

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)**  
**MEETING HELD ON WEDNESDAY 28 JUNE 2023 AT 9.00 AM, VIRTUAL MEETING VIA MICROSOFT**  
**TEAMS**

**Present:**

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

**In Attendance:**

Dr R Abeyratne - Director of Health Equality and Inclusion  
Mr M Archer - Interim Associate Director of Operations – Cancer  
Ms R Briggs - Associate Director of Operations Projects  
Ms G Collins-Punter - Associate Non- Executive Director  
Ms S Favier - Deputy Chief Operating Officer  
Mr A Furlong - Medical Director  
Ms H Hendley - LLR Director of Planned Care  
Ms L Hooper - Chief Finance Officer  
Mr R Manton - Head of Risk Assurance  
Dr R Marsh - Deputy Medical Director (for Minute 43/23/1)  
Mr J Melbourne - Chief Operating Officer  
Mr R Mitchell - Chief Executive Officer  
Ms A Moss - Corporate and Committee Services Officer  
Ms C Pheasant – Chief Allied Health Professional  
Ms S Taylor - Deputy Chief Operating Officer  
Mr J Worrall - Associate Non-Executive Director

**RESOLVED ITEMS**

**50/23 WELCOME AND APOLOGIES**

Apologies for absence were received from Dr A Haynes, Non- Executive Director, Ms J Hogg, Chief Nurse, and Ms M Smith, Director of Communication and Engagement.

**51/23 CONFIRMATION OF QUORACY**

The meeting was quorate.

**52/23 DECLARATION OF INTERESTS**

There were no declarations.

**53/23 MINUTES**

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 24 May 2023 (paper A refers) be confirmed as a correct record.

**54/23 MATTERS ARISING**

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

**55/23 KEY ISSUES FOR ASSURANCE**

**55/23/1 Elective Care (RTT and DM01)**

The Deputy Chief Operating Officer - Elective Care, set out the latest position with respect to waiting times and actions to improve performance. Paper C was considered in mitigation of BAF risk 2.

There had been good progress in reducing waiting times despite challenges such as the recent industrial action. There would only be one patient having waited 104 weeks or more by the end of June 2023. The position in relation to patients waiting over 78 weeks had deteriorated and it was expected that two patients would be waiting at the end of July 2023 (before taking into account the impact of any industrial action). There had been a significant reduction in the number of patients waiting more than 65 and 52 weeks respectively.

The total waiting list had reduced significantly since the beginning of the year but progress had started to slow. Work was underway to understand why the waiting list stabilised and was beginning to increase.

The Committee noted the Theatre Productivity Programme, based on Getting it Right First Time (GIRFT) principles. The objective was to achieve theatre utilisation of 85%. There were a number of projects which supported the objective, including a reduction of on the day cancellations, increasing the average number of cases per list and introducing 'stand-by' patients. The Head of Pre-operative Assessment had started in post and there was an associated improvement plan. The plan including telephoning and texting patients as it would reduce the on the day cancellations. Administrative vacancies were being recruited to.

**Resolved – that the report be received and noted.**

55/23/2 Elective care 23/24 Priorities Letter

The Committee noted the letter received from NHSE on 23 May 2023 which set out the priorities for elective care for 2023/24. The Trust had assessed its progress against the checklist provided and RAG rated the actions.

**Resolved – that the report be received and noted.**

55/23/3 Patients Potentially Lost to Follow Up

The Deputy Chief Operating Officer – Elective, presented paper E which updated the Committee on patients who had potentially missed being followed up. A data quality issue had come to light in Autumn 2021, which identified a cohort of patients who required a follow up appointment or were awaiting diagnostic results, and this had not been captured on the electronic record.

There had been a process to validate records for affected patients. Two Serious Unavoidable Incidents had been reported.

**Resolved – that the report be received and noted.**

55/23/4 Cancer Quality and Performance Report

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

There had been an improvement in three of the nationally reported standards in April 2023 and a deterioration in the 62-day backlog due to the impact of industrial action and Easter/bank holidays. As of 11 June 2023, the overall waiting list was 4,318 and 529 patients had waited over 62 days which represented 12.3% of total suspected cancers. The number was reducing and there was a trajectory to improve performance. The recovery plan for urology was set out in an appendix to the report.

There had been a deterioration in performance for the Faster Diagnostic Standard which was at 68.7% against the target of 75% in April 2023.

A deep dive with respect to skin cancer highlighted a lack of capacity to ensure timely follow up. A bid for funding, had been submitted to East Midlands Cancer Alliance (EMCA) to clear the backlog. Mr M Williams, Non-Executive Director Chair, asked why the position relating to the performance for skin cancer had not come to light before. The Associate Director noted that the new measure for the

Faster Diagnostic Standard and the NHSE Improvement Support Team had provided the tools to understand the issues for the pathway and an opportunity to improve.

The Trust's position in relation to its peers and nationally was noted.

EMCA had awarded £4.5m funding to the LLR System which would be used for 80 schemes set out in the report. These schemes would be monitored closely and mitigations in place to ensure a longer-term recovery in performance.

Mr J Worrall, Associate Non-Executive Director, asked about the capacity for dermatology. The Associate Director reported that, anticipating the award from EMCA, procurement was in train to secure a service provider. The intention was to clear the backlog over four weekends in July and August 2023.

Mr J Worrall, Associate Non-Executive Director, asked whether patients waiting over 104 weeks had been prioritised. The Chief Operating Officer agreed that this was a priority, and the continued focus on reducing our longest waiters highlighted the priority of this position.

Mr B Patel, Non- Executive Director asked about the impact of the industrial action. The Associate Director noted that lessons had been learnt and the services reviewed their plans and adapted.

Mr M Williams, Non-Executive Director, Chair, asked about the level of confidence in the plans to improve performance. The Associate Director of Operations – Cancer acknowledged that there were challenges, specifically around industrial action but the services remained positive and focused.

**Resolved – that the report be received and noted.**

55/23/5

West Midlands Senate Review of Cardio/Respiratory and Medicine Acute Services

The Deputy Medical Director, Dr R Marsh, updated the Committee on the progress made since the last report on actions arising from the review of Cardio/Respiratory and Medicine Acute Services by the West Midlands Senate (paper G refers). This item was considered in mitigation of BAF risk 2.

The West Midlands Senate had reviewed the provision of cardiorespiratory services and made recommendations to ensure equality of care between Glenfield Hospital and Leicester Royal Infirmary. Many short-term plans had been realised, but there was work to do to address the cultural differences. The heads of service had spent time on both sites gaining an understanding of each other's services pressures. NHSE had agreed funding for a modular ward and two other wards at Glenfield Hospital; £7m capital would be funded locally. The clinical model for the modular ward had been agreed; it would be used for respiratory care. The other two wards were at the RIBA design Stage 2. There would be an assessment of what service would be located where and the impact of the clinical model for wards at Leicester General Hospital. The modular building would be completed in February 2024 and the other two wards in September 2024. Staff recruitment was in train.

The action plan for the project was appended to the report. The plans for staff engagement to foster mutual understanding were noted. Mr M Williams, Non-Executive Director, Chair requested that further updates provide more detail on the cultural piece.

**DMD**

It was noted that the Trust had a higher proportion of cardiology patients than other trusts. The System was reviewing the data and considering opportunities for prevention of cardiovascular ill health.

Mr J Worrall, Associate Non-Director asked whether the changes would lead to the move away from acute medicine at Leicester General Hospital. The Deputy Medical Director considered that would be the case eventually, and that the wards at that site would be used for rehabilitation and community facilities.

Mr J Worrall, Associate Non-Director asked about the operating model for the Clinical Decision Unit (CDU). It was reported that the newly appointed Head of Service was reviewing the model within cardiology on wards, CDU, and the opportunity to use the escalation pod. The Director of Health

Equality and Inclusion noted that many patients had co-morbidity and there was a need to consider different ways of working and deploying the workforce. She suggested reviewing the models used at other trusts.

**Resolved – that (A) the report be received.**

**(B) the next update provides more detail on the cultural changes required.**

DMD

55/23/6

Briefing for Urgent and Emergency Care

The Deputy Chief Operating Officer – Emergency Care briefed the Committee on developments in urgent and emergency care (paper H refers). This item was considered in mitigation of BAF risk 2.

Attendance at Emergency Department had increased by 4,069 on the previous month; performance for the four-hour wait had remained stable but deteriorated slightly for ambulance handovers and the 12-hour wait. There would be a focus on reducing the number of patients waiting over 12 hours. The actions taken to increase capacity were noted.

Mr B Patel, Non-Executive Director, asked about the time patients spent in the Emergency Department and 12-hour waits. It was noted that the aim to improve our 12 hour waits was a key focus for the year ahead.

A plan was being developed for children and young people's emergency care, to improve flow and support an expected surge in demand in Winter 2023/24.

There had been a review of urgent and emergency care by KPMG which noted some particular challenges for LLR including regarding mental health support in certain areas. The report findings would be reviewed in a number of Trust and System meetings to ensure actions were captured and plans aligned. Mr M Williams, Non-Executive Director, Chair, asked about the attendances for mental health issues and whether it related to the waiting times for the Child and Adolescent Mental Health Services. The Deputy Chief Operating Officer noted that children sometimes ended up in the Emergency Department as they had not got the right package of care. The reasons why, were not known and KPMG would be reviewing that data. There would be a focus on relevant actions with system partners. The Committee requested more information regarding mental health attendances.

DCOO

The Associate Director of Operations – Projects reported on actions taken to improve hospital discharge. Mr M Williams, Non-Executive Director, Chair asked about the utilisation of community beds. It was noted that when UHL had managed the process for a four-week period it had been able to place more patients with high dependency in Ashton Court and community beds. There was work to do to improve the process and liaison with system partners.

Mr J Worrall, Associate Non-Executive Director, asked about throughput at the Minor Illness and Minor Injury (MIaMI) Unit noting that numbers were down at a time when attendances at the Emergency Department were up. The Deputy Chief Operating Officer noted that the target was for the Unit to see 100 patients per day, and this had fallen to an average of 85. Whilst activity at Emergency Department had increased this largely related to Type 1 cases which would not be appropriate for MIaMI. The provider for MIaMI had changed and the dip in numbers was considered normal in this circumstance and would be monitored.

The Chief Operating Officer reported that the System had gone out to recruit for an Interim System Director of Urgent and Emergency Care as a part of our move to a system UEC lead provider collaborative.

It was noted that significant improvement had taken place, and yet the challenges remained including the increased attendance at Emergency Department.

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

**(B) a further update regarding mental health attendances at Emergency Department be presented.**

**56/23 ITEMS FOR NOTING**

56/23/1 Integrated Performance Report Month 2 2023/24

**Resolved** – that the contents of the Integrated Performance Report M2 2023/24 (paper I refers) be received and noted.

**57/23 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE**

57/23/1 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 and there are 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.

**58/23 ANY OTHER BUSINESS**

There was no other business.

**59/23 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.

**60/23 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:

- Increase in waiting list (Minute 55/23/1)
- Impact of industrial action on cancer and elective care (Minutes 55/23/4 and 55/23/1)
- Urgent and Emergency Care and the number of patients waiting over 12 hours in Emergency Department (Minute 55/23/6)
- Theatre utilisation programme (Minute 55/23/1)

**61/23 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the OPC be held on Wednesday 26 July 2023 at 10.00 am (virtual meeting via MS Teams).

The meeting closed at 11.38 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)	3	3	100	NED vacancy	0	0	0
A Haynes	3	1	33	J Melbourne	3	3	100
B Patel	3	3	100	A Furlong/J Hogg	3	3	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	3	2	67	S Favier	3	3	100
J McDonald	3	1	33	S Taylor	3	2	67
L Hooper	3	3	100	M Archer	3	3	100
H Hendley	3	3	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	3	3	100	J Worrall	3	3	100