



University Hospitals
of Leicester
NHS Trust

Paper D1

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 wards at the Glenfield (first ward 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

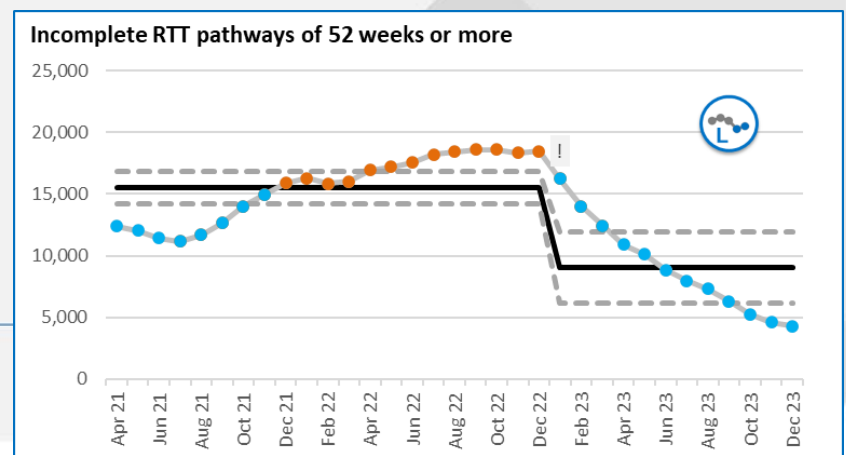
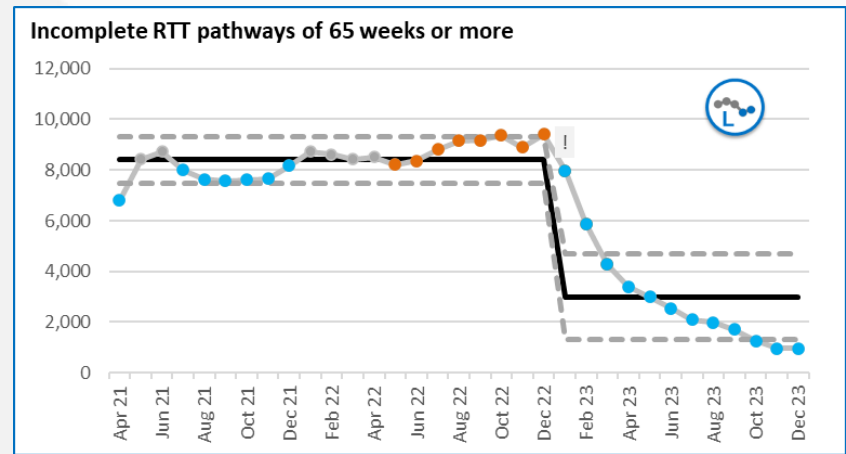
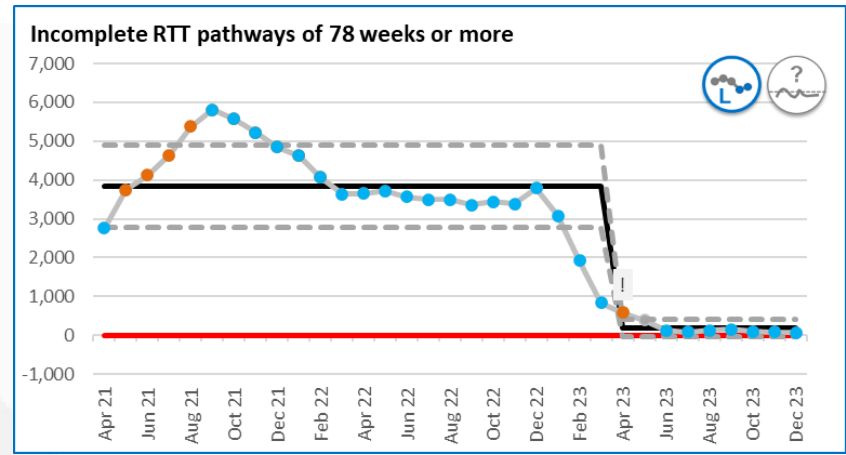
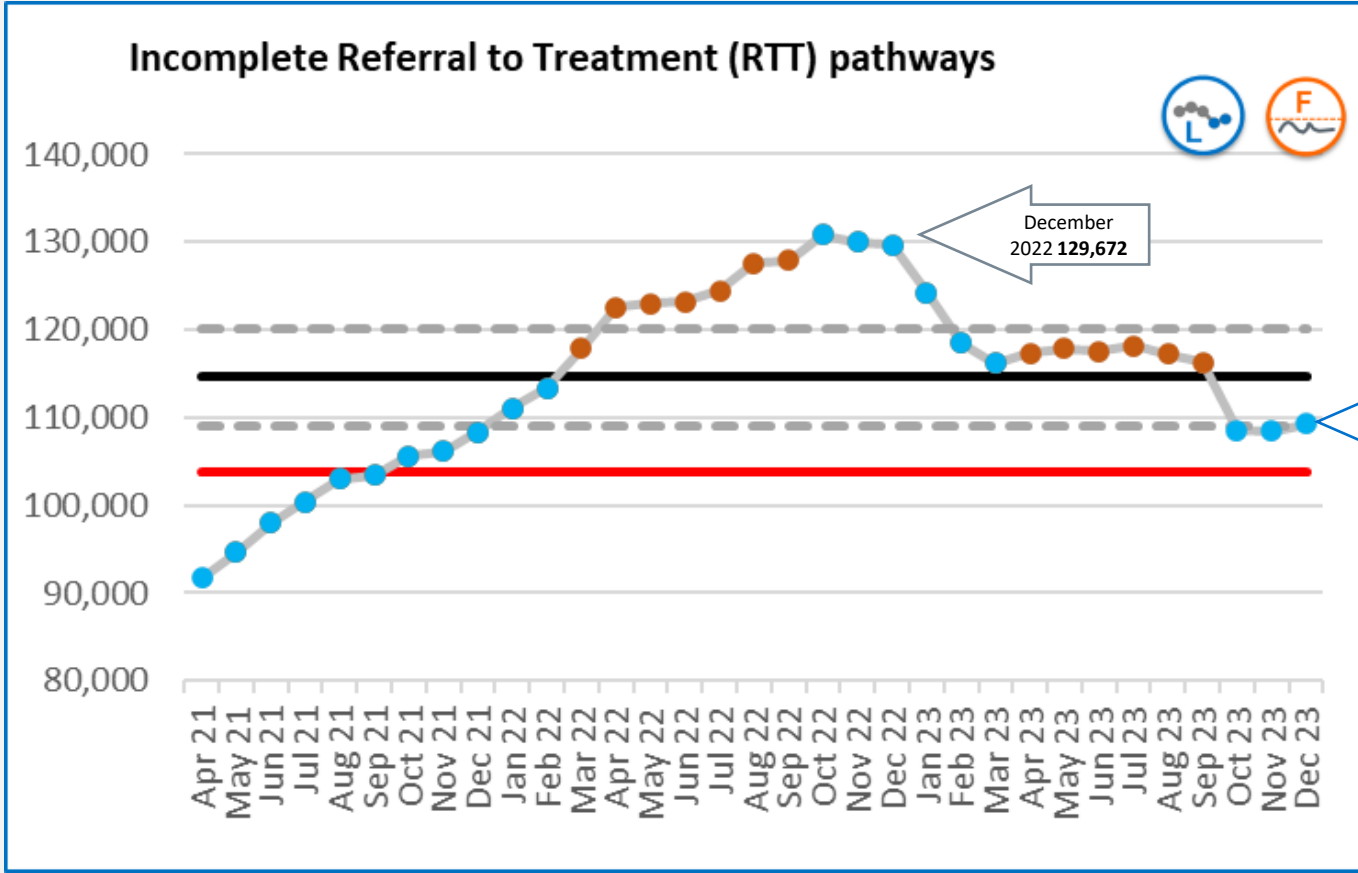
- **Reducing waiting list** when national picture was rising – UHL's waiting list doubled to 130,000 in the first two years of covid. By December 2023 this has reduced by over 20,000 (16%).
- Delivered **Zero** 104+ waits, expect zero 78+ by March. For 65+ week waits we expect to have less than 200 patients 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

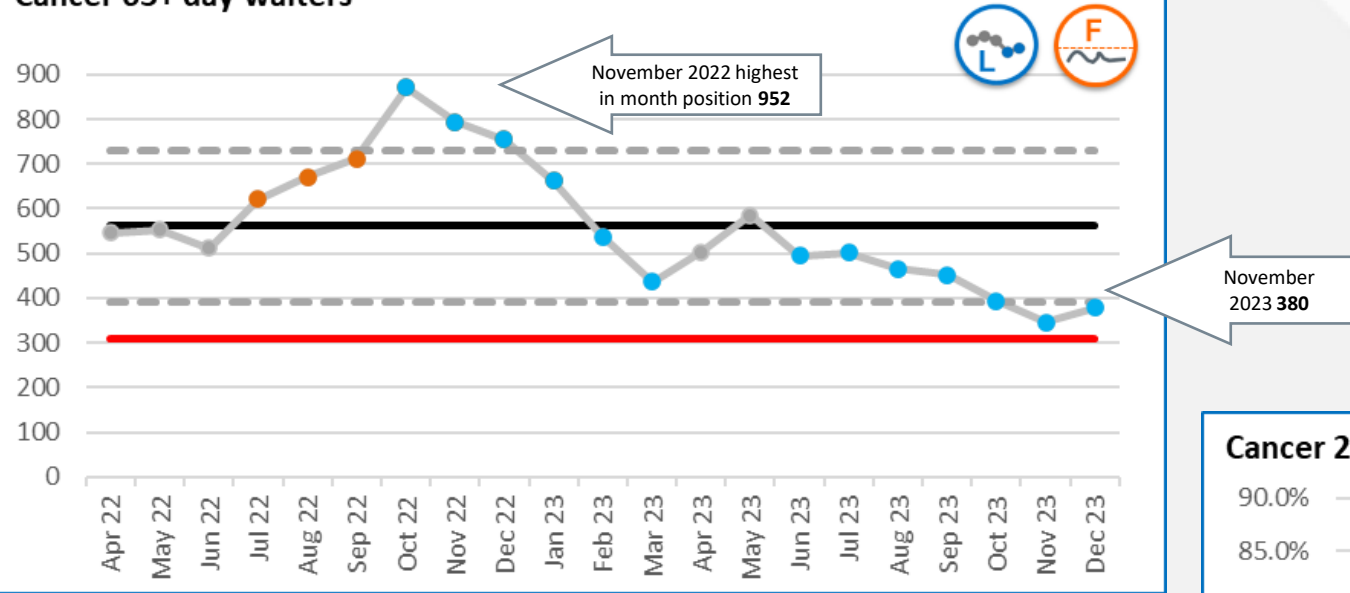
- Since October 22 there has been a **43% reduction in the overall waiting list and long waits have reduced by 71% for 6+ week waits and 80% for 13+ waits**. **Over 18,000 more tests** completed YTD when compared to 22/23.

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.

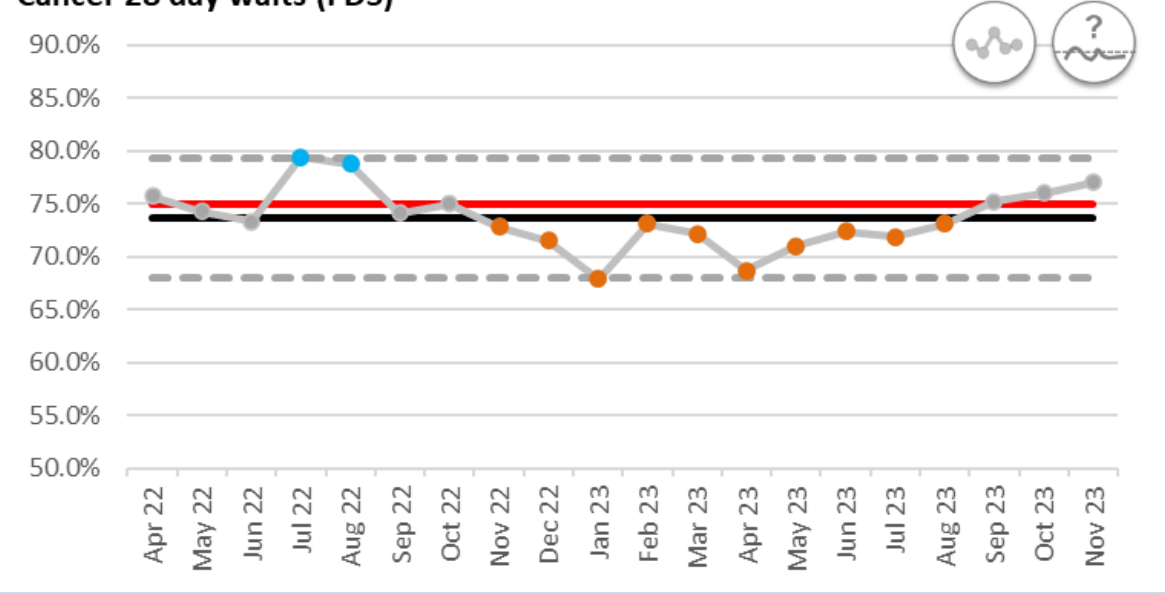
RTT Waiting List Long Waiters



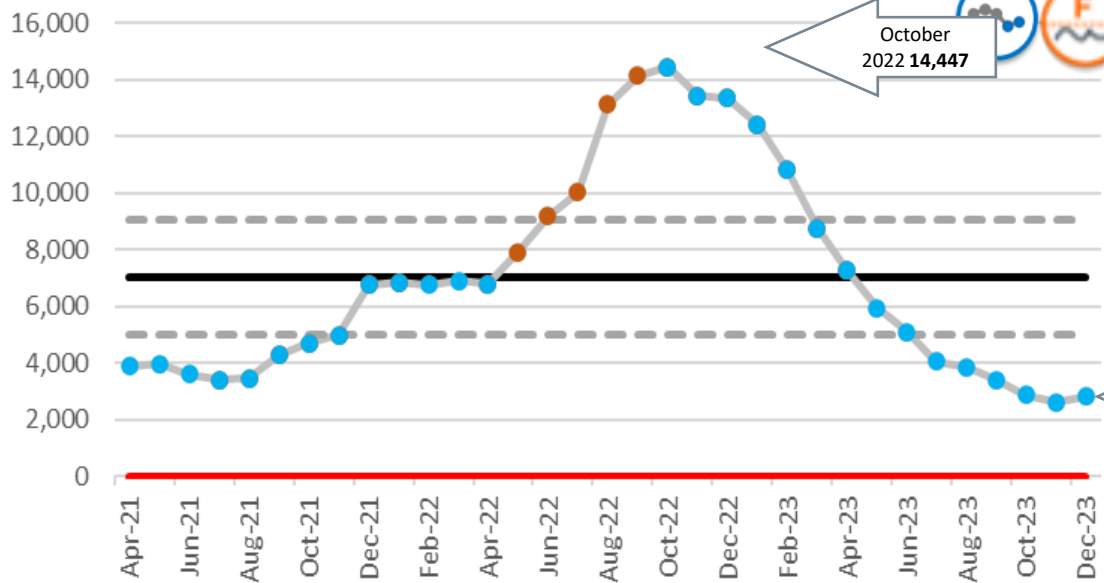
Cancer 63+ day waiters



Cancer 28 day waits (FDS)

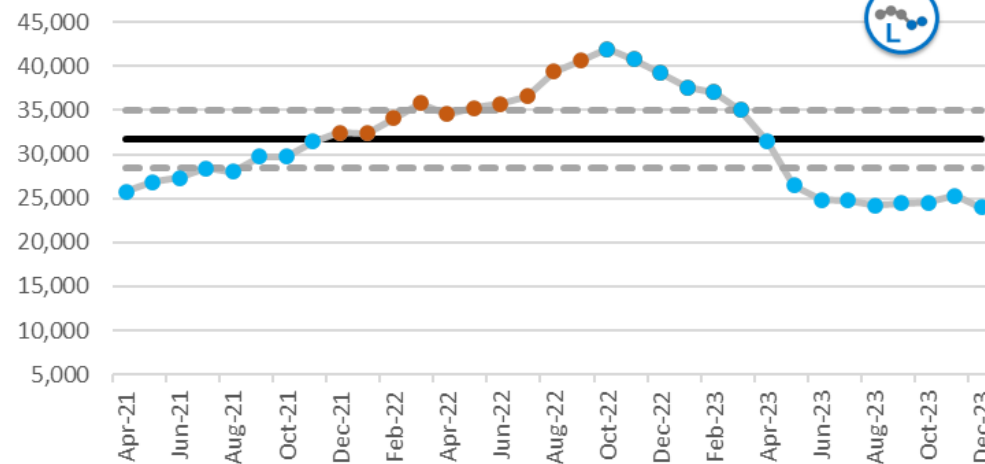


13+ week Diagnostic waiting list

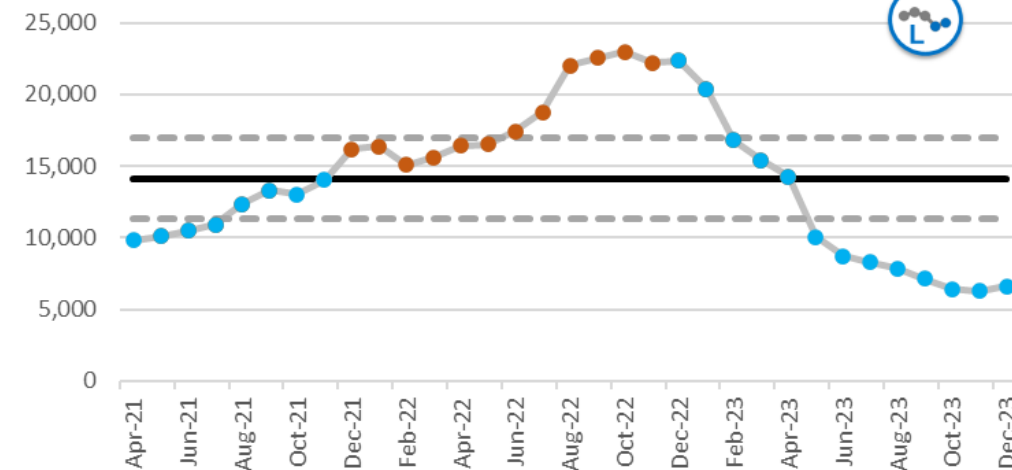


December 2023 2,821

Total Diagnostic waiting list



6+ week Diagnostic waiting list



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

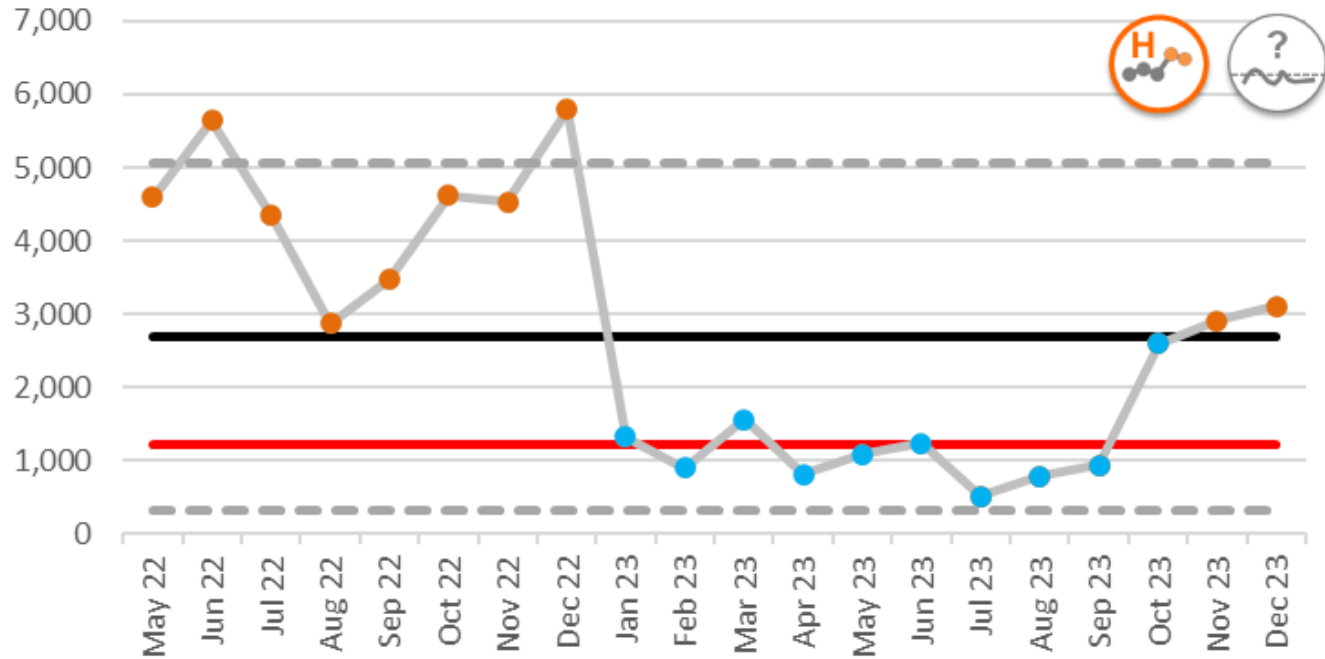
- **Expanded SDEC capacity** at our two emergency sites for Medicine, Respiratory and Cardiology
- Improved our **adoption of technology** to support flow of patients across our sites
- Created capacity through the Glenfield Chest Pain Centre
- **Opened an escalation unit** to allow ambulances to safely 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

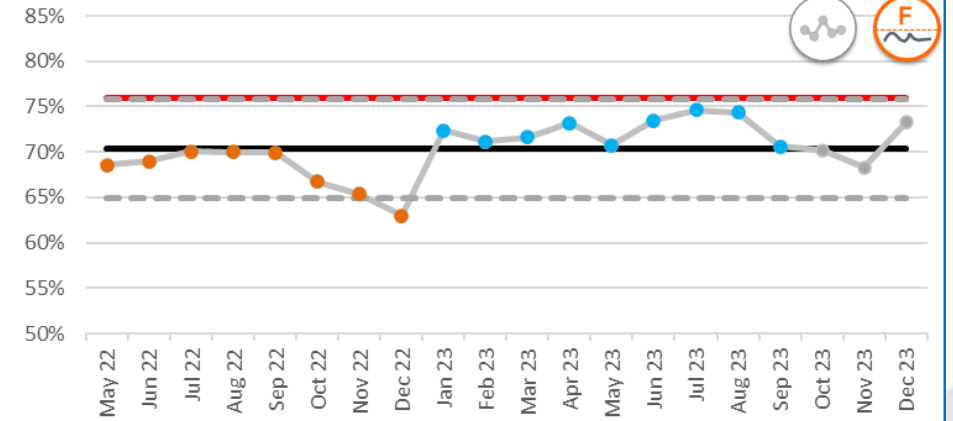
- **Increase** bedded capacity at the Glenfield Hospital
 - Make provisions for patients to receive care in the most appropriate settings,
 - **Develop SDEC** services across all clinical services
 - **Maximising** the use of **Medical Day Case** facilities
 - Collaborate on developing the **Intermediate 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**.
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ED Waits / Ambulance Handovers

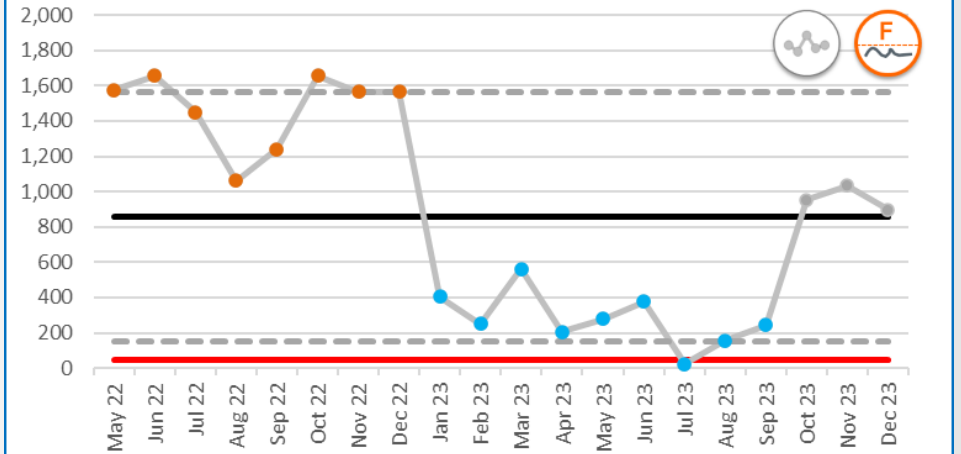
Total lost Ambulance Hours



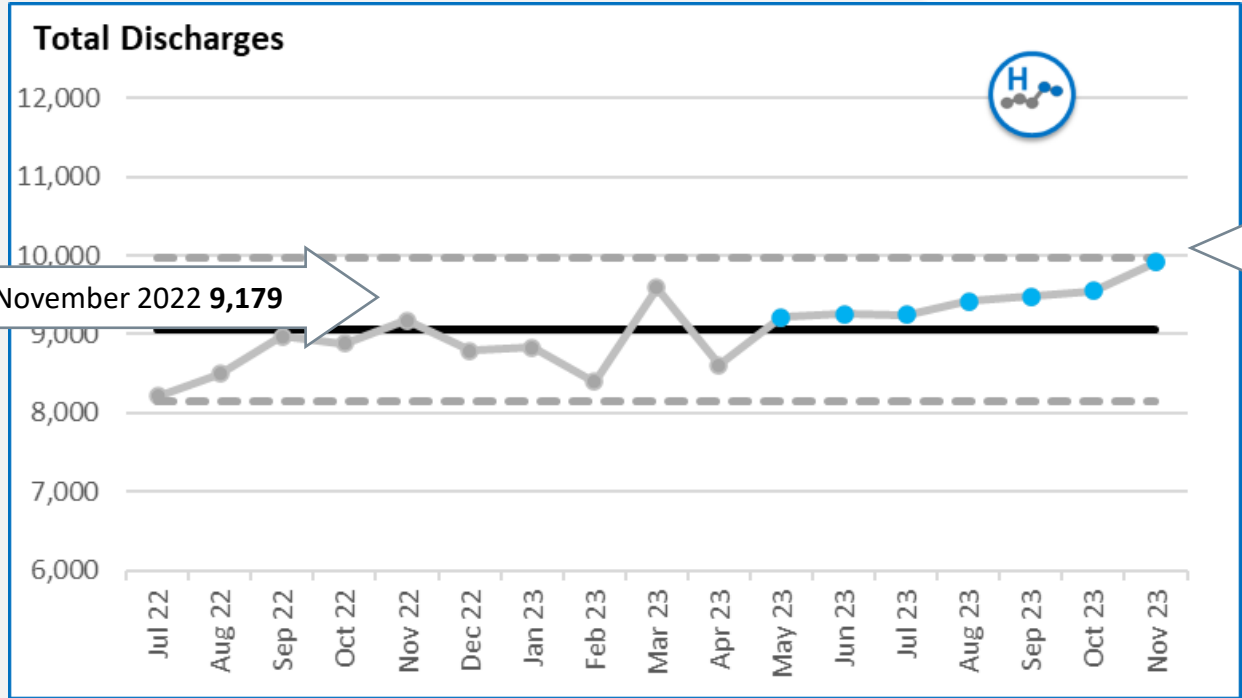
ED 4 hour waits LLR



Number of Ambulance Handovers >60 Mins

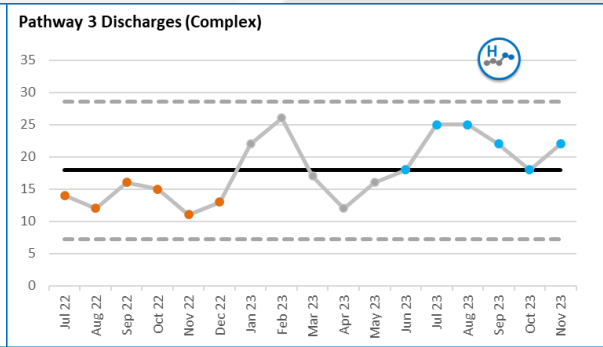
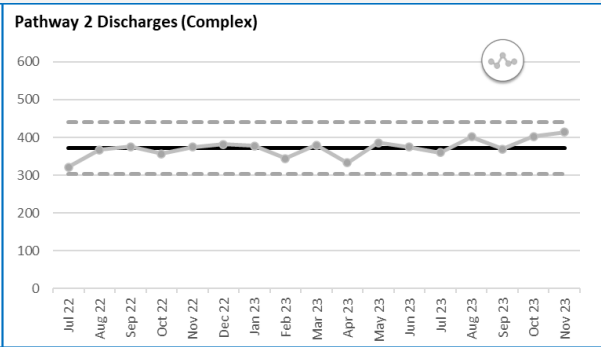
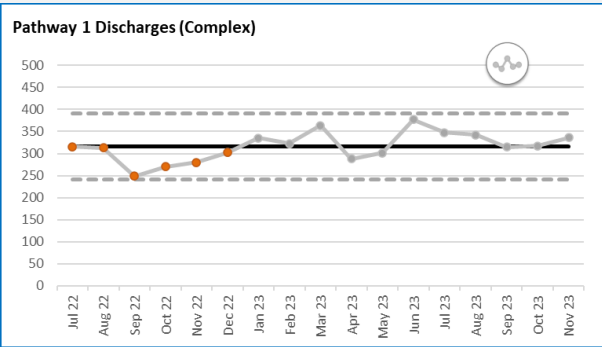
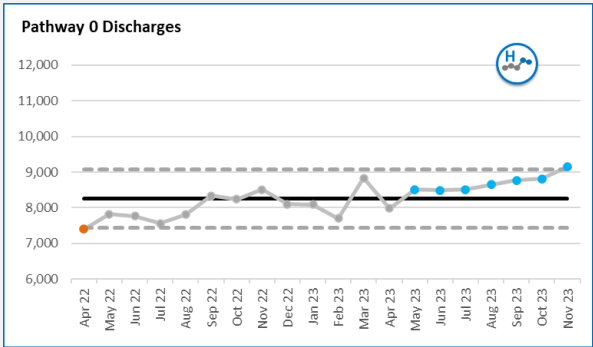


Discharges



November 2022 9,179

November 2023 9,918

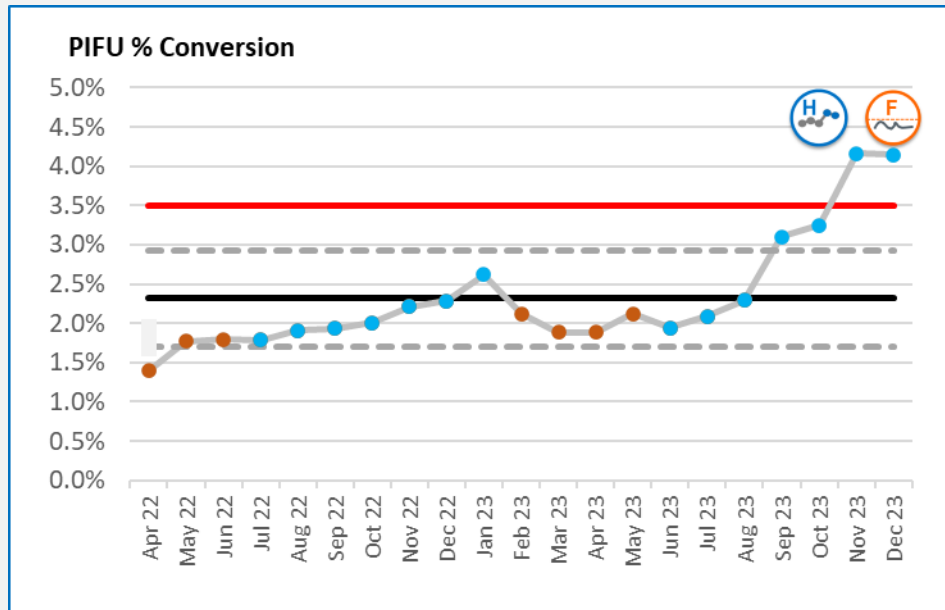




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Appendices

PIFU – Patient Initiated Follow Up



PIFU has had specific focus in 2023, with the Further, Faster initiative supporting raising the profile and delivery across the Trust. Continued improvement is evident from May 2023 with overall Trust performance hitting 4.1% in December.

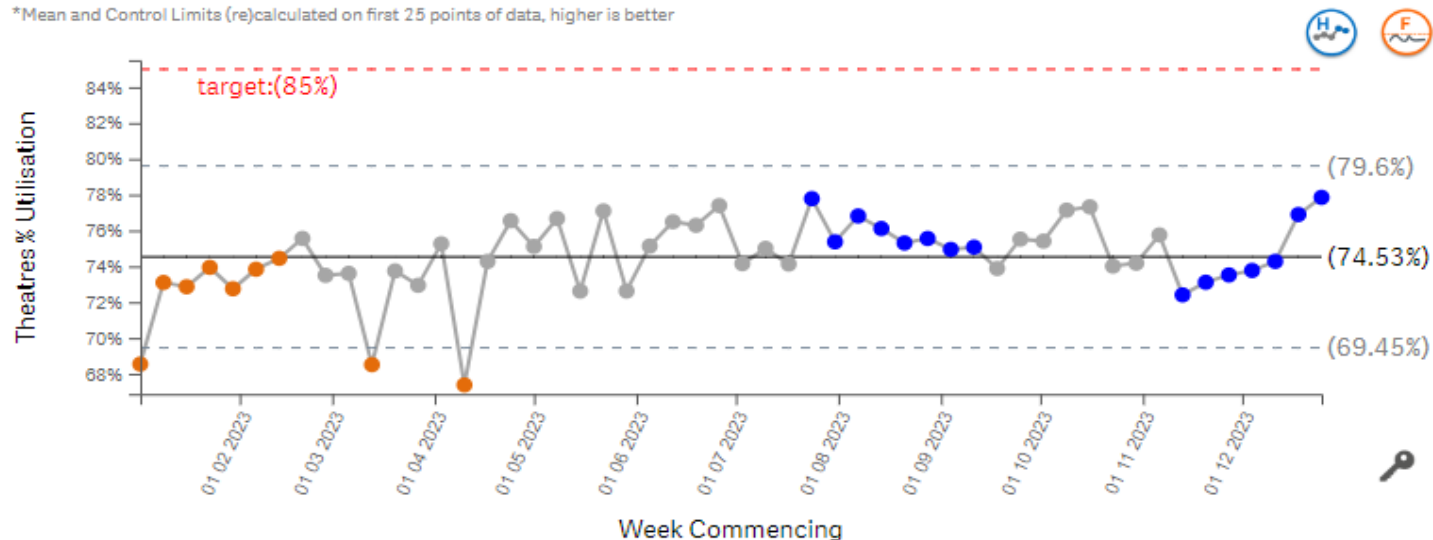
This achieves our own locally set target (Operational Plan 23/24) of 3.5% and gives confidence that with sustained effort and intervention we will achieve further improvements in 2024 and hit the national 5% target.

Specialties have been measured against specialty specific targets since October, providing stretch ambitions where they are already meeting local or national targets.

Theatre Utilisation: Target 85%

Weekly Capped Theatre Utilisation

*Mean and Control Limits (re)calculated on first 25 points of data, higher is better



What's next:

- Focused work to start at the LGH and Community sites to drive utilisation to the 85% target
- To start adding patients onto my pre-op (digital system) without a TCI date (up to 4 months out) so that the POA team can start screening patients and add them to the appropriate pathway (low, intermediate and complex).
- Benchmarking ACPL targets for HVLC procedures and challenging under-booked theatre lists
- Drive down OTDC to below the 5% target by initiatives such as rolling out pre-surgery questionnaires across all surgical services and sending procedure reminders.
- Paediatric surgical daycase beds to increase from 6 to 12 (recruitment dependent)

Overall UHL capped theatre utilisation for 2023 (Jan – Dec) has improved by 7% from the previous year (2022).

Urgent and Emergency Care (UEC) at the LRI is having a significant impact on theatre utilisation with 116 patients in Nov & Dec 23 cancelled on the day of their operation due to no ward beds compared to 79 patients in Nov & Dec last year (2022).

Site (Elective Cases)	December 2022 % Capped Theatre Utilisation	December 2023 % Capped theatre utilisation
EMPC	-	88.2%
GGH	76.8%	84.9%
LGH	73.1%	75.5%
LRI	63.8%	67.4%
UHL Community	66.7%	74.2%

The overall improvements throughout 2023 has been largely driven by the following changes:

- Investment in a clinical lead for theatre productivity to support improvement projects on the ground
- Weekly performance reviews chaired by ITAPS
- Robust 6-4-2 process
- Discussing theatre metrics at every Theatre productivity board and tackling performance through data driven changes
- Introduction of 'Standby' patients to maximise utilisation
- Improvements to the booking and scheduling process
- Roll out of digital Pre-operative assessment and pre-surgery questionnaires across all HVLC services

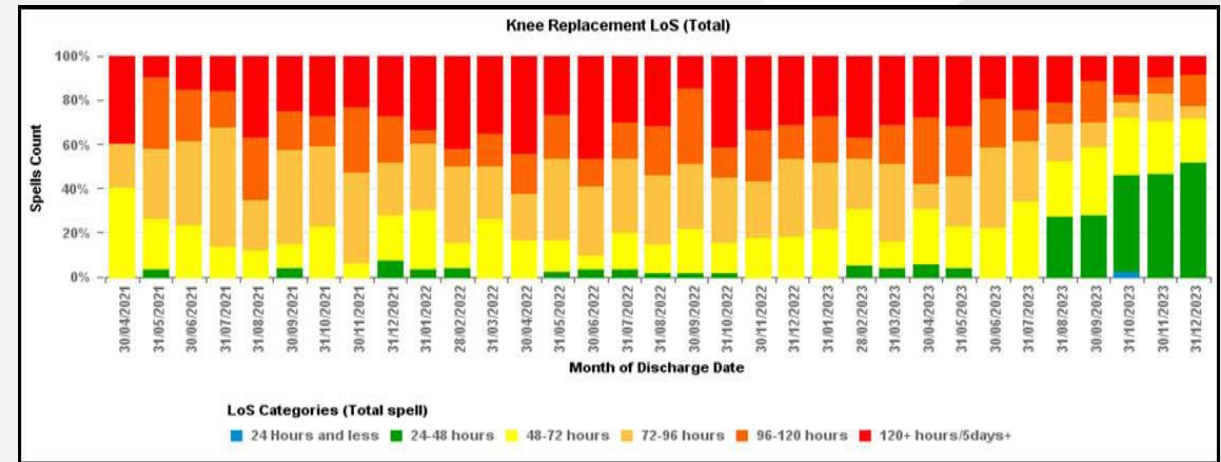
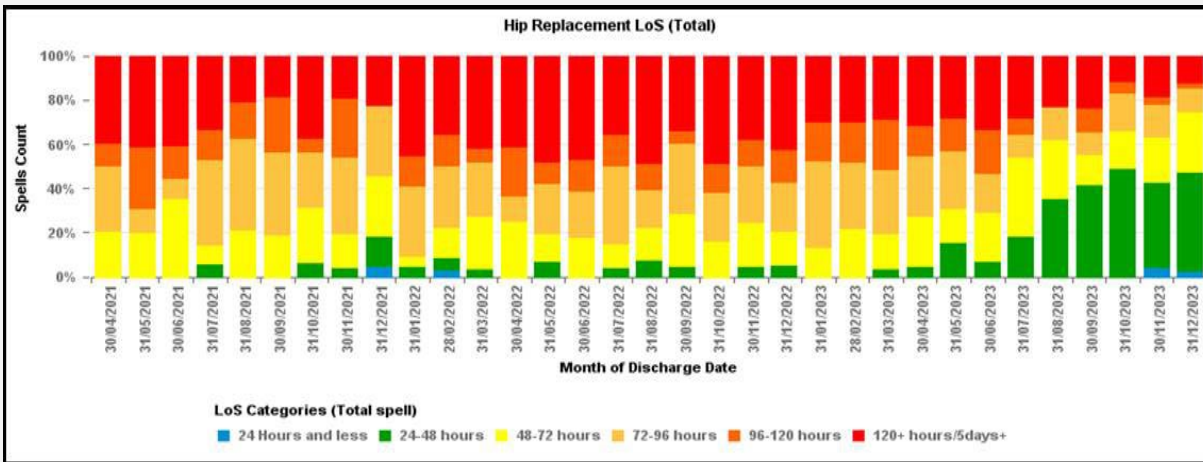
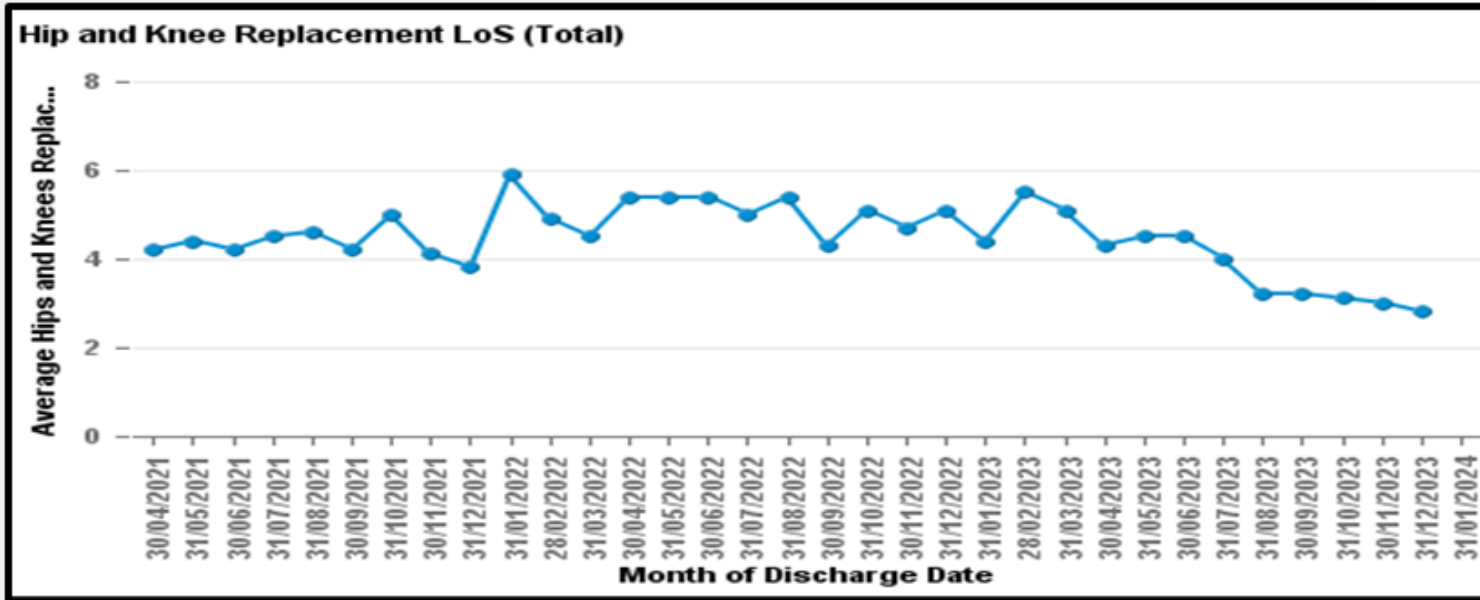
Case Study: Length of stay reduction- Hips & Knees

The Orthopaedic service has launched the 'LEAP' programme in August 23, which focuses on highly efficient standardised processes to patient care throughout each of the touch points in the patient's journey to reduce LOS. Since the launch, orthopaedics' have seen a reduction in the LOS, with the overall hip and knee LoS reduction from 4.5 nights (Q4 22/23) to 2.8 nights in December 23.

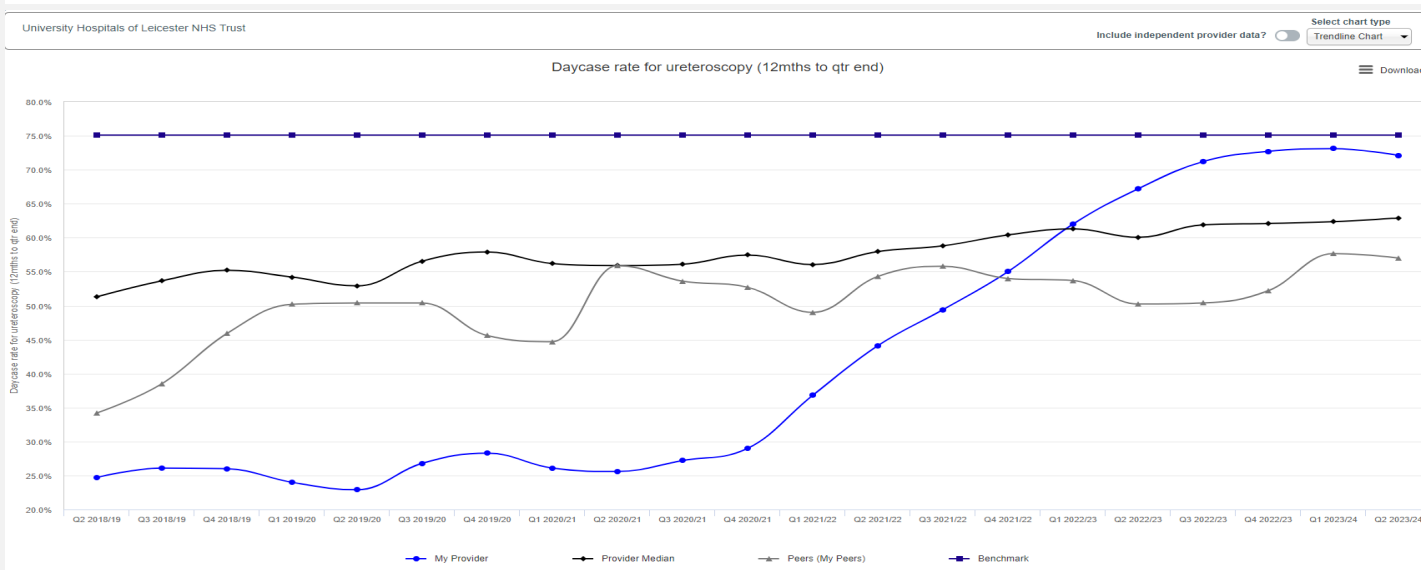
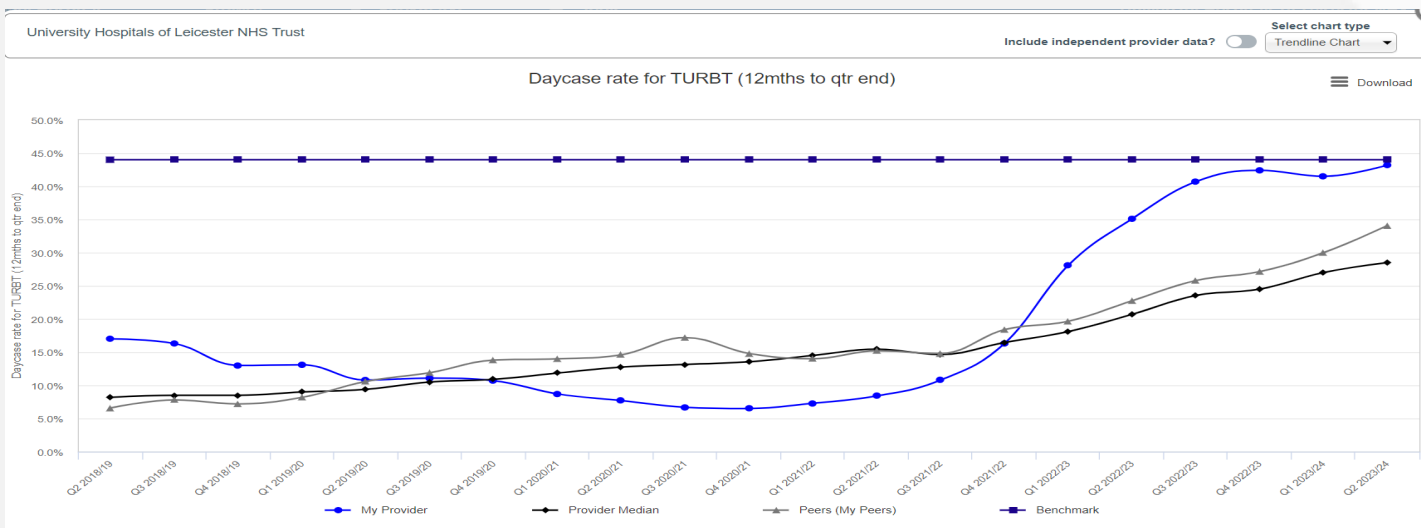
To multidisciplinary team continue to meet fortnightly and more recently identified the opportunities to start to trial day case Hips and Knees. The service successfully completed their first Hip replacement in November 23 and have gone on to complete another 3 in December 23.

What Next:

- Whilst there is a general commitment to undertaking 4 joints (or equivalent) on an all-day list, there was a recognition this is rarely being achieved at present as the service have focused on reducing LOS and improving scheduling. This is something the service are keen to pick up in 2024.



Case Study: Length of stay reduction - Urology



Day case rates for TURBT has risen to 43.2% with the benchmark value of 44% and day case rates for ureteroscopy have also risen from 36.8% in Q1 21/22 to 72% in Q2 23/24 (benchmark 75%). The service have made this improvement by defaulting these procedures to intended management of day surgery and ensuring patient listed for these procedures are booked earlier in the day to achieve same day discharge. After sustained improvement with the 2 HVLC procedures, urology have taken the decision to list all procedures identified by BADS (except Laparoscopic Nephrectomy and Prostatectomy) as intended day case management.

Nationally Urology at UHL are sitting in the top 50% of Trusts for their Day case rates (MHS Sept 23) and within the Highest 25% of providers for the 2 HVLC procedures.

To further drive improvements, the Day case team at the LGH have developed a Post-Operative Urinary Retention (POUR) pathway, which will help support patients going home if they experience urinary retention post day surgery. The unit has also set up a Trial Without Catheter (TWOC) clinic allowing patients to return for a TWOC at a later date, providing reassurance to patients when going home.

What does this mean:

- Urology have only had 12 cancellation in 2023 due to lack of ward bed compared the 310 patients cancelled in 2022, noting that some acute services moved off the LGH site in July 2022 as part of a reconfiguration programme.
- Q1 22/23 only 21 patients had their TURBT during a day case admission compared to the 160 patients in Q1 23/24.