

Report to the Trust Board meeting to be held on 5 May 2022

	Trust Board paper H
Report Title:	Operations and Performance Committee (OPC) – Committee Chair’s Report
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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:	27 April 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 27 April 2022: - *(involving Mr M Williams – OPC Chair and Non-Executive Director, Mr B Patel, Non-Executive Director, Mr J Worrall, Associate Non-Executive, Dr A Haynes, Non-Executive Director, Mr A Furlong, Medical Director, Ms H Hendley, LLR Director of Planned Care, Mr J Melbourne, Chief Operating Officer, and Mr R Mitchell, Chief Executive. Mr A Carruthers was in attendance for the discussion on the Patient Administration System).*

- **Performance Briefing: Urgent and Emergency Care**

The Committee received a report on the performance of urgent and emergency care and key actions.

The plan for an Urgent Treatment Centre to be located on the Leicester Royal Infirmary site was progressing. It was anticipated the facility would be open in six weeks and see up to 200-240 patients a day. Discussions regarding finance were being had with the System.

The need to address flow into, through and out of the hospital was highlighted. The number of patients waiting to be discharged was having a significant impact on the ability to admit patients. Work to review bed occupancy across the system was noted. There was an urgent need to affect change, working with the System, in order to improve performance and flow.

- **Quality and Performance Cancer Report**

The Committee received a report on cancer performance based on the latest published dataset (February 2022) and an overview for the month of March and prospectively April 2022. The report also provided a more detailed focus for lung cancer. It was noted that the position remain challenged and there had been an increase in referrals and conversion rates. The leadership team and governance arrangements were being strengthened. There would be a review of demand and capacity and detailed speciality level action plans.

- **Performance Update – Elective and Diagnostics**

The Committee received a report which provided assurance on the framework to manage the Referral to Treatment and diagnostic waiting lists.

It was noted that the Trust had set a target of 240 patients having waited longer than 104 weeks as at the end of June 2022. It was reported that the Trust was unlikely to meet the target for a variety of reasons including the pressure on emergency services, and the interim reconfiguration of services. The Trust had been asked to add to that target the patients who would breach the 104 week wait standard in July 2022. This would add approximately 200 patients. It was noted that the Trust was an outlier and was one of four Trusts in the ‘Tier 1 National Support Programme’. This meant that Trust was under increased scrutiny from the Regulator. The Intensive Support Team had visited the Trust to review our processes, and while there were areas to improve, including some of digital systems, there were areas to be proud of, including our administrative teams and adherence to our access policy.

The Committee noted there were many and long-standing problems for elective care, specifically the inability to ring fence beds for surgery as medically fit patients were not being discharged in a timely

manner. Whilst there was an immediate focus on patients waiting the longest, there was a need to address growing demand and waiting lists for treatment which required a long-term strategy.

It was also noted that clinical prioritisation remained the key factor in prioritising elective care capacity.

It was reported that the Trust had received confirmation of significant capital funding for an elective hub, pending business case approval. Governance structures had been established and business cases were being developed. The Brandon Unit on the Leicester General Hospital site would be repurposed. The Elective Hub fitted with the Trust's strategy for reconfiguration and further progress would be reported to the Reconfiguration and Transformation Committee and the Finance and Investment Committee.

- **Patient Administration System Replacement Project**

The Committee received a report on the project to replace the Patient Administration System which was part of the e-Hospital Electronic Patient Record (EPR) programme. It was noted that there were considerable risks associated with the project.

- **Any Other Business**

None.

- **Reports Noted**

Integrated Performance Report M12 2021/22

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:

- None

Items highlighted to the Trust Board for information:

The following issues were highlighted to Board members ***for information only:***

- 104 week waits
- Elective Hub
- Urgent Treatment Centre
- Discharge of Medically Fit patients
- Community beds
- Replacement of Patient Administration System

Matters referred to other Committees:

The development of the Elective Hub would be reported to the Reconfiguration and Transformation Committee.

Should there be a significant change in the conversion rates for cancer, these would be reported to the Quality Committee.

Date of Next Virtual OPC Meeting:

Wednesday 25 May 2022 at 10.00am via MS Teams