

Boards in Common Paper E4

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:	8 May 2026
Title:	Escalation Report from the UHL Operations and Performance Committee (OPC): 30 April 2026
Report presented by:	Scott Adams, UHL OPC Non-Executive Director Chair
Report written by:	Scott Adams, UHL OPC Non-Executive Director Chair

Action – this paper is for:	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				
BAF Risk 02 Activity -01 UEC overcrowding and Patient flow BAF Risk 02 Activity -02 Elective Care backlog and timeliness BAF Risk 02 Activity -03 Timely and effective cancer care				
Impact assessment				
N/A				

Purpose of the Report

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

Summary

Operation and Performance Committee met on 30 April 2026 and was quorate. The attached escalation report identifies any issues which the Committee either needs to recommend, or wishes to highlight, to the Trust Board, and sets out the OPC's level of assurance.

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 Trust Board approval (none on this occasion), and any items referred to other Committees (none on this occasion).

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
<p>The committee received two deep dive reports covering Ophthalmology & Endoscopy services. (See action section for follow up activity).</p>	<p>The Ophthalmology report generated an action to further explore the equity of access for the service covering geographic, socio-economic and ethnicity perspectives, with the report returning to OPC in October of this year.</p> <p>The endoscopy deep dive materials produced a follow up action to demonstrate a plan to resolve and align long waiting list patients with underutilised capacity within the endoscopy service. Action to return to OPC at the beginning of Q2.</p> <p>Cancer performance action requesting summary of learning taken from engagement with peer group Trusts whose cancer performance is demonstrably better than UHL’s with a view to describing to Board learning and actions which need to be taken to improve cancer performance.</p>
Positive Assurance taken	Decisions taken
<p>Ophthalmology deep dive The committee received a follow up to the deep dive previously covered on this topic in December 25, with a broader scope and longer historic review period than the last iteration. The report focused upon RTT performance, recovery backlog, provided insight into Equity and historic cases of harm & system working to move part of the service to community settings. Overall, the committee took good assurance from the report in all of these areas, including the changes to the service made in relation to the historic cases of harm, (noting the follow up action related to Equity described in the actions section above).</p> <p>BAF Risk 02 Activity -01 UEC overcrowding and Patient flow Pressure experienced with an impact expected in May report from an increase in UEC attendances in April. Noting this;</p> <ul style="list-style-type: none"> • Positive trajectory continues on ambulance handovers • 4hr Performance for March 26 was 77.2% meeting the national target of 76% 	<p>None expected</p>

<p>Endoscopy deep dive</p> <p>The committee received a detailed report covering Endoscopy service challenges, recovery plans and highlighted risks and actions. Overall the committee took reasonable assurance from the report noting the actions in place to address resource and recruitment challenges, however a follow up action was requested to identify a plan to align long wait patients with underutilised service capacity as described in actions section above.</p> <p>BAF Risk 02 Activity -02 Elective Care backlog and timeliness</p> <p>Total waiting list remains above plan and trajectory with return action in place to resolve digital and ops concerns related to the impact of new PAS system.</p> <ul style="list-style-type: none">• Positive 78 week waits position continues• 65-week position at end March was 49, providing strong springboard into the current fiscal year.• Job planning activity making progress.• STEP program has made good progress in Cardiology• RTT performance for March was 59% (exceeding forecast of 58%). Delivered with the impact of elective sprint activity and significant validation. <p>BAF Risk 02 Activity -03 Timely and effective cancer care</p> <p>Evidence of green shoots in faster diagnostic standard metrics performance, Feb 74.5% - March 67% with the overall fragility of the standard still a concern.</p> <ul style="list-style-type: none">• 31-day performance showing encouraging signs with performance at 87.2% for Feb and 88% for March.• Action requested from the Cancer team as described in action section above <p>No changes to any BAF ratings based upon materials received.</p>	
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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