

Report to the Trust Board meeting to be held on 7 April 2022

Trust Board paper E2	
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:	30 March 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 30 March 2022: - *(involving Mr M Williams – OPC Chair and Non-Executive Director, Mr B Patel, Non-Executive Director, Ms H Hendley, LLR Director of Planned Care, Mr J Worrall, Associate Non-Executive Director, Ms G Collins-Punter, Associate Non-Executive Director, Mr D Barnes, Deputy Medical Director, Mr J Melbourne, Chief Operating Officer, and Mr R Mitchell, Chief Executive.)*

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

The Committee considered the performance of urgent and emergency care in February 2022 and actions to improve. Attendances at the Emergency Department (ED) had been relatively stable but with variations in month. Emergency pressures remained significant, particularly linked to the demand of people presenting at ED, the number of beds closed due to infection prevention and control measures and the number of patients waiting to be discharged.

The report set out a high-level action plan to address the flow of patients into the Emergency Department, through and out of the hospital. The Chief Operating Officer presented the key interventions UHL believed would impact on emergency flow, including ensuring appropriate flow into the Emergency Department, and improving discharge from hospital.

- **Quality and Performance Cancer Report**

The Committee considered a report on cancer performance based on the latest published dataset (January 2022) and an overview for the month of February and prospectively March 2022.

The Chief Operating Officer noted that recruitment to gaps in the management team was underway. He reported that performance had improved with respect to the numbers waiting on ‘2 week referral’ and the backlog of breast cancer patients booked within 14 days of referral, with significant further improvement expected in breast 2 week wait by the end of April 2022.

The Chief Operating Officer reflected that performance for the 62-day standard was not where it needed to be. There was a mismatch between demand and capacity which needed addressing. With respect to the faster diagnostic standard, the Trust had performed well against the target of 75% of patients to receive their diagnosis within 28 days of referral. However further work was required for some tumour sites which were challenged in high volume specialities such as ENT.

The Chief Operating Officer reported further work was required to define action plans for all tumour types. He concluded by noting the need for a focus on structure, plans and improved performance.

- **Performance Update – Elective and Diagnostics**

The Committee considered a performance report on elective care, which highlighted areas of risk and summarised actions to accelerate recovery in elective care. The report addressed the target to reduce the number of patients waiting over 104 weeks; validation of waiting lists; recovery of diagnostic services and the development of an elective hub at the Leicester General Hospital site.

The Committee noted the imperative to reduce the number of patients waiting over 104 weeks for treatment. The Chief Operating Officer was confident that the Trust would meet the (revised) target of 1,486 patients waiting on 31 March 2022.

The Chief Operating Officer set out the actions taken to increase capacity for elective care. The LLR Director of Planned Care set out the plans to contract with the independent sector and the potential for further mutual aid.

The LLR Director of Planned Care reported on the development of an elective hub at the Leicester General Hospital site. It was anticipated that national funding would be confirmed shortly. A governance structure had been established to oversee the development and Mr J Worrall would be the Non-Executive Director lead. A feasibility study for the use of the Brandon Unit had been commissioned. The Elective Hub would provide capacity to undertake a high volume of low complexity cases. The development was welcomed as a key step in providing a sustainable model for elective care. It was noted that the Reconfiguration and Transformation Committee would oversee the development with sign off the Final Business Case by Finance and Investment Committee.

- **Any Other Business**

None.

- **Reports Noted**

Integrated Performance Report M11 2021/22

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***:

- None

Matters referred to other Committees:

None.

Date of Next Virtual OPC Meeting:

Wednesday 27 April 2022 at 10.00am via MS Teams