

Trust Board Paper G1

Meeting title:	Public Trust Board				
Date of the meeting:	9 May 2024				
Title:	Escalation Report: Operations and Performance Committee 24 April 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
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Acronyms used:

LLR - Leicester, Leicestershire and Rutland
ED – Emergency Department

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

- 2.1 There is one recommendation to the Trust Board as noted in paragraph 4.1 and presented as a stand-alone report on the agenda.

3. Summary

- 3.1 OPC met on 24 April 2024. The meeting was quorate and considered the reports below.

4. Recommended Items

4.1 OPC Annual Report 2023/24

The Committee recommended its Annual Report 2023/24 and proposed changes to the terms of reference to the Trust Board for approval. The Committee agreed its workplan.

A separate report is included on the agenda for the Public Trust Board on 9 May 2024.

5. Discussion Items

5.1 Clinical Correspondence Risk Update

The Committee considered the risks in relation to completing and delivering clinical correspondence. These related to legacy IT and paper systems which would be mitigated with the implementation of the Patient Administration System and consolidation of legacy systems onto Nervecentre. In the interim, processes were in place to ensure good practice, identify the rates of completion and delivery, and ensure visibility.

When there was greater confidence that correspondence was consistently created and delivered, paper systems would be 'turned off'. This would reduce workload for the Trust and primary care.

It was agreed to provide a further report to Quality Committee in June 2024 which would also address performance against standards for the time taken to deliver clinical correspondence.

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

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

There was a high-level review of activity in 2023/24. There had been an increase of 10,291 attendances (type 1 and 2) at the Emergency Department (ED) and an increase of 9,739 admissions compared with the previous year. A significant increase had been seen in Quarter 4 of 2023/24. Performance against the standard for 4-hour waits in ED had gone from 55% to 58% for UHL. Whilst performance for the 12-hour wait standard had improved it was very challenged, a large part of which was due to bed waits. Length of stay had reduced from 4.46 days in December 2022 to 3.90 days in November 2023. There remained a deficit of beds. It was noted that the Trust had improved its performance despite the increase in demand.

The Committee was briefed on performance for March 2024. The following were noted :

- LLR performance for 4-hour waits was 74.7%.
- Ambulance handovers over 60 minutes were at 20.36%.
- The performance for 12-hour waits in ED was 87.97% with 2,607 breaches.

The actions to improve performance were noted. To improve flow into the hospital these included the creation of a same day access to care model, single point of access for community and bed bureau pathways, establishing an urgent treatment centre in Leicester, maximising capacity in same day and emergency care, and alternatives to ED. Actions to improve flow through the hospital included increasing therapy services at weekends, embedding interprofessional standards in ED and Clinical Decision Unit, opening 18 additional beds at Glenfield Hospital, and developing pathways to ensure patients received care in appropriate settings (Medical Day Case project).

With respect to flow out of the hospital performance for discharges had improved. There was a plan to increase the number of simple discharges (pathway 0) in 2024/25 and ensure support in the community was flexible to step-up and step-down to meet demand. A more detailed report on readmission rates would be presented to Quality Committee.

At the Committee's request the report set out the plans for improved care for frail patients. There was a gap analysis for the Trust in respect of the NHS Six Steps to Better Care for Older People in Acute Hospitals. Actions were being taken to reduce admissions and prevent patients deconditioning when in hospital. A Frailty Lead would be appointed supported by specialist nurses. There were positive discussions about the further work that could be undertaken in the community.

The review of Urgent and Emergency Care governance had commenced, and high-level outputs would be reported the following month.

The Committee highlighted the item to the Trust Board for information.

5.3 Cancer Performance Report (mitigating BAF Risk 2)

The Committee reviewed cancer performance.

There had been significant progress in reducing cancer waiting times in 2023/24. Access to cancer diagnosis had improved and the Trust was consistently achieving the Faster Diagnosis Standard, diagnosing more than 75% of patients within 28 days of urgent suspected cancer referral. This achievement meant the Trust was one of the top five most improved trusts for cancer in 2023/24. Treating more patients within 31 days of a decision to treat would be a key focus for 2024/25.

With respect to performance in February and March 2024 it was noted

- the Faster Diagnosis Standard was achieved in February and forecasted to achieve in March 2024.
- performance against the standard 62 Day wait for treatment was 54.6% in February against the new combined standard of 70%. There were plans and trajectories to achieve 70% but these were not without risk.
- the backlog of patients waiting 62 days for treatment had reduced to 239 at the end of March 2024 and this was 71 patients better than plan, hitting the Trust target for 2023/24.
- the proportion of patients waiting over 104 days as a percentage of the backlog had increased. There were specific issues around case complexity, patient choice and availability. The greatest proportion in the 104-day cohort was within Colorectal and Urology care.
- the 31 Day performance had improved by 12.5% in February 2024 delivering 83.3% against the new combined standard of 96%. Capacity remained challenged, in particular, Oncology outpatients, Systemic Anti-Cancer Therapies and Radiotherapy. Mutual aid was being sought.

There continues to be a rise in cancer referrals with a 6.1% increase year to date. Conversion rates remain between 6-7%.

The Committee noting the focus had been on reducing the backlog asked how the future demand was being planned for. The outcome of the Early Diagnosis Summit will be reported next month. Noting that more people are living with cancer, Patient Stratified Follow Up will be rolled out across specialities. The purchase of a fifth linac machine will create additional capacity for radiotherapy. The initial modelling for surgery indicated that additional capacity was needed and additional theatre time at weekends would be reliant on there being additional workforce.

The Committee acknowledged the considerable work undertaken and improvement.

The Committee highlighted the improved performance to the Trust Board for information.

5.4 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.

With respect to performance at the end of March 2024 the following points were noted:

- 18 patients had waited over 78 weeks for treatment or discharge. Due to the urgent and emergency care pressures leading to cancellations, the Trust was unlikely to meet the forecast of 20 patients waiting at the end of April 2024.
- 259 patients had waited over 65 weeks at the end of March 2024. The forecast was to achieve zero non-admitted 65-week wait pathways in mid-August and c174 admitted pathways over 65 weeks by the end of September 2024.
- performance for 52 week waits was better than planned, with continued improvement forecast based on the current activity levels. Whilst the stretch target was to reach zero 52 week waits by end of September 2024, it was noted that this would be a considerable undertaking and it was not confirmed whether the Elective Recovery Fund could be used.

To reduce the overall waiting list there was work being undertaken to review and improve referrals and e-triage, specifically for Ear, Nose and Throat.

The Committee asked what further action could be taken to drive down the numbers waiting on the non-admitted pathways. The Deputy Chief Operating Officer cited the transformation project for outpatients, the promotion of Patient Initiated Follow Up and new clinic templates.

With respect to diagnostic services, performance against the 6-week standard was 76.3%. The longer waiting times were largely due to the loss of the Loughborough MRI mobile and machine down time in March 2024.

The Committee highlighted the item to the Trust Board for information.

6. Information items

6..1 The Integrated Performance Report M12 2023/24 was noted.

7. 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)).