APPENDIX

University Hospitals of Leicester NHS Trust

Operational improvement 2023 summary

Summary

Against a backdrop of industrial action, urgent and emergency care (UEC) pressures, a large waiting list and financial challenge, UHL has delivered a great deal of operational improvement in 2023 and teams across UHL should be proud of the progress they are driving in access for the people of Leicester, Leicestershire and Rutland. From a starting position often described as one of the most challenged in the country in both planned care and UEC– including being in Tier 1 of the National support programme for UEC, cancer and planned care at the start of the year, UHL have delivered improvement which has led to being exited from tier 1 support for all three areas in 2023 (moving to tier 2 for cancer and planned care and out of tiering for UEC). Even with this level of improvement we know we have more to do to deliver sustainable change and we do not accept where we are. The foundations for further improvement are embedded to tackle the challenging year ahead. Over the last 12 months we have enabled:

New ways of working

- Increased use of Digital solutions such as the use of AccuRX
- Early adoption of the "Going further Faster" – GIRFT programme
- Mutual aid with other providers and Implemented Patient Initiated Mutual aid in line with National expectations
- Increased clinical confidence in the use of Patient Initiated Follow Ups (PIFU)
- A LLR Planned Care Partnership is in place

New capacity

- Phase one of the East Midlands Planned Care Centre opened in June 2023
- New capital equipment including a second surgical robot in place from October 23 and a replacement Linear accelerator October 23
- Chemotherapy "bus" in place from November 23
- Independent sector support where it has been needed the most
- Additional modular endoscopy unit at the Leicester General from July 23
- Successful international and local recruitment to Imaging teams

New investment for future improvement

- Opening of the second phase of East Midlands Planned Care Centre in December 2024
- Additional ward at the Glenfield (opening March 2024)
- A second CDC at Hinckley – Operational December 24 / Jan 25
- A standalone Endoscopy unit at the Leicester General Hospital Late 24 / Early 25
- East Midlands Cancer Alliance Funding

A Year of Improvement - Planned Care

Cancer

- **60% reduction in patients waiting over 62-day waits** from a peak of 952 in November 2022 to 380 in November 2023.
- **Sustained improvement and achievement of the Faster Diagnosis Standard** from September 2023. 75% or more patients referred as a suspected cancer pathway are having a cancer ruled out or confirmed within 28 days.

Electives

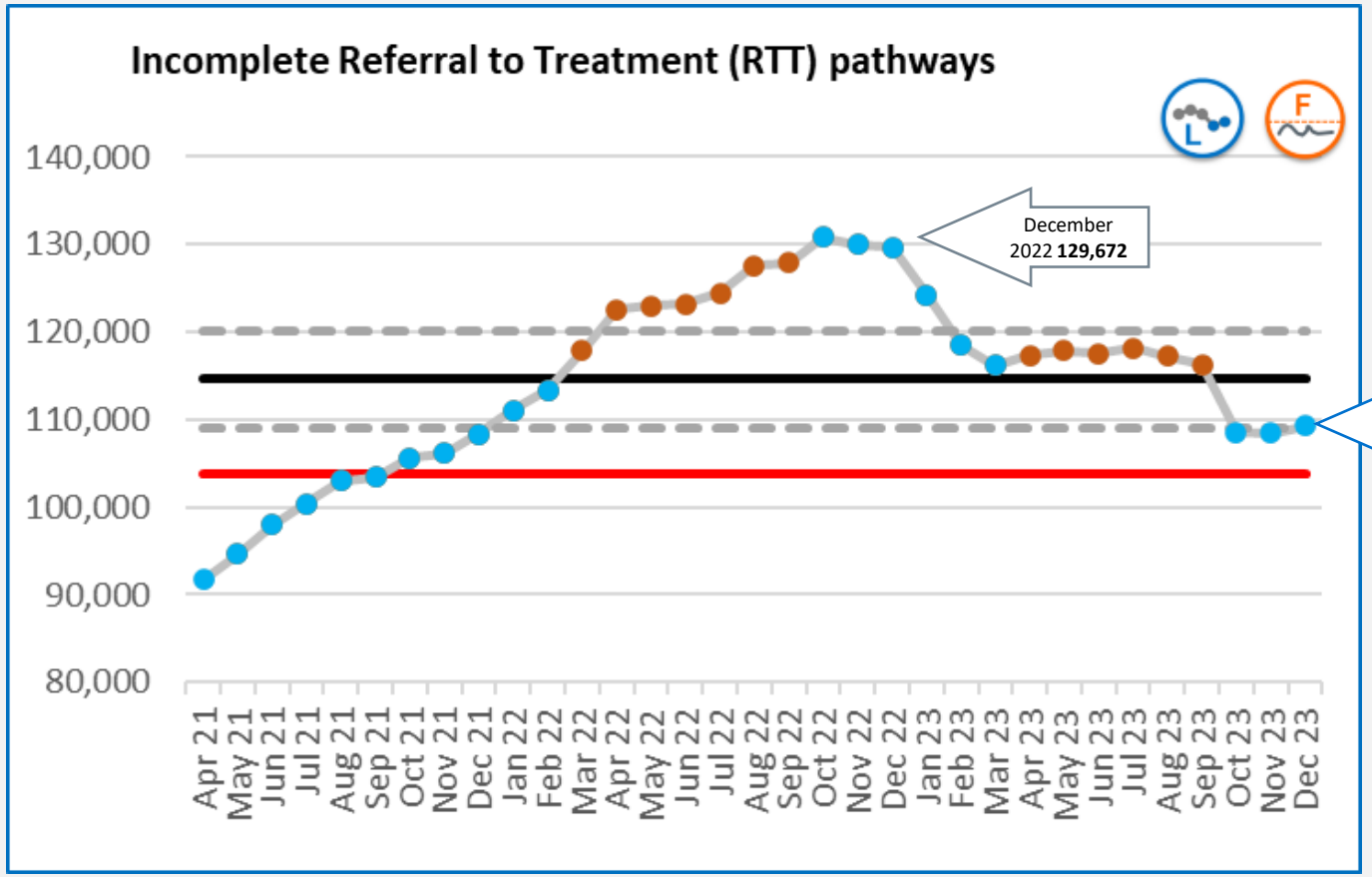
- **Reducing waiting list** when national picture was rising – UHL's waiting list doubled to 130,000 in the first two years of covid. By December 2023 this has reduced by over 20,000 (16%).
- UHL and Leicester, Leicestershire and Rutland Integrated Care System are leading the country in reducing elective waits. Newly released NHS England data shows a 77% reduction in the number of people across LLR waiting more than a year for treatment, the biggest reduction of any system in England. We also saw the largest reduction in people waiting 65 weeks or more, and the second largest overall reduction in people waiting for treatment.
- Delivered **Zero** 104+ waits, expect zero 78+ by March. For 65+ week waits we expect to have less than 200 patients at the end of March and would have been at zero without Industrial action
- Significant **Productivity Improvements** in theatre utilisation leading to **400 more sessions and 900 more operations** by starting on time and **using capacity more effectively**. Early adopter of the "Getting It Right First Time Further Faster Programme".
- **Length of stay reduction** for Hips and Knees **from 4.5 days (22/23) to 2.8 days (Dec 23)** and **First Day Case Hip achieved** November 23
- **Patient Initiated Follow ups increase** from 1.5% In April 22 to **over 4%** by December 23, giving patients more say on when they need a follow up.

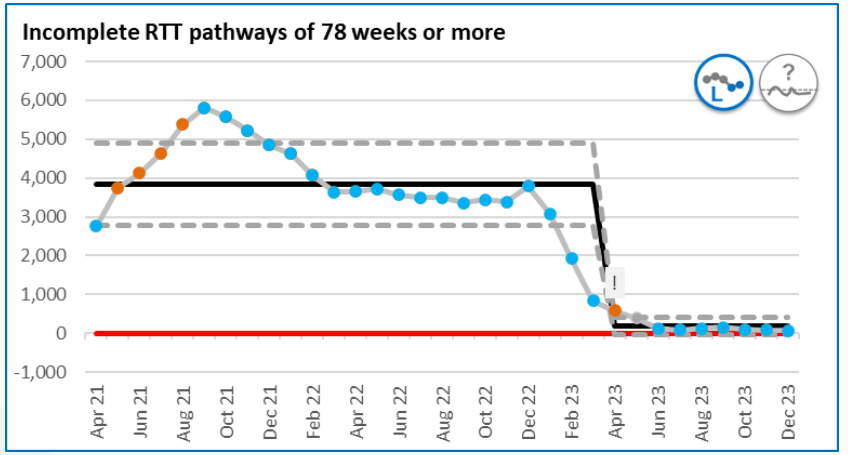
Diagnostics

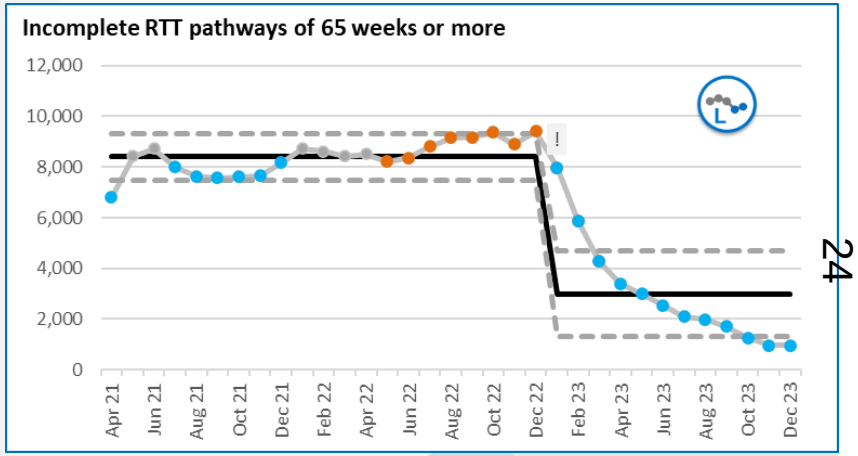
- Since October 22 there has been a **43% reduction in the overall waiting list and long waits have reduced by 71% for 6+ week waits and 80% for 13+ waits. Over 18,000 more tests** completed YTD when compared to 22/23.

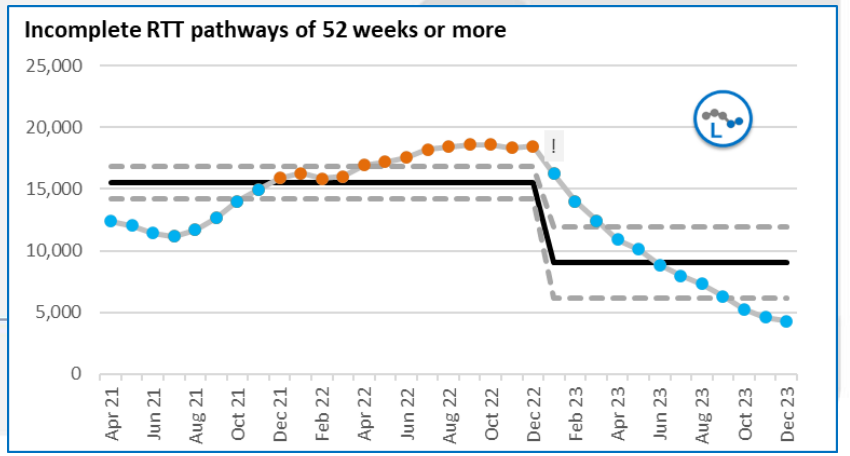
Despite this progress, we have much further to go. The next 12 months will focus on increasing productivity across theatres, outpatients and diagnostics within existing capacity at the three main sites and community hospitals, delivering planned new capacity to enable a sustainable waiting list position, improving on our processes to ensure staff are well trained and well-equipped to manage patient pathways effectively. Reducing our waits further with a focus particularly in cancer by bringing forward first appointments and diagnosing or ruling out cancer and treating patients much faster. And lastly, building on our relationships across LLR and Northamptonshire to reduce inequalities in waits.

RTT Waiting List Long Waiters

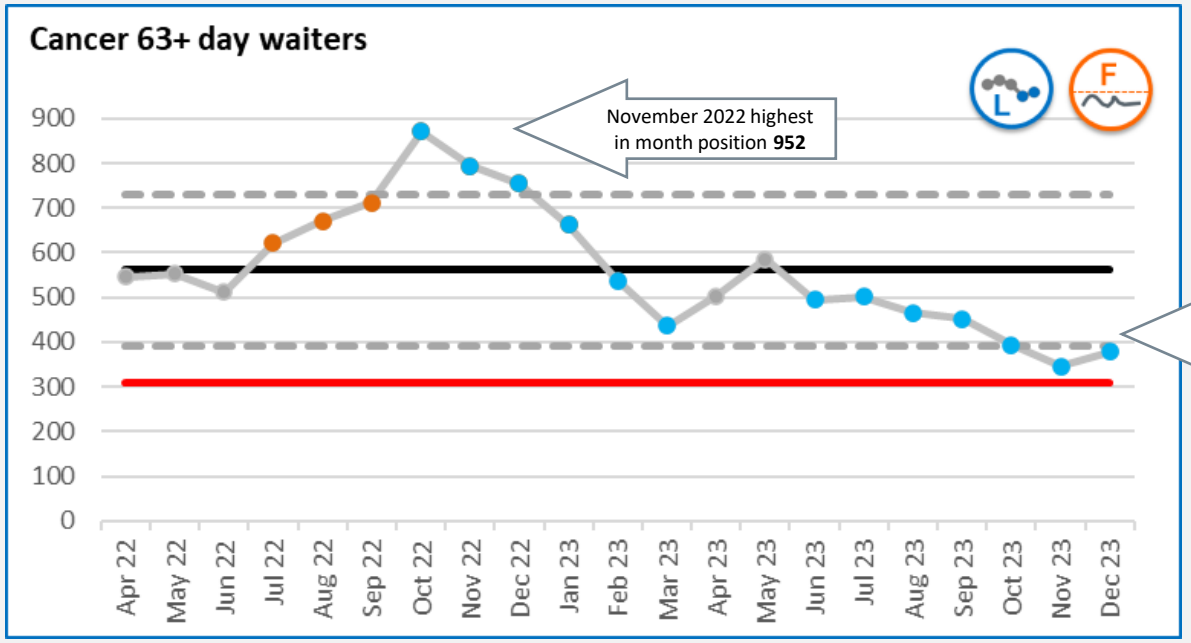








Cancer


Cancer 63+ day waiters
November 2022 highest in month position 952
November 2023 380
900
800
700
600
500
400
300
200
100
0
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
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Mar 23
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May 23
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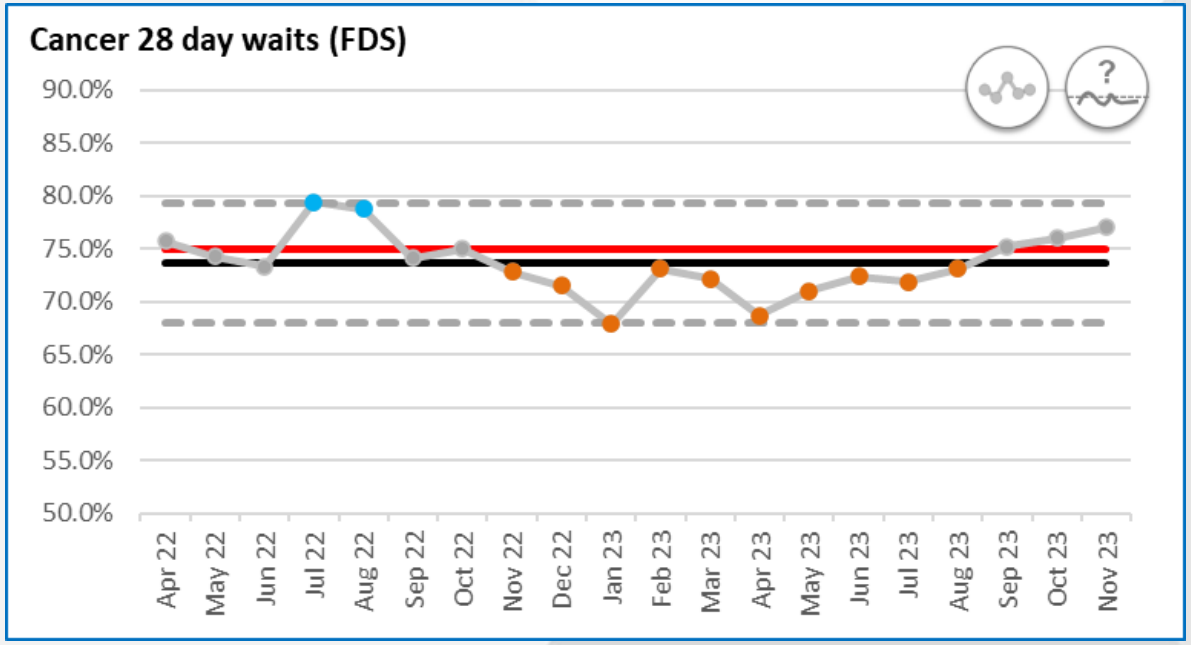
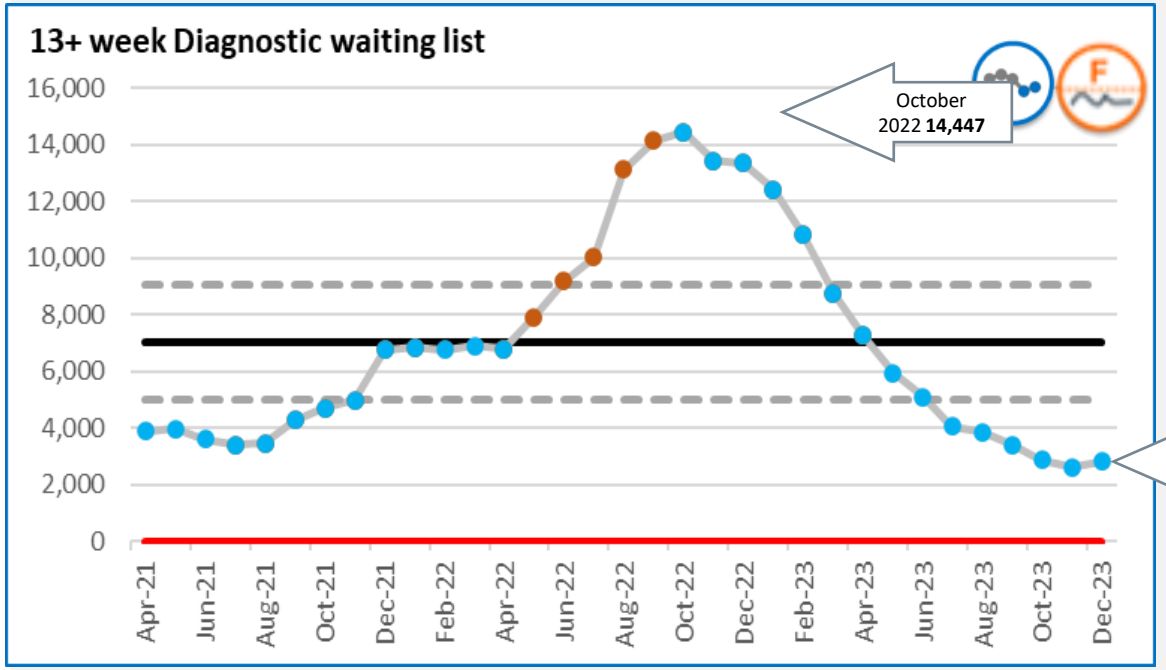
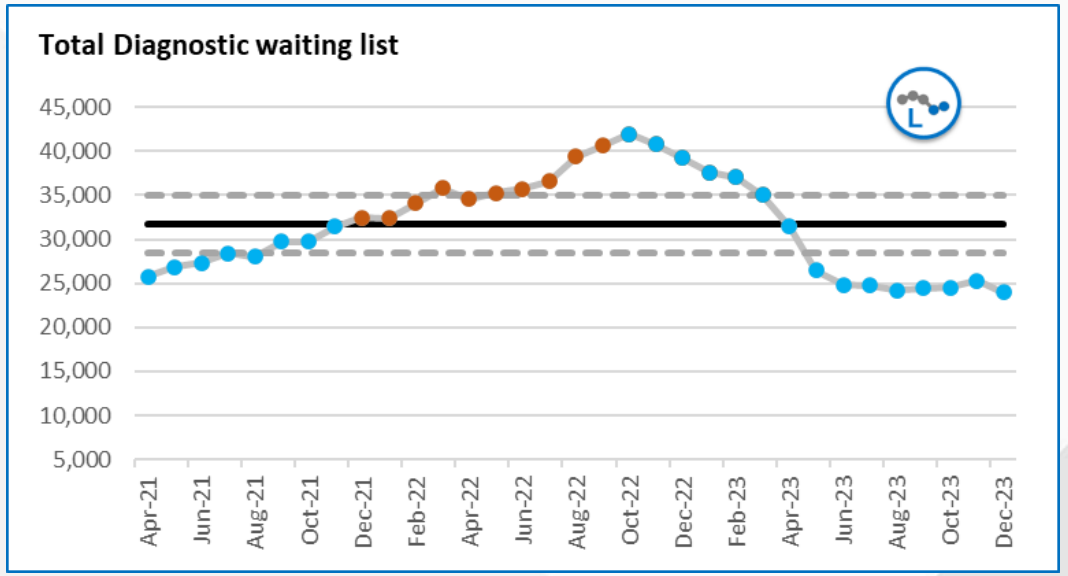
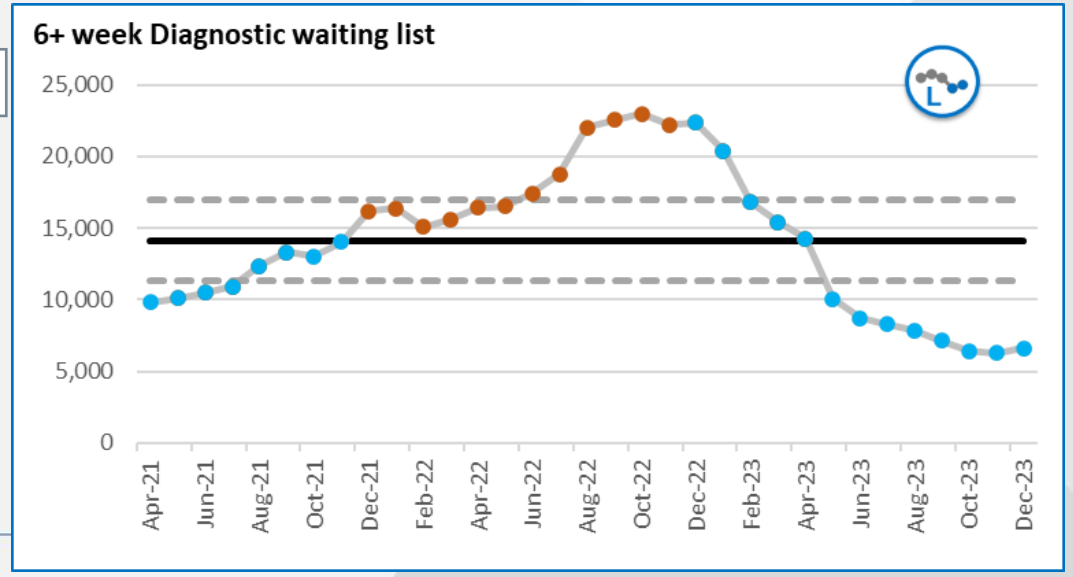

Cancer 28 day waits (FDS)
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
Oct 23
Nov 23

Diagnostics





December 2023 **2,821**



A year of Improvement - Urgent Care

- Every month in 2023 has seen **fewer hours lost to ambulance handovers** than winter 2022 resulting in **improved category 2 response times.**
- In 2023, we have safely discharged an average of **c.700 more patients** per month than in 2022
- We have **sustained or improved our 4-hour response times** in most months for UHL and across LLR

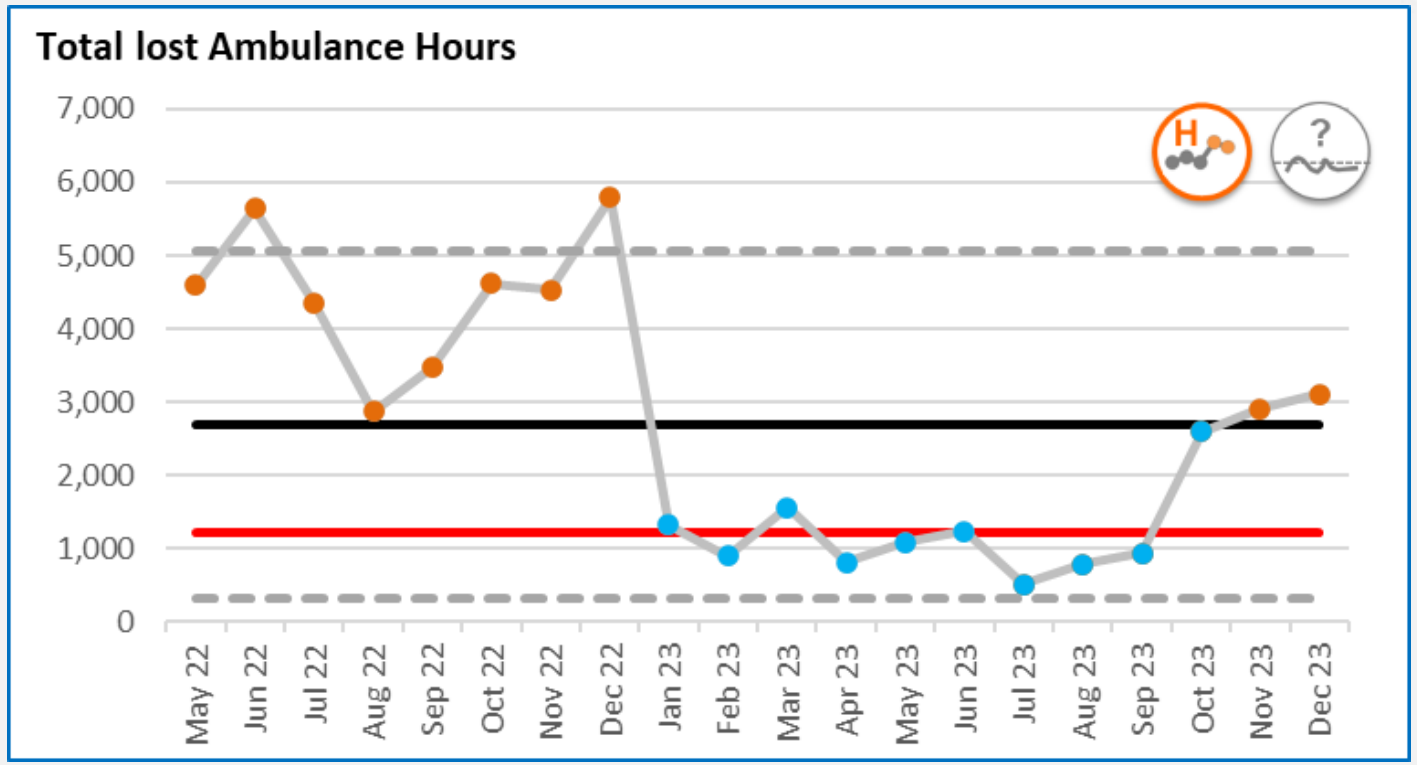
We have achieved this through

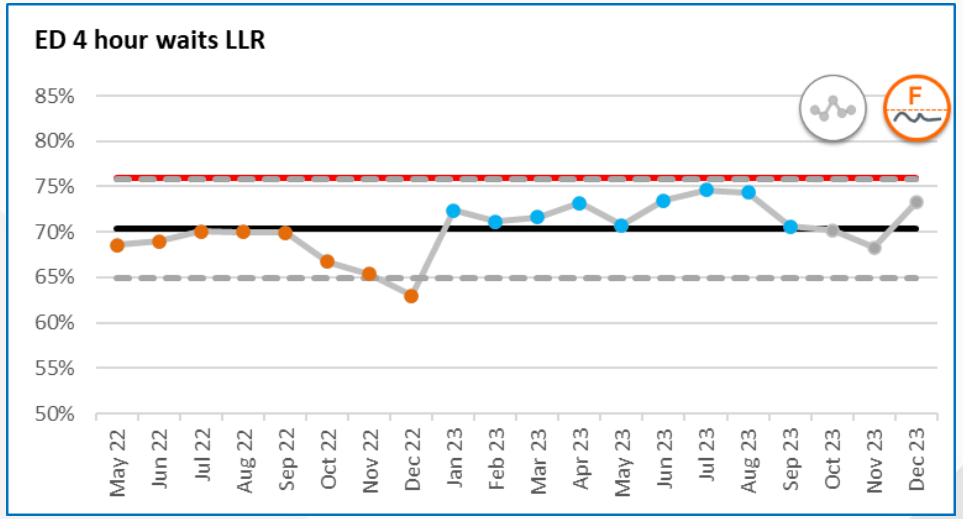
- **Expanded SDEC capacity** at our two emergency sites for Medicine, Respiratory and Cardiology
- Improved our **adoption of technology** to support flow of patients across our sites
- Created capacity through the Glenfield Chest Pain Centre
- **Opened an escalation unit** to allow ambulances to safely handover patients
- **Increased capacity** and **improved utilisation to consistently over 80%** for Virtual Wards
- Reconfigured the Children's Hospital bed base
- **Opened the pre-transfer unit** to decompress the Emergency Department
- Built suites of **data to empower clinical teams** to improve processes to discharge patients
- Secured funding and started the build for bedded capacity at the GH
- **Worked in partnership to create community capacity**

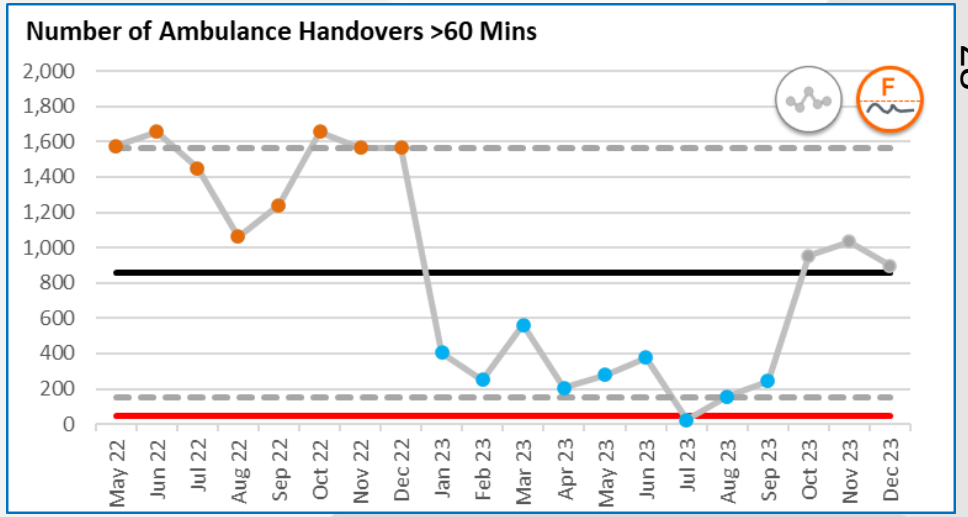
We know we are not where we want to be on our urgent care pathways. Over the next 12 months we need to

- **Increase** bedded capacity at the Glenfield Hospital
- Make provisions for patients to receive care in the most appropriate settings,
  - **Develop SDEC** services across all clinical services
  - **Maximising** the use of **Medical Day Case** facilities
  - Collaborate on developing the **Intermediate Care** offer in LLR
- Continue to improve our **partnership working** with our transport provider
- Develop plans for **Urgent Treatment Centre** capacity
- Implement the next stage of the **Childrens bed reconfiguration**.

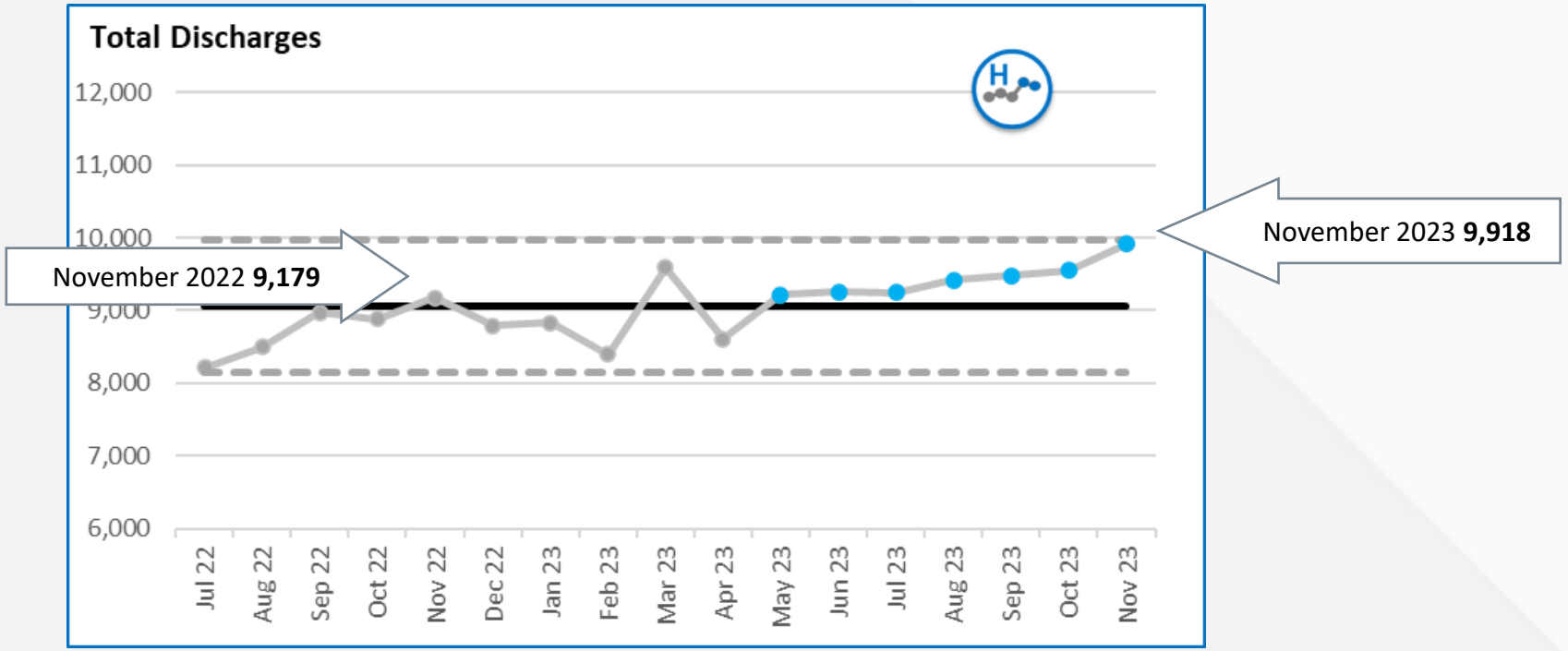
ED Waits / Ambulance Handovers





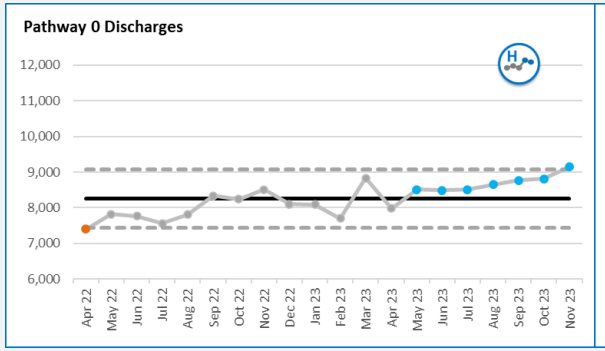


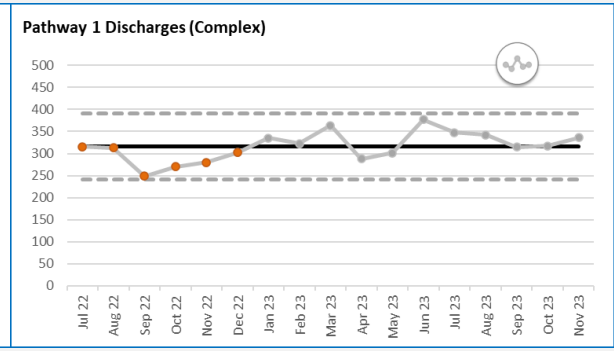
Discharges

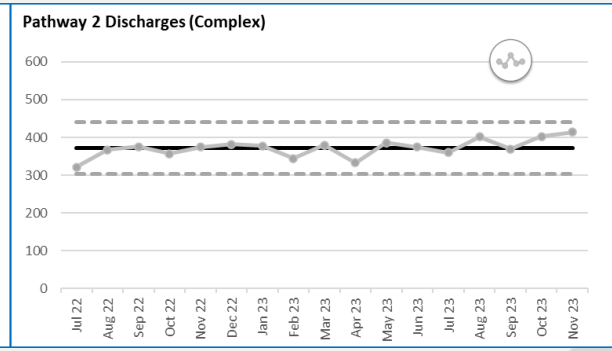


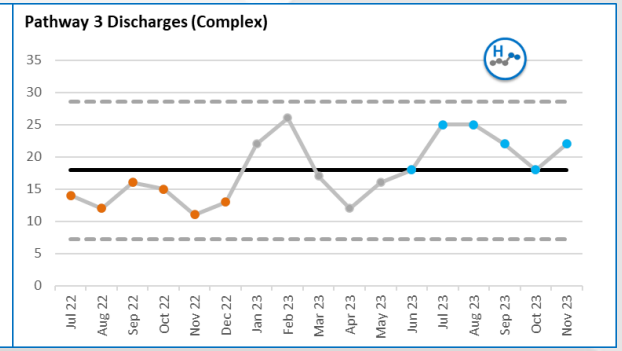
November 2022 **9,179**

November 2023 **9,918**









Critical incident planning

Summary

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

UHL has polices, plans and procedures for EPRR, including an Incident Response Plan which provides a framework and operational details of how the Trust responds to and recovers from any significant health related incidents.

Broadly, there are three type of incident:
- Business Continuity; an event or occurrence that disrupts or might disrupt an organisation's normal service delivery, below acceptable predefined levels, and requires special arrangements to be put in place until services can return to an acceptable level.
- Critical; any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, or where patients and staff may be at risk of harm.
- Major Incident; an event which presents serious threat to the health of the community or causes such numbers / types of casualties where special arrangements are required to be implemented by one or more emergency responder agency.

There are clear processes in place for declaring and managing an incident in the event one is declared.

UHL work closely with all partners across Leicester, Leicestershire and Rutland in EPRR planning.

Summary

University Hospitals of Leicester NHS Trust (UHL) and Leicester, Leicestershire and Rutland ICB declared a critical incident on 23/01/2024, at 06:30. The decision to call an incident was as a result of the significant pressures faced by the Trust, particularly in the Emergency Department (ED) and Clinical Decisions Unit (CDU). These pressures lead to high volumes of people awaiting a bed and very long ambulance waits.

At the time, the situation included:

- A large volume of patients in ED;
- Over 100 patients waiting for beds in ED;
- Long waits for a bed in ED;
- All escalation capacity was fully utilised;
- Surgical capacity was used to support flow and there was no further available capacity.

For further context, the previous 24 hours prior to UHL declaring an incident, there have been significant pressures with emergency flow pathways, resulting in long waits for ambulance handovers and significant increased risk both within ED and in the community.

Therefore, the main cause of the critical incident was in response to significant operational pressures as a result of patient demand exceeding our bed capacity. The impacts were driven by increased demand for our Urgent & Emergency Care services, as well as challenges to achieve discharges.

Numerous actions were taken, including additional clinical support to facilitate flow and discharge. In total, the Trust and system remained in a critical incident mode for 52 hours and 3 minutes.

The Trust and System have clear EPRR processes which are enacted in situations such as this, and are regularly reviewed to ensure that they meet the needs of organisations.