

NHS Priorities Performance Report 25/26

September 2025

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Health and Wellbeing Partnership

Executive Summary

Elective Care	RTT waiting list % less than 18 weeks	Waiters over 52 weeks	Waiters over 65 weeks	Confidence levels year end achievement	Assurance
June 25	57.6% against of 57.8% plan (amber). The total number of incomplete RTT pathways at the end of the month achieved in June with 122,699 patients waiting against a target of 127,387.	2.4% against 1.4%, therefore not achieving target.	141 in June compared to May 136 patients.	GREEN	<p>Specialities with high discharge rates at 1st outpatient appointment are helping to reduce follow-up demand, though some areas continue to face long waits. Conversation rate to admitted care are being closely monitored to ensure patients are accommodated appropriately and elective pathways remain efficient. Independent sector (IS) capacity is being utilised to support specialities and maintain patient flow.</p> <p>Oversight arrangements are in place with weekly tracking of key metrics to monitor progress and bi-weekly Tier 2 calls.</p>

Cancer	62-day cancer	28-Day Faster Diagnosis Standard (FDS)	Confidence levels year end achievement	Assurance
June 25	61.3% against 60.2% plan, achieving target.	77.5% against 77% plan, achieving target.	FDS – GREEN 62 day - RED	<p>FDS – Pathways are in place, with additional clinics running. However, bookings are extending beyond 4 weeks. Two locums have been appointed; one for skin and one for head and neck.</p> <p>62 day – Cancer performance remains a priority, with continued focus on the 62-day standard. Pathway reviews are driving improvement, including gynaecology mapping, and targeted enhancements in the breast pathway through MDT vetting, double reporting, and shared learning. Peer comparison across head, neck, and breast tumour sites will further support benchmarking.</p> <p>31 day – Mutual aid contracts are in place with UHCW and NGH, with additional support being provided by NUH to help manage the 31-day cancer waits. Improvements have been made for SACT patient scheduling, with further from enhancements planned later in the year. Surgical to Focus on Breast and Colorectal pathways, with encouraging improvement already seen in the breast pathway in June's data.</p>

Executive Summary

Urgent Care	A&E four hour waits	CAT 2 EMAS ambulance response time	Percentage of patients waiting in ED over 12 hours (All Types)	Confidence levels year end achievement	Assurance
July 25	79.3% against plan of 76%, achieving target.	32.34 minutes against a plan of 30 mins, an improvement in performance from last month.	as per operational plan 9% against 11% plan, showing an achievement against plan.	ED 4hr - AMBER System 4hr – GREEN Ambulance handovers <45 mins – AMBER Ambulance C2 Mean <30 mins - AMBER	<ul style="list-style-type: none"> ED 4 hour performance – Achievement of delivery of 4 hour performance as system for Q1 of 25/26. Continue with re-direction plans to support directing appropriate activity away from ED front door. Improvement of Ambulance Handover delays <45mins – establishment of ambulance handover working group to improve all handovers with aim of reducing average handover time. Improve CAT 2 Mean response – work continues to improve ambulance conveyance directly to SDEC to avoid ED where clinically appropriate. UHL in tier 2 monitoring with NHSE – fortnightly meetings now in place with NHSE.
Community Services	Waiting lists for CYP services			Confidence levels year end achievement	Assurance
June 25	Over 52 weeks 5,858 against 5,835 over plan.			RED	We continue to work towards achieving the planned position however the continuing high levels of referrals for community paediatrics, especially for children presenting with neurodevelopmental disorders, does place this at risk.

Executive Summary

Mental Health	Children and Young people (CYP) access	NHS talking therapies- Completing a Course of Treatment	Reduce Average length of stay (LOS)	Confidence levels year end achievement	Assurance
June 25 July 25	July, 18,815 against 17,745 plan, achieving target.	June- 865 against 826 plan, achieving target. Regionally have seen -5% in the numbers completing treatment, locally we are at +5.5%.	June – 65 against 55.9	Reduce LoS - AMBER CYP Access & Talking Therapies - GREEN	LIMBIC care now in place. Limbic Care is an innovative app offering round-the-clock access to a chat-based feature that delivers tailored psychoeducation and self-help materials. It's designed to complement therapy sessions by helping people better understand their mental health difficulties, access resources in their own time and complete therapeutic exercises between appointments. We are co-developing a talking therapies offer for neurodiverse individuals.
Learning Disability	Reduce reliance on inpatient care for adults-			Confidence levels year end achievement	Assurance
August 25	Number of adult inpatients exceed Quarter 2 plan.			AMBER: Reduced reliance on mental health inpatient care for people with a learning disability and people with a learning disability and autism AMBER: Reduced reliance on mental health inpatient care for adult with autism GREEN: Reduced reliance on mental health inpatient care for children with a learning disability and/or autism.	CYP requiring admissions to inpatient beds are continuing to be supported by the Children adolescent mental health services (CAMHS) Intensive Community Support Team (ICST), therefore reducing the length of stay of individuals. Leicester Leicestershire and Rutland (LLR) met inpatient CYP trajectory from June 2024 onwards. We have seen a reduction in the number of mental health inpatients with a learning disability and/or autism. The amber position recognises the need to prevent any further admissions.
Maternity Services	National safety ambition to reduce stillbirth			Confidence levels year end achievement	Assurance
May 25	Numbers are very small; however, this is being monitored closely			AMBER	LLR infant/ perinatal mortality working group set up working in partnership with ICB/Public Health/UHL to help address our perinatal mortality rates. Any intervention/workstreams in place will take time to translate and will continue to require a system response.

Performance Priorities Summary

Area	NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment by March 2026 (Every trust expected to deliver a minimum 5%-point improvement) (Trajectories set as part of Ops Plan 25/26)	Jul-25	57.3%	55.1%	
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment by March 2026. (Trajectories set as part of Ops Plan 25/26)	Jul-25	63.7%	66.2%	
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 0.9% of the total waiting list by March 2026	Jul-25	1.3%	2.7%	
	Improve performance against the headline 62-day cancer standard to 70.3% by March 2026	Jun-25	61.3%	60.2%	
	Improve performance against the 28-day Faster Diagnosis Standard to 80% by March 2026 (ICS)	Jun-25	78%	75.9%	
Improve A&E waiting times and ambulance response times	Improve A&E waiting times of patients seen within 4 hours in Mar 26 (All Types System Wide, Trajectories set as part of Ops Plan 25/26)	Jul-25	76.0%	79.3%	
	Percentage of patients waiting in ED over 12 hours (All Types) As per operational plan	Jul-25	11%	9%	
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26	Jul-25	00:30:00	00:32:34	
Community Services	Number of people on waiting lists for CYP services who are waiting over 52 weeks	Jun-25	5835	5858	
	Number of people on waiting lists for adult services who are waiting over 52 weeks	Jun-25	0	0	

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	Under achieved target
	5% Threshold
	Achieved target
*	Supressed numbers <5

Performance Priorities Summary

Area	NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds	Jun-25	55.9	65	
	Increase the number of CYP accessing services (Trajectories set as part of Ops Plan 25/26)	Jul-25	17,745	18,815	
	NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Jun-25	826	865	
Improve mental health and learning disability care	Reduce reliance on mental health inpatient care for people with a learning disability and people with autism	Aug 25 Q2 Plan	10	11	
	Reduce reliance on mental health inpatient care for adults with autism	Aug 25 Q2 Plan	14	15	
	Reduce reliance on mental health inpatient care for children with a LDA	Aug 25 Q2 Plan	3	*	
Live within the budget allocated, reducing waste and improving productivity	2025/26- System Delivery of planned deficit (gross of deficit support funding)	M4	(41.91)	(45.99)	
	Close the activity/WTE gap against pre-Covid levels (adjusted for case mix)	TBC			

Performance Priorities Summary

Area	NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Maintain our collective focus on the overall quality and safety of our services	Continue to implement the Three-year delivery plan for maternity and neonatal services:				
	National safety ambition to reduce stillbirth	May-25	Reduction 2023 4	4	
	Neonatal mortality (per 1,000 births)	2023	Reduce 2021 2.4	2.8	
	Maternal mortality	2023/24	Reduce 21/22 *	0	
Address inequalities and shift towards prevention	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	Q4 24/25	67.1%		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	Q4 24/25	82.2%		N/A
	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	Q4 24/25	80.0%	70.1%	
	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%	Q4 24/25	60.0%	66.1%	

Elective Care

NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Improve the percentage of patients waiting no longer than 18 weeks for treatment by March 2026 (Every trust expected to deliver a minimum 5% point improvement) (Trajectories set as part of Ops Plan 25/26)	Jul-25	57.3%	55.1%	
Improve the percentage of patients waiting no longer than 18 weeks for a first appointment by March 2026. (Trajectories set as part of Ops Plan 25/26)	Jul-25	63.7%	66.2%	
Reduce the proportion of people waiting over 52 weeks for treatment to less than 0.9% of the total waiting list by March 2026	Jul-25	1.3%	2.7%	

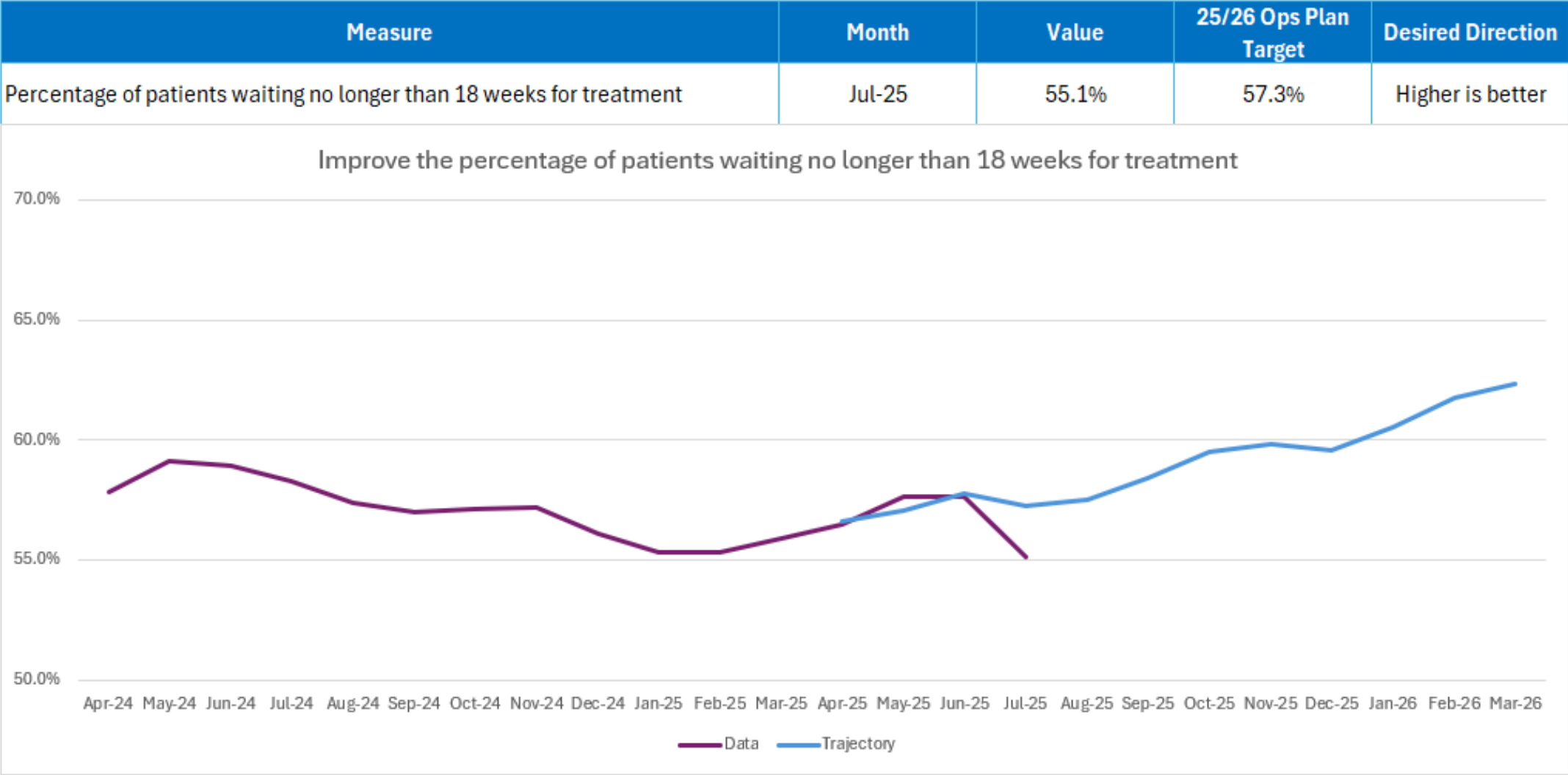
Metric	Risk	Mitigation
Improve the percentage of patients waiting no longer than 18 weeks for treatment by March 2026.	<ul style="list-style-type: none">Operational pressures due to the emergency demand impacting upon elective activity.Pediatrics remains challenged.Recovery of cancer position and urgent priority patients requiring treatment.Workforce challenges across a range of posts, particularly administration for booking waiting list teams.Rollout of new PAS has reduced activity and will impact on productivity in the short term and the total size of the waiting list in the longer term this year.	<ul style="list-style-type: none">The UHL long waiter position 65+ weeks is monitored daily by the Deputy COO for elective care (UHL).Utilizing super-clinics to increase outpatient capacity.Advice and guidance funding allocated with an additional c.20,000 requests expected.Continued roll-out and focus on Patient Initiated Follow Ups to increase capacity for new patients.Validating patients who have been waiting over 12 weeks.Assessment of demand for elective treatment by specialty.Elective Care RTT training incorporated as pre-requisite for UHL's new patient administration system.Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.Hinckley Community Diagnostic Centre is open – expect up to 70,000 tests this year supporting faster time to reach a treatment decision.Working closely with University Hospitals of Northampton and the Northants ICB to review benefits to working together to improve waits.
Improve the percentage of patients waiting no longer than 18 weeks for a first appointment by March 2026.		
Reduce the proportion of people waiting over 52 weeks for treatment to less than 0.9% of the total waiting list by March 2026.		

Good news: N/A

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

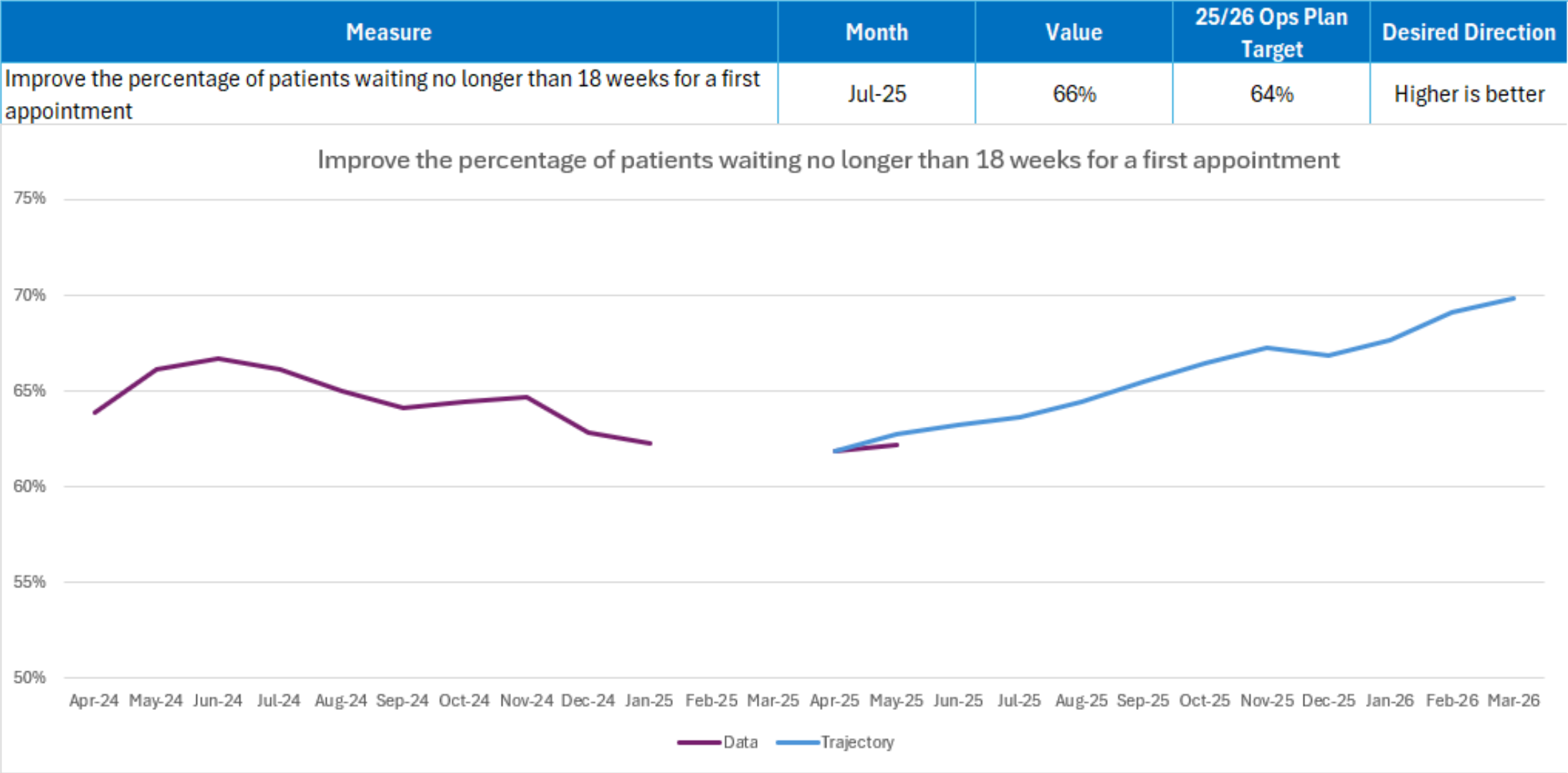
[Link to summary table](#)

Elective Care



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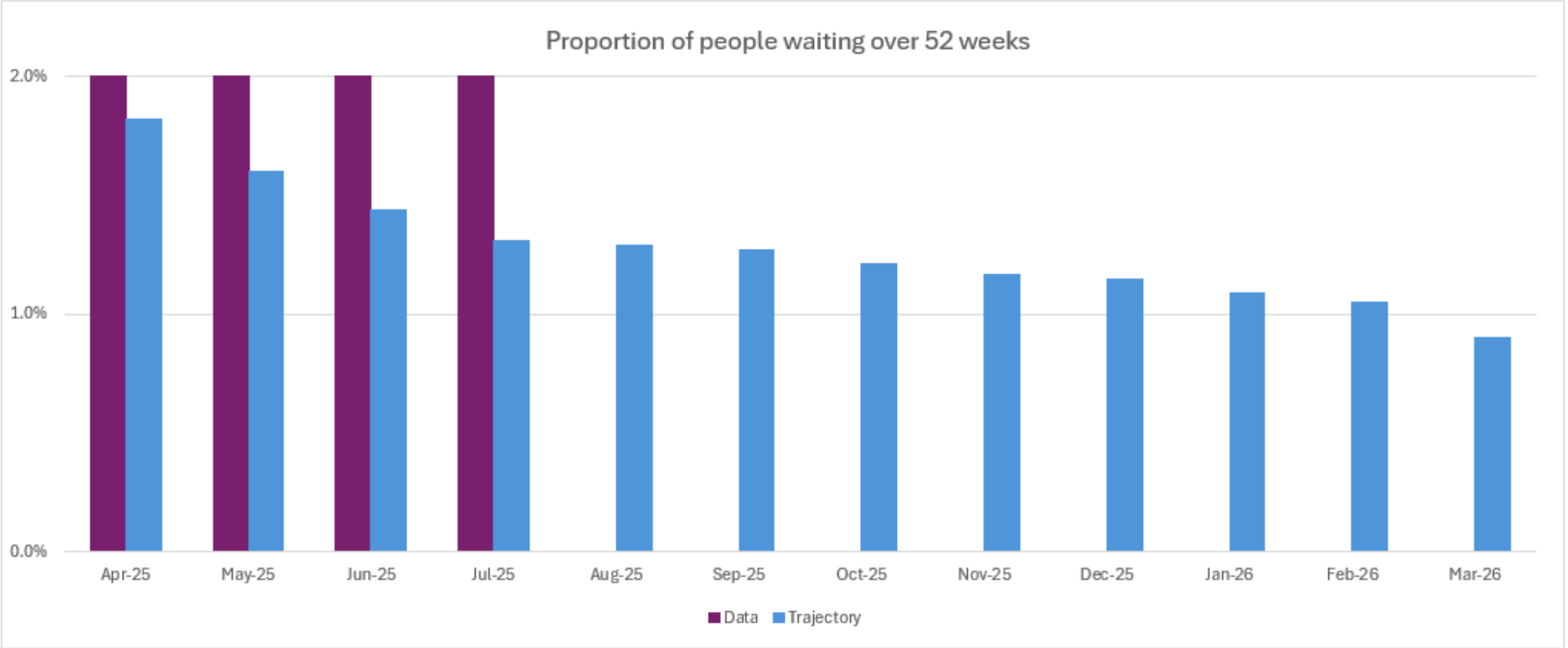
Elective Care



[Link to summary table](#)

Elective Care

Measure	Month	Value	25/26 Ops Plan Target	Desired Direction
Reduce 52 week waits	Jul-25	2.7%	1.3%	Lower is better



[Link to summary table](#)



Cancer

NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Improve performance against the headline 62-day cancer standard to 70.3% by March 2026	Jun-25	61.3%	60.2%	
Improve performance against the 28 day Faster Diagnosis Standard to 80% by March 2026 (ICS)	Jun-25	78%	75.9%	

Metric	Risk	Mitigation
Reduce the number of patients waiting over 62 days (70.3% by Mar 2026)	<ul style="list-style-type: none">Capacity constraints across various points of the pathways including workforce challenges.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.1st appointment time emerging risk due to demand and loss of workforce/capacity in H&N, Breast and Skin, affecting FDS performance and 62day.	<ul style="list-style-type: none">Clinical prioritisation of patients and review of next steps for >104-day patients.Additional weekly Patient tracking list (PTL) for challenged tumour sites in place.Recovery & Performance (RAP) meetings in place.East Midlands Cancer Alliance funding fully utilised.Additional Tier 1 funding for Q1 and Q2 being used to support challenged tumour sites.Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers) with East Midlands Cancer Alliance (EMCA) supporting.Working with University Hospitals of Northampton (UHN) to support Oncology fragile services, next meeting September.Pre-diagnosis nursing team supporting with patient engagement.Radiotherapy 5th Linac operational, on track to clear backlog by Jan 26.Radiotherapy mutual aid being provided from UHN, Nottingham University Hospitals (NUH) and University Hospitals of Coventry and Warwickshire (UHCW).Changes to prostate fractions in place.Implementation of paperless processes planned to support further capacity release in radiotherapy in Q3 and review of scheduling to maximise capacity.Services working to increase cancer 1st appointment capacity for H&N, Breast and Skin to support.H&N reviewing referral criteria and pathway improvement opportunities.
Improve cancer faster diagnosis standard by March 2024 to 80% by March 2026		

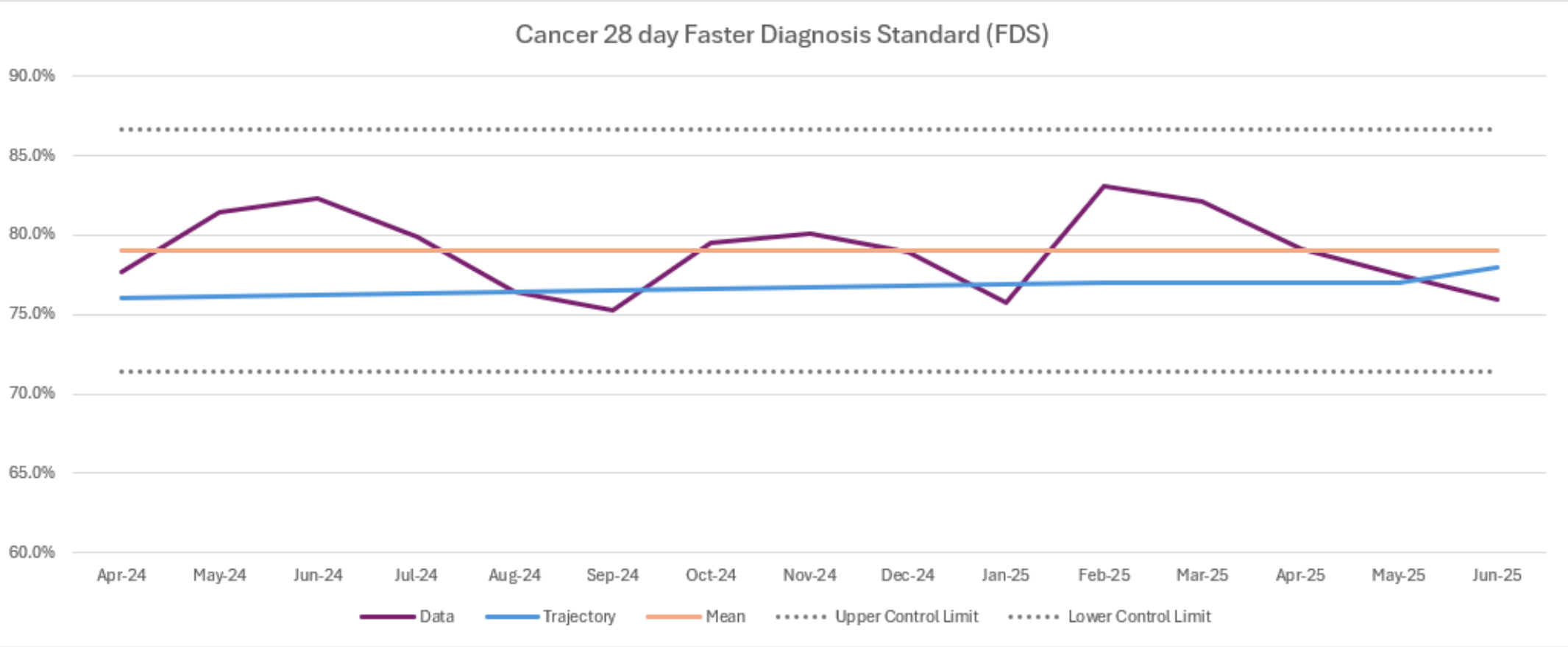
Good news: N/A

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

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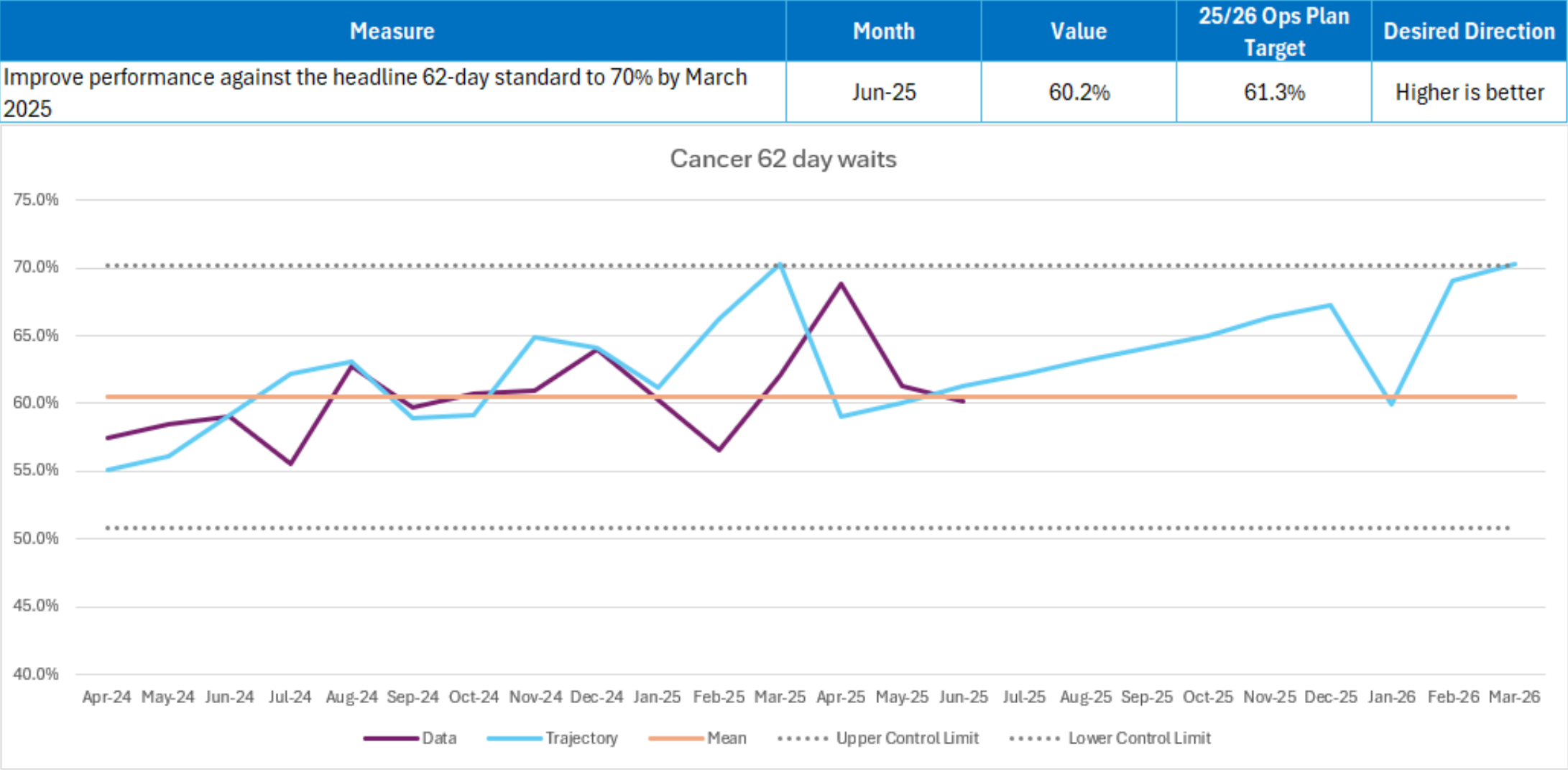
Cancer

Measure	Month	Value	25/26 Ops Plan Target	Desired Direction
Cancer 28 day Faster Diagnosis Standard (FDS)	Jun-25	75.9%	78.0%	Higher is better



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Cancer



[Link to summary table](#)

Urgent and Emergency Care

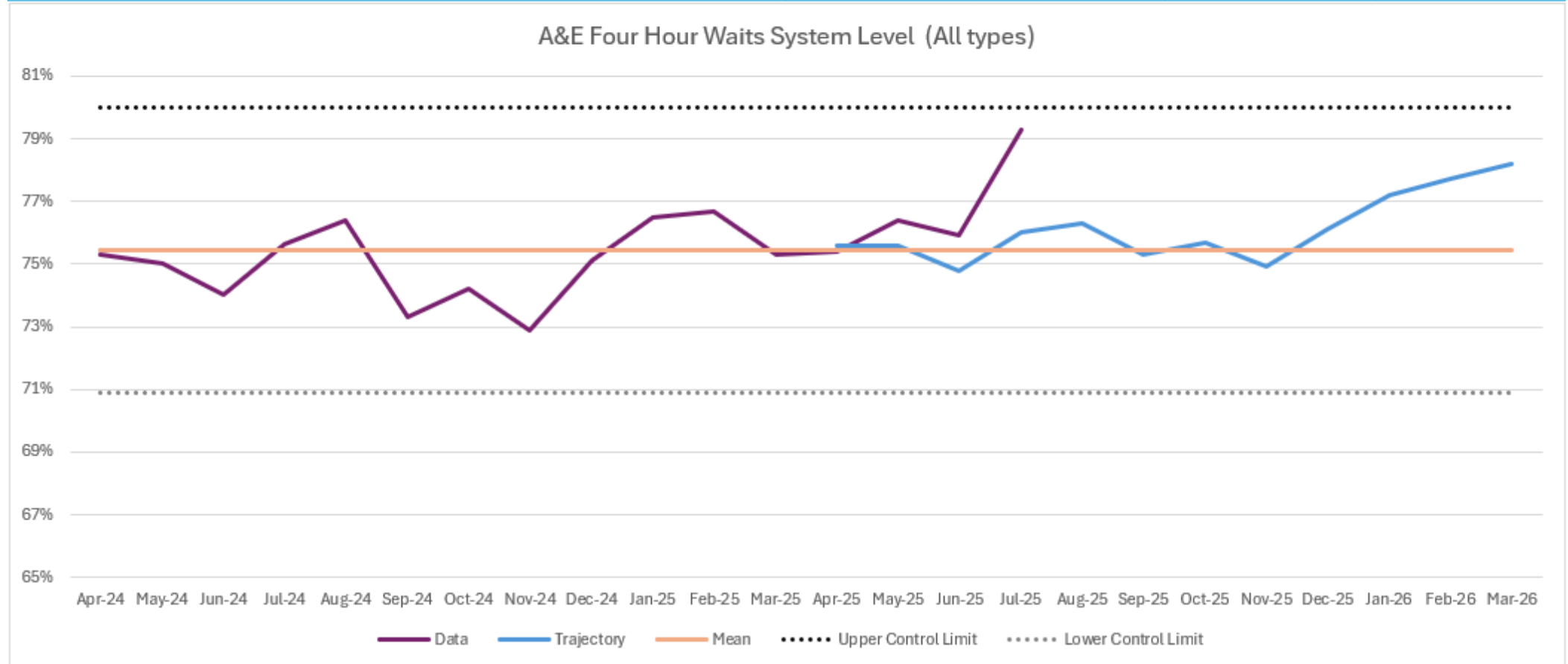
NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Improve A&E waiting times of patients seen within 4 hours in Mar 26 (All Types System Wide, Trajectories set as part of Ops Plan 25/26)	Jul-25	76.0%	79.3%	
Percentage of patients waiting in ED over 12 hours (All Types) As per operational plan	Jul-25	11%	9%	
Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26	Jul-25	00:30:00	00:32:34	

Metric	Risk	Mitigation
Improvement of A&E waiting times	<ul style="list-style-type: none">UHL gross Type 1 and 2 attendances in July 2025 and August 2025 were 3% <u>below</u> plan net of re-direction and on plan respectively.	<ul style="list-style-type: none">Increased capacity for Emergency Department (ED) re-direction to community Urgent Care (UEC) services at Merlyn Vaz UTC and Belgrave Hub live from 30/06/2025 to 30/09/2025 when City Same Day Access commences.Fortnightly meetings with NHS E Midlands to share best practice whilst UHL has been moved into Tier 2 monitoring owing to<ul style="list-style-type: none">ED 4hr performance.ED 12hr performance.Ambulance handover delays >45 mins.
Improve category 2 ambulance response times	<ul style="list-style-type: none">The LLR EMAS Category 2 Mean exceeded the national standard of 00:30:00:00 at 00:40:28 in August 2025, yielding year to date performance of 00:34:32.Work continues to improve ambulance conveyances directly to SDECs and avoiding the Emergency Department where clinically appropriate.Continuing with the 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.Establishment of Ambulance Handover Working group to improve all handovers with aim of reducing average handover time (which will impact on ambulance release and therefore Cat 2 time)	
Reduce adult general and acute (G&A) bed occupancy	<ul style="list-style-type: none">Outcomes of the Virtual Wards review will be presented in September 2025.Community beds audit in progress to also support the identification of appropriate beds for 'step up' from community referrals.UHL SDECs directory of care pathways in development to support digital access to information in primary care / community care.	
Good news	<ul style="list-style-type: none">The LLR (Health and Care) Winter Plan has received positive feedback from NHS England Midlands.1,340 patients registered in LE4 and LE5 attended the Merlyn Vaz additional UEC pathway in July and August 2025.	
Patient Outcomes:	<ul style="list-style-type: none">1,340 patients registered in LE4 and LE5 attended the Merlyn Vaz additional UEC pathway in July and August 2025.NHS111 call reviews being reinstated to assess the breadth of discussions at the initial point of contact and whether the most appropriate clinical pathway was accepted.	

[Link to summary table](#)

Urgent Emergency Care

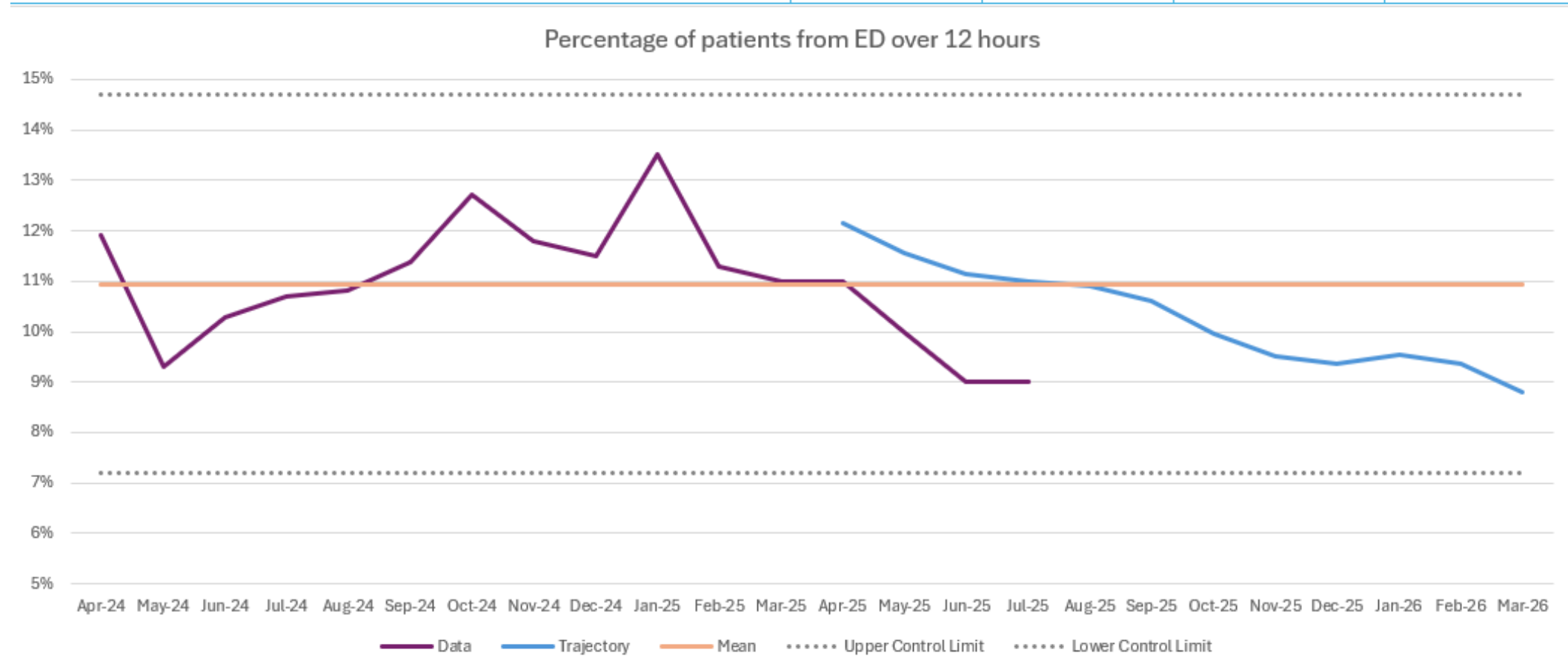
Measure	Month	Value	Ops plan 25/26 Target	Desired Direction
Improve A&E four hour waits, compared to 2023/24, of patients seen within 4 hours	Jul-25	79.3%	76.0%	Higher is better



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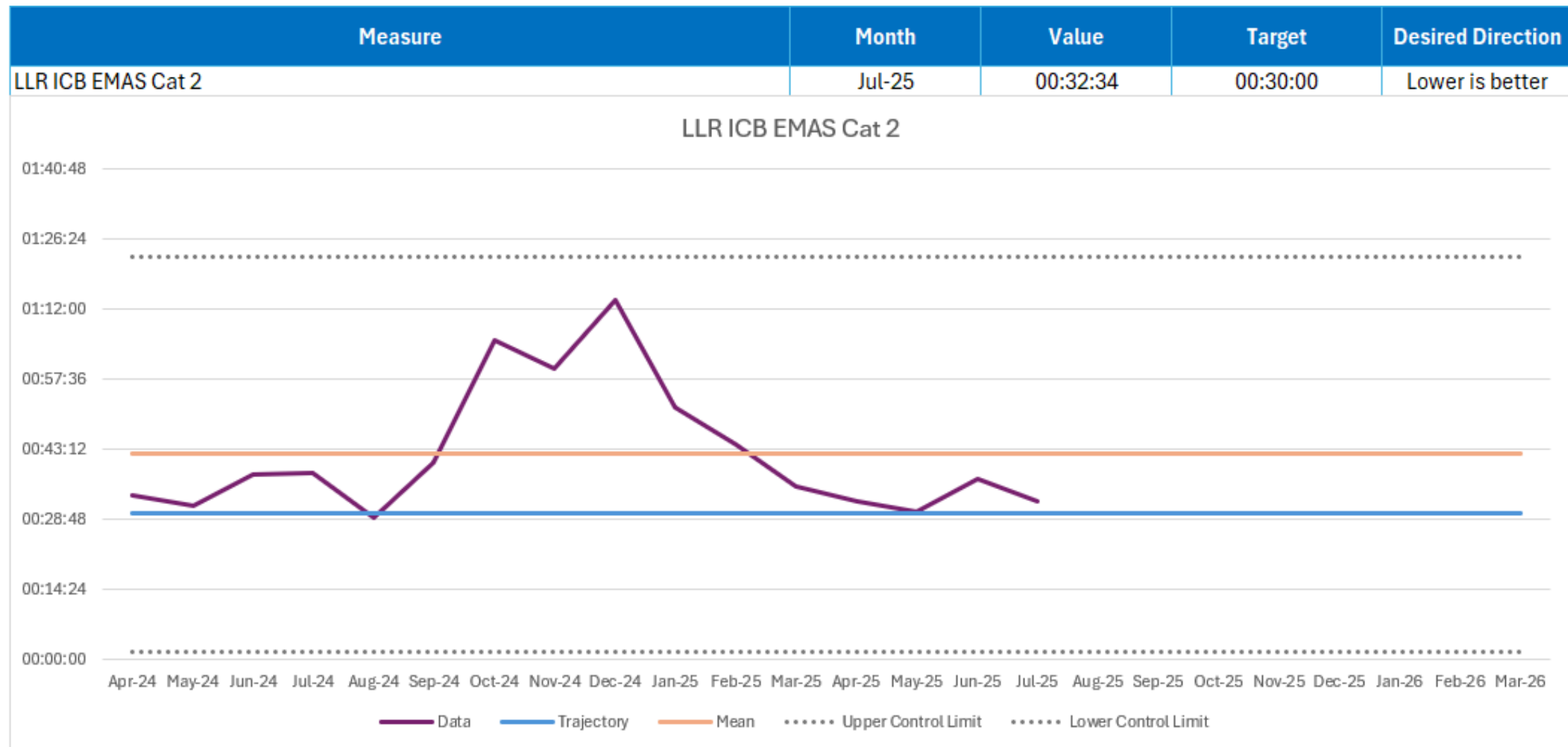
Urgent Emergency Care

Measure	Month	Value	Ops plan 25/26 Target	Desired Direction
Percentage of patients from ED over 12 hours	Jul-25	9.0%	11.0%	Lower is better



[Link to summary table](#)

Urgent Emergency Care



[Link to summary table](#)

Community Services - Over 52 Week Waits

NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Number of people on waiting lists for CYP services who are waiting over 52 weeks	Jun-25	5835	5858	
Number of people on waiting lists for adult services who are waiting over 52 weeks	Jun-25	0	0	

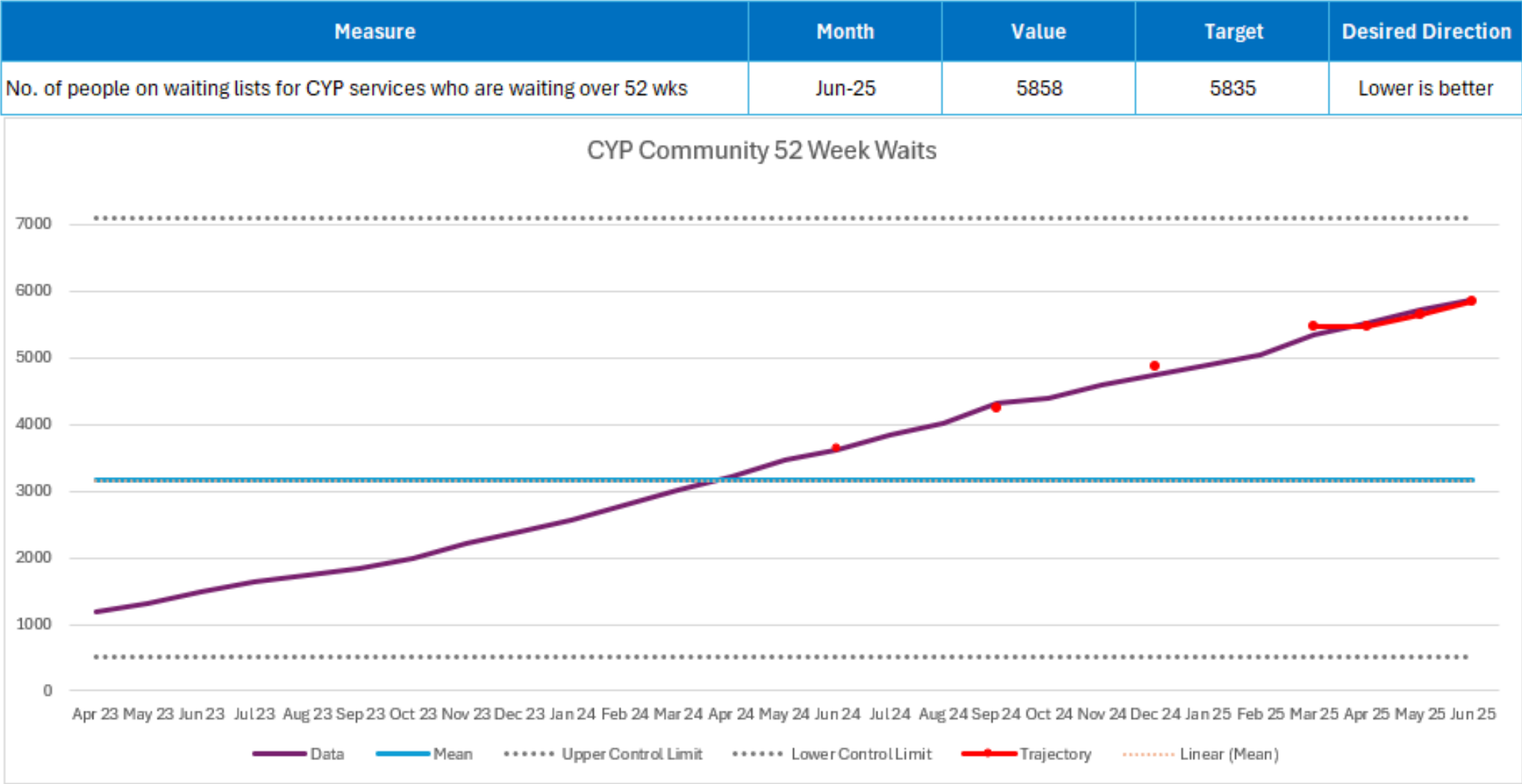
Metric	Risks	Mitigations
<p>Improve CYP community services waiting times, with a focus on reducing long waits.</p> <p>All children waiting over 52 weeks are referrals to our community paediatrics service for neurodevelopmental disorders.</p>	<ul style="list-style-type: none"> Diagnostic delays affect long term outcomes. Increase in complaints and concerns due to delays. Exclusions increase in education settings. Negative impact on families as a result of greater prevalence of mental health and behaviour management issues. Trust reputation. Substantive recruitment to Educational Psychology posts unsuccessful. Numbers waiting increase with continuing high volumes referrals. Negative impact of reduced local voluntary, community and sector (VCS) capacity to support CYP / families whilst waiting. 	<ul style="list-style-type: none"> Attention deficit hyperactivity disorder (ADHD) nurses see stable cases, releasing consultant capacity for new referrals. 1200 children remain on consultant caseload with c1900 transferred to Nurse Medical Prescriber. Advanced Nurse Practitioner to support nursing capacity and oversight – 2 clinics set up with an additional 240 children allocated to ANP. Resources identified to support timely and appropriate response to complaints and concerns. ADHD nurse input to diagnostic pathway pilot maximises consultant capacity and will increase capacity to assess and diagnose ADHD, moving to a majority being undertaken by specialist nurses. Advanced Nurse Practitioner will facilitate roll out, with project management support. Remaining actions include specific demand and capacity work to maximise nurse caseload and development of a training and supervision structure. ADHD Annual Review Primary Care pilot increases follow up slots, exploring roll out options. Funding of one external educational psychology provider sustained for 2025/26 academic year to support continued capacity. Options for increased capacity under consideration (within existing resources) Clinical leaders review long waits for core service to pro-actively manage and deliver zero 52+ week waits. 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. Outcome awaited. Working with ICB on to support alternative options for VCSE Support following closure of ADHD Solutions.
<p>Improve adult community services waiting times, with a focus on reducing long waits</p>	<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 now clinically active.
- Recruitment of Allied Health Professionals is supporting 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, two additional titration clinics now in place.
- Good user/carers feedback with satisfaction scores consistently above 90%.

[Link to summary table](#)

Community Services - Over 52 Week Waits



[Link to summary table](#)

Mental Health				
NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Reduce average length of stay in adult acute mental health beds	Jun-25	55.9	65	
Increase the number of CYP accessing services (Trajectories set as part of Ops Plan 25/26)	Jul-25	17,745	18,815	

Metric	Risk	Mitigation
Reduce average length of stay in adult acute mental health beds	Court of protection or delays due to MoJ impact on the timelines and they are out of LPTs control but adversely affect the target	This is now a standing agenda item for discussion on the NHSE monthly assurance meeting.
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.

Good news:

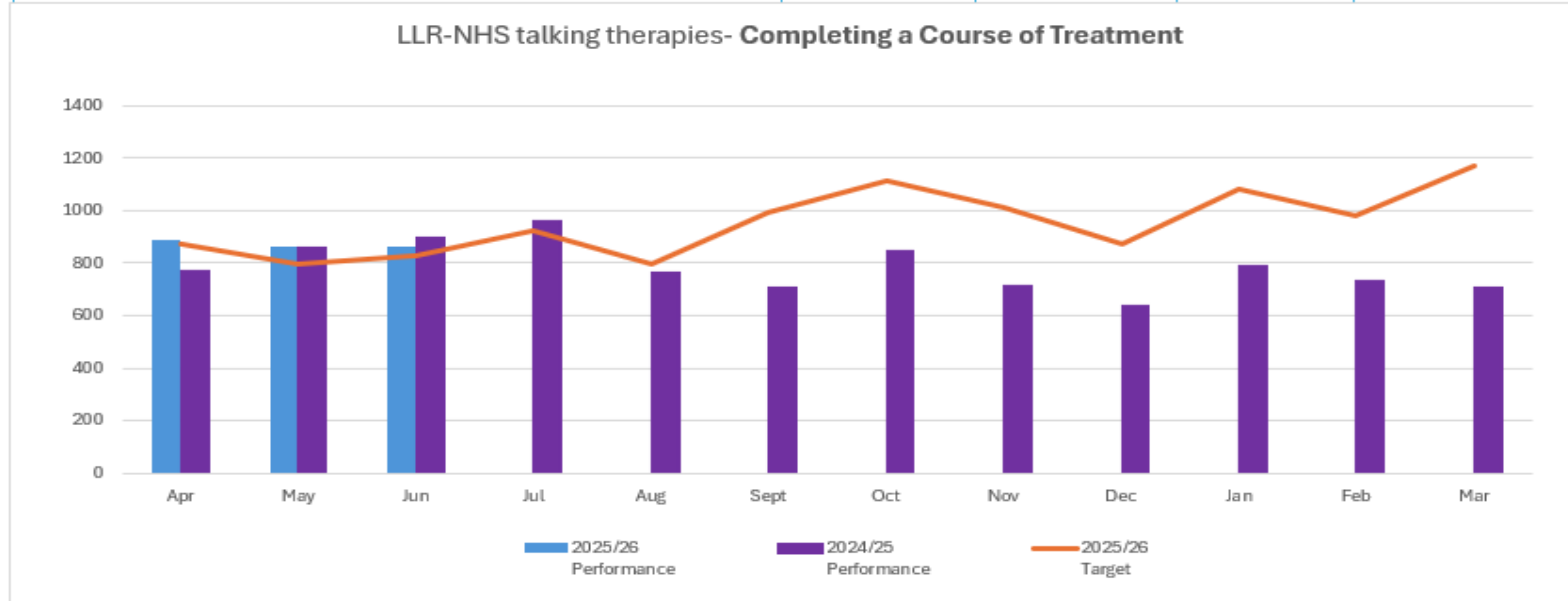
Two community focus groups were delivered in August focused on generating insights from individuals in the black community on mental health services. The sessions were organised by the African Heritage Alliance with 15 people taking part. People suggested they want services that are holistic, culturally relevant, informative, and therapeutic, grounded in respect and connection, ensuring that support is accessible AND meaningful to those it is intended to serve.

A Mental Health Workshop took place on 30th August in partnership with the Bangladeshi Friendship Club. Approximately 50 people attended and heard a presentation by Dr Khokar, Consultant Psychiatrist who supported the event from City East Neighbourhood Mental Health Team, as well as members of the community who have experience in working in mental health. Jamila's Legacy attended to increase awareness about the Mental Health Cafe's.

A new monthly drop-in session is being launched to support collaborative and holistic case discussions between Adult Social Care & Neighbourhood MH team in Hinckley & Bosworth. This informal networking session will be a place for remit discussions, case consultations, and to build integrated team working across statutory services. The sessions also aim to further develop links between Adult Social Care and secondary mental health services in Hinckley and Bosworth

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

Measure	Month	Value	Target	Desired Direction
NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Jun-25	865	826	Higher is better

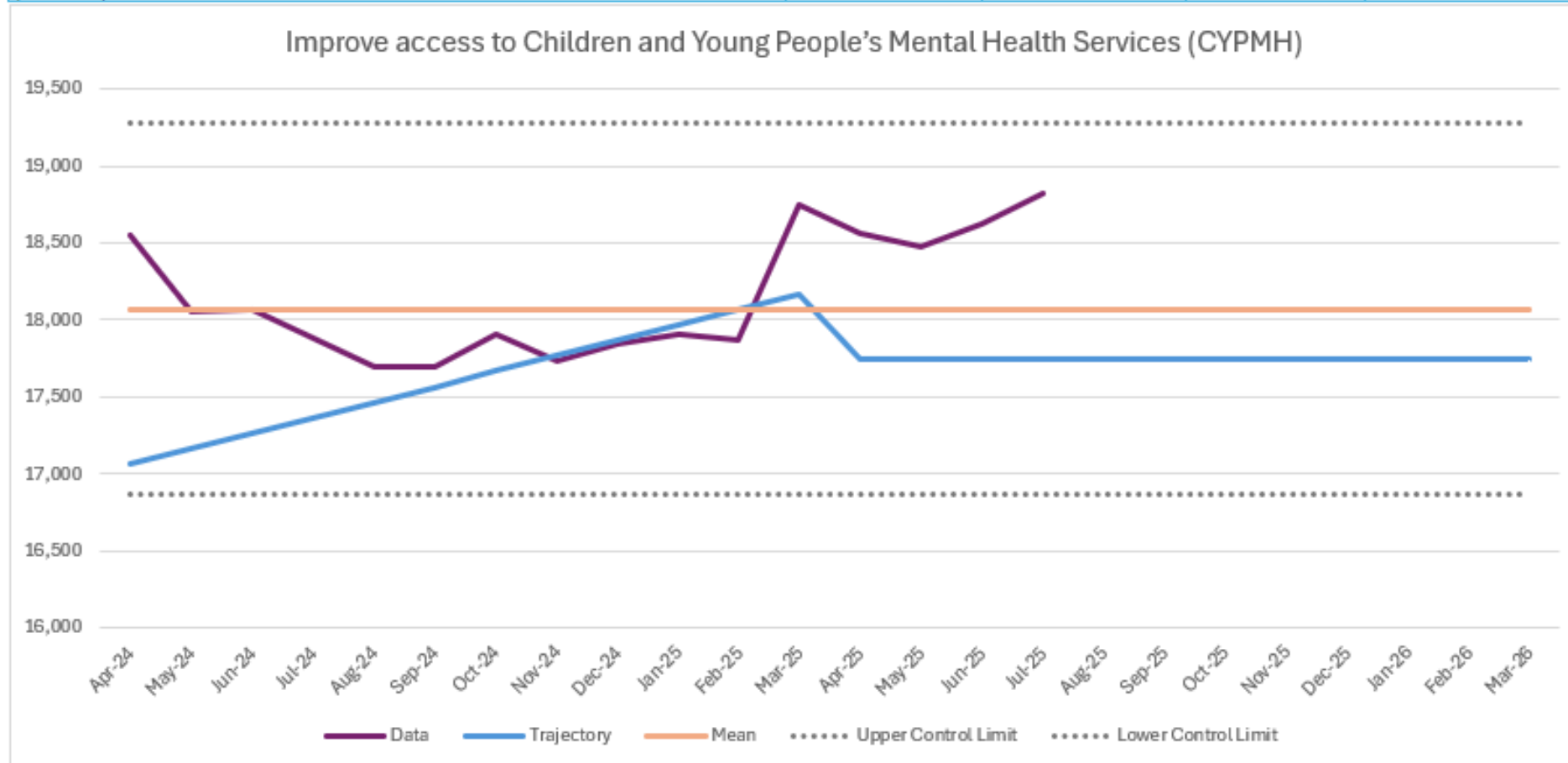


NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
NHS talking therapies- Completing a Course of Treatment (having had at least two treatment sessions)	Jun-25	826	865	Green

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"> Improving conversion rates through digitalisation. Digital front door now live. New reasonable growth target agreed for 25/26. Deep dive into high number of re-referrals. Focus on DNAs (Did not attend) at next steering group meeting in August. 7 Cognitive behavioural therapist (CBT) trainees have completed the training and will now increase their caseloads. +2 Contract agreed, new focus areas being agreed. Closer work with Voluntary Community and Social Enterprise (VCSE) partners Focus on older adults

Mental Health

Measure	Month	Value	25/26 Ops Plan Target	Desired Direction
Improve access to Children and Young People's Mental Health Services (CYPMH)	Jul-25	18815	17745	Higher is better



[Link to summary table](#)

People with Learning Disabilities and/or Autism

NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Reduce reliance on mental health inpatient care for people with a learning disability and people with autism	Aug 25 Q2 Plan	10	11	
Reduce reliance on mental health inpatient care for adults with autism	Aug 25 Q2 Plan	14	15	
Reduce reliance on mental health inpatient care for children with a LDA	Aug 25 Q2 Plan	3	*	

Metric	Risk	Mitigation
Reduce reliance on inpatient care for adults	<ul style="list-style-type: none"> The LLR inpatient trajectories for autistic adults and people with a learning disability and autism do not meet the requirements of the 25/26 planning guidance (20% reduction from March 24 baseline) Due to an increasing number of autistic adults being admitted, the current inpatient trajectories are being exceeded 	<ul style="list-style-type: none"> An Options Appraisal has been developed by the LDA Collaborative in response to the increasing number of autistic adults being admitted; this was presented to the Collaborative Board meeting on 14 July 25 with positive assurance on the options presented. Progress being monitored through LDA Collaborative Board. A 'Time to Think' sessions held with Directorate Mental Health (DMH) colleagues on 2 July 25 – LDA Collaborative supporting development of DMH plans. National NHSE funding provided for development of peer advocacy support. A Group Risk Summit is in the process of being arranged focusing on Autistic Adults in Escalation – date to be confirmed. Working Group to be established to develop a clinical model across both LDA and MH directorates in Leicester Partnership Trust (LPT) – initial work ongoing to review existing service specifications to ensure all available options are utilised.
Reduce reliance on inpatient care for under 18's	<ul style="list-style-type: none"> Late referral to the Dynamic Support Pathway means that individuals are referred for crisis management, rather than crisis avoidance; there is a risk that the low CYP trajectory could be exceeded Key working contract for 25/26 has been recommissioned and provides 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 is continues to remain at one – LLR met inpatient CYP trajectory from June 2024 onwards. Ongoing system wide monitoring of CYP on the red cohort of the Dynamic Support Pathway (DSP) to ensure any further admissions can be avoided. Project meetings established to ensure young people at risk of admission are continuing to receive support from Keyworkers. DSP processes being reviewed and streamlined where possible. DSP Referral criteria and supporting processes currently being reviewed. The first DSP Project Group meeting took place on 21 August 2025, where the project plan was shared and formally agreed. This outlined key project steps, assigned actions, and identified initial risks. The DSP Hub team is now piloting the use of a clinical prioritisation tool developed by Cheshire and Wirral.

Patient Outcome: Addressing the increasing number of autistic adults being admitted to a mental health hospital would provide the following benefits:

- Reduced admission and readmission rates, therefore improving quality of life and patient outcomes.
- Reduced Length of Stay/Bed Days.
- Improved compliance with the new Mental Health Act requirements regarding autism.
- Improved staff wellbeing and development.
- Improved ICS performance against NHSE autism inpatient trajectories.

Use Of Resources (Finance M4)

System KPI Dashboard	YTD £m			M1-12 £m		
	Target	Actual	Rating	Target	FOT	Rating
System Delivery of planned deficit (gross of deficit support funding)	41.91	45.99		80.00	80.00	
System Revenue expenditure not to exceed income (net of deficit support funding)	1,196.40	1,210.23		3,554.76	3,554.76	
System Capital expenditure not to exceed allocations	21.34	12.11		96.59	96.16	
System Operates within Cash Reserves	23.06	55.33		38.96	38.96	
System CIP delivery	35.18	35.87		190.47	190.47	
CIP delivery as a % of FOT	18.47%	18.83%				
System Better Payment Practice code % NHS invoices paid within target (£)	95.00%	98.56%		95.00%	98.56%	
System Better Payment Practice code % NHS invoices paid within target (number)	95.00%	96.37%		95.00%	96.37%	
System Agency spend within ceiling	7.79	5.66		23.37	17.54	
System Bank spend within ceiling	19.79	29.88		59.37	66.63	
Provider total pay costs	500.00	496.59		1,460.79	1,460.93	

Metric	Mitigation
2025/26- System Delivery of planned deficit (gross of deficit support funding)	<ul style="list-style-type: none"> The ICB is forecasting to exceed its running cost allocation due to under delivery against the corporate staff costs target Bank spend is above the system cap YTD and forecast to continue to be at year end, however this was planned at the start of the year.

[Link to summary table](#)

Maternity

Area	NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
Maintain our collective focus on the overall quality and safety of our services	National safety ambition to reduce stillbirth	May-25	Reduction 2023 4	4	
	Neonatal mortality (per 1,000 births)	2023	Reduce 2021 2.4	2.8	
	Maternal mortality	2023/24	Reduce 21/22 *	0	

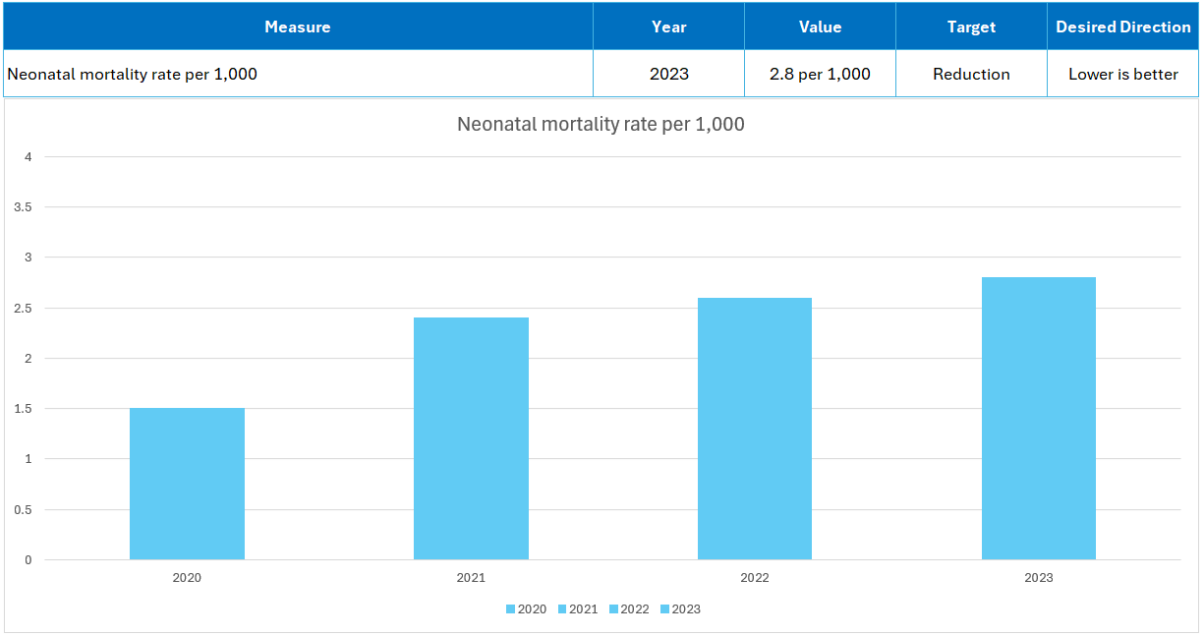
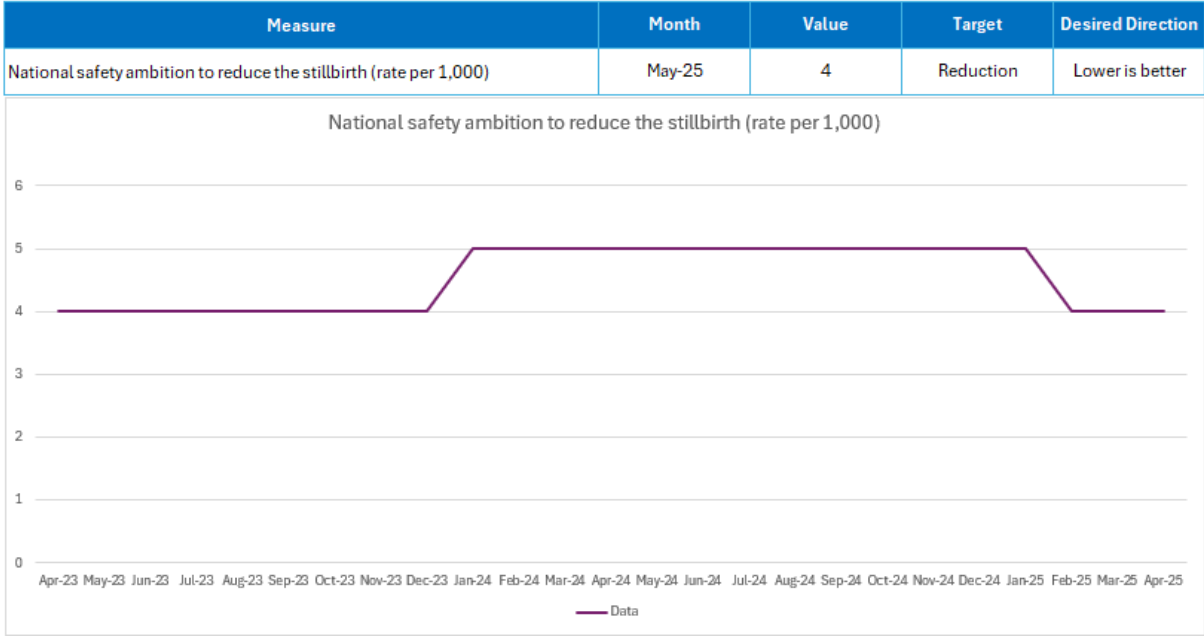
Metric	Risk	Mitigation
Make progress towards the national safety ambition to reduce stillbirth	Currently on track.	Slight variation in figures at start of year but due to very small numbers, it does not change overall picture however this is being monitoring closely.
Neonatal mortality	We remain an outlier for neonatal deaths with our extended mortality being more than 5% greater than expected; This is consistent with some 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 working with other hospital trusts and 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.	Service hoping to have recruited into all vacancies by the end of this calendar year once the Midwives including a pipeline to cover expected attrition rates with the midwives who are due to complete their course later this year. Continue working with the universities and implement the Safer Learning Environmental Charter (SLEC) principles to improve retention.

Good News: An LLR infant/ perinatal mortality working group set up working in partnership with ICB/Public Health/UHL to help address our perinatal mortality rates.

Patient Outcome: Following review of our Maternity & Neonatal Voice Partnership (MNVP)* we have secured an interim arrangement to support delivery of MNVP whilst we work to secure a permanent arrangement. *The MNVP supports women to have their voices heard and support improvements in services.

[Link to summary table](#)

Maternity



Hypertension & Lipids

NHS PRIORITIES 2025/26	Month	Plan	Actual	RAG
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	Q4 24/25	67.1%		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	Q4 24/25	82.2%		N/A
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	Q4 24/25	80.0%	70.1%	
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%	Q4 24/25	60.0%	66.1%	

Metric	Risk	Mitigation
Increase 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 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.Gaps in detection highlighted via the PCN DES assurance group.Community pharmacy data to March 25 will be used to identify where opportunistic measures are not being taken.
Increase percentage of patients aged between 25 - 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% 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 registers.Activated 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.

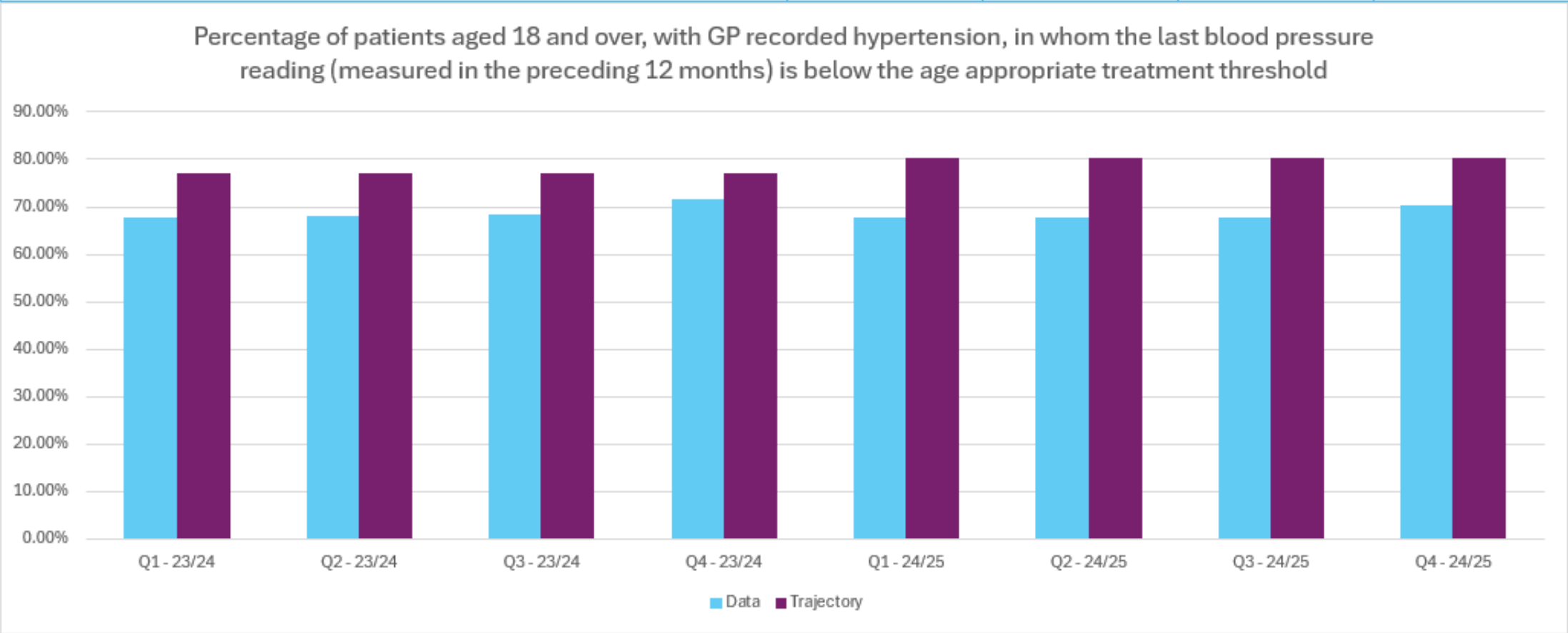
Good news:
Hypertension national target NHSE have retired the 80% target for treatment thresholds and alternates are being discussed. NHSE report a drop , nationally in lipid treatments LLRs data doesn't reflect this and LLR remains in the top 3 of 10 comparator ICBs.
The number of Patients on lipid lowering therapy national target (65% by March 25) has been achieved in Dec 24 (65.3%), and LLR performance above national position (61.6%).
CVD QI data has been shard and discussed at the PCN DES assurance group and with PCN and Federation managers meetings. 4 PCNs have requested specific data on achievements across inequalities marks to identify if they can be sued to target gaps in diagnostics and optimisation.
One PCNs shared an innovative use of the community pharmacy hypertension service , reporting 20% detection rates and identification of NDH. Other PCNs may take this on. LTC team engaged with the PCN to explore the model further.

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.

[Link to summary table](#)

Prevention

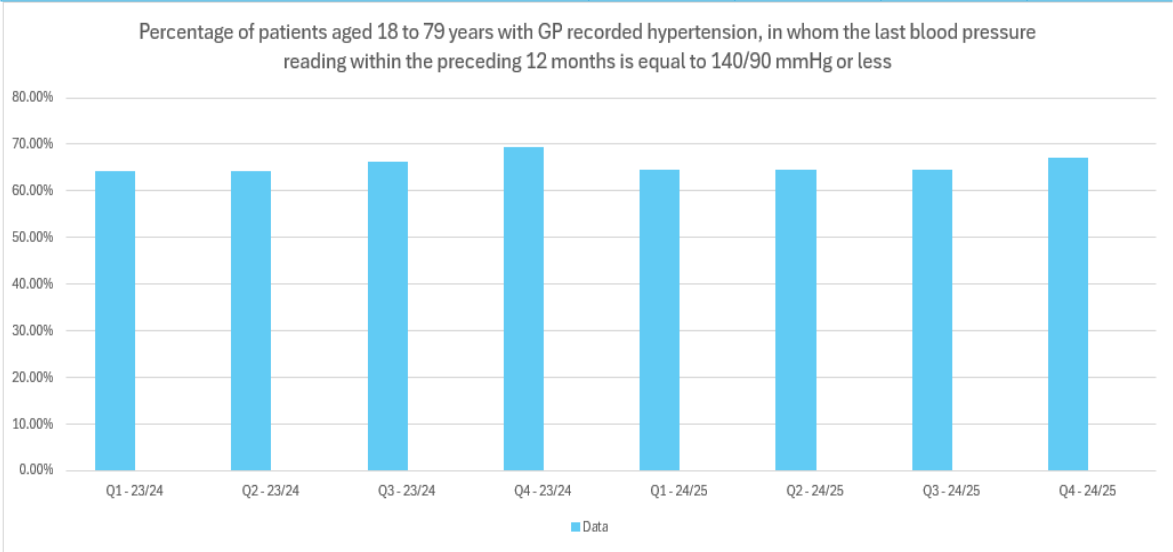
Measure	Month	Value	Mar-25	Desired Direction
CVDP007HYP - % of patients aged 18 and over, with GP recorded hypertension	24/25 Q4	70.10%	80%	Higher is better



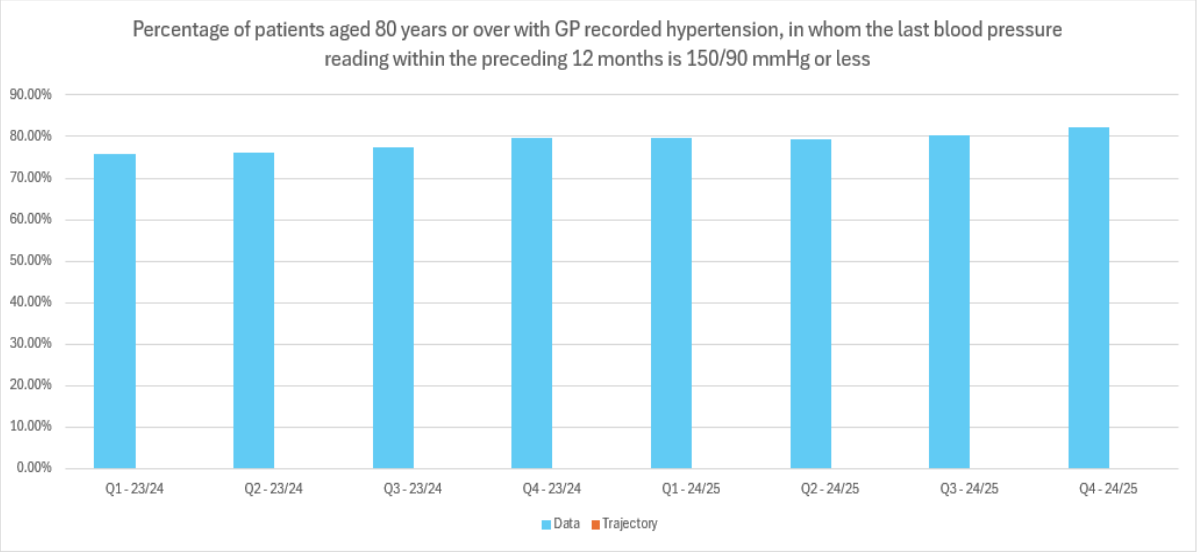
[Link to summary table](#)

Prevention

Measure	Month	Value	No National Target	Desired Direction
CVDP002HYP: % of patients aged 18 to 79 years with GP recorded hypertension	24/25 Q4	67.10%	N/A	Higher is better



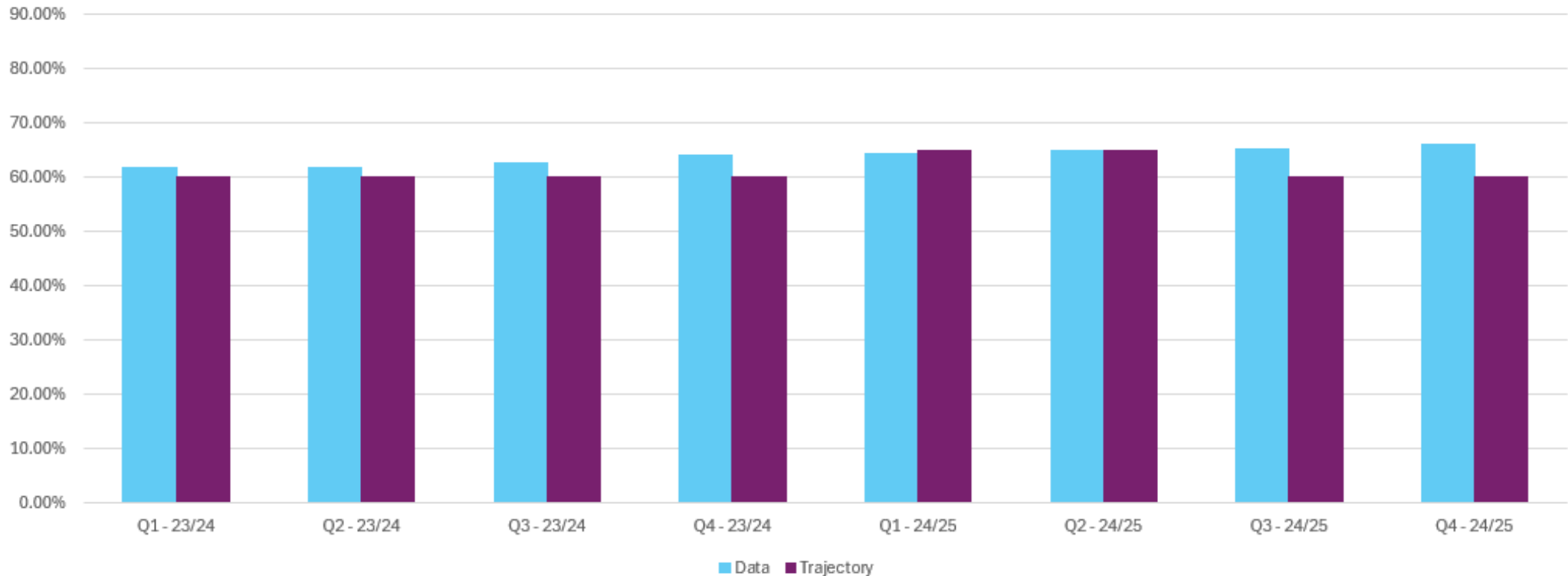
Measure	Month	Value	No National Target	Desired Direction
CVDP003HYP: % of patients aged 80 years or over with GP recorded hypertension	24/25 Q4	82.20%	N/A	Higher is better



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 60%	24/25 Q4	66.10%	60.00%	Higher is better

Increase the % of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%



[Link to summary table](#)

Measures

RTT - 18 weeks wait		
Time Period	Data	Trajectory
Apr-24	57.8%	
May-24	59.1%	
Jun-24	58.9%	
Jul-24	58.3%	
Aug-24	57.4%	
Sep-24	57.0%	
Oct-24	57.1%	
Nov-24	57.2%	
Dec-24	56.1%	
Jan-25	55.3%	
Feb-25	55.3%	
Mar-25	55.9%	
Apr-25	56.5%	56.6%
May-25	57.6%	57.1%
Jun-25	57.6%	57.8%
Jul-25	55.10%	57.3%

18 week waits for first appointment		
Time Period	Data	Trajectory
Apr-24	64%	
May-24	66%	
Jun-24	67%	
Jul-24	66%	
Aug-24	65%	
Sep-24	64%	
Oct-24	64%	
Nov-24	65%	
Dec-24	63%	
Jan-25	62%	
Feb-25		
Mar-25		
Apr-25	61.9%	62%
May-25	62.2%	63%
Jun-25		63%
Jul-25	66.20%	64%

52 weeks wait		
Time Period	Data	Trajectory
Apr-24		
May-24		
Jun-24		
Jul-24		
Aug-24		
Sep-24		
Oct-24		
Nov-24		
Dec-24		
Jan-25		
Feb-25		
Mar-25		
Apr-25	2.0%	1.8%
May-25	2.1%	1.6%
Jun-25	2.4%	1.4%
Jul-25	2.7%	1.3%

Cancer 62 day waits		
Time Period	Data	Trajectory
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%
Oct-24	60.7%	59.1%
Nov-24	61.0%	64.9%
Dec-24	64.0%	64.1%
Jan-25	60.3%	61.2%
Feb-25	56.6%	66.2%
Mar-25	62.1%	70.3%
Apr-25	68.8%	59.0%
May-25	61.3%	60.0%
Jun-25	60.2%	61.3%

Cancer 28 day Faster Diagnosis Standard (FDS)		
Time Period	Data	Trajectory
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	82.1%	77.0%
Apr-25	79.1%	77.0%
May-25	77.5%	77.0%
Jun-25	75.9%	78.0%

[Link to summary table](#)

Measures

A&E Four Hour Waits (All Types)		
Time Period	Data	Trajectory
Apr-24	75%	
May-24	75%	
Jun-24	74%	
Jul-24	76%	
Aug-24	76%	
Sep-24	73%	
Oct-24	74%	
Nov-24	73%	
Dec-24	75%	
Jan-25	76%	
Feb-25	77%	
Mar-25	75%	
Apr-25	75.4%	75.6%
May-25	76.4%	75.6%
Jun-25	75.9%	74.8%
Jul-25	79.3%	76.0%

Percentage over 12 hours (All)		
Time Period	Data	Trajectory
Apr-24	12%	
May-24	9%	
Jun-24	10%	
Jul-24	11%	
Aug-24	11%	
Sep-24	11%	
Oct-24	13%	
Nov-24	12%	
Dec-24	12%	
Jan-25	14%	
Feb-25	11%	
Mar-25	11%	
Apr-25	11.0%	12%
May-25	10.0%	12%
Jun-25	9.0%	11%
Jul-25	9.0%	11%

LLR ICB EMAS Cat 2		
Time Period	Data	Trajectory
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
Apr-25	00:32:22	00:30:00
May-25	00:30:26	00:30:00
Jun-25	00:36:57	00:30:00
Jul-25	00:32:34	00:30:00

Length of stay in adult acute mental health beds		
Time Period	Data	Trajectory
Apr-24		
May-24		
Jun-24		
Jul-24		
Aug-24		
Sep-24		
Oct-24		
Nov-24		
Dec-24		
Jan-25	55	
Feb-25	61	
Mar-25	61	
Apr-25	64	56.3
May-25	62	56.1
Jun-25	65	55.9

Improve access to Children and Young People's Mental Health Services (CYPMH)		
Time Period	Data	Trajectory
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
Mar-25	18,745	18,165
Apr-25	18,565	17,745
May-25	18,475	17,745
Jun-25	18,620	17,745
Jul-25	18,815	17,745

Measures

NHS talking therapies- Completing a Course of Treatment (having had at		
	Actual	Trajectory
Apr-24	770	820
May-24	860	860
Jun-24	895	934
Jul-24	960	929
Aug-24	765	834
Sep-24	705	1094
Oct-24	850	1256
Nov-24	715	1120
Dec-24	635	908
Jan-25	790	1320
Feb-25	730	1255
Mar-25	705	1392
Apr-25	890	871
May-25	860	793
Jun-25	865	826

Reliance on mental health inpatient care for adults with a learning disability and autism		
Time Period	Data	Trajectory
Apr-24	11	
May-24	13	
Jun-24	14	10
Jul-24	13	
Aug-24	12	
Sep-24	12	10
Oct-24	12	
Nov-24	13	
Dec-24	13	9
Jan-25	11	
Feb-25		
Mar-25		9
Apr-25	14	
May-25	14	
Jun-25	13	10
Jul-25	13	
Aug-25	11	
Sep-25		10

Reliance on mental health inpatient care for autistic adults		
Time Period	Data	Trajectory
Apr-24	11	
May-24	10	
Jun-24	12	14
Jul-24	14	
Aug-24	13	
Sep-24	12	14
Oct-24	16	
Nov-24	15	
Dec-24	15	13
Jan-25	14	
Feb-25		
Mar-25		13
Apr-25	17	
May-25	16	
Jun-25	16	14
Jul-25	16	
Aug-25	15	

No. of people on waiting lists for CYP services who are waiting over 52 weeks		
Time Period	Data	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	5335	5472
Apr-25	5526	5459
May-25	5723	5647
Jun-25	5858	5835

Measures

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	70.10%	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%
Q2 - 24/25	64.51%
Q3 - 24/25	64.40%
Q4 - 24/25	67.10%

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%	
Q4 - 24/25	82.20%	

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%
Q4 - 24/25	66.10%	60%

[Link to summary table](#)

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