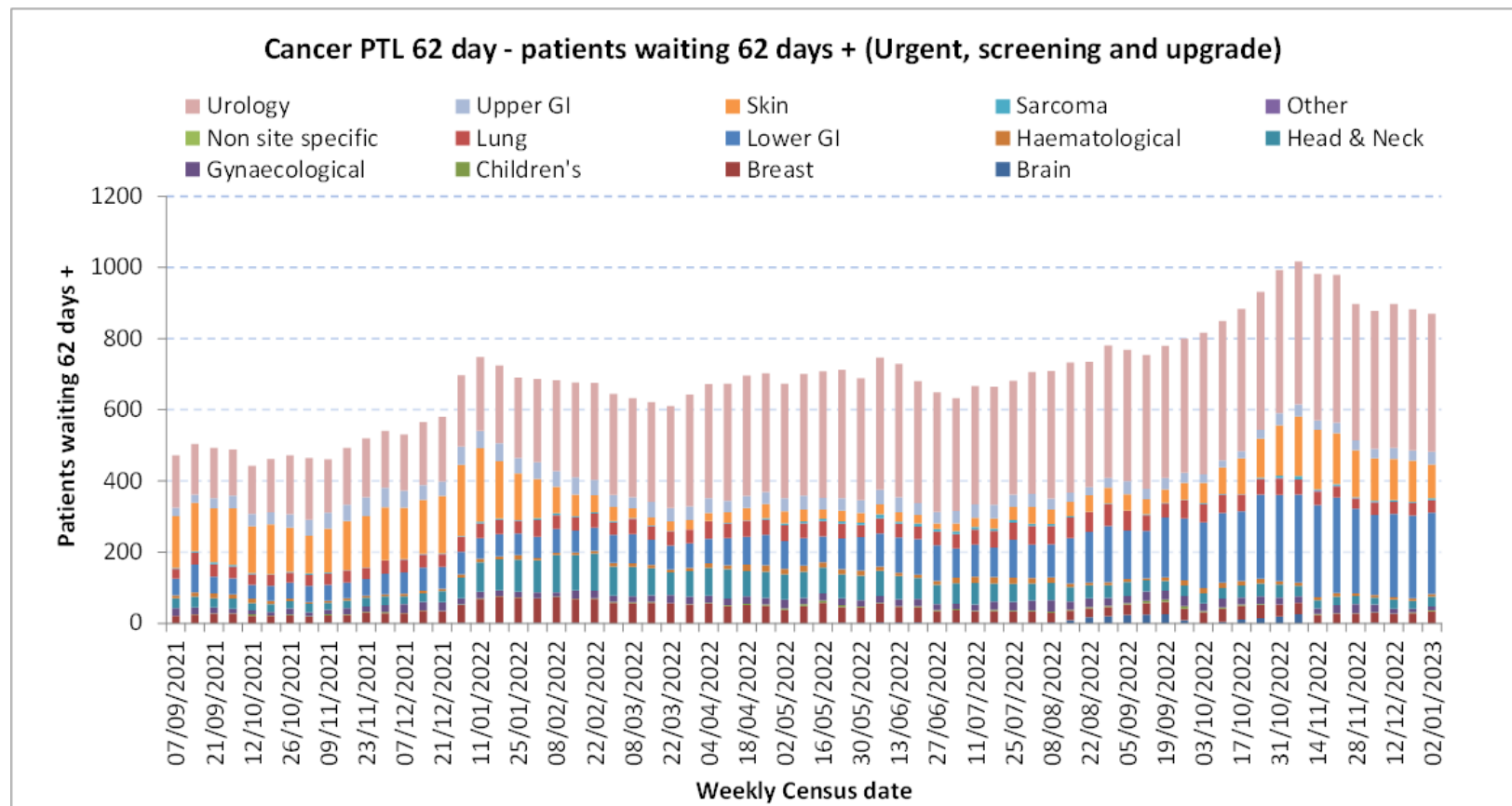
Cancer Type	Total	Mean Wait	% within 14 days
Brain/CNS	17	4	100%
Breast	764	10.3	92.7%
Breast Symptomatic	8	12.8	87.5%
Colorectal	607	10.1	87.6%
Gynaecology	363	9.2	90.9%
Haematology	31	18	35.5%
Head & Neck	387	13.1	77.5%
Lung	43	5.8	95.3%
Paediatrics	42	10.5	83.3%
Sarcoma	51	11	88.2%
Skin	888	11.3	88.9%
Upper GI	427	9.6	89.5%
Urology	367	13.2	81.7%
TOTAL	3987	10.9	87.5%

UHL’s 2 week wait position is improved from the beginning of 2022, but needs further improvement to ensure compliance. Faster Diagnosis remains an area of strength at UHL.

Faster Diagnosis Standard



Cancer Trend – 62 Day actual



Key Challenges

- 62 day backlog position
 - Urology
 - Lower Gastroenterology
 - Skin
- Oncology wait times

We have seen continued improvement since the end of October, with the latest position being a backlog of 869 as of 02/01/23 (including active, screening and upgrades). Skin challenges were driven by a temporary workforce and demand issue and is on a continued improving trajectory. Oncology has seen significant investment, which we expect to see the benefit of later in 2023, pending recruitment. Urology and Lower GI need further work on pathway transformation, and remain our biggest long-term challenges.

Diagnostics

Diagnostics Strategy - DRAFT

Timely, Inclusive and Convenient Access to Diagnostics

Year 1 – 22/23

- Reduce >6 week waiters
- Refresh D&C modelling
- Insourcing solutions utilised
- CDC 1 live

Year 2 – 23/24

- CDC 2 build completed
- PCN Spokes begin delivering activity
- 120% of pre pandemic activity delivered
- Community hospital equipment upgraded

Year 3 – 24/25

- 85% of patients <6 weeks
- Long term endoscopy plan implemented
- CDC 3/large spoke in the East live
- Workforce retention & recruitment optimised

Primary Care

- PCNs delivering diagnostics in a primary care setting
- Reduce GP referrals into secondary care by providing access to:
 - 12 Lead ECG
 - 24-hour Holter
 - 24-hour ABPM
 - Spirometry
 - Fe No (Asthma)
 - US or Echo

Acute

- Regional provider of tertiary level specialist diagnostics
- Deliver emergency, urgent, cancer, and routine diagnostics
- Training centre for system workforce solutions alongside higher education providers

Community

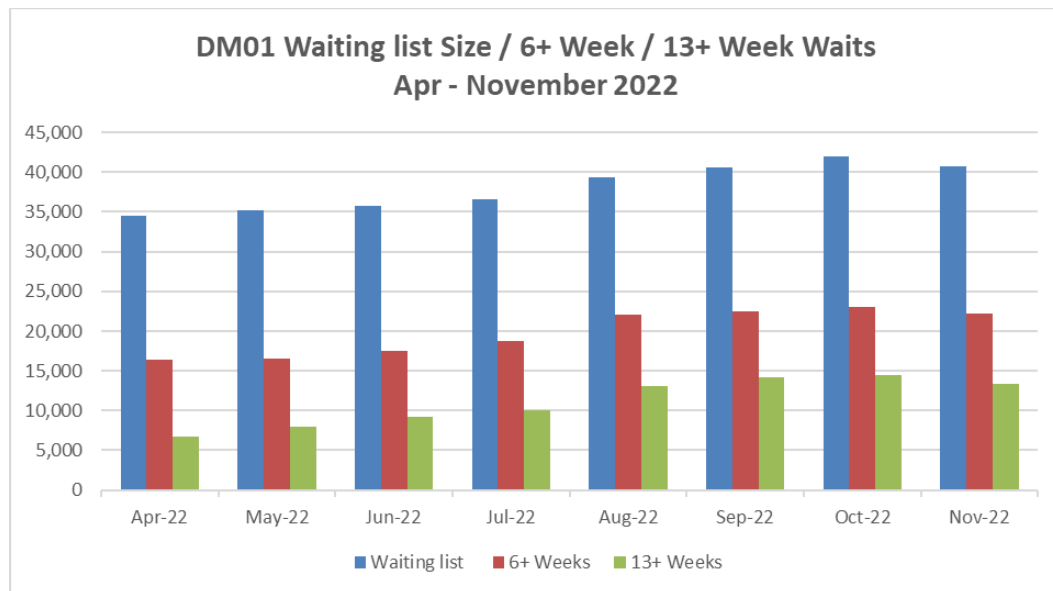
- Alternative secondary care locations for plain film, ultrasound and breast screening
- Expand the provision of service pads for relocatable diagnostic units away from an acute setting

Community Diagnostic Centres

- City (LGH)
- West (Hinckley DH)
- East (TBC)
- Ringfenced capacity for GP direct access and cancer pathways

Productivity / Processes / Capacity

Diagnostics – Current state



Summary performance

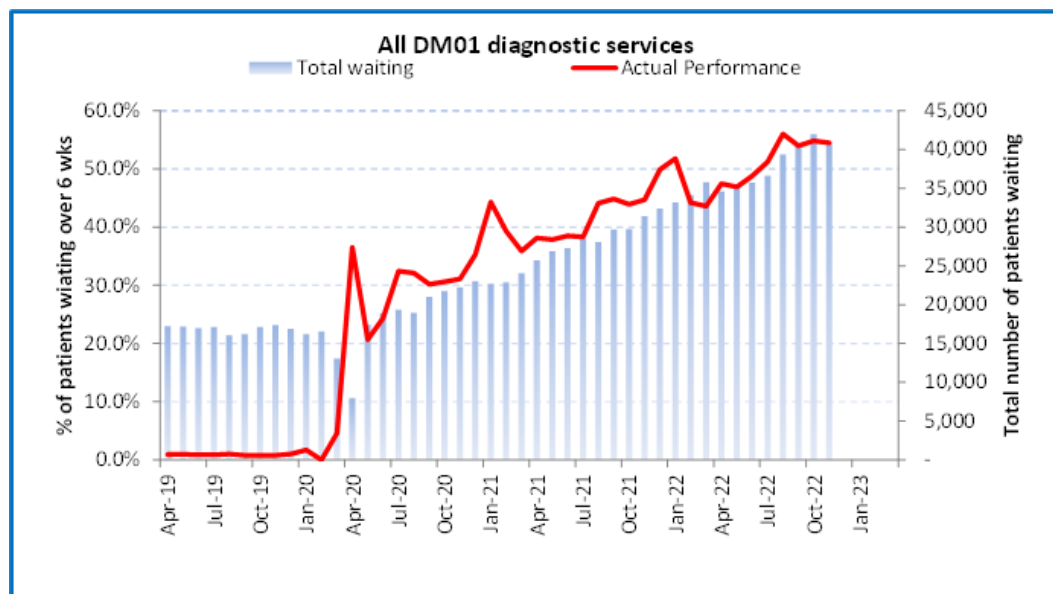
- As at the end of November there are 40,700 patients on the DM01 Diagnostic waiting list. A reduction of 1,200 from October.
- 54% are waiting over 6 weeks (22,200)
- 33% are waiting over 13 weeks (13,400) – See next slide
- Highest volume of DM01 activity undertaken in November since Jan 20 (Over 28,500 tests)

Key drivers

- Clinical workforce – **national shortage**
- Admin recruitment
- **Pressures from cancer pathways**
- **Emergency demand** impacting on elective capacity

National picture

- UHL have the largest and longest DM01 waiting list
- Tier 1 support in place
- Focus on reducing 13 week



Diagnostics – 13 Week Recovery focus



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Headlines:

- UHL's most challenged diagnostic backlogs when ranked nationally are highlighted. Non-Obstetric Ultrasound is key target area followed by ECHO and Endoscopy.

Planned use of independent sector:

Additional Capacity	Activity aim Q4 22/23	Operational by
Endoscopy outsourcing/insourcing	1,000	16 th January 2023 for extended weekend lists
Ultrasound insourcing	4,500	16 th January 2023
ECHO insourcing	1,500	16 th January 2023

Other actions:

- Capital requests for increasing capacity submitted
- Significant recruitment plans in place (to vacancies)
- Weekly calls established with regional diagnostic lead.
- Productivity focus in all areas
- Scenario planning (EDGE) to show the impact of the recovery plan and other interventions draft report received 19/12. For 22/23 the additional activity required for each diagnostic test to achieve 120% of 19/20 ranges from +2.3% to +181.5% of current throughput

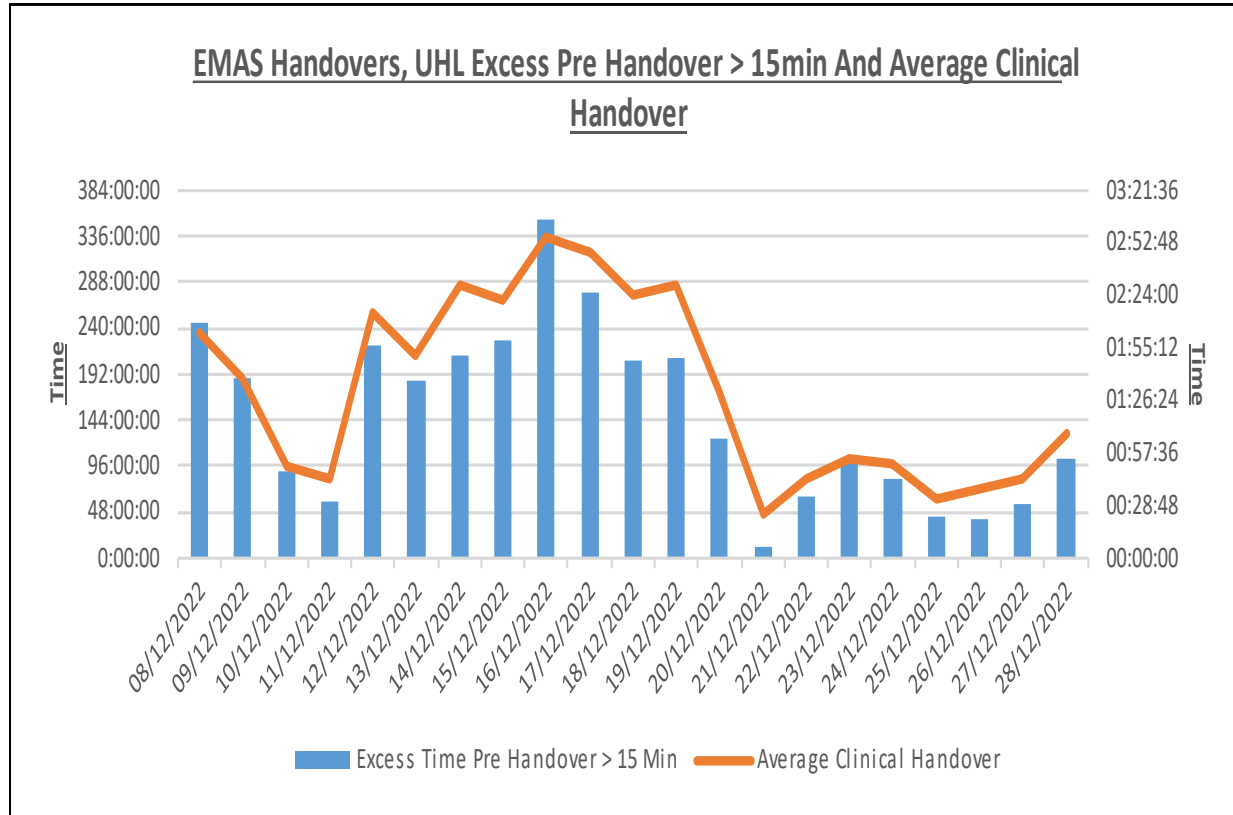
Diagnostic Test Name: October published data	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks
Magnetic Resonance Imaging	5,966	2,448	1,041
Computed Tomography	4,531	1,151	662
Non-obstetric Ultrasound	18,230	11,842	7,955
Barium Enema	7	0	0
DEXA Scan	3,311	2,553	1,923
Audiology - Audiology Assessments	2,071	587	25
Cardiology - Echocardiography	2,590	1,645	725
Cardiology - Electrophysiology	7	5	2
Peripheral Neuropsychology	189	0	0
Sleep Studies	126	38	15
Urodynamics - Pressures & Flows	368	276	234
Colonoscopy	1,414	855	655
Flexi Sigmoidoscopy	693	210	131
Cystoscopy	276	41	22
Gastroscopy	2,169	1,322	1,047
Total	41,948	22,973	14,437

Urgent and Emergency Care

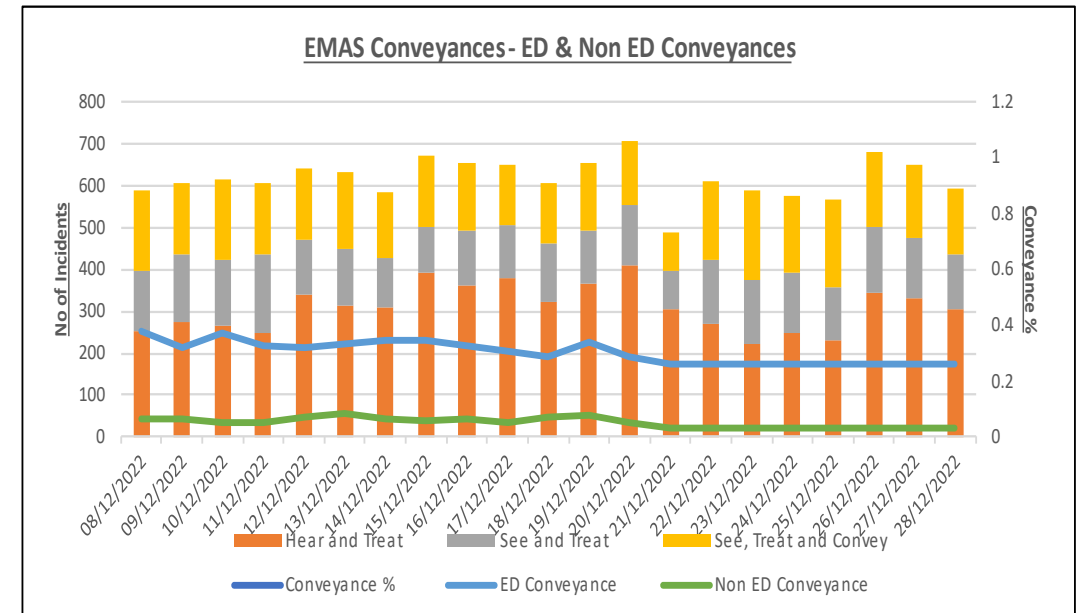
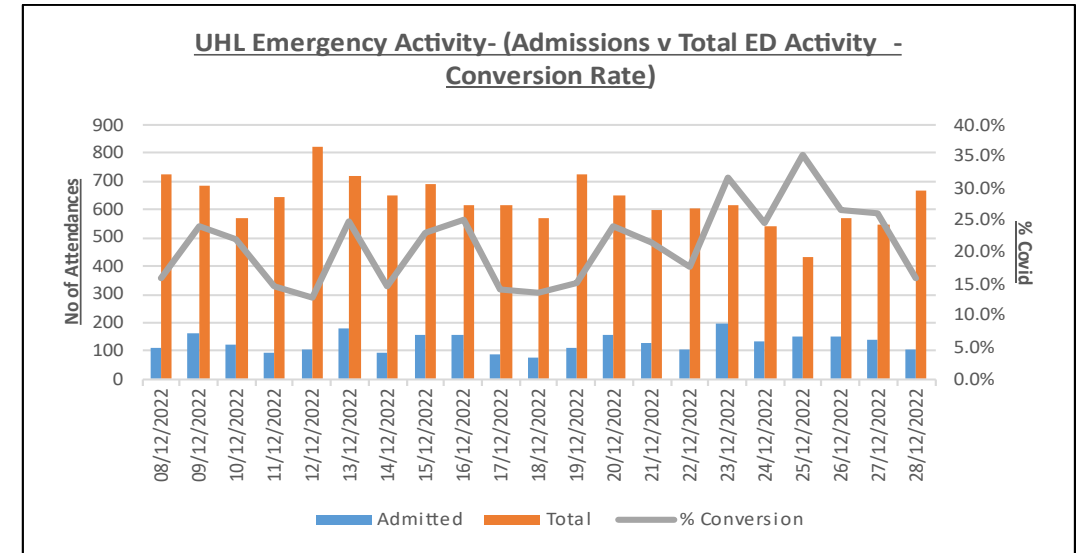
UHL Context – ambulance handover



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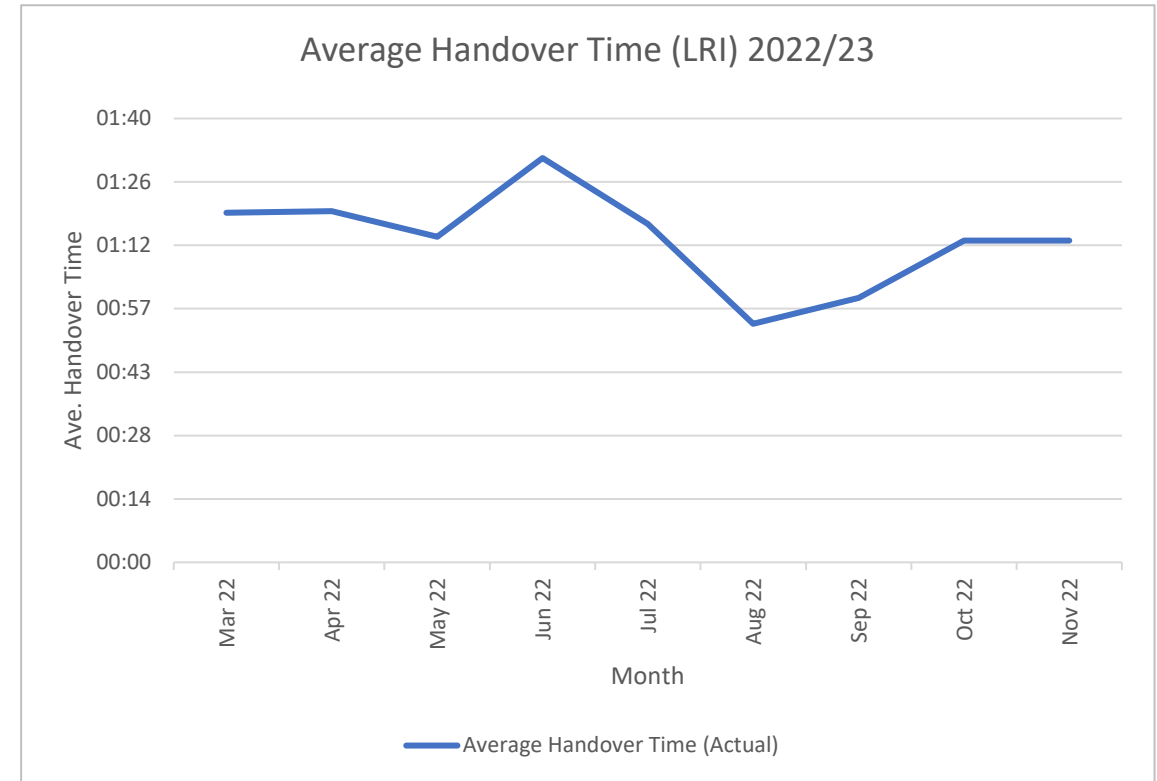
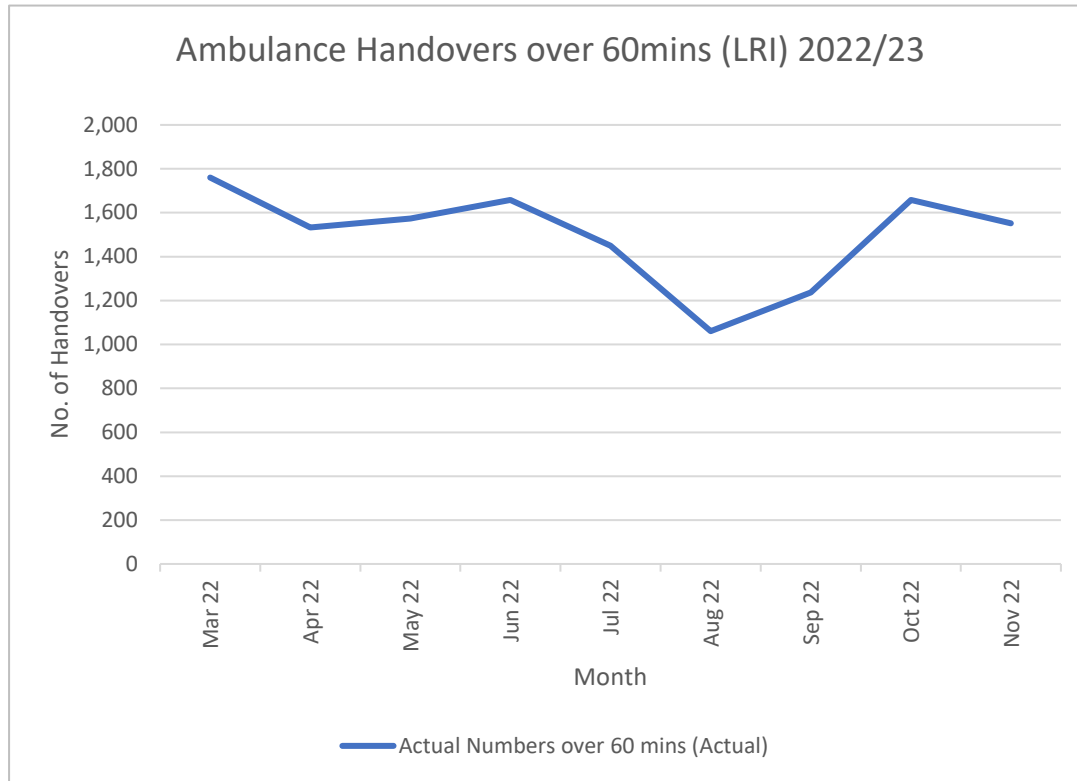
The ED cohorting spaces opened on the 20th December (up to 19 spaces) showing a corresponding reduction in handover delays. Whilst EMAS conveyances have been slightly down, total ED conversion rates to attendances have been up, and so it can be concluded that cohorting has had a significantly beneficial impact on handover times in the 2 weeks since implementation



UHL Context – ambulance handover



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The average handover in October was 72 mins. The cohorting facility commenced on the 20th December, the average handover from 21st to 28th December was 44 mins evidencing the impact in reducing ambulance delays.

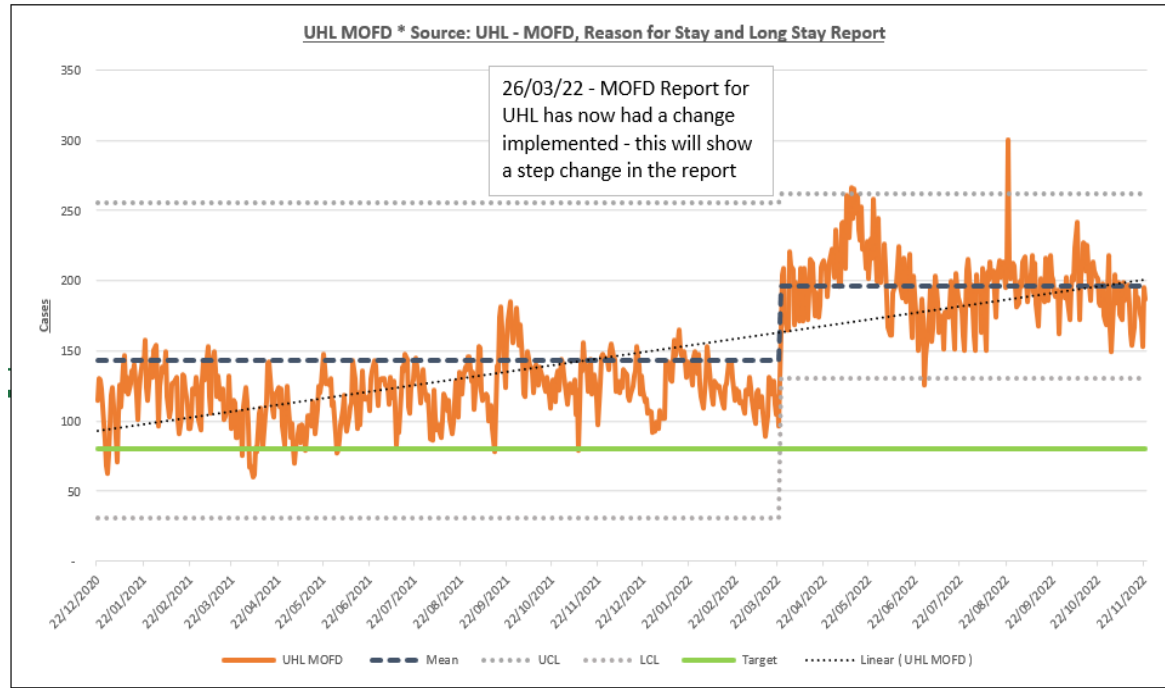
Note: full month of December data not available at time of report production

LLR and UHL Context – Medically optimised

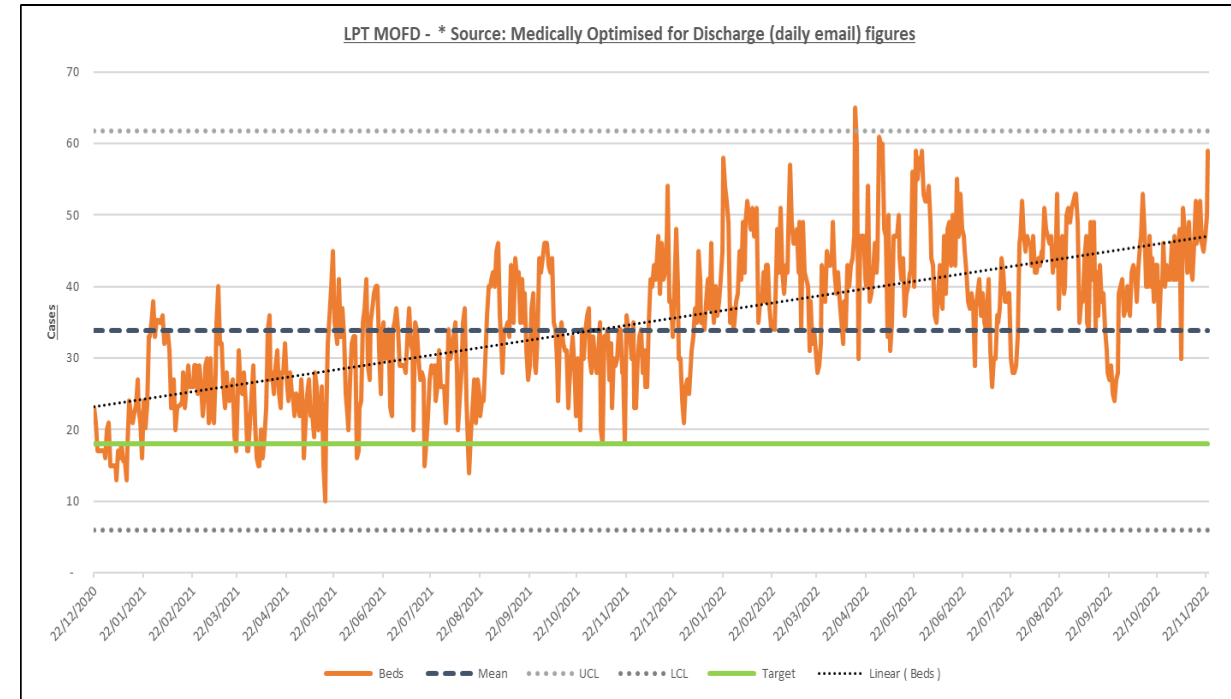


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UHL medically optimised

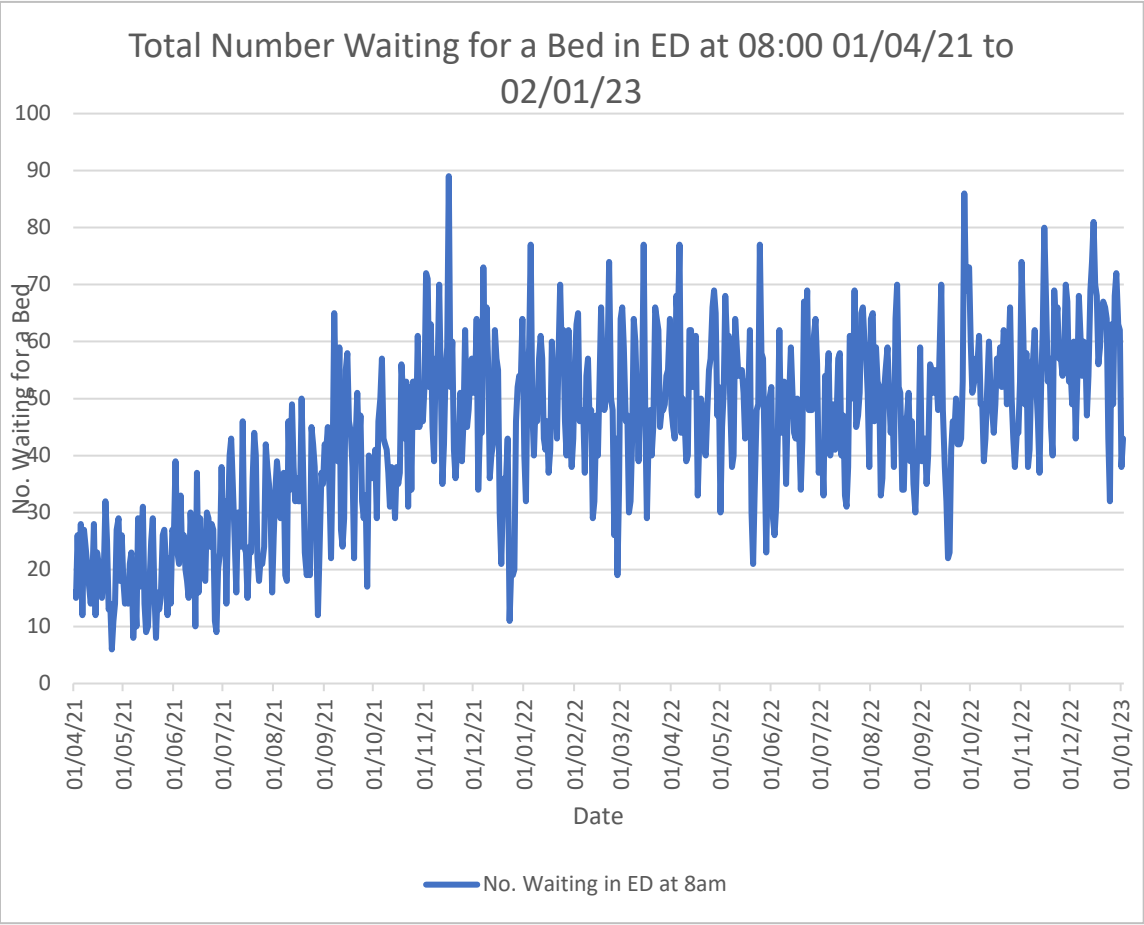
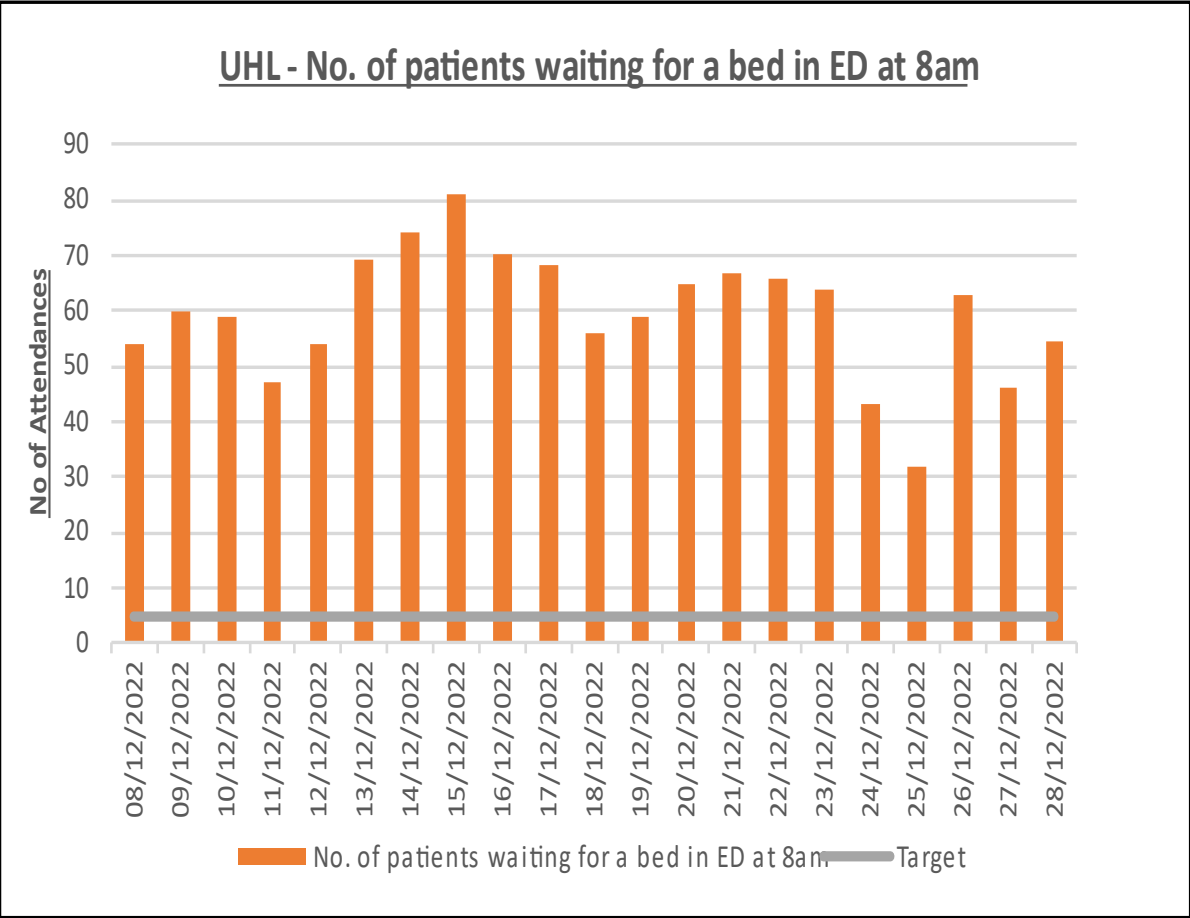


LPT medically optimised



- UHL, Leicester Partnership Trust, Local Authority and Integrated Care System colleagues continue to work closely in partnership to improve the position of medically optimised for discharge patients, which remains a challenge in LLR, despite some excellent work

LLR and UHL Context – demand (1)



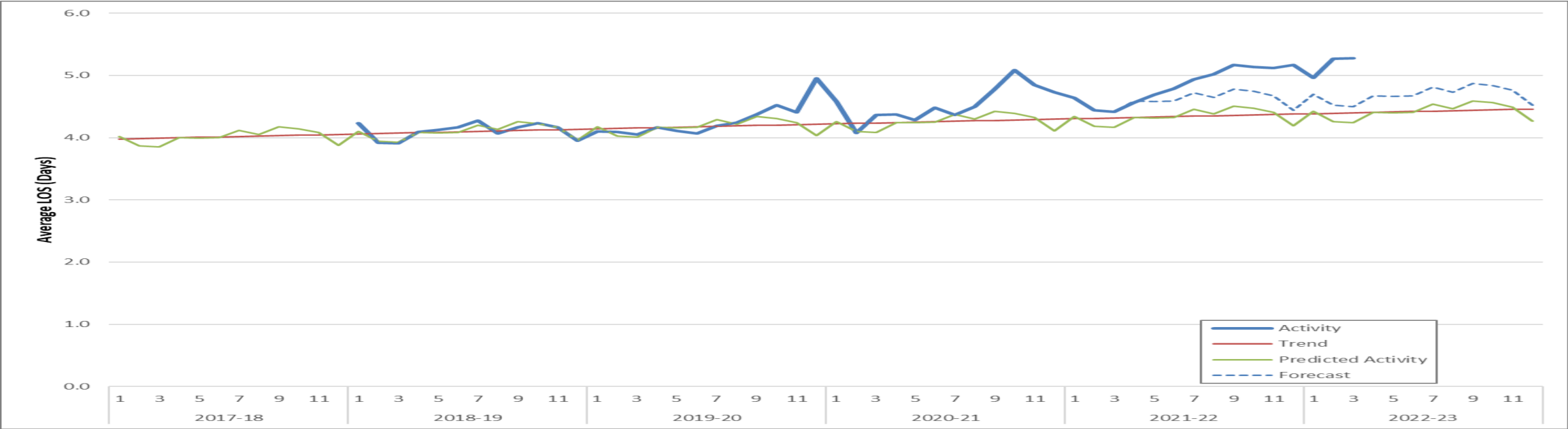
UHL continue to see significant numbers of patients awaiting beds in ED

LLR and UHL Context – demand (2)

Medical Length of Stay



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- Medical length of stay has continued to increase, as had bed occupancy.
- Our bed modelling for winter showed a significant unmitigated capacity gap
- UHL have 14% less general & acute beds than peer Trust average (per 100,000 population)

