



**Leicester, Leicestershire
and Rutland**

Health Overview and Scrutiny Committee

January 2025



Midlands and Lancashire
Commissioning Support Unit

LLR NHS Priorities Performance Report 24/25

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NHS Leicester, Leicestershire and Rutland (LLR) is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board



A proud partner in the:

**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

Executive Summary

The aim of this report is to provide a high-level overview of the Leicester Leicestershire and Rutland (LLR) achievement of the National NHS System Priorities:-

Urgent Care

- UHL Clinical Bed Bureau supporting all Healthcare Professional (HCP) referrals 08:00-20:00 Monday to Sunday.
- Winter appointments additionality across General Practice, Oadby Urgent Treatment Centres (UTC), Market Harborough Urgent Care Centres (UCC) and Melton Mowbray UCC live from 01/12/2024.

Primary Care

- NHSE have introduced an additional role to the ARRS scheme; Newly qualified GPs. Additional funding is expected from NHSE to cover this for Oct-Mar 2025. ICB continue to support PCNs with managing their overall ARRS funding allocation.
- Additional winter capacity for primary care same day need is being delivered from Dec 24 to Mar 25 to support winter surges and wider system pressures.

Elective Care

- Continued roll-out and focus on Patient Initiated Follow Ups to increase capacity for new patients.
- The East Midlands Planned Care Centre (EMPCC) opened on 9th December.

Diagnostics

- UHL Pathology Service received UKAS Accreditation.
- Recurrent funding for the Pediatric Asthma Service agreed in December 2024.

Cancer

- The Faster Diagnosis Standard of 75% has been delivered in September for the 12th consecutive month with performance at UHL of 75.3%.
- Funding from the East Midlands Cancer Alliance for ACE (Accelerating Cancer Equity) awarded to 6 charities.

Mental Health

- Talking Therapies for reliable improvement is meeting the target of 67% for September 2024.
- Memory assessment service (MAS) are looking into current demand against service capacity with aims to update workforce plan. MAS team will be fully staffed from January 2025

Learning Disability

- National data confirms that LLR exceeded the Q1 and Q2 AHCs target within our Operational Plan, with more AHCs now being completed earlier within the financial year rather than Q4
- Work is ongoing to support people who have not accessed an annual health check in the last 2 years, with the pilot project extended for 24/25.
- The Quality Improvement project to improve uptake of AHCs for 14–19-year-olds continues this year, with the template to be used in Paediatrics/CAMHS (Child and Adolescent Mental Health Services) now signed off.

Performance Priorities Summary




Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG	Link to Slides
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in Mar 25 (Type 1 only)	Oct-24	56.3%	56.7%	Green	Link
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	Oct-24	00:30:00	01:05:37	Red	
Community Services	Number of people on waiting lists for CYP services who are waiting over 52 weeks	Sep-24 Q2 Plan	4242	4303	Red	Link
	Number of people on waiting lists for adult services who are waiting over 52 weeks	Sep-24 Q2 Plan	0	0	Green	
Primary Care	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Oct-24	85%	85.6%	Green	Link
	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels- <i>Units of dental activity delivered</i>	Sep-24	410,954	356,536	Red	
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Oct-24	0	109	Red	
	Deliver (or exceed) the system specific activity targets	Oct-24	13,507	13,439	Yellow	Link
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Oct-24	46%	48%	Green	
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025 (ICS)	Sep-24	58.9%	59.7%	Green	Link
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 (ICS)	Sept-24	76.5%	75.3%	Yellow	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Jul-24	2028 75%	51.4%	Grey	
Diagnostics	Total of 9 diagnostic tests - Percentage of patients waiting over 6 weeks	Oct-24	13%	25%	Red	Link

Performance Priorities Summary

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG	Link to Slides
Maternity, neonatal and Women's health	Continue to implement the Three-year delivery plan for maternity and neonatal services:- Increase registered midwives fill rates	Oct-24	375	374		
	National safety ambition to reduce stillbirth	Aug-24	Reduction 2023 4	5		
	Neonatal mortality (per 1,000 births)	2022	Reduce 2021 2.4	2.6		Link
	Maternal mortality	2023/24	Reduce 21/22 *	0		
	Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities	2024/25	LLR has set up women's hub			
Mental health	Improve patient flow and work towards eliminating inappropriate Out of Area Placements - Active inappropriate adult acute mental health out of areas placements (OAPs)	Sep-24	0	*		
	Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - No. of people who receive two or more contacts from NHS/NHS commissioned Community MH service	Sep-24	9,935	14,350		Link
	Increase the number of people number of women accessing specialist perinatal mental health services in the reported period (12mth rolling)	Sep-24	1,171	1,190		
	Improve access to mental health support for children and young people aged 0-25 accessing NHS funded services (compared to 2019) 12 mth rolling position reported for each month	Sep-24	17,565	17,690		
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies- Reliable improvement rate for those completing a course of treatment	Sep-24	67%	67%		
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies- Reliable recovery rate for those completing a course of treatment and meeting caseness	Sep-24	48%	44%		
	NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Sep-24	1094	705		
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check (12mth rolling-GPES data)	Q2 Q2 Plan	5,386	5,698		
	Recover the dementia diagnosis rate	Oct-24	66.1%	65.1%		

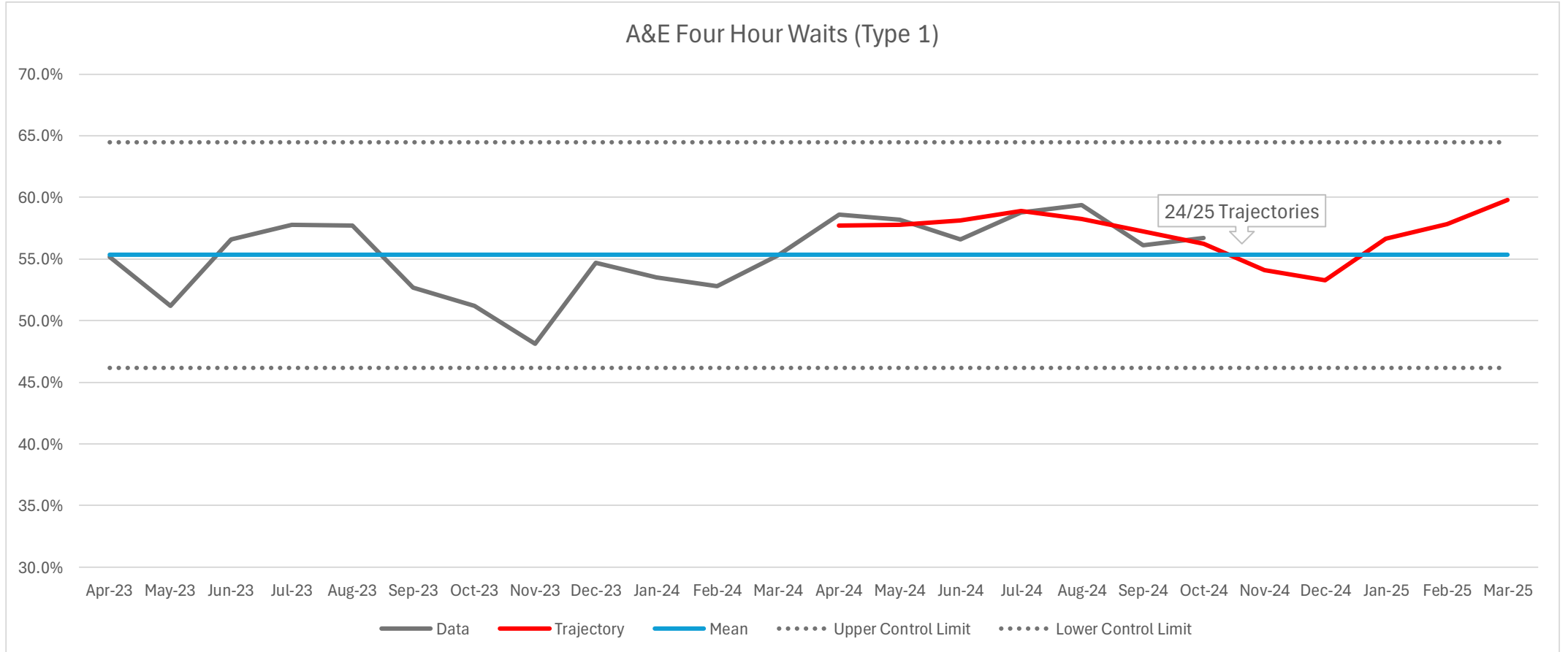
Performance Priorities Summary

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG	Link to Slides	
People with a learning disability and/or autism	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	Q2 24/25 Q2 Plan	765	973		Link	
	Number of adults with LD/Autism in inpatient care	Oct 24 Q3 Plan	24	28			
	Number of children with LD/Autism in inpatient care	Oct 24 Q3 Plan	3	*			
Prevention and health inequalities	CVDP002HYP: Percentage of patients aged 18 to 79 years with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is equal to 140/90 mmHg or less	Q1 24/25	64.5%		N/A		
	CVDP003HYP: Percentage of patients aged 80 years or over with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is 150/90 mmHg or less	Q1 24/25	79.5%		N/A	Link	
	CVDP007HYP - Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Q1 24/25	80.0%	67.5%			
	CVDP003CHOL - Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	Q1 24/25	60.0%	64.3%			
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	Part of each Partnerships – strengthened through link to Health Inequalities Support Unit					
Use of resources	Deliver a balanced net system financial position for 2024/25 - System delivery of planned deficit	M7	(51,679)	(67,490)		Link	
	Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25	TBC					
Workforce	Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions	TBC					

	Under achieved target
	5% Threshold
	Achieved target

Urgent Emergency Care

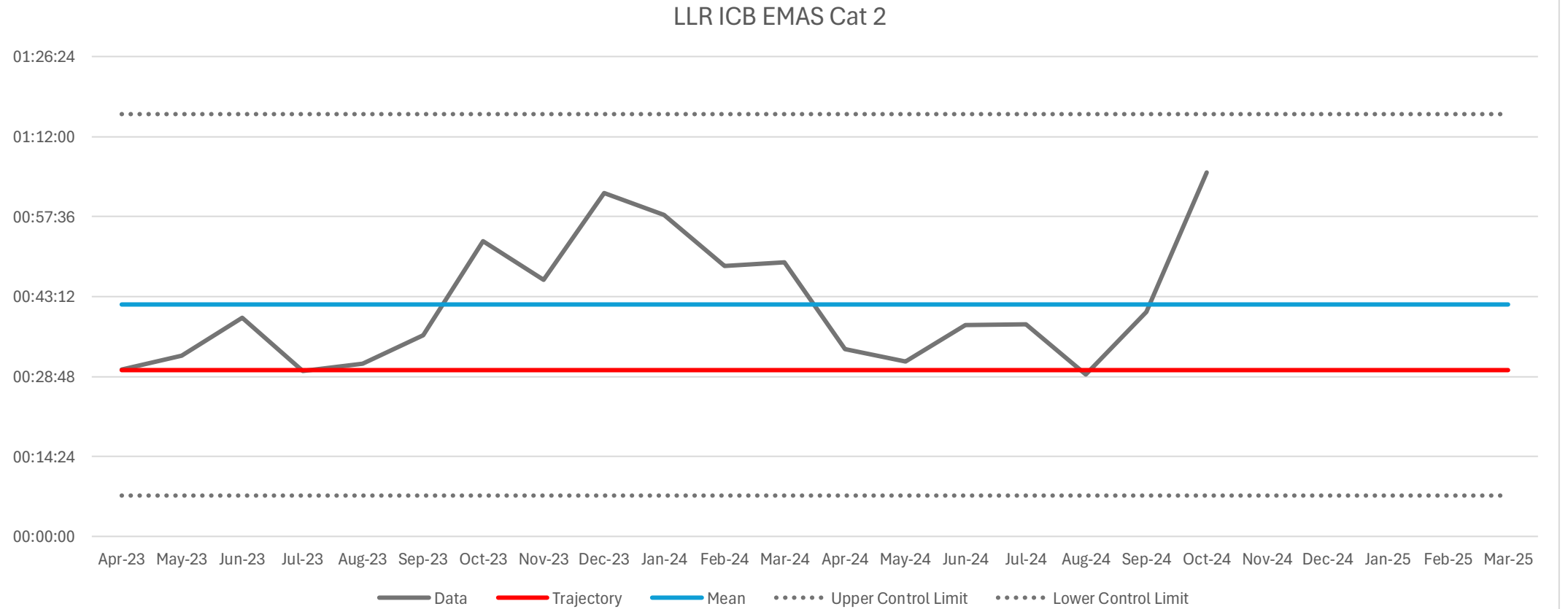
Measure	Month	Value	Target	Desired Direction
Improve A&E four hour waits, compared to 2023/24, of patients seen within 4 hours in March 2025 (Type 1)	Oct-24	56.7%	56.3%	Higher is better



[Link to summary table](#)

Urgent Emergency Care

Measure	Month	Value	Target	Desired Direction
LLR ICB EMAS Cat 2	Oct-24	01:05:37	00:30:00	Lower is better



[Link to summary table](#)

Urgent and Emergency Care

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Urgent and emergency care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in Mar 25 (Type 1 only)	Oct-24	56.3%	56.7%	Green
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	Oct-24	00:30:00	01:05:37	Red

Metric	Risk	Mitigation
Improvement of A&E waiting times	<ul style="list-style-type: none"> Overcrowding in the Emergency Department (ED) due to lack of flow resulting in long waits to see a doctor. Inability to create early capacity across the emergency care pathway due to lack of early discharges/using the discharge lounge overnight. High inflow of walk-in patients impacting on ambulance arrivals and poor outflow across the emergency care pathway. 	<ul style="list-style-type: none"> Maximising ED Front Desk re-direction to community UEC services. UHL Clinical Bed Bureau confirmed as the single point of access for HCP referrals to support direct access to Acute SDECs and Community UEC pathways. EMAS EOC booking into UTCs and UCCs went live 18/11/2024. Improvements to reporting of and learning from EMAS failed pathways for the implementation of local sustainable solutions and reducing ED attends. Improvements to reporting of EMAS high frequency users for enhanced care planning and reducing ED attends where other pathways are more appropriate. EMAS access to virtual wards via easily accessible high quality care plans.
Improve category 2 ambulance response times	<ul style="list-style-type: none"> The POA Escalation Pod (“PEP”) capacity supports ambulance handover and is staffed 24/7. EMAS ongoing comms to staff prompting use of NHS Service Finder/ First Contact including for falls prevention and post fall referral (promoting self-referral so as not to prolong on scene times). Maximising opportunities for patient signposting, HCP referrals and ambulance conveyances to Community and Acute non-ED pathways. 	
Reduce adult general and acute (G&A) bed occupancy	<ul style="list-style-type: none"> Risk of discharge delays and increasing number of medically optimised for discharge patients resulting in risk of harm and deconditioning. 	<ul style="list-style-type: none"> Working with CMGs to reduce ‘lost’ discharge outcomes. Integrated Discharge Team (IDT) hub and partnership weekly meetings. Implementation of consistent Criteria-led Admission, Reside and Discharge planning, supported by regular MADE events. Multi-agency transport huddles for improved planning through each week.

Good news:

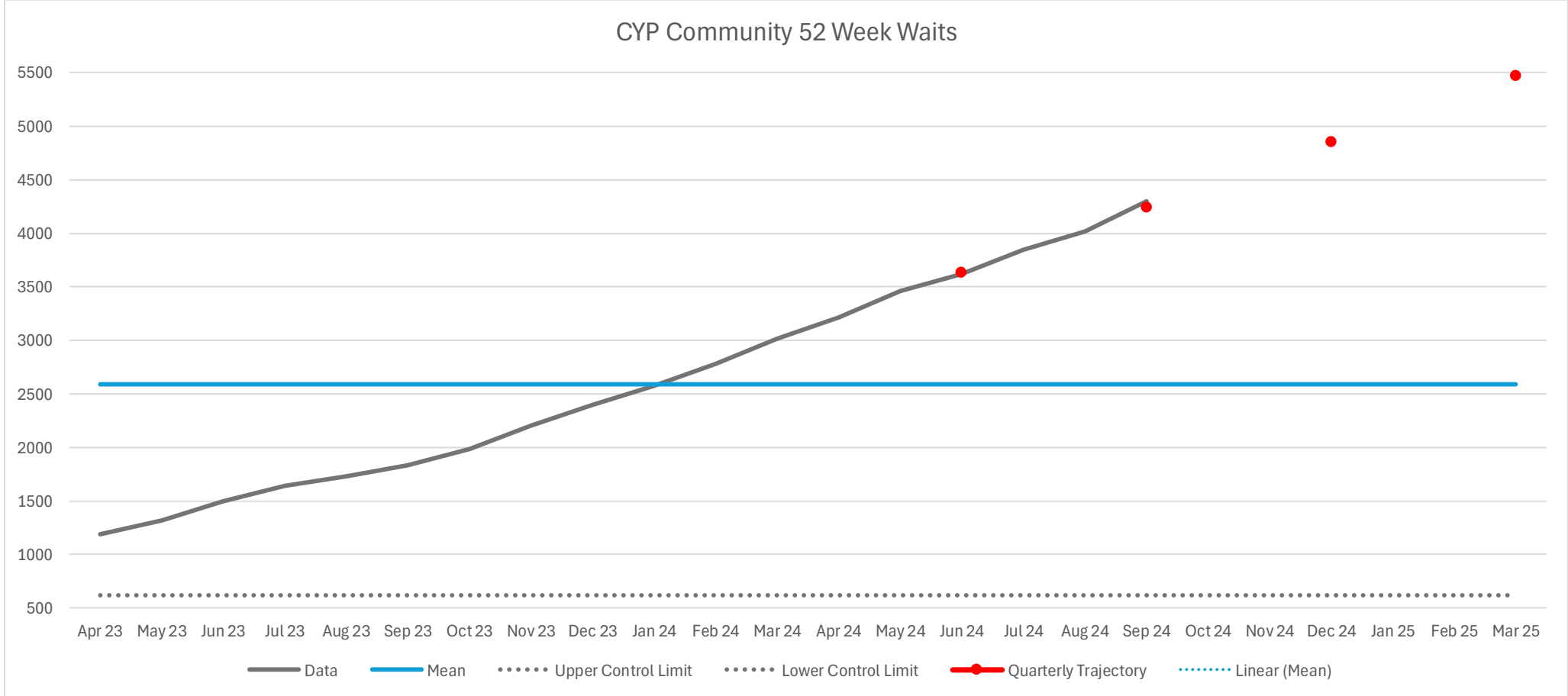
- UHL Clinical Bed Bureau supporting all HCP referrals 08:00-20:00 Monday to Sunday.
- Winter appointments additionality across General Practice, Oadby UTC, Market Harborough UCC and Melton Mowbray UCC live from 01/12/2024.

Patient Outcome:

- DHU CNH validation of NHS111 Primary Care dispositions to book / signpost patients to the most appropriate pathway live from 01/12/2024.
- Patient transport planning improvements are supporting Acute discharges to get patients home as early as possible.

Community Services - Over 52 Week Waits

Measure	Month	Value	24/25 Ops Plan Q2 Target	Desired Direction
No. of people on waiting lists for CYP services who are waiting over 52 wks	Sep-24	4303	4242	Lower is better

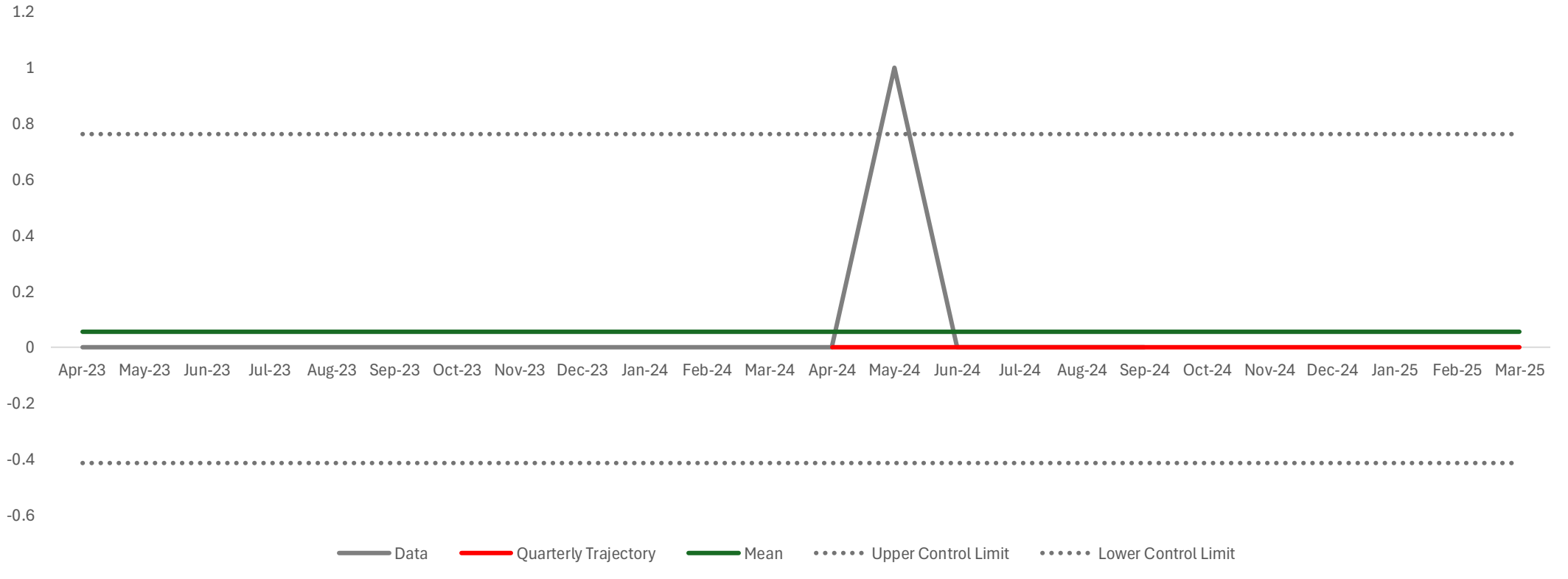


[Link to summary table](#)

Community Services - Over 52 Week Waits

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
No. of people on waiting lists for ADULT services who are waiting over 52 weeks	Sep-24	0	0	Lower is better

No. of people on waiting lists for ADULT services who are waiting over 52 weeks



[Link to summary table](#)

Note: Target is for end of Q2, not the end of September.

Community Services - Over 52 Week Waits

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Community Services	Number of people on waiting lists for CYP services who are waiting over 52 weeks	Sep-24 Q2 Plan	4242	4303	
	Number of people on waiting lists for adult services who are waiting over 52 weeks	Sep-24 Q2 Plan	0	0	

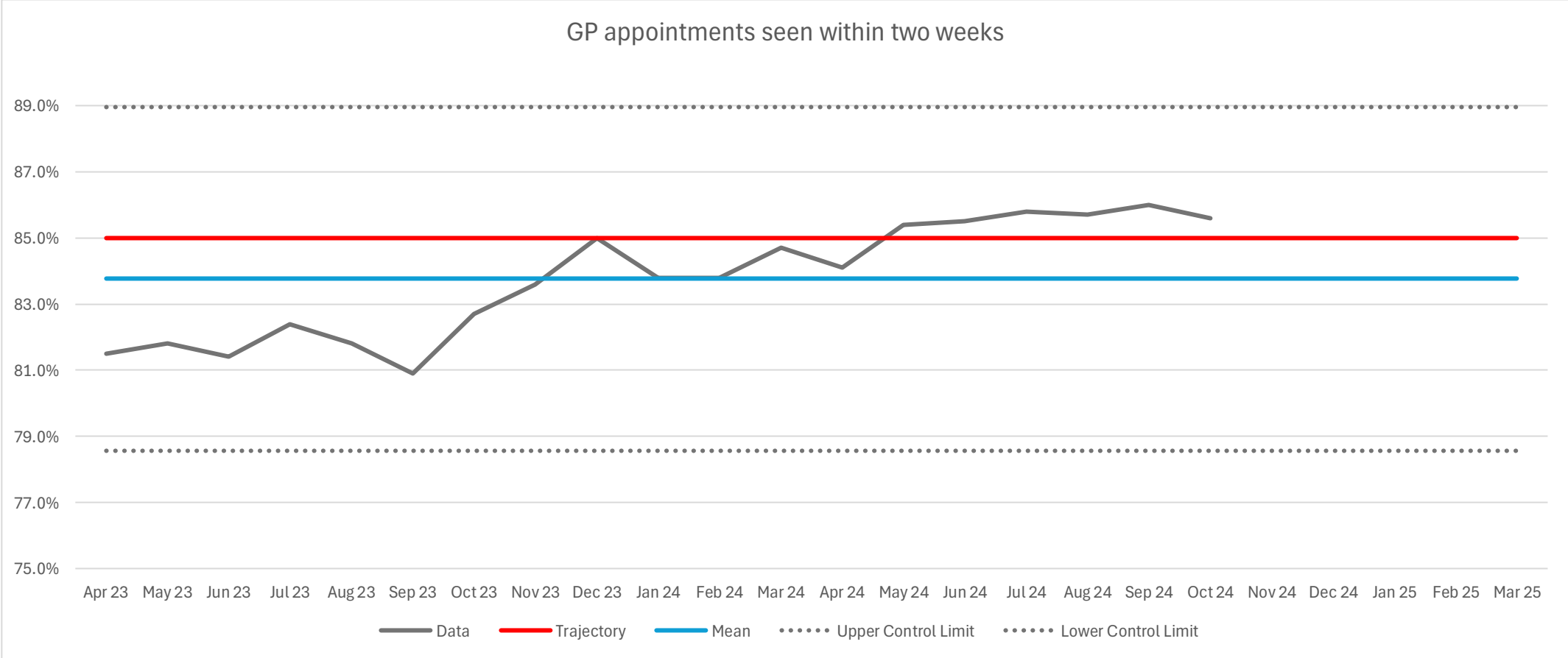
Metric	Risk	Mitigation
<p>Improve community services waiting times, with a focus on reducing long waits :-</p> <p>Number of people on waiting lists for CYP services who are waiting over 52 weeks</p>	<ul style="list-style-type: none"> Diagnostic delays affect long term outcome. Increased complaints and concerns. Exclusions increased in education settings. Negative impact on families - mental health issues, behaviour management. Trust reputation. Time limited funding for Educational Psychologists – will cease August 2025. Numbers increase due to continuing high referrals Impact of reduced local voluntary, community and social enterprise (VCS) capacity supporting CYP and adults whilst waiting. 	<ul style="list-style-type: none"> ADHD nurses seeing stable cases frees consultant capacity for new referrals. ADHD nurse input to ADHD diagnostic pathway to maximise consultant capacity PCN pilot for ADHD reviews increases follow up slots Educational Psychologists to ASC assessment to July 2025. Clinical Director/Assistant Clinical Directors review of over 52w+ waits for core services. PTLs, strong reporting and oversight at service, directorate and Trust level. Robust DNA/Was Not Brought measures reduce lost capacity. Current digital offer to families/children to support waiting well being implemented HIEM (Health Innovation East Midlands) applications submitted to further innovate and enhance above digital waiting well offer. Consider alternative options to minimise impact of VCS changes.
<p>Number of people on waiting lists for adult services who are waiting over 52 weeks</p>	<ul style="list-style-type: none"> No patients waited over 52 weeks in adult community services and risk of these remains low. 	<ul style="list-style-type: none"> Robust waiting list management processes give early warning of changes to referral patterns which may risk lengthening waits. Data quality measures in place to reduce risk of incorrect reporting.

Good news/ positive patient outcome

- Recruitment of AHPs (Allied Health Professionals) will support capacity for ASC (Autism Spectrum Condition) assessment and ADHD medication initiation and titration.
- Priority children seen within 18 weeks of referral with measures supporting early intervention for urgent cases.
- PTLs support 'live' review and action where clinical condition changes
- Stable children with ADHD seen by nurses enabling titrations to be completed in a timely manner.
- Good user/carer feedback with satisfaction scores consistently above 90%.

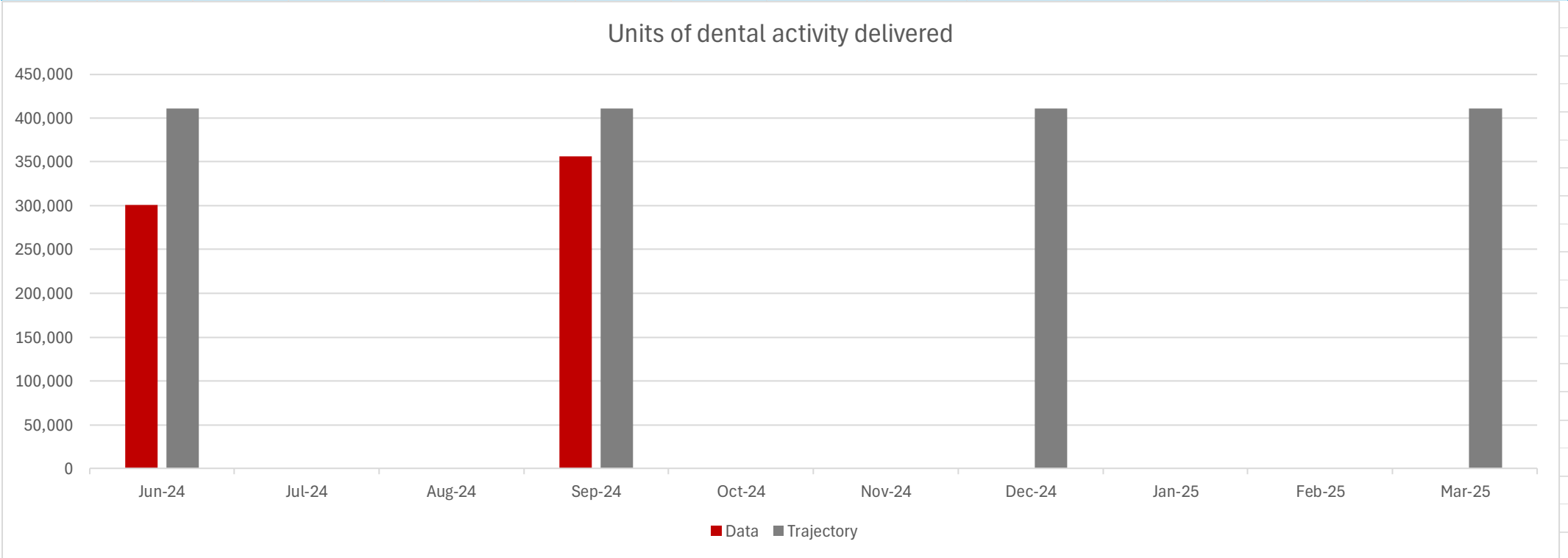
Primary Care

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
GP appointments - seen within two weeks	Oct-24	85.6%	85%	Higher is better



Primary Care

Measure	Month	Value	Target	Desired Direction
Units of dental activity delivered	Sep-24	356,536	410,954	Higher is better



[Link to summary table](#)

Primary Care

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Primary Care	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Oct-24	85%	85.6%	

Metric	Risk	Mitigation
Everyone who needs a GP appointment gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	<ul style="list-style-type: none"> Increase in demand during winter, specifically those with respiratory conditions. Workforce challenges remains an issue. Access to other services/pathways is fragmented. Impact of GP Collective Action in general practice and wider system 	<ul style="list-style-type: none"> Practices and Primary Care Networks (PCNs) will be expected to ‘modernise’ general practice as per the recommendations within the Primary Care Access Recovery Plan and have received an unconditional payment to support this. Practices and PCNs are expected to deliver against implementation of better digital telephony, improve digital access and implement faster care navigation, assessment and response. On completion of this, PCNs will receive further payment. Continue to embed Pharmacy First in General Practice and maximise on utilising the 7 clinical pathways, minor ailments service, BP monitoring and Oral Contraception. NHSE have introduced an additional role to the Additional Roles Reimbursement Scheme (ARRS); Newly qualified GPs. Additional funding is expected from NHSE to cover this for Oct-Mar 2025. ICB continue to support PCNs with managing their overall ARRS funding allocation. Ongoing delivery of the Enhanced Access appts increase access and offer a range of services, MDT team focusing on Preventative Care. Increase in Health Care Checks, Medication Reviews, Learning Disability Health Checks, Flu vaccinations. Continue to maximise on self-referral pathways and identify new pathways that are appropriate for self-referrals. GP Collective Action Task & Finish Group with specific cells established to monitor impact and proactively plan for/manage any impact of this across the system. Additional winter capacity for primary care same day need is being delivered from Dec 24 to Mar 25 to support winter surges and wider system pressures.

Patient Outcome:

North-West Leicestershire Federation are working with LPT to reduce ADHD waiting lists for children and young people in the area. Existing workforce has been trained and have established a standard operating procedure (SOP) and Clinical Template to cover the sharing of information. They are doing the reviews for medically stable patients to allow the specialists to focus on waiting lists and any concerns are escalated back through agreed channels to ensure risk is managed. This is a great example of collaborative working between organisations to maximise the ARRS roles in the PCN and deliver better outcomes for patients. Patient feedback so far has been 100% positive.

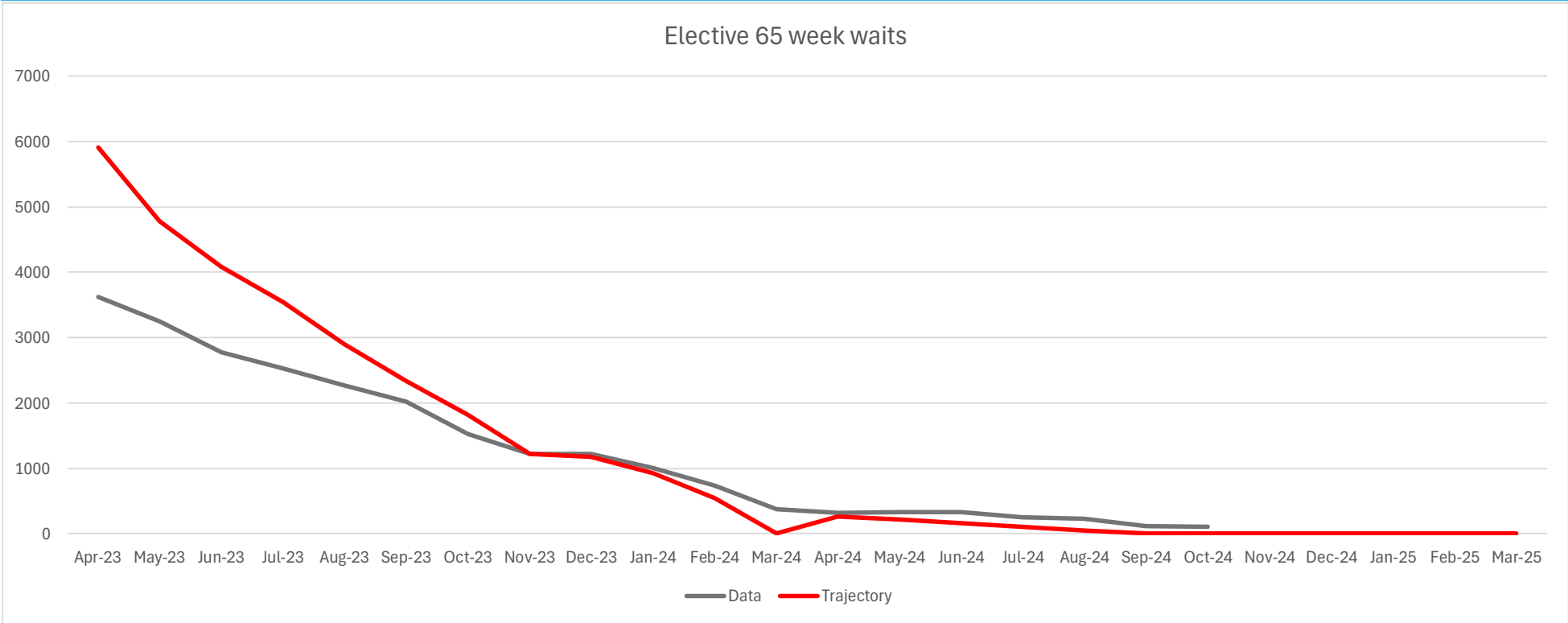
Primary Care

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Primary Care	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels- Units of dental activity delivered	Sep-24	410,954	356,536	

Metric	Risk	Mitigation
Increase dental activity by implementing the plan to recover and reform NHS dentistry	<ul style="list-style-type: none"> Workforce challenges within dentistry remain an issue. 	<ul style="list-style-type: none"> Delivery of the Dental Recovery Plan including increasing the minimum units of dental activity (UDA) value to £28 per UDA. The new patient premium scheme incentivising practices to see new patients and the dental recruitment incentive scheme encouraging dentists to work in areas which historically have been difficult to recruit to. To further explore the opportunities flexible commissioning provides to expand dental access and to deliver high quality care. To fully utilise the Dental budget ring fenced allocation to improve access to NHS Dental Services. Target investments to areas of greatest need and reduce inequalities within LLR to improve access. To rebase consistently underperforming dental contracts redistributing this activity to providers who can deliver additional dental activity.

Elective Care

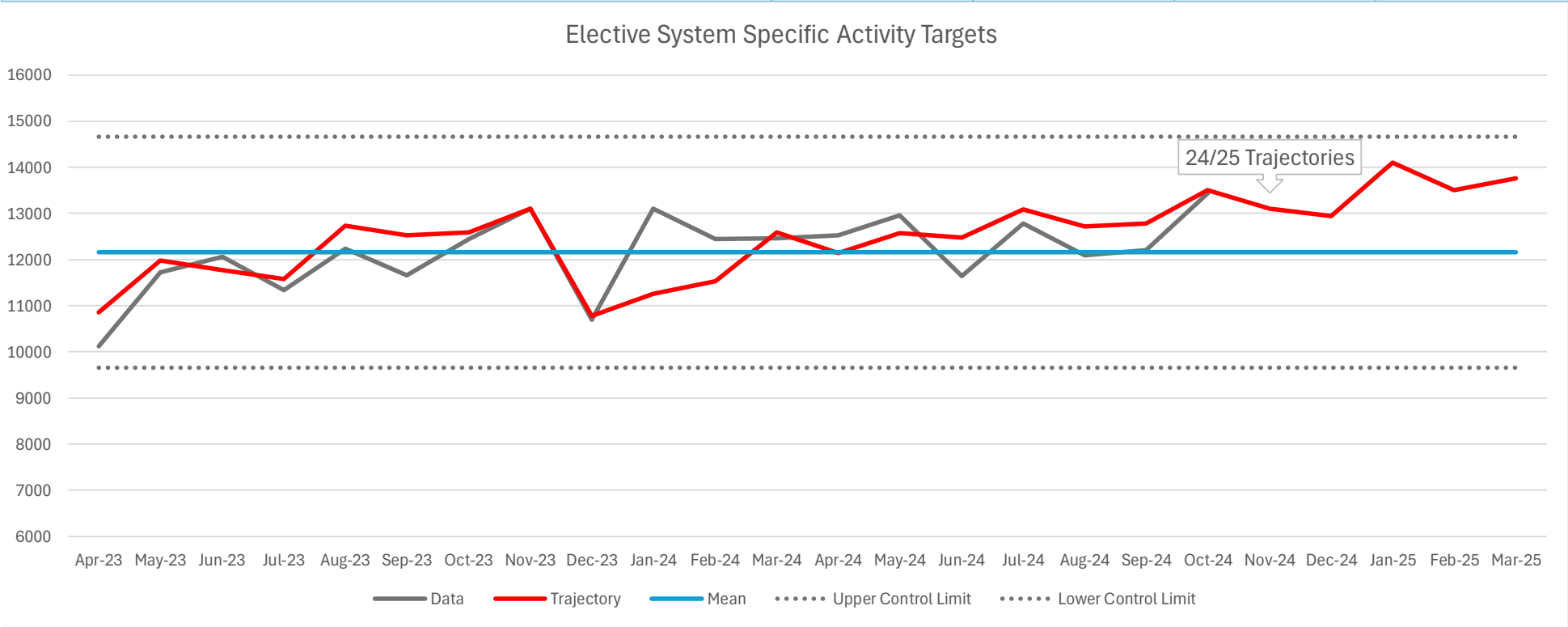
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Eliminate waits of over 65 weeks for elective care by September 2024 (except where patients choose to wait longer or in specific specialties)	Oct-24	109	0	Lower is better



[Link to summary table](#)

Elective Care

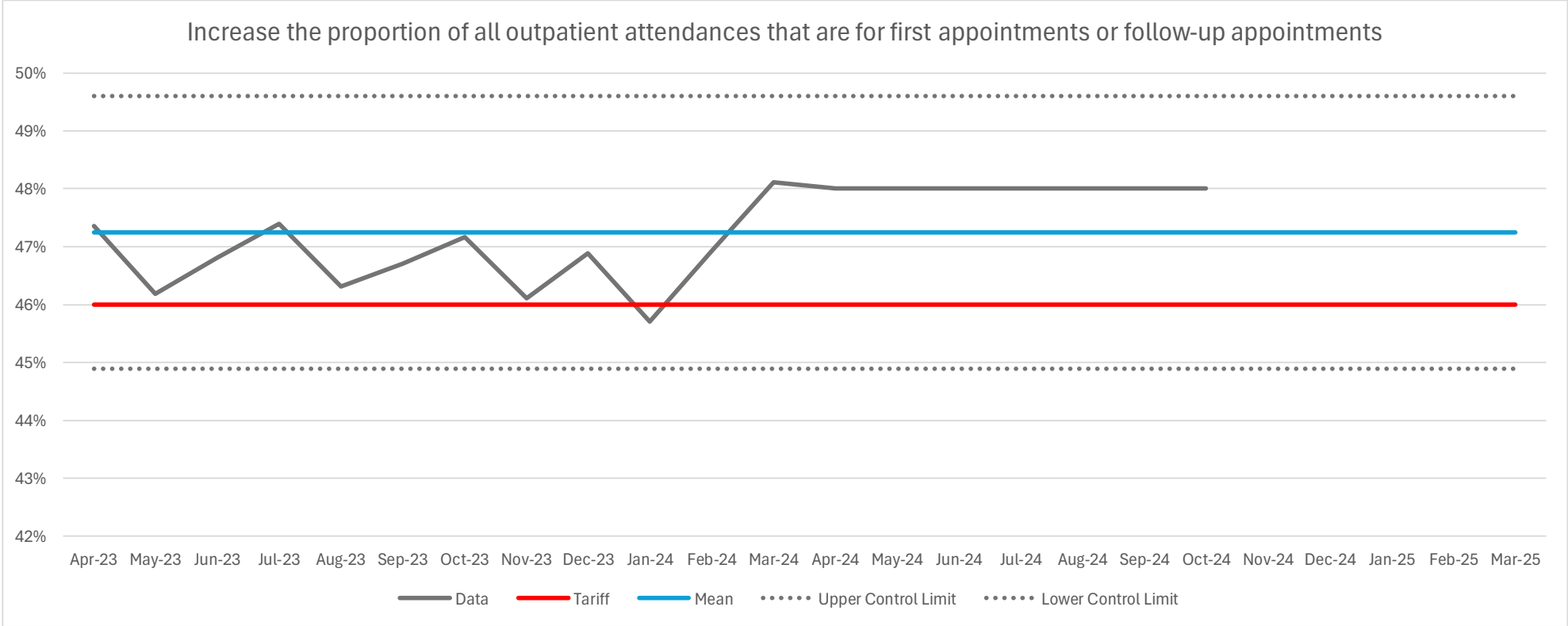
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Elective System Specific Activity Targets	Oct-24	13439	13507	Higher is better



[Link to summary table](#)

Elective Care

Measure	Month	Value	Tariff	Desired Direction
Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointment - procedure tariff to 46%	Oct-24	48%	46%	Higher is better



[Link to summary table](#)

Elective Care

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Oct-24	0	109	Red
	Deliver (or exceed) the system specific activity targets	Oct-24	13,507	13,439	Yellow
	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Oct-24	46%	48%	Green

Metric	Risk	Mitigation
<p>Eliminate waits of over 65 weeks for Elective Care</p> <p>Increased Outpatient attendances</p> <p>Deliver the system specific activity target as agreed in the operational plan:</p> <ul style="list-style-type: none"> Elective spells actual 13,439 plan 13507 (Oct-24) Total Outpatient Attendances(face-to-face and telephone/video) and Advice and Guidance Responses Plan 70,096 actual 73,277 (Oct-24) 	<ul style="list-style-type: none"> Day case activity levels lower than plan in month. Operational pressures due to the emergency demand impacting upon elective activity. Challenged Cancer position and urgent priority patients requiring treatment. Challenges with theatre estate, leading to loss of activity Workforce challenges across a range of posts, particularly within pre-op and administration for waiting list teams. Reduction in pre-op capacity due to long-term absence and struggles to recruit into gaps. 	<ul style="list-style-type: none"> The UHL long waiter position is monitored daily in addition to weekly meetings with the Chief Operating Officer (COO) and the Deputy COO for the 78 week and 65 week wait patients. Focus on all patients who are in the 52 week-wait cohort of March to have their first outpatient appointment as soon as possible. Use of Elective Recovery Fund (ERF) funds to support additional activity in particularly challenged specialties to increase predominately outpatient capacity. Continued roll-out and focus on Patient Initiated Follow Ups to increase capacity for new patients. Exploring mutual aid support in challenged specialties'

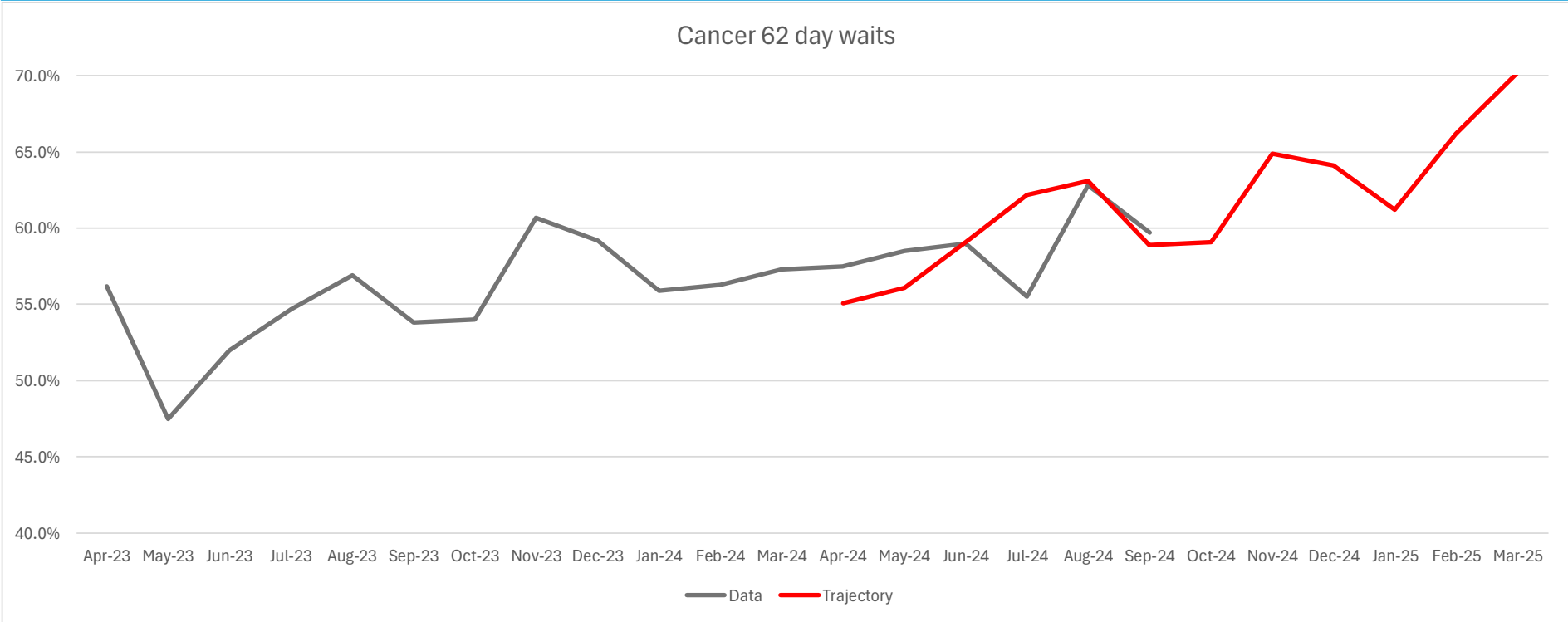
Good news:

- The East Midlands Planned Care Centre (EMPCC) opened on 9th December.

Patient Outcome: The time to wait for treatment or a decision that no treatment is required continues to reduce.

Cancer

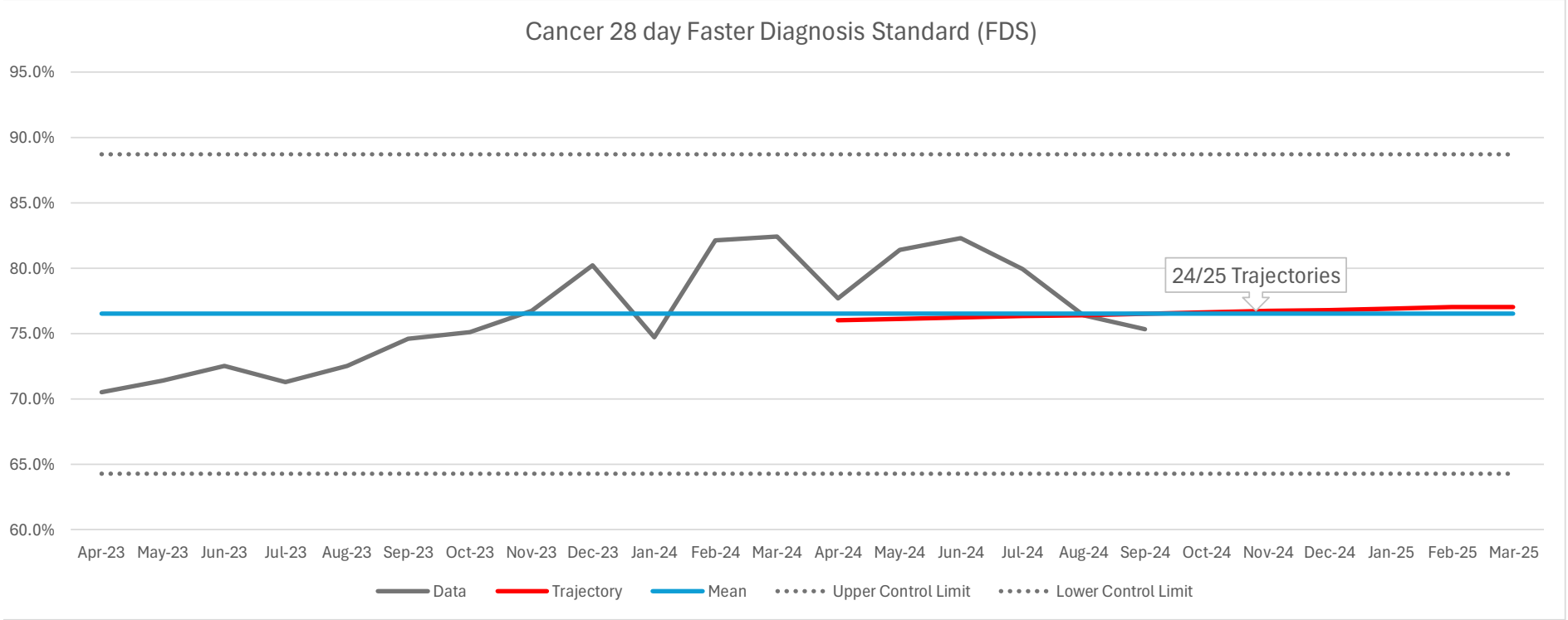
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Improve performance against the headline 62-day standard to 70% by March 2025	Sep-24	59.7%	58.9%	Higher is better



[Link to summary table](#)

Cancer

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Cancer 28 day Faster Diagnosis Standard (FDS)	Sep-24	75.3%	76.5%	Higher is better



Cancer

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025 (ICS)	Sept-24	58.9%	59.7%	Green
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 (ICS)	Sept-24	76.5%	75.3%	Yellow
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Jul-24		38.1%	

Metric	Risk	Mitigation
Reduce the number of patients waiting over 62 days (70% by Mar 2025)	<ul style="list-style-type: none"> Capacity constraints across various points of the pathways. Focus on treating patients in order of clinical priority and longest waits impact performance. Increase in diagnostic tests required and patient factors impacting. Oncology OPD capacity. Radiotherapy capacity. 	<ul style="list-style-type: none"> Clinical prioritisation of patients and review of next steps for >104-day patients. Recovery & Performance (RAP) meetings in place. Review of pathways in line with Best Practice Timed Pathways (BPTP) to identify areas for improvement. Audit of 5 specialties underway. East Midlands Cancer Alliance funding fully utilised. Urology work to streamline Out-patient department (OPD) in progress and LATP average time improving. Additional capacity in urology continuing. Oncology review of workload/structure progressing. Additional 6 chairs opened at the end of October. Pre-diagnosis nursing team supporting with patient engagement. Radiotherapy mitigations reliant on mutual aid and 5th Linac (Operational March 25).
Improve cancer faster diagnosis standard by March 2024 to 77% by March 2025		

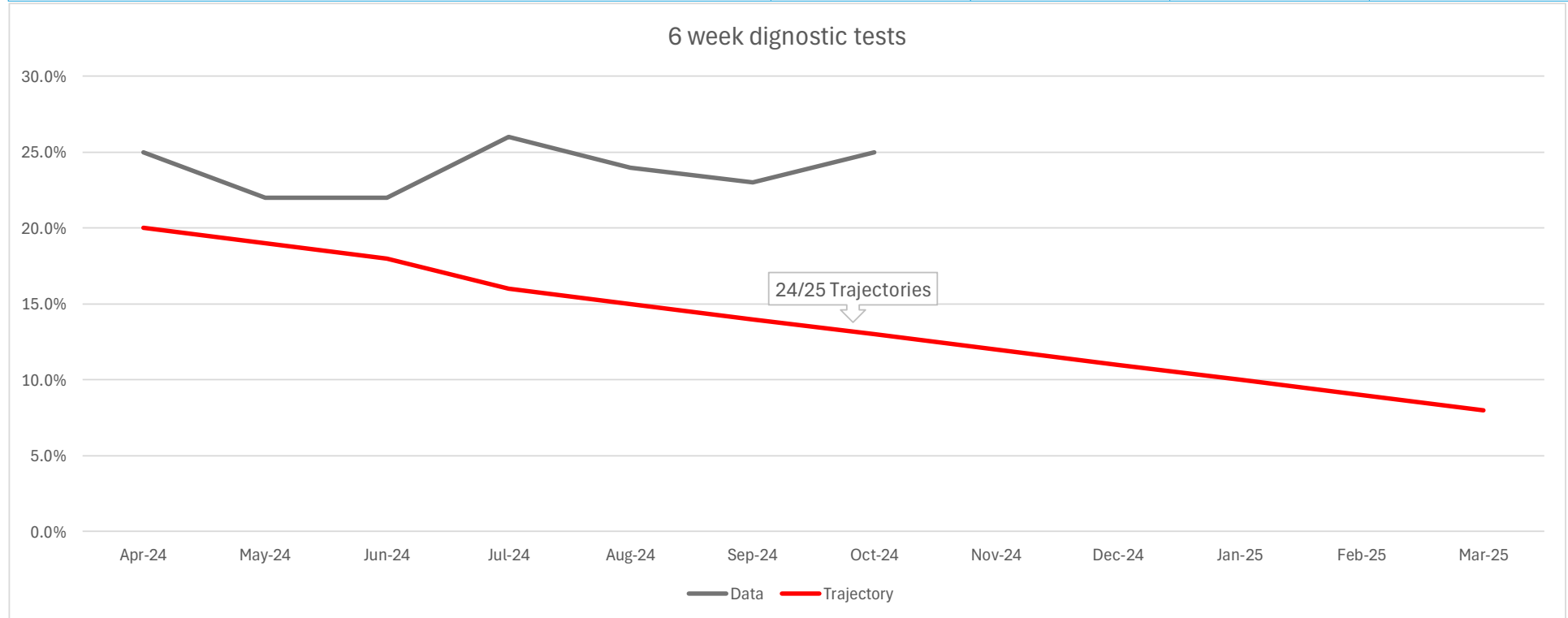
Good news:

- The Faster Diagnosis Standard of 75% has been delivered in September for the 12th consecutive month with performance at UHL of 75.3%.
- Funding from the East Midlands Cancer Alliance for ACE (Accelerating Cancer Equity) awarded to 6 charities to help with cancer awareness and increase in screening in different communities as well as supporting the award winning core20plus5 connectors Programme.

Patient Outcome: Faster diagnosis or ruling out of cancer and improved waiting times for treatment.

Diagnostics

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Total of 9 Diagnostic tests - % over 6 weeks waiting	Oct-24	25%	13%	Lower is better



Diagnostics

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Diagnostics	Total of 9 diagnostic tests - Percentage of patients waiting over 6 weeks	Oct-24	13%	25%	

Metric	Risk	Mitigation
Decrease the percentage of patients that receive a diagnostic test within six weeks (9 Tests)	<ul style="list-style-type: none"> Pressures from Cancer pathways / emergency / inpatient and long wait demand impacting on Endoscopy, CT and MRI Clinical workforce. Workforce recruitment. Increase in demand for sleep studies Overdue planned patients reporting from September Outpatient data capture for national reporting 	<ul style="list-style-type: none"> Review existing protocols to reduce repeated investigations. Progress the dedicated endoscopy unit at the Leicester General Hospital (LGH) - Operational August 25. Open Hinckley Community Diagnostics Centre – March 25. i-Refer Implemented to improve appropriateness of referrals. Expand diagnostics within primary care networks (PCN's). Ad-hoc issues such as machine breakdown are managed via the Clinical Management Group and with support given if mutual aid required. Actions in place at Leicestershire Partnership Trust to reduce long wait pediatric audiology waits. Additional MRI expected to be on site in early 2025 Recovery actions in place for Adult and Pediatric sleep

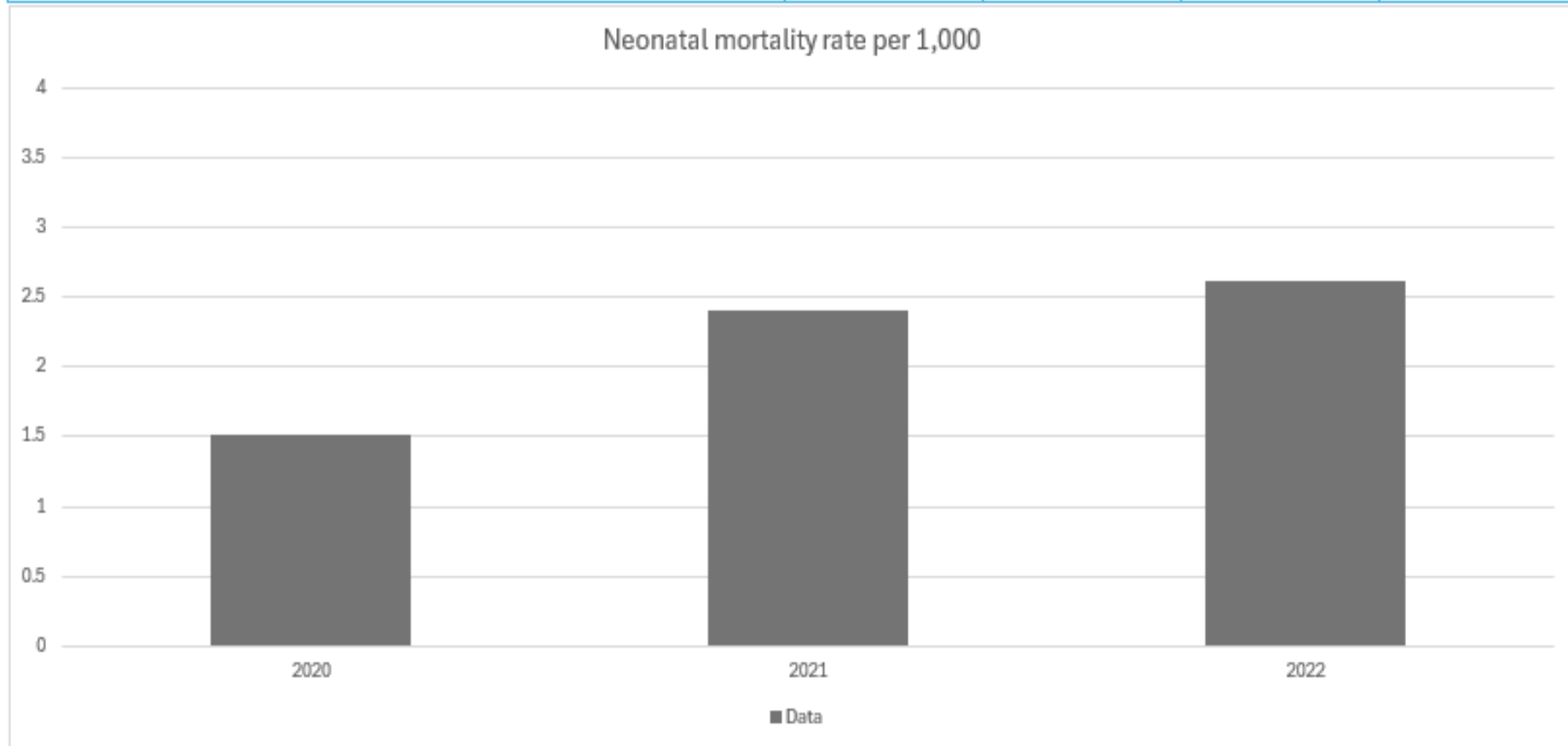
Good news:

- UHL Pathology Service received UKAS Accreditation. UKAS is the National Accreditation body for the United Kingdom appointed by the government, to assess and accredit organisations that provide services including certification, testing, inspection, calibration, validation and verification
- The Hinckley Community Diagnostic Centre (CDC) build is progressing at pace. Handover of the completed building to the NHS will be in March 2025
- Recurrent funding for the Paediatric Asthma Service agreed in December 2024

Patient Outcome: The time to wait for a diagnosis and a decision on treatment plan continues to reduce.

Maternity

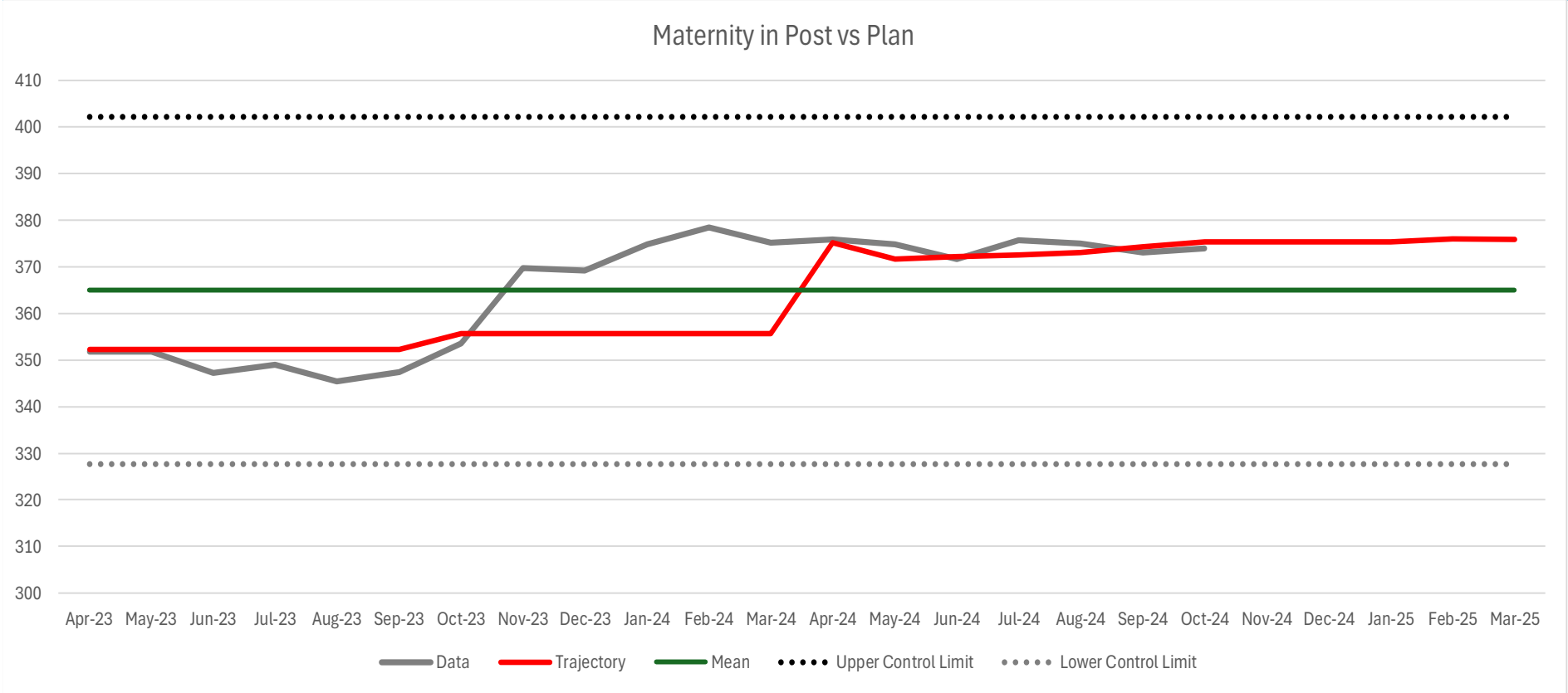
Measure	Year	Value	Target	Desired Direction
Neonatal mortality rate per 1,000	2022	2.6 per 1,000	Reduction	Lower is better



[Link to summary table](#)

Maternity

Measure	Month	Value	Target	Desired Direction
Increase registered midwives fill rates	Oct-24	374	375	Higher is better



[Link to summary table](#)

Maternity

Metric	Risk	Mitigation
Make progress towards the national safety ambition to reduce stillbirth	<ul style="list-style-type: none"> Currently on track. 	Slight variation in figures at start of year but due to very small number does not change overall picture but is something we are monitoring closely.
Neonatal mortality	<ul style="list-style-type: none"> We remain an outlier for neonatal deaths with our extended mortality being more than 5% greater than expected; This is consistent with other trusts providing neonatal surgery and congenital heart surgery. 	As a level 3 neonatal intensive care unit (NICU) we accept very sick babies across the region. We are keen to understand what additional factors other than medical complexities may be contributing to this. In response several steps are in place including a further peer review with Leads and working Public Health colleagues both regional and local to build a deeper understanding of our population health needs and demographics to support us improve outcomes for mothers and babies.
Maternal mortality	<ul style="list-style-type: none"> In line with national data. 	Our local picture mirrors the national data, however one death is too many. We are doing work with our maternity service's & public health colleagues around access to care and understanding demographic issues.
Increase maternity fill rates	Requirement to work with revised Birth rate plus trajectories (when refreshed) may mean our system shows a lag in achieving required midwifery numbers dependent on the version used.	Planned v's actual midwifery staffing continues to improve across both acute sites.. Establishment has increased in maternity by 10wte following the BR+ review. Midwifery fully established at LGH site, with further reduction in vacancies at LRI site and community by the end pf the year. Continue working with the universities and implement the Safer learning environmental charter(SLEC) principles to improve retention. Application of funding submitted to NHSE.

Good News: New projects underway to address Diversity and disparities e.g. Enhanced McoC business plan. Midwife dedicated to support with continuity of care of asylum seekers and migrant women. Early booking project to understand those that book late. Working in partnership with Race Health observatory to understand gaps in data collection and collation, Action plan developed for Interpretation and language service provision. Universal roll out of Vitamin D.

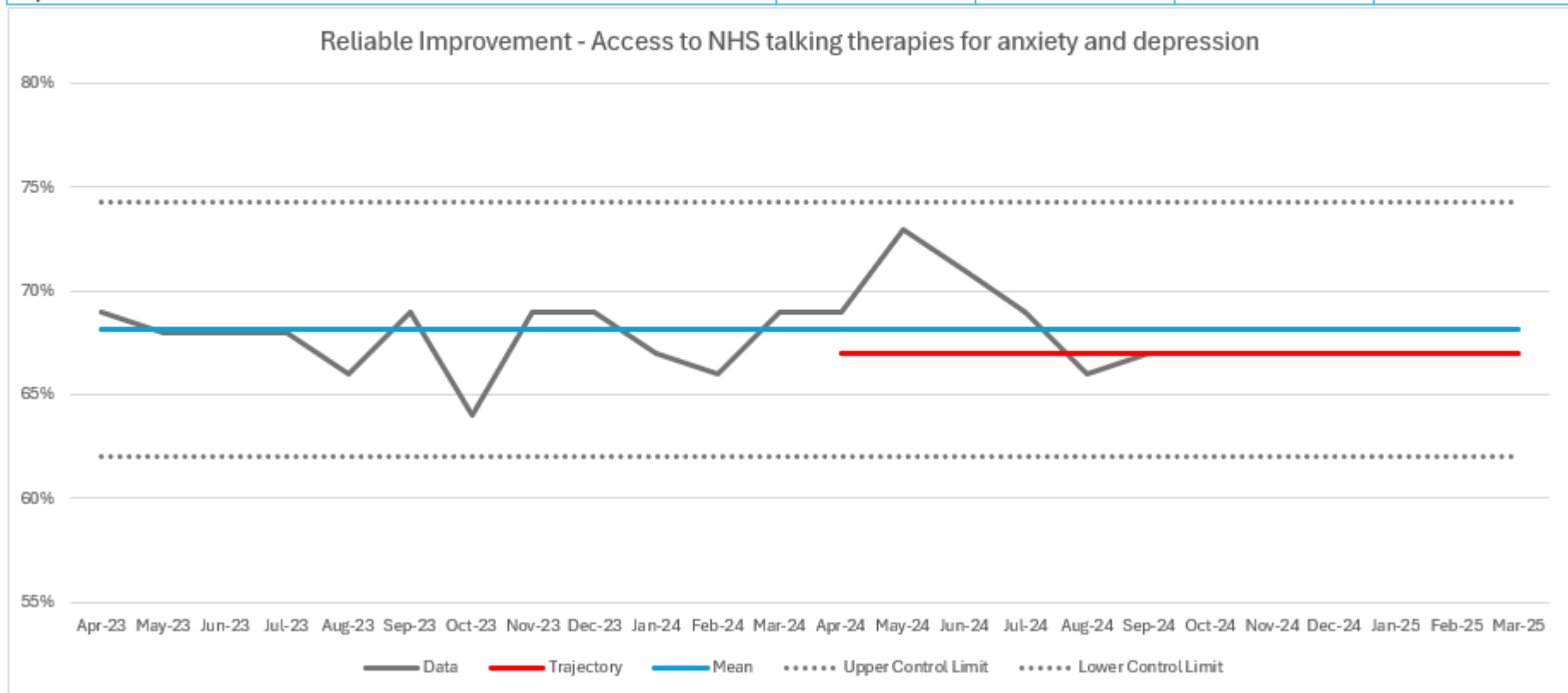
Maternity actions from the LLR Equity and Equality action plan have been aligned to the PSIP(Perinatal Safety Improvement Programme) workstreams within the Maternity Trust

Patient Outcome: Maternity and Neonatal Voice Partnership (MNVP) now in place. This supports women to have their voices heard and support improvements in services.

Workplan in place. Key areas that MNVP are supporting UHL with are the bereavement and pelvic health pathway; Improving access to Perinatal mental health; Improving the information given to mothers for Induction of labour(IOL) as well as conducting a survey with their users based on feedback received previously. Close working with Neonatal unit on the peer review and user feedback e.g. Free parking and free meals for families with babies on the Neonatal unit.

Mental Health

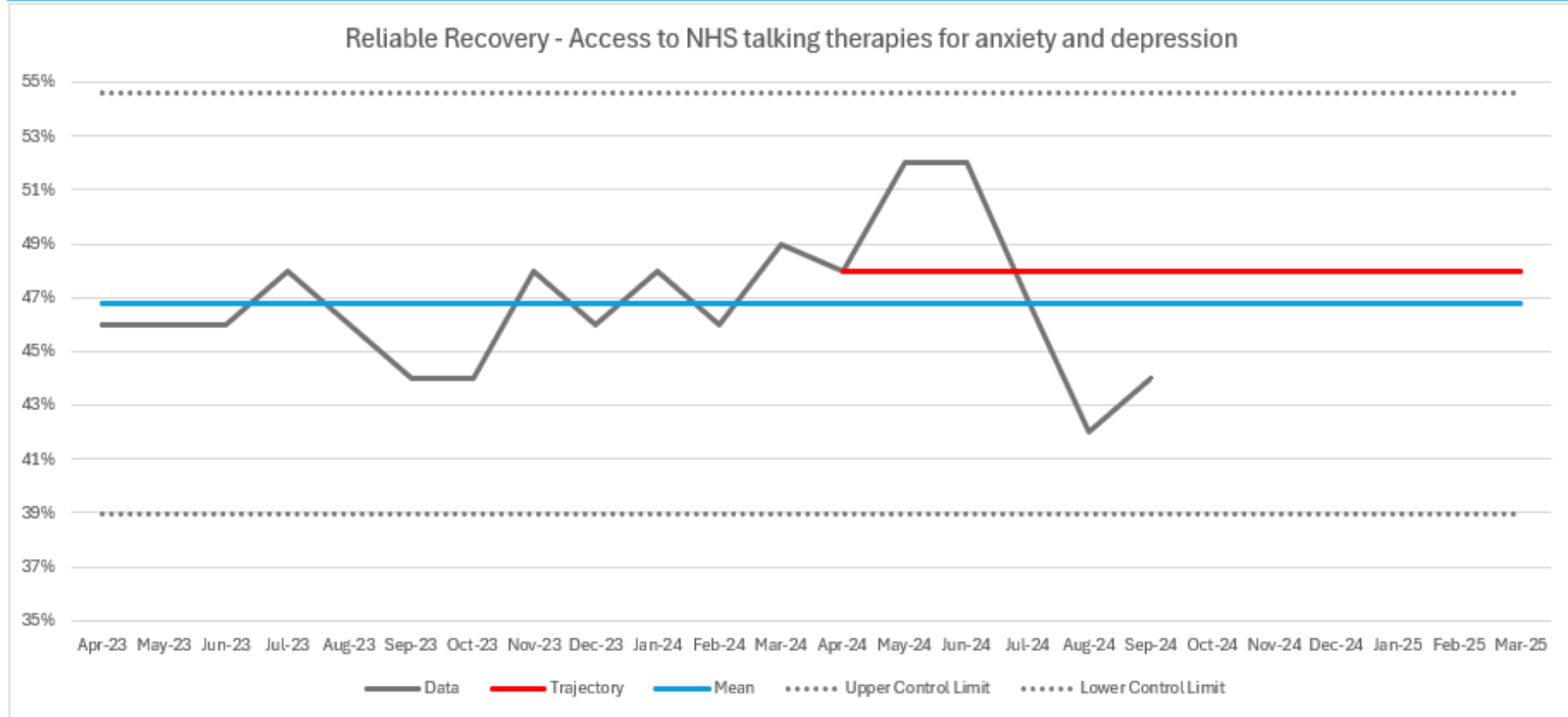
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Reliable Improvement - Access to NHS talking therapies for anxiety and depression	Sep-24	67%	67%	Higher is better



[Link to summary table](#)

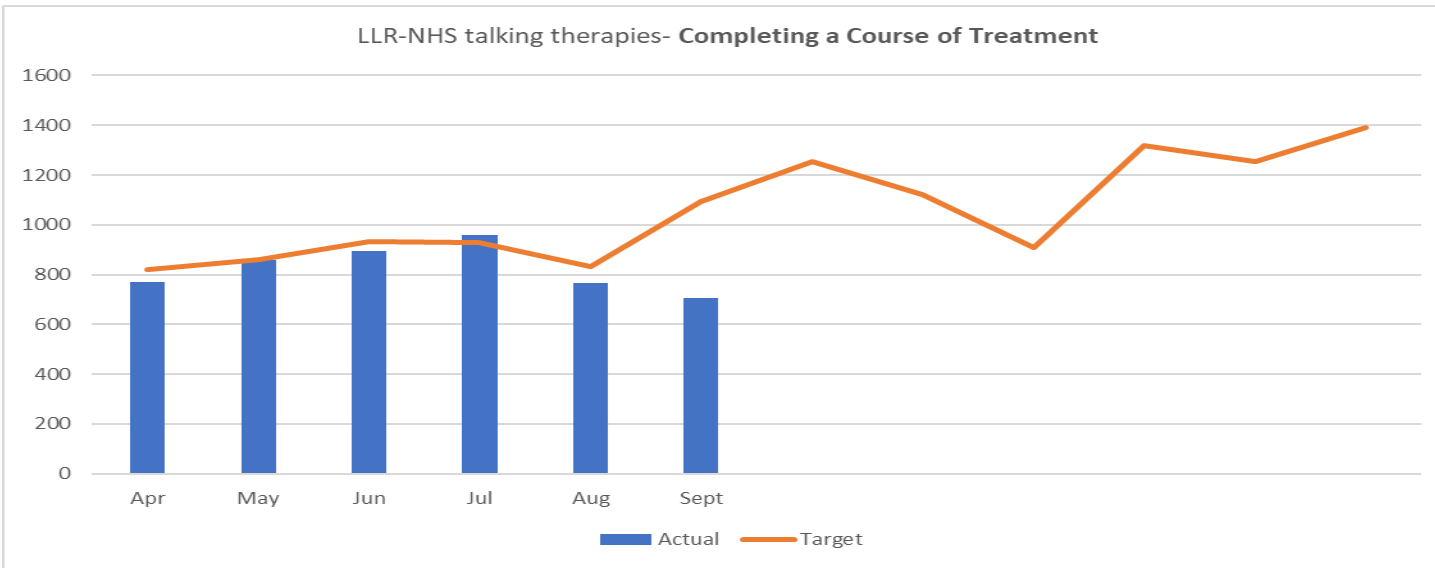
Mental Health

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Reliable Recovery - Access to NHS talking therapies for anxiety and depression	Sep-24	44%	48%	Higher is better



[Link to summary table](#)

Mental Health – Talking Therapies-Completing a Course of Treatment (additional measure)

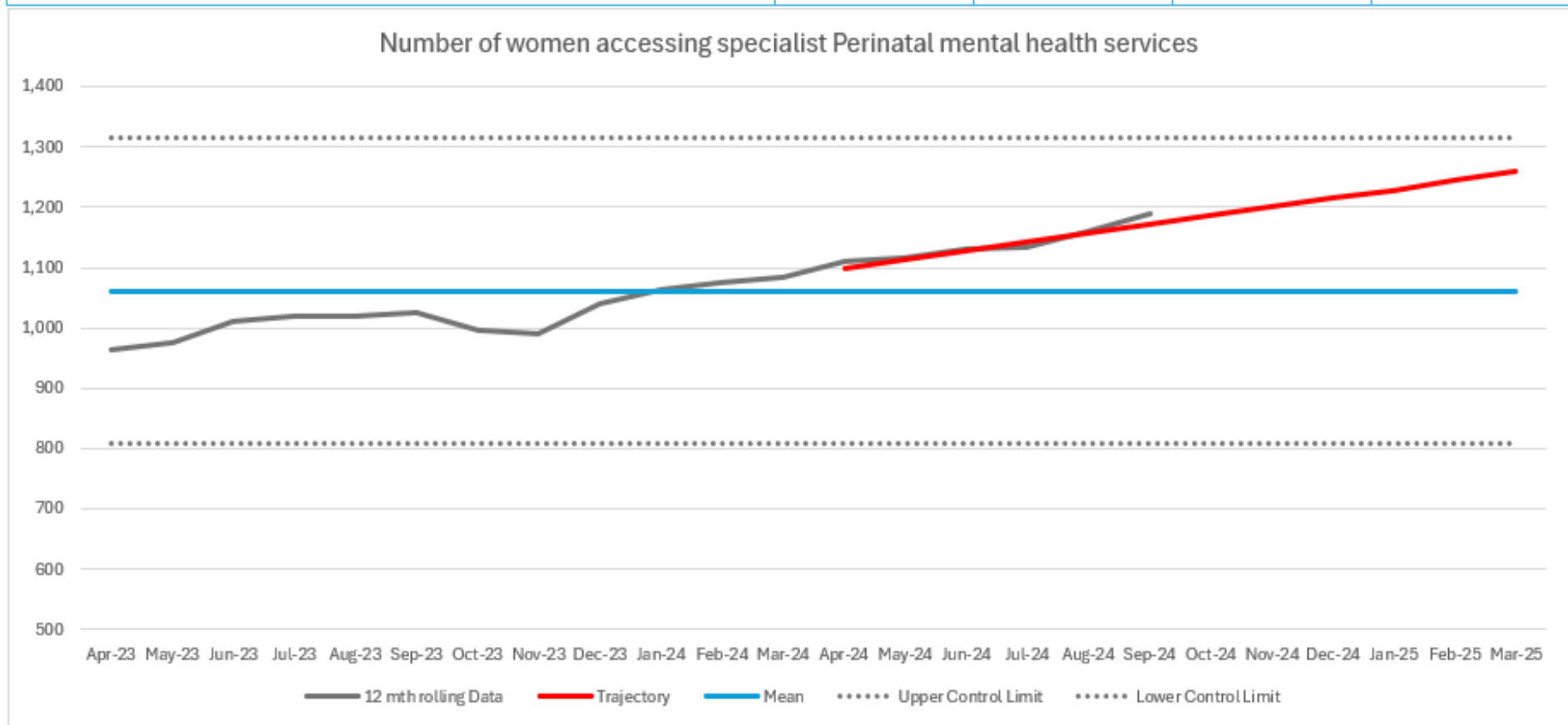


LLR ICB- Talking Therapies		Apr	May	Jun	Jul	Aug	Sept
NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Actual	770	860	895	960	765	705
	Target	820	860	934	929	834	1094

Metric	Risk	Mitigation
Talking Therapies- Completing a Course of Treatment - Count of referrals with a discharge date in the period that had at least two treatment sessions (excluding follow up).	<ul style="list-style-type: none"> Increased waits for assessment Reduction in reliable recovery rate Reduction in reliable improvement Negative impact on patient experience Higher probability of relapse 	<ul style="list-style-type: none"> Clinical team prioritising completed treatments Increased staff productivity at Step 2 and Step 3 Implementation of Patient Facing Time Initiative Deep dive into unsuitable referrals 5 new HIT trainees start Jan 25 Additional late appointments agreed Additional face to face locations agreed 90-day plus waitlist initiative Improving conversion rates through digitalisation

Mental Health

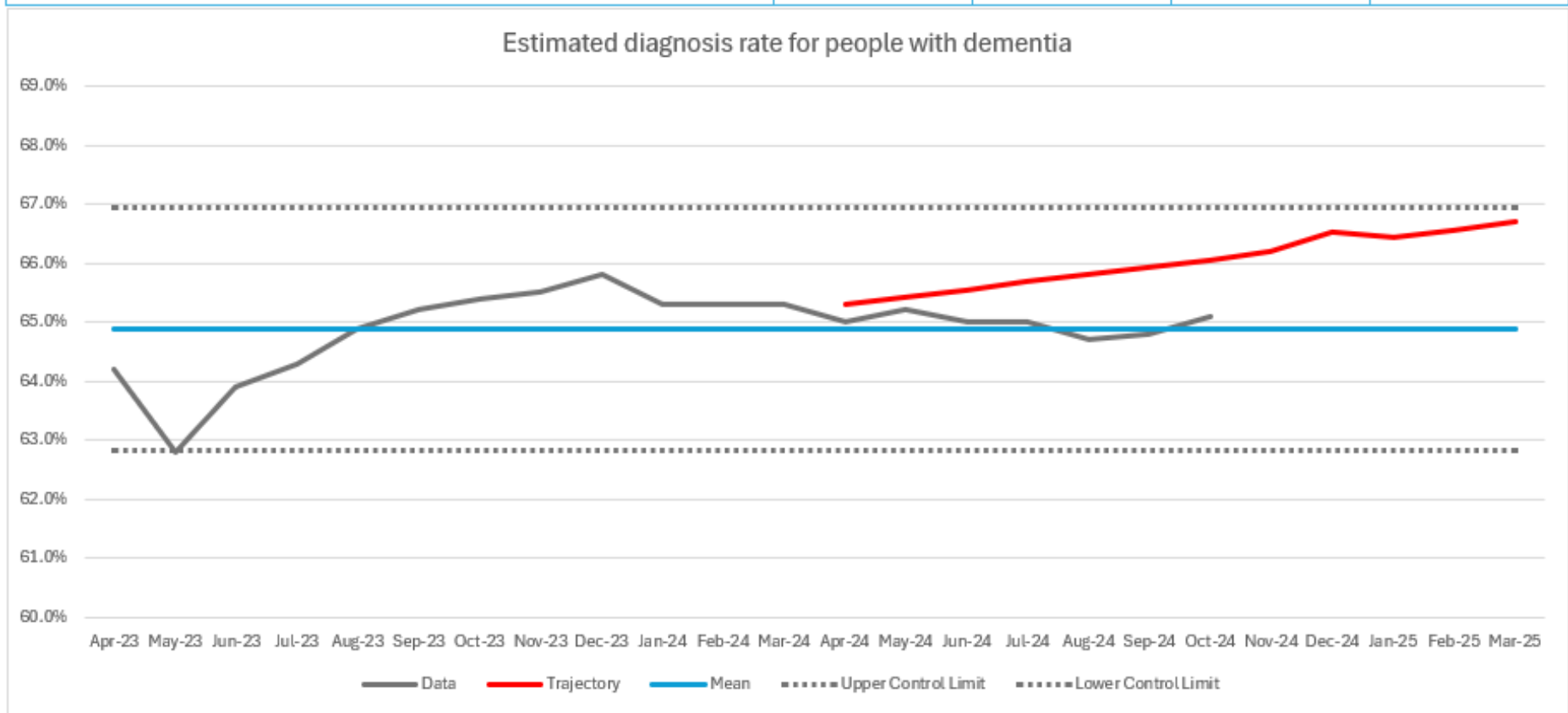
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Number of women accessing specialist Perinatal mental health services	Sep-24	1,190	1,171	Higher is better



[Link to summary table](#)

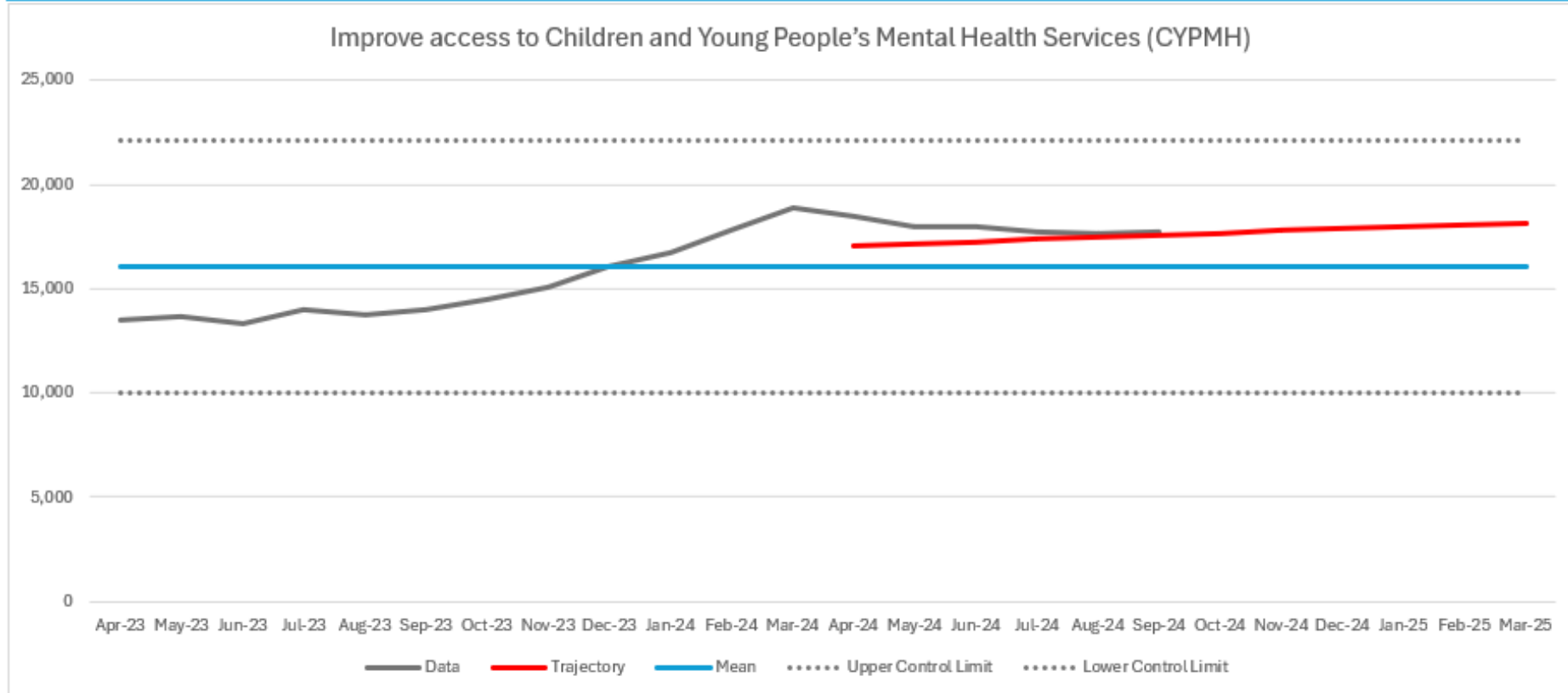
Mental Health

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Estimated diagnosis rate for people with dementia	Oct-24	65.1%	66.1%	Higher is better



Mental Health

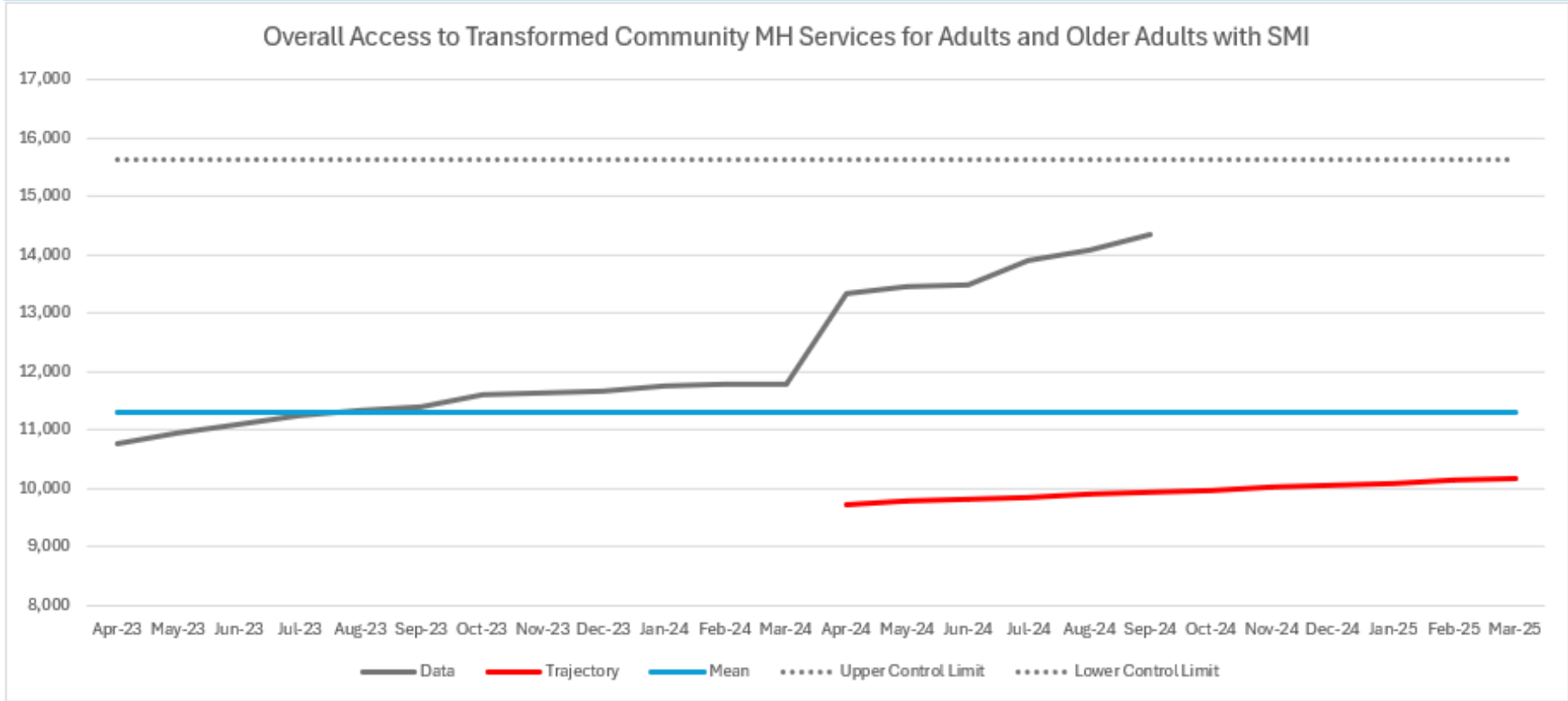
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Improve access to Children and Young People's Mental Health Services (CYPMH)	Sep-24	17690	17565	Higher is better



[Link to summary table](#)

Mental Health

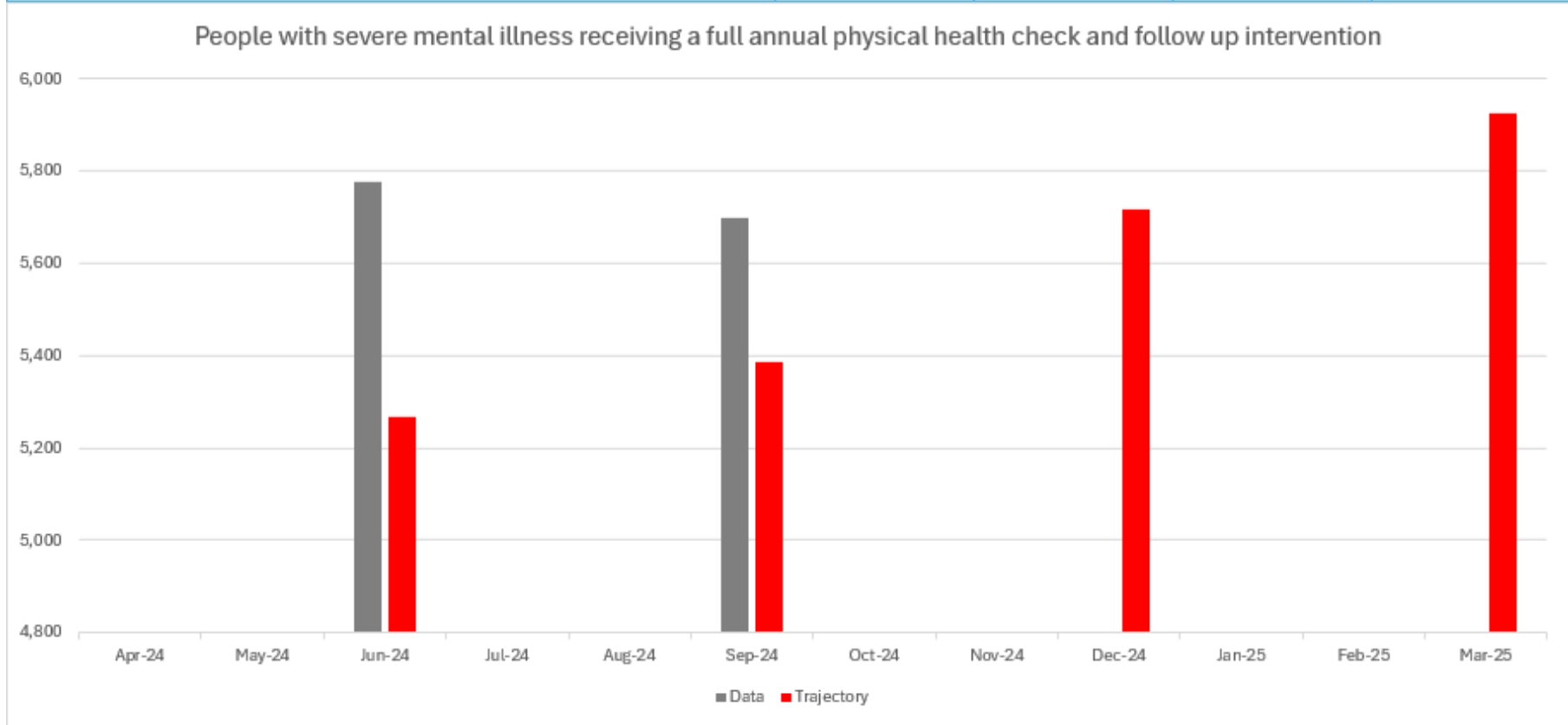
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Overall Access to Transformed Community MH Services for Adults and Older Adults with Severe Mental Illnesses (SMI)	Sep-24	14350	9935	Higher is better



[Link to summary table](#)

Mental Health

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
People with severe mental illness receiving a full annual physical health check and follow up interventions	Sep-24	5698	5386	Higher is better



[Link to summary table](#)

Mental Health

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Mental health	Improve patient flow and work towards eliminating inappropriate Out of Area Placements - Active inappropriate adult acute mental health out of areas placements (OAPs)	Sep-24	0	*	
	Overall Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - No. of people who receive two or more contacts from NHS/NHS commissioned Community MH service	Sep-24	9,935	14,350	
	Increase the number of people number of women accessing specialist perinatal mental health services in the reported period (12mth rolling)	Sep-24	1,171	1,190	

Metric	Risk	Mitigation
Improve patient flow and work towards eliminating inappropriate out of area (OOA) placements	The risk to maintaining 0 from April is if Operational Pressures Escalation Levels (OPEL) level hits level 4 and flow reduces. Also impacted if Clinical Ready for Discharge (CRFD) numbers climb.	<ul style="list-style-type: none"> Weekly meetings in place with all partners. Twice weekly escalation calls with all partners, stepped up to daily if OPEL4. Escalation calls extended to cover CRFD. Weekly CRFD meeting. Meetings now managed by System coordination centre (SCC)
Increase the number of women accessing specialist perinatal mental health services	Not meeting the national ambition of 10% of birthing mothers accessing perinatal mental health services.	<ul style="list-style-type: none"> Agreed a rolling trajectory with our service that will enable us to achieve the 10% target this financial year 24/25. Active communication campaign to seek greater demand. Focused work on reducing Did not attend (DNAs). Developing a digital support offer for fathers and increasing the range of psychological interventions as part of this pathway review. Additional breakdown of activity aligned to old CCG boundaries as part of monitoring performance. Work with the Race Health Observatory on a project to help increase referrals into the service for women that are underrepresented in the service and the areas with decreased referrals to system. Perinatal - stakeholder event planned Nov'24 to review evidence & score against criteria.
Increase in the number of adults and older adults supported by community MH services with Severe Mental Illness (SMI)	Achieving.	

Mental Health

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Mental Health	Improve access to mental health support for children and young people aged 0-25 accessing NHS funded services (compared to 2019) 12 mth rolling position reported for each month	Sep-24	17,565	17,690	Green
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies- Reliable improvement rate for those completing a course of treatment.	Sep-24	67%	67%	Green
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies- Reliable recovery rate for those completing a course of treatment and meeting caseness	Sep-24	48%	44%	Red

Metric	Risk	Mitigation
Improve access to MH support for Children and Young People (CYP)	<ul style="list-style-type: none"> CYP mental health inpatients much higher than expected trajectory. Numbers of children with Autism Spectrum Disorder (ASD) and eating disorders in crisis has increased and there is a lack of appropriate community provision causing delayed discharges. 	<ul style="list-style-type: none"> Improving Access to C&YP's Mental Health and bringing services closer to the C&YP's in neighbourhood. Triage and Navigation - Run by Derbyshire Health United (DHU). Online Self-referral for C&YP and their parents and/or carers to improve access to MH services for C&YP. Eating Disorders - First Steps ED is an online service for Eating Disorders. They work closely with Child and Adolescent Mental Health Services (CAMHS) providing support for those discharged by CAMHS. Monthly meetings with Providers to progress work on the CYP Waiting Time Metric.
Increase the number of adults and older adults accessing Talking Therapies	<ul style="list-style-type: none"> NHS Talking Therapies new pathways embedded as BAU, the benchmarking data due in quarter 4 (Jan-Mar 2024) which will indicate levels of patient access and impact. <ol style="list-style-type: none"> 1) Waiting Well -Support for LLR patients awaiting treatment- Target audience data has been received from UHL which has been used to inform and support the development of the intervention. Pathway officially launched and marketing collateral complete. 2) Menopause pathway booking 50 women per month. 3) Mental Health Support for LLR Funded Voluntary, Community, and Social Enterprise (VCSE)-Pathway launch complete and intervention currently open for LLR Crisis Mental Health cafes. Ambition to expand the offer to reach other VCSE workforce in LLR. 4) Talking therapies Q1 exceeded the new targets. June at 70% for a reliable improvement against the target of 67% and 52% from reliable recovery against the target of 48%. 	

Mental Health

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Mental health	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check (12mth rolling-GPES data)	Q2 Q2 Plan	5,386	5,698	Green
	Recover the dementia diagnosis rate	Oct-24	66.1%	65.1%	Yellow

Metric	Risk	Mitigation
Recover the dementia diagnosis rate to 66.7%	Over reliance on the memory assessment service (MAS) to provide the diagnosis. Service has large numbers on waiting list (1000+), recruitment vacancies and increasing DNA rates.	<ul style="list-style-type: none"> • Use of DIADEM (Diagnosing Advanced Dementia Mandate) diagnostic tool by GP and care homes to reduce unnecessary referrals to MAS. • Ongoing recruitment and promotion of vacant MAS staff roles. • MAS Contacting patients to remind them of appointments. Recruiting community volunteers to improve patient engagement and attendance for assessments. • Memory assessment service are looking into current demand against service capacity with aims to update workforce plan. • MAS team will be fully staffed from January 2025

Good News:

- 816 contacts at neighbourhood mental health cafes – 283 people used the café instead of contacting CAP/NHS111, Crisis team or their GP.
- 2242 scans to access JOY marketplace – an increase of over 200 from October.
- North West Leicestershire Self-Harm and Suicide Prevention (SHSP) Training: 135 people trained so far (2 GP sessions, 3 general, 1 all day for support professionals).
- Grants awarded to 10 partners to help with winter messaging. (£40,000 total). Induction meeting held with follow up planned.
- Mental health signposting ‘Did you know’ winter campaign launched.

Patient Outcome: Raising awareness, for all people, in public places and businesses.

- Supported the regular Leicestershire Police Belgrave coffee morning at the Belgrave Community Centre with a MH awareness stand, the event supported about 110 people and spoke to 35 people. (City North).
- Attended/Stand at Blaby & Hinckley & Bosworth Networking Event for Domestic Abuse/White Ribbon to promote Mental Health services, NMHcafes (Neighbourhood Mental Health Cafes) & JOY (Hinckley & Bosworth).
- Winter Wellbeing events x2 events in Coalville & Ibstock organised by Local Area Coordinators. conversations reinforced the local priorities on CYP and Self-Harm.

Mental Health

Focus on Health Inequalities

BBC covered the event at Fearon Hall during December 2024

(Helen McCarthy who does a lot of online and digital work, and Jeremy Ball the social affairs editor covered the event for BBC. Jeremy is really invested in this story from work he has done.)

Sarah, the neighbourhood lead, was asked to go into Garats Hay after someone heard about her work with asylum seekers in Loughborough. She secured the £57K from the MOD who gave it to the ICB.

In attendance at the event was an MOD rep and numerous partners.

Afghanistan women share their stories through art

On Monday 9 December, local residents and stakeholders were invited to an art exhibition in Fearon Hall in Loughborough courtesy of a group of female artists from Afghanistan.

Titled “Threads - Stitch Stories and Identity” the event was the culmination of a project that was completed by the women over several months, where they have used embroidery and other forms of textile craft to tell their stories and their dreams of the future.

Mental health workers became involved with the group when it became apparent that they were dealing with a lot of trauma. Sarah Jones, Leicestershire Partnership NHS Trust’s Neighbourhood Lead for Charnwood, said: “This community has faced huge challenges in recent months. Moving to a new country as their own had become unsafe for them and facing an uncertain future, we knew that the risk to their mental health was huge, and we could already see decline. I started to work with our Integrated Care Board (ICB) to pull a project together to help the whole community - the men, women and children - to feel supported, safe and settled.”

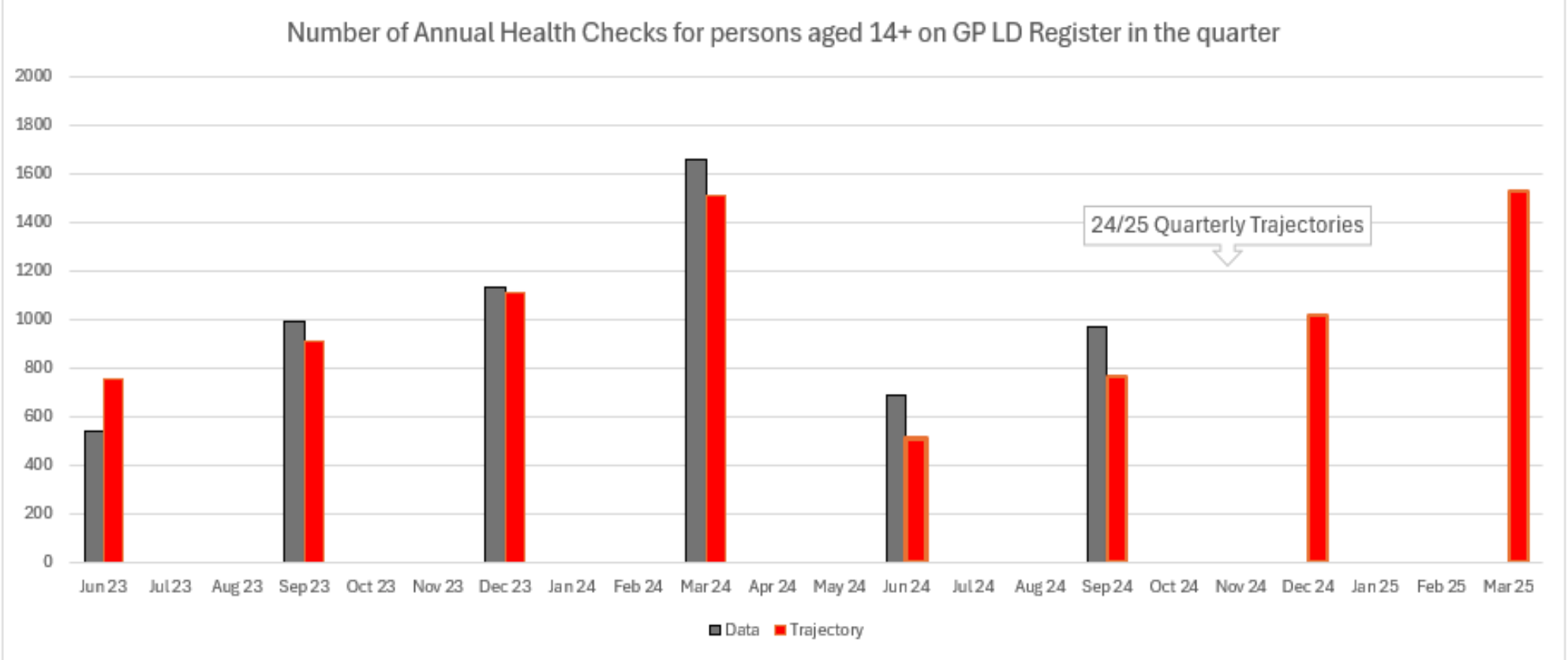
The programme of support included a holistic health and wellbeing programme for individuals living at Garats Hay. This included emotional regulation and resilience for children; physical activity for all; creative arts; and mental health and wellbeing support for adults.

All the projects were delivered by four voluntary sector partners, one of which was the art project which was the focus of the event on Monday.

“One woman arrived here with little more than an embroidered voile curtain made for her by her mother in the 1980s as she sat on her knee. What makes this even more poignant is that it was made under the previous Taliban regime when women’s freedoms were curtailed, and it depicts birds and flowers which represented freedom to her mother.”

Learning Disabilities and Autism

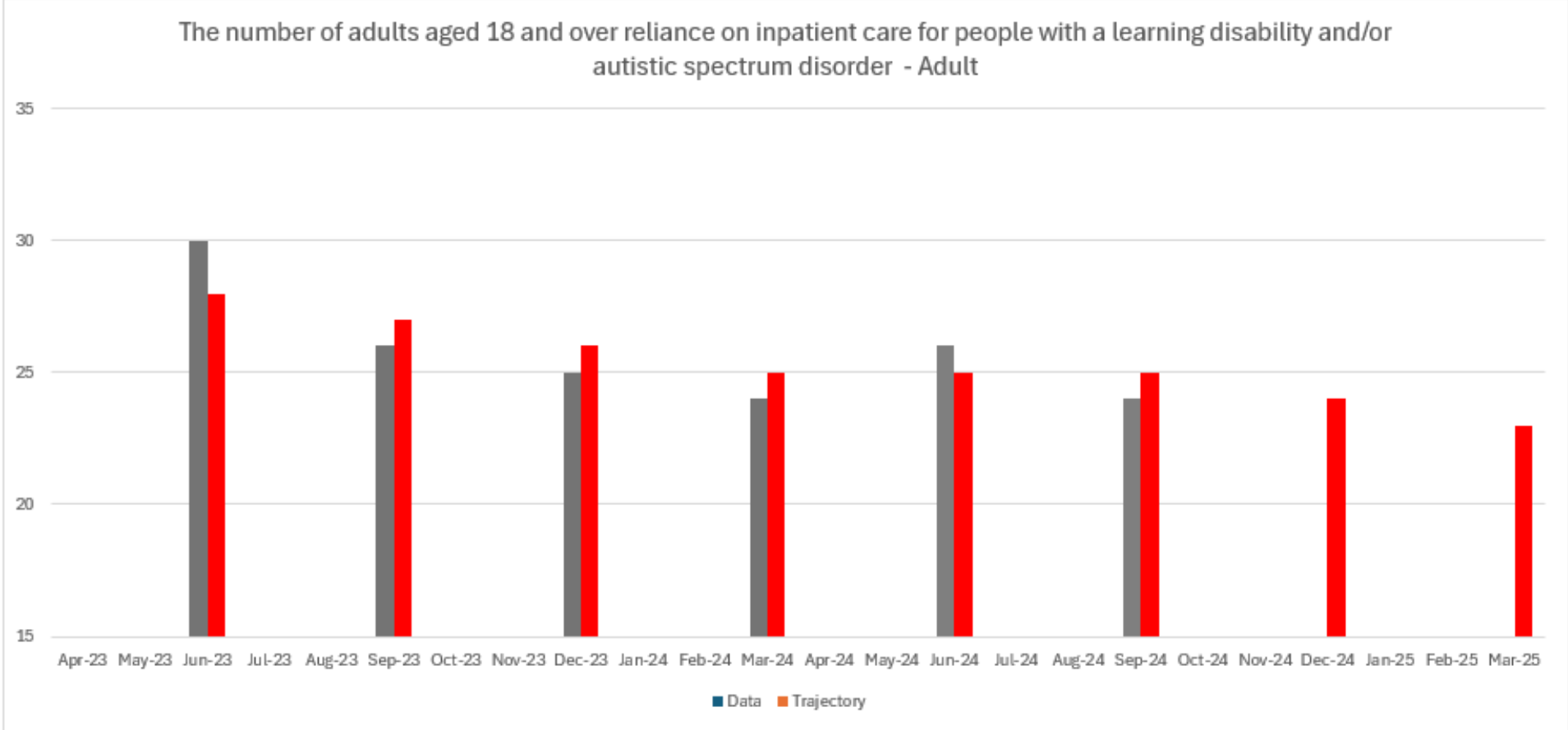
Measure	Month	Value	24/25 Ops Plan Q2 Target	Desired Direction
Number of Annual Health Checks carried out for persons aged 14+ on GP Learning Disability Register (LD) in the quarter	Sep-24	973	765	Higher is better



[Link to summary table](#)

Learning Disabilities and Autism

Measure	Month	Value	24/25 Ops Plan Q1 Target	Desired Direction
The number of adults aged 18 and over reliance on inpatient care for people with a learning disability and/or autistic spectrum disorder - Adults	Sep-24	24	25	Lower is better



[Link to summary table](#)

People with Learning Disabilities and/or Autism

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
People with a learning disability and/or autism	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	Q2 24/25 Q2 Plan	765	973	
	Number of adults with LD/Autism in inpatient care	Oct 24 Q3 Plan	24	28	
	Number of children with LD/Autism in inpatient care	Oct 24 Q3 Plan	3	*	

Metric	Risk	Mitigation
Ensure 75% of people aged over 14 on GP LD registers receive an annual health check and health action plan	<ul style="list-style-type: none"> Completion of AHCs takes place during Q4 which could mean that the 75% target is not reached People who continue not to receive their LD AHCs tend to be white, male with a mild Learning Disability, or from the most deprived areas of LLR. The quality of the Health Action Plans developed following the AHC is not always in line with expectations. 	<ul style="list-style-type: none"> National data confirms that LLR exceeded the Q1 and Q2 AHCs target within our Operational Plan, with more AHCs now being completed earlier within the financial year rather than Q4 The current local data indicates that 49.3% of people on the LD register have received their AHC this year Work is ongoing to support people who have not accessed an annual health check in the last 2 years, with the pilot project extended for 24/25. A project focusing on the quality of annual health checks, and Health Action Plans, is being implemented during 24/25. The Quality Improvement project to improve uptake of AHCs for 14–19-year-olds continues this year, with the template to be used in Paediatrics/CAMHS (Child and Adolescent Mental Health Services) now signed off.
Reduce reliance on inpatient care for adults	<ul style="list-style-type: none"> Still several long-stay patients. Individuals with autism and MH (no LD) bypassing the DSP referral process and being admitted to the Bradgate Unit for very short-term admissions – no opportunity for Multi-Agency Meeting/a Care and Treatment review (MAM/CTR) to put in place actions to avoid admission. Increased number of individuals transferring from prison to secure (IMPACT commissioned placements). 	<ul style="list-style-type: none"> Long-stay individuals are primarily in ICB commissioned beds and have forensic sections with restrictions (having stepped down from IMPACT beds). Numbers of adults in ICB commissioned 'Out of Area' beds now reduced to 5. Individuals with longest length of stay are currently in the process of transitioning to community placements. Number of projects ongoing focusing on commissioning and support of community care providers to improve quality and sustainability of community providers, therefore reducing the need for admission to inpatient units. LLR Autism Plan in development – year 1 focusing on support for autistic adults in the community. Engagement programme with autistic people in development. Work continuing with IMPACT Team to discuss how impact of prison transfers can be mitigated and ensuring individuals are transferred back to prison once their treatment is completed.

People with Learning Disabilities and/or Autism

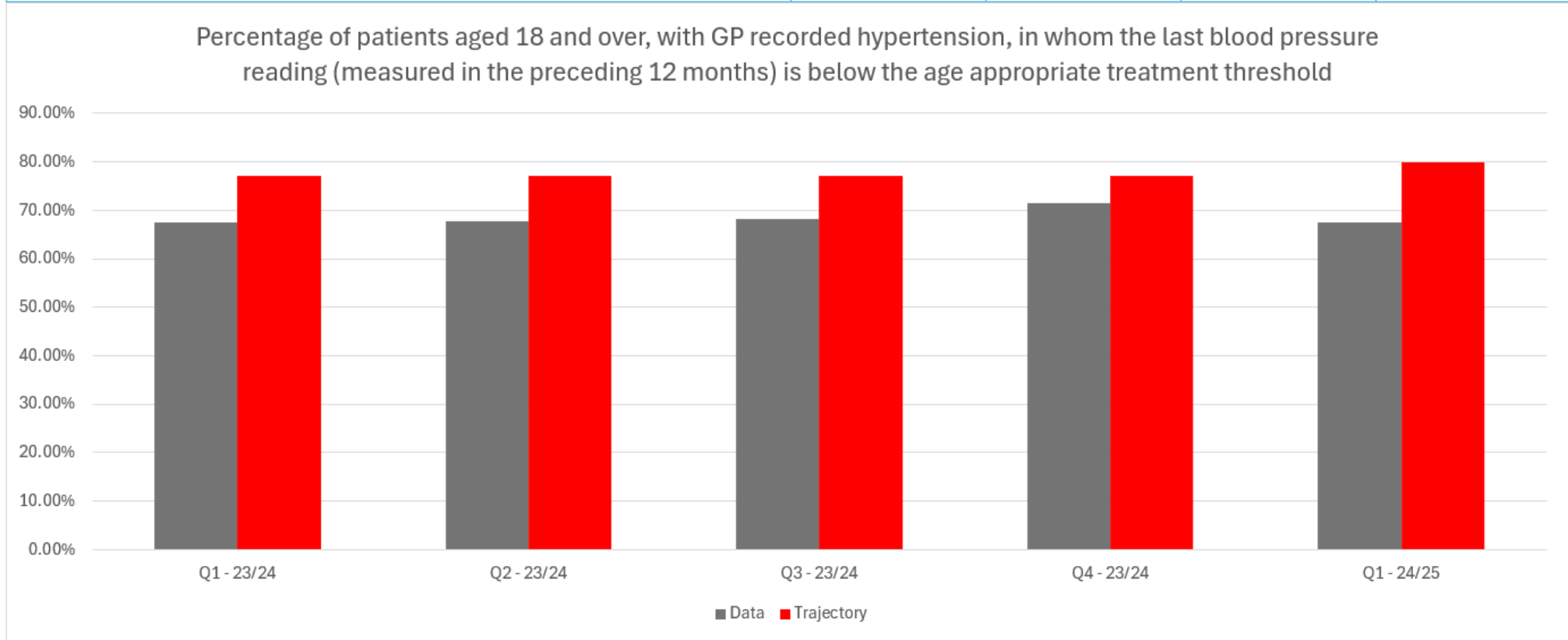
Metric	Risk	Mitigation
<ul style="list-style-type: none"> Reduce reliance on inpatient care for under 18's 	<ul style="list-style-type: none"> Late referral to Dynamic Support Pathway: individuals referred for crisis management rather than crisis avoidance (evidenced by increase in number of Local Area Escalation Protocol (LAEP) requests) All young people on the red cohort of the dynamic support pathway have autism. 90 % on the whole register have autism only (no LD) Keyworker contract for 25/26 in the process of being recommissioned. 	<ul style="list-style-type: none"> CYP requiring admissions to inpatient beds are continuing to be supported by the CAMHS Intensive Community Support Team (ICST), therefore reducing the length of stay of individuals Ongoing system wide monitoring of CYP on the red cohort of the DSP to ensure any further admissions can be avoided Project meetings established to ensure YP at risk of admission are continuing to receive support from Keyworkers

Patient Outcome:

We have thorough discharge procedures that have proved to be successful where patients have been admitted into hospital and discharged into the community.

Prevention

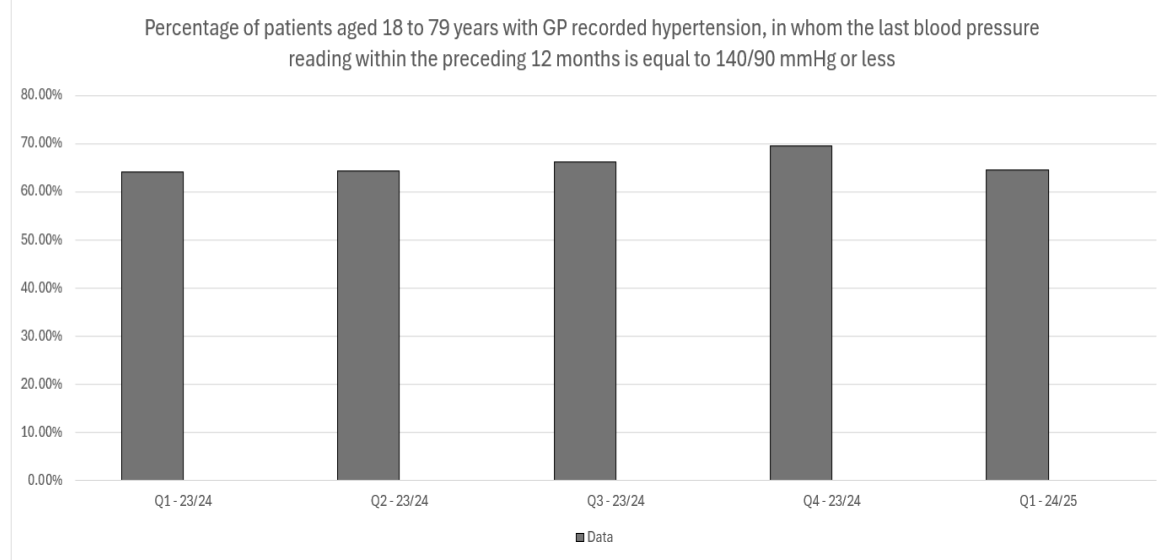
Measure	Month	Value	23/24 Target	Desired Direction
CVDP007HYP - % of patients aged 18 and over, with GP recorded hypertension	24/25 Q1	67.48%	80%	Higher is better



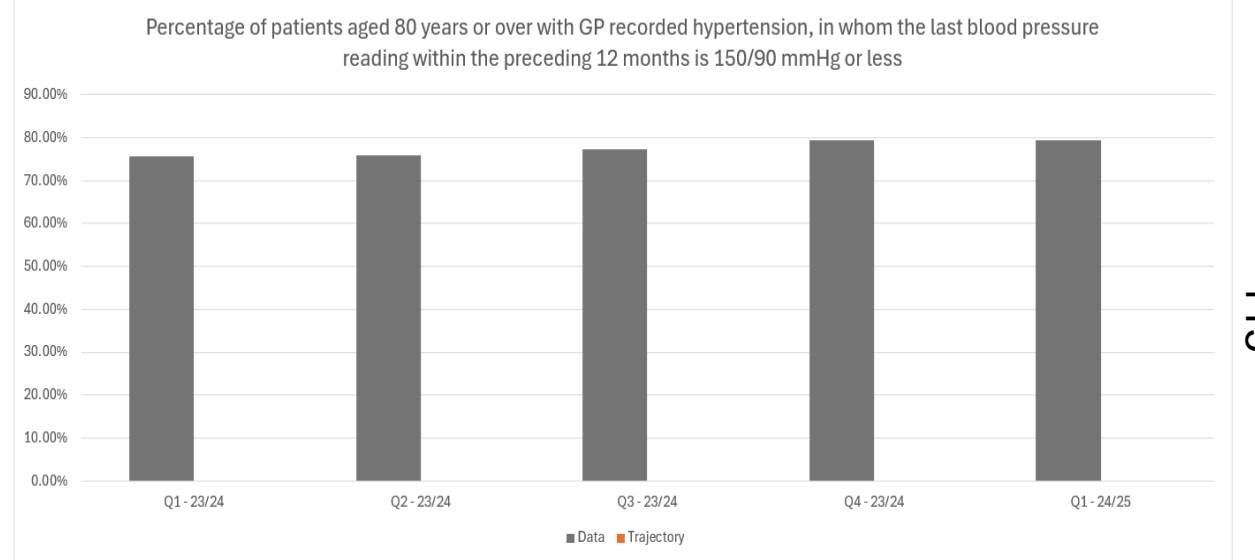
[Link to summary table](#)

Prevention

Measure	Month	Value	No National Target	Desired Direction
CVDP002HYP: % of patients aged 18 to 79 years with GP recorded hypertension	24/25 Q1	64.46%	N/A	Higher is better



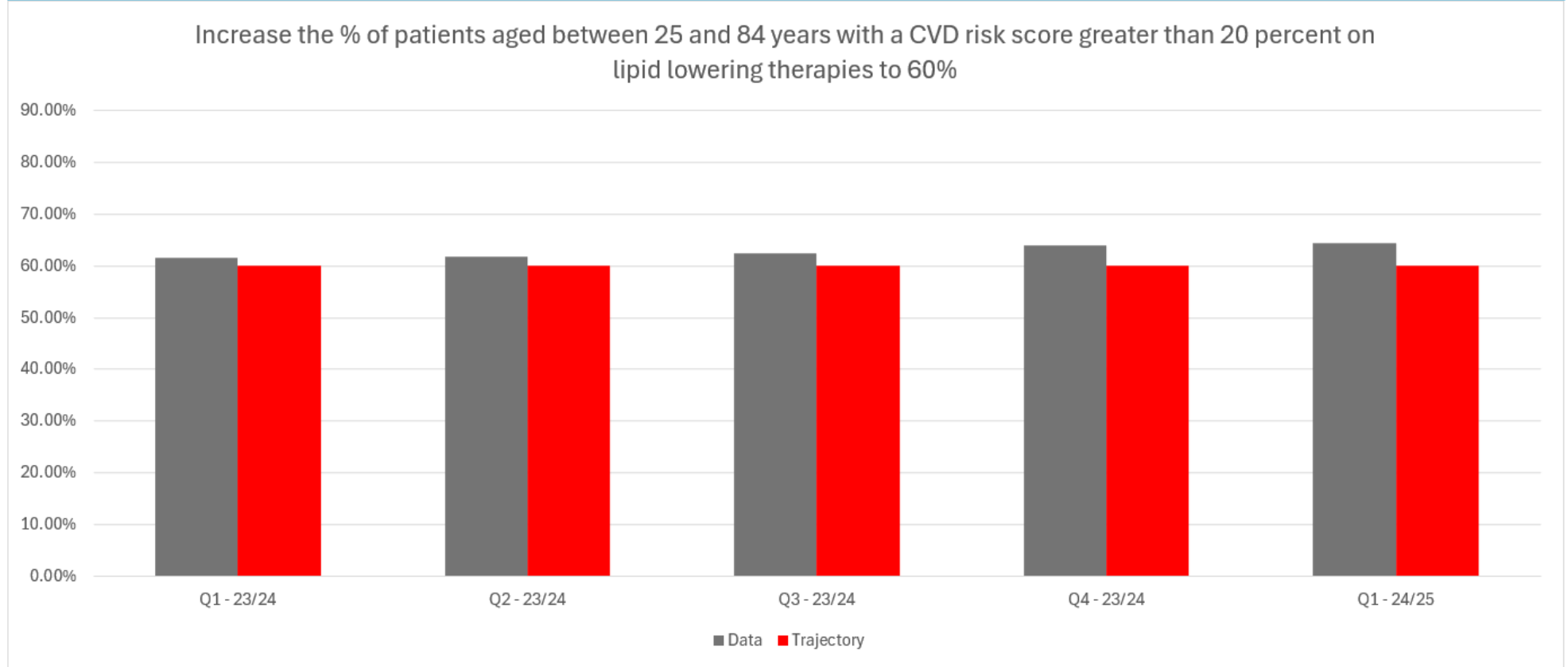
Measure	Month	Value	No National Target	Desired Direction
CVDP003HYP: % of patients aged 80 years or over with GP recorded hypertension	24/25 Q1	79.51%	N/A	Higher is better



[Link to summary table](#)

Prevention

Measure	Month	Value	23/24 Target	Desired Direction
CVDP003CHOL - Increase the % of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to	24/25 Q1	64.34%	60.00%	Higher is better



[Link to summary table](#)

Hypertension & Lipids

Prevention and health inequalities	CVDP007HYP - Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Q1 24/25	80.0%	67.5%	
	CVDP003CHOL - Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	Q1 24/25	60.0%	64.3%	

Metric	Risk	Mitigation
Increase percentage of patients with hypertension treated to NICE guidance to 80% by March 2025 CVDP007 HYP	<ul style="list-style-type: none"> Capacity of general practice to identify and optimise 'at risk' groups throughout the year with increased numbers on registers. Activated patients to attend and adhere to medication once prescribed. 	<ul style="list-style-type: none"> Placed based targeted work to support practices below target to identify patients and optimise their treatment, linked to neighbourhood plans. Use of business intelligence to understand gaps and ensure a more targeted approach to address this by focusing more effort on the 18 to 79 years old Use learning from the City place intervention and triangulate this across the LTC team with Diabetes and Lipids to identify emerging themes for intervention. First Task and Finish Group for Case Finding set up for stakeholders to work an integrated manner
Increase percentage of patients aged between 25 - 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% CVDP003Chol	<ul style="list-style-type: none"> Capacity of general practice to identify and optimise 'at risk' groups throughout the year with increased numbers on registers. 	<ul style="list-style-type: none"> Placed based targeted work to support practices below target to identify patients and optimise their treatment, linked to neighbourhood plans. Review of the LLR lipid pathway to make accessible to more practice staff. Starting a piece of targeted work looking at triangulating performance data at a practice level across three combined target areas including Lipids, Hypertension and Diabetes to see if there is any correlation between performance against targets and health outcomes.

Good news:

Hypertension is one of the 4 priorities for the City Place 'Health and Wellbeing plan' so a more targeted approach with City PCNs was developed. Data shows that optimisation is not led by QoF work at the end of the year, but this is undertaken throughout the year. Jointly chaired Task and Finish Group established with health and PH to target health inequalities in detection and first one will take place on 12th December 24.

Patient Outcome:

On-going/ annual patient reviews will help reduce the risk of number of serious and potentially life-threatening health conditions such as heart disease, heart attacks and strokes.

Use Of Resources (Finance M7)

System KPI Dashboard	YTD £'000			M1-12 £'000		
	Target	Actual	Rating	Target	FOT	Rating
System Delivery of planned deficit (gross of deficit support funding)	51,679	67,490	Amber	80,000	80,000	Amber
System Revenue expenditure not to exceed income (net of deficit support funding)	1,973,611	1,999,363	Amber	3,286,224	3,286,224	Amber
System Capital expenditure not to exceed allocations	41,342	37,919	Green	105,440	107,840	Amber
System Operates within Cash Reserves	48,484	45,304	Amber	49,658	49,658	Green
System CIP delivery	84,357	81,937	Amber	182,631	185,222	Amber
CIP delivery as a % of FOT	46%	44%	Amber			
System Better Payment Practice code % NHS invoices paid within target (£)	95%	100%	Green	95%	100%	Green
System Better Payment Practice code % NHS invoices paid within target (number)	95%	96%	Green	95%	96%	Green
System Agency spend within ceiling	24,111	21,415	Green	36,848	34,104	Green
Provider total pay costs	815,402	831,472	Amber			

Metric	Mitigation
Deliver a balanced net system financial position for 2024/25	<ul style="list-style-type: none"> • These tables show the combined KPI dashboard for the system and ICB specific metrics. • Although delivery of the planned deficit has been formally reported, the likelihood of risks affecting the outturn mean this metric has been rated Amber. • The metric of expenditure not exceeding income takes into account the deficit support funding received in month 6. This KPI has also been rated Amber. • System CIP delivery is below YTD target but is forecasted to over deliver against the planned target by year end. However, the Amber rating has been given due to the risks in achieving this, particularly with regard to the £9m System stretch target.

[Link to summary table](#)

Measures

A&E Four Hour Waits (Type 1)		
Time Period	Data	Trajectory
Apr-23	55.2%	
May-23	51.2%	
Jun-23	56.6%	
Jul-23	57.8%	
Aug-23	57.7%	
Sep-23	52.7%	
Oct-23	51.2%	
Nov-23	48.1%	
Dec-23	54.7%	
Jan-24	53.5%	
Feb-24	52.8%	
Mar-24	55.3%	
Apr-24	58.6%	57.7%
May-24	58.2%	57.8%
Jun-24	56.6%	58.1%
Jul-24	58.8%	58.9%
Aug-24	59.4%	58.3%
Sep-24	56.1%	57.3%
Oct-24	56.7%	56.3%

LLR ICB EMAS Cat 2		
Time Period	Data	Trajectory
Apr-23	00:30:06	00:30:00
May-23	00:32:33	00:30:00
Jun-23	00:39:23	00:30:00
Jul-23	00:29:49	00:30:00
Aug-23	00:31:07	00:30:00
Sep-23	00:36:17	00:30:00
Oct-23	00:53:12	00:30:00
Nov-23	00:46:14	00:30:00
Dec-23	01:01:48	00:30:00
Jan-24	00:57:54	00:30:00
Feb-24	00:48:46	00:30:00
Mar-24	00:49:20	00:30:00
Apr-24	00:33:47	00:30:00
May-24	00:31:30	00:30:00
Jun-24	00:38:05	00:30:00
Jul-24	00:38:11	00:30:00
Aug-24	00:29:11	00:30:00
Sep-24	00:40:23	00:30:00
Oct-24	01:05:37	00:30:00

No. of people on waiting lists for CYP services who are waiting over 52 weeks		
Time Period	Data	Quarterly Trajectory
Apr-23	1186	
May-23	1319	
Jun-23	1498	
Jul-23	1642	
Aug-23	1731	
Sep-23	1835	
Oct-23	1987	
Nov-23	2208	
Dec-23	2397	
Jan-24	2573	
Feb-24	2784	
Mar-24	3012	
Apr-24	3214	
May-24	3463	
Jun-24	3618	3627
Jul-24	3846	
Aug-24	4020	
Sep-24	4303	4242

GP appointments - seen within two weeks		
Time Period	Data	Trajectory
Apr-23	81.5%	85%
May-23	81.8%	85%
Jun-23	81.4%	85%
Jul-23	82.4%	85%
Aug-23	81.8%	85%
Sep-23	80.9%	85%
Oct-23	82.7%	85%
Nov-23	83.6%	85%
Dec-23	85.0%	85%
Jan-24	83.8%	85%
Feb-24	83.8%	85%
Mar-24	84.7%	85%
Apr-24	84.1%	85%
May-24	85.4%	85%
Jun-24	85.5%	85%
Jul-24	85.8%	85%
Aug-24	85.7%	85%
Sep-24	86.0%	85%
Oct-24	85.6%	85%

Units of dental activity delivered		
Time Period	Data	Trajectory
Apr-24		
May-24		
Jun-24	300,703	410,954
Jul-24		
Aug-24		
Sep-24	356,536	410,954

Elective 65 week waits		
Time Period	Data	Trajectory
Apr-23	3626	5911
May-23	3245	4786
Jun-23	2781	4079
Jul-23	2533	3546
Aug-23	2267	2902
Sep-23	2016	2337
Oct-23	1523	1821
Nov-23	1223	1223
Dec-23	1221	1178
Jan-24	1010	926
Feb-24	734	545
Mar-24	374	0
Apr-24	317	267
May-24	328	213
Jun-24	326	159
Jul-24	252	105
Aug-24	234	51
Sep-24	112	0
Oct-24	109	0

Measures

Elective System Specific Activity Targets		
Time Period	Data	Trajectory
Apr-23	10120	10864
May-23	11727	11980
Jun-23	12056	11769
Jul-23	11341	11581
Aug-23	12245	12733
Sep-23	11658	12527
Oct-23	12442	12596
Nov-23	13111	13097
Dec-23	10704	10776
Jan-24	13096	11255
Feb-24	12443	11529
Mar-24	12462	12586
Apr-24	12521	12139
May-24	12956	12567
Jun-24	11643	12472
Jul-24	12775	13084
Aug-24	12097	12718
Sep-24	12212	12778
Oct-24	13439	13507

6 week diagnostic tests (9 Tests)		
Time Period	Data	Trajectory
Apr-24	25.0%	20.0%
May-24	22.0%	19.0%
Jun-24	22.0%	18.0%
Jul-24	26.0%	16.0%
Aug-24	24.0%	15.0%
Sep-24	23.0%	14.0%
Oct-24	25.0%	13.0%

Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments		
Time Period	Data	Tariff
Apr-23	47%	46%
May-23	46%	46%
Jun-23	47%	46%
Jul-23	47%	46%
Aug-23	46%	46%
Sep-23	47%	46%
Oct-23	47%	46%
Nov-23	46%	46%
Dec-23	47%	46%
Jan-24	46%	46%
Feb-24	47%	46%
Mar-24	48%	46%
Apr-24	48%	46%
May-24	48%	46%
Jun-24	48%	46%
Jul-24	48%	46%
Aug-24	48%	46%
Sep-24	48%	46%
Oct-24	48%	46%

Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments		
Time Period	Data	Tariff
Apr-23	47%	46%
May-23	46%	46%
Jun-23	47%	46%
Jul-23	47%	46%
Aug-23	46%	46%
Sep-23	47%	46%
Oct-23	47%	46%
Nov-23	46%	46%
Dec-23	47%	46%
Jan-24	46%	46%
Feb-24	47%	46%
Mar-24	48%	46%
Apr-24	48%	46%
May-24	48%	46%
Jun-24	48%	46%
Jul-24	48%	46%
Aug-24	48%	46%
Sep-24	48%	46%
Oct-24	48%	46%

Cancer 62 day waits		
Time Period	Data	Trajectory
Apr-23	56.2%	
May-23	47.5%	
Jun-23	52.0%	
Jul-23	54.7%	
Aug-23	56.9%	
Sep-23	53.8%	
Oct-23	54.0%	
Nov-23	60.7%	
Dec-23	59.2%	
Jan-24	55.9%	
Feb-24	56.3%	
Mar-24	57.3%	
Apr-24	57.5%	55.1%
May-24	58.5%	56.1%
Jun-24	59.0%	59.1%
Jul-24	55.5%	62.2%
Aug-24	62.8%	63.1%
Sep-24	59.7%	58.9%

Cancer 28 day Faster Diagnosis Standard (FDS)		
Time Period	Data	Trajectory
Apr-23	70.5%	
May-23	71.4%	
Jun-23	72.5%	
Jul-23	71.3%	
Aug-23	72.5%	
Sep-23	74.6%	
Oct-23	75.1%	
Nov-23	76.7%	
Dec-23	80.2%	
Jan-24	74.7%	
Feb-24	82.1%	
Mar-24	82.4%	
Apr-24	77.7%	76.0%
May-24	81.4%	76.1%
Jun-24	82.3%	76.2%
Jul-24	79.9%	76.3%
Aug-24	76.4%	76.4%
Sep-24	75.3%	76.5%

Cancer 28 day Faster Diagnosis Standard (FDS)		
Time Period	Data	Trajectory
Apr-23	70.5%	
May-23	71.4%	
Jun-23	72.5%	
Jul-23	71.3%	
Aug-23	72.5%	
Sep-23	74.6%	
Oct-23	75.1%	
Nov-23	76.7%	
Dec-23	80.2%	
Jan-24	74.7%	
Feb-24	82.1%	
Mar-24	82.4%	
Apr-24	77.7%	76.0%
May-24	81.4%	76.1%
Jun-24	82.3%	76.2%
Jul-24	79.9%	76.3%
Aug-24	76.4%	76.4%
Sep-24	75.3%	76.5%

Measures

Neonatal mortality Rate per 1,000		
Time Period	Data	Trajectory
2020	1.5	Reduction
2021	2.4	Reduction
2022	2.6	Reduction

Time Period	Data	Trajectory
Feb-23	*	Reduction
Mar-23	*	Reduction
Apr-23	0	Reduction

Reliable Improvement - Access to NHS talking therapies for anxiety and depression		
Time Period	Data	Trajectory
Apr-23	69%	
May-23	68%	
Jun-23	68%	
Jul-23	68%	
Aug-23	66%	
Sep-23	69%	
Oct-23	64%	
Nov-23	69%	
Dec-23	69%	
Jan-24	67%	
Feb-24	66%	
Mar-24	69%	
Apr-24	69%	67%
May-24	73%	67%
Jun-24	71%	67%
Jul-24	69%	67%
Aug-24	66%	67%
Sep-24	67%	67%

Reliable Recovery - Access to NHS talking therapies for anxiety and depression		
Time Period	Data	Trajectory
Apr-23	46%	
May-23	46%	
Jun-23	46%	
Jul-23	48%	
Aug-23	46%	
Sep-23	44%	
Oct-23	44%	
Nov-23	48%	
Dec-23	46%	
Jan-24	48%	
Feb-24	46%	
Mar-24	49%	
Apr-24	48%	48%
May-24	52%	48%
Jun-24	52%	48%
Jul-24	47%	48%
Aug-24	42%	48%
Sep-24	44%	48%

Number of women accessing specialist Perinatal mental health services		
Time Period	12 mth rolling Data	Trajectory
Apr-23	965	
May-23	975	
Jun-23	1,010	
Jul-23	1,020	
Aug-23	1,020	
Sep-23	1,025	
Oct-23	995	
Nov-23	990	
Dec-23	1,040	
Jan-24	1,065	
Feb-24	1,075	
Mar-24	1,085	
Apr-24	1,110	1,098
May-24	1,115	1,113
Jun-24	1,130	1,128
Jul-24	1,135	1,142
Aug-24	1,160	1,156
Sep-24	1,190	1,171

Estimated diagnosis rate for people with dementia		
Time Period	Data	Trajectory
Apr-23	64.2%	
May-23	62.8%	
Jun-23	63.9%	
Jul-23	64.3%	
Aug-23	64.9%	
Sep-23	65.2%	
Oct-23	65.4%	
Nov-23	65.5%	
Dec-23	65.8%	
Jan-24	65.3%	
Feb-24	65.3%	
Mar-24	65.3%	
Apr-24	65.0%	65.3%
May-24	65.2%	65.4%
Jun-24	65.0%	65.6%
Jul-24	65.0%	65.7%
Aug-24	64.7%	65.8%
Sep-24	64.8%	65.9%
Oct-24	65.1%	66.1%

Improve access to Children and Young People's Mental Health Services (CYPMH)		
Time Period	Data	Trajectory
Apr-23	13,490	
May-23	13,680	
Jun-23	13,335	
Jul-23	14,010	
Aug-23	13,730	
Sep-23	13,970	
Oct-23	14,475	
Nov-23	15,095	
Dec-23	16,065	
Jan-24	16,740	
Feb-24	17,845	
Mar-24	18,880	
Apr-24	18,440	17,065
May-24	17,955	17,165
Jun-24	17,950	17,265
Jul-24	17,760	17,365
Aug-24	17,610	17,465
Sep-24	17,690	17,565

Measures

Overall Access to Transformed Community MH Services for Adults and Older Adults with Severe Mental Illnesses		
Time Period	Data	Trajectory
Apr-23	10,765	
May-23	10,960	
Jun-23	11,090	
Jul-23	11,250	
Aug-23	11,345	
Sep-23	11,400	
Oct-23	11,595	
Nov-23	11,620	
Dec-23	11,665	
Jan-24	11,740	
Feb-24	11,780	
Mar-24	11,795	
Apr-24	13,325	9,735
May-24	13,450	9,775
Jun-24	13,480	9,815
Jul-24	13,895	9,855
Aug-24	14,070	9,895
Sep-24	14,350	9,935

People with severe mental illness receiving a full annual physical health check and follow up interventions		
Time Period	Data	Trajectory
Apr-23		
May-23		
Jun-23		
Jul-23		
Aug-23		
Sep-23	5006	
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		
Mar-24		
Apr-24		
May-24		
Jun-24	5776	5,268
Jul-24		
Aug-24		
Sep-24	5698	5,386

Number of Annual Health Checks carried out for persons aged 14+ on GP Learning Disability Register in the quarter		
Time Period	Data	Trajectory
Apr-23		
May-23		
Jun-23	542	756
Jul-23		
Aug-23		
Sep-23	990	907
Oct-23		
Nov-23		
Dec-23	1133	1,109
Jan-24		
Feb-24		
Mar-24	1663	1,512
Apr-24		
May-24		
Jun-24	684	510
Jul-24		
Aug-24		
Sep-24	973	765

The number of adults aged 18+ from the ICB who have a LD and/or autistic spectrum disorder and are in MH inpatient care and whose care is commissioned by an ICB, NHSE or by NHSE and delegated to a provider collaborative		
Time Period	Data	Trajectory
Apr-23		
May-23		
Jun-23	30	28
Jul-23		
Aug-23		
Sep-23	26	27
Oct-23		
Nov-23		
Dec-23	25	26
Jan-24		
Feb-24		
Mar-24	24	25
Apr-24		
May-24		
Jun-24	26	25
Jul-24		
Aug-24		
Sep-24	24	25

Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold		
Time Period	Data	Trajectory
Q1 - 23/24	67.43%	77.00%
Q2 - 23/24	67.76%	77.00%
Q3 - 23/24	68.29%	77.00%
Q4 - 23/24	71.43%	77.00%
Q1 - 24/25	67.48%	80%

Percentage of patients aged 18 to 79 years with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is equal to 140/90 mmHg or less		
Time Period	Data	
Q1 - 23/24	64.15%	
Q2 - 23/24	64.25%	
Q3 - 23/24	66.24%	
Q4 - 23/24	69.40%	
Q1 - 24/25	64.46%	

Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%		
Time Period	Data	Trajectory
Q1 - 23/24	61.67%	60%
Q2 - 23/24	61.77%	60%
Q3 - 23/24	62.49%	60%
Q4 - 23/24	64.00%	60%
Q1 - 24/25	64.34%	60%

Percentage of patients aged 80 years or over with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is 150/90 mmHg or less		
Time Period	Data	Trajectory
Q1 - 23/24	75.73%	
Q2 - 23/24	75.80%	
Q3 - 23/24	77.22%	
Q4 - 23/24	79.50%	
Q1 - 24/25	79.51%	

NHS Oversight Framework 23/24

The NHS Oversight Framework for 23/24 outlines the approach NHS England will take to oversee organisational performance and identify where commissioners, providers and systems may need support. The below table is a nationally produced dataset showing the **Highest 25%** rank positions against all reporting ICB's.

	Indicator	Aggregation Source	Latest Period	Previous	Latest	Good Is	Target / Nat Ave*	National Value	Rank	
S000a	NHSOF Segmentation	ICB	2024 10	3	3					
S000d	UEC Tier	ICB	2024 07	3	3					
S007c	Elective Activity - value weighted elective activity growth vs. target	ICB	2024 02	400.0%	400.0%				1/42	
S063c	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, b...	ICB	2023	23.1%	21.0%	↘	Low		2/42	
S067a	Leaver rate	ICB	2024 09	6.09%	5.95%	↘	Low	7.1%*	7.07%	2/42
S084a	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	ICB	2024 03	124.0%	129.0%	↗	High	100%		2/42
S110a	Access rates to community mental health services for adult and older adults with severe mental illness	ICB	2024 03	205.0%	200.0%	↘	High	100%		2/42
S009d	Total patients waiting more than 65 weeks to start consultant-led treatment	ICB	2024 09	234	112	↘		534.9*	22,467	3/42
S123a	Adult general and acute type 1 bed occupancy (adjusted for void beds)	Provider	2024 10	90.7%	93.1%	↗	Low	95.4%*	95.4%	4/42
S009d	Total patients waiting more than 65 weeks to start consultant-led treatment	Provider	2024 09	161	66	↗		515.7*	21,661	5/42
S063a	Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, b...	ICB	2023	10.1%	7.9%	↘	Low			6/42
S029a	Adult inpatients with a learning disability and/or autism per million adult population	ICB	24-25 Q2	30	28	↘	High	30	41.4	7/42

NHS Oversight Framework 23/24

The following table provides the **Lowest 25%** rank positions against all reporting ICB's, according to the nationally produced dataset.

	Indicator	Aggregation Source	Latest Period	Previous	Latest	Good Is	Target / Nat Ave*	National Value	Rank
S041a	Clostridium difficile infection rate	Provider	2024 03	178.3%	182.6%	↗ Low	100%	137.3%	39/42
S041a	Clostridium difficile infection rate	SubICB	2024 03	167.2%	169.1%	↗ Low	100%	126.1%	39/42
S044b	Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2024 07	9.6%	9.6%	Low	10%	7.8%	39/42
S037a	Percentage of patients describing their overall experience of making a GP appointment as good	ICB	2023	52.8%	51.0%	↘ High	54.4%*	54.4%	33/42
S042a	E. coli bloodstream infection rate	SubICB	2024 03	129.5%	131.0%	↗ Low	100%	125.0%	33/42
S129a	GP appointments - percentage of regular appointments within 14 days.	SubICB	2024 09	85.7%	86.0%	↗ High	88.3%*	88.3%	32/42
S050a	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	23-24 Q4	69.4%	69.7%	↗ High	75%	69.9%	30/42
S131a	Women accessing specialist community perinatal mental health services	ICB	2024 03	77.6%	75.5%	↘ High	82.8%*	82.8%	30/42
S042a	E. coli bloodstream infection rate	Provider	2024 03	141.1%	138.0%	↘ Low	100%	130.0%	28/42
S081a	Access rate for IAPT services	ICB	2024 03	64.0%	58.0%	↘ High	100%		28/42
S047a	Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2024 02	78.4%	78.6%	↗ High	85%	77.8%	27/42
S126a	Diagnostic activity waiting percentage of patients on the waiting list who have been waiting more than 6 weeks	SubICB	2024 09	24.1%	23.2%	↘ Low	21.9%*	21.9%	24/42