

Trust Board Paper K1

| | | | | | |
|--|--|--|-----------|---|--------|
| Meeting title: | Public Trust Board | | | | |
| Date of the meeting: | 11 October 2024 | | | | |
| Title: | Escalation Report: Operations and Performance Committee 25 September 2024 - Public | | | | |
| Report presented by: | Prof A Garcea, Operations and Performance Committee Associate 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:
ED – Emergency Department

1. Purpose of the Report

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

That the report be noted.

3. Summary

OPC met on 25 September 2024. The meeting was quorate and considered the reports below.

4. Discussion Items

4.1 Electronic Prescription Service

4.2 Cancer Operational Performance Report (mitigating BAF Risk 2)

The Committee reviewed cancer performance.

The Trust delivered the 28-day Faster Diagnosis Standard for the eleventh consecutive month in July 2024. Performance for the 31-day wait standard is significantly challenged with radiotherapy driving the variance. The target for the number of patients waiting longer than 62 and 104 days for treatment is behind plan. The backlogs are similar to those of other trusts in the region.

Radiotherapy waits remains a concern for breast and prostate patients. Patients are risk stratified; however, the waiting list continues to grow, despite mitigations being in place. Additional mutual aid is needed until the fifth linear accelerator (Linac) is commissioned at the end of the financial year.

The Committee received a review of Urology and the three main tumour sites (Prostate, Bladder, Kidney).

The Committee noted the actions taken and planned to improve performance and support services.

East Midlands Cancer Alliance has provided an additional £1.5m funding in 2024/25 and the list of schemes to be funded was noted. The Chief Financial Officer noted that we need to continue to be aware of the risks of non-recurrent funding streams such as EMCA and carefully consider decisions we make around its utilisation.

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

The Committee was briefed on waiting times for elective care and diagnostic services and actions to improve performance. At the end of August 2024, three people had waited over 78 weeks for treatment and 161 had waited over 65 weeks. The majority of these patients are for Ear, Nose, and Throat (ENT) which reflects a national shortage of ENT consultants. Performance for 52-week waits is better than plan at 1,964 and it is expected the position will improve.

The total waiting list continues to rise. An initial review considered the reasons why. Whilst some actions had been identified, the review raised further questions and there was more to do to understand the underlying reasons for the demand.

With respect to diagnostic services, at the end of August 2024, 5,415 patients had waited over six weeks for a diagnostic test, of which 1,924 had waited over 13 weeks. The performance was a deterioration. The overall waiting list has increased to 24,093. The actions to improve performance were noted including the work with the consultancy firm, BAIN, to look at productivity and particularly for the mobile facilities.

The Committee requested an update on the Community Diagnostic Centre.

4.4 Briefing for Urgent and Emergency Care and Winter Plan (UEC) *(mitigating BAF Risk 2)*

The Committee was briefed on developments in urgent and emergency care.

Attendances at Emergency Department continue to increase. It was noted that the Operational Plan had assumed no growth. Performance for the standard for 4-hour waits in the Emergency Department is slightly improved. The 12-hour wait performance is impacted by the wait for side rooms and mental health patients attending; the Trust was working with system partners to see what support can be provided for this cohort.

The times for ambulance handovers had improved in August 2024 but the Trust was still one of the most challenged performers in the Midlands – albeit with a number of Trusts with similar performance. No patient had waited over 8 hours on an ambulance in August 2024.

Hospital admissions increased. With respect to flow out of the hospital, the performance of the transport provider was noted as a risk. An audit identified a gap of 91 beds/placements for patients of pathway 2 and the system was undertaking an options appraisal.

NHSE wrote to the Trust setting out actions to support the increased demand over the winter, all of which are in train and included Same Day Emergency Care and use of virtual wards.

The Committee sought assurance about the Winter Plan. It was reported that the bed gap remained unmitigated although the Trust has done everything it can within the current financial constraints – which was acknowledged. Further work on the System plan was taking place which needed to swiftly come to resolution, and a plan was in place to get to decision on proposed system initiatives.

Committee members asked about the 'flu vaccination programme, and support for frail patients. The System's Winter Plan needs to be finalised. The Committee highlighted the need for out of hospital care.

The Winter Plan is a stand-alone item on the agenda for the Trust Board.

5. Information items

The Integrated Performance Report M5 2024/25 was noted.

6. BAF Report

The Committee reviewed strategic risk 2 on the BAF which related to 'failure to meet national standards for timely urgent and elective care' which was aligned to the Committee and its work plan. OPC noted the updates to controls and key next steps and confirmed that the current risk score should remain 20 (Likelihood: Almost certain (5) x Impact: Major (4)).