

Public Trust Board Paper J

Meeting title:	Public Trust Board				
Date of the meeting:	12 October 2023				
Title:	Escalation Report: Operations and Performance Committee 27 September 2023 - Public				
Report presented by:	Mike Williams, Operations and Performance Committee, Non-Executive Director, Chair				
Report written by:	Alison Moss, Corporate and Committee Services Officer				
	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	Not applicable				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Yes, The BAF Risk 2 around Urgent and Emergency Care, Cause: Demand overwhelms capacity and delays access to services; Event: Failure to meet national standards for timely urgent and elective care.

Impact assessment

- N/A

Acronyms used:

OPC - Operations and Performance Committee	RAG – Red Amber Green
UEC – Urgent and Emergency Care	LRI - Leicester Royal Infirmary
SDEC - Same Day Emergency Care	LPT - Leicestershire NHS Partnership Trust
NHSE – NHS England	CDU - Clinical Decision Unit
CRO - Carbapenem-resistant organisms	

1. Purpose of the Report

- 1.1 To provide assurance to the Trust Board on the work of the Operations and Performance Committee (OPC) and escalate any issues as required.

2. Recommendation

- 2.1 There is one item from OPC recommended to the Trust Board.

3. Summary

OPC met on 27 September 2023. The meeting was quorate and considered the reports below.

4. Recommended Items

4.1 Winter Plan 2023 -24

OPC considered the Winter Plan 2023-24 which updated the UEC Recovery Plan approved by Trust Board in March as part of the 23/24 operational planning process.

OPC noted the respiratory ward at Glenfield would open in February 2024; the plan to reconfigure paediatric beds (to separate elective and emergency care and increase the number of beds); and elements of the UEC Plan including strengthening SDEC provision; review of community beds; and Acute Respiratory Infection Hubs. The focus was on creating additional

capacity, improving processes and productivity, and avoiding admissions. More detailed plans by speciality sat beneath the high-level plan presented.

OPC noted the expected deficit in bedded capacity. It was considered that the review of System beds was key.

The Winter Plan 2023-24 was recommended for Trust Board for consideration. A standalone report is included on the 12.10.23 Trust Board agenda accordingly.

5. Discussion Items

5.1 Briefing for Urgent and Emergency Care (*mitigating BAF Risk 2*)

OPC received a briefing on UEC. Good progress had been made with respect to ambulance handovers. From a regional perspective, at the end of August 2023, the Trust performing well in ambulance handovers and significantly better than 2022. There had been a slight improvement with respect to the 4-hour wait. The focus for the 12-hour waits was to ensure patient flow through the hospital.

Work was underway to strengthen SDEC services and capacity. Services were being assessed against the seven national priorities and plans developed to address gaps. It was noted that the Childrens Hospital was under significant pressure. There was a plan to reconfigure paediatric beds to provide additional beds and separate elective from emergency care.

The Trust had submitted its response to NHSE on the Key Lines of Enquiry with respect to the Winter Plan. NHSE had RAG rated the responses green or amber.

The recent infection control challenges in the Osborne building were reported – with plans to improve the estates over the next 6 months which would impact on UHL bedded capacity.

OPC noted plans to improve hospital discharge, noting the investment in therapists, focus on early decision-making and ward rounds. Prior to the pandemic the Integrated Discharge Team was based on site and discussions were being had with system colleagues to highlight the value of face-to-face assessments.

Agreement had been reached with LPT to open additional community beds and receive higher acuity patients. However, this was subject to appropriate recruitment and the plan had yet to be signed off. Negotiations were in train to change the designation of therapy beds commissioned by the Integrated Care Board as they were underutilised. The process of allocating patients to community beds was being improved to increase usage. However, there was further work to do with respect to transfer of care.

OPC considered the capacity for diagnostic tests to support emergency care. There was a need to improve earlier diagnostics especially when it impacted on the decision to admit. A further report would be made the following month.

OPC wished to highlight issues relating to the 12-hour wait, use of community beds, and the infection control challenges impacting on capacity to the Trust Board.

5.2 West Midlands Clinical Senate Review

OPC received an update on the actions taken to address the recommendations of the West Midlands Clinical Senate.

The additional single ward at Glenfield Hospital would be used for respiratory care. In-reach from the respiratory team using Advanced Clinical Practitioners was being piloted and would be piloted in cardiology. A new pathway for low-risk chest pain had been agreed. The Emergency Department could book directly into ring-fenced slots at SDEC at Glenfield Hospital which had increased capacity. The Chest Pain Centre would open in October 2023.

There was further work to be done with respect to the model for CDU, patient transfer and out of hours diagnostic services, especially at Glenfield Hospital. There remained concerns around resources, medicine being based over three sites and appropriate training for foundation doctors. Ideas were being explored for an expanded and clearly defined CDU, in-reach and support services, with a long-term aim to have one site providing on-take for medicine. There was a longer-term vision for cardiology to reduce the number of wards based on improved assessment at the front door. Efficiencies could be realised by reducing the length of stay and bed base.

The actions taken to improve cross-team working were outlined and a further report to be made the following month.

5.3 Cancer Quality and Performance Report (mitigating BAF Risk 2)

OPC reviewed cancer performance for July 2023, an overview of August 2023. NHSE had stood UHL down from Tier 1 to Tier 2 for cancer care.

There had been an increase in referrals, driven by an increase in patients on the non-specific symptoms' pathway. In addition, referrals had increased for skin and gynaecology and breast. There had been a reduction in referrals for urology, lower gastrointestinal, haematology and lung tumour sites.

The backlog of cases waiting over 62 days was coming down despite the recent industrial action although its impact could be seen on the performance for the 2-week wait standard.

The performance for the faster diagnosis standard had been affected by repeated Industrial action and was a key area for focus. The plan to achieve 75% of patients receiving their diagnosis within 28 days of referral for each tumour site would be challenging. A further report would be made the following month.

The next steps would be to develop recovery plans for each tumour site, trajectories for faster diagnostics standard and a plan to reduce the 62 days wait.

5.3 Elective Care (RTT and DM01) (mitigating BAF Risk 2)

OPC considered the latest position with respect to waiting times and actions to improve performance. NHSE had stood UHL down from Tier 1 to Tier 2 for elective care. This acknowledged the Trust's improved position in relation to its peers and was a significant achievement.

There had been a deterioration in the number waiting over 78 weeks at the end of August 2023 which stood at 124 (up from 50 at the end of July 2023). The cumulative impact of repeated industrial action had a significant effect on elective care, as lost capacity could not be re-created. However, the Trust was on target to meet the national targets for 65-week and 52-week waiters by the end of the financial year.

OPC noted the pressures on diagnostic services and endoscopy in particular. The focus would be on creating capacity and improving productivity.

OPC wished to highlight issues with respect to diagnostic services; the impact of industrial action; and that NHSE had stood elective services down from Tier 1 to Tier 2 in recognition of the improvements made.

5. Consideration of the BAF risks in the remit of Operations and Performance Committee

5.1 BAF Report

The Committee reviewed strategic risk 2 on the BAF around failure to meet national standards for timely urgent and elective care which was aligned to the Committee and its work plan. There were no changes to the risk assurance ratings or controls. The rating was 20 (likelihood of almost certain x impact of major); target rating 9; and tolerable rating is 15.

6. Any Other Business - None.

7. Reports for noting – the following items were received and noted, with no substantive discussion:

- Integrated Performance Report M5 2023/24