Boards in Common Paper F5

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:	11 June 2026
Title:	**Escalation Report from the UHL Operations and Performance Committee (OPC): 28 May 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	X	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

Operations and Performance Committee met on 28 May 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 (annual report of OPC effectiveness), 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
None	None
Positive Assurance taken	**Decisions taken**
Impact of PAS on planned care performance The committee received a follow up report describing progress on resolving the outstanding matters which are affecting panned care performance as a result of the implementation of the Nerve Centre PAS during 2025. The committee took reasonable assurance from the progress being made and requested a further final update with committed timescales for resolution to return to the committee in September 26. **BAF** The committee were sighted on the revised format for FY 26/27 of the BAF risk delegated to the Operations and Performance Committee wherein the three separate BAF risks for UEC, Elective and Cancer performance have been combined into a single risk. That risk is now articulated as **BAF 02 – Demand exceeding capacity impacting access, flow and delivery of timely care.** That top level BAF risk is the further underpinned by specific risk detail cover UEC, Elective and Cancer. Following active discussion during the committee the change to the format was welcomed as providing greater alignment to current plan expectations and organisational aspirations with no change to risk scoring at this time. **Annual committee effectiveness report** The committee received the annual committee effectiveness review which communicated overall strong assurance on the committee effectiveness. Some areas of improvement included greater visibility of annual plans and dissemination of Board Escalation reports to committee members for their awareness. **Performance** The committee recognised strain across all areas during April driven by significant increases in activity. The committee recognised the continued	None expected

hard work and commitment of all teams and took reasonable assurance for UEC and Elective performance, with limited assurance for Cancer given the continued pressures the service is experiencing. UEC - A review of a single front door approach for Paediatric SDEC was highlighted with the outcome expected to come to OPC during Q2. Cancer – 31-day performance in April attained 86%, (6% above plan). Radiotherapy achieved zero backlog for Breast and zero backlog also for Prostate > 6m wait. Elective – Concerns flagged over delays to key recovery actions in Ambient AI and Automated Call & Booking. Concerns flagged related to the withdrawal of the intended Single Managed Insourcing supplier from the proposed contract, with mitigations and alternatives being actively explored.	
Items recommended for Board approval:	
Annual Report into OPC effectiveness (appended to this escalation report).	
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

University Hospitals of Leicester NHS
NHS Trust

Paper J

Meeting title:	Operations and Performance Committee (OPC)
Date of the meeting:	28 May 2026
Title:	**Operations and Performance Committee Annual Report 2025-26**
Report presented by:	OPC Chair
Report written by:	Alison Moss – Corporate and Committee Services Officer

Action – this paper is for:	**Decision/Approval**	**x**	**Assurance**	**x**	**Update**	
Where this report has been discussed previously	**None**					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used:
OPC – Operations and Performance Committee

Purpose of the Report

The report provides OPC with assurance that OPC meetings have covered all essential areas aligned with its terms of reference. The report covers the period 1 April 2025 to 31 March 2026.

Recommendation

The Operations and Performance Committee is invited to endorse the report prior to submission to the Trust Board in June 2026.

Introduction

The Operations and Performance Committee's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

Meeting Attendance

During the period of this report, the Operations and Performance Committee met on 12 occasions.
The Committee membership consists of four Non-Executive Directors, Chief Operating Officer and Medical Director or Chief Nurse.

Voting members	*Role*	*Possible*	*Actual*	*% attendance*
S Adams *(from May 2025)*	Non-Executive Director Chair	11	10	91
A Haynes	Non-Executive Director	12	11	92
H Hendley *(from October 2025)*	Chief Operating Officer	6	6	100

A Inchley *(April 2025 only)*	Non-Executive Director	1	1	100
S Kaur *(from May 2025)*	Asociate Non-Executive Director	11	9	82
T Robinson *(from May 2025)*	Non-Executive Director	11	6	55
J Melbourne *(until September 2025)*	Chief Operating Officer	6	4	67
A Furlong/J Hogg	Medical Director/Chief Nurse	12	7	58

Non-voting Members	*Role*	*Possible*	*Actual*	*% attendance*
A Moore	UHL Chair	12	0	0
L Bond	Chief Financial Officer	12	9	75
H Hendley *(until September 2025)*	LLR Director of Planned Care	6	5	83
S Favier	Director of Planned Care	12	8	67
S Taylor	Director of UEC	12	11	92
S Nancarrow	Deputy Chief Operating Officer	12	12	100
S Bendelow	Deputy Chief Operating Officer	12	7	64

The quorum is two Non-Executive Directors. All meetings were qurorate.

1. **Effectiveness of the Operations and Performance Committee in delivering its Core Functions**

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the Operations and Performance Committee has fulfilled its duties. The position listed below reflects the terms of reference effective from August 2025.

The purpose of the Committee is to enhance Trust Board oversight and assurance around all matters relating to short-term operational performance.

General Composition and establishment		Yes	No
1	Does the Operations and Performance Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?	✓	
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Operations and Performance Committee terms of reference were last reviewed in August 2025. These are reviewed annually together with the workplan.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting.

The agenda and papers are circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1.	Oversee Trust performance around 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.	✓	
2.	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.	✓	
3.	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.	✓	
4.	Review operational performance productivity and efficiency.	✓	
5.	Monitor the delivery of the UHL Winter Plan.	✓	
6.	Receive regular updates on the UHL-UHN Access Strategy, including any health inequity issues	✓	
7.	Gain assurance on quality improvement within clinical pathways and how it will drive sustained improvement on operational performance.	✓	
8.	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.	✓	
9.	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.	✓	
10.	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.	✓	
11.	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.	✓	
12.	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.	✓	

3.3 The Operations and Performance Committee is compliant in respect of the core functions as set out above.

4. **Operation of the Committee**

The Non-Executive Directors and Lead Executives on OFHTC were asked for their feedback on the operation of the Committee. The findings are noted below.

Theme 1 – Composition, Establishment and Duties	
Outcomes reported to Board	**Overall: Strongly Agree**

	Comment: Reporting arrangements are in place and supported by revised Board reporting templates.
Annual report to Board	**Overall: Agree (with mixed visibility)** Comment: Some respondents unclear on process or visibility of the annual report, suggesting this may not be consistently sighted.
Annual work plan in place	**Overall: Agree / Strongly Agree (with some uncertainty)** Comment: Forward planning and deep dive scheduling in place; however, not all members are sighted or confident in this
Papers circulated in good time	**Overall: Agree / Strongly Agree** Comment: Administration is generally considered strong and papers are usually timely.
Theme 2 – Committee Focus	
Members contribute regularly	**Overall: Agree / Strongly Agree** Comment: Good levels of engagement and participation reported
Theme 3 – Committee Team Working	
Appropriate balance of skills and experience	**Overall: Agree / Strongly Agree** Comment: Committee composition broadly appropriate.
Executive director attendance supports understanding	**Overall: Agree / Strongly Agree** Comment: Appropriate attendance generally present, though some feedback suggests further strengthening clinical representation (e.g. medical/nursing input)
Management briefing on risks and controls	**Overall: Strongly Agree** Comment: Risks and control gaps are routinely presented, supported by BAF updates and report structure.
Environment supports open discussion	**Overall: Strongly Agree** Comment: Positive culture enabling open discussion and challenge across meetings.
Theme 4 – Committee Effectiveness	
Quality of papers supports effective role	**Overall: Agree (with notable feedback)** Comment: Papers are high quality but often very detailed/lengthy; suggested focus on trends, risks, and key decisions
Members provide constructive challenge	**Overall: Strongly Agree** Comment: Evidence of genuine challenge, supported by deep dives and attendance of relevant staff.
Debate is allowed to flow	**Overall: Agree / Strongly Agree (with some constraints)** Comment: Generally effective, though agenda pressure can restrict discussion (particularly for later items such as cancer)
Summary reporting to Board	**Overall: Agree (with some uncertainty)** Comment: Reporting is in place, but not all members are confident or sighted on outputs.
Theme 5 – Committee Engagement	
Committee challenges management/assurance providers	**Overall: Strongly Agree** Comment: Committee demonstrates appropriate challenge to ensure clarity and assurance.
Theme 6 – Committee Leadership	

Chair has positive impact	**Overall: Strongly Agree** Comment: Consensus that Chair positively influences performance.
Meetings chaired effectively	**Overall: Agree / Strongly Agree** Comment: Improved agenda planning and discipline have strengthened meeting flow and balance.
19. Chair visible and approachable	**Overall: Agree / Mixed** Comment: Generally positive, but some concern regarding visibility across the Trust and suggestion for increased presence (e.g. more face-to-face engagement).
Chair enables open debate	**Overall: Strongly Agree** Comment: Chair supports open discussion without over-direction.
Chair reporting to Board is clear	**Overall: Strongly Agree / Agree** Comment: Reporting to Board is generally considered clear and effective.

Summary

The Operations and Performance Committee is **functioning effectively overall**, with strong performance across most domains.

Key strengths

- Strong **chairing and leadership**
- Effective **culture of openness and challenge**
- Robust **reporting and risk oversight arrangements**
- Positive **administrative support and paper circulation**

Areas for improvement

- Improve visibility and awareness of:
  - **Annual report to Board**
  - **Committee outputs and reporting routes**
- Continue to refine:
  - **Paper length and focus** (reduce detail, emphasise risks/trends/decisions)
  - **Agenda management** to protect time for key items (e.g. cancer)
- Strengthen:
  - **Clinical/executive attendance consistency**
  - **Chair visibility across the Trust**