

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 24 MAY 2023 AT 9.00 AM, VIRTUAL MEETING VIA MICROSOFT
TEAMS

Present:

Mr M Williams - OPC Chair, Non-Executive Director
Dr A Haynes - Non- Executive Director
Mr B Patel - Non-Executive Director

In Attendance:

Mr M Archer - Interim Associate Director of Operations – Cancer
Ms R Briggs - Associate Director of Operations Projects
Ms G Collins-Punter - Associate Non- Executive Director
Ms S Favier - Deputy Chief Operating Officer
Mr A Furlong - Medical Director
Prof G Garcea - Deputy Medical Director (Planned Care) (for Minute 43/23/3)
Ms H Hendley - LLR Director of Planned Care
Ms L Hooper - Chief Finance Officer
Mr R Manton - Head of Risk Assurance
Dr R Marsh - Deputy Medical Director (for Minute 43/23/1)
Mr J Melbourne - Chief Operating Officer
Ms E Meldrum - Deputy Chief Nurse
Ms A Moss - Corporate and Committee Services Officer
Ms L Neat - Elective Pathway Lead
Mr S Pizzey - Associate Director of Strategy and Partnerships (for Minute 36/23)
Ms H Stokes - Corporate and Committee Services Manager
Ms S Taylor - Deputy Chief Operating Officer
Mr J Worrall - Associate Non-Executive Director

RECOMMENDED ITEMS

36/23 **Review of Risks relating to the Annual Plan**

The Associate Director of Strategy and Partnerships reported that the Annual Plan for 2023/24 had been approved by the Trust Board on 11 May 2023 and asked the Committee to consider the risks within its remit (paper I). The risks, including those around performance targets and capacity challenges, were agreed. The Chief Operating Officer proposed that the risk description with respect to emergency capacity be expanded to reflect capacity more broadly. He added that the Trust's role as Urgent and Emergency Care Lead Provider whilst being a positive development was not without risk.

With respect to the risk regarding the plan, some of the risks, such as performance, were in the remit of the Committee. In addition, the interdependencies, such as workforce and capacity, were noted. The controls and assurances would be recorded on the Board Assurance Framework (BAF).

Recommended – that the Review of Risks relating to the Annual Plan be referenced to the Trust Board for consideration.

37/23 **Operations and Performance Committee (OPC) Annual Report**

The Committee agreed its Annual Report which gave assurance that, in 2022- 23, its meetings covered all essential areas in its terms of reference (paper J). The OPC Annual Report 2022-23 was endorsed for submission to Trust Board.

Recommended – that the OPC Annual Report be referenced to the Trust Board for assurance.

RESOLVED ITEMS

38/23 WELCOME AND APOLOGIES

Apologies for absence were received from and Mr R Mitchell, Chief Executive Officer, Ms J Hogg, Chief Nurse, Ms B Cassidy, Director of Corporate and Legal Affairs and Ms M Smith, Director of Communication and Engagement.

39/23 CONFIRMATION OF QUORACY

The meeting was quorate.

40/23 DECLARATION OF INTERESTS

There were no declarations.

41/23 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 26 April 2023 (paper A refers) be confirmed as a correct record.

42/23 MATTERS ARISING

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

43/23 KEY ISSUES FOR ASSURANCE

43/23/1 West Midlands Senate Review of Cardio/Respiratory and Medicine Acute Services

The Deputy Medical Director, Dr R Marsh, updated the Committee on the progress made since the last report in respect to the actions arising from the review of Cardio/Respiratory and Medicine Acute Services by the West Midlands Senate (paper C refers). This item was considered in mitigation of BAF risk 2.

It was reported that many short-term plans had been realised. A number of actions were set out in the report with the aim to reduce pressure on the Clinical Decisions Unit and Emergency Department and enable patients to go directly to the correct place.

A bid had been made to NHSE for one modular and two additional wards at Glenfield Hospital. If the bid was successful, the Deputy Medical Director would engage with colleagues to define the operational model for the wards. One ward would be for respiratory patients for Winter 2023/24. The two additional wards could facilitate a move of two acute medical wards off the Leicester General Hospital Site. The Deputy Chief Nurse sought assurance that the workforce requirements were being defined. It was reported that the appropriate Heads of Nursing were engaged in the process.

Mr B Patel, Non-Executive Director noted that GPs often had difficulties accessing the Bed Bureau and wondered if that led to patients presenting at Emergency Department. Dr Marsh reported that the Consultant Connect service was being expanded which would assist in providing a more timely response to GPs.

Ms J Worrall, Associate Non-Executive Director, asked whether there was confidence in the plans for virtual wards which had anticipated providing 290 'beds'. Dr Marsh reported that plans were well advanced. The Chief Operating Officer commented that there was a need to ensure the virtual wards represented value for money as the funding was no longer ring-fenced.

It was queried whether there was a more detailed action plan setting out named leads and timescales. The Deputy Medical Director offered to circulate the project plan which was overseen by the Urgent and Emergency Care Steering Group.

DMD

The Deputy Medical Director noted that engagement was being undertaken to understand the cultural issues across the sites which would lead to a longer-term piece of work.

The Committee acknowledged the good progress made to date and work still required. A further report setting out lead officers and target dates for the actions was requested for the next meeting.

DMD

Resolved – that (A) the report be received; and

(B) a further report be made to the next meeting.

DMD

43/23/2 Combined Elective Care Audits Update

The Elective Pathway Lead presented paper D, which updated the Committee with respect to the 48 actions identified from Internal Audits undertaken since 2021. This item was considered in mitigation of BAF risk 2.

It was reported that sixteen of the actions had been completed; 26 were in progress and six were outstanding. The Committee took assurance regarding progress and noted that risks remained particularly in embedding change and waiting list management. It was noted that the latter was reliant on a largely manual process and aging electronic system. Actions were being taken to streamline and change processes in advance of a new electronic patient record. It was anticipated that the new core training strategy would ensure staff were competent and able to comply with the national guidelines.

Mr J Worrall, Associate Non-Executive Director, queried the commentary for action IST7 which sought to increase capacity for outpatients by promoting the Patient Initiated Follow Up pathway. He asked how this would be completed. The Deputy Chief Operating Officer – Elective Care noted that work was in train to ensure data quality and validate the waiting list. The Deputy Medical Director noted that the number of overdue follow ups varied from service to service, and some intended to run additional admin clinics to review results.

The Chief Operating Officer requested that timescales be added to the action plan. The OPC Non-Executive Director Chair asked for the action list to be simplified and duplicate actions removed, noting that the waiting list management needed oversight from the Committee on a regular basis.

DCCO

Resolved – that (A) the report be noted; and

(B) the action plan include timescales and be streamlined.

DCCO

43/23/3 Cancer Quality and Performance Report

The Associate Director of Operations – Cancer provided detail on the Trust's cancer performance for March 2023, an overview of April 2023 and prospectively for May 2023 (paper E refers). This item was considered in mitigation of BAF risk 2. Whilst there had been improvements in four of the nationally reported standards, there had been a deterioration in the 62-day backlog. This was due to the impact of industrial action and bank holidays. There had been improvements within the Trust's position relative to regional peers for 31-day 1st treatment; and 31-day subsequent radiotherapy.

The national target for faster diagnostic services was for 75% of patients to receive their diagnosis within 28 days of referral. The Trust's performance was 72.2%. It was expected that the improvements for skin would lead to a higher percentage overall.

The Trust's self-assessment against the four themes identified in the 'Prioritising new diagnostic capacity for cancer services' letter received in April 2023 was set out. The performance was good for diagnostics and there was room for improvement in pathology.

For cancer performance the two most challenged specialities were Skin and Lower Gastroenterology. With respect to skin cancer, it was noted the use of Artificial Intelligence had improved the initial assessment and there was a need to reduce the time taken from assessment to appointment.

The Deputy Medical Director (Planned Care) presented the deep dive into Lower Gastroenterology cancer performance. The Deputy Medical Director considered that, given the conversion rate of 3%, risk stratification was key. He noted that whilst there was a high number of patients on the waiting list the Committee could be assured that that a significant number did not have cancer and those who did were being treated in a timely manner. Improvements to the pathway were outlined. The impact of staff vacancies and recent industrial actions was acknowledged. The Committee took assurance from the deep dive and awaited the recovery plan.

Cancer performance recovery was noted as a key focus for the Trust by the Chief Operating Officer.

Resolved – that the report be noted.

43/23/4 Lead Provider

The Chief Operating Officer gave a verbal report on the opportunities for the Trust as Lead Provider for the urgent care pathway. The Deputy Chief Executive was working with system partners to explore what this would mean in the short-term and consider a longer-term vision. There would be further discussions at the Trust Board.

Resolved – that the verbal report be noted.

43/23/5 Briefing for Urgent and Emergency Care

The Committee received a briefing on developments in urgent and emergency care (paper F refers). This item was considered in mitigation of BAF risk 2.

The Escalation Unit had opened on 12 April 2023 and whilst it would need to close for two weeks in June 2023 to replace the flooring, there were mitigations in place. However, there would be temporary impact on performance. Plans for the GP Assessment Unit had been signed off. The Same Day Emergency Care Unit would be expanded, and work was underway on the Discharge Lounge to be completed in September 2023.

Improvements had been sustained for ambulance handovers with an 80% improvement from that in November 2022 to April 2023. There had been a slight improvement for the standards relating to 4 and 12 hour waits.

A review by KPMG of Midlands trusts was expected to highlight that LLR was the only ICS with one emergency department, that it lacked an Urgent Treatment Centre in the city and the bed base was one of the lowest in the Midlands. All these issues created challenges in managing the urgent care pathway.

The Associate Director of Operations – Projects outlined the plans to improve flow through the hospital by focussing on discharge, and plans for further improvement. With respect to patients awaiting discharge to a care home a review was being undertaken, with system partners, of admissions criteria with a view to enabling the discharge of patients with higher dependencies.

The Committee took assurance from the report and noted that it would be the subject of a Board Development Session on 1 June 2023.

Resolved – that the report be noted.

43/23/6 **Elective Care (RTT and DM01)**

The Deputy Chief Operating Officer - Elective Care, assured the Committee on the latest RTT performance update which detailed the key actions being taken to recover the position. Paper G was considered in mitigation of BAF risk 2.

The Committee reviewed the Trust's performance for elective care and diagnostic services. It was noted that whilst the waiting list was increasing the number of those waiting over 78 weeks for treatment was reducing. The Trust's performance was, relative to its peers, improving.

At the end of April 2023 there were 7 patients having waited over 104 weeks for treatment. As of the 22nd May there were 3 patients. It was anticipated that from June 2023 onwards the Trust would be able to sustain the trajectory of 0 patients having waited over 104 weeks. At the end of April 2023 there had been 585 patients waiting over 78 weeks and it was anticipated to be 290 patients at the end of May 2023. There had been a significant reduction in the number of patients waiting over 65 and 52 weeks.

Progress was reported with respect to the actions arising from the 'Getting It Right First Time' inspection on 5 April 2023. The next month there would be a report on theatre performance.

The LLR Director of Planned Care reported on the improvements seen in the provision of diagnostic services. The new Endoscopy Modular Unit would have a significant impact. There would be a report the following month on the Community Diagnostic Centres.

It was reported that the East Midlands Planned Care Centre would be opening, on time, on 1 June 2023. There was a cost pressure for Phase 2 of the Centre. Consideration was being given to funding the capital shortfall from the System's capital allocation in the expectation of in-year capital allocations from NHSE to fund displaced projects. It was expected that the Full Business Case would be submitted in June 2023.

Mr J Worrall, Associate Non-Executive Director, asked what speciality would be using the East Midlands Planned Care Centre. It was noted that it would be General Surgery and Neurology.

It was noted that the LLR Planned Care Partnership had been established and would be considering eight key interventions. However, given the national and regional steer productivity, outpatient transformation, income generation and capacity would be the priorities in 2023/24 with health inequalities running throughout. There would be regular reports to the Committee.

It was noted that NHSE had written to the Trust the previous day regarding priorities for elective care. It was proposed to complete the self-assessment provided.

Resolved – that the report be noted.

44/23 **ITEMS FOR NOTING**

44/23/1 Integrated Performance Report Month 1 2023/24

Resolved – that the contents of the Integrated Performance Report M1 2023/24 (paper K refers) be received and noted.

45/23 **CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE**

45/23/1 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 made in the month in red text and there are no matters of concern from the strategic risk or significant changes proposed to the content or risk scores: Current rating was 20 (likelihood of almost certain x impact of major), Target rating was 9 and Tolerable rating was 15.

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

46/23 ANY OTHER BUSINESS

There was no other business.

47/23 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.

48/23 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the Review of Risks relating to the Annual Plan be referenced to the Trust Board for consideration,

(B) the OPC Annual Report be referenced to the Trust Board for assurance, and

(C) the items in Minutes 43/23/2 (waiting list management) 43/23/3 (cancer performance) 43/23/4 (Lead provider status) and 43/23/5 (progress on urgent and emergency care) be highlighted to the Trust Board for Information.

49/23 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 28 June 2023 at 10.00 am (virtual meeting via MS Teams).

The meeting closed at 11.51 am

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2023/24

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
M Williams (Chair)	2	2	100	NED vacancy	0	0	0
A Haynes	2	1	50	J Melbourne	2	2	100
B Patel	2	2	100	A Furlong/J Hogg	2	2	100

Non-voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
R Mitchell	2	1	50	S Favier	2	2	100
J McDonald	2	0	0	S Taylor	2	1	50
L Hooper	2	2	100	M Archer	2	2	100
H Hendley	2	2	100				

Attendees

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
G Collins-Punter	2	2	100	J Worrall	2	2	100