

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 26 JULY 2023 AT 9.00 AM, VIRTUAL MEETING VIA MICROSOFT
TEAMS

Present:

Mr M Williams - OPC Chair, Non-Executive Director
Mr M Archer - Interim Associate Director of Operations – Cancer
Mr A Furlong - Medical Director
Dr A Haynes MBE - Non- Executive 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 Chair
Mr J Melbourne - Chief Operating Officer
Mr B Patel - Non-Executive Director

In Attendance:

Dr R Abeyratne - Director of Health Equality and Inclusion
Mr R Binks - Deputy Chief Nurse
Mr R Manton - Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer
Mr J Worrall - Associate Non-Executive Director

RESOLVED ITEMS

62/23 WELCOME AND APOLOGIES

Apologies for absence were received from Mr R Mitchell, Chief Executive Officer, Ms B Cassidy, Director of Corporate and Legal Affairs, Ms G Collins-Punter, Associate Non-Executive Director, Ms S Taylor, Deputy Chief Operating Officer, Ms R Briggs, Associate Director of Operations Projects, Ms S Favier, Deputy Chief Operating Officer and Ms M Smith, Director of Communication and Engagement.

63/23 CONFIRMATION OF QUORACY

The meeting was quorate.

64/23 DECLARATION OF INTERESTS

There were no declarations.

65/23 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 28 June 2023 (paper A refers) be confirmed as a correct record.

66/23 MATTERS ARISING

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

67/23 KEY ISSUES FOR ASSURANCE

67/23/1 Cancer Quality and Performance Report

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

The Committee reviewed the performance for cancer care, noting that in May 2023 there had been improvements in four of the ten nationally reported standards, with the achievement of two of them; 2 Week Wait breast (symptomatic) and 31-day Subsequent Drugs. The data, yet to be validated, for June 2023 showed a deterioration in the performance for a number of standards, in part due to the cumulative effects of industrial action. Overall, the Trust's performance had remained static when compared regionally but deteriorated against the national picture.

The key metrics for cancer performance would change and would be: 28 Faster Diagnostic standard; 62-day referral to treatment (classic & screening combined) and 31-day treatments. These were being monitored and would be reflected in future reporting.

It was noted that referrals had increased by 5%.

There was a new metric for the Faecal Immunochemical Testing (FIT) which showed the progress the Trust had made from 33.9% in June 2022 to 65.7% in June 2023 which had a consequential impact on the performance for colorectal pathway. Dr A Haynes, Non-Executive Director, asked whether the expectation was a higher trajectory. The Assistant Director – Operations noted that whilst there were some improvements to be made it was likely to plateau. The LLR Director of Planned Care added there were data quality issues to be resolved which should show an improvement.

The Trust's national ranking for the performance on the Faster Diagnostic Standard was much improved. The deep dive into the skin pathway had driven improvements with further improvement expected. The underlying issues had been identified and a provider would be insured to clear that backlog. The increased capacity would ensure performance would be sustained.

The focus of the next few months would be reviewing theatre and oncology performance as the improvements for diagnostic performance shifted the pressure to these departments.

The Committee noted the deterioration for the 62-day backlog which was due to the cumulative impact of industrial action and Easter/bank holidays.

As previously requested by the Committee, the Assistant Director reported on recruitment for the Oncology Department noting that it was going well. However, there were problems in recruiting to the nursing establishment. The Deputy Chief Nurse offered to assist.

There would be a two-year radiotherapy recovery plan.

In response to a question from Dr A Haynes, Non-Executive Director, it was confirmed that the Community Diagnostic Hubs would help with the non-symptomatic pathways. The LLR Director of Planned Care reported that the Hinkley Centre would come online in November 2024. Consideration was being given to the activity as the criteria had been quite restrictive and there was a need to ensure capacity was maximised. It was noted that funding from the East Midlands Cancer Alliance would double the resource for non-symptomatic referrals.

The Chief Operating Officer noted that there were plans for all tumour sites and was confident that improvements would be made, however, the biggest challenge was the impact of industrial action as it increased waiting times, and there was ongoing concern about this impact. He noted that the report to the next meeting would include data on the average pathway waiting time.

Mr M Williams, Non-Executive Director, Chair asked about the harms arising from delayed treatment. The Chief Operating Officer noted there was a harm review process across cancer which reported to the Quality Committee. The Associate Director of Operations noted that during the industrial action

no Multi-Disciplinary Team meeting had been stood down, although a couple of patients had been deferred to the next meeting.

The Committee concluded that there had been significant improvement but there was concern about the impact of industrial action.

Resolved – that the report be received and noted.

67/23/2 Briefing for Urgent and Emergency Care

The Chief Operating Officer 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 the performance for ambulance handovers had remained strong although there had been a slight dip in June 2023 due to the escalation facility being closed for a short period for estate works, and significant emergency demand. Progress had been made in discharging patients Medically Optimised for Discharge as there was increased capacity for patients on pathway 1.

The challenges were in relation to the 4-hour wait and 12-hour wait in Emergency Department. The Trust was an outlier with respect of 12-hours and further detail would be provided in the next report.

The Cost Improvement Programme target of £14m for urgent and emergency care was noted, this was separate to the System target of £10m. Initially £7m of saving had been identified and an additional £5.7m was earmarked although this carried an element of risk which was being assessed, progress would be reported to the Committee as well as Finance and Investment Committee. It was reported that a piece of work would be undertaken by the System in August 2023 to assess demand and capacity across the System.

In response to a question about the Lead Provider Collaborative, it was reported that interviews would be held the following week for the LLR Director of Urgent and Emergency Care. It was expected that the postholder would be able to drive change across the system.

Mr B Patel, Non-Executive Director, asked how robust the system was with respect to ambulance handovers noting the increased pressures in winter. The Chief Operating Officer noted that there had been a sustained improvement over the last twelve months. Whilst there would be greater pressures in winter, the Chief Operating Officer considered the Trust was in a better position to cope than this time a last year although there still needed to be more capacity in the right areas.

Mr J Worrall, Associate Non-Executive Director asked about those patients waiting over 12 hours in Emergency Department and the proportion not waiting for a bed. The Chief Operating Officer noted that the Escalation Unit served as a clinical assessment unit and patients were kept under review. Mr B Patel, Non-Executive Director asked about whether patients choosing to leave rather than wait. It was agreed to undertake a deep dive into the 12 hours wait at the next meeting.

Dr A Haynes, Non-Executive Director, asked about discharges at weekends. The Chief Operating Officer noted that there was a dip in the numbers at weekends. Further detail would be provided the following month.

COO

The Committee noted the progress made in a number of areas and the challenged performance for the 12 hours wait in Emergency Department.

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

(B) a further report on the 12-hour wait be presented to the next meeting.

COO

67/23/3 Elective Care (RTT and DM01)

The LLR Director of Planned Care 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.

There were no patients waiting for treatment over 104-weeks as of mid-July. There were 73 patients waiting over 78 weeks, and industrial action has slowed us getting to zero 78-week waiters. The trajectory for achieving zero 78-week waits was September 2023. The performance for 52 and 65 waits was on track.

As progress had been made with respect to those waiting longest, the focus would also include the overall waiting list. There was a need to understand why the number had increased recently, and to appropriately reduce follow up appointments through Patient Initiated Followed Up.

The performance for diagnostic services was moving in the right direction. Whilst endoscopy had been challenged the pressure had been alleviated by temporary provision. A new Unit would be open in October/November 2024.

Mr M Williams, Non-Executive Director, Chair asked about the total number waiting for treatment. The LLR Director of Planned Care noted that the waiting list had almost doubled due to the pause in activity during the pandemic. A significant reduction had been achieved through validation and additional activity. The reasons for the recent growth in the waiting list were being reviewed. One of the reasons was a spike in referrals for the two-week wait pathway. In addition, there had been an impact from industrial action as treatment had been deferred. Further detail would be provided in the next report.

Mr J McDonald, Non-Executive Director, Trust Board Chair, noting the good progress asked how much was down to pathway redesign and how much due to operational efficiencies. The LLR Director of Planned Care advised that whilst it was a mix, further work on transformation of models of care was needed. Initially the quality of referrals would be reviewed. The Chief Operating Officer added that transformation was coming to the fore and that there was work underway with Getting It Right First Time (GIRFT). Whilst transformation sat under the Reconfiguration and Transformation Committee, further detail would be presented to the Committee.

The Chief Financial Officer noted that the Finance Directorate was supporting the review of pathway changes. The costing team was working on data (both financial and non-financial) to pursue gains in productivity.

The LLR Director of Planned Care reported that the NHS Joint Investment Committee, had approved the business case for the East Midlands Planned Care Centre and there would be additional capacity across the system using community diagnostic hubs.

Resolved – that the report be received and noted.

68/23 ITEMS FOR NOTING

68/23/1 Integrated Performance Report Month 3 2023/24

Resolved – that the contents of the Integrated Performance Report M3 2023/24 (paper I refers) be received and noted.

69/23 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

69/23/1 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.

70/23 ANY OTHER BUSINESS

There was no other business.

71/23 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.

72/23 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:

- The impact of industrial action on cancer care (minute 68/23/1)
- The 12-hour wait at Emergency Departments (minute 68/23/2)
- Total waiting list (minute 68/23/13)

73/23 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 30 August 2023 at 10.00 am (virtual meeting via MS Teams).

The meeting closed at 10.48 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)	4	4	100	NED vacancy	0	0	0
A Haynes	4	2	50	J Melbourne	4	4	100
B Patel	4	4	100	A Furlong/J Hogg	4	4	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	4	3	75	S Favier	4	3	75
J McDonald	4	2	50	S Taylor	4	2	50
L Hooper	4	4	100	M Archer	4	4	100
H Hendley	4	4	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	4	3	75	J Worrall	4	4	100