

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 4 MARCH 2026

ELECTIVE CARE, DIAGNOSTICS AND CANCER PERFORMANCE

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Purpose of report

1. The purpose of this report is to provide the Committee with an update on elective care, diagnostics and cancer operations at University Hospitals of Leicester NHS Trust (UHL). The report will provide an insight on the Trust's elective care recovery progress and cancer waits and the work being done to reduce waits for the patients of Leicester, Leicestershire and Rutland (LLR).

Background

2. Elective care and cancer performance across Leicester, Leicestershire and Rutland (LLR) continues to face significant pressures, primarily due to increasing demand, emergency activity, industrial action and workforce shortages. UHL is implementing a comprehensive programme of actions to improve waiting times and strengthen its services, as detailed in this report.

Elective recovery

3. Elective care covers a broad range of planned, non-emergency services, from diagnostic tests and scans to outpatient appointments, surgery and cancer treatments. Nationally and locally the drive has been to reduce the length of time patients are waiting for their treatment. We have seen significant improvement compared to 2022 when some patients were experiencing waits of more than two years.
4. In our most recent reported waiting list at the end of January, we had 90 patients waiting 65 weeks or more and no patients waiting longer than 78 weeks. All patients waiting within the 65-week wait cohort are regularly reviewed by the Director of Planned Care, to ensure that next steps are in place and all possible actions have been taken to conclude the patient's pathway as soon as possible.
5. At the end of January, UHL reported 2,715 patients (97 patients less than last month) waiting more than 52 weeks, this is 2.6% of the total waiting list size. Our aim is to deliver <1% of the total waiting list. The 52-week position has started to improve with additional activity being delivered as part of UHL's elective recovery plan.

18-week waits (Referral to Treatment performance)

6. NHS Referral to Treatment (RTT) performance measures the waiting times for elective (non-urgent) care in England from GP referral to the start of consultant-led treatment. RTT performance tracks both completed and ongoing pathways.
7. In terms of the 18-week RTT standard, performance for UHL at the end of January was just below 52%. We expect by the end of March to deliver 57% of patients waiting less than 18 weeks for their treatment.

Actions

8. Key actions to support elective recovery performance include (not a fully exhaustive list):
 - Additional 'super-clinics' to support General Surgery and Musculoskeletal.
 - Additional insourced clinics planned for February and March in Oral and Maxillofacial surgery.
 - Actions are being supported by 'sprint' funding from NHS England.
 - Action plans to maximise additional capacity (East Midlands Planned Care Centre, Hinckley Community Diagnostic Centre, and the newly opened Endoscopy Unit at the Leicester General Hospital).
 - Exploring AI solutions to support tasks like appointment booking, processing referrals and dictation.
 - Independent sector being used to support with long waits in Orthopaedics.
 - Advertising for a locum to support the Orthopaedic position.

Diagnostics

9. As of the end of January 2026, there were 5,008 patients waiting more than six weeks for a diagnostic test, of which 1,301 patients have been waiting over 13 weeks. This represents a performance of 78.1%, with 21.9% of patients over six weeks. The forecast year end position expects further improvements, and it is anticipated performance will improve to 85%.

Actions:

10. Key actions to support improvements in diagnostics include (not a fully exhaustive list):
 - Additional CT and MRI capacity.
 - Increasing Non-Obstetric Ultrasound (NOUS) capacity, including additional insourced staff to support.
 - Additional diagnostic capacity
 - Hinckley Community Diagnostics Centre opened in June 2025, which offers a range of tests such as CT, MRI, X-Ray, Ultrasound, Phlebotomy, Dermatology, Audiology and Endoscopy.
 - Endoscopy Unit at the Leicester General Hospital opened in November 2025, increasing the capacity across the Trust by an additional 300 patients per month.
 - A second DEXA (bone density) scanner is being installed in March 2026, which will support a reduction in waiting times.
 - Expanding direct access tests for primary care.

Cancer

11. UHL is the largest NHS trust in the East Midlands for cancer referrals and is a large tertiary centre, offering specialised services for patients with some of the most complex conditions across the region. Cancer referrals vary month on month with no specific trend. Referrals year to date have seen an increase of 3.8% compared to the previous year. Conversion rates year to date have reduced slightly to 6.3%.
12. The NHS Faster Diagnosis Standard (FDS) in England requires that patients with suspected cancer receive a definitive diagnosis or have cancer ruled out within 28 days of an urgent referral. December performance across the three cancer standards continues to show improvement. December Faster Diagnosis Standard (FDS) delivered 72% of patients being told they have cancer or have had a cancer ruled out within 28 days. Breast remains the main driver of variance due to an ongoing capacity gap, although improvements have been made in December. This remains a risk for the Trust and is reliant on additional capacity and insourcing.
13. This NHS 62-day Referral to Treatment standard dictates that there should be no more than 2 months (62 days) wait between the date the hospital receives an urgent suspected cancer referral and the start of treatment. 62-day performance in December saw a slight improvement of 0.3% to 56%. 31-day performance continues to improve and is expecting further gains in Q4 with Radiotherapy recovery on track and drug performance holding.

Key Actions:

14. Key actions to support improvements in cancer include (not a fully exhaustive list):
 - Additional capacity running at evenings and weekends.
 - Insourced and outsourced solutions to support workforce, including locums.
 - Additional surgical robotic capacity to support specific waits in Urology.
 - Use of East Midlands Combined Authority (EMCA)/NHS England (NHSe) E Cancer Recovery Funds to support additional activity and reduce pathway length.
 - Quality improvement project underway within Breast pathway.
 - Oncology improvement plan under development.
 - Pathway reviews identifying key areas for improvement by service.
 - Additional 5th radiotherapy linear accelerator (linac) in place, which uses external beam radiation to treat cancers.

Summary

15. A comprehensive programme of actions is underway to improve access and shorten waiting times. This includes increasing clinic activity, expanding diagnostic and theatre capacity, collaborating with system partners to review referral routes and optimise care settings, and working with clinical teams to implement digital solutions that enhance the efficiency of patient pathways.
16. We have also opened new facilities - including our second Community Diagnostic Centre in Hinckley and a new Endoscopy Unit at the Leicester General Hospital - both of which support faster diagnosis. We have made significant investments in

replacement radiotherapy machines over the last 3 years, purchasing a fifth LINAC radiotherapy machine to reduce waiting times.

17. We are working closely with NHS England and the East Midlands Cancer Alliance to support recovery, expand capacity, and ensure patients receive timely diagnosis and treatment. While progress has been made, we know there is more to do, and we remain fully committed to improving the experience and outcomes for our patients.

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