

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 30 AUGUST 2023 AT 9.00 AM, VIA MICROSOFT TEAMS

Present:

Mr M Williams - OPC Chair, Non-Executive Director
Mr A Furlong - Medical Director
Ms H Hendley - LLR Director of Planned Care
Ms J Hogg - Chief Nurse
Ms L Hooper - Chief Financial Officer
Mr J McDonald - Trust Board Chairman
Mr J Melbourne - Chief Operating Officer
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 J Dixon - Head of Operations, Emergency and Specialist Medicine
Ms S Favier, Deputy Chief Operating Officer
Mr R Manton - Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer
Ms G Collins-Punter - Associate Non-Executive Director
Ms S Taylor - Deputy Chief Operating Officer
Mr Lee Walker - Clinical Director, Emergency and Specialist Medicine
Mr J Worrall - Associate Non-Executive Director

RESOLVED ITEMS

74/23 WELCOME AND APOLOGIES

Apologies for absence were received from Dr A Haynes MBE, Non- Executive Director, Mr R Mitchell, Chief Executive, Ms B Cassidy, Director of Corporate and Legal Affairs, Dr R Abeyratne, Director of Health Equality and Inclusion, and Ms M Smith, Director of Communication and Engagement.

75/23 CONFIRMATION OF QUORACY

The meeting was quorate.

76/23 DECLARATION OF INTERESTS

There were no declarations.

77/23 MINUTES

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

78/23 MATTERS ARISING

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

79/23 KEY ISSUES FOR ASSURANCE

79/23/1 Cancer Quality and Performance Report

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

It was reported that the Trust had made good progress at the beginning of the year to recover performance for cancer, however, the industrial action had impeded the Trust's progress.

The Trust was meeting fortnightly with NHSE and the focus was on reducing the number of patients waiting over 62 days, and delivering the target of 75% of patients being diagnosed within 28 days.

In Mid-August 2023, 478 patients had waited over 62 days. Service-led trajectories had been agreed to achieve the overall target of 308, 62-day breaches by the end of this financial year.

There had been media coverage for the changes to NHS metrics, which sought to create three composite standards from the existing ten. The Trust would continue to report against the ten standards to understand the underlying position.

Performance had improved in June 2023 for nine of the ten national standards, the target for one of these, 31-Day subsequent Drugs, had been met.

Referral rates had increased. In June 2023 the rate was 24% higher than the June 2022.

Progress had been made with respect to the Faster Diagnosis Standard. Performance was at 72.4% in June (against the standard of 75%). July 2023 was forecasting to have the most tumour sites compliant in 2023. The Associate Director considered that the progress made for urology was significant and sustainable.

The report set out the Trust's regional and national position noting that it had improved, however, the Trust's overall position remained challenging and was a key area of focus for improvement.

The National Cancer Patient Experience Survey results had been received. Significant improvements were evidenced with respect to the involvement in family/carers in decision-making and research opportunities being discussed with patients. There was room for improvement with respect to patients being able to contact their main contact person and finding quality of information / advice helpful. Further detail on the results would be reported to the next meeting.

Mr M Williams, Non-Executive Director Chair, noted that performance was benchmarked against 2020/21 and questioned whether that was the right baseline. The Associate Director said that this was just a comparison used for the meeting that day to give a perspective.

The Chief Operating Officer noted that whilst the Trust's relative position to its peers had improved, it was not where the Trust wanted to be. The Chief Operating Officer noted that whilst the Committee considered performance in relation to its peers, it was not part of the day-to-day narrative and that specialities wanted to improve for the benefit of patients. And whilst the effects of industrial action had been mitigated as far as possible, there was a need to improve. Challenges to key services like oncology remained. The Chief Operating Officer, Medical Officer and Chief Nurse were meeting with the Clinical management Group to devise a longer-term plan.

The Committee discussed the revised national standards. The report to September's meeting would consider the changes in more detail. Mr M Williams, Non-Executive Director Chair, asked what patients thought about the new standards. The Chief Operating Officer replied that, whilst he was unaware what patient involvement there had been in the proposed changes as it was done nationally, he thought that they would be simpler and focus on what would matter most to a patient, that is diagnosis and treatment. Mr J Worrall, Associate Non-Executive Director, reflecting on his experience at NHSE, noted that people were confused about the standards and that the simplification would be welcomed.

Mr J Worrall, Associate Non-Executive Director, noting the respective performance for Faster Diagnostics Standards for tumour sites asked whether the 75% target could be achieved for urology, skin and colorectal cancers. The Associate Director noted that the target was 75% for the overall Trust rather than each tumour site. Mr J McDonald, Trust Chairman, considered that whilst the Committee could take assurance from the improved position the focus should be on patient safety. The ambition, he thought, should be a target of 75% for all tumour sites. It was suggested that the Committee review the trajectory and plans for each tumour site and understand the number of patients waiting a long time.

The Chief Nurse noted that the results of the national patient experience survey were being reviewed by the Patient Involvement and Patient Experience Committee and reported to Quality Committee. Its Annual Report, to be presented to the Trust Board had a particular focus on cancer care

The Chief Nurse noted that she and the Medical Director were looking at reconfiguring the cancer wards in Osbourne Building as a number of patients had contracted Carbapenem-resistant organisms (CRO). Isolation facilities were being developed, enhanced cleaning for all oncology wards was being undertaken and cancer pathways were being reviewed. Mr M Williams, Non-Executive Director Chair, asked whether performance would be affected. The Chief Nurse noted that it would affect where cancer patients were placed, and it might take longer for patients in Emergency Department to be admitted which would be reviewed as part of the planning.

The Committee took assurance noting the improvement in cancer performance, and discussed the risks and mitigations linked to industrial action which remained a concern.

Resolved – that the report be received and noted.

79/23/2 Briefing for Urgent and Emergency Care

Ms S Taylor, Deputy Chief Operating Officer, supported by the Clinical Director and head of Operations for Emergency and Specialist Medicine, briefed the Committee on developments in urgent and emergency care (paper D refers). This item was considered in mitigation of BAF risk 2.

It was reported that attendances had slightly reduced. Performance against the 4-hour standard had improved, whilst ambulance handover performance remained strong.

The actions taken in July 2023 to improve flow through the hospital were noted. There was more work to do on paediatric bed plans, cancellation of elective care and resetting the use of community beds.

The Urgent and Emergency Care Plan for Children and Young People, agreed by the System, was appended to the report. There were actions relating to the Child and Adolescent Mental Health Service (CAMHS) with respect to the presentation of complex cases which needed to be added to the plan.

With respect to mental health attendances at Emergency Department, KPMG had found that the Trust was seeing a high number of patients who were waiting too long. The actions being considered by Leicestershire Partnership Trust's Mental Health Team were set out in the report.

Mr M Williams, Non-Executive Director Chair, asked whether there was street-level triage to avoid patients ending up in police cells or the Emergency Department. The Deputy Chief Operating Officer agreed to confirm.

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It was noted that NHSE had set out the national approach to winter planning and the Trust was required to respond by 11 September 2023. The Trust was required to submit trajectories for performance against the 4- hour and 12-hour wait standards and bed occupancy.

Mr B Patel, Non-Executive Director, asked whether more could be done to support children with respiratory conditions which tended to be exacerbated in winter. The Head of Operations noted work to improve access to Urgent Treatment Centres. There would be further education and training for

General Practitioners as it was thought that there was a lack of confidence, following the pandemic, in dealing with such cases.

Mr B Patel, Non-Executive Director, asked how quickly patients were triaged. The Head of Operations noted the aim was to stream patients within 15 minutes. The Clinical Director noted that it would be better if patients were able to access primary care rather than be deflected at the Emergency Department. This remained a concern and Acute Respiratory Infection hubs would be re-established to support winter surge.

The Head of Operations reported on a pilot undertaken at the Emergency Department front door with an Advanced Nurse Practitioner triaging and successfully deflecting patients to GPs and Minor Illness and Minor Injury Unit (MlAMI). Recruitment was in train to continue the practice.

The Associate Director of Operations updated the Committee with respect to hospital discharges. It had improved for patients on pathway 0 as more time had been focussed on data sharing, developing a dashboard, ensuring the staff had the right equipment and work with Nervecentre to improve oversight. There would be a workshop with Newton and Europe to explore variations in practice, particularly at weekends. With respect to complex discharges, progress was being made. Work with system partners was needed to ensure there was the right kind of capacity and packages of care available.

Mr M Williams, Non-Executive Director Chair, asked how work was progressing with the Integrated Care Board. The Chief Operating Officer noted that he and the Deputy Chief Executive were meeting system partners to progress the Lead Provider Collaborative. A workshop would be held in October 2023. The need to focus on priority areas including utilisation of community beds, Urgent Treatment Centres use, and transacting cost improvement schemes was discussed.

Mr M Williams, Non-Executive Director Chair, asked about the capacity for winter. The Chief Operating Officer noted improvements since last winter but that the underlying position remained very challenging. This was not helped with the delay in building the additional wards at Glenfield Hospital.

Mr M Williams, Non-Executive Director Chair, asked about the ambition for discharging patients on pathways 1 and 2. The Associate Director of Operations agreed to report back to the next meeting.

The Clinical Director reported on the performance against the 4-hour and 12-hour wait standard for Emergency Department. The actions planned to improve performance were set out in appendix 2 of the report. It was noted that it was harder to affect the non-admitted breaches. A number of these patients presented at night and whilst they could be streamed elsewhere, chose to wait in the Department. Consideration was being given to extending the opening hours for MlAMI.

The Clinical Director noted that before the pandemic, General Practitioners would have referred direct to specialities. When patients needed to be swabbed for covid-19 the default position was sometimes to send patients to Emergency Department. There was a need to revert to the previous practice and reinvigorate the Clinical Bed Bureau. In addition, there was the need to review hours of operation, staffing and pathways for the GP Assessment Unit. The capacity would increase in December 2023, and it was intended to improve the model before then. The operation of the discharge lounge was being looked at.

The Clinical Director noted the value of having a senior decision maker at the front door to stream patients and thought the impact could be greater. The Head of Operations concurred, noting that during the industrial action the senior clinician deflected a higher number of patients and reduced non-admitted breaches. Whilst it was desirable for a consultant to undertake this role there was an issue with consultant capacity in the Department which was being worked through.

Mr J Worrall, Associate Non-Executive Director, considered that those waiting over 12 hours were more likely to be waiting for a bed and 12 hours was a long time for patients who were ill and /or frail.

Mr M Williams, Non-Executive Director Chair, asked about the proportion of those waiting in the Emergency Department who could be sent elsewhere. The Clinical Director reflected that clinicians'

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time was spent trying to secure a bed for patients and this left little time to focus on the 12-hour non admitted breaches or triaging at the front door. The situation had improved with medical in-reach available around the clock and additional in-reach from surgery and orthopaedics. The Medical Director noted that it was easier for the high-volume services to provide in-reach but less so for some of the smaller specialities.

It was noted that if patients felt more confident about accessing alternative services, they were more likely to leave the Department. The ability to organise an appointment in primary care was very helpful.

The Committee took assurance from the actions taken and the next steps planned. The Chief Operating Officer would be reporting on the System's plan for urgent and emergency care to the next meeting prior to Trust board in October 2023.

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

(B) it be confirmed what street-level triage operated in LLR, and

(C) the ambition for discharging patients on pathways 1 and 2 be reported to the next meeting.

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79/23/3 Elective Care (RTT and DM01)

Ms S Favier, Deputy Chief Operating Officer, and the Chief Operating Officer, set out the latest position with respect to waiting times and actions to improve performance. Paper E was considered in mitigation of BAF risk 2.

It was reported that the challenge remained significant, particularly with the impact of continued industrial action, which was slowing the recovery trajectory for both 78-week and 65-week waiters.

There were no patients waiting over 104-week for treatment. The 78-week position had deteriorated, and the trajectory for achieving zero was October 2023.

It was reported that the Trust Position in relation to its peers was improving.

The letter from NHSE setting out three key actions relating to outpatient transformation and validation of waiting list was noted. The Trust's approach was discussed and agreed and would be summarised to private Trust Board on 14 September 2023.

It was noted that there was a requirement to ensure that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, would breach 65 weeks) would be waiting for a first outpatient appointment after 31 October 2023. Ophthalmology, Gynaecology and Maxillofacial Surgery were the biggest at-risk areas. Extra capacity through insourcing, funded by the Elective Recovery Fund, was being explored.

It was noted that the targets for waiting list validation were challenging. The focus had been on the longest waiting list and had removed 20,000 patients from the waiting list through rigorous and careful validation. It was acknowledged that there was more work required to validate more of the waiting list.

The Trust was seeking to reduce the number of patients requiring follow up appointments and promoting Patient Initiated Follow Up (PIFU) had proved difficult. The Medical Director noted that PIFU would be discussed at the Performance Review Meetings with Clinical Management Groups (CMGs) to increase engagement. In addition, exemplar performance was being highlighted and CMGs encouraged to learn from other's experience. There would be a workshop with the messaging service provider and consideration as to how to instil confidence that patients would return if necessary.

There would be a 'Getting It Right first Time' visit on 11 September 2023, to consider theatre productivity. There would be a report to the next meeting of the Committee.

The LLR Director of Planned Care reported on diagnostic services noting that work was progressing on the Hinckley Diagnostics Centre and a Business Case would be submitted in the next two months. There was a pre-Consultation Business Case for a hub in Lutterworth which would add capacity. As part of this work a number of pathways would be selected for review.

Resolved – that the report be received and noted.

80/23 ITEMS FOR NOTING

80/23/1 Integrated Performance Report Month 4 2023/24

Resolved – that the contents of the Integrated Performance Report M4 2023/24 (paper F refers) be received and noted.

80/23 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

80/23/1 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. There were 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.

81/23 ANY OTHER BUSINESS

There was no other business.

82/23 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.

83/23 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:

- Cancer performance – variation across tumour sites (Minute 79/23/1)
- Urgent and Emergency Care (Minute 79/23/2)
- Elective Care – requirement to self-certify actions with respect to outpatient and waiting list validation (Minute 79/23/3)

84/23 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 27 September 2023 at 10.00 am (virtual meeting via MS Teams).

The meeting closed at 11.35 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)	5	5	100	NED vacancy	0	0	0
A Haynes	5	2	40	J Melbourne	5	5	100
B Patel	5	5	100	A Furlong/J Hogg	5	5	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	5	3	60	S Favier	5	4	80
J McDonald	5	3	60	S Taylor	5	3	60
L Hooper	5	5	100	M Archer	5	5	100
H Hendley	5	5	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	5	4	80	J Worrall	5	5	100