

**Public Trust Board Paper J**

<b>Meeting title:</b>	Operations and Performance Committee				
<b>Date of the meeting:</b>	Wednesday 24 May 2023				
<b>Title:</b>	<b>Escalation Report: Operations and Performance Committee - Public</b>				
<b>Report presented by:</b>	Mike Williams, Operations and Performance Committee, Non-Executive Director, Chair				
<b>Report written by:</b>	Alison Moss, Corporate and Committee Services Officer				
	Decision/Approval		Assurance	x	Update
<b>Where this report has been discussed previously</b>	Not applicable				

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

<b>Impact assessment</b>
<ul style="list-style-type: none"> <li>N/A</li> </ul> <p>Acronyms used:            UEC - Urgent and Emergency Care            AI – Artificial Intelligence            GPAU – GP Assessment Unit            SDEC – Same Day Emergency Care            KPMG – KPMG International            LLR – Leicester, Leicestershire and Rutland            ICS – Integrated Care System            BAF – Board Assessment Framework</p>

**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**

There are two items from Operation and Performance Committee recommended to the Trust Board.

**3. Summary**

The Operations and Performance Committee met on 24 May 2023. The meeting was quorate and considered the following reports.

### **3.1 Recommended Items**

#### **3.1.1 Review of Risks relating to the Annual Plan**

The Committee, noting that the Annual Plan 2023-24 had been approved by the Trust Board on 11 May 2023, considered the risks within its purview. The risks, including those around performance targets and capacity challenges, were agreed. The Chief Operating Officer proposed that the risk description with respect to emergency capacity be expanded to reflect capacity more broadly. He added that UHL's role as UEC Lead Provider whilst being a positive development was not without risk.

With respect to the risk regarding the plan, some of the risks, such as performance, were in the remit of the Committee. In addition, the interdependencies, such as workforce and capacity, were noted.

The controls and assurances would be recorded on the Board Assurance Framework (BAF).

*The observations of OPC are endorsed for consideration by the Trust Board.*

#### **3.1.2 OPC Committee Annual Report**

The Committee agreed its annual report which gave assurance that, in 2022- 23, its meetings covered all essential areas in its terms of reference.

*The OPC Annual Report 2022-23 is endorsed for submission to Trust Board. A standalone report is included on the 18.6. 23 Trust Board agenda accordingly*

### **3.2 Discussion Items**

#### **3.2.1 West Midlands Senate Review of Cardio/Respiratory and Medicine Acute Services (mitigating BAF Risk 2)**

The Committee received an update on the actions arising from the review of Cardio/Respiratory and Medicine Acute Services by the West Midlands Senate. Many short - term plans had been completed.

A bid had been made to NHSE for one modular and two additional wards at Glenfield Hospital. The operational model for the wards, if approved, was being defined by Dr Rachel Marsh (Deputy Medical Director).

The report set out a number of actions to be taken over the short and medium term.

The Committee acknowledged the good progress made to date and work still required. The model of care would be determined by the outcome of the bid to NHSE which would be known in the next few weeks. A further report setting out lead officers and target dates for the actions was requested for the next meeting.

#### **3.2.2 Combined Elective Care Audits Update (mitigating BAF Risk 2)**

The Committee was updated with respect to the 48 actions identified from Internal Audits undertaken since 2021. Sixteen of the actions had been completed; 26 were in progress and six were outstanding. The Committee took assurance regarding progress and noted that risks remained particularly in embedding change and waiting list management. It was noted that the latter was reliant on a largely manual process and aging electronic system. Actions were being taken to streamline and change processes in advance of a new

electronic patient record. It was anticipated that the new core training strategy would ensure staff were competent and able to comply with the national guidelines. The Committee noted work to ensure patients were followed up would be reported at the next month's OPC.

### **3.2.3 Cancer Quality and Performance Report (mitigating BAF Risk 2)**

The Committee reviewed the Trust's cancer performance for March 2023, an overview of April 2023 and prospectively for May 2023. Whilst there had been improvements in four of the nationally reported standards, there had been a deterioration in the 62-day backlog. This was due to the impact of industrial action and bank holidays. There had been improvements within the Trust's position relative to regional peers; 31-day 1<sup>st</sup> treatment; and 31-day subsequent radiotherapy.

The two most challenged specialities were Skin and Lower Gastroenterology. With respect to skin cancer, it was noted the use of AI had improved the initial assessment and there was a need to reduce the time taken from assessment to appointment. The Committee undertook a deep dive into Lower Gastroenterology cancer performance. The Deputy Medical Director considered that, given the conversion rate of 3%, risk stratification was key. Improvements to the pathway were outlined. The impact of staff vacancies and the recent industrial actions was noted. The Committee took assurance from the deep dive and awaited the recovery plan.

Cancer performance recovery was noted as a key focus for the Trust by the Chief Operating Officer.

### **3.2.4 Lead Provider**

The Committee discussed the opportunities for the Trust as Lead Provider for the urgent care pathway. The Deputy Chief Executive was working with system partners to explore what this would mean in the short-term and consider a longer-term vision.

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

The Committee received a briefing on developments in urgent and emergency care. The Escalation Unit had opened on 12 April 2023 and whilst it would need to close for two weeks in June 2023, there were mitigations in place – but there would be an impact on performance. Plans for the GPAU had been signed off. The SDEC would be expanded, and work was underway on the Discharge Lounge to be completed in September 2023.

Improvements had been sustained for ambulance handovers with an 80% improvement from that in November 2022 to April 2023. There had been a slight improvement for the standards relating to 4 and 12 hour waits.

The plans to improve flow through the hospital by focussing on discharge were outlined, and plans for further improvement were discussed.

The Committee took assurance from the report and noted that it would be the subject of a Board Development Session on 1 June 2023.

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

The Committee reviewed the Trust's performance for elective care and diagnostic services. It was noted that whilst the waiting list was increasing the number of those waiting over 78 weeks for treatment was reducing. The Trust's performance was, relative to its peers, improving.

Improvements had been seen in relation to the provision of diagnostics. The new Endoscopy Modular Unit would have a significant impact.

The East Midlands Planned Care Centre would be opening, on time, on 1 June 2023. There was a cost pressure for Phase 2 of the Centre. Consideration was being given to funding the capital shortfall from the System's capital allocation in the expectation of in-year capital allocations from NHSE to fund displaced projects.

#### **4. Consideration of the BAF risks in the remit of Operations and Performance Committee**

##### **4.1 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. The Committee noted the updates made in the month in red text and there are no matters of concern from the strategic risk or significant changes proposed to the content or risk scores: Current rating is 20 (likelihood of almost certain x impact of major), Target rating is 9 and Tolerable rating is 15.

#### **5. Any Other Business**

None.

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

- Integrated Performance Report M1 2023/24