

Trust Board Paper J1

| | | | | | |
|--|--|--|-----------|---|--------|
| Meeting title: | Public Trust Board | | | | |
| Date of the meeting: | 11 July 2024 | | | | |
| Title: | Escalation Report: Operations and Performance Committee 26 June 2024 - 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:

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 26 June 2024. The meeting was quorate and considered the reports below.

4. Discussion Items

4.1 Cancer Operational Performance Report (mitigating BAF Risk 2)

The Committee reviewed cancer performance. The Faster Diagnosis Standard (patients receiving a diagnosis or ruling out of cancer within 28 days of a referral) has been met for the eighth consecutive month. Performance against the standards for the 62 day and 31 day waits for treatment remains challenged. The focus is on clinical prioritisation and those waiting the longest. There continues to be a rise in cancer referrals with a 11.7% increase for the year to date.

Performance for radiotherapy is particularly challenged. There are some mitigations, such as weekend working and seeking mutual aid, but the service is dealing with increased demand. The commissioning of a fifth linac would have the biggest impact.

Planned improvements for 2024/25 and schemes funded by the East Midlands Cancer Alliance were noted.

The Committee took assurance with respect to the progress made against the backdrop of increased demand.

The Committee highlighted risks relating to radiotherapy in 2024/25 and the need for the fifth linac to the Trust Board for information.

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

The Committee was briefed on the recovery of elective care, highlighting areas of risk and noting actions. The Committee was referred to the Integrated Performance Report for key metrics and trend information.

Whilst the total waiting list has increased, progress has been made with respect to the longest waits. It is anticipated that targets to have 'no patients waiting over 78 weeks at the end of July 2024', and 'no patients waiting over 65 weeks at the end of September 2024' would be met.

The Committee noted actions to recover elective care, including the Eye-Electronic Referral Service and revision to the Access Policy.

The Committee discussed plans to roll out e-triage across the Trust. Referrals from GPs are received electronically and currently less than half of these are triaged electronically. The roll-out will take account of the impact on clinicians' time. There are plans to pool resources within specialities so that it can be added to the job plans for a sub-set of clinicians which will help with standardisation. The Committee requested a further report on e-triage.

Performance for diagnostic services improved in May 2024. Improvement actions include a productivity dashboard, reviewing protocols to reduce repeated investigations, and increasing capacity via the Endoscopy Unit and the Hinckley Community Diagnostic Centre.

The Committee noted that it had become increasingly difficult to secure mutual aid.

The Committee highlighted the progress on long waits and e-triage to the Trust Board for information.

4.3 Productivity; Defining & Measuring Productivity (mitigating BAF Risk 2)

In the absence of a consistent national definition the definition of productivity, with respect to patient services, for UHL will be defined as 'an improvement in the ratio of resource to patient treatment (represented in volume and/or outcomes)'. This could mean treating more patients (or the same number with better outcomes) with the same or less resource or treating the same number of patients with less resource.

Whilst NHSE has introduced a new measure and metrics they do not take account of the complexity of cases or the case mix. The metrics to be used by UHL would factor in the complexity of cases reflected in the tariff.

A combination of operational productivity measures is proposed including lead and lag measures. Current performance was noted.

Actions to improve performance are set out in the LLR Operational Plan 2024/5. Whilst improvements have been made in productivity the revised Cost Improvement Target will be challenging.

The governance structure was noted. There will be a twelve-month rolling programme into productivity deep dives. Further consideration will be given to measuring the quality of the outcome and developing appropriate metrics. The Committee discussed productivity in outpatients noting the need to standardise clinic templates and ensure consistency in recording activity and coding.

The Committee took assurance from the report.

The Committee highlighted UHL's definition of productivity and current performance on the metrics to the Trust Board for information. A stand-alone report is included on the Trust Board agenda.

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

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

Attendances at Emergency Department continue to be above those for last year. Performance for 4 hour waits (type 1 and type 2) was above plan and had improved for 12 hour waits. Performance in ambulance handovers remained strong. Progress on the Operational Plan was noted including work to: establish an Urgent treatment Centre in Leicester; Pharmacy first in Emergency Department (to redirect patients appropriate to pharmacies); and maximising capacity in Same Day Emergency Care and activity in the Minor Illness and Minor Injury Unit.

There are risks associated with the roll-out of the e-beds project which would partially go-live in August 2024. Full roll-out has yet to be confirmed as the functionality and timescales of PAS are developed.

The Committee took assurance from the progress reported and actions planned.

The Committee highlighted activity being over plan, good performance on ambulance handovers and risks around e-beds roll-out to the Trust Board for information.

5. Information items

The report on Clinical Coding and Data Quality was noted.

The Integrated Performance Report M2 2023/24 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)).