

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE OPERATIONS AND PERFORMANCE COMMITTEE (OPC)
MEETING HELD ON THURSDAY 31 JULY 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

Mr L Bond - Chief Financial Officer
Ms S Favier - Deputy Chief Operating 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
Ms B Cassidy – Director of Corporate and Legal Affairs
Mr R Manton - Head of Risk Assurance
Ms A Moss - Corporate and Committee Services Officer

RECOMMENDED ITEMS

66/25 OPC TERMS OF REFERENCE AND WORKPLAN

The Head of Risk Assurance presented the updated terms of reference for Operations and Performance Committee and associated workplan (paper G).

Recommended – that the OPC terms of reference be approved by the Trust Board.

RESOLVED ITEMS

67/25 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from and Ms J Hogg, Chief Nurse.

68/25 CONFIRMATION OF QUORACY

The meeting was quorate.

69/25 DECLARATION OF INTERESTS

There were no declarations.

70/25 MINUTES

Resolved – that the Minutes of the meeting of Operations and Performance Committee as amended held on 26 June 2025 (paper A refers) be confirmed as a correct record.

71/25 MATTERS ARISING

The Matters Arising Log was received. Mr S Adams, Non-Executive Director Chair, and the Chief Operating Officer noted that whilst the standing reports to the Committee covered the breadth of activity for each area, there would be additional focus or deep dives to consider good practice or areas of concern. The schedule would be reactive to reflect contemporary issues. For this meeting, the focus would be on the System's Winter Plan.

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

72/25 CONSIDERATION OF BAF RISKS IN THE REMIT OF OPERATIONS AND PERFORMANCE COMMITTEE

73/25/1 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. Mr S Adams, Non-Executive Director Chair, reminded the Committee of the need to review the reports through the lens of the appropriate BAF risk.

Resolved – that the report be received and noted.

74/25 KEY ISSUES FOR ASSURANCE

74/25/1 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, due to demand exceeding Urgent and Emergency Care capacity and misaligned system resources, leading to compromised care, extended length of stay, and failure to meet key performance targets.

It was reported that attendances were above plan at Adult Emergency Department and below plan for Paediatrics. Improvement had been seen for performance against the 4-hour standard for waits in the Emergency Department, although there was still work to do to improve performance overnight. Emergency admissions were over plan at a Trust level and specifically for Emergency and Specialist Medicine, although the conversion rate was not changing.

No ambulance had waited over 8 hours to handover a patient. There had been one 72-hour delay in the Emergency Department as a child had been abandoned, and the case was complex. The length of stay for urgent and emergency care had improved slightly.

It was noted that a couple of charts (Minor Illness and Minor Injuries Unit and Same Day Emergency Care Unit (SDEC) reflected the data from the previous month and had not been updated.

There had been good progress in increasing activity for Same Day Emergency Care Units. They were on track to achieve what had been an ambitious target, by changing pathways and allowing direct conveyance. For General Surgery, getting patients to the right place in the first instance alleviated pressure on the Emergency Department, reduced the length of stay, and improved the patient experience.

With respect to the planned new Urgent Treatment Centre, the Team was visiting other sites to identify good practice. The Short Form Business Case would be presented to NHSE in September 2025. There had been a delay as NHSE required a guaranteed maximum price from the contractor.

The Deputy Chief Operating Officer noted that the work with PA Consulting, regarding deflecting activity from the Emergency Department, had not yet impacted on attendance. However, she noted

that the school holidays started earlier in Leicester and Leicestershire, and more time was needed to establish what impact the actions would have.

The Associate Director of Operations (Ms S Bendelow) reported on flow through the hospital. The implementation of the Patient Administration System (PAS) supported the management of beds through the eBeds capabilities, including real-time communication between departments to maximise capacity. There would be a number of different projects to optimise flow.

The Early Discharge Project had two workstreams. The first one, launched in April 2025, for Medicine saw an increase in Pathway 0 (simple) discharges and fewer incomplete discharges which reduced the length of stay by 0.8 days. The second workstream built on the work identified from PA Consulting with the Integrated Care Board. This looked at the ward round and escalation process. The ward-based improvement packs had yet to be rolled out as support from the Business Intelligence Team had been diverted to support the replacement of the PAS. There would be a drive to roll-out the project to get ahead before winter.

There had been a reduction in incomplete discharges across the Trust and performance was above target. The targets would be reset to maintain momentum.

The Chair invited questions. The Chief Operating Officer asked how confident the Team was of hitting the target for reducing the length of stay and how it would be achieved.

Ms S Kaur, Associate Non-Executive Director, noting there were a lot of initiatives asked what impact they would have on the overall risk for urgent and emergency care. The Deputy Chief Operating Officer considered that whilst underlying performance was improving, demand continued to increase. As the Trust did not have the capacity for additional demand, the emphasis should be on deflecting activity. There was work to do for enhance community capacity, ensuring that patients remained well and, for those high users of urgent and emergency care, to ensure effective care plans. Whilst there were external determinants to the Trust's performance, she acknowledged that there was more the Trust could do to improve.

The Chief Financial Officer noting that the plan to reduce the length of stay was 6.8 days, asked what level of improvement was needed to achieve that. The Deputy Chief Operating Officer reported that PA Consulting had indicated that it could be reduced by 0.15 for all specialities. She expressed confidence in achieving this target and noted that further modelling would be needed to consider further opportunities.

The Chief Financial Officer asked whether the benefits, attributed to NerveCentre in respect of the length of stay, had been quantified. The Assistant Director of Operations noted that, following the replacement of the Patient Administration System, detailed work would be undertaken in the next few weeks to identify the impact for each project.

Dr A Haynes, Non-Executive Director, requested an update on criteria-led discharge, and asked whether the medical day case pathways (acute Anaemia and Ascitic drains) were being used consistently. Noting the reduced attendances for SDEC in Urology and increase in zero length of stay, he asked if there was an issue for this specialty. In the meeting chat, Mr S Adams, Non-Executive Director Chair, agreed to ask for a report back to the next meeting on criteria-led discharge. The Deputy Chief Operating Officer agreed to report back on the consistent use of medical day case pathways and Urology.

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Mr S Adams, Non-Executive Director Chair, requested further detail on actions to improve flow out of the hospital and what impact the issues relating to transport provider were having on performance. The Assistant Director noted that the contract had been in place for one year. The Integrated Care Board acknowledged that it was under-commissioned, and this had been addressed. Work was being undertaken with the contractor to ensure the right capacity was provided at the right times in the day. Until the changes were implemented there remained a risk, and the impact on the Trust's performance for hospital discharge was unknown.

Ms S Kaur, Associate Non-Executive Director, asked about inappropriate referrals from GPs and what action could be taken. The Deputy Chief Operating Officer reflected that this was a recurrent theme.

There was a process to feedback to GPs. System colleagues had been given a breakdown of referrals which highlighted the five localities that referred the most patients, noting the focus on the area with the post code starting LE5.

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

DCOO

(B) further report be made with respect to criteria-led discharge, consistent use of medical day case pathways, Urology (reduced attendance at SDEC and increased length of stay) and projects to improve flow out of the hospital.

74/25/2 Report of the Deputy Chief Operating Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly.

74/25/3 Elective Care and Diagnostic Services (RTT and DM01)

The Deputy Chief Operating Officer (Ms Favier) 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 shortfalls, due to a backlog from the pandemic and rising referrals for planned care exceeding elective capacity, leading to poor patient experience, potential for patient harm, and performance below required standards.

Performance had deteriorated on May 2025's position. Whilst this had been expected in light of the replacement of PAS, the impact had been greater than expected. There had been five patients who had waited over 78 weeks for treatment at the end of June 2025. The most challenged speciality was Ear, Nose, and Throat. The Deputy Chief Operating Officer expressed concern about the 52-week performance as the numbers were rising. At the end of June 2025, 2,605 patients had waited over 52 weeks, which 1,059 patients above plan.

In response to a question from Dr A Haynes, Non-Executive Director, the Deputy Chief Operating Officer noted that the paediatrics 'super week' had taken 20 patients off the 65-week position. Whilst the week had been successful, it was not possible to repeat due to the lack of paediatric anaesthetists which was the biggest constraint. A clinical review had been listed for day care. However, there remained a concern with the backlog going into winter when there would be a reduced level of elective care for paediatrics.

The total waiting list had increased as a result of the PAS implementation. This is being reviewed to understand the detailed reasons for the increase and the Trust will liaise with regional colleagues regarding this. Patients awaiting e-triage had been a bigger cohort than expected – and the reasons for this were being reviewed. A PAS upgrade was due in August to improve some of the waiting list challenges. There were also issues around validation in the System and ensuring patients were recorded as having an outcome, which increased the number on the waiting list. The Committee noted the issues relating to the increase in the size of the waiting list and the actions being taken to report a more accurate position.

Mr S Adams, Non-Executive Director Chair, noted that whilst the implementation of PAS had gone well in the main, there were significant operational issues to be resolved.

The Chief Operating Officer noted that the Trust had made real progress in the last few years with respect to planned care, but there were significant challenges at present. The total waiting list was, understandably, a cause for concern in context of the financial constraints. Where it made financial sense to do so, waiting list initiatives would be introduced. The next few months would be key in determining whether the Trust would meet its trajectories for 2025/26.

The Associate Director of Operations (Cancer) reported on the performance of diagnostic services. The number of patients waiting for tests over 6 and 13 weeks had increased. This was due to increased demand, a reduction in the staff undertaking the bookings, and cessation of waiting list initiatives. Recovery plans would be presented at the next meeting.

There had been a significant increase in the demand for Non-Obstetric Ultrasound Scanning. Endoscopy had seen an increase and it was hoped it would recover when the new Unit opened in October 2025, but there was more work to do to improve productivity. The position for MRI scanning, and the provision of mobile units would be presented at the next meeting. The position in relation to Sleep was being reviewed with particular reference to reducing the number of 'Did Not Attend's and the booking of appointments.

Ms. S Kaur, Associate Non-Executive Director, sought clarification on the reasons behind the high proportion of unused appointment slots (indicated in Figure 5 of the productivity dashboard). She queried whether this reflected underlying staffing challenges. The Associate Director noted that, whilst staffing might play a role, the issue is more multifaceted. Key contributing factors included variation in template design, closing down templates, and some challenges with booking appointments.

The LLR Director of Planned Care updated the Committee on the Hinckley Community Diagnostic Centre which had been open for a month. Activity levels were at 70% against the plan. There was an intention to increase the number of pathways through the Centre. Capital funding of £400k and £700k (non-recurrent) revenue funding had been secured and a report on how this would be used would be presented to the Trust Leadership Team.

Dr A Haynes, Non-Executive Director, asked about the position for Endoscopy. The Associate Director noted that some of the issues were around the implementation of PAS and the interface with the Endoscopy IT system. Some of this would be resolved by the next upgrade but there was also an impact from removing the Vanguard provision and reduction in waiting list initiatives. There was a need to increase list utilisation.

Resolved – that the report be received and noted.

74/25/4

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, due to demand for cancer treatment exceeding capacity, leading to missed treatment standards, reduced survival rates and performance below required standards.

The Trust had achieved the Faster Diagnosis Standard in May 2025 and in June 2025; although the percentage of those having had a diagnosis of cancer (or otherwise) within 28 days, had fallen to 75%. The performance for the 62-day wait for treatment was 58% against the interim national standard of 70% in May 2025. It was likely to deteriorate in June 2025 due to challenges in Skin. This was due to the loss of a locum consultant and an increase in referrals (over and above the expected season fluctuation).

The focus was on treating those patients who had been diagnosed with cancer and improving the 62-day position. The Improvement Plan for Breast cancer was appended to the report. Another key area of focus was Head and Neck, as it had been impacted by the loss of a locum consultant. Radiotherapy had started to recover, and the risks and mitigations were noted in Appendix A of the report.

It was expected that performance for the 31-day standard would not improve until Quarter 4 of 2025/26.

The Chief Financial Officer asked about the impact of the reduction in funding from the East Midlands Cancer Alliance. The Associate Director noted that the reduction would be mitigated by slippage and receipt of Tier 1 monies. The Trust had made bids for additional funding.

The Chief Financial Officer asked about the forecast for the 62-day position. The Associate Director observed that it was difficult to predict and would be very challenged in Quarter 2 2025/26. It was hoped to recover the position in Quarters 3 and 4, particularly now there was more traction for performance in Breast and Skin cancer. She considered that it was too early to say if the Trust would achieve the plan for 70%.

The Chief Financial Officer noting the significant increase in skin cancer referrals and, assuming the conversion rate had not changed, asked whether anything could be done to stop inappropriate referrals. The Associate Director noted that the conversion rate remained around 7%. The Chief Operating Officer noted that the issue was the same for urgent and emergency care and that there was work with the Integrated Care Board to review variations in referrals. He noted that there was more work to do to create intermediate care in some specialities and get closer to neighbourhoods. Dr A Haynes, Non-Executive Director, added that there was a key role for GPs with a Special Interest (GPwSI).

Dr A Haynes, Non-Executive Director, noting that the Radiotherapy position was impacted by annual leave asked whether there was a minimum service level. The Medical Director confirmed that was the case.

Mr S Adams, Non-Executive Director Chair, asked about the impact of the reduction in mutual aid for Radiotherapy. The Associate Director noted that she was looking at why the performance had dipped more than expected but it would not improve until the backlog had been cleared. Mutual aid was still being sought in the meantime. Coventry and Warwickshire NHS Trust had offered up some capacity. Overall, mutual aid would not have a significant impact but would benefit those patients willing to travel.

Resolved – that the report be received and noted.

75/25 ITEMS FOR NOTING

75/25/1 Integrated Performance Report Month 3 2025/6

Resolved – that the report be received and noted.

76/25 ANY OTHER BUSINESS

There was no other business

77/25 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.

78/25 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

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

- Minutes 71/25 - Matters Arising – plan for deep dives
- Minute 74/25/2 – Report of the Deputy Chief Operating Officer
- Minute 74/25/3 – Elective Care and Diagnostic services – impact of PAS (specifically on waiting list).

79/25 ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH

None.

80/25 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the OPC be held on Thursday 28 August at 9.00 am (via MS Teams).

The meeting closed at 10.39 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>)	3	2	66
A Haynes	4	4	100
A Inchley (<i>April 2025 only</i>)	1	1	100
S Kaur (<i>from May 2025</i>)	3	3	100
T Robinson (<i>from May 2025</i>)	3	2	66
J Melbourne	4	3	75
A Furlong/J Hogg	4	4	100

Non-voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
A Moore	4	0	0
L Bond	4	3	75
H Hendley	4	3	75
S Favier	4	4	100
S Taylor	4	4	100
S Nancarrow	4	4	100
S Bendelow	4	2	50