

Cover report to the Trust Board meeting to be held on 6 October 2022

	Public Trust Board paper N
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:	28 September 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 28 September 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, Acting Associate Director of Cancer Care, Mr D Barnes, Deputy Medical Director, Mr S Barton, Deputy Chief Executive, Mr R Binks, Deputy Chief Nurse, Ms S Favier, Deputy Chief Operating Officer, Ms H Hendley, LLR Director of Planned Care, Mr J Jameson, Deputy Medical Director, Mr J McDonald, Trust Board Chair, Mr R Manton, Head of Risk Assurance, Mr J Melbourne, Chief Operating Officer, Mr R Mitchell, Chief Executive, Ms Sarah Taylor, Deputy Chief Operating Officer and Mr J Worrall, Associate Non-Executive Director.)*

- **Reconfiguration Post Project Assessment**

OPC noted the risks associated with the interim reconfiguration programme. The interim reconfiguration relocated Level 3 ICU and associated services from the Leicester General Hospital site. The changes in the bed base across the three sites was discussed, including the challenges it presented for medicine in particular. It was concluded that it was too early to tell what the full impact of the relocation had been on ambulance handovers and elective capacity. OPC requested a further report in 6 months’ time.

- **Urgent and Emergency Care and Winter Plan Update**

OPC noted that the actions taken to improve patient flow on urgent and emergency care pathways and the winter plan for 2022/23. The best-case scenario was a bed gap of 132 and the worst case 348 which was what the plan aimed to mitigate. The report set out the key deliverables for the winter plan. OPC considered that creating additional capacity and improved performance of the Urgent Treatment Centres was important. OPC discussed how the important thing was ensuring delivery of the plan, both UHL and system actions, as well as further identifying new actions/interventions. It was noted that the Trust was working in partnership, however, it was inevitable, given that the risks sat with East Midlands Ambulance Service and UHL, that the Trust took on the leadership role for many of the actions. UHL had been proactive in ensuring community provision through Ashton Care Home and it would consider additional capacity potential, whilst considering financial and workforce implications too.

- **Cancer Quality and Performance Report**

OPC received a report on cancer performance for the latest published dataset (July 2022), a performance overview for August and prospectively for September 2022. There had been improvements in eight of the ten nationally reported standards. However, cancer services remained very challenged with some significant risks presented in September 2022. Key areas of concern were the high numbers of patients waiting more than 62 and 104 days notably within Urology. There were constraints in capacity. Referral and conversion rates had increased since the pandemic placing additional demands on oncology and radiotherapy services. UHL was an

outlier for the number of patients in the backlog still waiting a decision to treat. Performance in 31- and 62-day standards would deteriorate as the Trust focused on treating the longest waiting patients who had already breached.

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

OPC received an update on the number of patients waiting over 104 weeks for treatment. At the end of August 2022, there were 265 patients and the number projected for the end of October 2022 was 457. The majority were waiting for general surgery. A large proportion were complex cases and there were also patients who had opted to defer their treatment. Discussions were being had regarding mutual aid as it would not be possible to achieve sufficient capacity

OPC acknowledged the difficulty in balancing the competing priorities in reducing the elective backlog and responding to increased demand for cancer services.

OPC noted that the overall waiting list had grown to over 120,000 patients. Support had been secured to undertake demand and capacity modelling for each speciality. It was noted that improvements to processes, and the Elective Hub would create capacity. However, there was a need to review the waiting lists across the region and explore new ways of working with local trusts.

- **Board Assurance Framework**

OPC reflected on the reports received and discussions in relation to the risks assigned to OPC. It was noted that work on the winter plan, urgent and emergency care action plan and the eight elective recovery interventions would provide some mitigation. However, the risk remained that demand could overwhelm capacity.

- **Reports Noted**

Integrated Performance Report M5 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 and Winter Plan Update** – the need to be clear with the system about expectations and the need to act decisively;
- **Elective Care (RTT and DM01)** – performance for 104week waits and overall patient waiting list.

Matters referred to other Committees:

None.

Date of Next Virtual OPC Meeting:

Wednesday 26 October 2022 at 10.00am via MS Teams