

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON THURSDAY 28 AUGUST 2025 AT 9.00 AM ON MS TEAMS

Present:

Mr S Adams - Non-Executive Director Chair
Mr A Furlong - Medical Director
Dr A Haynes MBE - Non- Executive Director
Ms S Kaur - Associate Non-Executive Director
Mr J Melbourne - Chief Operating Officer
Prof T Robinson - Non-Executive Director

Non-Voting Members

Ms D Angliss – Deputy Chief Nurse
Mr L Bond - Chief Financial Officer
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:

Ms S Bendelow - Associate Director of Operations
Ms S Burton - Deputy Chief Nurse
Mr R Manton - Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer
Ms H Stokes - Head of Corporate Governance

RESOLVED ITEMS

81/25 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from and Ms J Hogg, Chief Nurse, Dr R Abeyaratne, Director of Health Equality and Inclusion and Ms B Cassidy, Director of Corporate and Legal Affairs

82/25 CONFIRMATION OF QUORACY

The meeting was quorate.

83/25 DECLARATION OF INTERESTS

There were no declarations.

84/25 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee as amended held on 31 July 2025 (papers A and A1 refer) be confirmed as a correct record.

85/25 MATTERS ARISING

The matters arising log was received.

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

86/25 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

86/25/1 BAF Report

The Committee received the report, Paper C, noting that BAF Risk 2 fell within its remit and there were standing reports to address the three sub-risks. The BAF risks and actions had been reviewed and were noted.

The Head of Risk Assurance highlighted the inclusion of Key Risk Indicators which would help to identify trends in the deterioration or improvement in risks.

Resolved – that the report be received and noted.

87/25 **KEY ISSUES FOR ASSURANCE**

87/25/1 Urgent and Emergency Care

The Deputy Chief Operating Officer (Ms S Taylor) briefed the Committee on developments in Urgent and Emergency Care (UEC). The report (paper D) was considered in light of the BAF Risk 2 (1) - there is a risk of overcrowding in Emergency Department, poor patient flow, and delayed discharges across the system, ... leading to compromised care, extended length of stay, and failure to meet key performance targets.

The Deputy Chief Operating Officer reported that Emergency Department attendances remained high, with paediatric attendances rising and eye casualty over-performing. There were no plans to reduce attendances for eye casualty as there was no funding for the Loughborough Urgent Eye Care Service (LUECS) which had been commissioned previously. Emergency admissions, particularly for medicine, were increasing. Performance for the four-hour wait standard had been maintained with significant improvement for Paediatric Emergency Department. Performance against the 12 hours standard remained strong. Ambulance handover performance had significantly improved since winter but remained a focus.

The Deputy Chief Operating Officer provided an update on the Getting It Right First Time (GIRFT) UEC review. The initiative was supporting trusts in implementing timely, tailored 'red line' standards aligned to local priorities, with progress measured through measurable tests of change. Shared best practice will underpin continuous improvement. The GIRFT team acknowledged UHL's positive approach to UEC. A key action identified was the aim to ensure no patient remains in the Emergency Department for more than 24 hours. Achievement would be challenging due to the waits for beds in medicine. There would be a change to the cohort of patients who used the Medical Same Day Emergency Care Unit (SDEC).

There had been work to: align inter-professional standards with the Government's standard; to review the equity of access for diagnostic tests between inpatient care and the Emergency Department; and improve data collection for medical day care and digitalise booking systems.

The LLR Director of Planned Care agreed to review the potential for LUECS or something similar and the equity of diagnostic testing.

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Ms S Kaur, Associate Non-Executive Director, sought clarification with respect to the four-hour wait standard for admitted and non-admitted waits and the comments relating to the Building Safety Act referenced on the planned Urgent Treatment Centre. The Deputy Chief Operating Officer noted that the clock did not stop for patients until they were admitted, and the delays were caused by the lack of beds in medicine. She noted that there had been new legislation introduced after the fire at Grenfell Towers that related to buildings over six floors. These buildings now required approval from the Health and Safety Executive (HSE). An application for the Urgent Treatment Centre (UTC) at Leicester Royal Infirmary had been submitted to the HSE but the Executive had requested more time to consider the application. It was noted that any further extension would delay the Project.

Ms S Kaur, Associate Non-Executive Director, enquired about the review of weekend discharge processes. In response, the Associate Director of Operations noted that the decline in discharge rates was, in part, due to the cessation of winter funding, which had previously supported enhanced medical and pharmacy staffing. Further analysis was underway to understand this downturn in performance.

Ms S Kaur, Associate Non-Executive Director, asked about complex discharges and commissioning gaps and whether system partners were making any progress for these pathways. The Associate Director noted that the new governance structure for discharge was looking at those patients which needed step-up care in the community and how to support patients being discharged. The review of demand and capacity across the P0-P2 pathways had been completed and consideration given to the actions needed to address the gaps. She considered that all partners were engaged and working together to look at different solutions.

Dr A Haynes, Non-Executive Director, noted that the focus on Medical SDEC, virtual wards, and the UTC would be key as they were within the Trust's control. He highlighted the importance of accurate data for discharge and the work on criteria led discharge. The Deputy Chief Operating Officer noted there was a plan to reference criteria led discharge on NerveCentre and the scope of that work would be picked up shortly. The Deputy Chief Nurse added that she was working with those Clinical Management Groups which were not so engaged with respect to criteria led discharge. The Associate Director directed members to the report which set out the achievements to date and actions planned.

In response to the question from Prof T Robinson, the Deputy Chief Operations Officer noted the beds at Preston Lodge replaced those at Ashton Court and that the gap for the P2 pathways was around 150 beds. It was intended to open the second floor at Preston Lodge in December 2025 to provide 28 beds. He asked about the provision for mental health patients and whether system partners were doing all that they could as the Emergency Department was not the best place for people in crisis. The Deputy Chief Operating Officer considered that the partners were doing so and there would be six additional beds over winter. However, she highlighted the issue of abandoned children in the Emergency Department and the regional and national gap in service for children with behavioural problems. There was learning to be had from a recent case involving a local authority outside the area.

The Chief Operating Officer noted that NHSE had placed the Trust in Tier 2 for four-hour performance and there was work to do to understand the rationale.

The Associate Director presented the Winter Plan noting that the process was iterative and that the plan would be discussed at the Trust Board Development Session on 11 September 2025.

Mr S Adams, Non-Executive Director Chair, expressed concern about how the Trust would cope with winter pressures as services were challenged and behind plan in August. The Chief Operating Officer reflected that the months leading up to August had been better than the previous year. The pressure in August had been experienced nationally and there was a need to understand the reasons. He noted the need for the Trust to improve performance within its control such as length of stay and acknowledged that the Integrated Care Board and local authorities were understandably focused on their financial position. He added that the Trust was facing significant challenges in meeting its financial plan at a time when demand was increasing.

Dr A Haynes, Non-Executive Director, echoed the concerns about attendances and admissions to medicine being above plan and the need for actions to recover the position before winter. He added that the data from Australia indicated that it could be a difficult winter for influenza. He reflected staff concerns about testing for influenza. The Medical Director noted that the model for testing had changed but this would not impact on the availability. The Deputy Chief Operating Officer undertook to feedback to staff at Glenfield Hospital to clarify any misunderstanding.

The Deputy Chief Operating Officer noted there were some additional actions that the Trust could take, such as opening beds, but there was no identified funding. However, she noted that it would be more expensive to take such actions at short notice, if they were needed.

The Winter Plan was supported, noting that the Trust needed to strive for more, with respect to actions within its control, and the need to be clear with system partners as to what is expected, specifically in relation to discharge capacity, non-emergency transport, and Urgent Treatment Centre capacity.

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

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DPC**

(B) that consideration be given to the potential for LUECS or something similar and the equity of diagnostic testing.

87/25/3

Elective Care and Diagnostic Services (RTT and DM01)

The LLR Director of Planned Care provided an update on elective care, highlighting areas of risk and noting actions. The report was considered in light of the BAF Risk 2 (2) - there is a risk of long waits, repeat diagnostics, patient harm, and performance shortfallsleading to poor patient experience, potential for patient harm, and performance below required standards.

The LLR Director of Planned Care reported that it was a challenged position. Performance was below plan and had been significantly affected by the implementation of the Patient Administration System (PAS) and industrial action. The increase in the total waiting list was expected as, following the implementation of PAS, patients awaiting e-triage had been added. However, the number was greater than expected and there was a challenge in dealing with the backlog. Performance for the standard of patients waiting over 65 weeks for treatment had deteriorated. The Trust was in Tier 2 for the elective care based on the total waiting list and performance for 65 weeks. Internal escalation meetings were being held with the specialities which were most challenged, and progress was being seen.

It was reported that the recovery plan for the East Midlands Planned Care Centre would be presented to the next meeting.

The LLR Director of Planned Care noted progress with relation to digital transformation with respect to clinical dictation and templates for outpatients.

Mr S Adams, Non-Executive Director Chair, noting the initiatives in report to increase activity, such as super-clinics, asked whether the impact had been quantified. He noted that the Community Diagnostic Centre (CDC) had opened but there had been an increase in waits for diagnostic tests. The LLR Director of Planned Care highlighted the data in the Elective Care Recovery Plan (appendix 1) and noted that NHSE had provided additional funding to support additional actions. With respect to the CDC, she noted that imaging was taken longer than anticipated to achieve its projected activity and there was more to do to increase the hours of operation. However, the greatest increase for diagnostic services was for Non-Obstetric Ultrasound Scans (NOUS). The reason for this increase had been explored and whilst there was a small increase in the number of referrals the issue was the capacity.

The Associate Director reported that performance for Endoscopy was off track; there were issues around booking of appointments and reduced uptake of waiting list initiatives, but the primary issue was the delay in opening of the new Endoscopy Unit. It was expected that when the new unit opened the position would be recovered. Actions in relation to MRI scanning and Sleep services were starting to impact positively. The Associate Director noted that some of the recovery plans had used Elective Recovery Funding to provide additional capacity.

Ms S Kaur, Associate Non-Executive Director, observed that productivity for CT and MRI scanning had been coming down in 2025 and asked how the reduction in the headcount was impacting. The LLR Director of Planned Care noted activity and workforce reductions were being triangulated with Clinical Management Groups. The Chief Operating Officer considered that there would be a consequence to slowing down recruitment and reducing bank shifts. The next few months would be difficult as processes would be automated but there were short-term vacancies which could not be filled. The Medical Director agreed that as the Trust made difficult decisions to achieve its financial plan that there would be impacts on performance.

The Assistant Director noted that there was work underway to measure more accurately productivity and take account of the complexity of cases and for benchmarking to be more informative. She added that the replacement MRI scanners that would come online later in the year would be more efficient.

Ms S Kaur, Associate Non-Executive Director, sought assurance from the LLR Director of Planned Care as to how the current initiatives would improve performance over the next eleven weeks. The Director reported that external support would assist the Trust in addressing the e-triage backlog and noted that further initiatives were being developed in collaboration with the Clinical Management

Groups. She anticipated a reduction in both the overall waiting list and the number of long-waiting patients by Autumn, but the Trust was unlikely to be back on plan until March 2026.

Ms S Kaur, Associate Non-Executive Director, asked if it was possible to ring-fence beds for elective care over Winter. The LLR Director noted that the additional funding would help with this and that it was possible to ring fence some activity and consideration was being given to using the Independent Sector.

The Chair summarised the discussion noting that the position in relation to the overall waiting list and performance of 65 and 52 week waits was concerning.

Resolved – that the report be received and noted.

87/25/4

Cancer Operational Performance Report

The Associate Director of Operations (Cancer) presented paper E, which provided an update on performance for April 2025 and indicative performance for May 2025. The report was considered in light of the BAF Risk 2(3) - there is a risk of delayed diagnosis and poor outcomes for cancer patients, leading to missed treatment standards, reduced survival rates and performance below required standards.

The Associate Director reported that whilst the Trust had just achieved the Faster Diagnosis Standard in June, it was unlikely to do so in July 2025 due to loss of capacity in breast, skin and head and neck cancer teams. This had a knock-on impact of performance for the 62-day waiting for treatment standard through to October 2025. The Associate Director had stepped up the frequency of meetings with the specialities to review what actions could be taken immediately. However, in the longer-term, capacity would be the issue for all tumour sites. She noted the plan to recover radiotherapy activity was going well.

Prof T Robinson, Non-Executive Director, noted that performance for skin, breast, head and neck cancer had been going down since February 2025 and asked why the recent downturn was unforeseen. The Associate Director noted that there had been an unexpected loss of locum staff. The Associate Director noted that for breast cancer, there had been a reduced uptake of waiting list initiatives and some sick leave. For skin, head and neck cancer, the teams had lost locum staff unexpectedly.

The Medical Director drew attention to Appendix A of the report, highlighting current radiotherapy waiting times. He noted encouraging progress in reducing waits for breast cancer treatment but observed that improvements for prostate cancer were progressing more slowly. He queried the level of confidence in delivering further improvements. In response, the Associate Director explained that the prostate cancer pathway presented specific challenges. A significant proportion of patients on the waiting list required a 20-fraction treatment regimen, rather than the shorter five-fraction approach used for other cases. To address this, capacity was being released on one of the Linear Accelerators (Linacs) specifically for prostate cancer treatment.

Dr A Haynes, Non-Executive Director, expressed concern about the position and the dip in performance for the Faster Diagnosis Standard. He added that there were potential harms that should be tracked, together with the number of emergency admissions as waiting times rise. Ms S Kaur, Associate Non-Executive Director, agreed and add that it was not just harms but impact on patient care. It was noted that The Quality Committee had oversight.

The Chief Operating Officer noted that some of the actions in relation to the Cost Improvement Programme were starting to impact and that he was hopeful in securing additional regional funding.

The Chair summarising the discussion, noting that the position was concerning.

Resolved – that the report be received and noted.

88/25 ITEMS FOR NOTING

88/25/1 Data Quality and Coding

Resolved – that the report be received and noted.

88/25/2 Business Intelligence and Information Strategic Update

Resolved – that the report be received and noted.

88/25/3 Integrated Performance Report Month 4 2025/6

Resolved – that the report be received and noted.

89/25 ANY OTHER BUSINESS

There was no other business

90/25 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.

91/25 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

The following issues were identified to be escalated to the Trust Board:

- Minute 87/25/1 – Urgent and Emergency Care – noting the that the Winter Plan would be discussed at the Trust Board Development session on 11 September 2025.
- Minute 87/25/2 – Elective Care and Diagnostics – deterioration in performance
- Minute 87/25/3 – Cancer Operational Performance – deterioration in performance.

92/25 ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH

None.

93/25 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Thursday 25 September 2025 at 9.00 am (via MS Teams).

The meeting closed at 10.40 am

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance 2025/26

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
Scott Adams (<i>from May 2025</i>)	4	3	75
A Haynes	5	5	100
A Inchley (<i>April 2025 only</i>)	1	1	100
S Kaur (<i>from May 2025</i>)	4	4	100
T Robinson (<i>from May 2025</i>)	4	3	75
J Melbourne	5	4	80
A Furlong/J Hogg	5	5	100

Non-voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
A Moore	5	0	0
L Bond	5	4	80
H Hendley	5	4	80
S Favier	5	4	80
S Taylor	5	5	100
S Nancarrow	5	5	100
S Bendelow	5	3	60