

## Report to the Trust Board meeting to be held on 9 June 2022

	<b>Trust Board paper I</b>
<b>Report Title:</b>	<b>Operations and Performance Committee (OPC) – Committee Chair’s Report</b>
<b>Author:</b>	Mrs H Majeed – 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>	25 May 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 25 May 2022: - *(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 Gaynor Collins-Punter, Associate Non-Executive Director, Mr R Mitchell, Chief Executive, Mr A Furlong, Medical Director, Mr J Melbourne, Chief Operating Officer and Ms J Hogg, Chief Nurse).*

- **Performance Briefing: Urgent and Emergency Care (UEC)**

The Committee received a report on the current performance, priorities and actions relating to urgent and emergency care. The position still remained very challenging across the System. Although, the Trust had been making good progress on key interventions, it was recognised that significant improvements in pathways and performance was still to be seen. The recent reconfiguration of services/ ward moves had overall been handled very well with no significant deterioration in UEC performance.

The Minor Illness and Minor Injury (MIAMI) Unit was expected to be in place from 8 June 2022, the Chief Operating Officer provided a brief update on the location, streaming and pathways in relation to this workstream. In discussion, the Chief Operating Officer undertook to ensure that the number of patients being streamed from the Emergency Department (ED) to the MIAMI Unit was tracked and also whether it made a difference to the ED 4-hour waits.

Members were advised on the data being collected in respect of patients who were Medically Optimised For Discharge (MOFD) which also identified whether patients required additional support on discharge. Depending on the level of support required at discharge, patients were then placed one of the following pathways (pathway 0 - simple discharge; pathway 1 - support to recover at home; pathway 2 - rehabilitation in an LPT or therapy-led bed/care home placement for discharge to assess (or) pathway 3 - long term placement). It was noted that there had been an increase in the number of long length of stay patients during April 2022. Actions were being progressed in line with the outflow action plan. The need for collaborative working with health and social care partners with the aim to reduce number of MOFD patients waiting for discharge in UHL beds was emphasised in particular. In response to queries, the Chief Operating Officer advised that changes were being made to the discharge team and he undertook to ensure that more detail about discharge plans were included in the performance report to the OPC in June 2022. There was also a brief discussion in respect of opening additional capacity in the Community.

The Trust Chairman highlighted that there were a number of initiatives in the UHL UEC action plan but it was important to measure the outcomes that were expected. In response, the Chief Operating Officer undertook to include that information in future reports.

- **Performance Update – Elective and Diagnostic Services**

The Committee received a report which provided an update on the latest position for key referral to treatment and diagnostics performance. In comparison to March 2022, there had been a decrease in April 2022 in the number of patients waiting longer than 104+ weeks for treatment. Since the last OPC meeting, a review of specialty plans had been completed and a revised trajectory of 482 (for 104+ week waits) by the end of June 2022 had been presented to NHSIE. Members were advised that 8 additional ring-fenced elective beds had been financially approved for insourcing staffing for 3 months to support delivery of elective activity. Members noted the good

progress being made in relation to reducing the number of 104+ waits but noted that the national target of zero 104+ waits by the end of June 2022 was not being achieved. Members expressed concern that all focus was being put towards achieving the revised trajectory by the end of June 2022 and it was noted that consideration needed to be given to ensuring sustainable actions were put in place. It was agreed that the political imperatives in relation to the 104+ waits and UHL's position should be brought to the attention of the Trust Board.

In discussion, the Chief Operating Officer was requested to provide an update to OPC in June 2022 on how the Trust's growing waiting lists compared nationally. The recommendations from the Improvement Support team and the Getting it Right First Time team had been completed. In response to a query on actions that could be taken to improve day case rates, the Chief Operating Officer undertook to include information on this matter in the performance briefing to OPC in June 2022.

The Chief Operating Officer also suggested that a deep-dive on diagnostic recovery was required and an update be presented to OPC in July/August 2022.

#### • **Quality and Performance Cancer Report**

The Committee received a report on cancer performance based on the latest published dataset (March 2022), an overview for the month of April 2022 and prospectively May 2022. It was noted that the position remained challenging and there had been an increase in referrals and conversion rates. The following points were highlighted in particular:-

- (a) 2-week-wait breast standard – backlogs had now been cleared and an improvement in performance was forecasted to be achieved from April 2022 onwards;
- (b) increase in the number of patients in Urology waiting longer than 104 days – mutual aid options and other direct support was being explored;
- (c) increasing conversion rates – reasons for which were multi-factorial but further work was being undertaken to understand the reasons in more detail;
- (d) 2-week wait referral pathway – more robust checks in respect of referral practice for GPs was being put in place;
- (e) the Dermatology Service had undertaken a deep-dive and had introduced Skin Analytics, the region's first Artificial Intelligence tele-dermatology service which would not only create additional capacity but provide better care for patients, closer to home. Mr J Worrall, Associate Non-Executive Director commended the progress made by the Dermatology Service. He noted that it was previously agreed that a focussed update on one tumour site would be provided to OPC, however, he suggested that updates on two tumour sites be included in future reports to OPC, if that was possible;
- (f) an internal review of the governance structure for Cancer Services had taken place, including a review of the membership and outline terms of reference for each group. An integrated governance structure covering all aspects of cancer performance would be included in the June 2022 report to OPC, and
- (g) the demand and capacity plan for each tumour site would be presented to OPC in July 2022.

In summary, it was noted that Cancer Services remained challenged and there was a need for collaborative working with the System by ensuring correct governance, pathways and capacity was in place to improve the Trust's position. It was agreed that this matter should be brought to the attention of the Trust Board for further discussion.

#### • **Any Other Business**

- (a) **Appreciation of staff in ED, AMU and Ward 30** – Mr B Patel, Non-Executive Director shared a positive experience his friend had at UHL and appreciated staff in ED, AMU and Ward 30 for being caring and compassionate. It was suggested that this experience might be a suitable patient story for the Trust Board, and
- (b) **3 New Starters in the Operations Team** – the Chief Operating Officer requested that the 3 new starters in the Operations Team commencing in post in June 2022 be invited to attend all future OPC meetings. This was agreed by the Committee.

#### **Reports Noted**

Integrated Performance Report M1 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*:

- 104 week waits – political imperatives in relation to the 104+ waits and UHL's position, and
- Cancer Services – need for collaborative working with the System – **this matter be discussed by the Trust Board, as appropriate.**

**Matters referred to other Committees:**

None.

**Date of Next Virtual OPC Meeting:**

Wednesday 29 June 2022 at 10.00am via MS Teams