Trust Board paper G7

Meeting title:	Trust Board
Date of the meeting:	11 September 2026
Title:	**Escalation Report from the Operations and Performance Committee (OPC): 27 August 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 27 August 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 August 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 presentation on Breast reconstruction services from the Clinical Director, MSS. The presentation was positively received by the committee, with reasonable assurance taken on the management of the service overall and the steps taken to address prior inconsistencies in the offering and adoption of reconstruction services. No deep dives were undertaken by the committee on this occasion however initial feedback was provided as part of the Cancer Ops Service update on recent discussion with a number of peer Trusts including UHB, Leeds and NUH on above median performance in the management of cancer pathway reporting standards. The committee received preliminary detail in a number of areas which were of strong interest and it was agreed that this should be brought back to committee as a number of recommendations capable of progression.	AN action was taken to quantify the scale of criteria led discharge across UEC activity, combined with a view of the scale of the potential improvement opportunity from this approach.
Positive Assurance taken	**Decisions taken**
BAF Risk 02 Activity – Demand exceeding capacity, impacting access, flow and delivery of timely care UEC performance Emergency attendance up 4.5% YoY creating strain on UEC services. Detail was received related to the LoS improvement programme. Further detail was provided in relation to the Trust's Winter plan which has been given a green / amber assurance rating by the ICB. Cancer Ops performance FDS improved to 77% in July, with 31day standard delivering favourably to plan and most improved nationally for third consecutive month. 62 day standard remains concerning with performance at 58% in July,	None expected

signs of improvement in Head & Neck which has been under pressure for several months. Elective performance Committee received detail of the enhanced plan activity tracking the route to the achievement of zero 65ww, inclusive of welcome direct support from the CEO and COO. Improvements in DM01 performance, notably in 13ww and 6+ week stds, although overall total waiting list remained static at 22.9k No changes to any BAF ratings based upon materials received.	
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