

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 30 MARCH 2022 AT 10.00AM, VIRTUAL MEETING VIA
MICROSOFT TEAMS

Present:

Mr M Williams - OPC Chair, Non-Executive Director
Ms G Collins-Punter - Associate Non-Executive Director (non-voting)
Ms H Hendley - LLR Director of Planned Care (non-voting)
Mr J Melbourne - Chief Operating Officer
Mr R Mitchell - Chief Executive
Mr B Patel - Non-Executive Director
Mr J Worrall - Associate Non-Executive Director (non-voting)

In Attendance:

Mr D Barnes - Deputy Medical Director
Ms A Moss - Corporate and Committee Services Officer

RESOLVED ITEMS

19/22 APOLOGIES

Apologies for absence were received from, Ms E Meldrum, Acting Chief Nurse, Mr A Furlong, Medical Director and Mr J McDonald, Trust Board Chair.

20/22 DECLARATIONS OF INTERESTS

There were no declarations of interest.

21/22 MINUTES

It was noted that with respect to Minute 13/22/1 Performance Briefing: Urgent and Emergency Care (para 2) that 'approximately 200-300 patients per day, attending Emergency Department, could have been seen in a primary care setting'.

Resolved – that, subject to the amendment above, the Minutes of the meeting of Operations and Performance Committee held on 23 February 2022 be confirmed as a correct record.

22/22 MATTERS ARISING

Resolved – that the Operations and Performance Committee matters arising log be received and noted.

23/22 KEY ISSUES FOR ASSURANCE

23/22/1 Performance Briefing: Urgent and Emergency Care

The Chief Operating Officer presented paper C which provided a briefing on the performance of Urgent and Emergency Care in February 2022 and actions to improve. He noted that attendances at the Emergency Department had been relatively stable but with variations in month. The pressures remained with respect to the number of people presenting at Emergency Department, beds closed due to Covid-19 and patients waiting to be discharged.

The report set out a high-level action plan to address the flow of patients into the Emergency Department, through and out of the hospital.

There had been a temporary facility to provide an Urgent Treatment Centre at Leicester Royal Infirmary. This had been extended for the first two months of 2022/23 whilst a longer-term plan was created. An NHSE/I audit carried out the previous week suggested that approximately 240 patients presenting at Emergency Department could be seen at an Urgent Treatment Centre. There was a

need to develop a medium and longer-term plan to address financial and workforce issues with system partners.

Mr B Patel, Non-Executive Director, observed that patients on the waiting list were attending Emergency Department and if treated would reduce the waiting list. He asked whether there would be an impact on primary care as general practitioners were now administering Covid-19 boosters. The Chief Operating Officer agreed with the points made and noted the pressure on primary care. He thought the Trust could provide bespoke support to specific practices and / or in relation to specific specialities. There was a need to review the data before identifying appropriate interventions.

The Chief Operating Officer reported on the possibility of an ambulance handover facility at the front of the Emergency Department to act as a 'pre-transfer lounge'. This would stop 12 ambulances waiting at the Hospital and enable the crew to respond to other calls. East Midlands Ambulance Service was supportive. The Clinical Team expressed initial concerns, based on the experience of a similar initiative several years ago, but were now engaged in working up a bid to be submitted by the end of the week.

It was reported that there was an aim for an external consultant to carry out a review of flow in the hospital. The Discharge and Flow teams would be co-located. It was hoped that the expansion of the Same Day Emergency Care facility and a review of Infection Prevention Control measures could improve flow through the hospital. Consideration would be given to a digital bed management system. Plans to increase virtual wards and community provision would be worked up.

Ms G Collins-Punter and Mr B Patel, Non-Executive Directors, asked questions about the digital bed management system and virtual wards. It was noted that the adoption of a digital bed management system might take some time and needed to be explored. It was acknowledged that patients on virtual wards needed access to support out of hours.

The Committee noted the need to improve the interface with community provision. The Chief Executive and Mr J Worrall, Non-Executive Director, agreed to discuss different models outwit the meeting.

Mr M Williams, Non-Executive OPC Chair, summarised the discussion and noted that the Committee was assured that action plans were being developed to improve performance.

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

23/22/3 UEC CQC System review Update

The Chief Operating Officer reported that the Trust was expecting a Care Quality Commission (CQC) inspection of the System's Urgent and Emergency Care. This would likely be an unannounced visit.

23/22/3 Quality and Performance Cancer Report

The Chief Operating Officer presented paper D which reported on performance based on the latest published dataset (January 2022) and an overview for the month of February and prospectively March 2022.

The Chief Operating Officer noted that there were key gaps in the management team and recruitment was in train. He reported that performance had improved with respect to '2 week referral' and the backlog of breast cancer patients booked within 14 days of referral. It was anticipated that the performance would be at target by the end of April 2022.

The Chief Operating Officer reflected that performance for the 62-day standard was not where it needed to be. There had been a mismatch between demand and capacity over several years, which meant that there was little flexibility, and a short-term issue could significantly impact on performance. With respect to diagnostic services, the Trust had performed well against the target of 75% of patients to receive their diagnosis within 28 days of referral. However further work was required for some tumour sites which were challenged in high volume specialities such as ENT.

The Chief Operating Officer reported that robust actions were in place however performance remain

below the required performance standard. He concluded by noting that more work was required to create sustainable plans - the need for a clear strategy, enhanced management structure and improved performance.

Mr J Worrall, Non-Executive Director, asked to see trajectories and action plans for the tumour sites. The Chief Operating Officer agreed that as was agreed at the committee the previous month the Committee continued to receive deep dives as appropriate.

Mr M Williams, Non-Executive Director OPC Chair, summarised the discussion and noted that the Committee had previously requested more granular action plans and a schedule of deep dives for specialities.

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

23/22/4 Performance Briefing: Elective and Diagnostic Services

The Chief Operating Officer presented paper E which updated the Committee on elective care highlighting areas of risk and summarising actions to accelerate recovery.

The Committee noted the imperative to reduce the number of patients waiting over 104 weeks for treatment. The Chief Operating Officer was confident that the Trust would meet the (revised) target of 1,486 patients waiting as of 31 March 2022. The national target was for zero patients to be waiting over 104 weeks at the end of June 2022. The Trust had set a target of 240 patients, which was thought to be more realistic but still very challenging.

Mr B Patel, Non-Executive Director, asked what impact Covid-19 was having on performance. The Chief Operating Officer noted that patients were cancelling treatment and staff were absent due to Covid-19. The Infection Prevention Control measures were under review to see if the requirement for isolation could be relaxed for certain specialities.

The Chief Operating Officer set out the internal actions taken to increase capacity. There were particular challenges for Ear, Nose and Throat (ENT) and General Surgery. With respect to ENT, a model was being explored to incentivise weekend working. For General Surgery, theatre capacity was limited, and theatre productivity was being reviewed. The LLR Director of Planned Care set out the plans to contract with the independent sector and the potential for further mutual aid. She was working with the NHSE/I Intensive Support Team, which had prioritised support for those Trusts which were most challenged.

There was a discussion about patients who wished to remain on the waiting list but were not opting for treatment when offered (P6 patients). The LLR Director of Planned Care considered that it was unsafe for these patients to remain on the waiting list without active monitoring. The Chief Operating Officer had provided clearer guidance to clinicians to enable them to determine the pathway for these patients.

Mr B Patel, Non- Executive Director, noting the limitations on theatre capacity, expressed concern about the maintenance backlog and the potential for disruption should there be a problem with the infrastructure. The Chief Operating Officer agreed and noted that the planned interim reconfiguration of the Intensive Care Unit also presented a risk to capacity.

The LLR Director of Planned Care reported on the validation of the waiting list. External support had been provided to telephone patients and they would be asked if they would be willing to travel out of area for treatment. The investment for additional validation would continue beyond the current financial year.

The report noted that waiting times for 15 key diagnostic tests or procedures had increased over the last year. The performance had improved in February 2022. Actions to improve performance were set out in the report.

The LLR Director of Planned Care reported on the development of an elective hub at the Leicester General Hospital site. It was anticipated that the allocation of £39.2M national funding would be confirmed the following week. A governance structure had been established to oversee the

development and Mr J Worrall would be the Non-Executive Director lead. A feasibility study for the use of the Brandon Unit had been commissioned. The Elective Hub would provide capacity to undertake a high volume of low complexity cases. The early adopter specialities had been identified as Ophthalmology, ENT, Max Fac, Plastics, Dermatology and General Surgery. Models of clinical activity and workforce would need to be developed. The surgical hub was welcomed as a key step in providing a sustainable model for elective care. The Outline Business Case would be submitted on 28 April 2022 and a Final Business Case in mid-July 2022. It was hoped that the building work would commence in September 2022. The Chief Executive noted that a key risk would be the availability of contractors given the current market. It was noted that the Reconfiguration and Transformation Committee would oversee the development with sign off the Business Case by Finance and Investment Committee.

The Chair concluded the discussion noting that the Committee was assured about the actions to reduce the number of patients waiting over 104 weeks; improve performance for diagnostic services and develop the Surgical Hub. The Chief Executive added that considerable activity was being undertaken to recover services in the short-term and a need to address the longer-term capacity.

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

24/22 ITEMS FOR NOTING

24/22/1 Integrated Performance Report M11 2021/22

The Committee noted the Integrated Performance Report M11 2021/22.

Resolved – that the contents of the report Integrated Performance Report M11 2021/22 (paper F) be received and noted.

25/22 ANY OTHER BUSINESS

There was no other business.

26/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF OTHER COMMITTEES

There were no issues identified.

27/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

There were no issues to refer to the Trust Board.

28/22 DATE OF THE NEXT MEETING AND FUTURE OPC MEETING DATES

Resolved – that the next meeting of the OPC be held on Wednesday 27 April 2022 at 10.05am (virtual meeting via MS Teams).

The meeting closed at 11.40am

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2021-22 to date:

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>M Williams (Chair)</i>	3	3	100
<i>V Bailey (until February 2022)</i>	1	0	0
<i>B Patel (from February 2022)</i>	3	2	66
<i>A Haynes</i>	3	2	66

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>J McDonald</i>	3	2	66
<i>G Collins-Punter</i>	2	2	100
<i>H Hendley (from February 2022)</i>	2	2	100
<i>J Melbourne (from February 2022)</i>	2	2	100
<i>R Mitchell</i>	3	3	100
<i>D Mitchell (until February 2022)</i>	1	1	100
<i>A Furlong</i>	3	1	33
<i>E Meldrum</i>	3	2	66
<i>J Worrall (from February 2022)</i>	2	2	100