

<b>Meeting title:</b>	Public Trust Board
<b>Date of the meeting:</b>	9 May 2024
<b>Title:</b>	<b>Operations and Performance Committee Annual Report 2023-24; Terms of Reference</b>
<b>Report presented by:</b>	Jeff Worrall – Non-Executive Director and Operations and Performance Committee Chair
<b>Report written by:</b>	Alison Moss – Corporate and Committee Services Officer

<b>Action – this paper is for:</b>	<b>Decision/Approval</b>	<b>x</b>	<b>Assurance</b>	<b>x</b>	<b>Update</b>	
<b>Where this report has been discussed previously</b>	<b>None</b>					

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**  
 This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Operations and Performance Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

**Impact assessment**  
 There is no expected impact upon patients or staff.

**Acronyms used:**  
 OPC – Operations and Performance Committee

**1. Purpose of the Report**

2.1 To present the Annual Report 2023/24 of the Operations and Performance Committee and changes to the Committee’s terms of reference for approval.

**2. Recommendation**

2.1 To approve the Committee’s Annual Report 2023/24 and take assurance that it covered all the areas within its remit.

2.2 To approve the revised terms of reference for Operations and Performance Committee.

**3. Annual Report**

3.1 The OPC Annual Report is set out in Appendix 1. The Committee took assurance that OPC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2023 to 31 March 2024.

**4. OPC Terms of Reference**

4.1 The Terms of Reference are set out in Appendix 2. It is proposed to amend the membership to include the LLR UEC Director (when appointed substantially) and to amend the duties to remove reference to performance for patients waiting more than 104 weeks.

## Operations and Performance Committee Annual Report 2023-2024

### 1. Introduction

The Operations and Performance Committee's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

### 2. Meeting Attendance

During the period of this report, the Operations and Performance Committee met on 12 occasions. The Committee core membership consists of four Non-Executive Directors, Chief Operating Officer, and either the Medical Director or Chief Nurse.

Name	Role	Possible	Actual	% attendance
J Worrall (member from July 2023 and Chair from November 2023)	Non-Executive Director	9	9	100
M Williams ** Chair until November 2023 and member until February 2024	Non-Executive Director	11	11	100
A Haynes	Non-Executive Director	12	9	75
B Patel	Non-Executive Director	12	9	75
J Melbourne	Chief Operating Officer	12	10	83
A Furlong/J Hogg	Medical Director/Chief Nurse	12	12	100
<b>Non-voting Members</b>				
Name	Role	Possible	Actual	% attendance
R Mitchell	Chief Executive	12	3	25
J MacDonald	Trust Board Chair	12	7	58
L Hooper (from May 2023)	Chief Financial Officer	11	6	64
H Hendley	LLR Director of Planned Care	12	12	100
S Favier	Deputy Chief Operating Officer – Planned Care	12	10	83
S Taylor	Deputy Chief Operating Officer – UEC	12	10	83
M Archer/ S Nancarrow	Associate Director of Operations – Cancer	12	11	92
R Briggs (from May 2023)	Associate Director of Operations - Projects	11	9	82
<b>Attendees</b>				
Name	Role	Possible	Actual	% attendance
G Collins-Punter (until December 2023)	Associate Non-Executive Director	9	6	67
J Worrall (until July 2023)	Associate Non-Executive Director	3	3	100
A Garcea (from January 2024)	Associate Non-Executive Director	3	1	33

All of the meetings held were quorate. The quorum is 2 Non-Executive Directors and 1 Executive Director. Quoracy is confirmed at the start of each meeting and features on the agenda as a specific item (together with an outline of the process in the event that the meeting is inquorate).

### 3. Effectiveness of the Operations and Performance Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the Operations and Performance Committee has fulfilled its duties. ***The position listed below reflects the terms of reference effective from May 2023.***

The purpose of the Committee is to enhance Trust Board oversight and assurance around all matters relating to our short term operational performance and two-year transformation programme.

General Composition and establishment		Yes	No
1	Does the Operations and Performance Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?	✓	
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Operations and Performance Committee terms of reference were last reviewed by OPC in April 2023 and subsequently approved by the Trust Board in May 2023. A plan is now in place to review these annually together with an review of effectiveness and an annual report to the Trust Board.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting, and discussion takes place on those risk scores and the mitigating actions.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1.	Oversee Trust performance around Emergency Care, including ambulance handovers, to seek assurance that: the risks to delivery are known; robust action plans are in place to address these issues (with a focus on both short-term recovery and longer term improvement); and that the implementation of these plans are having the right impact and are resulting in intended outcomes.	✓	
2.	Oversee Trust performance around Elective care, with a particular emphasis initially around 104-week waits, recovery of activity to 19/20 levels, 62 day cancer performance, including backlog and improving access to timely diagnostics. The Committee will seek assurance that: <ul style="list-style-type: none"> <li>○ key underlying issues and risks in these areas are known and evidence based.</li> </ul>	✓	

	<ul style="list-style-type: none"> <li>○ clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories.</li> <li>○ elective transformation programmes are aligned with national, system and service priorities and are set to deliver tangible gains within 1 year and longer term.</li> </ul>		
3.	<p>Oversee any other significant operational and performance issues which may arise, including but not limited to, cardiac care.</p> <ul style="list-style-type: none"> <li>● Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Leicester, Leicestershire and Rutland Integrated Care System in respect of longer term transformational aims.</li> <li>● Seek assurance that supporting governance and performance management structures within the organisation are robust, effective and embedded within the Trust, and that where gaps are identified action plans are in place and are being implemented to address these concerns.</li> </ul>	✓	
4.	Regularly review the Corporate Risk Register and Board Assurance Framework to ensure that risks pursuant to the Committee’s duties are appropriately captured and monitored.	✓	
5.	To alert the Board and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.	✓	
6.	Ensure that appropriate, timely and accurate information is being captured and utilised in order for the Committee to fulfil its duties effectively.	✓	

3.2 The Operations and Performance Committee has been confirmed as compliant in respect of 6 out of the 6 core functions set out above (100 % compliant).

3.3 The Chair presents a escalation report to the Trust Board immediately after each OPC meeting. This report covers any recommendations to the Trust Board, highlights issues for the Trust Board’s attention, and outlines the extent of any assurance taken by OPC from the items discussed. The minutes, as approved by the Committee, are published on The Trust’s website as part of the Trust Board papers.

## Operations and Performance Committee Terms of Reference

### 1. Constitution

The University Hospitals of Leicester NHS Trust hereby resolves to establish a Committee of the Trust Board (hereafter referred to as “the Board”) to be known as the Operations and Performance Committee (hereafter referred to as “the Committee”).

The Committee shall have terms of reference conferring delegated authority from the Board and will be subject to conditions such as reporting its activities of the Board, as the Board shall decide and act in accordance with any legislation, regulation or direction issued by regulators or statutory bodies.

### 2. Purpose

To enhance Trust Board oversight and assurance around all matters relating to our short-term operational performance.

### 3. Membership

The Committee shall comprise:

#### Core Members

- 4 x Non-Executive Directors (not including the Trust Chair)
- Chief Operating Officer
- Medical Director, or Chief Nurse

#### Additional Attendance

The following Executive Directors (or their nominated deputies) are to be in attendance in a non-voting capacity:

- Chief Executive
- Trust Chair
- Chief Financial Officer
- Director of Planned Care, LLR
- Director of UEC, LLR (when appointed substantively)
- Deputy Chief Operating Officer – Planned Care
- Deputy Chief Operating Officer – UEC
- Associate Director of Operations – Cancer
- Associate Director of Operations - Projects

Other members of LLR staff may be invited to attend as and when required.

To carry on the business of the Committee, other Executive or Corporate Directors and Senior Managers may be invited to attend meetings as deemed necessary.

It is desirable that all members of the Committee, and other postholders to whom standing invitations have been issued, attend all meetings of the Committee. Where Executives are unable to attend, a deputy will be sent in their place. The Committee Chair is to keep attendance under regular review and is to be assisted in this task by the Director of Corporate and Legal Affairs. The Committee Chair is to raise any concerns regarding attendance at meetings with the Trust Board Chair to seek support in resolving such concerns.

The secretary and administrative support to the Committee shall be provided through the Corporate and Committee Services.

A deputy shall be nominated to attend a meeting of the Committee when the absence of one of the members (detailed above) would prevent an item of business being addressed. The deputy attending shall count towards meeting quorum, but not to the attendance record of the committee member him / herself.

All members shall attend a minimum of 75% of meetings of the Committee on a rolling 12 month basis.

#### 4. Quorum

Quorum shall be 2 Non-Executive Directors (one of whom will chair if the Committee chair is unavailable) and 1 Executive Director

#### 5. Meetings

Meetings are to be held monthly. Additional meetings may be convened by the Committee Chair at his/her discretion.

#### 6. Duties

##### The Committee will:

- Oversee Trust performance around Emergency Care, including ambulance handovers, to seek assurance that: the risks to delivery are known; robust action plans are in place to address these issues (with a focus on both short-term recovery and longer-term improvement); and that the implementation of these plans are having the right impact and are resulting in intended outcomes.
- Oversee Trust performance around Elective and Cancer care, with a particular emphasis around long waiters, total waiting list management, 62 day cancer performance, the Faster Diagnosis Standard and the diagnostic waiting list"
- ~~Oversee Trust performance around Elective care, with a particular emphasis initially around 104-week waits, recovery of activity to 19/20 levels, 62 day cancer performance, including backlog and improving access to timely diagnostics. The Committee will seek assurance that:~~
  - ~~key underlying issues and risks in these areas are known and evidence based.~~
  - ~~clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories.~~
  - ~~elective transformation programmes are aligned with national, system and service priorities and are set to deliver tangible gains within 1 year and longer term.~~

- Oversee any other significant operational and performance issues which may arise, including but not limited to, cardiac care.
- Gain assurance on quality improvement within clinical pathways and how it will drive sustained improvement on operational performance
- Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Leicester, Leicestershire and Rutland Integrated Care System in respect of longer term transformational aims.
- Seek assurance that supporting governance and performance management structures within the organisation are robust, effective and embedded within the Trust, and that where gaps are identified action plans are in place and are being implemented to address these concerns.
- Regularly review the Corporate Risk Register and Board Assurance Framework to ensure that risks pursuant to the Committee's duties are appropriately captured and monitored.
- To alert the Board and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.
- Ensure that appropriate, timely and accurate information is being captured and utilised in order for the Committee to fulfil its duties effectively.
- Receive appropriate internal audit reports pertinent to the committees remit and be assured the necessary actions are in place to address any risks identified.

## 6 Reporting and Governance

The Committee shall produce minutes of its meetings which will be formally ratified at the following meeting. A written summary each meeting shall be submitted to the next scheduled meetings of the Board. The summary will focus on items of escalations and specific items connected to strategic risks and strategic direction.

In addition, an annual report will be produced by the Corporate and Committee Services team setting out the Committee's compliance with its terms of reference and performance of its duties. This will be informed by an annual self-assessment conducted by the committee, ensuring its work and responsibilities are reflective of the changing environment within which the Committee functions. The Committee will set annual objectives. The Board will receive and approve the annual report.

## 7 Ratification

**Updated and reviewed by:** Operations and Performance Committee

**Date:** 26 April 2023

**Ratified by:** Trust Board

**Date:** 11 May 2023