Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC) MEETING HELD ON WEDNESDAY 30 OCTOBER 2024 AT 11.00 AM ON MS TEAMS

Present:
Prof A Garcea - OPC Chair, Non-Executive Director
Mr A Furlong - Medical Director
Dr A Haynes MBE - Non- Executive Director
Mr J Melbourne - Chief Operating Officer
Ms E Meldrum - Deputy Chief Nurse (deputising for the Chief Nurse)

Non-Voting Members
Mr L Bond - Chief Financial Officer
Ms S Favier - Deputy Chief Operating Officer
Ms J Frake-Harris - System Director UEC
Ms H Hendley - LLR Director of Planned Care
Ms S Nancarrow - Associate Director of Operations – Cancer
Ms S Taylor - Deputy Chief Operating Officer

In Attendance:
M**r J** Van Den Broek – Graduate Trinee (observer)
Mr R Manton – Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer
Ms J Robinson – 360 Assurance (observer)
Mr L Walker – Deputy Medical Director

RESOLVED ITEMS

114/24 WELCOME AND APOLOGIES FOR ABSENCE

Ms J Robinson and Mr J Van Deb Brook were welcomed to the meeting. Apologies for absence were received from Ms. J Hogg, Chief Nurse, and Ms S Bendelow, Associate Director of Operations.

115/24 CONFIRMATION OF QUORACY

The meeting was quorate.

116/24 DECLARATION OF INTERESTS

There were no declarations.

117/24 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 25 September 2024 (paper A refers) be confirmed as a correct record.

118/24 MATTERS ARISING

The Action Log was received.

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

119/24 KEY ISSUES FOR ASSURANCE

119/24/1 Cancer Operational Performance Report

The Associate Director, Cancer, provided detail on the Trust's cancer performance (paper C refers). This item was considered in mitigation of BAF risk 2 – 'Demand overwhelms capacity and delays access to services, resulting in failure to meet national standards for timely urgent, cancer and elective care'.

The Associate Director reported that the trust had delivered the Faster Diagnostic Standard in August 2024. Whilst it had achieved 75% of patients having received a diagnosis of cancer (or having it ruled out) within 28 days of referral, this was below the Trust's local ambition of 78%. Variance across specialties was being reviewed with actions taken to improve performance, including offering first appointments sooner and timely approval of letters.

The Trust had achieved 52.9% of patients having started treatment with 62 days of an urgent referral in August 2024 against the new combined standard of 70%. Performance for 31 days deteriorated in August 2024 delivering 79.8% against the new combined standard of 96% and was particularly challenged for Radiotherapy. The Trust was not benchmarking well for this metric as the national average was 91.7%. It was noted that performance would not significantly improve until there was additional capacity; the Trust would be reliant on mutual aid until the fifth linear accelerator (linac) had been commissioned in 2025. In the meantime the Trust was seeking to improve its performance for cancer surgery.

The Director of Planned Care asked whether it was possible to extend mutual aid beyond March 2025. The Associate Director noted that it would depend on funding from the East Midlands Cancer Alliance and agreement with NHS Trusts in Stoke-on-Trent and Lincoln. She was asked whether the opening of the East Midlands Planned Care Centre would have a positive impact. She noted that the challenges with respect to surgery and theatre capacity were different for each speciality. For example, within Urology there was a need to improve utilisation of the surgical robot.

Mr A Haynes, Non-Executive Director, asked whether the improvement in performance for Faster Diagnosis Standard was increasing demand in the short-term as more patients were coming through. The Associate Director noted that that would be the case but that there remained a significant backlog of patients waiting for treatment. She considered that the challenge was around the pathway once patients were diagnosed, and the number of additional tests required which created delays. She referenced the audit on breast cancer care which noted good practice with respect to first appointments but delays in undertaking repeat tests and biopsies. The Trust was working with Newcastle Hospitals NHS Foundation Trust which had performed well. Prof A Garcea, Non-Executive Director Chair, asked for an update on breast cancer. The Associate Director agreed to report back in three months.

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The Associate Director noted that further audits would be undertaken across tumour sites and that Lung and Hepato-Pancreatico-Biliary were next. Prof A Garcea, Non-Executive Director Chair, asked whether the tumour sites were prioritised according to the impact they had on the backlog. This was confirmed.

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

(B) a further report on breast cancer be submitted in three months.

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119/24/2 Elective Care (RTT and DM01)

The Deputy Chief Operating Officer provided an update on the recovery of elective care, highlighting areas of risk and noting actions (paper E refers). This item was considered in mitigation of BAF risk 2 - Demand overwhelms capacity and delays access to services, resulting in failure to meet national standards for timely urgent, cancer and elective care.

The Deputy Chief Operating Officer, Ms S Favier, reported on elective care noting that at the end of September 2024 there were three patients who had waited over 78 weeks for treatment. One of the

patients would not have their orthopaedic surgery as the specialist kit was unavailable and this was a national issue. The number of patients waiting over 65 weeks was coming down, and at the end of September 2024 there 66 patients waiting. It was hoped this would reduce to 50 by the end of October and zero by the end of December 2024. However, this could be impacted by further pressures on emergency care.

The previous week there had been 1,824 patients having waited 52 weeks for treatment. Performance was slightly worse than the Operational Plan and the Trust was off track to deliver zero 52 week waits by the end of March 2025. The specialties driving the variance were Maxillofacial surgery, Ear, Nose and Throat (ENT), Vascular and Gynaecology.

Children and young people were experiencing long waits for treatment and theatre productivity was limited by the available bed base. The challenges for ENT were being discussed with University of Northampton Hospitals to potential use its beds with UHL supplying the staffing.

The forecasts for elective care would be refined to account for the impact of opening the East Midlands Planned Care Centre and anticipate potential impacts from pressures on emergency care.

The Deputy Chief Operating Officer reported that the overall waiting list had reduced to 110,455. It was thought that this was due to the reduction in General Practitioner appointments because of their collective action. However, there had been a significant increase in referrals for Rheumatology and Dermatology. Dr A Haynes, Non-Executive Director, asked why that was the case. The Deputy Chief Operating Officer noted that some of the increase could be due to the aging population, and she was working with the specialities to review pathways. Prof A Garcea, Non-Executive Director Chair, suggested Musculoskeletal clinicians should be involved in the discussions.

The Chief Operating Officer advised there would be a potential impact on activity as the Trust reviewed all premium spend activity given the financial position. He noted the roll-out of the Federated Data Platform was going well and the Trust was keen to be a beacon site for its deployment. Asked how success would be measured, he noted that they were establishing the baseline data for future comparison, and once the system had been rolled out, the impact would be reported through the Theatre Productivity Board.

Prof A Garcea, Non-Executive Director Chair, highlighted the importance of not only celebrating success but learning the lessons about what went well. The LLR Director of Planned Care reported that the Planned Care Partnership would be holding a workshop in November 2024 to review what had been achieved in the last year and lessons learnt.

The key actions to improve performance on elective care were noted. There had been a delay in rolling out eTriage and it was hoped that the work with Nervecentre would mean this could be deployed across more specialities. A pilot for paediatrics to remind patients about appointments had reduced the 'did not attend' rate. A number of additional lists in spinal were planned to undertake high volume of Nerve Root Block procedures across a weekend in November 2024

The Associate Director provided an update on diagnostic services. At the end of September 2024, there were 5,505 waiting over 6 weeks for a diagnostic test; of which 1,794 were over 13 weeks Performance against the 6-week standard was 79.2% with 20.8% over 6 weeks. The overall size of the waiting list had increased to 26,471.

Performance for Magnetic Resonance Imaging would improve as the Trust was seeking to contract for mobile units. Performance for Endoscopy presented risks to the Trust and the new Endoscopy Unit, due to open in August 2025 would increase capacity.

The Chief Financial Officer questioned whether the Trust could increase productivity with respect to the existing scanners rather than outsourcing. The Associate Director noted that this was under review and the Trusts was working with the consultancy firm, Bain.

Dr A Haynes, Non-Executive Director, noting that the number of diagnostic tests per month was higher than pre-covid asked whether the Trust was seeing more patients or doing more tests per referral. The Associate Director agreed to report back. Professor A Garcea, Non-Executive Director Chair, asked

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whether the Community Diagnostic Centre, due to open in Hinckley in 2025, could undertake on a wider range of diagnostic tests. The LLR Director of Planned Care noted that the immediate plan was to open the Centre and consolidate the service before considering what capacity and workforce would be needed to expand its scope.

The LLR Director of Planned Care reported on the activities of the LLR Planned Care Partnership. Performance and income from the Elective Recovery Fund was being reviewed. Good progress was being made on joint working between University Hospitals of Northampton and UHL. The Getting It Right First Time team wished to work with UHL on Musculoskeletal pathways having complemented the Trust on its ability to deliver. The team would visit in January 2025.

The Chief Financial Officer highlighted the importance of understanding how activity generated income and the size and range of margins across specialities, He was interested in the costs of outsourcing and whether rates were set below tariff. The LLR Director of Planned Care agreed and noted the need to understand the income and expenditure for community hospitals.

Dr A Haynes, Non-Executive Director, asked about the Orthopaedics Prehabilitation pilot and why it was unsuccessful. The LLR Director of Planned Care noted that the pilot had been rushed and had not demonstrated value for money. The Medical Director added that a number of related initiatives were running at the same time and had not been possible to isolate the benefits from the pilot. Whilst it was understood the prehabilitation did improve health outcomes this was now part of a broader piece of work across the System. The LLR Director of Planned Care noted the resource constraints on the team and that this work would be considered after April 2025.

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

(B) the Associate Director report back on whether the Trust was seeing more patients or doing more tests per referral. **AD – Cancer**

119/24/4 Urgent and Emergency Care

The Committee was briefed on developments in Urgent and Emergency Care (UEC) and performance in September 2024 (paper F refers). This item was considered in mitigation of BAF risk 2 – ‘ Demand overwhelms capacity and delays access to services, resulting in failure to meet national standards for timely urgent, cancer and elective care’.

The Deputy Chief Operating Officer (Ms S Taylor) reported that attendances at Emergency Department were above plan in September 2024 and higher than for the same period last year. Paediatric emergency attendances and eye casualty were particularly challenged.

The performance for the 4 hour waits in Emergency Department was slightly above trajectory (at 59.1%) but comparable to last year. Ambulance handovers had been challenged with the number of patients waiting on ambulances over 60 minutes having risen to 21.89%. There was one patient in September 2024 who had waited over 8 hours. The number of hospital admissions had increased.

Within the Emergency Department, 7 patients had waited over 48 hours to be admitted and one had waited more than 72 hours. There was work with the Clinical Bed Bureau to create direct access pathways for East Midlands Ambulance Service so it could convey patients direct to the Clinical Decisions Unit. There had been increased communication to promote the Bed Bureau and an attempt to bust myths around waiting times for telephone access. The use of hot clinics was being monitored.

The Deputy Chief Operating Officer updated the Committee on the actions to improve performance with respect to access to emergency care. Work to establish an additional Urgent Treatment Centre was progressing at pace. Prof D Roland, Clinical Lead for the Integrated Care Board, was leading on the development of a Target Operating Model. The Same Day Emergency Care (SDEC) Steering Group was seeking to bypass Emergency Department by improved and extended SDEC services.

With respect to flow through and out of the Hospital, work on eBeds, which would support admissions and flow in the hospital, had stalled and would be recommenced following the replacement of the Patient Administration System. The number of discharges had increased reflecting the number of

admissions, notably patients discharged on pathway 0 (no support) was at 84%. There was a focus on the delivering Intermediate Care (Pathway 1, 2 & 3) flexibly to step-up and step-down pathways to meet demand. There were improvement actions to increased discharges at weekend and reduce the number of incomplete discharges. With respect to criteria-led discharges, specialities had identified the criteria, but support from Nervecentre was needed to ensure they were captured on the System. Work was progressing, albeit slower than hoped for, and prioritised for the East Midlands Planned Care Centre and piloted for Medicine. Forms would be developed for Surgery, Urology and Orthopaedics. It was expected that the increase in criteria-led discharges would reduce the average length of stay.

Prof A Garcea, Non-Executive Director Chair, invited the System Director for UEC to update the Committee on planning for a resilient winter across the LLR health and care system (Appendix 3). The Director reported that the clinical leadership had been strengthened in light of the Teneo report and Prof Damian Roland appointed as LLR UEC Clinical Director. There had been a winter workshop to role-play the Winter escalation process which fostered an understanding of the respective risks held within the community and acute sectors. There would be a Multi-Agency Discharge Event at the hospice, Loros, in November 2024.

The Director noted that there had been a reduction of 13% appointments in primary care as a result of the collective action. This was likely to have accounted for some of the increased attendance at the Emergency Department particularly for paediatrics and adult chest pain. The Integrated Care Board was starting to deliver agreed schemes, including extra GP appointments provided by DHU Healthcare, and their impact would be monitored.

The Chief Operating Officer expressed his concern about the ability of the System to manage the winter pressures noting that extra interventions identified had not, as of yet, been supported due to the financial constraints.

Dr A Haynes, Non-Executive Director, asked how the Integrated Care System benchmarked for frailty as he thought the figures were low and whether the campaign for 'flu and Covid should be ramped up. The System Director noted that a virtual ward for frailty had been established but utilisation was low and there was more work to do to ensure it delivered greater value. She considered that the vaccination campaign was doing well for care homes and vulnerable people but needed to ramp up for staff in the System.

The Deputy Medical Director would be presenting a report on frailty to the next meeting and work was progressing with respect to a Frailty SDEC. The System Director added that Prof Roland was chairing the System Frailty Board and that there would be greater co-ordination between acute, social and primary care.

Prof A Garcea, Non-Executive Director Chair, echoed the concerns of the Chief Operating Officer and asked what could be done to manage demand this side of Christmas. She noted that the additional GP appointments would only compensate for those lost to collective action.

The System Director noted that System Development Fund schemes would be coming online in the next three or four weeks. To support hospital discharges there would be additional bariatric and stroke beds. The Director acknowledged that, in light of the increased demand, increase in acuity of patients, compounded by collective action by GPs, that the Winter Plan was not enough.

Resolved – that the report be received and noted.

120/24 ITEMS FOR NOTING

120/24/1 Integrated Performance Report M6 2024/25

Resolved – that the report be received and noted.

121/24 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

121/24/1 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 in the month in red text and the changes in controls and the next steps.

The Deputy Chief Operating Officer noted that the narrative and controls would be reviewed in light of the challenges around the replacement of the Patient Administration System and the loss of theatre capacity. She reported that two theatres at the Leicester Royal Infirmary had been closed temporarily due to problems with ventilation. She was concerned that there was increased downtime due to the age of the estate.

It was proposed that the narrative be revised to reflect that the risk covered elective *and diagnostic* care.

The Committee agreed that the risk score should remain at 20.

Resolved – that the report be received and noted.

122/24 ANY OTHER BUSINESS

There was no other business.

123/24 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 OPC.

124/24 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

The following issues would be escalated to the Trust Board.

- Cancer Operational Performance Report – 31 day performance and mitigations including mutual aid.

125/24 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Wednesday 20 November 2024 from 1.30 pm (virtual meeting via MS Teams).

The meeting closed at 12.27 pm   Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2024/25

Voting Members

Name	*Possible*	*Actual*	*% attendance*
Prof A Garcea *(Chair from September 2024)*	6	5	83
J Worrall (Chair) *(until September 2024)*	5	5	100
A Haynes	7	7	100
B Patel *(until end June 2024)*	3	0	0
J Melbourne	7	6	86
A Furlong/ J Hogg	7	6	86

Non-voting Members

Name	*Possible*	*Actual*	*% attendance*
R Mitchell	7	0	0
J MacDonald *(until June 2024)*	3	0	0
A Moore *(from July 2024)*	4	0	0
L Bond *(from August 2024)*	2	2	100
M Brearley *(from June 2024)*	2	1	50
L Hooper *(until June 2024)*	3	0	0
H Hendley	7	5	71
S Favier	7	6	86
S Taylor	7	6	86
S Nancarrow	7	7	100
R Briggs	7	0	0
J Frake-Harris *(from July 2024)*	4	3	75