

Trust Board Paper K1

Meeting title:	Public Trust Board				
Date of the meeting:	12 September 2024				
Title:	Escalation Report: Operations and Performance Committee 28 August 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 28 August 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. There continues to be a rise in cancer referrals, with a 5.3% increase for the year to date. The Trust achieved the Faster Diagnosis Standard for the tenth consecutive month. In June 2024, performance against the 62-day wait standard was 58.1% against the new combined standard of 70%. This is a deterioration of 1.1% from plan and driven by the backlog of patients awaiting treatment. At the end of July 2024, 429 patients had waited over 62 days (against the plan of 346). There is no one tumour site driving the variance from plan and all specialities are being supported in tracking and improving performance.

The criteria for the tiering status have changed and it is likely that the Trust will be in Tier 2 which would entail greater oversight from NHSE.

At the end of July 2024, there were 103 patients waiting over 104 days to commence treatment: 16 ahead of plan. The Trust's performance is similar to that of other trusts in the Midlands.

The actions to improve will focus on the 31-day wait performance. This is predominantly driven by limited capacity for radiotherapy. The Trust is reliant on mutual aid until the fifth linear accelerator (linac) is commissioned. The actions with respect to performance for surgery and drug treatment were noted.

4.2 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, it is likely that three patients would have waited over 78 weeks for treatment. At the end of July 2024, 161 patients had waited over 65 weeks which was an improved position. The Trust benchmarked well against peer trusts. The Trust forecasted that no patients would have waited over 65 weeks by the end of September. However, the forecast, notified to NHSE, will be revised as it was likely to be between 20-50 patients. Performance in the standard for 52 weeks wait for treatment has remained stable.

The total waiting list for treatment is continuing to grow and the report gave a breakdown by speciality.

Outstanding maintenance issues are impacting on operational performance. The Committee noted the need to upgrade theatres, in particular, to improve ventilation for those located at LRI and create decant theatres. A fire safety risk has been identified in relation to Jarvis Building at Leicester Royal Infirmary (LRI) and should the building be closed, the impact will be significant on clinic capacity.

The Committee discussed the plans to improve pre-operative assessment. The project to centralise and standardise the service to improve theatre utilisation and productivity. Whilst there had been significant progress made, the project had stalled and there was a need for a management of change process to centralise the teams and ensure enough physical clinical and administrative space to support staff. There would be a report to the Trust Leadership Team seeking investment funding as previously agreed within the business case that was approved but has not been added into budgets. The Committee requested a further update early in 2025.

Performance of diagnostic services was noted. The overall size of the waiting list has increased to 23,752. At the end of July 2024, 5,091 patients had waited over 6 weeks for a diagnostic test of which 1,848 were over 13 weeks.

It was noted that the UHN/UHL Elective Co-ordination Group is working well and seeks to make best use of shared capacity and improve productivity.

The Committee highlights the importance of standardising pre-operative assessment for information to the Trust Board.

4.3 Briefing for Urgent and Emergency Care (UEC) *(mitigating BAF Risk 2)*

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

Performance has been very challenged in July 2024 and improved in August 2024. There has been an increase in attendances at the Emergency Department (ED) and hospital admissions in July 2024. Ambulance handovers and performance for the 12-hours wait standard in July 2024 has been challenged.

Improvement actions were noted including identifying a location for an Urgent Treatment Centre in Leicester City. Two pilots would commence. The first is for a Frailty Same Day Emergency Care service. The second is weekend discharge pilot which draws on the experience from the industrial action and the value of having senior decision-makers at the front door of the Emergency Department.

Performance with respect to flow out of the hospital was noted.

The Committee highlights the two pilots for emergency care to the Trust Board for information.

5. Information items

The Integrated Performance Report M4 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)).