University Hospitals of Leicester NHS Trust

Caring at its best

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 2 MARCH 2022

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

RESTORATION AND RECOVERY OF ELECTIVE/PLANNED CARE IN LEICESTER, LEICESTERSHIRE AND RUTLAND

Purpose of the Report

1. The purpose of this report is to provide the Committee with an update on the impact of the COVID-19 pandemic on elective/planned care for the patients of Leicester, Leicestershire and Rutland (LLR), with a focus on the scale of the impact for those on the University Hospitals of Leicester NHS Trust (UHL) waiting list.

2. The report provides an update on the current waiting list position, and the approach to elective and caner care restoration and recovery, particularly in light of NHS England's recent publication, "Delivery plan for tackling the COVID-19 backlog of elective care", (February 2022, C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf (england.nhs.uk)).

Background - Impact of COVID-19 on LLR Elective and Cancer Services in 2020-2021

3. It should be noted initially, that the national cancer standards recorded by the system in February 2020 (prior to the immediate and significant impact on hospitals from COVID-19) did not meet the cancer standards pre-pandemic. However, there were zero patients waiting more than 52 weeks for elective treatment within UHL.

4. During 2020/21, through the first two waves of the pandemic, the majority of elective activity was reduced, with only time critical surgery and outpatients, including cancer services, prioritised. This represents the strategic response taken by UHL in agreement with local health partners to ensure the immediate safety of both patients and staff, and contributing to the sustainability of emergency, intensive care and other critical services.

5. Whilst, as a system, priority was maintained throughout 2020/21 for cancer pathways and treatments, only clinically prioritised patients were able to be treated. During 2020 and 2021, the impact of COVID-19 on infection prevention and control policy (including social distancing measures) and the impact on staff redeployment to maintain sufficient Intensive Care capacity, resulted in significant reductions in theatre and elective and cancer care capacity. This has resulted in significantly longer wait times for elective procedures and treatments, including cancer. In addition, cancellations on the day were a significant problem as emergency pressures reduced the number of elective beds available.

6. From an outpatient perspective, prescribed infection prevention and social distancing measures and reprioritisation of the clinical workforce to meet COVID-19 demands has had a significant impact on the capacity of available outpatient face to face appointments. This has resulted in longer wait times for patients referred to cancer 2 week wait (2WW) pathways and for patients seeking initial consultation for other clinical needs.

Impact of COVID-19 on LLR Elective and Cancer Services (Omicron) December 2021-February 2022

7. The high level of infections across the winter months of late 2021 and early 2022 has significantly impacted on capacity for elective and cancer care. The high levels of staff absence (an average of 901 colleagues absent per day during January 2022), in part due to required self-isolation protocol, has led to up to 10% of theatre sessions a week being cancelled in addition to capacity lost to emergency pressures and necessary staff redeployment.

8. Infection prevention and control measures are regularly reviewed in line with national policy and as permitted, UHL has been able to safely increase capacity within outpatient and daycase settings, improving access for patients with a particular focus on 2ww pathways.

Patient Safety

9. There is robust monitoring and reporting at all levels both systems wide and within UHL to ensure patient safety, recovery, pathway improvements and delivery of the national cancer standards and elective care expectations.

10. From a ***cancer*** perspective, robust patient level monitoring for each cancer tumour site has continued and prioritisation decisions are being made on clinical need. Patients are tracked and clinically prioritised with a digital code which guides services when listing patients for surgical interventions and other treatments.

11. While we have been able to continue to provide cancer services, treatments and surgery throughout the challenging times of the pandemic, demand has been greater than our capacity which we are working to address. This is due to a mix of factors including staffing, referral rates, infection prevention and control and more.

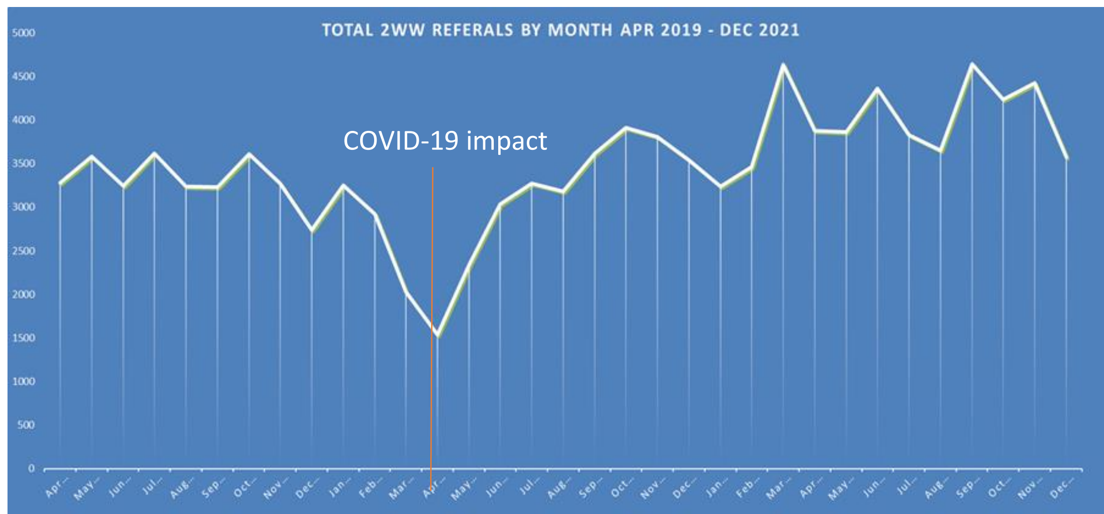
12. For ***other elective care pathways***, UHL uses the national clinical validation of surgical waiting list framework, this ensures all admitted patients are clinical reviewed and are assigned a priority code and are treated in order of clinical priority.

13. The clinical prioritisation framework remains the mechanism for patient scheduling, underpinned by the elective care restoration and recovery plan. This plan enables the systems Elective Recovery Fund (ERF) to be invested into additional elective capacity within UHL and across the wider system. This means that clinically prioritised patients can be treated alongside patients who have been waiting for significant periods of time.

Cancer Care

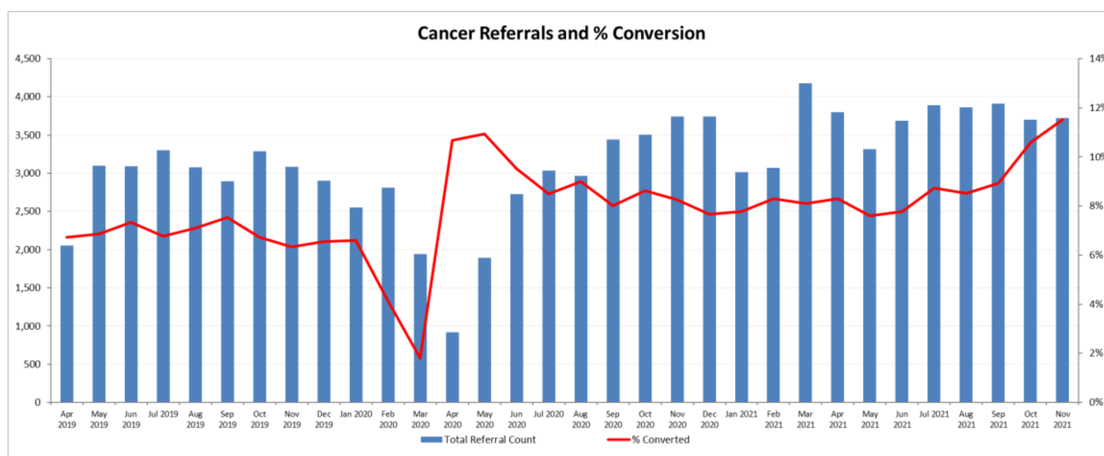
14. UHL are not currently meeting our cancer diagnostic and treatment targets in most measures. There are numerous factors driving this position.

15. Cancer referrals via 2 week-wait pathways were impacted almost immediately after the onset of the COVID-19 pandemic with a significant fall in the numbers of people being referred by Primary Care.



16. Lower numbers of urgent cancer referrals, at the start of the pandemic, assisted in maintaining and enabling cancer treatment pathways to stay operational and the demand manageable. However, it was acknowledged very early in the pandemic that the long-term effects of the decrease in referrals would have to be managed as people started to present with symptoms either to the GP or as an Emergency.

17. This effect can be seen in the graph above, which clearly shows a significant increase in referrals in 2021/22 – over 105% of 2019/20 referrals were seen in 2021/22. In addition, the 'conversion rate' (i.e. 2ww referrals being diagnosed with cancer) of those referrals into a cancer diagnosis has also increased (see table below). This has presented a significant challenge to our pathways of care and has impacted on our ability to treat patients within the timescales we would wish to.



18. While significant challenges in cancer remain – including in recruitment, we are forming clear plans to improve our cancer backlog and are putting

in place new pathways and interventions, such as the breast pain pathway.

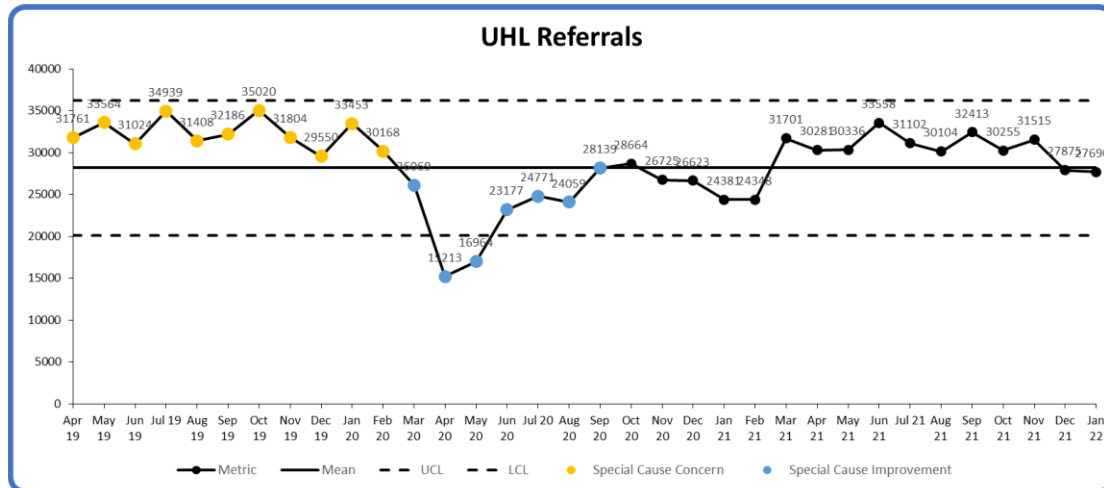
19. With the plans we have in place we are starting to see progress in some specialities, for example the Dermatology Team and Upper Gastro-Intestinal teams have cleared their backlog of 2 week-wait referrals and are in a strong position going forward. Yet we recognise that there is much more to do.

20. The backlog for week ending 28 January 2022 shows a 10% reduction in numbers when compared to December 2021 and work is continuing to ensure that there is a continual reduction.

Other Elective Care

21. Elective referrals have shown a similar trend to those of cancer, however the impact of COVID19 has meant that we have many patients waiting for longer than we would wish for care at UHL – and during the course of the pandemic we have seen a significant increase in both the length of time patients are waiting and the total amount of patients on our waiting list. This includes some patients waiting over 2 years for treatment – something which we are prioritising action on, whilst ensuring that patients of the highest clinical priority are treated.

22. The volume of patients who will breach 104+ weeks by March 31st has reduced by 51% since November (a reduction of 2,625). This reduction is expected to increase with a number of recovery schemes beginning throughout January and into February. These schemes have included the installation and opening of two new Vanguard theatres and a dedicated daycase recovery ward at the Glenfield Hospital site and the reopening of a dedicated orthopaedic ward at the Leicester General Hospital site at the end of January 2022. We are now working with system partners to put in sustainable plans for management of our waiting list.



Recovery of Elective and Cancer Care

23. In collaboration with CCG partners and with the support of the ERF programme, UHL has in place, robust action plans to restore and recover elective and cancer services. The most impactful to date in 2021/22 include:

- Additional use of independent sector organisations;
- The contracting of insourcing resource to support additional weekend and in-week capacity;
- The utilisation of the outpatient and daycase facilities across LLR;
- New pathways which are community led and/or based;
- Additional weekend working and waiting list initiatives across specialties within UHL;
- The mobilisation of additional and protected elective capacity, e.g. the new Vanguard theatres;
- The commissioning and opening of additional diagnostic services with the Trust and across the wider community;
- Mutual aid across the region e.g. Kettering General Hospital;
- Recruitment to specialist posts to support specific cancer pathways;

24. These schemes are planned to continue into 2022/23 and will support specifically the clearance of both the cancer and long waiter elective backlogs.

Summary and conclusion

25. Providing excellent quality of care in a timely manner remains of paramount important to UHL. We will continue to prioritise our planned care alongside our emergency care pathways and recognise that more

work is to be done to ensure that patients are waiting less time for their care. We are continuing to put in place further plans to improve our position and provide more responsive care to our patients.

Background papers

Report considered by Health Overview and Scrutiny Committee at meeting on 10 November 2021:
https://politics.leics.gov.uk/documents/s164560/Elected%20procedures.pdf

Performance report considered by Health Overview and Scrutiny Committee at meeting on 19 January 2022:
https://politics.leics.gov.uk/documents/s165970/Health%20Performance%20Report%20Jan22v1.pdf

Circulation under the Local Issues Alert Procedure

None.

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