Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC) MEETING HELD ON WEDNESDAY 26 OCTOBER 2022 AT 10.00AM, VIRTUAL MEETING VIA MICROSOFT TEAMS

Present:
Mr M Williams - OPC Chair, Non-Executive Director
Dr A Haynes - 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 Racheal Briggs - Associate Director of Operations Projects
Ms S Favier - Deputy Chief Operating Officer
Mr A Furlong - Medical Director (non-voting)
Ms H Hendley - LLR Director of Planned Care (ex officio)
Ms J Hogg - Chief Nurse (non-voting)
Mr J McDonald - Trust Board Chair (ex officio)
Mr R Manton - Head of Risk Assurance
Mr J Melbourne - Chief Operating Officer (non-voting)
Ms A Moss - Corporate and Committee Services Officer
Ms S Taylor - Deputy Chief Operating Officer
Mr J Worrall - Associate Non-Executive Director (non-voting)

RESOLVED ITEMS

90/22 WELCOME AND APOLOGIES

Apologies for absence were received from Ms G Collins-Punter, Associate Non-Executive Director and Mr R Mitchell, Chief Executive.

91/22 DECLARATIONS OF INTERESTS

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

92/22 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 28 September 2022 (paper A refers) be confirmed as a correct record.

93/22 MATTERS ARISING

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

94/22 KEY ISSUES FOR ASSURANCE

94/22/1 UHL Urgent and Emergency Care

The Committee received a report regarding actions to improve patient flow for urgent and emergency care pathways.

Ms S Taylor, Deputy Chief Operating Officer, highlighted recent achievements including the opening of 16 additional reablement beds at Leicester General Hospital, embedding the rapid flow policy to ensure flow from the Emergency Department; and an increase in the opening hours for Same Day Emergency Care (SDEC) which would ease pressure on the Clinical Decisions Unit.

It was reported that building work had commenced on the Leicester Royal Infirmary site to create space for the Pre-Transfer Unit which would open by 12 December 2022. The physiotherapy service would be relocated, and the Dermatology Service transferred to St. Peter's Health Centre prior to Christmas 2022. These moves would create additional space on the Emergency floor.

There had been an increase in attendances at the Emergency Department and a reduction in attendances at Urgent Treatment Centres in September 2022. There had been a slight improvement in delays for ambulance handovers from earlier in 2022, but the position remained very challenged.

The report set out the nine recommendations from the Ian Sturgess review and identified the actions to be taken, which had been cross referenced to the Winter Plan. Mr J Worrall, Non-Executive Director, noted that no specific actions had been identified for the recommendation to change GP urgent referral processes.

NHSE/I had provided a second letter detailing the expectations regarding winter planning and the support available. The need to ensure effective action by system partners was discussed, identifying the need for communication with patients over the winter and the possibility of engaging with community enterprises to provide care.

The Committee discussed the recommendations of the West Midlands Clinical Senate. Its report had supported the short-term actions the Trust was taking, particularly the increased support for cardio-respiratory cases at the Leicester Royal Infirmary. However, the report highlighted the longer-term actions which needed to be addressed including cultural challenges, the interplay between the two sites on the emergency pathway, and the operation of the Clinical Decisions Unit (CDU).

The Senate observed that the CDU environment was too small for the workload. It was suggested that the CDU needed a footprint of two wards at Glenfield Hospital, but this would require capital investment. The Chief Nurse was reviewing the staffing model for this service.

The Senate had recommended greater use of digital applications to provide greater oversight of and remote management of patients on different sites. The Medical Director noted that this would require significant work and was a longer-term objective.

Ms S Taylor, Deputy Chief Operating Officer noted issues with decision making and the need for effective triage at the front door. The findings from a recent audit would be presented to the next meeting. The Chief Operating Officer believed that the clinicians who were streaming patients, needed to feel more empowered.

It was reported that the Minor Illness and Minor Injuries Unit was seeing an increased number of patients and cases that were more complex.

Ms S Taylor, Deputy Chief Operating Officer reported that Healthwatch had undertaken a survey of patients in the Emergency Department over a two-day period and it was hoped that the report would be shared

Mr M Williams, OPC Chair, summarised the discussion noting that there had been a small improvement in performance, but that the position remained very challenged. The cultural changes required were important and would need to be addressed for the medium and longer term. With respect to the Winter Plan, the Chair emphasised the need for a robust system-wide response.

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

94/22/2 Cancer Quality and Performance Report

The Committee received a report on cancer performance for the latest published dataset (August 2022), a performance overview for September and prospectively for October 2022.

The report set out the performance metrics and noted that there had been improvements in three of ten nationally reported standards. The performance for 62-day waits had deteriorated and the backlogs had increased, specifically for Urology. Recovery action plans were in place and the performance trajectories were being built from the services upwards. A revised submission would be made to NHSE at the end of the week.

It was noted the majority of patients having waited over 62 days were Urology and Lower Gastrointestinal cases. There were a number of other specialities with a small number of patients having waited a long time and it was queried whether there was sufficient focus on those cohorts.

NHSE's Intensive Support Team had visited the Trust and provided informal feedback. The team had found good clinical engagement around cancer with some specialities having a clear grip of issues and solutions. Some of the recommendations had already been enacted, including greater oversight of the Urology action plan with weekly meetings.

The Interim Associate Director of Operations - Cancer presented a deep dive for Urology which highlighted the need to transform the outpatient pathway and explore the reasons for the high Did Not Attend' (DNA)rates at the first appointment. There followed a discussion about the DNA rates and the equality implications. It was suggested that the way patients were contacted could affect attendance rates.

The Interim Associate Director of Operations – Cancer agreed to circulate the presentation. **ADO (Cancer)**

The Director of Health Equality ad Inclusion expressed concern about the disproportionate impact of the waiting list on patients with black heritage. The Interim Associate Director of Operations – Cancer agreed to meet with the Director to discuss the issues and the business case for breast cancer. **ADO (Cancer)**

It was agreed that the next meeting should have a deep dive on Oncology at the next meeting and invite the Clinical Director, CHUGGS. **ADO (Cancer)**

Mr M Williams, OPC Chair, summarised the discussion noting that the deep dive had been helpful and highlighted the need to streamline the pathway. The need to consider those specialities with a small number of patients waiting a long time was noted. He concluded that there had been some progress but there was a lot of work to do to recover performance.

<u>Resolved</u> – that (A) the contents of the report be received and noted,

(B) the presentation be circulated; and **ADO (Cancer)**

(C) that a deep dive on Oncology be presented to the next meeting and invitation extended to the Clinical Director, CHUGGS. **ADO (Cancer)**

94/22/3 <u>Elective Care (RTT and DM01)</u>

The Committee received a report on the progress to recover elective care, highlighting areas of risk and summarising actions.

The report provided an update on the number of patients waiting over 104 weeks for treatment. At the end of September 2022, there had been 236 patients which was more than the planned trajectory of 178. It was anticipated that there would be 140 patients at the end of November 2022, when the plan had been to reduce the waiting list to zero. In part, this was due to the lack of mutual aid and that the Independent Sector was not able to treat the more complex cases requiring on longer hospital stays. A contract had been agreed with a new provider and the plan was to send the company 20 patients for general surgery. The Chief Operating Officer cautioned that the position for patients waiting over 104 weeks was difficult and there needed to be further discussion with NHSE.

The report outlined the actions to improve theatre productivity, which focussed on workstreams for scheduling, reducing on the day cancellations and day cases improvement plan. Mr J Worrall agreed to the be the Lead Non-Executive for this area of work.

It was noted that 15% of patients did not turn up for their procedures in some specialities. It was thought that changing the way patients were contacted could improve attendance. However, there were difficulties in recruiting and retaining administrative staff. Plans to fast track recruitment were described. A trial of automated text message to remind patients would be undertaken.

The Medical Director reported on plans to standardise the pre-operative assessment process. Funding had been allocated from the Elective Recovery Fund to pump prime the project and recruitment was in train for project leads. The work would be led by the Theatre and Anaesthetics Team with central support. Asked about timescales, the Medical Director thought that it would take 12-18 months to establish the new service. It was anticipated that a standardised approach would reduce the number of on the day cancellations.

The LLR Director of Planned Care reported on the Elective Recovery Funding 2022/23 and the Elective Care Hub, noting that funding had been secured and the enabling works commenced. Planning approval had been granted and it was anticipated that the first patient would be treated at the facility in late May 2023. The next step would be to determine the workforce model and start recruitment.

Mr M Williams, OPC Chair, summarised the discussion welcoming the elective care strategy, noting the problems in recruiting and retaining administrative staff, plans to standardise pre-operative assessment and the challenge in eliminating the 104-week waiting list.

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

95/22 ITEMS FOR NOTING

95/22/1 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.

96/22 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERTATIONS AND PERFORMANCE COMMITTEE

96/22/1 Board Assurance Framework

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

The Head of Risk Assurance agreed to liaise with colleagues, to ensure the risks relating to administrative staffing were appropriately reflected on the operational Risk Register. **HRA**

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

(B) the Head of Risk Assurance liaise with colleagues, to ensure the risks relating to administrative staffing were appropriately reflected on the operational Risk Register. **HRA**

97//22 ANY OTHER BUSINESS

There were no items of any other business.

98/22 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.

99/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted to the 3 November 2022 public Trust Board via the summary of this Committee meeting, for information:

- **Urgent and Emergency Care** (noting incremental improvements; challenges faced for Winter; cultural changes required to change custom and practice in the medium and longer term; and the escalation of risks as system partners were struggling to deliver).

- **Cancer Quality and Performance Report** (noting incremental improvements, the challenges for 52 day waits and the need for transformation of the urology outpatient pathway).

- **Elective Care (RTT and DM01)** (noting the work planned to improve productivity, the difficulties in recruiting and retaining administrative staff, centralising re-operative assessment and the national pressure to reduce the number of patients waiting over 104 weeks to zero).

100/22 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 23 November 2022 at 10.00am (virtual meeting via MS Teams).

The meeting closed at 11.31 am

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2022-23 to date):
Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
M Williams (Chair)	7	7	100	J Melbourne	7	6	83
A Furlong	7	5	71	E Meldrum (until May 2022)	1	0	0
A Haynes	7	6	86	R Mitchell	7	6	86
J Hogg (from May 2022)	6	4	66	B Patel	7	7	100
J McDonald	7	6	86				

Non-voting members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
G Collins-Punter	7	3	43	J Worrall	7	7	100
H Hendley	7	6	86				