Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 25 OCTOBER 2023 AT 10.00 AM, VIA MICROSOFT TEAMS

Present:
Mr M Williams - OPC Chair, Non-Executive Director
Dr A Haynes MBE - Non- Executive Director
Ms J Hogg – Chief Nurse (from Minute 104/23/4)
Mr B Patel - Non-Executive Director
Mr J Worrall - Non-Executive Director

In Attendance:
Mr R Binks - Deputy Chief Nurse
Ms R Briggs - Associate Director of Operations Projects
Ms G Collins-Punter - Associate Non-Executive Director
Ms S Favier - Deputy Chief Operating Officer
Ms H Hendley - LLR Director of Planned Care
Mr R Manton - Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer
Ms S Nancarrow - Associate Director of Operations – Cancer

RESOLVED ITEMS

99/23 WELCOME AND APOLOGIES

Apologies for absence were received from Mr J McDonald, Trust Board Chairman, Mr J Melbourne, Chief Operating Officer and Mr A Furlong, Medical Director.

100/23 CONFIRMATION OF QUORACY

The meeting was quorate.

101/23 DECLARATION OF INTERESTS

There were no declarations.

102/23 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 27 September 2023 (paper A refers) be confirmed as a correct record.

103/23 MATTERS ARISING

Resolved – that the Operations and Performance Committee matters arising log (paper B refers) be received and noted.

104/23 KEY ISSUES FOR ASSURANCE

104/23/1 Briefing for Urgent and Emergency Care

The Associate Director of Operations, Projects, briefed the Committee on developments in urgent and emergency care (paper C refers). This item was considered in mitigation of BAF risk 2.

It was reported that there had been a significant increase in attendances at the Emergency Department in September 2023 and this had impacted on the performance for 4 and 12-hour waits, and ambulance handovers. The deterioration in performance was not solely due to the increased attendance and there was a piece of work to explore the reasons.

The 12-hour performance for September 2023 was 88.2% with 2,485 breaches. On average 30% of the patients waiting over 12 hours had not been admitted. Whilst a proportion of these patients were receiving treatment and avoiding an admission, there was a need to focus on reducing the numbers. Action to address the 12-hour performance were noted.

The metrics for flow through the hospital had remained consistent and capacity would increase with the opening of the modular ward at Glenfield Hospital to provide 18 additional respiratory medicine beds. The increased capacity for GP Assessment Unit and Discharge Lounge were on track to open as planned. The leadership team for capacity and flow had been strengthened with the addition of new posts and increased out of hours cover.

The number of discharged patients on pathway 0 had increased and there was work to ensure that this did not lead to an increase in readmissions. The time-of-day patients were being discharged was under consideration and a workshop with Newton and Europe consultancy would be held to look at the variation across the week. An action plan would be drawn up following that workshop.

The Assistant Director highlighted an emerging risk around changes in the practice of Leicestershire County Council which had a significant impact on the timely discharge for patients who were medically optimised for discharge. The impact was being felt with respect to the waiting list for community beds and delivery of packages of care. This had been escalated to the System and a plan discussed. The Integrated Discharge Team was back on site.

Mr J Worrall, Non-Executive Director, noted that the Trust had the power to charge local authorities for patients who were delayed because of the Council's inaction. Mr M Williams, Non-Executive Director Chair, commented that the financial challenges facing local authorities was known and that such actions would not enhance relationships.

The work to design the out of hospital beds, and for Leicestershire Partnership Trust to take patients with higher acuity and repurpose under used therapy beds, was noted to be at risk. The risks were around the ability to recruit staff and capital works required.

Dr A Haynes, Non-Executive Director, asked about the performance against the 12-hour wait standard and how many patients were waiting over 16 hours. Mr J Worrall, Non-Executive Director requested that further analysis on the 12-hour wait was presented to the next meeting. The Associate Director agreed to report back to the next meeting. **Assoc Dir**

Dr A Haynes, Non-Executive Director, asked whether increasing the proportion of patients discharged on pathway 0 before midday for the high-volume specialities would have an impact. The Associate Director agreed that for acute medicine and respiratory care there could be a significant impact and that this was a focus of work.

In response from a question from Mr B Patel, Non-Executive Director, the Associate Director reported challenges with the transport provider as it had more resources in the morning, whereas the greatest demand was for the afternoon and early evening. Discussions had been initiated with the contractor and system colleagues.

The Associate Director provided an update on the Children and Young People's action plan. Governance had been strengthened around the winter plan and agreement reached with system colleagues to fund Acute Respiratory Infection Hubs for paediatric patients. Mr B Patel, Non-Executive Director, asked how parents would be made aware of the hubs to divert attendances to Emergency Department. The Associate Director noted that work was being undertaken with the communications team and system partners and that some of the provision would be placed in the Minor Illness and Minor Injury Unit (MIaMI).

The Chair summarised the discussion noting the assurances given with respect to BAF risk 2. The issues relating the County Council and performance on the 12-hour wait were to be highlighted to the Trust Board.

Resolved - that (A) the report be received and noted, and

(B) further detail on the 12-hour wait performance be presented to the next meeting. **Assoc Dir**

104/23/2 West Midlands Clinical Senate Review

This item had been deferred.

104/23/3 Cancer Quality and Performance Report

The Associate Director of Operations, Cancer, provided detail on the Trust's cancer performance for July 2023, an overview of August 2023 (paper E refers). This item was considered in mitigation of BAF risk 2.

The Associate Director reported that there had been a continued improvement in reducing the backlog of patients waiting for care and performed better than its peers. Despite the impact of industrial action, the number of patients waiting had come down and she was confident that the Trust would meet its 'fair share' target.

It was reported that referrals were higher than last year, and work was being undertaken with general practices to ensure the referrals met all the criteria and were made appropriately.

The performance against the Faster Diagnostic Standard had improved to 73% and on track to achieve the target of 75% in September 2023. There would be an increased focus on the skin cancer and looking at other centres for shared learning. Further detail would be presented to the next meeting.

There had been a drive to make the first appointment within 7 days. This currently stood at 25% and the plan was to increase this to 40%.

With respect to the performance for those waiting more than 62 days, NHSE had set a combined target of 70% (including scanning). The Trusts' performance was at 60%. In order to achieve the target, the focus would need to shift from the longest waiters or there would need to be c200 additional treatments, there would be a conversation with the regional team about the expectations.

Performance against the 31-day standard was challenged especially for surgery and radiotherapy. The second robot had been installed at Leicester Royal Infirmary and a mobile oncology unit installed at Glenfield Hospital.

Mr M Williams, Non- Executive Director, asked whether there was confidence that the improvement could be sustained. The Associate Director considered that the focus was on the right issues and those waiting the longest. She thought the improvements might plateau and there was more modelling to do. However, there was good support from system partners, funding form East Midlands Cancer Alliance had been granted and NHSE had provided £330k additional funding for several new schemes.

The greatest challenges were for Urology, Lower Gastroenterology (GI) and Skin. For Urology additional support was being sought from Northampton Hospital. For Lower GI, there had been changes to the structure of the clinical team which inspired more confidence. It was unlikely that the Trust could achieve the target of 70% in the short term without additional capacity. However, the current focus was on the longest waiters.

Mr M Williams, Non-Executive Director, asked about the referrals from GPs and the Associate Director noted that the two-week team spent a lot of time going back to GPs to ensure the referral was made correctly on the system. The work to improve the referral process would enable more patients to be booked in within seven days.

There was an issue with requesting blood tests that was delaying referrals. The LLR Director of Planned Care noted that conversations about respective responsibilities were being had with General Practitioners.

It was reported that the Trust had been given a 'fair share' control total of 309 patients waiting longer than 62 days by the end of the financial year. A trajectory to achieve this target had been built by the services. It was hoped that the Trust would improve upon the trajectory, however the impact of future industrial action was not known.

Mr J Worrall, Non-Executive Director, asked whether performance for some sites was impacting negatively on the overall achievement and why the Trust was below target for sites such as gynaecology. He asked for the Committee to receive trajectories for each tumour site. The Associate Director agreed that some sites could be pushed to achieve a higher percentage. She would provide the trajectories, by site, the following month. **Assoc Dir**

Dr A Haynes, Non-Executive, asked about Faecal Immunochemical Testing (FIT). The Associate Director reported that the performance had improved and around 73%. There had been good interaction with GPs.

The Chair summarised the discussed noting that the Committee sought assurance that the improvement would be sustained and requested more information for the trajectories for 62 days wait by tumour site.

Resolved – that (A) the report be received and noted, and

(B) trajectories, by tumour site for performance against the 62-day wait target be presented to the next meeting. **Assoc Dir**

104/23/4 Elective Care (RTT and DM01)

The Deputy Chief Operating Officer, set out the latest position with respect to waiting times and a more in-depth report on theatre productivity. Paper F was considered in mitigation of BAF risk 2.

It was reported that 143 patients had waited over 78 days at the end of September 2023. This was a deterioration of 19 from the end of the August and a result of the cumulative impact of industrial action. The focus on the cancer backlog had impacted on the speed of recovery for elective care. The forecast was 98 patients at the end of October and zero by the end of November 2023. The Trust was on track to achieve zero patients having waited 65 weeks by the end of March 2024. The focus was on driving down the number of patients waiting for their first outpatient appointment in the 65-week cohort. Insourcing and outsourcing contracts would support with this effort.

The Deputy Chief Operating Officer reported on actions to improve theatre productivity. She noted that the utilisation rate had remained static at 75% and had been impacted by industrial action. There were review meetings with the National and Regional Getting it Right First-Time team (GIRFT) and a target had been set to achieve 80% utilisations by the end of December 2023. Performance had been impacted by the demands from emergency care which created pressure for beds, particularly for paediatric care. This meant lists had been taken down. Performance at the East Midlands Planned Care Centre had improved, and utilisation had increased from 55% to 88%.

On the day cancellations had remained static for the last three months at 8%. There were a number of actions aimed at reducing this to 5%. For clinical cancellations there was a project to review pre-operative assessment which was starting to identify these, such as hypertension. Whilst not moving at the pace she would want, the Deputy Chief Operating Officer noted that the project was gaining momentum. Progress had been made with respect to patient cancellations. A questionnaire to patients had been trialled in general surgery and had reduced cancellations. This would be extended across other specialities. There were trials to send text messages reminding patient of their procedures and more immediate feedback sought from those patients who cancelled or did not attend.

Improvements had been seen in the start times of lists. Last year approximately 80% of lists started late, this was down to 30%. The aim was to reduce this further to 10% for unavoidable reasons.

The average case per list had improved (apart from that for Leicester General Hospital where there were more complex cases). This was being monitored weekly and there was greater use of patients on ‘standby’.

Mr M Williams, Non- Executive Director Chair, asked how theatre productivity was defined. The Deputy Chief Operating Officer noted it was defined by ‘touch time’ from the point that patients were anaesthetically ready to when they had finished in theatre.

Ms G Collins-Punter, Non-Executive Director, observed that having visited theatres at Glenfield Hospital, how much activity was involved to support theatre productivity, for example, sourcing supplies.

Mr B Patel, Non-Executive Director, noting the work to message patients to avoid cancellation asked how the Trust could be assured that messages were received by the correct person as it was often the carer that needed to be reminded.

Dr A Haynes, Non-Executive Director, asked about pre-operative assessment noting that it was still fragmented. He asked how long it would take to achieve greater standardisation. The Deputy Chief Operating Officer noted that had been supported to centralise pre-operative assessment and this work was ongoing but was a very large service change. This would enable greater control over the process. She thought that it would take at least 12 months to get the service to where it needed to be. For those patients that did not need the full pre-operative assessment there could be a digital solution and a bid for national IT funding had been made to support further roll out of the digital platform ‘my pre op’. Ms G Collins-Punter, Non-Executive Director, sought assurance that the Chief Information Officer was informed, and this was confirmed.

The Deputy Chief Operating Officer reported that data for day case surgery had been compared to other trusts and identified room for improvement. The focus would be on three specialities. An anaesthetist Day Case Lead has been identified and is working with the Transformation Lead on this work.

Significant progress was being made in scheduling high volume low complexity cases for day care in Urology, Orthopaedics, ENT and Ophthalmology.

The LLR Director of Planned Care updated the Committee with respect to diagnostic services. By the end of September 2023 (when compared to October 2022) there had been a 42% reduction in the overall waiting list and long waits have reduced (by 69% for 6+ week waits and 76% for 13+ waits). Endoscopy remained the area of greatest concern. There was increased oversight for radiology.

With reference to the action log regarding waits for an inpatient diagnostic, specifically imaging, and the impact this may have on delayed discharge a more detailed report had been commissioned. This would be reported to the Committee in December 2023. It was noted for a two-month period over the summer at Leicester Royal Infirmary c.50% of inpatients had been scanned within 12 hours; 70% within 24 hours and just under 90% within 48 hours. Mr J Worrall, Non-Executive Director, asked whether there was a trajectory to get to zero patients waiting more than 6 weeks. It was noted that in April 2019 there were 15,000 patients on the waiting list, and the Trust was delivering to the standard. It had taken nine-months to take 10,000 patients off the waiting list and it was getting nearer to the 15,000 mark. However, there was increased demand from the cancer backlog. It could take another six months. By the end of March 2024, the projection was 85% of tests done within six weeks. It was currently at 70% and on track. The target for next year was 95%. Further information would be presented at the next meeting.

The Director provided an update on the Planned Care Partnership. It was noted that the community capacity, managed by the Alliance, was being reviewed. There would be a strategy to determine how it would be used and rebranded ‘UHL in the Community’ and launched in March 2024. A business case was being developed to replace the Day Care Unit at Hinckley noting that it would not be a like-for-like replacement.

The Chair summarised the discussion noted that the Trust was aiming to achieve zero patients having waited over 65 weeks by March 2024, and that the Committee could continue to oversee the performance for this key metric.

Resolved – that the report be received and noted.

105/23 ITEMS FOR NOTING

105/23/1 Integrated Performance Report Month 6 2023/24

Resolved – that the contents of the Integrated Performance Report M6 2023/24 (paper G refers) be received and noted.

106/23 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

106/23/1 BAF Report

The Committee reviewed strategic risk 2 on the BAF around failure to meet national standards for timely urgent and elective care which was aligned to the committee and its work plan. The Committee noted the updates in the month in red text. There were no matters of concern from the strategic risk to be escalated and no changes proposed to the risk scores: current rating is 20 (likelihood of almost certain x impact of major), target rating is 9 and tolerable rating is 15.

Mr M Williams, Non- Executive Director Chair, asked whether the changes to discharges process by Leicestershire County Council was reflected on the BAF. The Deputy Chief Operating Officer noted that it was a recent change and following further conversations the outcome would be reflected on the BAF if appropriate.

Resolved – that the contents of the report be received and noted.

107/23 ANY OTHER BUSINESS

The Committee thanked Mr M Williams, Non- Executive Director Chair, who was stepping down as OPC Chair.

108/23 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF OTHER COMMITTEES

Resolved – that there were no items to be highlighted for the attention of other Committees from this meeting of the OPC.

109/23 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlight to the Trust Board for information:

- **Briefing for Urgent and Emergency Care (Minute 124/23/1) (issues relating the County Council and performance on the 12-hour wait)**

110/23 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 29 November 2023 at 10.00 am (virtual meeting via MS Teams).

The meeting closed at 11.33 am Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2023/24

Voting members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
M Williams (Chair)	7	7	100	J Worrall (from July 2023)	4	4	100
A Haynes	7	4	57	J Melbourne	7	6	86
B Patel	7	7	100	A Furlong/J Hogg	7	7	100

Non-voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
R Mitchell	7	3	43	S Favier	7	6	86
J McDonald	7	4	57	S Taylor	7	5	71
L Hooper	7	5	71	M Archer/ S Nancarrow	7	7	100
H Hendley	7	7	100				

Attendees

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
G Collins-Punter	7	6	86	J Worrall (until July 2023)	3	3	100