

Trust Board Paper F1

Meeting title:	Public Trust Board					
Date of the meeting:	9 October 2025					
Title:	Escalation Report: Operations and Performance Committee 28 August 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:

BAF – Board Assurance Framework

FDS - Faster Diagnosis Standard

PAS – Patient Administration System

OPC – Operations and Performance Committee

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 28 August 2025. The meeting was quorate and considered the reports below.

The Committee discussed its concerns in relation to deterioration of service across each of the areas under its remit, including in some instances the risk of harm. As a result, it was agreed that this should form part of the feedback to Trust Board.

4. Discussion Items

4.1 BAF

The Committee received that BAF noting the risks within its remit. There were standing reports to address the three sub-risks. The BAF risks and actions have been reviewed and are noted.

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

OPC was briefed on UEC. Attendances at ED remain high, with paediatric attendances rising and eye casualty over-performing. Emergency admissions, particularly for medicine, are increasing.

Performance for the four-hour and 12 hours standards have been maintained, and ambulance handover performance is significantly improved since winter but remains a focus. The Trust has been placed in Tier 2 for its four-hour performance.

The Committee noted work with the 'Getting it Right First Time' (GIRFT) Team on UEC which is supporting trusts to implement timely, bespoke standards to address local priorities, through measurable tests of change. The GIRFT team also noted lots of positive things about UHL's UEC approach.

Committee members asked about weekend and complex discharges, support from System Partners.

The Committee discussed the UHL Winter Plan ahead of the Trust Board Development Session on 11 September 2025. It expressed concern that services were challenged in August 2025 and needs to get on a better footing before winter. The plan was supported, noting that the Trust needs to continue to strive for more with respect to actions within its control, and the Committee stressed the need to be clear with system partners as to what is expected.

4.2 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 noting that the position is challenged. Performance for elective care and diagnostic services is below plan and has been significantly affected by the implementation of PAS and industrial action. The Trust is in Tier 2 for the elective care based on the total waiting list and performance for 65 weeks. Internal escalation meetings are being held with the specialities which are most challenged, and progress is being seen.

The Committee asked questions about the impact of different actions and specifically requested greater clarity on the expected impact of the actions and the timeframe when improvements could be expected. Whilst a reduction in the waiting list and number of longer waiters is expected by Autumn, the Trust is not expected to be back on-plan until March 2026. The impact of the low uptake of waiting list initiatives and the slowing down of recruitment is acknowledged.

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

The Committee was briefed on cancer operational performance noting it is a challenged position – including similar challenges to those stated in elective care, including PAS, industrial action and recruitment. Whilst the Trust just achieved FDS in June 2025, it was unlikely to do so in July 2025 due to loss of capacity in breast, skin and head and neck cancer teams. This has a knock-on impact on performance for the 62-day standard through to October 2025. The frequency of meetings with the specialities to review what actions could be taken immediately has been stepped up. However, in the longer-term, capacity will be the issue for all tumour sites.

The Committee expressed concern about potential harms of patients waiting longer and noted that the quality committee oversees this risk. It is hoped that regional funding will be secured to support the Trust.

5. Information items

- Data Quality and Coding
- Business Intelligence and Information Strategic Update
- Integrated Performance Report M4 2025/26