

UHL/UHN Boards in Common Paper F6

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	9 April 2026					
Title:	Escalation Report from the UHL Operations and Performance Committee (OPC): 26 February 2026					
Report presented by:	Scott Adams, OPC Non-Executive Director Chair					
Report written by:	Scott Adams, OPC Non-Executive Director Chair					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Which Group Priorities does this link to	Transform patient care	x	Strengthen our culture		Deliver our financial plan	x
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
UHL BAF risk 2 (Activity 01, 02, 03)

Impact assessment
N/A

Purpose of the Report

To provide assurance on the work of the UHL Operations and Performance Committee (OPC).

Recommendation

The OPC met on 26 February 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Board, and sets out the OPC's level of assurance.

There are no items requiring formal recommendation from the February 2026 UHL OPC meeting.

This escalation report follows the new quadrant template, focusing on assurance levels and aiming to provide an 'at a glance' report from the Board Committees. The template covers: **key escalations; actions to take outside the Committee; positive assurances, and decisions taken.**

The escalation report also sets out any items recommended for approval, and any items referred to other Committees.

The report is not intended to be a narrative account of all issues discussed at the meeting.

Key escalations to notify the Board	Actions to take outside of the committee
No significant items to escalate although see commentary below related to on the day, (OTD), cancellations at EMPCC.	None
Positive Assurance taken	Decisions taken
<p>BAF Risk 02 Activity -01 UEC overcrowding and Patient flow Pressure on improvement to key metrics still being experienced.</p> <ul style="list-style-type: none"> • Strong winter performance over reporting multiple reporting period, with the challenge now shifting to sustaining the performance level alongside de-escalation activity. • CQC inspection took place during February for UEC services with initial informal feedback constructive. March committee will consider the output of the formal report. • Committee received early visibility of reporting and tracking format against MTP commitments for 26/27 and beyond and provided feedback. • Discussions with the system to reintroduce a LUECS were noted and the committee requested a further update in March. • OPC discussed hospital discharges, average lengths of stay, performance for the Paediatrics ED four hour wait standard • Initial view of Criteria Led Discharge materials contained within committee materials with positive discussion as a result. <p>BAF Risk 02 Activity -02 Elective Care backlog and timeliness Total waiting list remains above plan and trajectory.</p> <ul style="list-style-type: none"> • Zero 78week waits position continues, 65 ww position remains constant at 90 across Dec25 to Feb 26 • OPC noted the performance for diagnostic services. The total waiting list has reduced by 1,200 approximately patients. Whilst performance for the 13 weeks wait standard has improved it is still behind plan. 	

- The report outlined the actions being taken with respect to equity of access to diagnostic services and the GIRFT recommendations.
- Further discussion on PAS report expected in March Committee to ensure that PAS interface to database is also covered.
- Committee again received early visibility of reporting and tracking format against MTP commitments for 26/27 and beyond and provided feedback.

The committee received a deep dive on the reasoning behind the level of on the day, (OTD), cancellations at the EMPCC facility, with detailed action plans explored over the three primary causation areas of clinical cancellations, non-clinical cancellations and patient related. The committee were assured by the report and will continue to monitor the effectiveness of the action plans.

BAF Risk 02 Activity -03 Timely and effective cancer care

Continued improvement in faster diagnostic standard metrics although still off all national FDS standards, with the overall fragility of the service still a concern.

- Notable improvement in 31day standard. December 84.9%, January 78%. Improved position does not sustain through to 62 day performance so further focus required in this area for the committee.
- Radiotherapy waits continue to reduce, with Breast backlogs cleared at the end of September 2025 and prostate recovery on track to return to plan in Quarter 4. The challenge to further improve 31 Day waits for 2026/27 will focus on surgery.
- 10 of 12 Tumour sites showed improvement ongoing from December, with LOGI and H&N remaining as concerns.
- OPC noted that the Trust will be submitting a non-compliant plan for 2026/27 for both 62 and 31-day wait standards.

<ul style="list-style-type: none"> • Committee were informed that we had experienced no cancellations due to national bone cement issue. <p>No changes to any BAF ratings based upon materials received.</p>	
Items recommended for Board approval:	
None	
Items referred to other committees:	
None	

SIGNIFICANT ASSURANCE	Clear understanding of the issues with a robust, deliverable plan which will achieve the required outcomes. Only insignificant residual risk. There may be external evidence to corroborate this view
MODERATE ASSURANCE	Good understanding of the issues, a clear plan with timescales that are credible and deliverable but some action still required. The residual risk is more than insignificant
LIMITED ASSURANCE	Recognised material weaknesses which may be incomplete understanding of the issues or an action plan which is not comprehensive, credible or deliverable. A significant amount of residual risk remains
NO ASSURANCE	A fundamental failure to understand the issues. An action plan is inadequate with fundamental gaps, weaknesses or breakdown in compliance. A significant of residual risk remains and immediate action is required