

Cover report to the Trust Board meeting to be held on 3 November 2022

	Public Trust Board paper L
Report Title:	Operations and Performance Committee (OPC) – Committee Chair’s Report
Author:	Ms A Moss – Corporate and Committee Services Officer

Reporting Committee:	Operations and Performance Committee (OPC)
Chaired by:	Mr M Williams – OPC Chair and Non-Executive Director
Lead Executive Director(s):	Mr J Melbourne – Chief Operating Officer
Date of last meeting:	26 October 2022

Summary of key public matters considered:

This report provides a summary of the following key public issues considered at the Operations and Performance Committee virtual meeting held on 3 November 2022: - *(involving Mr M Williams, OPC Chair and Non-Executive Director, Dr A Haynes, Non-Executive Director, Mr B Patel, Non-Executive Director, Dr R Abeyratne, Director of Health and Equality and Inclusion, Mr M Archer, Interim Associate Director of Cancer Care, Ms Rachael Briggs, Associate Director of Operations Projects, Ms S Favier, Deputy Chief Operating Officer, Mr A Furlong, Medical Director, Ms H Hendley, LLR Director of Planned Care, Ms J Hogg, Chief Nurse, Mr J McDonald, Trust Board Chair, Mr J Melbourne, Chief Operating Officer, Mr R Manton, Head of Risk Assurance, Mr J Melbourne, Chief Operating Officer, Ms Sarah Taylor, Deputy Chief Operating Officer and Mr J Worrall, Associate Non-Executive Director.)*

- **Urgent and Emergency Care**

OPC received a report on the actions taken and planned to improve patient flow on the urgent and emergency care pathways. Recent achievements were noted including the opening of 16 additional reablement beds and extended opening hours for Minor Illness and Minor Injury Unit and Cardiorespiratory Same Day Emergency Care. Building work had commenced to facilitate the Emergency Department Pre-Transfer Unit. There had been an increase in attendance at the Emergency Department 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. 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.

OPC discussed the recommendations of the West Midlands Clinical Senate. Its report had supported the short-term actions that 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 need to increase the footprint for the CDU was acknowledged. Effective triage at the front door was highlighted and findings from a recent audit would be presented to the next meeting.

- **Cancer Quality and Performance Report**

OPC 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 and 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 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. 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' rates at the first appointment.

- **Elective Care (RTT and DM01)**

OPC received an update on the number of patients waiting over 104 weeks for treatment. At the end of September 2022, there were 236 patients which was more than the planned trajectory of 178. It was anticipated that there would be 140 patients at the end 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 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 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 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. The Medical Director reported on plans to standardise the pre-operative assessment process which 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.

- **Board Assurance Framework**

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

- **Reports Noted**

Integrated Performance Report M6 2022/23

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:

- None

Items highlighted to the Trust Board for information:

The following issue was highlighted to Board members **for information only:**

- **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).

Matters referred to other Committees:

None.

Date of Next Virtual OPC Meeting:

Wednesday 23 November 2022 at 10.00am via MS Teams