

Meeting title:	Trust Board – public meeting	Public Trust Board paper Q2				
Date of the meeting:	11 May 2023					
Title:	Operational Performance Committee - Terms of Reference					
Report presented by:	Becky Cassidy, Director of Corporate and Legal Affairs					
Report written by:	Becky Cassidy, Director of Corporate and Legal Affairs					
Action – this paper is for:	Decision/Approval	x	Assurance		Update	x
Where this report has been discussed previously						

Acronyms used: OPC – Operational Performance Committee

Purpose of the Report

The report provides the Trust Board with the reviewed terms of reference.

Recommendation

The Trust Board is asked to:

- Review and approve the updated terms of reference

Summary

The OPC was initially established as a temporary Board committee to seek assurance on the performance against short term operational targets. Following discussion with the Trust Chair, it is agreed this committee should continue to maintain oversight of operational performance at UHL.

The following changes were supported by the committee:

- Core membership of the committee to include executive directors
- Extension of additional members to include the deputy chief operating officers and associate directors of operations
- Oversight of quality improvement within the relevant clinical pathways to be received. The broader quality improvement work to be overseen by the Reconfiguration and Transformation Committee
- Added the receipt on internal audit reports relevant to the committee remit

Supporting documentation

Appendix 1 – OPC terms of reference

Operations and Performance Committee Terms of Reference

1. Constitution

The University Hospitals of Leicester NHS Trust hereby resolves to establish a Committee of the Trust Board (hereafter referred to as “the Board”) to be known as the Operations and Performance Committee (hereafter referred to as “the Committee”).

The Committee shall have terms of reference conferring delegated authority from the Board and will be subject to conditions such as reporting its activities of the Board, as the Board shall decide and act in accordance with any legislation, regulation or direction issued by regulators or statutory bodies.

2. Purpose

To enhance Trust Board oversight and assurance around all matters relating to our short-term operational performance.

3. Membership

The Committee shall comprise:

Core Members

- 4 x Non-Executive Directors (not including the Trust Chair)
- Chief Operating Officer
- Medical Director, or Chief Nurse

Additional Attendance

The following Executive Directors (or their nominated deputies) are to be in attendance in a non-voting capacity:

- Chief Executive
- Trust Chair
- Chief Financial Officer
- Director of Planned Care, LLR
- Deputy Chief Operating Officer – Planned Care
- Deputy Chief Operating Officer – UEC
- Associate Director of Operations – Cancer
- Associate Director of Operations - Projects

Other members of LLR staff may be invited to attend as and when required.

To carry on the business of the Committee, other Executive or Corporate Directors and Senior Managers may be invited to attend meetings as deemed necessary.

It is desirable that all members of the Committee, and other postholders to whom standing invitations have been issued, attend all meetings of the Committee. Where Executives are

unable to attend, a deputy will be sent in their place. The Committee Chair is to keep attendance under regular review and is to be assisted in this task by the Director of Corporate and Legal Affairs. The Committee Chair is to raise any concerns regarding attendance at meetings with the Trust Board Chair to seek support in resolving such concerns.

The secretary and administrative support to the Committee shall be provided through the Corporate and Committee Services.

A deputy shall be nominated to attend a meeting of the Committee when the absence of one of the members (detailed above) would prevent an item of business being addressed. The deputy attending shall count towards meeting quorum, but not to the attendance record of the committee member him / herself.

All members shall attend a minimum of 75% of meetings of the Committee on a rolling 12 month basis.

4. Quorum

Quorum shall be 2 Non-Executive Directors (one of whom will chair if the Committee chair is unavailable) and 1 Executive Director

5. Meetings

Meetings are to be held monthly. Additional meetings may be convened by the Committee Chair at his/her discretion.

6. Duties

The Committee will:

- Oversee Trust performance around Emergency Care, including ambulance handovers, to seek assurance that: the risks to delivery are known; robust action plans are in place to address these issues (with a focus on both short-term recovery and longer-term improvement); and that the implementation of these plans are having the right impact and are resulting in intended outcomes.
- Oversee Trust performance around Elective care, with a particular emphasis initially around 104-week waits, recovery of activity to 19/20 levels, 62 day cancer performance, including backlog and improving access to timely diagnostics. The Committee will seek assurance that:
 - key underlying issues and risks in these areas are known and evidence based.
 - clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories.
 - elective transformation programmes are aligned with national, system and service priorities and are set to deliver tangible gains within 1 year and longer term.
- Oversee any other significant operational and performance issues which may arise, including but not limited to, cardiac care.
- Gain assurance on quality improvement within clinical pathways and how it will drive sustained improvement on operational performance

- Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Leicester, Leicestershire and Rutland Integrated Care System in respect of longer term transformational aims.
- Seek assurance that supporting governance and performance management structures within the organisation are robust, effective and embedded within the Trust, and that where gaps are identified action plans are in place and are being implemented to address these concerns.
- Regularly review the Corporate Risk Register and Board Assurance Framework to ensure that risks pursuant to the Committee's duties are appropriately captured and monitored.
- To alert the Board and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.
- Ensure that appropriate, timely and accurate information is being captured and utilised in order for the Committee to fulfil its duties effectively.
- Receive appropriate internal audit reports pertinent to the committees remit and be assured the necessary actions are in place to address any risks identified.

6 Reporting and Governance

The Committee shall produce minutes of its meetings which will be formally ratified at the following meeting. A written summary each meeting shall be submitted to the next scheduled meetings of the Board. The summary will focus on items of escalations and specific items connected to strategic risks and strategic direction.

In addition, an annual report will be produced by the Corporate and Committee Services team setting out the Committee's compliance with its terms of reference and performance of its duties. This will be informed by an annual self-assessment conducted by the committee, ensuring its work and responsibilities are reflective of the changing environment within which the Committee functions. The Committee will set annual objectives. The Board will receive and approve the annual report.

7 Ratification

Updated and reviewed by: Operations and Performance Committee

Date: 26 April 2023

Ratified by: Trust Board

Date: xx