

Public Trust Board Paper I

Meeting title:	Public Trust Board				
Date of the meeting:	9 November 2023				
Title:	Escalation Report: Operations and Performance Committee 30 November 2023 - Public				
Report presented by:	Jeff Worrall, 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: BAF – Board Assurance Framework
 COO - Chief Operating Officer LCC - Leicestershire County Council
 OPC - Operations and Performance Committee

1. Purpose of the Report

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

2. Recommendation

- 2.1 There are no recommendations to the Trust Board.

3. Summary

- 3.1 OPC met on 30 November 2023. The meeting was quorate and considered the reports below.

4. Discussion Items

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

OPC was briefed with respect to actions to improve patient flow on urgent and emergency care pathways.

Performance and the operational position had been challenged in October and remained so in November 2023. In October, there had been an increase in all types of attendances, with 1,572 more than the previous month. The Emergency Department was frequently seeing over 800 patients a day. Consequently, there had been a deterioration in ambulance handovers and more patients admitted.

Performance against the standard for 12-hour waits in the Emergency Department had dipped from 88.2% in September to 85.4% in for October 2023. The number of 12-hour breaches split between admitted and non-admitted was noted.

The ambulance handovers and 12-hour waits were a key focus for the team and the actions undertaken and planned were noted.

The Committee considered actions to improve flow through the hospital and the ability to discharge patients when they were ready to leave.

The number of patients on Pathway 0 (non-complex discharge) was above the national ambition of 50%, whilst the number on Pathway 1 (help at home) did not meet the national standard. The promotion of therapy input and earlier assessment was reducing the length of stay and facilitating early discharge.

A review of Pathway 2 (discharge to another place of care) capacity found surplus therapy-led beds and a significant deficit for patients with higher dependency needs, residential 'plus' and bariatric patients. There was a lack of agreement about re-purposing this provision.

There was a plan to open more community beds. However, system partners had a risk around staffing and there would be a delay in opening additional capacity.

There was an additional risk in respect of changes made by Leicestershire County Council (LCC) in its assessment process. This was delaying the discharge of patients requiring a care package. In these cases, the patient's condition often deteriorated, and the Chief Nurse would be reporting on the impact of delay on the quality of care.

The issues relating to the change in LCC's process and the delay in opening community beds are highlighted to the Trust Board.

4.2 Cancer Performance Report (mitigating BAF Risk 2)

OPC reviewed cancer performance for September, and overview of October 2023.

The Trust had achieved the Faster Diagnostic Standard. It was on track to reduce the backlog of patients waiting over 62 days for treatment to the fair share target of 309 by March 2024. The backlog stood at 373 on 14 November 2023. Risks to delivery included workforce, winter pressures and patient choice. Performance had improved for four of the nationally reported standards.

Cancer referral rates had increased by 8% annually in 2022/23 and to date in 2023/24. It was difficult for specialities to plan capacity as, apart from skin cancer, there were no specific themes.

There was a drive to increase the number of first appointments offered within 7 days. Three areas had achieved this target in October 2023. This would be a challenge for Breast, Colorectal and Head and Neck services which had a high volume of referrals.

Performance for the number of patients waiting 31 days for treatment was challenged as the focus was on the 62-day backlog. Mutual aid was being explored.

There had been positive initiatives around health inequalities with greater support provided for patients with learning disabilities, autism and mental illness.

The achievement for the Faster Diagnostic Standard and performance for 62-week waits are highlighted to the Trust Board.

4.3 Elective Care (RTT and DM01) *(mitigating BAF Risk 2)*

OPC was briefed on waiting times for elective care and diagnostic services and actions to improve performance.

It was reported that 92 patients were waiting more than 78 weeks for treatment at the end of October 2023. This had improved from 143 in September 2023. However, the position is forecasted to deteriorate in November and December due, in large part, to the cumulative impact of industrial action and cancellations (particular for paediatrics).

It was noted that urogynaecology was a fragile service with only two consultants one of whom was retiring shortly. There were options to support the service but if the proposed solutions were not realised there could be a significant risk. The Committee highlighted the need for succession planning and timely recruitment.

Performance for the number of patients waiting over 52 weeks was better than planned. There had been targeted validation of the waiting list. The total waiting list had reduced which was contrary to the national trend.

The Trust's day case rate was lower than the national rate. A new clinical lead for day care had been appointed to give greater focus on key pathways. Orthopaedics had been commended for reducing patients' length of stay and, in November, had undertaken the first hip replacement as a day case.

With respect to diagnostic services, there had been a 42% reduction in the waiting list to 24,411 patients and long waits had reduced by 80%. This was highlighted as a significant achievement as in October 2022 the Trust had the largest and longest diagnostic waiting list in the country.

A programme of work has commenced to review the activity that UHL currently provides in the community settings and how this links to LLR health and well-being plans and patient choice. A strategy for "UHL in the Community" will be developed by March 2024.

The Committee noted the letter recently received from NHSE which asked Trusts to consider what activity could be stopped or slowed to aid financial recovery.

That the Trust was on track to achieve the target of no patients waiting over 78 weeks in February 2024 was highlighted to the Trust Board.

4.4 Reporting on Overdue Follow-ups

The Committee noted the backlog of patients waiting for a follow-up appointment (rather than those patients who were on a treatment plan). The plan was to identify those patients who needed to be seen, those who would benefit from Patient Initiated Follow-up and who could be discharged. There was a hybrid approach for cancer to enable the consultant to recall patients where this was not scheduled. For urology this work had been supported by funding from Getting It Right First Time and the learning would be shared across specialities.

It was noted that the Trust was not an outlier in this respect as most Trusts had a significant backlog of follow-ups on non-RTT waiting lists. More work would be undertaken in the coming months to improve performance.

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 related to failure to meet national standards for timely urgent and elective care which was aligned to the Committee and its work plan. OPC considered whether the risk score should be increased in light of winter pressure impacts, including deterioration in ambulance handovers, 12 hour waits, an increase in demand through the Clinical Decisions Unit at Glenfield and delays in discharge in part due to the changes in LCC's discharge practice. The BAF also referenced a letter from NHSE, which focused on financial recovery and the Committee noted the increase in demand for emergency care was impacting on the Trust's financial position. In the absence of the COO and Deputy COO (UEC) for discussion on this item, the Committee agreed for the COO to take the risk to the Risk Committee on 5th December 2023 to discuss the current score. At the Risk Committee meeting the Executive Team agreed the concerns raised but supported the current score of 20, noting the significant risks presenting on our Urgent and Emergency Care pathways, which impacted on East Midlands Ambulance Service's risk too. The strategic risk will be reviewed at the next OPC with any significant changes escalated to the Trust Board by way of the Committee escalation report.

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

- Integrated Performance Report M7 2023/24