

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 23 NOVEMBER 2022 AT 10.00AM, VIRTUAL MEETING VIA
MICROSOFT TEAMS

Present:

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

In Attendance:

Mr M Archer - Interim Associate Director of Operations – Cancer
Ms G Collins-Punter- Associate Non- Executive Director (non-voting)
Ms S Favier - Deputy Chief Operating Officer
Ms H Hendley - LLR Director of Planned Care (ex officio)
Ms C Langford, Head of Operations CHUGGS;
Mr R Manton - Head of Risk Assurance
Mr J Melbourne - Chief Operating Officer (non-voting)
Ms N Patel – Corporate and Committee Services Officer
Mr J Stewart, Deputy Clinical Director CHUGGS
Ms S Taylor - Deputy Chief Operating Officer
Mr J Worrall - Associate Non-Executive Director (non-voting)

RESOLVED ITEMS

101/22 WELCOME AND APOLOGIES

Apologies for absence were received from Mr. A Furlong, Medical Director, Mr. J Macdonald, Chairman, Mr. A Haynes, Non-Executive Director and Ms J Hogg, Deputy Chief Nurse and Mr R Mitchell, Chief Executive.

102/22 DECLARATIONS OF INTERESTS

Resolved – that it be noted that no declarations of interest were made at this meeting of the Operations and Performance Committee.

103/22 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 26 October 2022 (paper A refers) be confirmed as a correct record.

104/22 MATTERS ARISING

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

105/22 KEY ISSUES FOR ASSURANCE

105/22/ UHL Urgent and Emergency Care

1

The Committee received a report that provided updates on assurance and actions in relation to urgent and emergency care. The report focused on impact on performance, progress on last month and key actions taken place. The report presented by Ms S Taylor, Deputy Chief Operating Officer and some key highlighted areas of improvement including the Enhanced Rapid Flow and extended hours at MIaMI unit. Although Urgent and Emergency care still faced significant challenges, improvements are planned – including the Pre-transit hub is commencing at the Leicester Royal Infirmary, opening in January 2022 - will support this challenge, yet it is acknowledged that more work is required to identify further capacity to support our urgent and emergency care pathways.

OPC noted the West Midlands Clinical Senate Review with the 10 recommendations and discussed the need to change the organisational culture and behaviours. Mr B Patel, Non-Executive director noted the recommendations and the improvements being made. He also asked about plans for Christmas and the demands faced during the busy period to which the Chief Operating Officer noted it will be discussed in meeting with ICS.

OPC recognises the challenges faced in ambulance hand overs and the good work occurring to mitigate the risks. Further updates on the plan will be presented at the December 2022 meeting. Early actions and next steps action plan comprehensive action plan to create more capacity in other areas to ensure ED has enough support and will take time and embedding new ways of working.

Mr M Williams, OPC Chair, summarised the discussion noting the good work going on during the challenging winter months and the schemes implemented within the strategic plan. The OPC chair thanked the team for the improvements on out of hours care such as the pre-transit hub and looking forward to seeing the longer term plans.

Resolved – that (a) to add further detail onto the Astec charts embedded within the report and

(B) To discuss patient care during the holiday period in primary care with ICS.

105/22/
2 Cancer Quality and Performance Report

The Committee received a report on cancer performance for the latest published dataset (September 2022), as well as performance overview for October and prospectively for November 2022. The report stated some key achievements such as UHL recognized as the 235th best specialist Oncology Centre globally, coming 12th in the UK by Newsweek. Other highlights included the Urology Biopsy insourcing returning from 19th November at the Leicester General Hospital and replacement of the DaVinci robot. It was also noted that the formal report from NHSE/I Intensive Support Team was received and an action plan to be presented at OPC next month.

OPC was notified with the current 62-day backlog position. It was highlighted to the committee as of October 2022, 952 patients waiting and now down to 852 and tracking will continue in December 2022. This is a very challenged position, and is primarily in three specialities – urology, lower GI and dermatology. Plans are in place to improve, and urology and lower GI remain the highest risk. Mr J Worrall, Non-Executive Director noted a recommendation to add the trajectories for Colorectal, Urology and Skin for the next report and to mention the implied performance for 2023.

Mr M Williams, OPC Chair understood the challenges faced during the coming winter months and acknowledged the impressive work to ensure the longevity of the service is maintained.

Resolved – (A) include an report on the three trajectories (colorectal urology and skin) and add detail about performance. ADoO

105/22/
3 Oncology Cancer Position Report

The Oncology Cancer Position report provided an update on the current position within oncology services. It was highlighted within the report that £2.2 mill was received to improve the service in particular the wait times for first appointment. Key investments were noted in the report such as additional nurses recruited to support chemo suite to reduce the wait time for chemotherapy. In

addition, two medical oncologists will be recruited. The posts would support challenged tumour sites of Colorectal, Urology and Breast.

The report highlighted to OPC the Radiotherapy activity increases and the purchase of the Linacs replacements – which will be presented to FIC in November 2022. OPC Non-Executive Chair asked if there is anything else we could be doing to improve performance and it was concluded that a report would be brought to OPC in 2023 on the planned improvements and tracked changes produced from the investment.

It was noted to the committee that in positive news the department has received additional funding and used to train additional staff to improve the service and also that recruitment was essential and there remained risk. Mr M Williams, the OPC Chair, thanked colleagues for their ongoing work.

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

105/22/ Elective Care (RTT and DM01)

3

The Committee received a report on the progress to recover elective care, highlighting areas of risk and summarized actions. OPC received an update on the number of patients waiting over 104 weeks for treatment. At the end of October 2022, 190 patients waiting for 104 week waits and November's forecast is currently 135. December 2022 is aimed for 100 patients. It was noted the route to 0 is currently underway by April 2023 and included the need for NHS and independent sector support. The report outlined actions to highlight within the next four weeks auto sending first patient to the Leicester General Hospital which linked to theatre productivity work and to reduce late starts from theatre lists.

The report updated on the UHL Tier 1 Internal assessment. It was noted by Chief Operating Officer that the Self-Certification point has been signed off and submitted to NHSE. The overall rag rating is currently at amber. It was noted that Mr J Worrall is NED support for theatre productivity. The committee agreed with the self-assessment and noted the areas where further action was required. It was agreed that rather than monthly Board productivity updates, OPC would continue to receive regular updates on productivity (at least quarterly) and minutes to go Trust Board, with relevant escalations where appropriate.

DCOO

The Committee was notified on the updates from the On the Day Cancellations internal audit report and one of the actions was to get the pre-op programme of the ground and recruit admin staff to pick up errors and respond to cancellations. Admin staff were successfully appointed and would be looking at rolling programme to focus on training and retention. Mr B Patel, Non- Executive Director, asked if potential harm to on the day cancellations is being tracked and Ms Siobhan Favier, Deputy Chief Operating Officer, added that they are looking at harm on broader basis on wait time to procedures but this will be factored into the document.

DCOO

Update was provided around the Elective Diagnostic performance (DM01 Update). OPC noted a bid made to NHSE and noted that UHL had completed deep dive with NHS England on three modalities on 10th November which were Endoscopy, Non-Obstetric Ultrasound and ECHO. It was noted that the actions would be progressed on the monthly diagnostic board.

The LLR Director of planned care noted the elective recovery fund on track to spend on budget and activity of schemes was being carefully monitored. It was highlighted the vanguard activity and the Chief Operating Officer noted the productivity plans in the coming months. OPC noted the latest approvals status of the Elective Hub and highlighted that OBC presented to system Execs and ICB board in November and December 2022. The Team currently working through the queries from the national team.

Mr M Williams, OPC chair, noted the progress and congratulated colleagues on the effort made noting the recruiting and retaining of administrative staff and the challenge to eliminate the 104-week waiting list.

Resolved – that (A) to add detailed points about proportion of colonoscopies carried out on patients who fit negative onto the deep dive report and

COO

(B) discuss theatre productivity quarterly and escalate any discussions within the minutes and presentations in future OPC Meetings and

DCOO

(C) create an formal guidance document for on the day cancellations which includes harm to on the day cancellations to procedures.

106/22 ITEMS FOR NOTING

106/22/1 Integrated Performance Report 6 2022/23

Resolved – that the contents of the Integrated Performance Report M6 2022/23 (paper F refers) be received and noted.

106/22/2 Patients Potentially Lost to Follow-Up

Resolved- that the contents of the Patients Potentially Lost to Follow-Up (paper G refers) be received and noted. To be brought back in December's OPC meeting.

107/22 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERTATIONS AND PERFORMANCE COMMITTEE

107/22/1 Board Assurance Framework

The Committee reflected on the reports received and discussions in relation to the risks assigned.

The Head of Risk Assurance agreed to liaise with colleagues and look to add scores in and the progress started from board development sessions around Appetite Tolerance.

HRA

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

(B) bring updated report to next OPC meeting

HRA

108/22 ANY OTHER BUSINESS

There were no items of any other business.

109/22 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.

110/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that no items be highlighted to the 1 December 2022 public Trust Board via the summary of this Committee meeting, for information:

111/22 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 22 December 2022 at 10.00am (virtual meeting via MS Teams).

The meeting closed at 11.38 am

Ninakshi Patel - Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2022-23 to date):
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) | 8 | 8 | 100 | J Melbourne | 8 | 7 | 87 |
| A Furlong | 8 | 5 | 62 | E Meldrum (until May 2022) | 1 | 0 | 0 |
| A Haynes | 8 | 6 | 75 | R Mitchell | 8 | 6 | 75 |
| J Hogg (from May 2022) | 7 | 4 | 57 | B Patel | 8 | 8 | 100 |
| J McDonald | 8 | 6 | 75 | | | | |

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> |
|------------------|-----------------|---------------|---------------------|-------------|-----------------|---------------|---------------------|
| G Collins-Punter | 8 | 4 | 50 | J Worrall | 8 | 8 | 100 |
| H Hendley | 8 | 7 | 87 | | | | |