

**Report to the Trust Board meeting to be held on 7 July 2022**

	<b>Public Trust Board paper I</b>
<b>Report Title:</b>	<b>Operations and Performance Committee (OPC) – Committee Chair’s Report</b>
<b>Author:</b>	Ms A Moss – Corporate and Committee Services Officer
<b>Reporting Committee:</b>	<b>Operations and Performance Committee (OPC)</b>
<b>Chaired by:</b>	Mr M Williams – OPC Chair and Non-Executive Director
<b>Lead Executive Director(s):</b>	Mr J Melbourne – Chief Operating Officer
<b>Date of last meeting:</b>	29 June 2022
<b>Summary of key public matters considered:</b>	
<p>This report provides a summary of the following key public issues considered at the Operations and Performance Committee virtual meeting held on 29 June 2022: - <i>(involving Mr M Williams, OPC Chair and Non-Executive Director, Mr J MacDonald, Trust Chairman, Mr B Patel, Non-Executive Director, Dr A Haynes, Non-Executive Director, Mr J Worrall, Associate Non-Executive Director, Ms G Collins-Punter, Associate Non-Executive Director, Mr R Mitchell, Chief Executive, Mr A Furlong, Medical Director, Mr J Melbourne, Chief Operating Officer and Ms N Green, Deputy Chief Nurse. Ms S Favier, Deputy Chief Operating Officer, Ms H Hendley, LLR Director of Planned Care, and Ms S Nancarrow were in attendance.)</i></p> <ul style="list-style-type: none"> <li>• <b>Performance Briefing: Urgent and Emergency Care (UEC)</b></li> </ul> <p>The Committee received a report on performance, priorities and actions relating to urgent and emergency care. The Chief Operating Officer reported the position remained very challenged and there had been a significant increase in the number of patients requiring the services of an Emergency Department, averaging an extra 40 patients per day. There was a smaller increase in the number of patients attending, who could have been seen in an Urgent Treatment Centre. Performance in relation to the 4-hour wait standard had improved, although there was further work to be undertaken. It was noted that the greatest challenge related to ambulance handovers.</p> <p>The report set out data on the number of patients presenting at Emergency Department (admitted and not admitted) registered at 14 General Practices. The Committee acknowledging the pressure on primary care, noted the need for system partners to hold one another to account. It was noted that support was being provided for specific general practices to improve referrals. There remained the concern that patient behaviour would change, and they would present to Emergency Department rather than access primary care.</p> <p>Over the last week the number of admissions had been higher than the number of discharges, which highlighted the mismatch between demand and capacity. It was reported that the focus had been on discharging those patients who were medically fit for discharge within 24 hours. The major constraints related to patient transport and vacant pharmacy posts. It was noted that the recent expansion of pharmacy within Primary Care Networks impacted on recruitment and retention of band 5 and 6 pharmacists. There would be a discharge summit in the next few weeks to identify respective actions for system partners.</p> <p>It was noted that the Minor Injury and Minor Illness Unit, located at the Leicester Royal Infirmary, had opened in the last month and was seeing around 100 patients a day. There had been challenges in staffing the Unit, and it was anticipated that capacity would increase and performance for the four-hour wait would improve.</p> <p>The Committee noted the actions to be taken, set out in the report, to improve performance for urgent and emergency care, including the work across the system. The Committee asked for additional metrics to assess the impact of different actions.</p> <ul style="list-style-type: none"> <li>• <b>Performance Update – Elective and Diagnostic Services</b></li> </ul> <p>The Committee received a report which provided an update on the latest position for key referral to treatment and diagnostics performance.</p>	

The LLR Planned Care Director reported on the number of patients having waited over 104 weeks for treatment. The national target was to reduce the number to zero by the end of June 2022. The Trust would not meet this target and forecasted 548 patients having waited more than two years by the end of June 2022. The plan was to achieve zero 'capacity breaches' at the end of July 2022. The Chief Operating Officer noted that complex cases, which could not be transferred to other providers, or, patients who had deferred their treatment, would not count against this target. It was anticipated that at the end of July 2022, there would remain 351 patients who had been waiting over 104 weeks. The actions to achieve this were set out in the report and focussed on maximising capacity, clinical and technical validation of the waiting list, and mutual aid. The Committee acknowledged the significant support pledged to enable patients to be transferred to 13 other NHS Trust and four Independent Sector providers.

It was noted the considerable progress had been made to reduce the backlog of patients waiting over two years. However, the overall waiting list was growing, and a significant number had waited over 52 weeks and over 78 weeks. There was a need to focus on this cohort and ensure oversight of action plans and performance.

The LLR Planned Care Director provided an update on the Elective Hub, noting that seed funding was being sought, the building design had been confirmed, contractor appointed, and planning applications made. There would be two theatres with one operational in March 2023 and the other initially used for recovery.

The Committee acknowledged the need to move beyond the immediate focus of those waiting the longest on the waiting list and developing a strategy for elective care in the round.

• **Quality and Performance Cancer Report**

The Committee received a report on cancer performance. The Chief Operating Officer reported that performance for cancer services remained challenged. There had been an improvement in the performance for the standard for 2 week waits. The performance to address the 31-day backlog remained static. However, the number of patients waiting over 62 days was the greatest challenge. There had been a sustained increase in the number of referrals and the conversion rate remained high. It was noted that theatre capacity was a major constraint in light of staff vacancies. This impacted particularly on Urology. The Chief Operating Officer noted the East Midlands region was one of the worst performing in the country and that the Trust was at the bottom of the league table. However, the Trust was doing well in relation to diagnostic standards having met the current national target (75%) in March 2022, for patients to receive their diagnosis within 28 days of referral. Key actions to improve performance for cancer centres was set out in the report.

The Associate Director for Cancer Services provided a deep dive into cancer services in Urology. This was the most challenged service prior to the pandemic and remained so, experiencing problems relating to overall capacity, outpatients, diagnostics, and theatre capacity. The Associate Director referenced performance for breast 2 week waits and Ear, Nose and Throat cancers. She highlighted specific actions to improve pathways, data validation and patient engagement. A report seeking investment in Oncology, Haematology and Radiotherapy Services would be considered by Finance and Investment Committee the following day.

• **Reports Noted**

Integrated Performance Report M2 2022/23

**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**:

- Urgent and Emergency Care
- Elective and Diagnostic Services
- Cancer Services.

**Matters referred to other Committees:**

None.

**Date of Next OPC Meeting:**

Wednesday 27 July 2022 at 10.00am via MS Teams