

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)  
MEETING HELD ON WEDNESDAY 23 FEBRUARY 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  
 Ms E Meldrum - Acting Chief Nurse  
 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****09/22 APOLOGIES**

Apologies for absence were received from Dr A Haynes, Non-Executive Director, Mr A Furlong, Medical Director and Mr J McDonald, Trust Board Chair.

**10/22 DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**11/22 MINUTES**

**Resolved** – that the Minutes of the meeting of Operations and Performance Committee held on 26 January 2022 be confirmed as a correct record.

**12/22 MATTERS ARISING**

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

**13/22 KEY ISSUES FOR ASSURANCE****13/22/1 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 January 2022 and actions to improve. It was noted that attendance at the Emergency Department was similar to pre-pandemic levels with performance dipping over the last few months. The lack of flow within the hospital had been a significant constraint –with the number of patients waiting to be discharged from the hospital being a particular issue.

It was noted that there were approximately 100 patients per day attending Emergency Department who could have been seen in a primary care setting. From January 2022 an additional urgent care facility, located next to the Emergency Department, had seen an average of 70 patients per day. The Chief Operating Officer believed the service could be expanded. The funding was due to end in March 2022 and a medium- and long-term solution was needed. Mr M Williams, Non-Executive Director, OPC Chair, asked whether the Leicester Royal Infirmary site was the most appropriate location. It was acknowledged that whilst it would be ideal for more facilities to be located across LLR, the current trend of many patients attending Emergency Department had been seen over several years and was unlikely to change in the short-term.

The Chief Operating Officer reported on the work to review trends of which practices patients were registered with and what they presented with. This could inform targeted interventions. Mr J Worrall, Non- Executive Director, highlighted the experience of Sandwell and West Birmingham Hospitals NHS Trust, which demonstrated the value of co-locating an Urgent Treatment Centre with the Emergency Department. The Chief Executive thought that the two issues needed to be addressed in parallel: access to urgent care centres and in-reach into primary care.

Mr D Barnes, Deputy Medical Director, noted that the intention was always to grow the urgent care facility but there had been issues with staffing and ownership. Mr B Patel, Non-Executive Director, noted the need to improve access to GP services as the evidence suggested that patients unable to make appointments with their GP were attending the Emergency Department. The Chief Operating Officer added that there was a risk that patients' conditions deteriorated without access to primary care. The Chief Executive suggested that the Trust should consider its role within primary care and community step-up and step-down services.

The Chief Operating Officer highlighted some of the actions noted in the report, such as the virtual ward, to improve performance for urgent and emergency care. He noted that the Trust had a good relationship with the East Midlands Ambulance Service, but they were currently holding significant risk, which should be appropriately shared across the system.

Mr B Patel, Non-Executive Director, asked about patients waiting to be discharged and what support was available in the community. The Chief Executive noted that the system had reallocated funding to social care for winter pressures but that it was too soon to assess the effect. He considered that support to community care needed to be more targeted in winter 2022/23.

Mr B Patel, Non-Executive Director, expressed concern about the number of staff leaving the social care sector. The Acting Chief Nurse reported on an initiative, led by UHL, to co-ordinate the recruitment and training for health care workers for LLR. The initiative put in place robust processes to provide a competent workforce and offer recruits a career path. In addition, there was the opportunity for placements within different sectors. This initiative trialled over the winter had attracted funding from NHSI having been acknowledged as breaking new ground.

Mr M Williams, Non-Executive Director, OPC Chair, reflecting on the staffing difficulties over the Christmas holiday asked what plans there were for the Easter and June bank holidays. The Chief Operating Officer undertook to reference this in the report to the following meeting.

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

COO

**and (B) to reference plans for managing the Easter and Jubilee weekend in the next report.**

COO

13/22/2 Quality and Performance Cancer Report

The Chief Operating Officer presented paper D which reported on the performance for cancer care highlighting known risks and actions to mitigate them and improve performance. The Chief Operating Officer noted that performance was not where it needed to be across all the standards and specialities. There was a need to strengthen governance and the team. Recruitment for an Associate Director of Operations (Cancer) was in train. The intention was to ensure the right balance of focus between immediate operational pressures and forward planning.

Referencing specific problems with the performance for breast cancer, the Chief Operating Officer reported on a deep dive, which identified that capacity had decreased, with staff not opting to undertake additional work for the waiting list initiatives, and demand having increased. The increased demand was being seen nationally. As a result, the waiting list had significantly increased. A number of actions to redeem the position were set out in the report and it was anticipated that performance for breast cancer would be in a much stronger position by the end of March 2022. However, the Chief Operating Officer expressed concern about the sustainability of the plan given the lack of capacity and reliance of waiting list initiatives. Similar issues had been seen for ENT as there had been a sharp increase for all ENT referrals and the recovery plan was reliant on staff doing extra work which was not sustainable. There was a need to review demand and capacity for these areas. The Deputy Medical Director commented that colleagues working in breast cancer care had

improved relations with GPwSIs and there was the opportunity for ENT to build a bridge between secondary and primary care.

The Chief Executive considered that cancer performance represented a significant risk for the Trust and the establishment of the Board's Risk Committee in March 2022 would support the Board to have a clearer understanding of corporate risk.

The Chief Operating Officer and Mr J Worrall, Non-Executive Director, noted the need for more detailed and granular action plans with trajectories for improvement.

Mr M Williams, Non-Executive Director, OPC Chair, concluded the discussion noting that OPC requested a report to address governance for cancer care, more granular action plans and to schedule deep dives for individual specialities on a monthly basis.

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

**to (B) to provide a further report to address governance for cancer care, granular action plans and a schedule of deep dives for specialities.**

13/22/3 Performance Briefing: Elective and Diagnostic Services; Elective Recovery Plan 2022/23 and Insourcing Plans 2022/23

The Chief Operating Officer presented paper D which updated the Committee on elective inpatient and day case (admitted) and outpatient (non-admitted) pathways, 104-week waiter recovery including Elective Recovery Fund programmes, validation of waiting lists, diagnostic services and the national elective strategy.

The Chief Operating Officer reported that at the end of January 2022 there had been 110,017 patients on the waiting list, whereas there had been 66,000 in February 2020. The Trust was significantly challenged with respect to the number of patients waiting over 104 weeks. The report set out the actions to treat as many patients as possible who would breach their 104 week wait date before 31 March 2022. It was anticipated that the number would reduce to 1,234 at the end of March 2022.

The Chief Operating Officer expressed concern that a number of initiatives to address the backlog were due to end in March 2022. These were highlighted in paper F. It was hoped to secure funding for Quarter 1 of 2022/23 to cover the short-term. There was a need to consider demand and capacity reviews for the medium and long term and a more sustainable solution.

The national elective strategy, referenced in the report, set targets for elective care, diagnostics and cancer care for the next three years. The Trust would need to undertake detailed modelling to understand its position and its demand and capacity gaps. Ms H Hendley, LLR Planned Care Director, reported that PwC would be providing support to the system for planning with the priority being demand and capacity modelling. The review would look at capacity across the system and include community hospitals. The intention was to continue with the insourcing schemes as, having taken a while to bed in, were now reaping considerable benefit. A capital bid had been made to extend the Vanguard at Glenfield Hospital and an additional facility at the Melton site.

Ms H Hendley, LLR Planned Care Director, reported on the bid for an elective care hub at Leicester General Hospital which would treat a high volume of low complexity cases. The bid was for £39m. The revenue implications were being worked through.

Mr M Williams, Non-Executive Director, OPC Chair, asked about the planning process and timescales. Ms H Hendley, LLR Planned Care Director, noted that the system was in the middle of the planning round and deadlines for the capital bids would not align with the deadline in mid-April 2022 for submission of the elective care plan.

The Chief Executive considered that the elective care hub would have a significant impact on performance and there were foundations for a system-wide approach.

Mr M Williams, Non-Executive Director, OPC Chair, asked about the validation of the waiting list. Ms

H Hendley, LLR Planned Care Director reported that technical validation had been undertaken to check for 'clock stops' and a further validation had started which involved contacting 8,000 patients. This might be extended depending on feedback regarding this first cohort.

COO

Mr M Williams, Non-Executive Director, OPC Chair, concluded the discussion by noting the Quality Committee would consider the potential for harm for patients on the waiting list and that OPC had requested more detailed action plans for elective care.

**Resolved** – that the contents of the report be received and noted,

and (B) to include more detailed action plans in future reports.

COO

**14/22 ITEMS FOR NOTING**

14/22/1 Integrated Performance Report M10 2021/22

The Committee noted the Integrated Performance Report M10 2021/22.

**Resolved** – that the contents of the report Integrated Performance Report M10 2021/22 (paper G) be received and noted.

**15/22 ANY OTHER BUSINESS**

Mr M Williams, Non-Executive Director, OPC Chair, asked whether future meetings should be held in person. It was agreed to hold hybrid meetings (in person with the ability to attend virtually).

**16/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF OTHER COMMITTEES**

There were no issues identified.

**17/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

There were no issues to refer to the Trust Board.

**18/22 DATE OF THE NEXT MEETING AND FUTURE OPC MEETING DATES**

**Resolved** – that the next meeting of the OPC be held on Wednesday 31 March 2022 at 10.00am (virtual meeting via MS Teams).

The meeting closed at 11.20am

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>	2	2	100
<i>V Bailey (until February 2022)</i>	1	0	0
<i>B Patel (from February 2022)</i>	2	1	50
<i>A Haynes</i>	2	1	50

*Non-Voting Members*

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>J McDonald</i>	2	1	50
<i>G Collins-Punter</i>	1	1	100
<i>H Hendley (from February 2022)</i>	1	1	100

<i>J Melbourne (from February 2022)</i>	1	1	100
<i>R Mitchell</i>	2	2	100
<i>D Mitchell (until February 2022)</i>	1	1	100
<i>A Furlong</i>	2	1	50
<i>E Meldrum</i>	2	2	100
<i>J Worrall (from February 2022)</i>	1	1	100