Trust Board paper G5

Meeting title:	Trust Board
Date of the meeting:	11 September 2026
Title:	**Escalation Report from the Operations and Performance Committee (OPC): 25 June 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	
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 Trust's Operations and Performance Committee (OPC).

Summary

OPC met on 25 June 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 OPC's level of assurance.

There are no items requiring formal recommendation to the Trust Board from the June 2026 OPC meeting.

This escalation report follows a 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, 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
The committee received a deep dive on the Elective Orthopaedic services from the Head of Service. The report was informative and well presented providing significant detail on the issues being faced by the service. The service remains one of the most operationally challenged in the Trust, with a high referral demand and increasing complexities across a number of sub-specialties. Workforce, theatre, imaging and outpatient capacity constraint hinder elective recovery. Whilst the report was detailed and informative it provided insufficient detail on the plans being managed to positively impact on the challenges and as such the committee request a follow up covering the detail on actual mitigations in play. Overall limited assurance was taken. Additionally, the Committee received a deep dive update on the Getting It Right First Time, (GIRFT), Frailty update. The report was well received by the committee with positive assurance taken on the management of the services and the mitigation actions and recovery steps in place to address the challenges with the service. Overall reasonable assurance was taken. Further, a verbal update was provided by the Committee Chair and the Director of Planned Care on the recent GIRFT accreditation visit to the EMPCC facility. The Trust team were commended by the accreditation team on the professionalism of the visit itself and the materials shared as part of the accreditation. The formal outcome of the accreditation is anticipated by end September.	None
Positive Assurance taken	**Decisions taken**
BAF Risk 02 Activity – Demand exceeding capacity, impacting access, flow and delivery of timely care UEC performance	None expected

Services experiencing strain due to excessive demand notably in ED, Eye Casualty and Paediatric attendances. Detail received of review of single Paediatric Front Door / Paediatric SDEC with plans being established to implement by winter 26. Cancer Ops performance May performance was above plan in all three reporting standards of FDS, as well as 31 and 62 performance. Backlog continues to improve but remains behind plan. Specifically in relation to 31 day reporting standard performance in May was 89.8% making the Trust the most improved in this reporting standard nationally. Elective performance Evidenced improvement in DM01 performance, with both 6wk and 13wk performance positively below plan in May No changes to any BAF ratings based upon materials received.	
Items recommended for Board approval:	
Committee supported a range of recommendations related to ongoing Frailty improvements (highlighted to Board).	
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