

## Trust Board public paper F2

<b>Meeting title:</b>	Trust Board					
<b>Date of the meeting:</b>	14 August 2025					
<b>Title:</b>	<b>Escalation Report: Operations and Performance Committee 31 July 2025</b>					
<b>Report presented by:</b>	Scott Adams, Non-Executive Director (Chair)					
<b>Report written by:</b>	Alison Moss, Corporate and Committee Services Officer					
	Decision/Approval		Assurance	x	Update	
<b>Where this report has been discussed previously</b>	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

<p>Acronyms used:</p> <p>BAF - Board Assurance Framework</p> <p>ENT – Ear Nose and Throat</p> <p>ED – Emergency Department</p> <p>ICB - Integrated Care Board</p>	<p>OPC – Operations and Performance Committee</p> <p>PAS – Patient Administration System</p> <p>SDEC – Same Day Emergency Care</p> <p>UEC – Urgent and Emergency Care</p> <p>UHN – University Hospitals of Northamptonshire</p>
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### 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 Trust Board approve the terms of reference for OPC.

### 3. Summary

OPC met on 31 July 2025. The meeting was quorate and considered the reports below.

### 4. Recommended Items

#### 4.1 OPC terms of reference and workplan

OPC agreed to recommend the revised terms of reference to the Trust Board for approval.

It is proposed to add the following duties to the terms of reference: operational performance productivity and efficiency; UHL-UHN Access Strategy; and UHL winter plan.

It is proposed that data quality and clinical coding (including optimisation and best use of data) be reported through the Our Future Hospitals and Transformation Committee in light of that Committee's digital transformation remit, rather than through OPC.

OPC, noting that the standing items on the agenda addressed the three BAF sub-risks and agreed to hold deep dives into specific areas to consider best practice or issues of concern.

*The revised OPC Terms of Reference are attached to this report and recommended to the Trust board for approval.*

## **5. Discussion Items**

### **5.1 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. There are no changes to the risk scores.

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

OPC was briefed on developments in UEC. Attendances at Adult ED are above plan and below plan for Paediatrics ED. Activity for SDEC has increased. Emergency admissions are over plan. Performance against the 4-hour wait in ED standard has improved. No ambulance waited over 8 hours to handover a patient. There was one 72-hour delay in Emergency departments as a child had been abandoned and the case was complex.

Implementation of the PAS will support the management of beds through the eBeds capabilities, including real-time communication between departments to maximise capacity. There will be a number of projects to optimise flow.

The Early Discharge Project has two workstreams. The first launched in April 2025 for medicine increased pathway 0 (simple) discharges and reduced incomplete discharges leading reducing the Length of Stay by 0.8 days. The second workstream builds on the work identified from PA Consulting's work with the ICB. This looks at the ward round and escalation process. The ward-based improvement packs will be rolled in a phased approach.

The Committee asked about confidence in reducing the length of stay, the benefits arising from PAS, criteria led-discharge, consistent use of pathways for medical day case, SDEC activity for Urology, transport provision, and inappropriate referrals from GPs.

In considering the plethora of initiatives, the Committee discussed how to quantify the overall impact and mitigation of the BAF Risk 2(1). It acknowledged that whilst there is more the Trust could do to drive improvement, demand continues to increase. As the Trust does not have the capacity for additional demand, the emphasis should be on deflecting activity, enhancing community capacity, ensuring patients remain well and for high users of UEC to have effective care plans.

### **5.3 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. Performance has deteriorated from May 2025's position – including an increase in the total waiting list. Whilst this was expected following PAS replacement, the impact is greater than expected which is being investigated. Patients awaiting e-triage have been added to the number, but there is more to be done on validation and understanding of the changes post-PAS implementation. It is anticipated that the upgrade to the System in mid-August 2025 would support resolution of the issues.

At the end of June 2025, five patients had waited over 78 weeks for treatment and 2,605 had waited over 52 weeks (1,059 above plan). The most challenged speciality was ENT.

OPC was briefed on performance of diagnostic services. There has been an increase in the number of patients waiting for tests over 6 and 13 weeks. This is due to increased demand, a reduction in the staff undertaking the bookings, and cessation of waiting list initiatives. Recovery plans will be presented to the next meeting.

*OPC noted that the implementation of PAS has gone well in the main, but there are significant operational issues to be resolved.*

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

OPC was updated on cancer operational performance. The Trust achieved the Faster Diagnosis Standard in May 2025 and June 2025. In May 2025, performance for the 62-day wait for treatment was 58% against the interim national standard of 70%. It is likely to deteriorate in June 2025 due to challenges for skin cancers due to the loss of a locum consultant and an increase in referrals (over and above the expected seasonal fluctuation).

The focus is on treating those patients who had been diagnosed with cancer and improving the 62 day position. Areas of focus for improvement included breast, head and neck cancers. Radiotherapy has started to recover and further improvement will be seen when the backlog has been addressed.

It is expected that performance for the 31-day standard would not improve until Quarter 4 of 2025/25.

#### **6. Information items**

- Integrated Performance Report M3

## **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, including access and operational productivity.

### **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) have a standing invitation to attend in a non-voting capacity:

- Chief Executive
- Trust Chair
- Chief Financial Officer
- Director of Planned Care, LLR
- Deputy Chief Operating Officer – Planned Care
- Deputy Chief Operating Officer – UEC
- Associate Director of Operations – Cancer and Diagnostics
- Associate Director of Operations – Projects
- Associate Director of Operations – Capacity and Flow

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 Urgent and 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, Diagnostic and Cancer care, with a particular emphasis around 18week waits, long waiters, total waiting list management, 62-day cancer performance, the Faster Diagnosis Standard and the diagnostic waiting list.
- Oversee Trust performance around Diagnostic targets and seek assurance that the risks to delivery are known, that 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.
- Review operational performance productivity and efficiency.
- Monitor the delivery of the UHL Winter Plan.

- Receive regular updates on the UHL-UHN Access Strategy, including any health inequity issues
- Monitor the access-related partnership working of UHL and UHN, including workplan and progress.
- Oversee any other significant operational and performance issues which may arise.
- 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.
- 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 committee's 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:** 31 July 2025

**Ratified by: Trust Board**

**Date:** 14 August 2025