

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON WEDNESDAY 31 JULY 2024 ON MS TEAMS

Present:

Mr J Worrall - OPC Chair, Non-Executive Director
Mr A Furlong - Medical Director
Dr A Haynes MBE - Non- Executive Director
Ms J Hogg, Chief Nurse
Mr J Melbourne - Chief Operating Officer

Non-Voting Members

Ms S Favier - Deputy Chief Operating Officer
Ms J Frake-Harris – Interim System Director for Urgent and Emergency Care
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:

Mr R Manton – Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer

RESOLVED ITEMS

77/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed Ms J Frake-Harris, Interim System Director for Urgent and Emergency Care to her first meeting. Apologies for absence were received from Prof A Garcea, Associate Non-Executive Director and Mr M Brearley, Interim Chief Financial Officer.

78/24 CONFIRMATION OF QUORACY

The meeting was quorate.

79/24 DECLARATION OF INTERESTS

There were no declarations.

80/24 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee held on 26 June 2024 (paper A refers) be confirmed as a correct record.

81/24 MATTERS ARISING

The Action Log was received.

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

82/24 KEY ISSUES FOR ASSURANCE

82/24/1 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’.

Referrals for cancer continued to rise and there had been a 3.67% increase in the year to date. The Trust had met the Faster Diagnosis Standard for the ninth consecutive month in June 2024 having achieved 81.5 % of patients having been diagnosed within 28 days of being referred for a suspected cancer. There had been a good turnaround for diagnostic tests.

There had been a slight dip in performance with respect to the standard of commenced cancer treatment within 62 days of a confirmed diagnosis. The Trust had delivered 55 % in May 2024 against the new combined standard of 70% which was a deterioration of 1.1% from plan. However, the Trust remained on trajectory. At the end of June 2024, 419 patients had waited over 62 days. Whilst this was not where the Trust wanted to be it was just below the ‘fair share’ target set by NHSE for 2023/24. There was the potential for NHSE to deem that the Trust was in the tiering system as a consequence of the 62-day percentage performance.

The backlog of patients having waited over 104 days for treatment was reducing and stood at 110 patients. There would be a deep dive into the backlog. Performance for the 31-day standard had improved by 5.5% in May 2024 and delivered 82.8% against the new combined standard of 96%. The performance remained challenged for Radiotherapy. Mutual aid had been limited. Conversations were being had with East Midlands Cancer Alliance and Specialised Commissioners about what else can be done to elicit support. The medium-term plan was additional Linac capacity.

With respect to the health equality update there had been initial work to review cancer sites against deprivation, age, and ethnicity. More work would be undertaken to understand the data with an initial focus on gynaecology and urology. Actions from the LLR Health Equality event would be followed up.

Mr J Worrall, Non-Executive Director Chair, questioned whether the Business Case for the new Linear Accelerator (Linac) had been approved. This would be considered by the Trust Board and there were plans to secure staffing to commission the Linac in March 2025. This would support radiotherapy in the immediate future, but the challenge was for the remainder of 2024/25. Mr J Worrall asked whether United Lincolnshire Hospital Trust had provided mutual aid and it was noted that it was supporting other neighbouring trusts.

Dr A Haynes, Non-Executive Director, asked about the impact of shorter courses for Radiotherapy. The Associate Director noted that initially it had been less than hoped for but anticipated it would release more capacity in the future and agreed to report to the next meeting.

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

(B) that the impact of short course radiotherapy be reported to the next meeting.

82/24/2 Elective Care (RTT and DM01)

The Deputy Chief Operating Officer (Ms S Favier) provided an update on the recovery of elective care, highlighting areas of risk and noting actions (paper D 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.

Ten patients had waited more than 78 weeks and 199 patients had waited over 65 weeks (at the end of June 2024). This was in line with the forecasted position. Whilst there was challenge, and further actions were required, the Trust was still aiming and planning for 0 patients having waited over 65 weeks by the end of September 2024.

Some theatre capacity at Leicester General Hospital had been lost due to problems with ventilation. This reflected the age of the estate. A priority for elective care would be a theatre redevelopment plan. As of 24 July 2024, 1,998 had waited for 52 weeks and performance was better than the operational plan, with continued improvement forecasted based on the current activity levels. The biggest concern was Paediatric Ear, Nose and Throat care which reflected the regional and national position. Whilst

discussions were being held with NHSE there were no immediate solutions. There was a national focus on the disparity in the backlog for paediatric and adult care.

Specialties were being asked to see whether additional lists could be arranged over the summer months, using Elective Recovery Funds, to get ahead of winter.

The total waiting list had increased to 112,661. There would be a further analysis of the reason why to the next meeting. The Chief Operating Officer highlighted that whilst the longest waits were reducing, the total waiting list was going up. Given the Trust's progress with reducing the backlog other trusts were now seeking mutual aid. The Committee note that this presented a difficult choice for the Trust. In the past the Trust had been requested mutual aid, however it needed to consider the increased demand. Mr J Worrall, Non-Executive Director, noted that the Trust would be opening the East Midlands Planned Care Centre in December 2024 which would increase the expectation of mutual aid. It was noted that University Hospitals of Northamptonshire had previously been supportive in taking a number of UHL patients. The was a piece of joint work, reflected in the report, about reviewing the respective waiting times by specialties between UHN and UHL.

The Committee noted the significant piece of work being undertaken to standardise out-patient clinics, pre-operative assessment and e-triage. The Federated Data Platform would support theatre schedules.

Dr A Haynes, Non-Executive Director, asked about the work to standardise pre-operative assessment and the Deputy Chief Operating Officer agreed to report the following month. The business case was being reviewed to see what benefits would be realised. My Pre-Op software had been deployed. More patients were triaged by nursing staff ahead of being notified of the date to come into the hospital. The Medical Director reflected that standardising practice was difficult and there was a degree of challenge from different specialties.

DCOO

The Associate Director provided an overview of performance of diagnostic services. At the end of June 2024, 4,534 patients had waited over 6 weeks for a diagnostic test, of which 1,890 were over 13 weeks. Performance against the 6-week standard was 80.8% with 19.2% over 6 weeks. The overall waiting list had reduced in June 2024.

It was noted patients who were under surveillance and on a planned diagnostic waiting list will be transferred and included in the active diagnostic waiting list and reportable on the DM01 position. This would mean that performance would be seen to drop by approximately 1.5%.

The LLR Director of Planned Care highlighted the work of the UHN/UHL Elective Coordination Group. The initial focus was on the disparity in clearing rates between Northampton and Kettering Hospitals. A report would be presented to the Joint UHL/UNH Board on 1 November 2024. The Chief Operating Officer cautioned that the services offered, and numbers treated, varied across the specialties and the data presented in the report needed to be seen in that context.

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

(B) that a further report be made on pre-operative assessment.

DCOO

83/24/4

Urgent and Emergency Care

The Deputy Chief Operating Officer (Ms S Taylor) briefed the Committee on developments in Urgent and Emergency Care (UEC) (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’.

There had been 22,530 attendances at the Emergency Department in June 2024; this was 1,283 above plan. Performance for the 4-hour wait standard was 75% for June 2024 and 90.65% for the 12-hour wait. The longest waits related to mental health patients.

With respect to ambulance handovers June 2024 had been a challenging month with an average handover time of 38.05 minutes. No ambulances reached 8 hours, and none reached 10 hours.

The Trust was continuing to rapid flow and board when under significant pressures, which was most days. The practice meant that patients were placed in designated spaces in wards and departments whilst waiting for a bed. In June 2024, 489 patients were subject to rapid flow or boarding.

It was noted that hospital admissions were significantly above plan, however, there had been a reduction in the average length of stay which supported flow through the Hospital. The Deputy Chief Operating Officer presented a corrected graph for the Length of Stay for Renal, Respiratory and Cardiovascular care.

The actions to improve performance were noted and included mobilising a single point of access for community and bed bureau pathways, establishing an Urgent Treatment Centre in the city with a new model of care, and maximising capacity in the Same Day Emergency Care units.

There had been a piece of work to review the inter-professional standards, which enabled patients in the Emergency Department to receive support from the relevant speciality. The performance of these standards had been RAG rated and highlighted areas for increased focus.

The Deputy Chief Operating Officer reported on measures to improve flow out of the hospitals, there had been issues following mobilisation of the new transport contract which were being resolved. There was a need to match the resource to the flow of patients and the contractor was engaging positively. There was an increased focus on weekend and criteria-led discharges. There had been a significant reduction in the number of incomplete discharges. Work would be undertaken to deliver sustainable intermediate care to support pathways 1,2 and 3. Waits had increased for services managed by Leicestershire NHS Partnership Trust specifically mental health care, bariatric and stroke patients. Working groups had been established.

The letter received from NHSE following the Channel 4 documentary and the sustainability of quality of care in pressurised services was referenced. A System response would be submitted to the Trust Board on 8 August 2024.

An update on the actions taken with respect to Urgent and Emergency Care governance, following the review by Teneo, was noted.

The Chief Operating Officer reported that a Plan for winter would be presented in October/November 2024. There were significant pressures and concerns about the ability to deliver a safe and affordable care this winter. He noted that the Trust had experienced increased demand and additional pressure in the summer which was unusual, and this was being experienced nationally. Dr A Haynes, Non-Executive Director, asked whether this was due to a new disease burden or the deteriorating management of an existing disease burden. The Chief Operating Officer considered it was not easy to determine and it was likely due to population growth. The Business Intelligence Team was looking at patterns around the disease burden. Dr A Haynes, Non-Executive Director, highlighted the potential challenges for the frailty workstream if the heatwave continued.

Dr A Haynes, Non-Executive Director, asked about the link to length of stay and Same Day Emergency Care (SDEC). The Medical Director noted that not every speciality had an SDEC. Orthopaedics had a dedicated doctor in the Emergency Department, but they were overwhelmed with the demand. He added that the work to improve on SDEC services was going well. The Deputy Chief Operating Officer noted that the increase in zero-day length of stay was in part due to SDEC data capture, which was being reviewed and there was growth in 1+ day Length of Stay too.

The Chair urged the Trust to be ambitious about ambulance handovers and performance for the 4 hours waits for non-admitted patients. He concluded the discussion noting concerns about increasing demand and the winter plan which needed to be addressed with the Integrated Care Board, noting the impact on financial performance.

The Committee took assurance from the progress reported and noted the significant risk going into the winter period.

Resolved – that the report be received and noted.

84/24 ITEMS FOR NOTING

84/24/1 Integrated Performance Report M3 2024/25

Resolved – that the report be received and noted.

85/24 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

85/24/1 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 Committee agreed that the risk score should remain at 20.

Resolved – that the report be received and noted.

86/24 ANY OTHER BUSINESS

There was no other business.

87/24 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.

88/24 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:

- **Cancer Operational Performance** – work to reduce the backlog for cancer care, achievement of the Faster Diagnosis Standard and concern for radiotherapy.
- **Elective Care** - work to standardise outpatient clinics, pre-operative assessment and e-triage.
- **Urgent and Emergency Care** - attendances at ED and admissions continue to be over plan.

89/24 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on **Wednesday 28 August 2024 from 10.00 am (virtual meeting via MS Teams).**

The meeting closed at 11.20 am

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2024/25

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
J Worrall (Chair)	4	4	100
A Haynes	4	4	100
B Patel (<i>until end June 2024</i>)	3	0	0
J Melbourne	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>
R Mitchell	4	0	0
J MacDonald (<i>until June 2024</i>)	3	0	0
A Moore (<i>from July 2024</i>)	1	0	0
M Brearley (<i>from June 2024</i>)	1	0	0
L Hooper (<i>until June 2024</i>)	3	0	0
H Hendley	4	2	50
S Favier	4	3	75
S Taylor	4	4	100
S Nancarrow	4	4	100
R Briggs	4	0	0