

Health Overview and Scrutiny Committee

4th June 2025

LLR ICB

NHS Priorities Performance Report 24/25



Leicester, Leicestershire
and Rutland



Midlands and Lancashire
Commissioning Support Unit

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



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

- Maximising Emergency Department (ED) Front Desk re-direction to community Urgent and emergency care (UEC) services. University Hospitals Leicester (UHL) re-directed 11,223 patients during 2024/25 – an increase of 18% on the previous year.
- East Midlands Ambulance Service (EMAS) Failed Pathways audit (Jul–Dec 2024) has identified key areas for transformation to improve access and reduce patient contact points. Initial conversations with UHL Same Day Emergency Care (SDEC) colleagues to improve direct access for EMAS crews on scene.

Primary Care

- Ongoing delivery of the Enhanced Access appointments increase access and offer a range of services. Multi-Disciplinary Team (MDT) focusing on preventative Care. Increase in Health Care Checks, Medication Reviews, Learning Disability Health Checks and Flu vaccinations. As of March 2025, over 65,000 additional hours have been delivered across the 26 PCNs.
- To support winter pressures, almost an additional 10,000 on the day appointments were delivered between Dec 24 and Mar 25 in Primary Care across LLR.

Elective Care

- 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.
- With the support of national Getting It Right First Time (GIRFT) funding, by the end of March just under 1,000 patients were reviewed for their physiotherapy needs. A community assessment day is also planned for June which will aim to see a further 100 patients in one day.

Diagnostic

- Waiting times in March saw improvements across all modalities. 6 week and 13 week waits all decreased with significant reductions for a Magnetic resonance imaging (MRI), Computed tomography (CT), dual energy x-ray absorptiometry (DEXA) and Adult Sleep test.
- Clinical teams have visited the Hinckley Community Diagnostic Centre which is now in the final stages of completion.

Cancer

- Continued delivery of Faster Diagnosis Standard for eighteen consecutive months.
- Clinical prioritisation of patients and review of next steps for >104-day patients.

Mental Health

- Talking Therapies (TT) reliable improvement for February is 66% marginally under the target of 67% and Talking Therapies reliable recovery meets target of 48% performance is 49%. New steering group set up to drive forward improvements.
- 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.

Learning Disability

- National data confirms that LLR exceeded the Q1, Q2 and Q3 Annual Health Checks (AHCs) target within our Operational Plan. National data for Q4 and national ranking awaited. Local data indicates that 4403 AHCs completed equating to 82.1% of those aged 14+ on the LD register. LD register increased by 153 people during 24/25.

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)	Mar-25	59.8%	56.1%		Link
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	Mar-25	00:30:00	00:35:38		
Community Services	Number of people on waiting lists for CYP services who are waiting over 52 weeks	Feb-25 Q4 Plan	5472	5044		Link
	Number of people on waiting lists for adult services who are waiting over 52 weeks	Feb-25 Q4 Plan	0	0		
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	Mar-25	85%	85.2%		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>	Mar-25	410,954	363,854		
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)	Mar-25	0	141		
	Deliver (or exceed) the system specific activity targets	Mar-25	13,762	12,678		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	Mar-25	46%	50%		
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025 (ICS)	Feb-25	66.2%	56.6%		
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 (ICS)	Feb-25	77.0%	83.1%		Link
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Jan-25	2028 75%	53.3%		
Diagnostics	Total of 9 diagnostic tests - Percentage of patients waiting over 6 weeks	Mar-25	8%	14%		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	Mar-25	376	416		
	National safety ambition to reduce stillbirth	Jan-25	Reduction 2023 4	5		
	Neonatal mortality (per 1,000 births)	2023	Reduce 2021 2.4	2.8		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)	Feb-25	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	Feb-25	10,135	14,695		
	Increase the number of people number of women accessing specialist perinatal mental health services in the reported period (12mth rolling)	Feb-25	1,244	1,215		
	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	Feb-24	18,065	17,870		Link
	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.	Feb-25	67%	66%		
	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	Feb-25	48%	49%		
	NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Feb-25	1255	730		
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check (12mth rolling-GPES data)	Q3 Q3 Plan	5,718	6,025		
	Recover the dementia diagnosis rate	Mar-25	66.7%	64.5%		

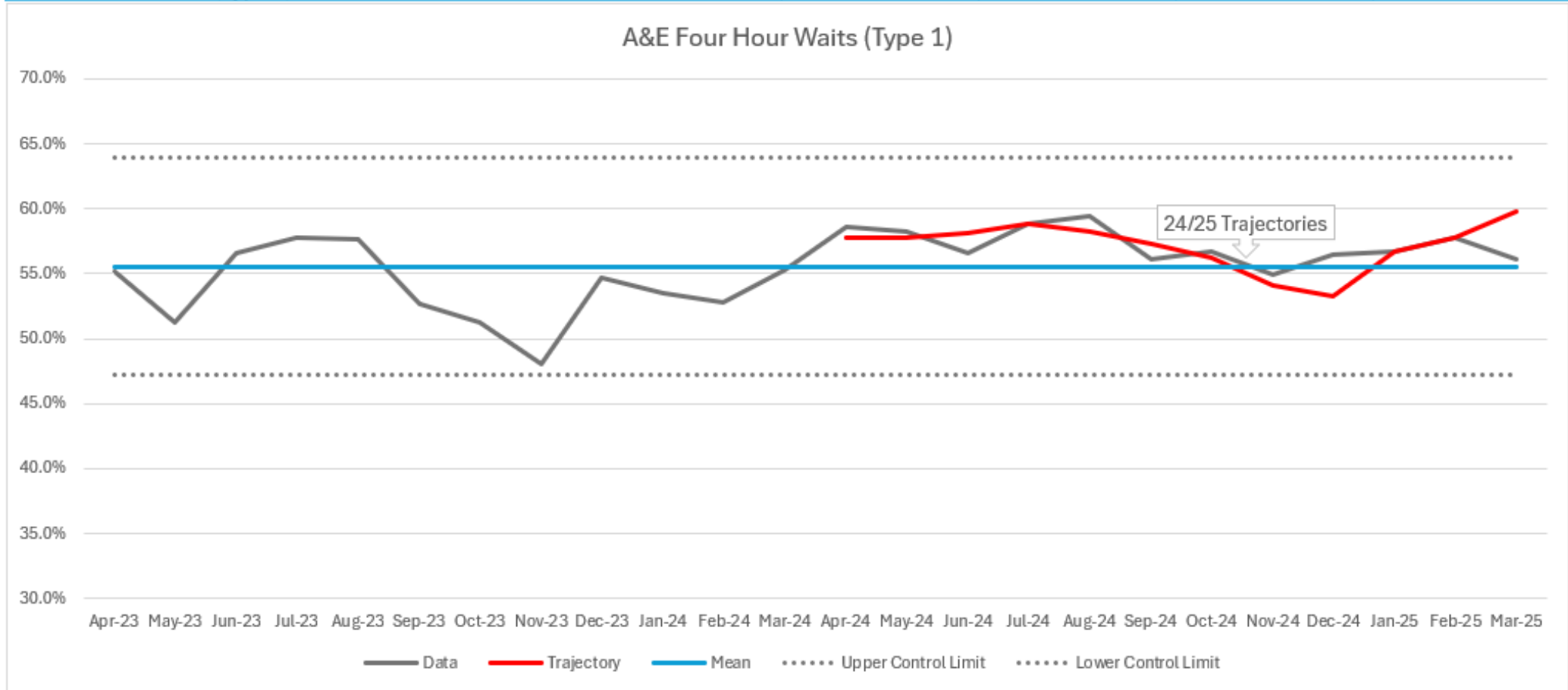
Performance Priorities Summary

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	Q3 24/25 Q3 Plan	1019	1208		Link
	Number of adults with LD/Autism in inpatient care	Mar 25 Q4 Plan	23	27		
	Number of children with LD/Autism in inpatient care	Mar 25 Q4 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	Q3 24/25	64.4%		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	Q3 24/25	80.0%		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	Q3 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%	Q3 24/25	60.0%	65.3%		
	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	M12	(80,000)	(142,204)		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
*	Suppressed numbers <5

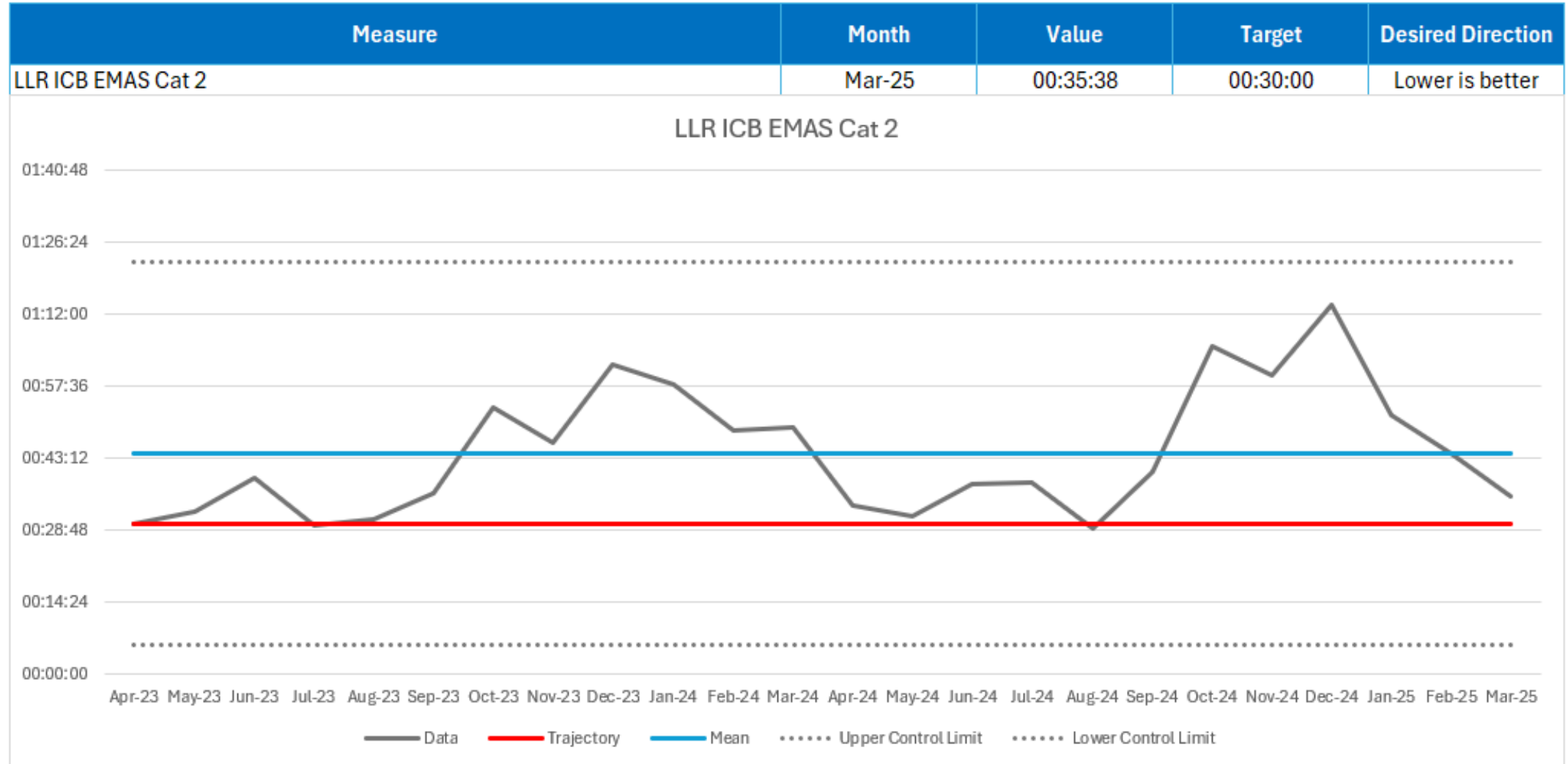
Urgent Emergency Care

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)	Mar-25	56.1%	59.8%	Higher is better



[Link to summary table](#)

Urgent Emergency Care



[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)	Mar-25	59.8%	56.1%	
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	Mar-25	00:30:00	00:35:38	

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.LLR UEC Type 4 activity has been incorrectly reported to the A&E SitRep, artificially inflating 4hr performance figures. Minor Injury unit (MIU) will be asked to cease reporting via contracts, and UCC reporting will end in October as contracts expire, with the new LE4/5 hub reporting correctly as Type 3 activity.EMAS LLR incidents year to date have increased by 3% with the number seen and conveyed increasing by 2%.UHL to provide a regular High Frequency User (HFU) data feed to the ICB.	<ul style="list-style-type: none">Maximising ED Front Desk re-direction to community UEC services. UHL re-directed 11,223 patients during 2024/25 – an increase of 18% on the previous year.EMAS Failed Pathways audit (Jul–Dec 2024) has identified key areas for transformation to improve access and reduce patient contact points. Initial conversations with UHL SDEC colleagues to improve direct access for EMAS crews on scene.Improvements in Urgent Treatment Centres (UTCs) use of PharmRefer processes to increase appropriate re-direction of low acuity patients to community pharmacies and patient choice.
Improve category 2 ambulance response times	<ul style="list-style-type: none">UHL Release To Respond to support rapid EMAS ambulance handovers scheduled to transition to 45 mins max. from Wednesday 14th May 2025.This supports the delivery of the EMAS Cat 2 Mean via more rapid responses to 999 calls demand. UHL / EMAS Release To Respond. Performance YTD:<ul style="list-style-type: none">- April 2025 Cat 2 Mean: Actual 32m 22s v Trajectory 30m 00s- April 2025 Pre-Handover: Actual 42m 47s v Trajectory 42m 08sOpportunities for EMAS direct conveyances to UHL SDECs without an ED intervention where clinically appropriate continue to be discussed.	
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.Strategic multiagency discharge meetings commenced Tuesday 6th May 2025.	

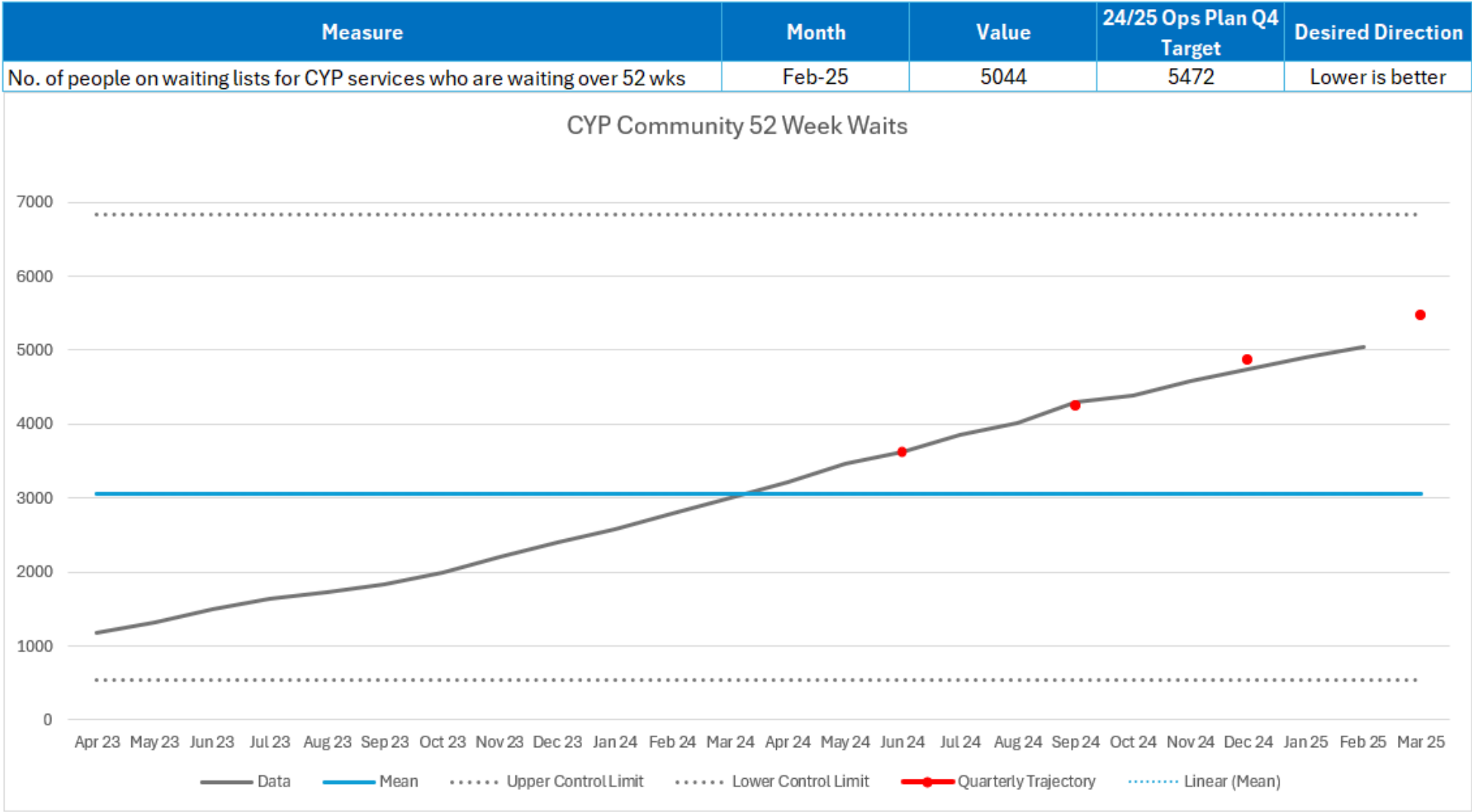
Good News:

- System Co-ordination Centres (SCC) is hosting system partner visits to support cross-partnership collaboration and shared learning.
- Winter Wash Up 2024–25 evaluation shows the system improved flow through increased capacity.
- The HCP (Healthcare Professional) Transport Pathway has significantly improved Category 4 conveyance to alternative care settings increasing from just 5% to 32% over the past quarter. This reduces ED pressure and supports achievement of Cat 2 response and pre-handover trajectories.
- Training has commenced to deliver PharmFirst digital referrals across LLR UTCs, with updated licenses secured. Loughborough UTC is live, with Oadby UTC and Merlyn Vaz UTC to follow in May 2025.

Patient Outcome:

- Phased plans are underway to automate patient dispositions from 999 calls directly to our Clinical Navigation Hub, enabling faster transfer of patients to appropriate local care pathways.
- Establishment of NHS Pathways DoS ‘headline’ profiles for all UHL SDEC services (without an existing full profile) to maximise patient navigation and reduce ED pressure.
- LLR System learning exercise in May 2025 to test and apply lessons learned from Winter 2024/25.

Community Services - Over 52 Week Waits



[Link to summary table](#)

Community Services - Over 52 Week Waits

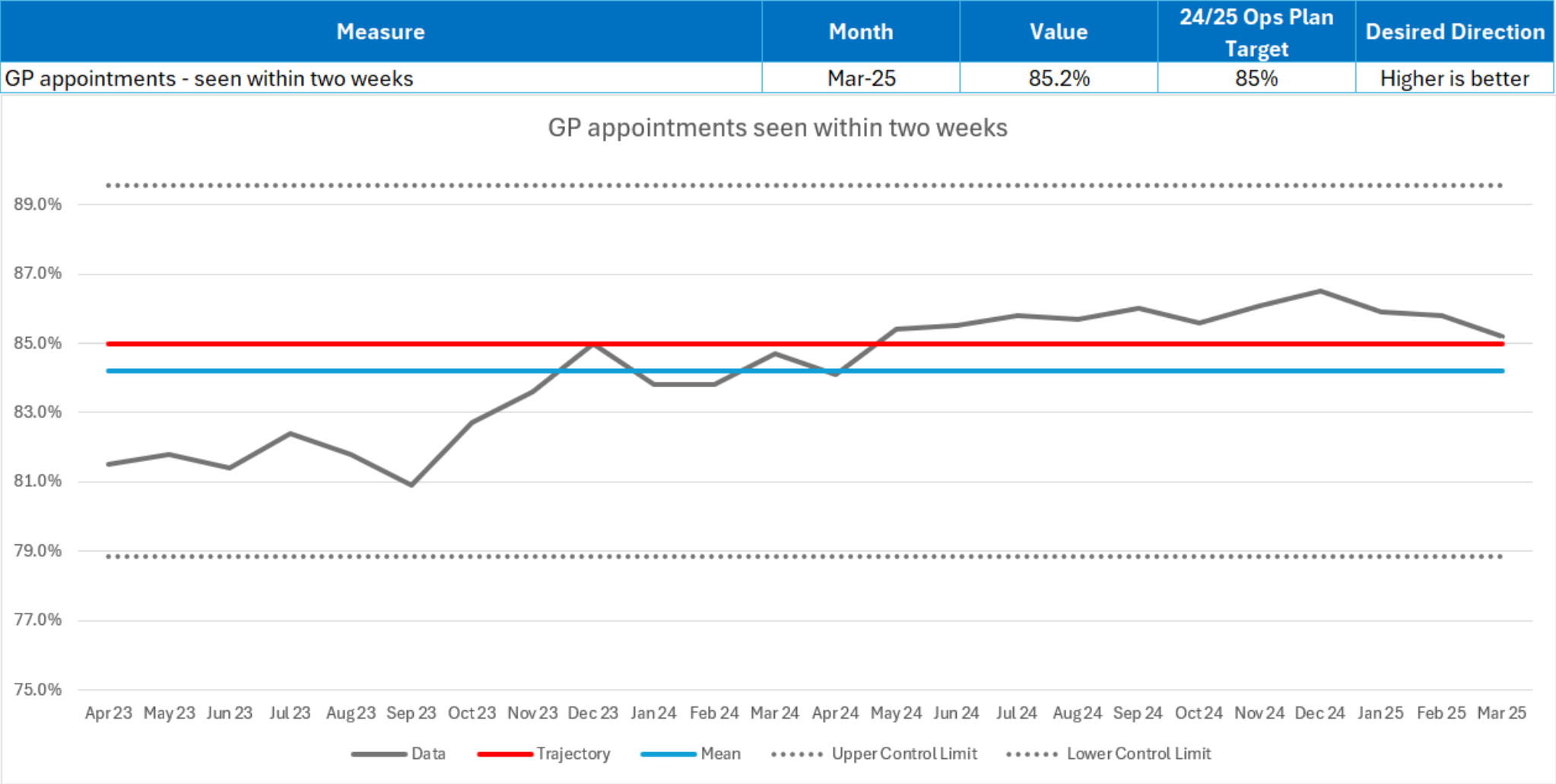
Area	NHS PRIORITIES 2024/25	Month	Plan	Actual
Community Services	Number of people on waiting lists for CYP services who are waiting over 52 weeks	Feb-25 Q4 Plan	5472	5044
	Number of people on waiting lists for adult services who are waiting over 52 weeks	Feb-25 Q4 Plan	0	0

Metric	Risks	Mitigations
Improve CYP community services waiting times, with a focus on reducing long waits	<ul style="list-style-type: none"> Diagnostic delays affect long term outcomes. Increase in complaints and concerns due to delays. Exclusions increase in education settings. Negative impact on families - mental health issues, behaviour management. Trust reputation. Time limited funding for Educational Psychology capacity ceases July 2025 Numbers waiting continue to increase with continuing high volumes referrals Impact of reduced local voluntary, community and sector (VCS) capacity supporting CYP whilst waiting. 	<ul style="list-style-type: none"> Attention deficit hyperactivity disorder (ADHD) nurses seeing stable cases, releasing consultant capacity for new referrals. 1525 children remain on consultant caseload with c1600 transferred to Nurse Medical Prescriber. Advanced Nurse Practitioner recruited to support nursing capacity and oversight. ADHD nurse input to diagnostic pathway pilot to maximise consultant capacity; outcome to be presented by end of May 2025. Advanced Nurse Practitioner to facilitate roll out. ADHD Annual Review Primary Care pilot increases follow up slots, exploring roll out options. Substantive recruitment underway to compensate for loss of Educational Psychology capacity. Clinical leaders review long waits for core service to ensure risks pro-actively managed to meet zero waits 52+ week waits for this cohort. Patient tracking supports robust oversight at service, directorate and Trust level. Robust Did Not Attend / Was Not Brought measures minimise lost capacity. Health Innovation East Midlands applications to further enhance digital waiting well offer. Working with ICB on options following closure of ADHD Solutions.
Improve adult community services waiting times, with a focus on reducing long waits	<ul style="list-style-type: none"> Growing demand leads to over 52 week waits in adult community services (risk 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

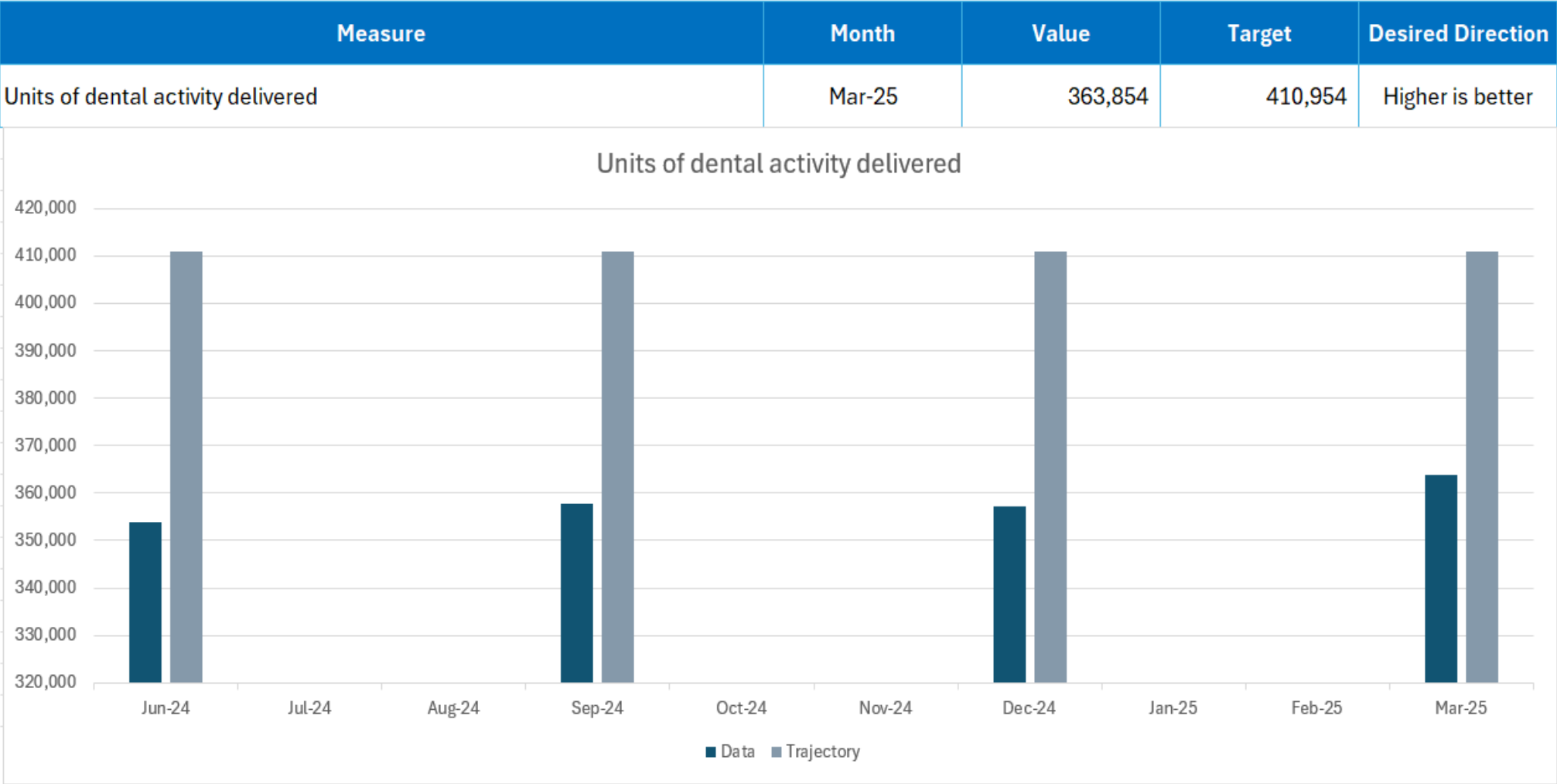
- Advanced Nurse Practitioner recruited to Child and Adolescent Mental Health/ Community Paeds to support Neurodevelopmental Pathway (ND) pathway – induction almost complete and work is being allocated.
- Recruitment of Allied Health Professionals will support capacity for Autism Spectrum Condition assessment 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 timely titration.
- Good user/carers feedback with satisfaction scores consistently above 90%.

Primary Care



[Link to summary table](#)

Primary Care



[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	Mar-25	85%	85.2%	

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.	<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 have demonstrated change to date through case studies and sharing best practice.• 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. 100% of PCNs have assured the ICB this is in place and there will be further work PCNs and practices will be required to do in 25/26 under the new DES to improve this further and demonstrate outcomes.• Continue to embed Pharmacy First in General Practice and maximise on utilising the 7 clinical pathways, minor ailments service, BP monitoring and Oral Contraception. Referrals have increased month on month, in February almost 10,000 referrals/self-referrals were to minor illness services and clinical pathways.• NHSE have introduced an additional role to the Additional Roles Reimbursement Scheme (ARRS); Newly qualified GPs. This will create additional capacity in PCNs. As of Feb 2025, LLR have 31.1 roles recruited across the PCNs.• 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. As of March 2025, over 65,000 additional hours have been delivered across the 26 PCNs.• To support Winter pressures, almost an additional 10,000 on the day appts were delivered between Dec 24 and Mar 25 in Primary Care across LLR.

Patient Outcome:

- Practices across LLR have been involved in a national improvement programme during 24/25. Feedback from the provider of the programme has been positive about the practices engagement and leadership in wanting to make improvements and drive change to deliver better patient experience and outcomes for their registered population. The work they are undertaking in practice will support the transition and embedding of modern general practice by having multiple access routes, access to digital tools for patients where appropriate, and ensuring patients are seen by the most appropriate clinician or service first time, in a timely manner.

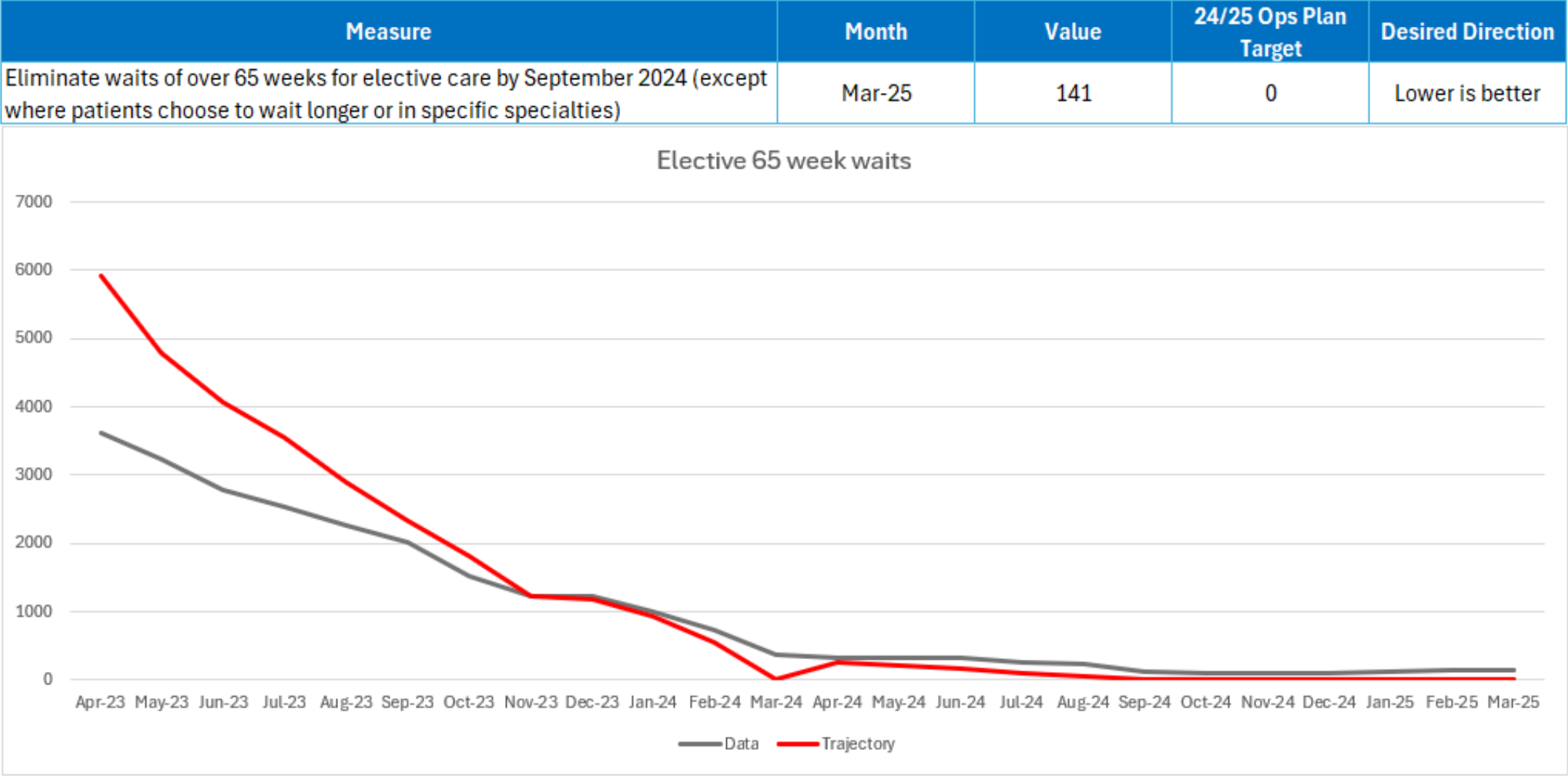


Primary Care

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- <i>Units of dental activity delivered</i>	Mar-25	410,954	363,854	

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.Issues amongst the dental profession with the current national dental contract, particularly around lower UDA rates	<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. For example, in 24/25 performing dental providers across LLR have been offered the 110% Overperformance scheme allowing providers to overperform by up to 10% from their original agreed contract.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.To deliver the governments Urgent Dental Care initiative to offer an additional 10,137 urgent care appointments for 25/26.

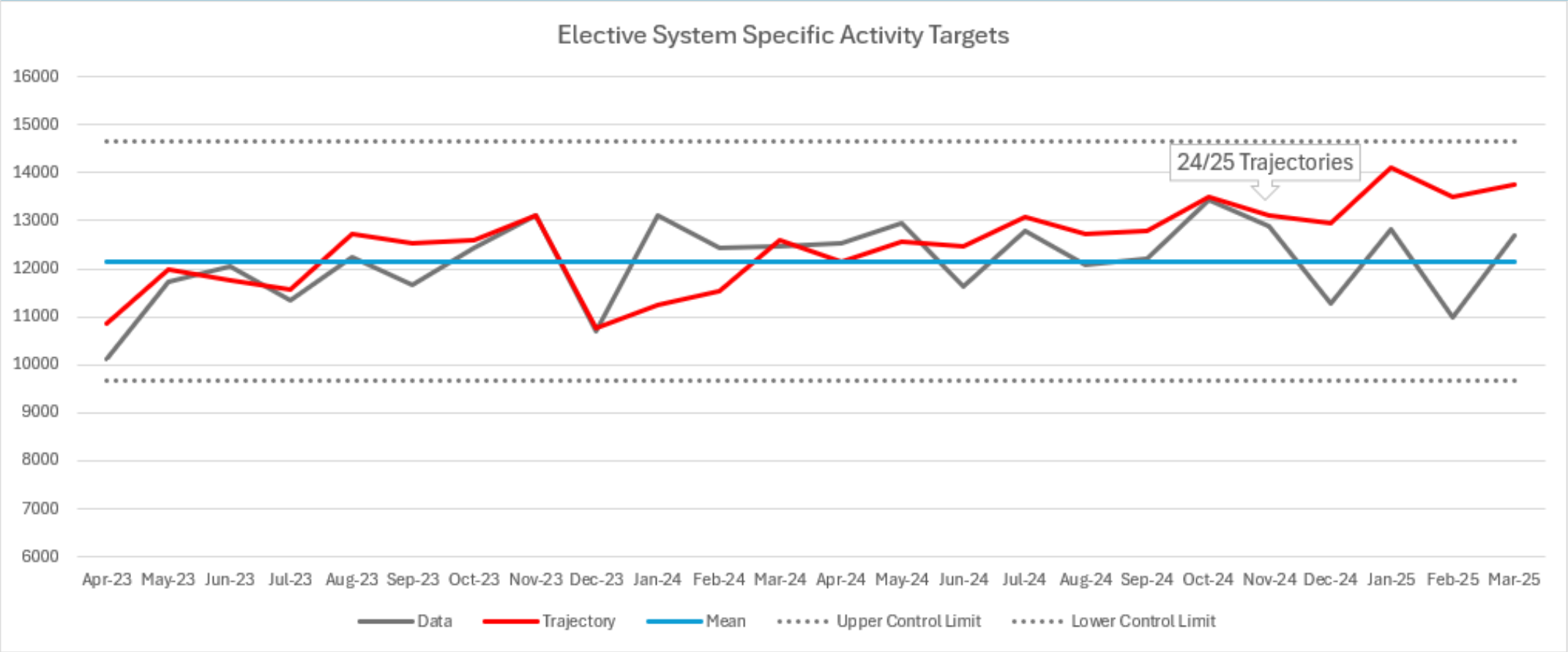
Elective Care



[Link to summary table](#)

Elective Care

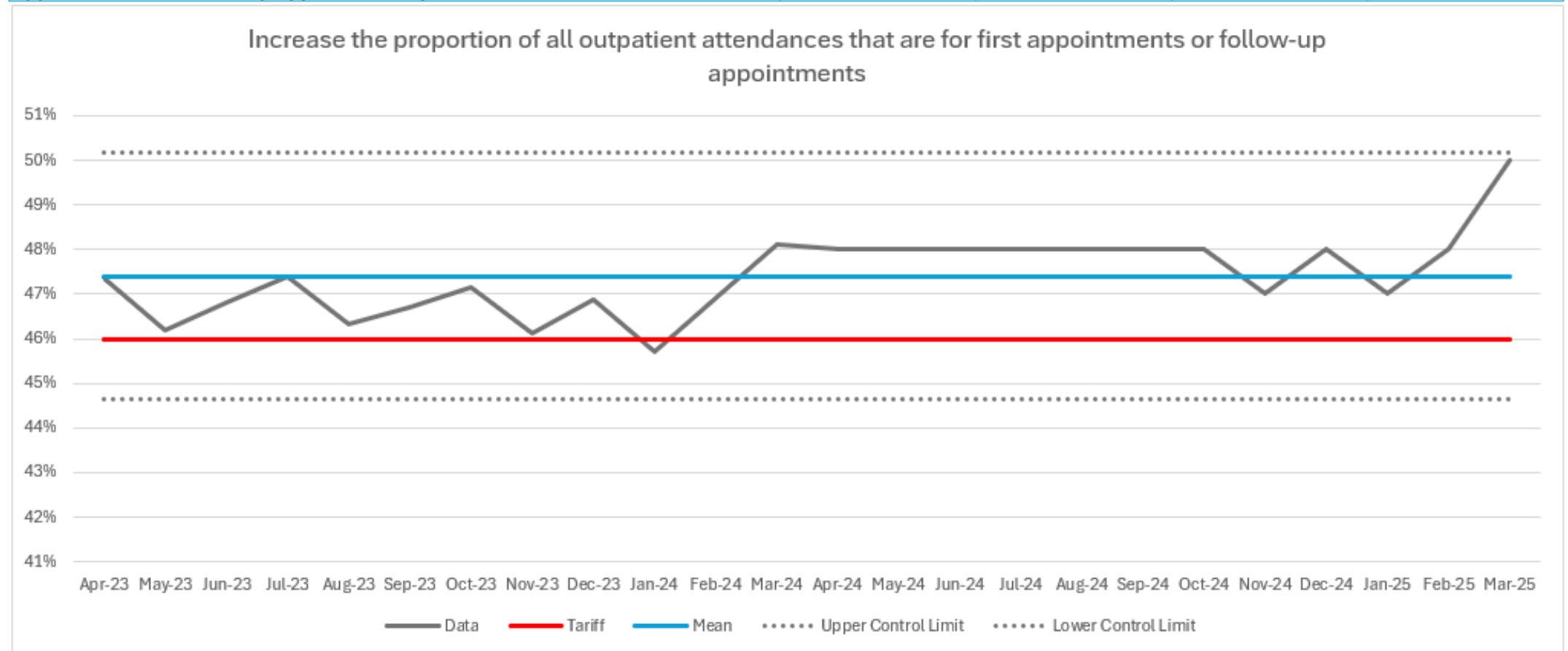
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Elective System Specific Activity Targets	Mar-25	12678	13762	Higher is better



[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%	Mar-25	50%	46%	Higher is better



[Link to summary table](#)

Elective Care

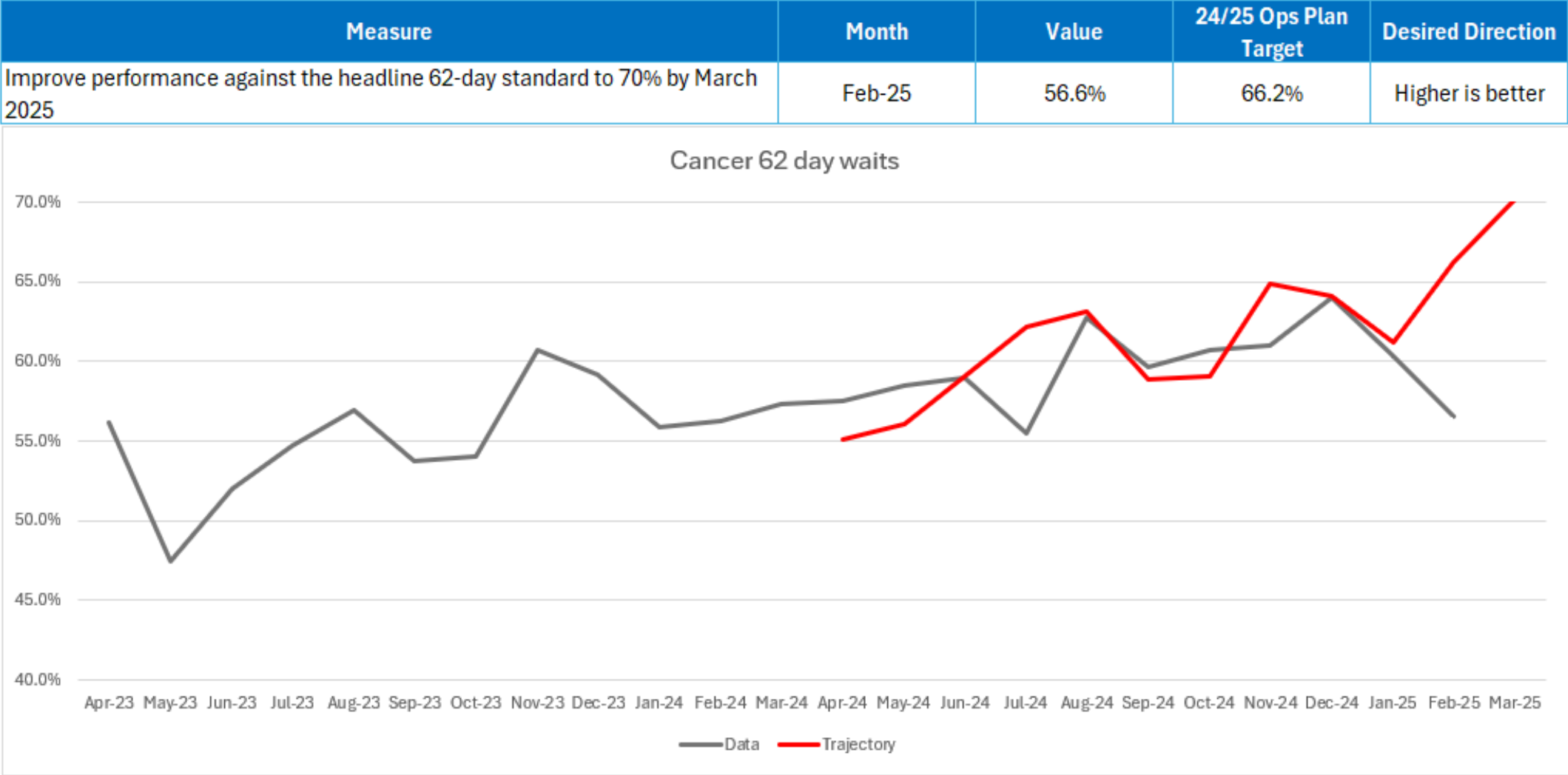
Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Mar-25	0	141	
	Deliver (or exceed) the system specific activity targets	Mar-25	13,762	12,678	
	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	Mar-25	46%	50%	

Metric	Risk	Mitigation
Eliminate waits of over 65 weeks for Elective Care Increased Outpatient attendances	<ul style="list-style-type: none">Operational pressures due to the emergency demand impacting upon elective activity notably pediatrics.Challenged Cancer position and urgent priority patients requiring treatment.Challenges with theatre estate, leading to loss of activityWorkforce 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 recruitment issues.	<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.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'Review of pediatric flow across wards.Electronic boards displaying live theatre metrics in theatres progressing.
Deliver the system specific activity target as agreed in the operational plan: <ul style="list-style-type: none">Elective spells actual 12678 plan 13762 (Mar-25)Total Outpatient Attendances(face-to-face and telephone/video) and Advice and Guidance Responses Plan 69380 actual 71982 (Mar-25)		

- Good news:**
- With the support of national Getting It Right First Time (GIRFT) funding, by the end of March just under 1,000 patients were reviewed for their physiotherapy needs. A community assessment day is also planned for June which will aim to see a further 100 patients in one day.
 - A new training module for staff on managing Referral to Treatment pathways has been launched.

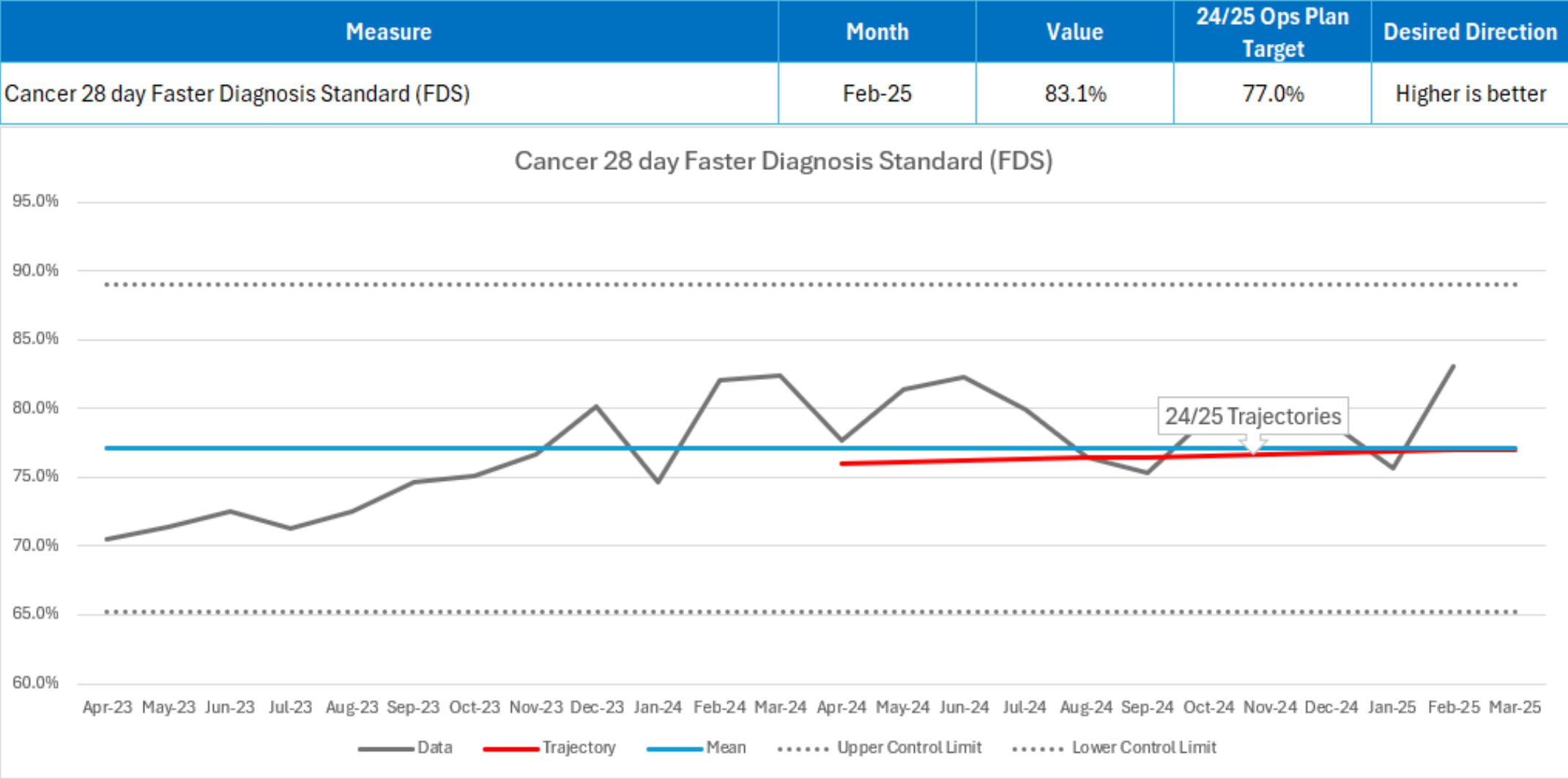
Patient Outcome: The time to wait for treatment or a decision that no treatment is required continues to reduce.

Cancer



[Link to summary table](#)

Cancer

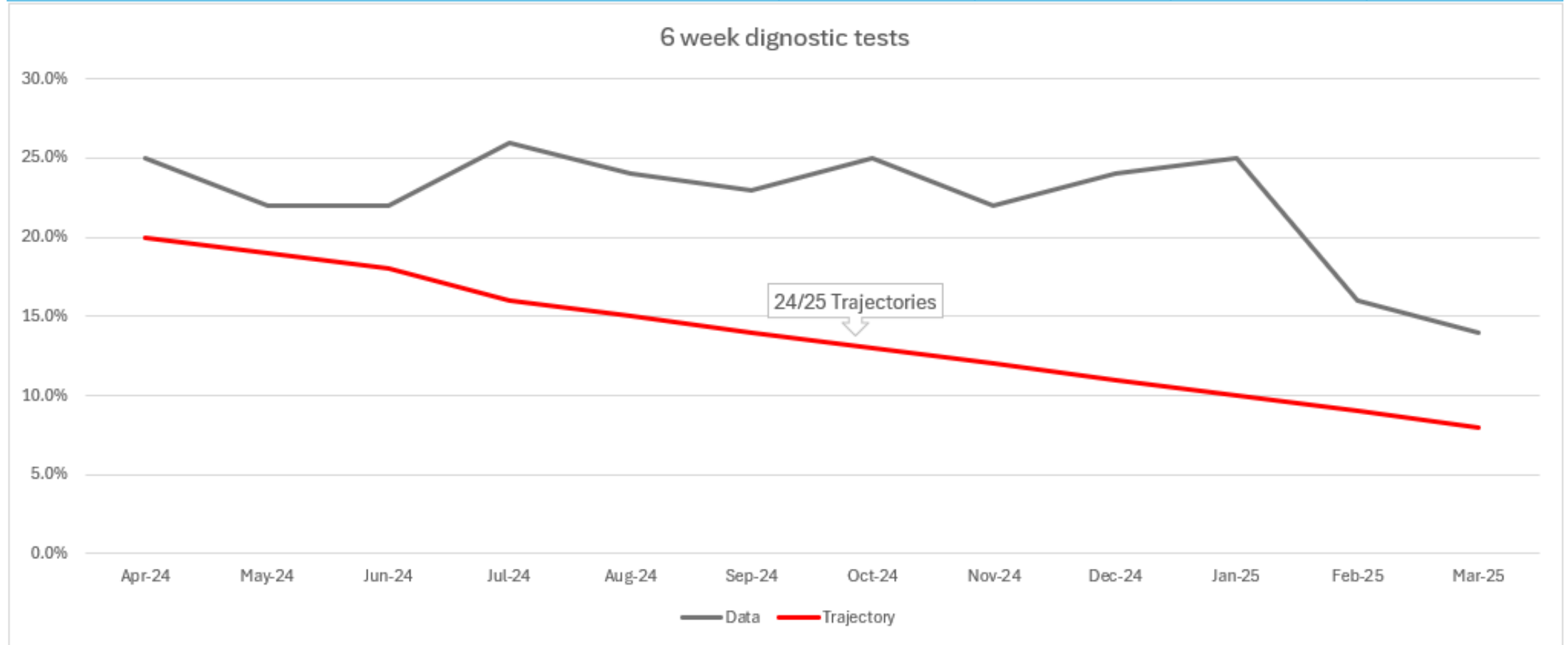


[Link to summary table](#)

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)	Feb-25	66.2%	56.6%	
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 (ICS)	Feb-25	77.0%	83.1%	
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Jan-25	2028 75%	53.3%	
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.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.Pre-diagnosis nursing team supporting with patient engagement.Radiotherapy mitigations reliant on mutual aid and 5th Linac (Operational March 25).University Hospitals of Northampton are supporting with capacity for prostate patients.Implementation of a changes to prostate hyper fractionation continues.Mutual aid has commenced for Breast patients to Lincoln.			
Improve cancer faster diagnosis standard by March 2024 to 77% by March 2025					
Good news: <ul style="list-style-type: none">Continued delivery of Faster Diagnosis Standard for eighteen consecutive months.5th Linear Accelerator opened with the first Radiotherapy Patient seen at the end of MarchPatients are receiving their FIT (Ffaecal Immunochemical Test) results as soon as two days after sending off their sample, rather than up to two weeks. This is due to change in the contract which is now being provided locally.					
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	Mar-25	14%	8%	Lower is better



[Link to summary table](#)



Diagnostics

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Diagnostics	Total of 9 diagnostic tests - Percentage of patients waiting over 6 weeks	Mar-25	8%	14%	

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 MRI and sleep studies.Funding availability for short term capacity.	<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 – May/June 25.I-Refer Implemented to improve appropriateness of referrals.Actions in place at Leicestershire Partnership Trust to reduce long wait pediatric audiology waits.MRI additional 2 vans to remain into 25/26.Sleep outsourcing in addition to the internal plans to increase capacity.New Head of Diagnostic Performance and Productivity commenced in post this month.Updated training guides and training sessions on diagnostic validation – April/May.Endoscopy unit - August 25.

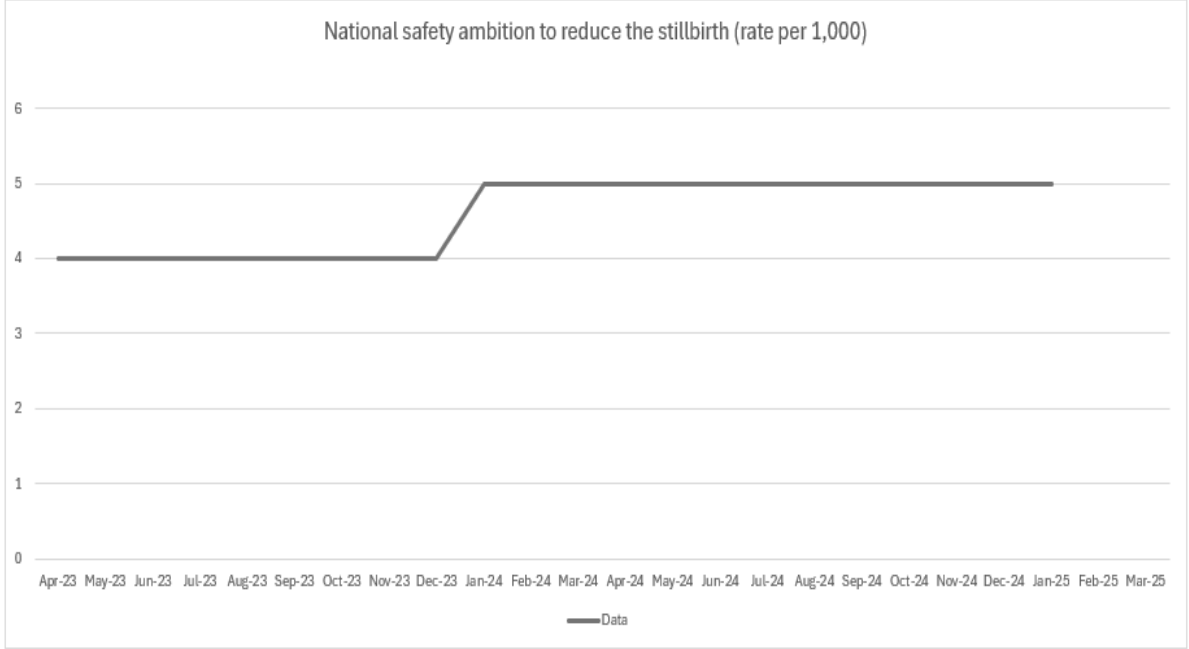
Good news:

- March saw waiting time improvements across all modalities. 6 week and 13 week waits all decreased with significant reductions for an MRI, CT, DEXA and Adult Sleep test.
- Leicestershire Partnership Trust (LPT) have a new Audiology booking system making it easier to book appointments.
- Clinical teams have visited the Hinckley Community Diagnostic Centre which is now in the final stages of completion.

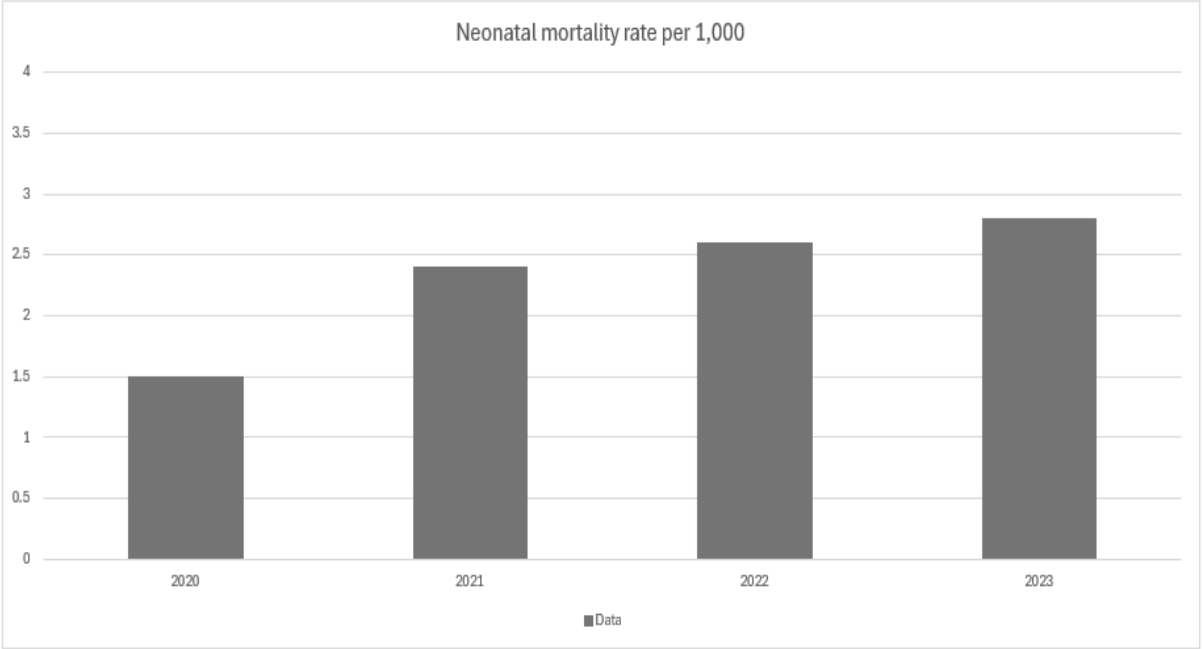
Patient Outcome: The time to wait for a diagnosis and a decision on treatment plan continues to reduce.

Maternity

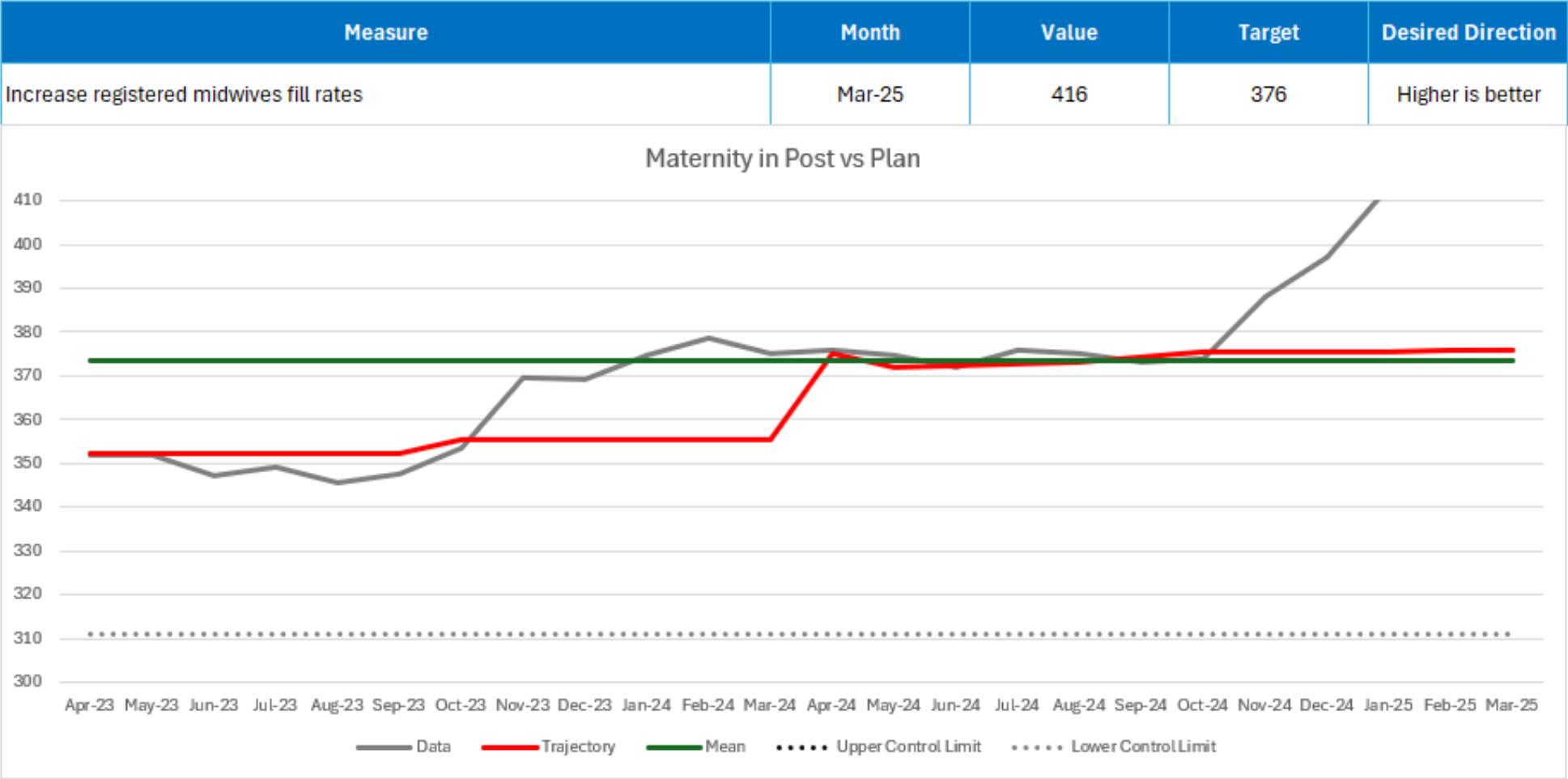
Measure	Month	Value	Target	Desired Direction
National safety ambition to reduce the stillbirth (rate per 1,000)	Jan-25	5	Reduction	Lower is better



Measure	Year	Value	Target	Desired Direction
Neonatal mortality rate per 1,000	2023	2.8 per 1,000	Reduction	Lower is better



Maternity



Maternity

Area	NHS PRIORITIES 2024/25	Month	Plan	Actual	RAG
Maternity, neonatal and Women's health	Continue to implement the Three-year delivery plan for maternity and neonatal services:- Increase registered midwives fill rates	Mar-25	376	416	
	National safety ambition to reduce stillbirth	Jan-25	Reduction 2023 4	5	
	Neonatal mortality (per 1,000 births)	2023	Reduce 2021 2.4	2.8	
	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		

Metric	Risk	Mitigation
Make progress towards the national safety ambition to reduce stillbirth	Currently on track.	Slight variation in figures at start of year but due to very small numbers, it does not change overall picture however this is being monitoring closely.
Neonatal mortality	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	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 services and 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.	Substantive staff (midwifery) as of March 2025 was 416.7. This equates to an 11.1% increase since last year. Vacancy rate has decreased from 7.5% last year to 3.2%. In contrast Continue working with the universities and implement the Safer Learning Environmental Charter (SLEC) principles to improve retention. Application of funding submitted to NHSE.

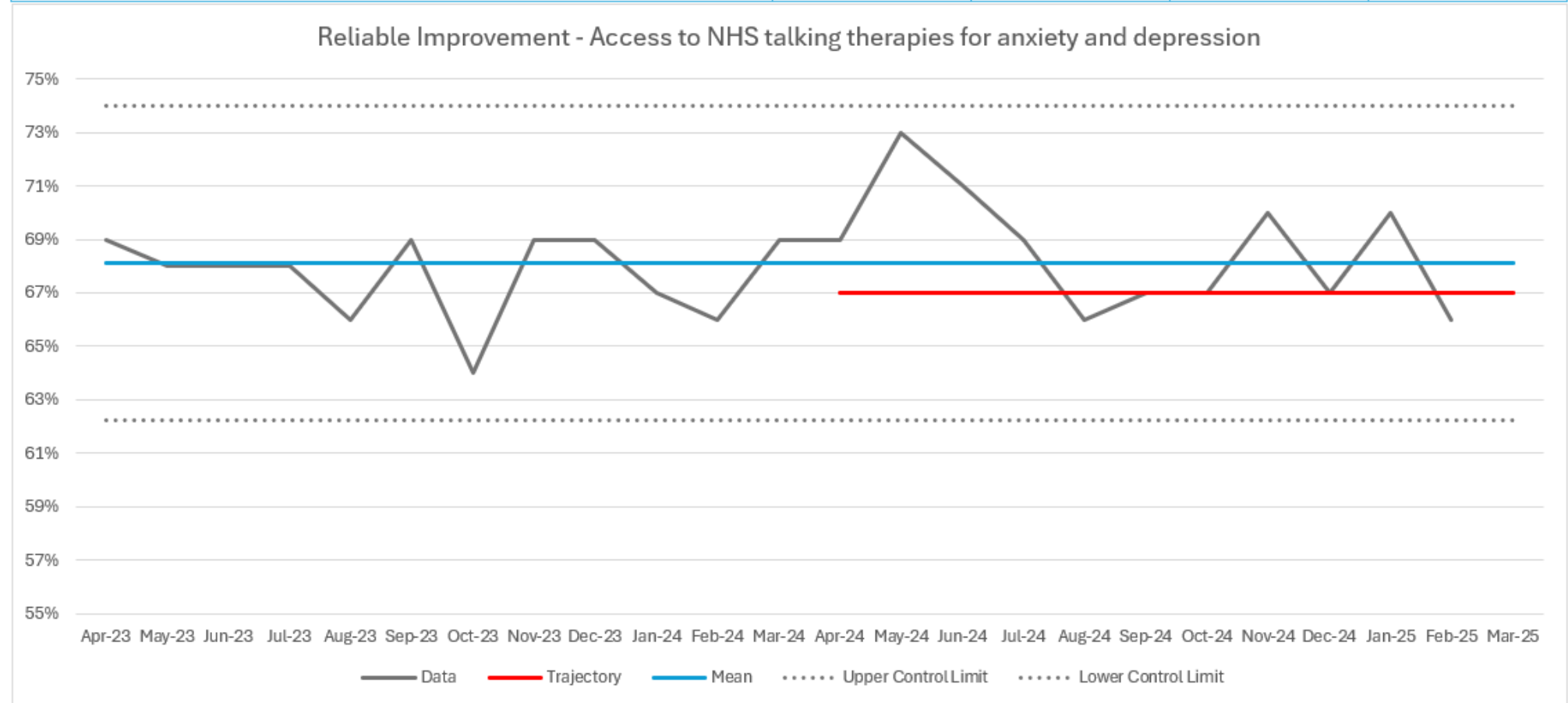
Good News: Maternity Incentive scheme given approval for sign off by ICB and UHL for year 6.

Patient Outcome: Review our current Maternity & Neonatal Voice Partnership (MNVP)* with the intention of developing a permanent model going forward.

*The MNVP supports women to have their voices heard and support improvements in services.

Mental Health

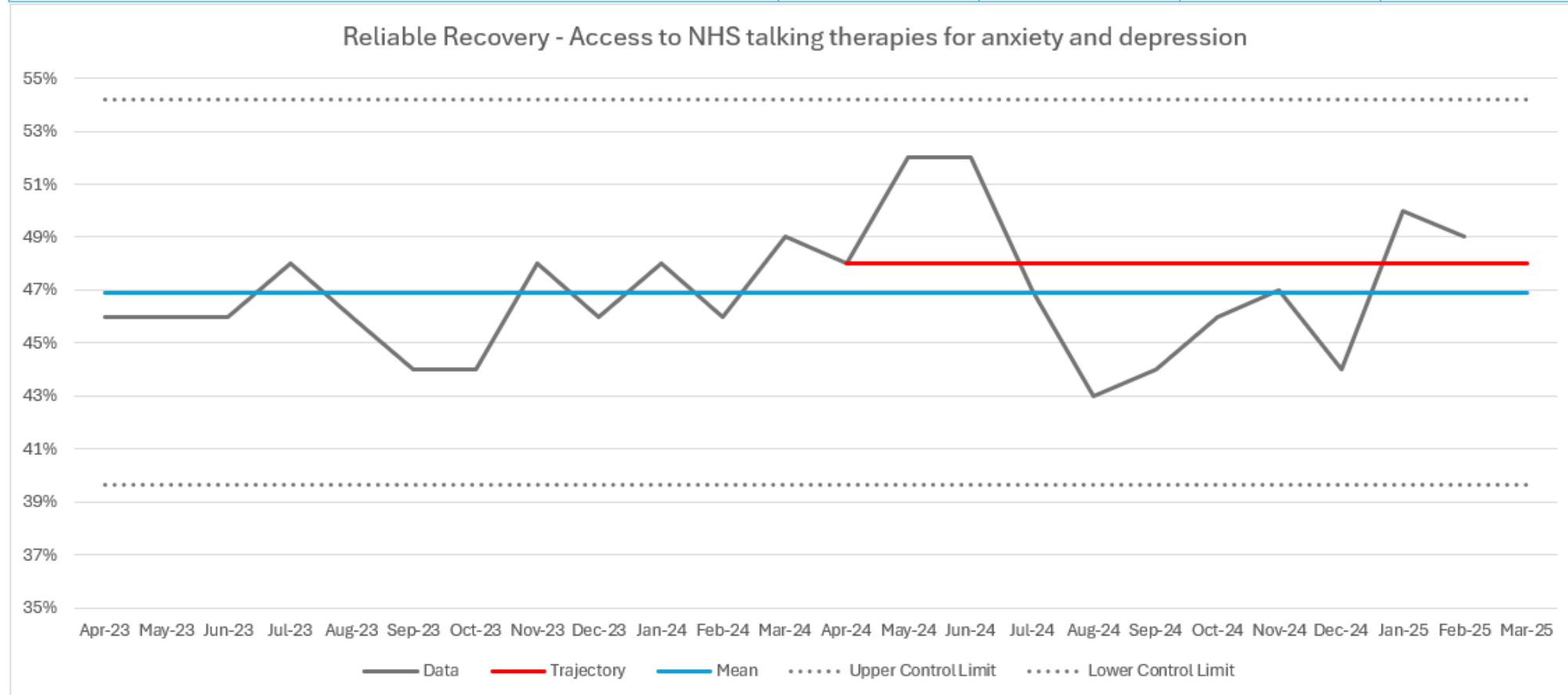
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Reliable Improvement - Access to NHS talking therapies for anxiety and depression	Feb-25	66%	67%	Higher is better



[Link to summary table](#)

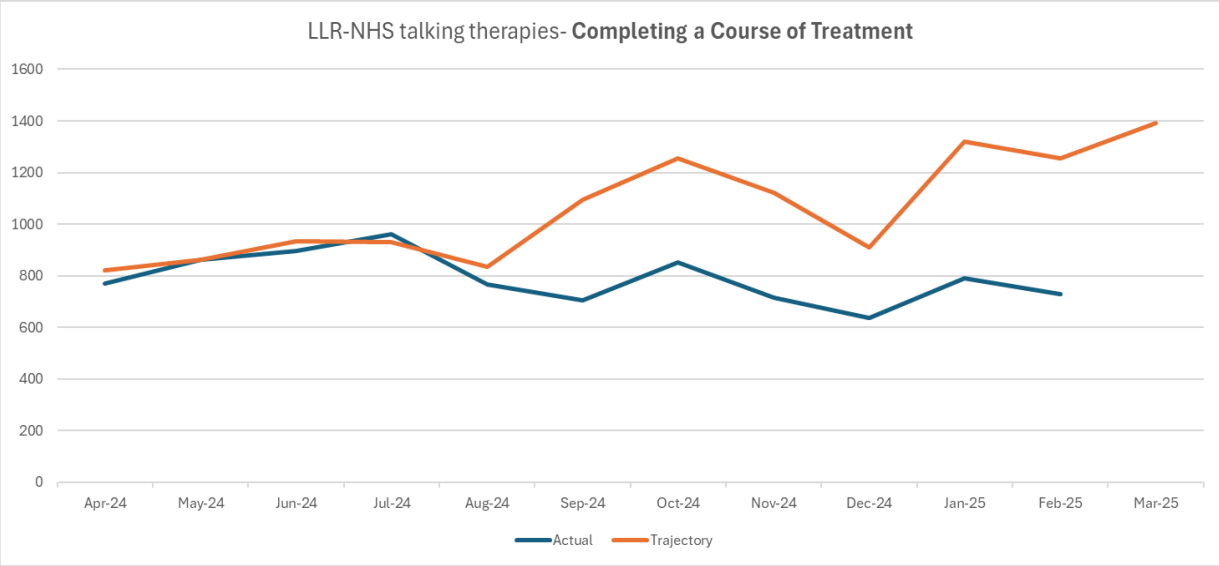
Mental Health

Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Reliable Recovery - Access to NHS talking therapies for anxiety and depression	Feb-25	49%	48%	Higher is better



[Link to summary table](#)

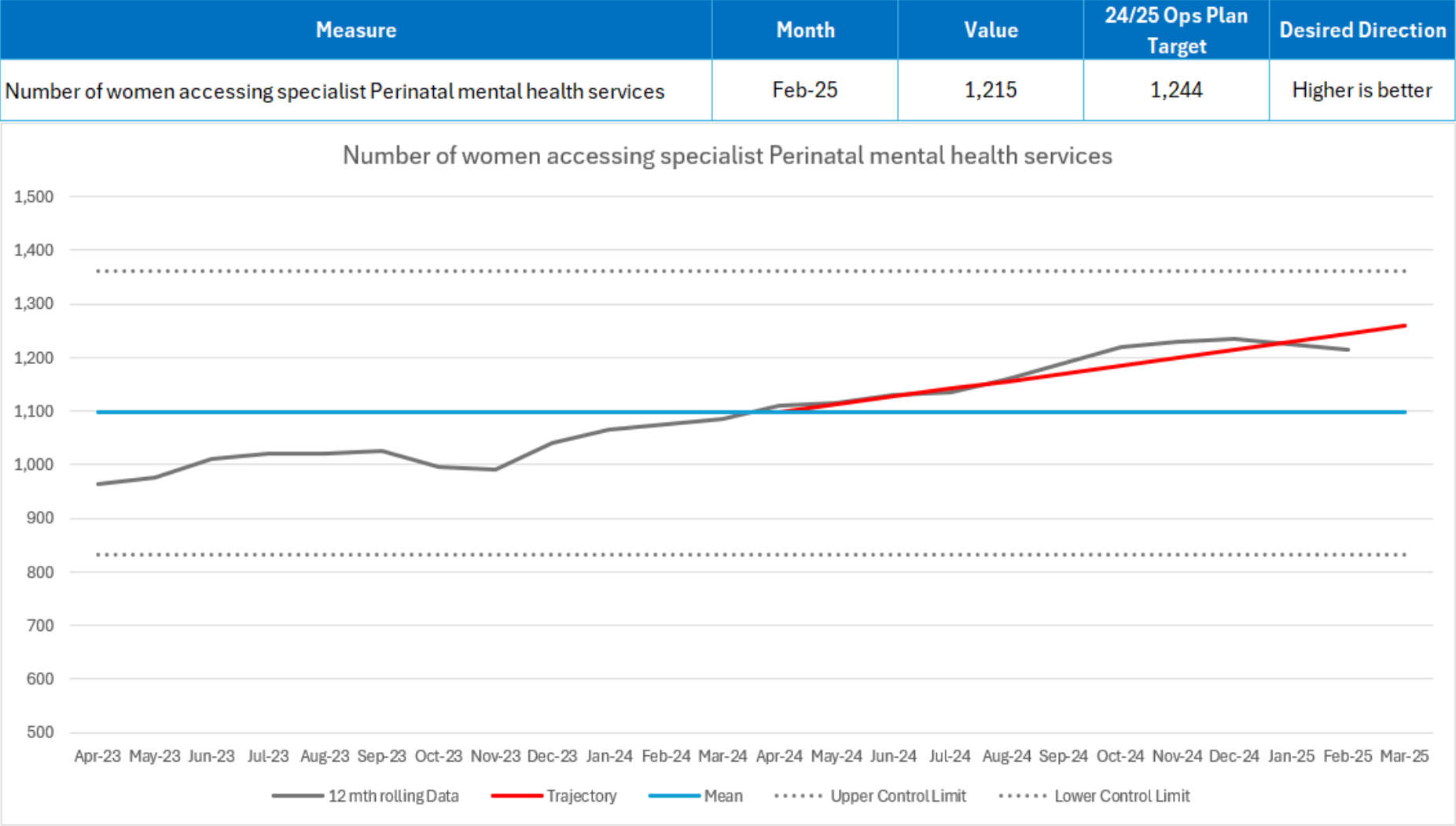
Mental Health – Talking Therapies-Completing a Course of Treatment (additional measure)



LLR ICB- Talking Therapies		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total/Plan
NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Actual	770	860	895	960	765	705	850	715	635	790	730		8675
	Target	820	860	934	929	834	1094	1256	1120	908	1320	1255	1392	12722

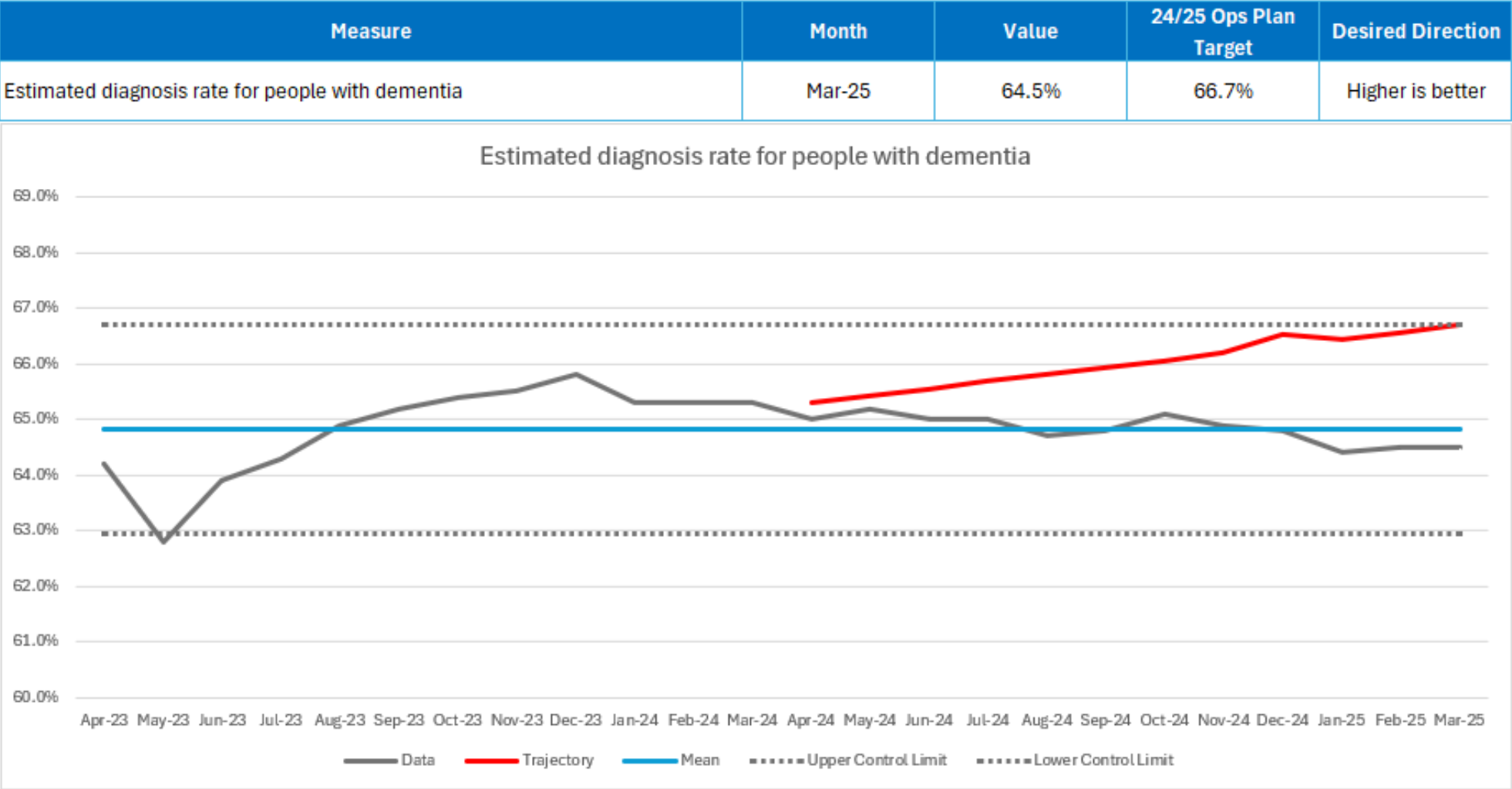
Metric	Risk	Mitigation
Talking Therapies- Completing a Course of Treatment - Count of referrals with a discharge date in the period that had at least two treatment sessions (excluding follow up).	Increased waits for assessment. Reduction in reliable recovery rate. Reduction in reliable improvement. Negative 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.Additional late appointments agreed.Additional face to face locations agreed.90-day plus waitlist initiative.Improving conversion rates through digitalisation.New reasonable growth target agreed for 25/26.

Mental Health



[Link to summary table](#)

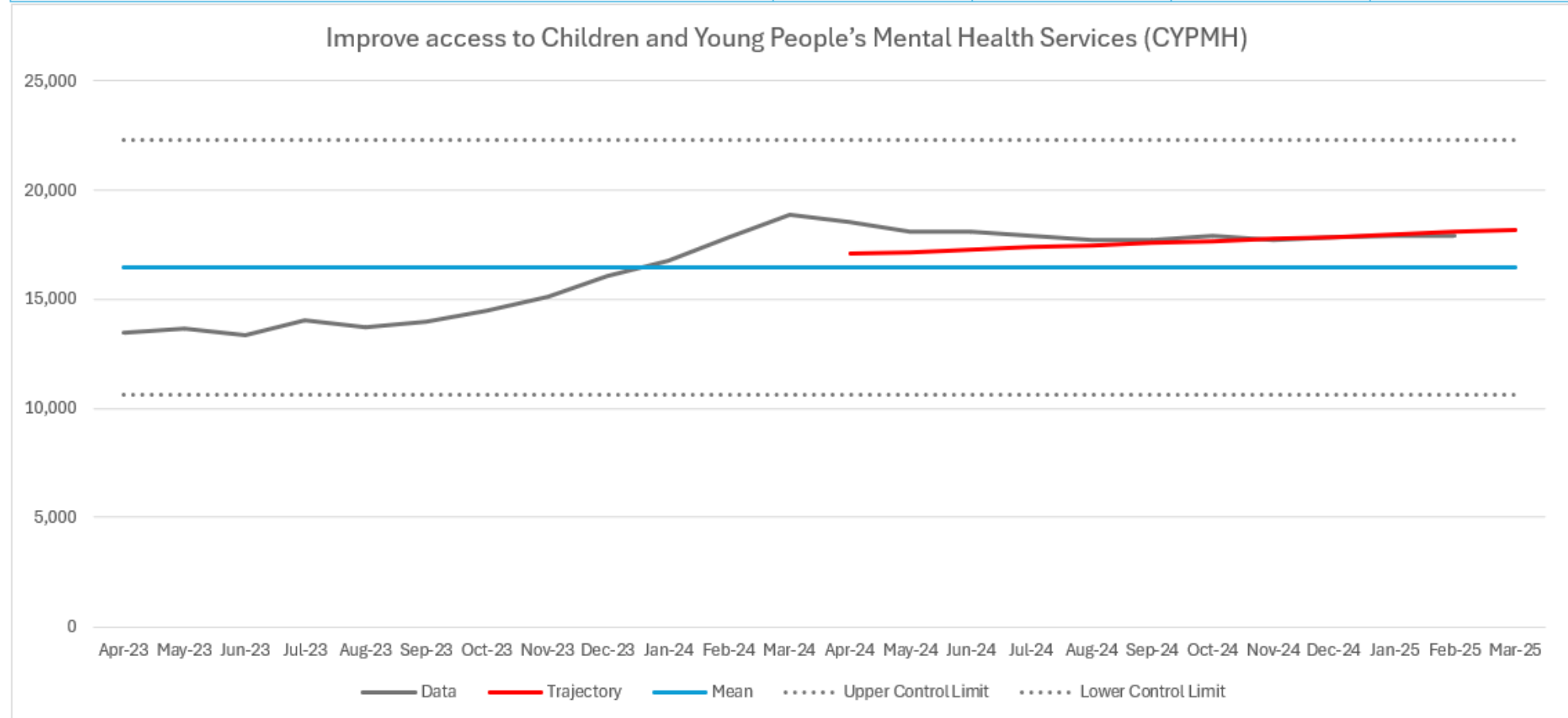
Mental Health



[Link to summary table](#)

Mental Health

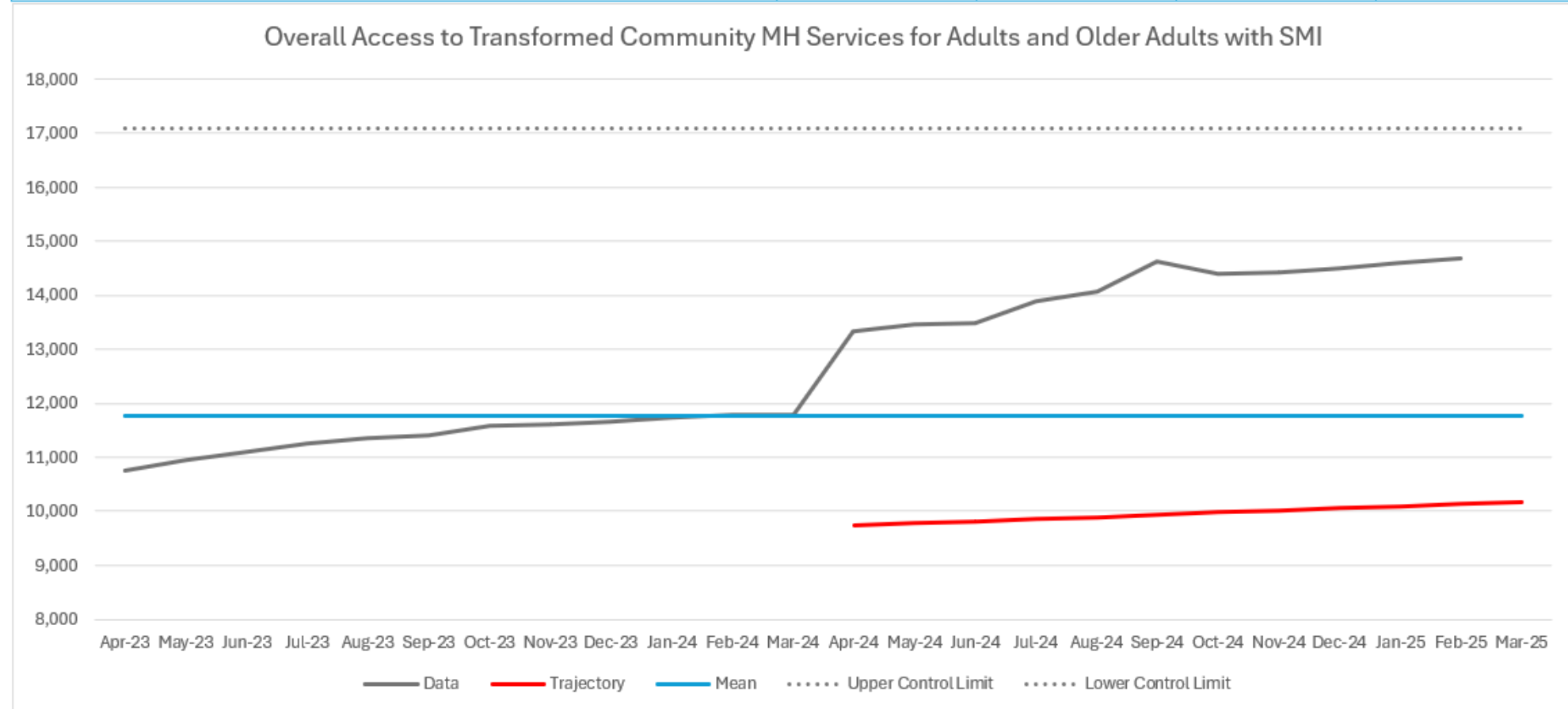
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Improve access to Children and Young People's Mental Health Services (CYPMH)	Feb-25	17870	18065	Higher is better



[Link to summary table](#)

Mental Health

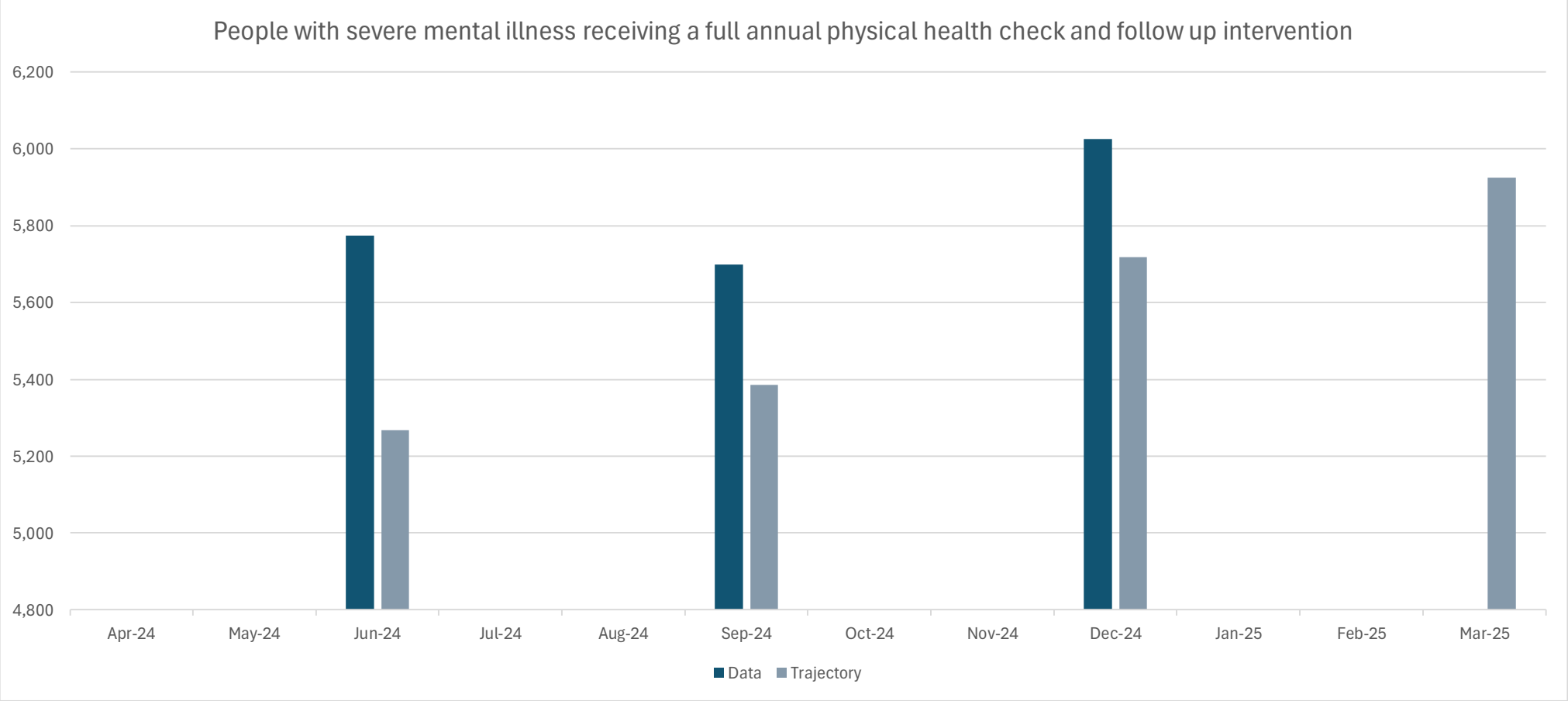
Measure	Month	Value	24/25 Ops Plan Target	Desired Direction
Overall Access to Transformed Community MH Services for Adults and Older Adults with Severe Mental Illnesses (SMI)	Feb-25	14695	10135	Higher is better



[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	Dec-24	6025	5718	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)	Feb-25	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	Feb-25	10,135	14,695	
	Increase the number of people number of women accessing specialist perinatal mental health services in the reported period (12mth rolling)	Feb-25	1,244	1,215	

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.
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	Feb-24	18,065	17,870	
	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.	Feb-25	67%	66%	
	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	Feb-25	48%	49%	

Metric	Risk	Mitigation
Improve access to MH support for Children and Young People (CYP)	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.	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	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) New reasonable growth targets agreed for 25/26, which enable us to access Autumn Statement funding 5) New steering group set up to drive forward improvements. 6) Focus on workforce growth in particular High Intensity Therapists	



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)	Q3 Q3 Plan	5,718	6,025	
	Recover the dementia diagnosis rate	Feb-25	66.6%	64.5%	

Metric	Risk	Mitigation
Recover the dementia diagnosis rate to 66.7%	<ul style="list-style-type: none">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.

Good News:

17

Mental Health
Neighbourhood Networks

100+

VCS organisations in Better
Mental Health for All
Network

38

Neighbourhood Mental
Health cafes across LLR

65

VCS organisations
receiving MH grants
c.£2m

700+

activities advertised on
JOY social prescribing
platform

1k+

local practitioners engaged
in multi-agency working

76

VCS staff trained to deliver
psychological skills

6k

people getting help for
urgent mental health
concerns where they live

155k

people accessing
support for their mental
health & wellbeing

8k

people signposted &
referred to get help &
support

Improving
wellbeing

Improving self-
care

Reducing demand on
statutory services

Increasing organisations
&venues to get help

Mental Health

Focus on Health Inequalities

Talking therapies within the deaf service

Regional meetings have been taking place following the end of the national talking therapies for the deaf service.

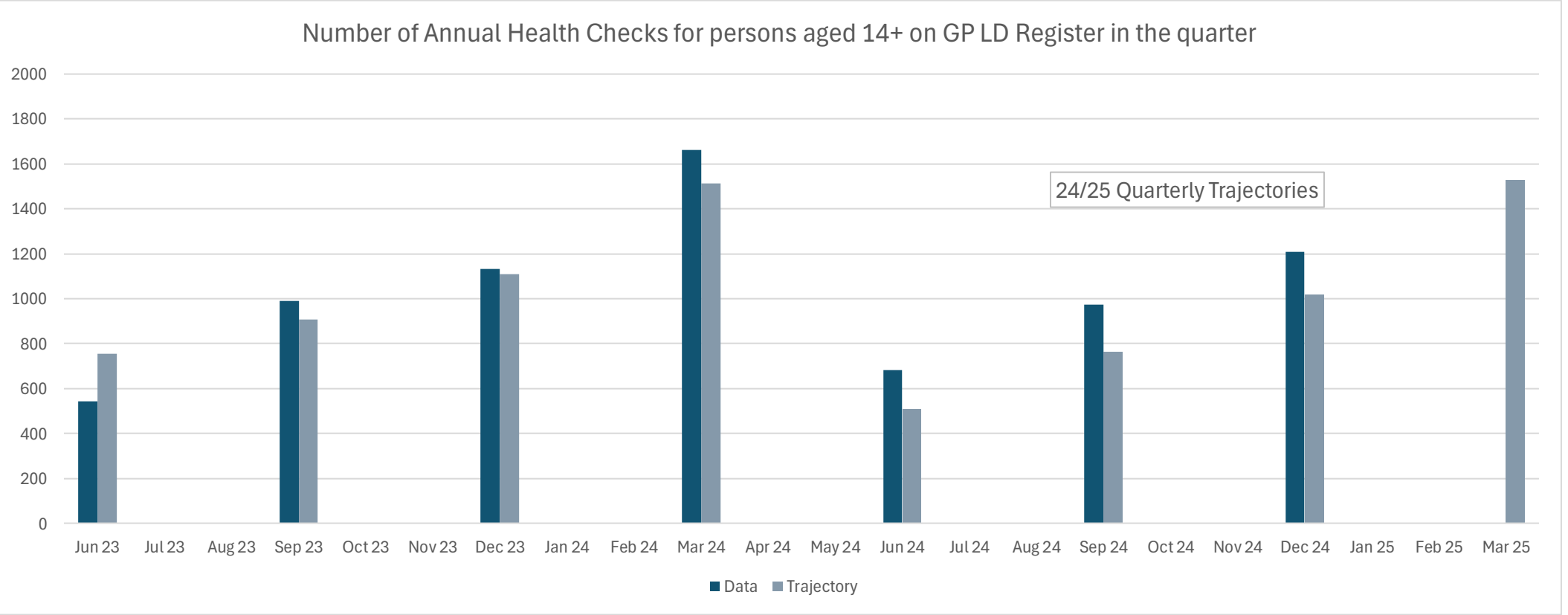
- Local concerns that the regional solution will lead to more health inequalities if we look at the proposal to continue with current provider Sign Health.
- Not being driven by need – Sign Health did not publicise the service and has stated that the need across LLR is circa 7 people.
- If 40% of the estimated 9,000 severely or profoundly deaf individuals across LLR experience mental health issues, then approximately 3,600 adults may benefit from talking therapies.
- We are looking at options with other systems that have Vita as a provider, meeting scheduled with Nottingham and Derby lead commissioners on the 22nd May.
- Plan to explore the option of using Autumn statement funding for specialist workforce (20% of funding can be used for qualified staff).

CYP and the African Heritage Alliance

- Relates Community Chillout Zones (CCOZ) to deliver a workshop at the Afro Caribbean Centre
- LPT's Community Participation Lead and the Youth workers will be linking into future C&YP focus groups to understand barriers to accessing services etc but also inform of services available.
- Our Education Psychologist from the City Early Intervention Support Service (CEIPS) will be attending a parent workshop and delivering information on ND and how parents can support their C&YP confidently.
- Amanda, from the African Heritage Alliance will be coming back to our Improving Access meeting provisionally on 15th May to provide feedback on the outcomes of their youth focus groups.

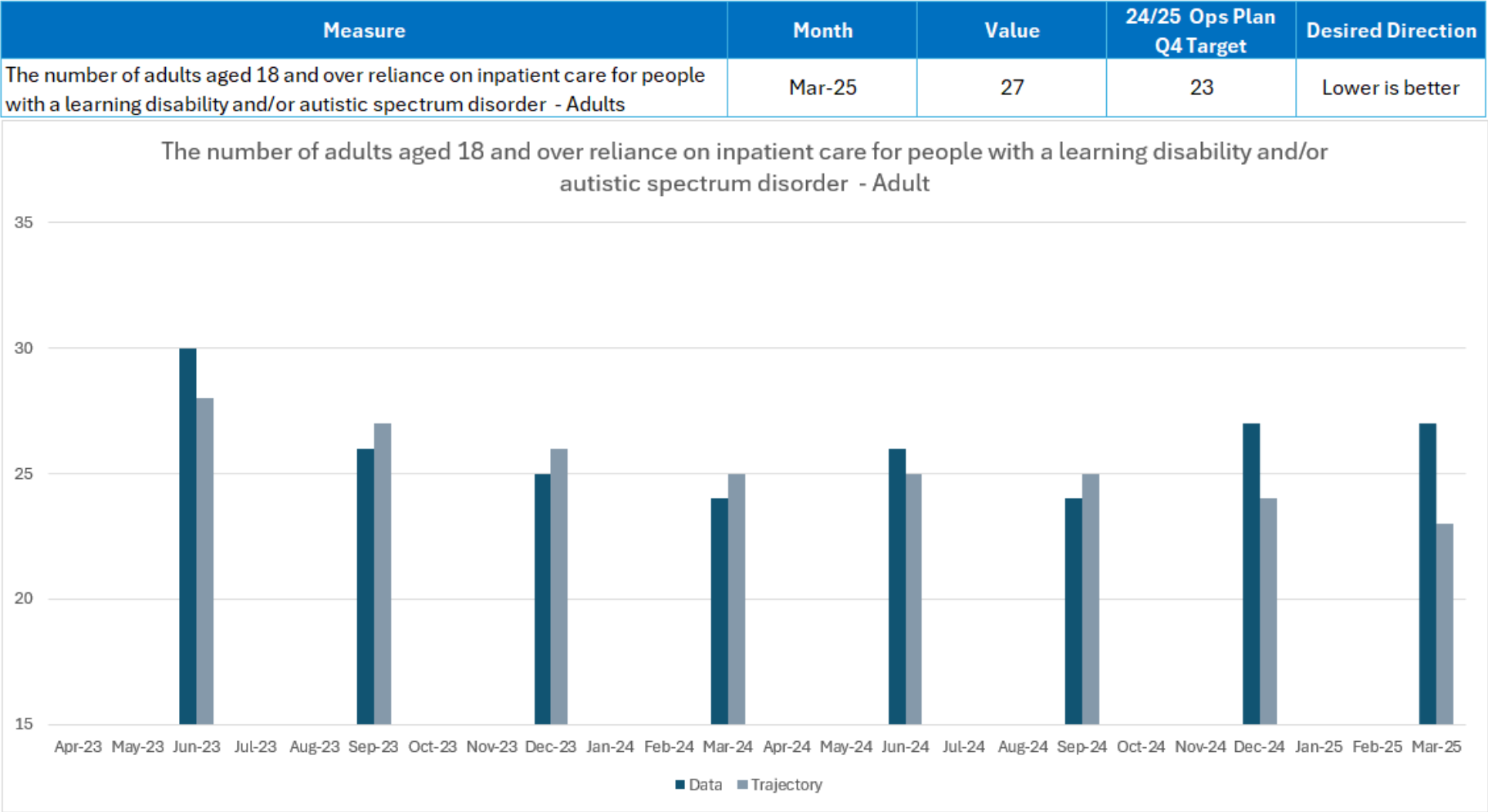
Learning Disabilities and Autism

Measure	Month	Value	24/25 Ops Plan Q3 Target	Desired Direction
Number of Annual Health Checks carried out for persons aged 14+ on GP Learning Disability Register (LD) in the quarter	Dec-24	1208	1019	Higher is better



[Link to summary table](#)

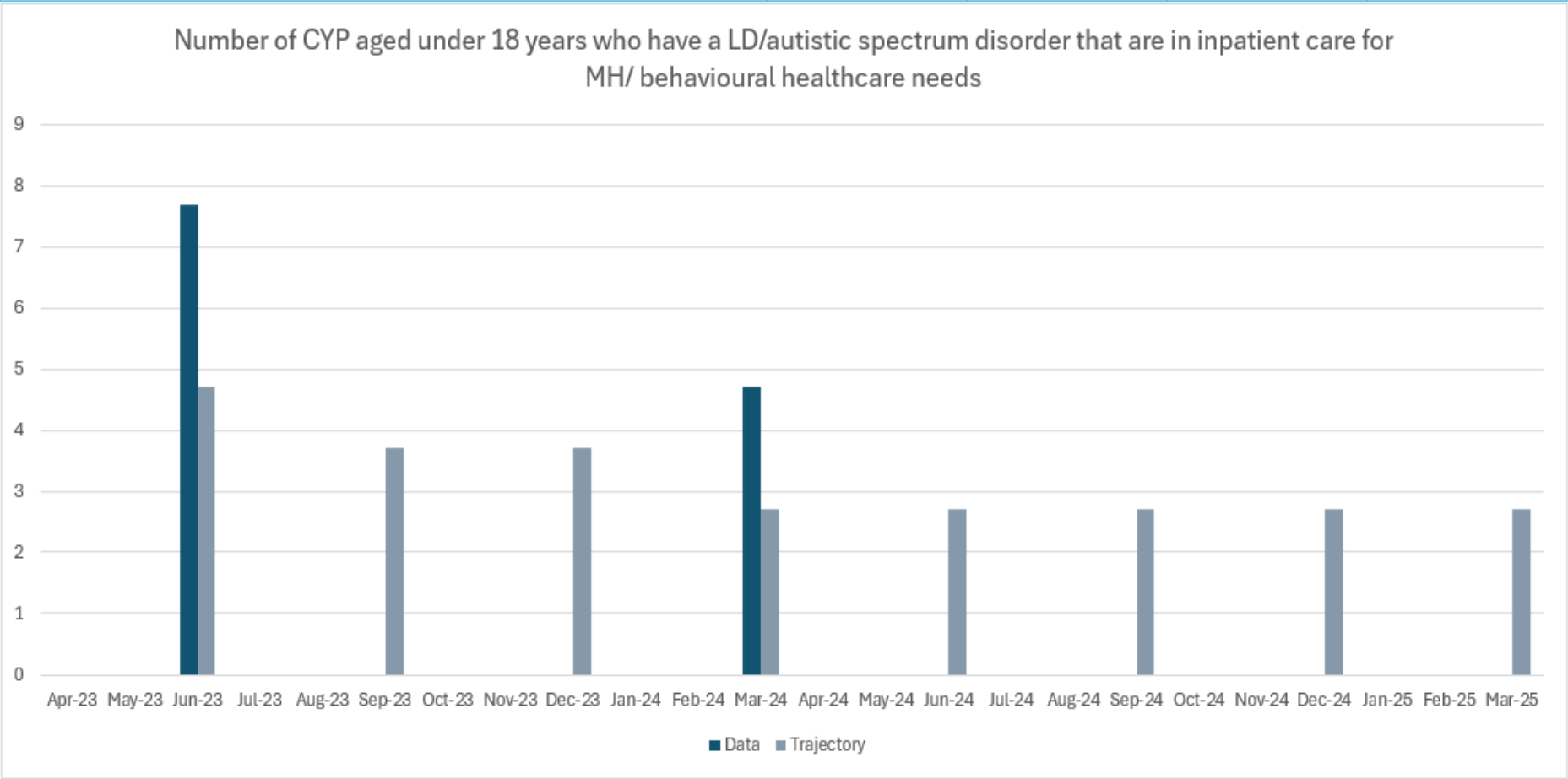
Learning Disabilities and Autism



[Link to summary table](#)

Learning Disabilities and Autism

Measure	Month	Value	24/25 Ops Plan Q4 Target	Desired Direction
The no. of CYP aged under 18 years who have a LD/autistic spectrum disorder that are in inpatient care for MH/ behavioural healthcare needs	Mar-25	*	3	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	Q3 24/25 Q3 Plan	1019	1208	Green
	Number of adults with LD/Autism in inpatient care	Mar 25 Q4 Plan	23	27	Red
	Number of children with LD/Autism in inpatient care	Mar 25 Q4 Plan	3	*	Green

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 are primarily 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"> The current local data indicates that the LD Register increased by 153 people during 24/25, with more AHCs completed than during the previous financial year. The 75% target was exceeded, with 4403 AHCs completed equating to 82.1% of those aged 14+ on the LD Register. National data confirms that LLR exceeded the Q1, Q2 and Q3 AHCs target within our Operational Plan – national data for Q4 and national ranking awaited. Pilot project ended March 2025, PCLN nurses are completing the Consultation and clinical Examination skills course at De Monfort University, to enable them to support practices to complete health checks with people who have complex needs. The Pilot cohort are being considered in the inclusion for the Combined health check pilot. Health Equity Lead, in discussions with GP Clinical Director's to explore options for supporting GP practices that are not achieving the target. The Quality Improvement project to improve uptake of AHCs for 14–19-year-olds continues, with the template to be used in Paediatrics/CAMHS (Child and Adolescent Mental Health Services) now signed off. Task and Finish group established.
Reduce reliance on inpatient care for adults	<ul style="list-style-type: none"> LLR inpatient trajectories do not meet the NHSE requirements, with an increasing number of autistic adults being admitted. LLR will not be compliant with the 20% reduction in inpatient numbers Still several long-stay patients. Individuals with autism and MH (no LD) bypassing the DSP referral process and being admitted to the Bradgate Unit 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 (Improving Patient Care Together) beds. Individuals with longest length of stay are currently in the process of transitioning to community placements. The number of long stay individuals has reduced to 8 following recent discharges Numbers of adults in ICB commissioned 'Out of Area' beds now reduced to 5. 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. LDA Collaborative Leadership Teams considering all current options to address the increasing numbers of autistic adults requiring an admission to mental health hospitals. 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

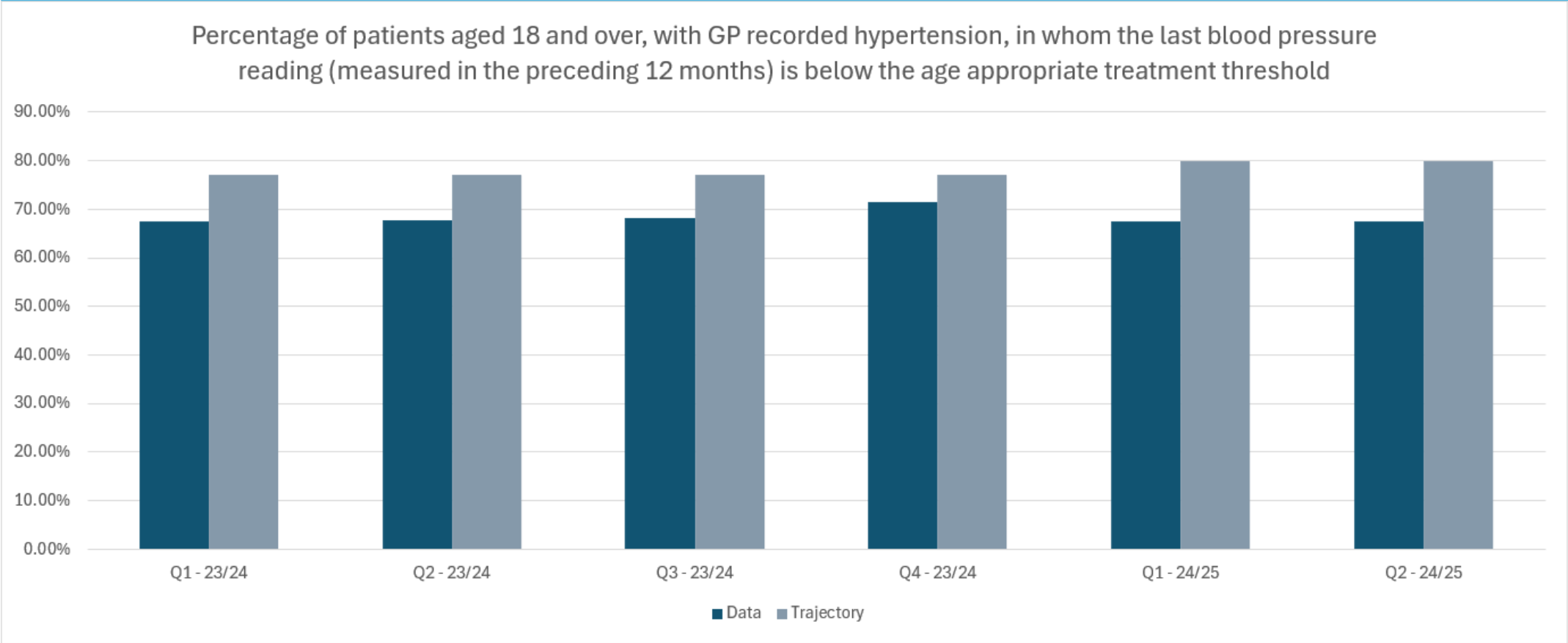
Metric	Risk	Mitigation
<ul style="list-style-type: none">Reduce reliance on inpatient care for under 18's	<ul style="list-style-type: none">Late referral to Dynamic Support Pathway: individuals referred for crisis management rather than crisis avoidance (evidenced by increase in number of Local Area 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 has been recommissioned and reduced Keyworker capacity across LLR.	<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.Number of CYP inpatients has reduced to one – LLR met inpatient CYP trajectory from June 2024 onwards.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. Dynamic Support Pathway (DSP) processes being reviewed and streamlined where possible. SBAR to developed.

Patient Outcome: LLR LDA system has committed involvement to a range of projects/research during 25/26:

- East Midlands Patient Safety Collaborative programme focused on reducing harm from psychotropic medicines to enhance STOMP work – one of two sites for Midlands: ‘Reducing the harm from psychotropic prescribing for behaviour that challenges for people with a learning disability’.
- DAPPLE Research Project (Developing effective service models for Adult Palliative and end of life care for People with a Learning disability) - NIHR (National Institute of Health and Care Research) Kingston University/ LOROS/ Leicester University study for EOL care in LD - 4 UK sites developing guidance and training being supported.
- Leicestershire County Council ‘Step Through Care’ commissioning project for complex and high-cost care packages for people with a learning disability and autistic people.

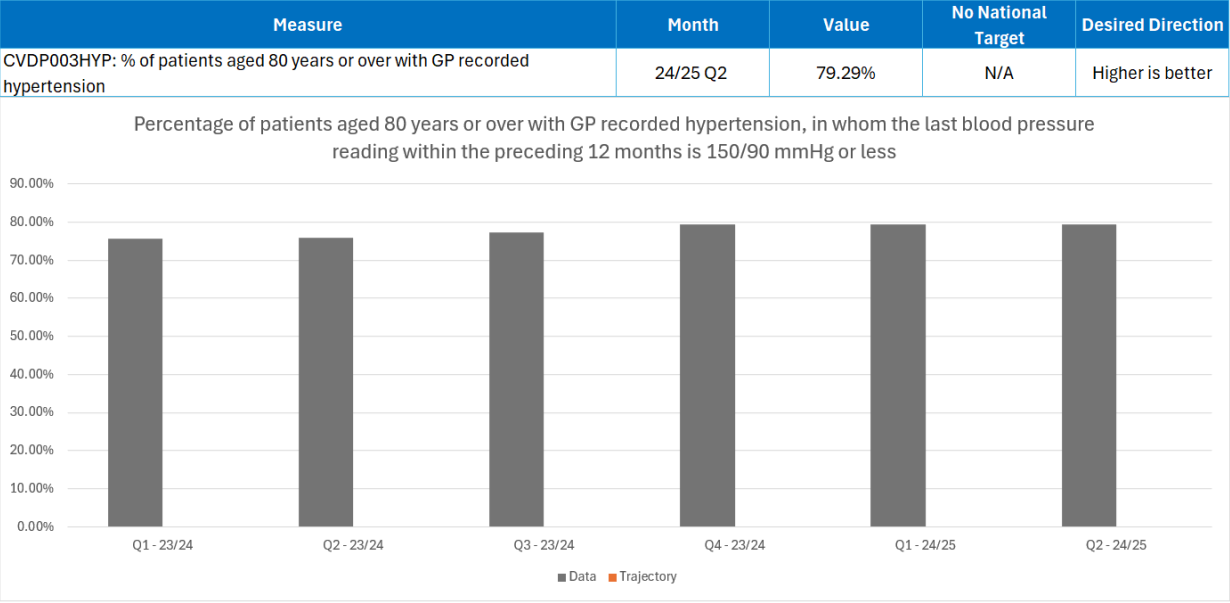
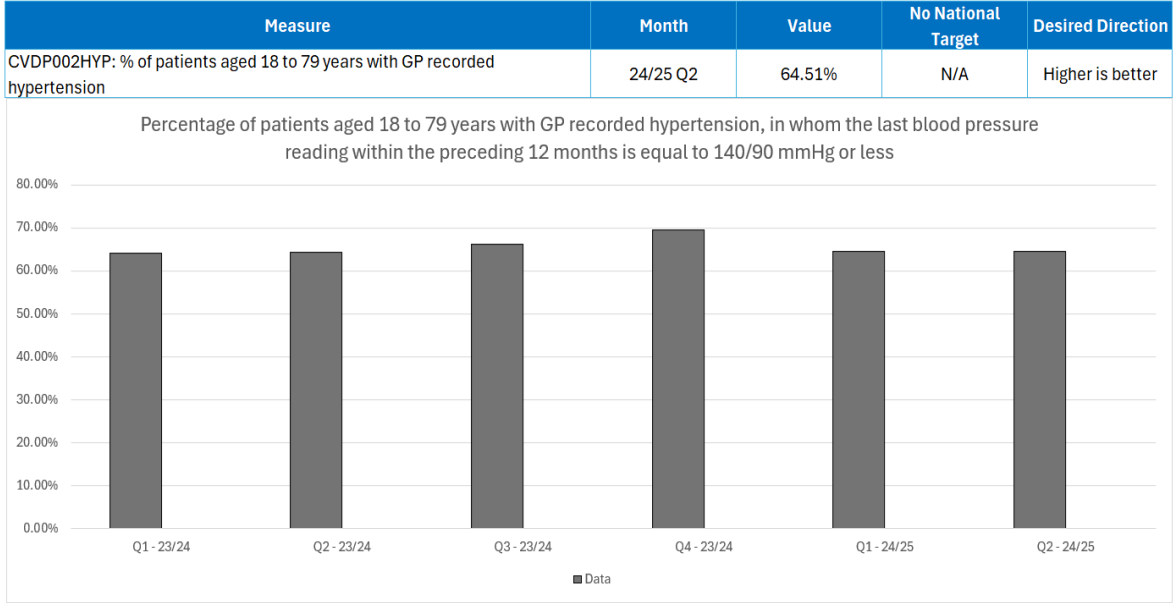
Prevention

Measure	Month	Value	Mar-25	Desired Direction
CVDP007HYP - % of patients aged 18 and over, with GP recorded hypertension	24/25 Q2	67.49%	80%	Higher is better



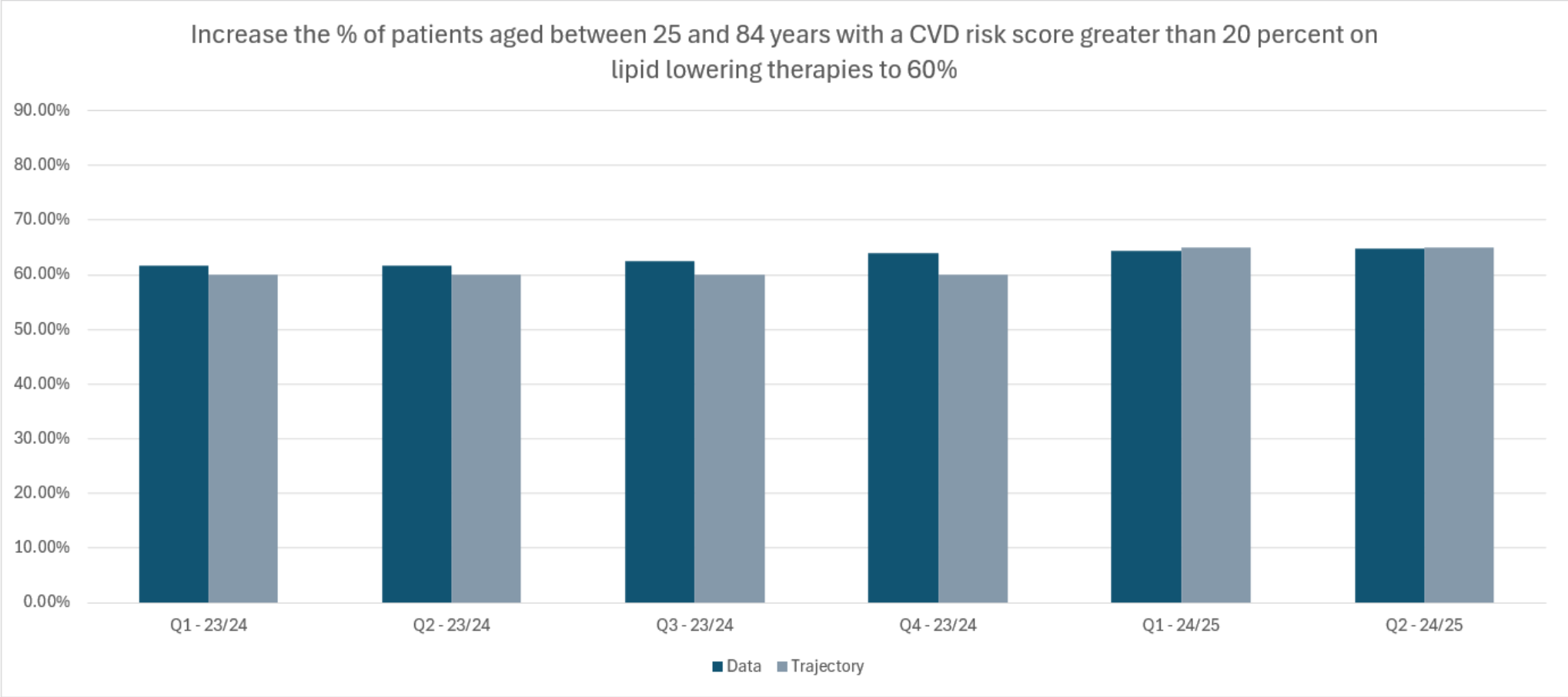
[Link to summary table](#)

Prevention



Prevention

Measure	Month	Value	Mar-25	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 Q2	64.75%	65.00%	Higher is better



[Link to summary table](#)

Hypertension & Lipids

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	Q2 24/25	80.0%	67.5%	<div></div>
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%	Q2 24/25	60.0%	64.8%	<div></div>

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. This was introduced in the City last year.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.Hypertension Task & Finish group at their last meeting considered focus on effective approaches for different population groups, combined with practice-based interventions and community engagement.Use of effective processes/ systems for call and recall for patient reviews will help improve the optimisation and management of HTN (hypertension) patients.
Increase percentage of patients aged between 25 - 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 65% by March 2025 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 registersActivated patients to attend and adhere to medication once prescribed	<ul style="list-style-type: none">Monthly review of practice delivery against trajectory and placed based performance shared with relevant place-based leads for information and action 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.Communications plan to support medication adherence, linked to national campaigns.Use of business intelligence to understand gaps and ensure a more targeted approach.

Good news:

- CVD prevent have published a Quality Improvement data pack for LLR which identifies the number of patients required to meet the national ambitions. This is being used to contribute to the work of the Primary Care Network Directed Enhanced Service (PCN DES) prioritisation group, to enable support to PCNs in delivery of the CVD element of the PCN DES.
- City Place working in collaboration with Public Health (Task & Finish Group) have reviewed key delivery models /approaches as part of their action plan for detection of hypertension.
- Lipids target, as of September 2024 achievement for LLR was at 64.75%, a slight increase on the last reporting months (June 24) and on average 2.5% higher than neighbouring ICBs (CVD Prevent). The data also shows that recorded lipid treatment amongst our deprivation quintiles ranges from 72% in the most deprived to 61% in the least deprived. The single largest group are women aged 30 – 59, with a recorded treatment level of 76.7%.
- Body mass index (BMI) recording, for patients with recorded CVD or CVD risk factors has reached 60%.
- NHSE and Xyla health to collaborate on an LLR Hypertensin Prevention programme, based on the successful local diabetes prevention programme.

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 M12)

System KPI Dashboard	YTD £'000			M1-12 £'000		
	Target	Actual	Rating	Target	FOT	Rating
System Delivery of planned deficit (gross of deficit support funding)	80,000	142,204		80,000	142,204	
System Revenue expenditure not to exceed income (net of deficit support funding)	3,504,888	3,542,093		3,504,888	3,542,093	
System Capital expenditure not to exceed allocations	114,001	118,025		114,001	118,025	
System Operates within Cash Reserves	49,658	60,246		49,658	60,246	
System CIP delivery	173,646	149,606		173,646	149,606	
CIP delivery as a % of FOT	100%	100%				
System Better Payment Practice code % NHS invoices paid within target (£)	95%	100%		95%	99%	
System Better Payment Practice code % NHS invoices paid within target (number)	95%	95%		95%	93%	
System Agency spend within ceiling	48,947	33,599		48,947	33,599	
Provider total pay costs	1,478,148	1,512,563		1,478,148	1,512,563	

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 as per above reasoning. Cash reserves at UHL are lower than planned at the start of the year. ICB Pharmacy, Ophthalmic & Dentistry (POD) expenditure is expected to exceed its ringfenced allocation by the end of the year and is therefore causing a pressure in the system.

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%
Nov-24	54.9%	54.1%
Dec-24	56.5%	53.3%
Jan-25	56.7%	56.7%
Feb-25	57.8%	57.8%
Mar-25	56.1%	59.8%

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
Nov-24	00:59:50	00:30:00
Dec-24	01:14:02	00:30:00
Jan-25	00:51:55	00:30:00
Feb-25	00:44:14	00:30:00
Mar-25	00:35:38	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
Oct-24	4394	
Nov-24	4588	
Dec-24	4742	4857
Jan-25	4895	
Feb-25	5044	
Mar-25		5472

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%
Nov-24	86.1%	85%
Dec-24	86.5%	85%
Jan-25	85.9%	85%
Feb-25	85.8%	85%
Mar-25	85.2%	85%

Units of dental activity delivered		
Time Period	Data	Trajectory
Apr-24		
May-24		
Jun-24	353,895	410,954
Jul-24		
Aug-24		
Sep-24	357,850	410,954
Oct-24		
Nov-24		
Dec-24	357,154	410,954
Jan-25		
Feb-25		
Mar-25	363,854	410,954

Measures

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
Nov-24	105	0
Dec-24	94	0
Jan-25	114	0
Feb-25	135	0
Mar-25	141	0

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
Nov-24	12872	13103
Dec-24	11265	12945
Jan-25	12837	14101
Feb-25	10980	13497
Mar-25	12678	13762

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%
Nov-24	47%	46%
Dec-24	48%	46%
Jan-25	47%	46%
Feb-25	48%	46%
Mar-25	50%	46%

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%
Oct-24	79.5%	76.6%
Nov-24	80.1%	76.7%
Dec-24	78.9%	76.8%
Jan-25	75.7%	76.9%
Feb-25	83.1%	77.0%
Mar-25		77.0%

Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments		
Time Period	Data	Tariff
Apr-23	41.5%	75%
May-23	37.7%	75%
Jun-23	44.6%	75%
Jul-23	45.5%	75%
Aug-23	44.1%	75%
Sep-23	44.1%	75%
Oct-23	46.8%	75%
Nov-23	45.8%	75%
Dec-23	43.5%	75%
Jan-24	45.6%	75%
Feb-24	51.1%	75%
Mar-24	50.1%	75%
Apr-24	48.7%	75%
May-24	50.5%	75%
Jun-24	51.0%	75%
Jul-24	51.4%	75%
Aug-24	52.8%	75%
Sep-24	50.5%	75%
Oct-24	52.0%	75%
Nov-24	52.3%	75%
Dec-24	56.4%	75%
Jan-25	53.3%	75%

Measures

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%
Nov-24	22.0%	12.0%
Dec-24	24.0%	11.0%
Jan-25	25.0%	10.0%
Feb-25	16.0%	9.0%
Mar-25	14.0%	8.0%

Increase registered midwives fill rates		
Time Period	Data	Trajectory
Apr-23	352	352
May-23	352	352
Jun-23	347	352
Jul-23	349	352
Aug-23	345	352
Sep-23	347	352
Oct-23	353	356
Nov-23	370	356
Dec-23	369	356
Jan-24	375	356
Feb-24	378	356
Mar-24	375	356
Apr-24	376	375
May-24	375	372
Jun-24	372	372
Jul-24	376	373
Aug-24	375	373
Sep-24	373	374
Oct-24	374	375
Nov-24	388	375
Dec-24	397	375
Jan-25	413	375
Feb-25	415	376
Mar-25	416	376

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%
Nov-24	64.9%	66.2%
Dec-24	64.8%	66.5%
Jan-25	64.4%	66.4%
Feb-25	64.5%	66.6%
Mar-25	64.5%	66.7%

Active inappropriate adult acute mental health out of areas placements (OAPs)		
Time Period	Data	Trajectory
Apr-23	*	0
May-23	*	0
Jun-23	*	0
Jul-23	*	0
Aug-23	*	0
Sep-23	*	0
Oct-23	*	0
Nov-23	*	0
Dec-23	*	0
Jan-24	*	0
Feb-24	*	0
Mar-24	*	0
Apr-24	*	0
May-24	*	0
Jun-24	*	0
Jul-24	*	0
Aug-24	*	0
Sep-24	*	0
Oct-24	*	0
Nov-24	5	0
Dec-24	5	0
Jan-25	5	0
Feb-25	*	0

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	18,550	17,065
May-24	18,060	17,165
Jun-24	18,065	17,265
Jul-24	17,880	17,365
Aug-24	17,700	17,465
Sep-24	17,690	17,565
Oct-24	17,910	17,665
Nov-24	17,730	17,765
Dec-24	17,850	17,865
Jan-25	17,905	17,965
Feb-25	17,870	18,065

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	13,455	9,775
Jun-24	13,485	9,815
Jul-24	13,895	9,855
Aug-24	14,075	9,895
Sep-24	14,620	9,935
Oct-24	14,410	9,975
Nov-24	14,420	10,015
Dec-24	14,510	10,055
Jan-25	14,590	10,095
Feb-25	14,695	10,135
Mar-25		10,175

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	5775	5,268
Jul-24		
Aug-24		
Sep-24	5698	5,386
Oct-24		
Nov-24		
Dec-24	6025	5,718
Jan-25		
Feb-25		
Mar-25		5,925

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
Oct-24		
Nov-24		
Dec-24	1208	1,019
Jan-25		
Feb-25		
Mar-25		1,529

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
Oct-24		
Nov-24		
Dec-24	27	24
Jan-25		
Feb-25		
Mar-25	27	23

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%
Q2 - 24/25	67.49%	80%
Q3 - 24/25	67.50%	80%
Q4 - 24/25		80%

Measures

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%
Q2 - 24/25	64.51%
Q3 - 24/25	64.40%

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%	65%
Q2 - 24/25	64.75%	65%
Q3 - 24/25	65.30%	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%	
Q2 - 24/25	79.29%	
Q3 - 24/25	80%	

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	2025 01	3	3				
S000d	UEC Tier	ICB	2024 07	3	3				
S007c	Elective Activity - value weighted elective activity growth vs. target	ICB	2024 11	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 12	5.79%	5.76%	↘	Low	6.9%*	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
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
S127a	A&E - percentage of patients managed within 4 hours.	ICB	2025 01	0.8	0.8	↗		0.7	6/42
S121b	NHS Staff Survey raising concerns people promise element sub-score	ICB	2023	6.5	6.6	↗	Low		7/42
S123a	Adult general and acute type 1 bed occupancy (adjusted for void beds)	Provider	2025 01	91.4%	94.5%	↗	Low	95.8%*	7/42
S011a	Cancer: 62 days backlog	Provider	w/e 02/02/2025	73.2%	69.4%	↘	Low	95.6%*	8/42

148

N.B The 22/23 NHS Oversight Framework was last updated by NHSE Feb 2025.

<https://www.england.nhs.uk/nhs-oversight-framework/>

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 12	86.1%	86.5%	↗ High	88.7%*	88.7%	32/42
S050a	Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	24-25 Q1	69.7%	69.4%	↘ High	75%	69.7%	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
S047a	Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2024 12	71.8%	74.3%	↗ High	85%	73.8%	29/42
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
S068a	Sickness absence rate	ICB	2024 09	4.53%	5.03%	↗ Low	5.%*	5.01%	26/42

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