

Meeting title:	Trust Board	Public Trust Board paper H			
Date of the meeting:	9 March 2023				
Title:	Escalation Report: Operations and Performance Committee - Public				
Report presented by:	Mike Williams, Operations and Performance Committee, Non-Executive Director, Chair				
Report written by:	Ninakshi Patel, Corporate and Committee Services Officer				
Action – this paper is for:	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 Assessment Framework 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

There is no items from Operation and Performance Committee requiring Trust Board approval.

3. Summary

The Operations and Performance Committee met on 22 February 2023. The meeting was quorate and considered the following reports. The OPC Committee welcomed Ms L Hooper, Chief Financial Officer who observed the meeting.

3.1 Recommended Items

There are no recommended items for Trust Board on 9th March 2023.

3.2 Discussion Items

3.2.1 Briefing for Urgent and Emergency Care

The OPC Committee received a summary on UHL performance which provided an update on assurance and actions taken in relation to Urgent and Emergency Care which relates to the BAF risk 2. Ms Sarah Taylor, Deputy Chief Operating Officer provided a summary on the updates and plans for the healthcare system. Few highlights to add is the opening of a pre-transfer unit at the front of the Balmoral building, the dermatology service is being transferred from Leicester Royal Infirmary to St. Peter's Health Centre that provided more space for urgent and emergency care. There were also works being done on ventilation at the Glenfield Hospital to improve the placement and adequate ventilation for respiratory within the area. The OPC committee was assured that there is a significant amount of work taking place, with a focus on improving the discharge process, increasing capacity, and scaling intermediate care and social care as part of the national objectives. Ms Sarah Taylor, Deputy Chief Operating Officer, detailed planned actions for additional capacity and partnerships, and in addition financial planning has been factored into the requests with the goal to align all plans and deliver through accountability with all levels of the healthcare system.

The OPC Non-Executive Director Chair noted the admiration and work that had been provided to recent improvements.

3.2.2 Cancer Quality and Performance Report

OPC received a summary overview on the Cancer Quality and Performance for January. Mr Matt Archer, The Associate Director of Operations for Cancer noted the 62 – day backlog had seen a reduction in waiting times since November. NHSE highlighted that the hospital was the third most improved trust within the tier 1 and tier 2 cohort. They also discussed the 104 backlog and have managed to reduce the number of patients waiting since Christmas by a third. They have been successful in maintaining the fast diagnostic standards set, and most measures have improved since November 2022.

The OPC Non- Executive Chair was assured on the good progress but acknowledged there's lots to do to achieve expected trajectories within cancer quality and performance.

3.2.3 Elective Care (RTT and DM01)

Ms Siobhan Favier, Deputy Chief Operating Officer, updated the OPC Committee on the University Hospitals of Leicester Trust on elective care recovery progress, highlighted areas of risk and summarised actions taken. Despite the significant challenge on the position of RTT (Refer to Treatment), there was continued good progress on the reduction of those patients waiting longest for definitive treatment. They had remained significant risk within the position, particularly with industrial action planned over the next few months. The 78-week wait target was challenged to achieve zero 78-week waits by the end of March 2023. A recovery plan was in place with targeted interventions for those specialties most at risk.

OPC Non-Executive Chair was assured on the report and noted the good improvements presented to the committee

3.2.4 Waiting List Management Report

OPC Committee reviewed the internal audit conducted on the waiting list management processes within University Hospitals NHS Trust. The audit was presented by The Chief Operating Officer and Ms Siobhan Favier, Deputy Chief Operating Officer which aimed to provide an objective and unbiased opinion on the effectiveness of the controls in place. A letter from NHS England and NHS Improvement was sent to all NHS Trusts and Foundation Trusts to confirm the current policy on waiting list management and the next stages of the Clinical Prioritisation Programme's deployment.

Ms Siobhan Favier, Deputy Chief Operating Officer highlighted to the OPC Committee the next steps in which the audit report would be re-issued by 360 team and discussed at Audit Committee and OPC. OPC have considered the findings of the report and are assured there are agreed actions to address any risks raised.

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

4.1 BAF Report

The OPC 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 are no matters of concern from the strategic risk or significant changes proposed to the content this month. The OPC committee noted the updates made in the month in red text and the progress with internal control around the UHL Discharge Programme of Work reporting to Strategic Patient Discharge Group and OPC.

There were no changes proposed to the score of this risk: Current rating is 20 (likelihood of almost certain x impact of major), Target rating is 9 and Tolerable rating 15.

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- The Chief Operating Officer noted although the challenges remain in all areas, there was clear progress made. The overall trend was improving but still challenged. He mentioned the national visit took place from elective care and sat on various meetings with the wider leadership team at University Hospitals of Leicester NHS Trust. They acknowledged the skill, commitment, and drive of the senior team leading the elective program.
- The OPC Non- Executive Director Chair conveyed the message there was good improvement across the board, but it was still a very challenged situation and work to be done to achieve numbers from 2019.

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

- Integrated Performance Report M9 2022/23

Supporting documentation

None