Trust Board public paper F1

Meeting title:	Trust Board					
Date of the meeting:	14 August 2025					
Title:	**Escalation Report: Operations and Performance Committee 26 June 2025**					
Report presented by:	Scott Adams, 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 Activity Risks 2.

Impact assessment
• N/A

Acronyms used:	ICB - Integrated Care Board
BAF - Board Assurance Framework	MiaMi - Minor Illness and Minor Illness Injury Unit
ENT – Ear Nose and Throat	NOUS - Non Obstetric Ultrasound
EMCA - East Midlands Cancer Alliance	PAS – Patient Administration System
EMPCC - East Midlands Planned Care Centre	OPC – Operations and Performance Committee
ED -Emergency Department	SDEC – Same Day Emergency Care
FDS - Faster Diagnosis Standard	UEC – Urgent and Emergency Care

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

2.1 That the report be noted

3. Summary

OPC met on 26 June 2025. The meeting was quorate for most of the meeting and considered the reports below.

4. Discussion Items

4.1 Board Assurance Framework (BAF) Report

OPC received the BAF, noting that Risk 2 falls within its remit and there are standing reports to address the sub-risks. Further consideration will be given to holding deep dives at the Committee. There are no changes to the risk scores.

4.2 Urgent and Emergency Care (UEC) *(in mitigation of BAF Risk 2 (1)*

OPC was briefed on developments in UEC. Adult attendance at ED is over plan. Admissions to Emergency and Specialist Medicine are significantly over plan creating challenges for patient flow. Activity for SDEC is on plan and pathways for direct admission being explored. The new functionality within PAS will enable appointments to be made directly for MIaMI. Work with the ICB is being undertaken to reduce attendances and a phased approach to increasing capacity in the community.

Improvements have been seen in four of the six productivity measures. The two which were challenged were weekend and non-clinical discharges. There are issues around complex discharges and available packages of care from Adult Social Care.

OPC discussed initiatives with respect to reducing the average length of hospital stays and more pathways for medical day care. It noted work to reduce attendances by frequent users of UEC. OPC was updated with respect to previous requests for more information on mental health attendances at ED, and discharges to care homes.

OPC requested an update to a future meeting on reducing length of stay, the eBeds Project, pilots for earlier discharge, and engagement with 111 and primary care services.

NHSE has asked for the Winter Plan 2025/26 to be submitted at the beginning of August 2025. It is proposed, to submit an outline plan at that point and a more detailed plan to be signed off by the Operations and Performance Committee and Trust Board in September/October 2025.

4.3 Elective Care and Diagnostic Services (RTT and DM01) *(in mitigation of BAF Risk 2 (2))*

OPC was briefed on elective care, highlighting areas of risk and noting actions. Five patients have waited over 78 weeks for treatment at the end of May 2025 which was three more than expected; 137 patients had waited over 65 weeks. The biggest challenge to getting to zero 65 week waiters is paediatric ENT. Whilst the availability of beds has improved, there is a need for paediatric anaesthetists. There would be a ‘super week’ in July 2025 to allow the service to ‘catch up’ but it will inevitably deteriorate over winter. Mutual aid was being requested. In response to a previous action, OPC discussed ‘on the day’ cancellations.

Performance for diagnostic services was noted. At the end of May 2025 5,675 patients have waited over 6 weeks for a diagnostic test (which is a slight deterioration) and 535 have waited over 13 weeks (an improvement). The total waiting list is 27,427. Performance for 6 weeks waits have been driven by demand for NOUS, DEXA and Cystoscopy. NHSE is investigating the reason for the increase demand for NOUS as this is being experienced regionally. The number of ’did not attend’ appointments reduced. There is work to do to improve the number of scans per hour. There will be a deep dive into productivity at the August 2025 meeting.

OPC requested more information opportunities and challenges arising from replacement of PAS and the opening of the Hinckley Community Diagnostic Centre and visibility of the EMPCC Recovery Plan.

4.4 Cancer Operational Performance Report *(in mitigation of BAF Risk 2 (3))*

OPC was updated on cancer operational performance. Good progress has been made. Performance for FDS continues to improve, and the Trust is on, or above plan, for all three national standards. The Trust has not achieved the standards for 62-day and 31-day performance since 2014. There is work in train to track and reduce the backlog and prioritise those patients with a diagnosis of cancer rather than chronological order. The Trust remains in Tier 1 for cancer, but NHSE acknowledges the progress made.

There are risks around Head and Neck, Skin and Breast Cancer and the issues and mitigating actions were outlined. There is a pressure on Oncology, and it is hoped that a job plan review will increase capacity. In addition, work to change the culture to shift more patients into 'Personal Stratified Follow Up' will release capacity and improve waiting times.

Work has started on improving productivity with respect to 62-day waits, specifically capacity and the turnaround times in radiology and pathology.

Despite commissioning a fifth Linear accelerator, there remains a risk for 31 day waits around radiotherapy. It is hoped to achieve productivity gains by going paperless, and increasing the number of patients scanned each day. In addition, there is a risk around surgery due to capacity.

OPC discussed the cost pressure arising from reduced funding from EMCA as it was only willing to fund transformation and not substantive posts. There is a cost pressure of £190k, and there remains confidence about managing this cost pressure in 2025/26.

4.5 OPC Terns of Reference and Workplan

OPC considered revised terms of reference and an associated workplan. It will consider a further report in July 2025.

5. Information items

- Integrated Performance Report M2