Leicester, Leicestershire and Rutland
Working in partnership with
Northamptonshire Integrated Care Board

Quality Performance and Outcomes Committee
Leicestershire & Rutland ICB Performance Report

January 2026

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Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Making Meetings Matter use of 3 As – Good Governance

Adopting best practice from the Good Governance Institute
The 3 As – what is this and what does this mean?

- The 3As report format provides a simple way for groups and committees to report to their parent group/committee or indeed to the executive group or board of directors.
- It provides a succinct way in which to report and highlight particular areas of a programme of work that require action/escalation

What are the 3 A's

- **Alert** – what are the 3-4 key issues/risks that you need to alert the Board/meeting on? These are issues/risks that require action/escalation in order to aid or support decision/actions to mitigate or manage
- **Assurance** – what are the key areas that require and you need to provide assurance on where progress is being made but may not yet have achieved the trajectories set or met the milestones anticipated
- **Advise** – what are the key areas/items you want to advise the board/meeting on where key achievements have been made that have had an impact – benefits/outcomes

Not everything will be covered with the above and therefore the box on update, risks and learning should support leads to include into the report any sharing of learning, brief updates and review of any risk

Performance Report – LLR Executive Summary

Alert

- Acute and Community Hospital bed occupancy remains maximised at above 90% occupancy. This is despite the additional bed capacity opened.
- Referral To Treatment (RTT) 65+ and 52+ weeks improved but remain above plan. Trauma and orthopaedics, Gynaecology and ENT continue to be pressured with high volume of referrals.
- Cancer 62-day performance is behind plan with a risk to the delivery of the planned target of 63.2% - improvement plan is place with improvements expected in Q4.
- Shift in LOS in in-patient MH – Ongoing discharge delays due to social care capacity. Court of Protection, Prison repatriation and MoJ decisions causing extended delays.
- Number of LDA and Autistic Adults inpatients remains above plan. This is linked to the number of LDA inpatients that are under MoJ restrictions that risks meeting the end of year target.

Update, risk and learning on Plans

- Operational pressures due to the emergency demand impacting upon elective activity
- Rollout of PAS has impacted on overall productivity in 25/26 in UHL impacting on total waiting list size.
- Impact of court of protection delays due to MoJ impact on timelines adversely impacting on LOS
- LDA Annual health checks at 56.1% currently and the local target is 80% practices continued to be supported by the PCLNs to meet the target in Q4

Assure

- CAT 2 EMAS Ambulance response (<30mins) remains red – Ambulance Handover delays remained challenged – Release to Respond (W45) has now been implemented. This has overall improved the performance of Ambulance Handovers thus impact on the CAT 2 Mean Response.
- Cancer - FDS – improvement from previous month
- MH Talking Therapies Reliable recovery is off plan in November although improved from October – Service working to deliver the target for Q4.
- Long waits for CYP services continue to increase as expected however the rate of increase has been less than anticipated with the October outturn c200 below plan.
- LLR remain in tiering for Elective (52 weeks), Cancer (62 Day), ED (4 hours performance and Ambulance Handover).
- GP Appointments delivered in month for October were slight below plan – the impact of the implementation of Online Consultation and new additional contractual obligations will have impacted on delivery. It is expected November will return to expected levels.

Advise

- Continue to deliver to the system 4-hour performance to target. Delivery of plans continue to maintain this with continued pressure on ED.
- 18 WW remains static and below plan.
- MH – TT reliable improvement performance continues to be strong at 67%
- MH – CYP access to MH services – more CYP continue to be able to access MH services in LLR.

Reports Content

Performance against Plan

Notes for Performance tables

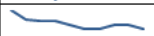
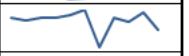
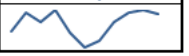
- Actual figures are RAG rated (shaded) on the basis of the extent to which the plan is currently being achieved. Where the metric is being achieved, it is green. Failure to achieve is shaded red, however there is an **amber status which is within 5% of achieving.**

- Depending on the metric, “good” might mean being below the target or above the target.

    - There is one anomaly within this ruling: the primary requirement for the 18-week RTT metric (shown on the table on Slide 6) **is the percentage, not the absolute figure.** The plan expects the actual number of patients waiting less than 18 weeks to be high, but as a proportion of a total waiting list which needs to decrease. Therefore, whether this figure is good or bad depends on another metric rather than on itself. The colour-coding on these lines **(on slide 6)** are therefore based on whether the percentage figure, the metric below it, is achieving or failing.

- Where there is only a quarterly plan for a metric, the assumption is that this is evenly split across the months of the quarter.

Performance against Plan – UEC Summary

Measure	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	UHL Plan	UHL Actual	12 month (ICB)
% of A&E attendances within 4 hours (all types)	78.20%	Dec-25	76.1%	78.9%	61.0%	65.7%	
% of Type 1 and 2 A&E attendances within 4 hours	61.00%	Dec-25	61.00%	65.7%	61.0%	65.7%	
% of A&E attendances over 12 hours Type 1	-	Dec-25	-	7.5%	-	7.5%	
Ambulance handover monthly average time	00:15:00	Nov-25	00:15:00	00:47:14	00:15:00	00:52:44	
Ave bed occupancy (inc escalation)	93.0%	Nov-25	-	-	92.0%	89.0%	
Ave discharged on discharge ready date	88.3%	Nov-25	NA	NA	87.4%	86.5%	
Ave discharge delay	3.9%	Nov-25	NA	NA	3.9%	4.4%	

Updates since previous month:

- UHL GIRFT red lines from December 2025
- ED from 10/12/2025 where no patients spends >24hrs in ED.
- Agreed escalation process for Clinical Operational Standards.
- SDEC never to be used as a bedded escalation space.
- Equity of access to diagnostics in all acute assessment areas.
- Streamlined discharge process to decrease overall length of stay.
- EMAS - Introduction of Ambulance 45 mins Release to Respond SOP from 10/12/2025.

Current issues:

- Acute and CoHo bed occupancy is maximised following the early January 2026 surge demand.
- Ambulance handover performance was very challenged in early January but recovering from w/c 19/01/2026.
- Community-based UTCs demand continues to exceed commissioned capacity.
- The Winter Additionality ARI Hub has seen a reduction in respiratory demand so has flexed to receive all age patients for a broader range of clinical presentations.

Risks:

- Challenges in consistently delivering the Ambulance 45 mins Release to Respond SOP.
- High levels of ED and UTC attendances, non-elective admissions and wider system surge impact.
- Ability to deliver our Winter Plan with the anticipated positive impacts.

Dependencies:

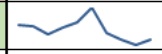
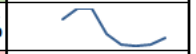
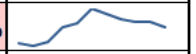
- Delivery and impacts of the wider system schemes via Primary Care, Community Care, Long Term Care, and Children & Young People.

Future actions & mitigations:

- Recovery from the Resident Doctors Industrial Action and the Christmas / New Year demand variability in December 2025.
- The remaining Winter Additionality schemes have gone live in January 2026.
- Embedding of learning from Ambulance 45 mins Release to Respond SOP (live from 10/12/2025) and the agreed Pause SOP.

Link to reports content

Performance against Plan – RTT Summary

Elective RTT Measures	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	UHL Plan	UHL Actual	12 month (ICB)
Total incomplete pathways	119,942	Dec-25	121,743	123,213	106,849	107,775	
65 week waits	NA	Dec-25	0	107	0	92	
52 week waits	1,083	Dec-25	1,396	2,540	1,226	2,812	
52ww %	1.2%	Dec-25	-	2.1%	1.1%	2.6%	-
18 week waits	74,746	Dec-25	72,540	69,811	63,479	56,059	
18ww %	-	Dec-25	-	56.7%	-	55.8%	
First appointment 18ww %	69.8%	Dec-25	66.8%	59.0%	64.9%	60.4%	
Total <18 years	-	Dec-25	-	11,429	-	9,959	
52 ww <18 years	-	Dec-25	-	187	-	166	-
18 ww <18 years	6,582	Dec-25	6,358	7,055	-	6,210	
18ww % <18 years	-	Dec-25	-	61.7%	-	62.4%	-

Updates since previous month:

- TWL- reduced by approx. 2k
- 65+ - Improved on previous month but above plan.
- 52+ - Improved on previous month but above plan
- Time to wait for treatment or a decision that no treatment is required continues to reduce for patients waiting 52+ weeks
- 18ww – static and below plan.
- 18ww<18 years – Static and above plan

Current issues:

- Trauma and orthopaedics, Gynaecology and ENT continue to be pressured specialities with high volume referrals
- Paediatrics remains challenged due to increased demand for beds resulting in elective cancellations

Risks:

- Operational pressures due to the emergency demand impacting upon elective activity
- PAS issues continue impact on productivity

Dependencies:

- IS capacity and utilisation
- Workforce (admin)
- Financial resource availability

Future actions & mitigations:

- On going PAS fixes continue to support recovery and timely data capture
- Q4 National sprint finance incentive available to support over delivery against plan
- Weekly escalation calls in place for 65+ww with COO oversight
- Route to zero in place expected compliance by end of Feb 26.
- 52 week wait (1% total waiting list size), actions in place to support delivery by end of Mar 26, including elimination of non admitted 52 week waits (without next appointment)
- Mutual aid in place for orthopaedics

Link to reports content

Performance against Plan – Diagnostics Activity & Performance

Diagnostic Activity Measures	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	UHL Plan	UHL Actual	12 month (ICB)
YTD Activity - MRI scans	7,283	Nov-25	7,189	6,151	6,535	6,454	
YTD Activity - CT scans	11,981	Nov-25	11,817	3,841	10,780	10,177	
YTD Activity - Non-obstetric Ultrasound	12,332	Nov-25	12,048	12,612	9,475	8,662	
YTD Activity - Colonoscopy	1,031	Nov-25	1,175	1,258	1,116	916	
YTD Activity - Flexi-sigmoidoscopy	394	Nov-25	405	452	372	307	
YTD Activity - Gastroscopy	837	Nov-25	1,020	1,344	964	943	
YTD Activity - Echocardiology	3,614	Nov-25	3,418	1,219	2,393	2,262	
YTD Activity - DEXA scans	1,128	Nov-25	1,018	1,335	920	583	
YTD Activity - Audiology assessments	1,658	Nov-25	2,065	2,393	1,463	1,583	
YTD Activity TOTAL	40,258	Nov-25	40,155	30,605	34,018	31,887	

Updates since previous month:

UHL DM01 Performance (Dec)
- 6+ week: 4,208 (Static)
- 13+ week: 1,105 (Static)
- TWL – 23,720 (Improved)
- Performance 82.3% (9.8% behind plan)
- Overall static position at the end of December. Improvements continue to be observed in NOUS, Audiology, MRI. Endoscopy and DEXA recovery at risk.

Current issues:

- Reduction in uptake of WLI/Additional sessions
- Staffing pressures (administrative) across modalities affecting booking
- PAS implementation, DQ and validation reporting errors (mainly affected Endoscopy)

Risks:

- Endoscopy – reliant on WLIs to backfill some of the new unit capacity until full recruitment in place to support return to plan.
- Dexa – 2nd scanner due March.
- RTT long wait pressures

Dependencies:

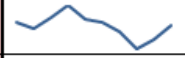
- Demand inc Planned pts
- Capacity inc complex & GA lists
- ERF funding in place

Future actions & mitigations:

- NOUS –recovery continues with ERF – return to plan end of Q4.
- Audiology – additional capacity ERF – recovery planned Q4 .
- Endoscopy - new unit opened 5/11, recovery commenced, ongoing DQ issues. Expected improvements Q4, weekly PTL meetings in place to drive improvements.
- DEXA recovery by Q4, additional equipment planned March & Van as backup being explored (ERF).
- Imaging – MRI and CT complex patients >13wks, escalation meetings in place.

Link to reports content

Performance against Plan – Cancer Summary

Cancer Measures	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	UHL Plan	UHL Actual	12 month (ICB)
% starting treatment within 62 days	70.3%	Nov-25	64.1%	58.7%	66.2%	55.7%	
% starting treatment within 31 days	90.0%	Nov-25	78.5%	77.8%	79.3%	75.0%	
% receiving diagnosis / confirmation within 28 days	80.0%	Nov-25	77.0%	69.5%	78.0%	69.0%	

Updates since previous month:

- FDS – improvement from previous month.
- Breast driving variance from plan (without this would be 80%) performance.
- 62 – improvement from previous month. Largest variance from plan being driven by Breast, LOGI and Urology.
- 31 – Improvements in radiotherapy continue with 5th linac in place, with 0 breast waits, prostate on track for end of Q4.
- EMCA / NHSE CRF funds supporting

Current issues:

- Increased demand continues since peak post pandemic
- Capacity constraints across pathways
- Specific capacity constraints for 1st appointment waits in Breast (triple assessment clinics with challenges with radiology cover).
- Increased diagnostic investigations required
- Theatre constraints (mainly in Urology, Gynae, Lung pathways)
- Delays to 1st appt in Oncology

Risks:

- Capacity
- Workforce
- Breast time to 1st appt
- Increasing demand

Dependencies:

- Demand
- Capacity including across radiology, pathology
- EMCA / CRF funding to support recovery actions

Future actions & mitigations:

- Clinical prioritisation of patients, weekly PTLs and RAPs in place
- EMCA & NHSE CRF / Tier funding to support
- Oncology regional review of mutual aid and workforce opportunities (EMPA/EMCA) inc collaborative working with UHN for fragile services
- Radiotherapy 5th Linac in place – recovery end of Q4.
- Breast QI project & insourcing for radiology underway
- LOGI changes to MDT and PTL commenced Jan – expect to see impact Q4.
- Days Matter EMCA to support FDS commenced in Breast, LOGI, Gynae, Urology
- 2nd Urology & Gynae robot to support long waits

Link to reports content

Performance against Plan – Mental Health/Learning Disabilities & Autism

Mental Health & Learning Disabilities Measures	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	12 month (ICB)
Talking Therapies - Reliable Recovery	48.00%	Nov-25	48.00%	45.00%	
Talking Therapies - Reliable Improvement	67.00%	Nov-25	67.00%	67.00%	
Inappropriate Out of Area Placements	-	Nov-25	-		
Patients accessing Perinatal Mental Health services	1,259	Nov-25	1,259	1,160	
Children's & Young People's access to Mental Health services	17,745	Nov-25	17,745	18,800	
Individual Placement and Support	825	Nov-25	798	780	
Mental Health beds - ALOS	51.9	Nov-25	53.9	67.0	

Updates since previous month:

- **NHSTT** There was a slight increase in RR in November (45%) from October
- Reliable Improvement continues to be strong at 67%
- Remedial Actions are continuing (enhanced supervision, targeted outcome reviews, and performance improvement plans)
- Wait for Step 2 reduced from over 75 day to less than 31, long waiters reduced by 83%
- **ALOS** - Acute adult readmission rates remain low across PICU & MHSOP demonstrating effective partnership working to support discharge
- 10 high impact actions evidence improved discharge planning , reduced delays and enhanced patient outcomes
- System wide collaboration through MADE events and joint action plans

Current issues:

NHSTT – Impact of high deprivation on recovery across the city.
Non engagement between referral and first session remains high.
Circa 800 people per month discharged after only 1 session.
High number of referrals deemed to be unsuitable.

ALOS – Ongoing discharge delays due to social care capacity, market provision gaps and social care staffing shortages.
Court of Protection, prison repatriation and MoJ approvals causing extended stays.
Workforce contracted patterns and pressures impacting sustainability of 7 day working
Deficit in medical leadership with no Clinical Director for Adult, PICU and Step Down so escalation of key medical barriers challenged
Differing clinical/professional opinions delaying discharge destination decisions

Significant bed days accrued by a small number of complex cases impacting the average, mean average evidences that extracting outliers shows lower than national average.

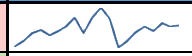
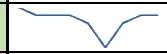
Risks/ Dependencies:
National expectation to increase the **NHSTT** workforce with no additional funding identified
Planning numbers deemed non-compliant for 26/27
Longer term negative impact on future commissioning

ALOS -AHP workload pressures result in delays for assessments particularly in MHSOP
Single occupancy housing / accommodation shortages remain a significant barrier.
Complexity of cases continues to increase demand on inpatient services.

Future actions & mitigations:
Targeted marketing and engagement to attract the right people at the right time.
Optimised clinical productivity and caseload management.
Evidence based training programme
Engaged in 'unsuitable referrals' study at regional level.
Clawback clause 26/27 to be renegotiated, and additional Network activity to be utilised.

ALOS - Daily PTL reviews with focused tracking and prioritisation
Weekly multi agency CRFD escalation meetings
Sustained focus on workforce resilience, housing solutions and system wide collaboration.

Performance against Plan – Mental Health/Learning Disabilities & Autism

Mental Health & Learning Disabilities Measures	ICB Plan Mar-26	Current Month	ICB Plan	ICB Actual	12 month (ICB)
Physical Health Checks - Learning Disabilities	4,009	Nov-25	1,069	408	
LD Inpatients - Adult	9	Dec-25	9	13	
Autistic Inpatients - Adult	13	Dec-25	13	16	
LD/A Inpatients - CYP	3	Dec-25	3	1	

Updates since previous month:

- The latest local LD Annual Health Checks (AHC) data (from 6 January 26) confirms that a total of 3026 checks had been completed (56.1% of LD Register). Confirmed local target: 80%. Practices continuing to be supported by PCLNs to meet target during Q4.
- Number of LD adult inpatients remains at 13
- Number of autistic adult inpatients remains at 16
- The number of CYP inpatients has increased to 2 – so now just 1 below trajectory. 1 CYP inpatient now meets the long stay criteria of 9 months (as outlined in the planning guidance for 26/27)

Current issues:

- The number of Autistic adults admitted into a mental health inpatient beds is impacting our ability to meet year end inpatient targets for both autistic adults and those with a learning disability who may also be autistic
- Lack of commissioned response for autistic people in the community, but who do not have a mental health condition, is one of the main reasons for the increasing number of inpatients – Clinical Summits held in LPT to review options (see future actions and mitigations)

Risks/Dependencies

- The number of LDA inpatients that are under MoJ restrictions remains a risk in meeting end of year target. Sourcing appropriate providers to manage ongoing risks in the community can cause delays in discharge. This does cause a pressure on inpatient services and failing to meet end of year target
- Mental Health Act 2025: Development of appropriate community ingredients to prevent admission for those with LD/Autism but without a confirmed MH diagnosis – initial baseline scoping exercise undertaken across health and social care

Future actions & mitigations:

- Update presented to Leicester Partnership Trust Executive Management Board (LPT EMB) in January 26 following a series of clinical summits at the end of the year – confirmed greater Directorate of Mental Health (DMH) support to be made available to the Specialist Autism Team (SAT), including DMH medical staff sessions
- Dynamic Support Pathway Project now well established including a review of referral criteria and establishment of Dynamic Support register (DSR) Panels to ensure appropriate oversight from senior leaders

Link to reports content

Performance against Plan – Community Services

Community Services Measures	ICB Plan Mar-26	Current Month	In Month ICB Plan	In Month ICB Actual
Community Care Contacts	1,126,352	Oct-25	93,060	113,720
Community Service waiting list over 52 weeks (CYP)	7,527	Oct-25	6,587	6,380
Community Service waiting list over 52 weeks (Adult	-	Oct-25	-	-

Updates since previous month:

- Community Care contacts continue to be above trajectory and have increased following a dip over the summer months due to schools returning. We anticipate remaining at or above plan for the remainder of 2025/26.
- Long waits for CYP services continue to increase as expected however the rate of increase has been less than anticipated with the October outturn c200 below plan.
- Adult services continue to have no waits in excess of 52 weeks, and this is expected to be maintained for the remainder of the year.

Current issues:

- All over 52 week waits for CYP community services are attributed to referrals for Neurodevelopmental Disorders (ND) (ADHD/ASD). Referrals for core community paediatrics are working towards an 18 week wait by February 2026 and are on plan to meet this.
- Referrals for CYP with ND continue to be above historic volumes and exceed capacity to manage within 18-week timeframe. Continued growth in long waits is expected to continue albeit with some impact from internal and system-wide SEND transformation.

Risks:

- Diagnostic delay affects long term outcomes.
- Increase in complaints and concerns
- Negative impact on families as a result of greater prevalence of mental health and behaviour management issues.
- Substantive recruitment to Educational Psychology posts unsuccessful.
- Numbers waiting continue to increase with continuing high volume of referrals.
- Impact of reduced local voluntary, community and sector (VCS) capacity to support CYP / families whilst waiting.
- Increased demand to meet statutory timeframes for Looked After Children (LAC) requires reallocation of resources leading to reduced capacity to manage long waits

Future actions & mitigations:

- Attention deficit hyperactivity disorder (ADHD) nurses release consultant capacity for new referrals.
- Advanced Nurse Practitioners support nursing capacity and oversight enabling throughput to be maximised.
- Resources in place to support timely responses to complaints and concerns.
- Demand and capacity reviews will maximise nurse caseload with training and supervision structure to support enhanced skills.
- ADHD Annual Review Primary Care pilot enabling improved flow to be rolled out.
- Productivity work to increase capacity within existing resources.
- Robust Did Not Attend / Was Not Brought measures minimise lost capacity.

Link to reports content

Performance against Plan – Primary Care

Primary Care Measures	ICB Plan Mar-26	Current Month	In Month	
			ICB Plan	ICB Actual
Appointments in General Practice	693,477	Oct-25	709,816	657,793
Units of dental activity delivered (rolling 12 months)	356,049	Q2	356,049	365,959
Unique patients seen - adult (rolling 12 months)	398,059	Q2	389,213	385,204
Unique patients seen - child (rolling 12 months)	164,777	Q2	162,423	164,112
Pharmacy First consultations	12,545	Oct-25	12,841	17,333

Updates since previous month:

Primary Care- All 126 LLR practices have been reviewed and allocated either No Further Action (NFA) required or a 'next steps' with regards to improving Quality and Performance during 25/26:
NFA-83, Contracts and Quality Visit-5, additional Desk Top Review-21, Contract Assurance Template to be completed-13, escalated to QIG-4 (Quality Improvement Group).

Dental- Several non-recurrent schemes were launched in November 2025. Through an Expression of Interest process, the 110% Over Performance Scheme allocated an additional 54,023 UDAs for LLR residents for the remainder of 2025/26.

The Flexible Commissioning Scheme also commissioned LLR providers to protect capacity for priority groups, including new patients and adults with valid charge exemptions.

Current issues:
Primary Care:

- Although we can identify outliers and understand the challenges regarding unwarranted variation, there are few levers available to enforce changes in access and patient triage models at individual practice level due to the limitations in the national GMS contract.
- NHS App National data, currently being cleansed and updated. Data may not be correct
- ICB continue to monitor Online consultations (OC) via the monthly data and update national report on activity via the monitoring taking place at regional national level. Though all LLR practices are contractually required to offer OC, the ICB continue to review practices websites to monitor how OC information is shared with patients.

Dental:

- Workforce challenges within dentistry remain an issue
- Following the national urgent care schemes launched at the beginning of 2025, the target number of commissioned appointments set, remain higher than demand leading to underutilised urgent care sessions across the LLR ICB
- Issues amongst the dental profession with the current national dental contract, particularly around lower UDA rates.

Risks:
Primary Care: OC Contractual implementation – Ongoing review of implementation and delivery of OC.

Dental: The under delivery of dental targets due to the issues outlined

Unutilised clinical time in relation to urgent dental care

Dependencies:
Primary Care:
ICB holds webinars to support practices with implementation
ICB undertakes reviews of practice websites to ensure information is available to pts on OC access.

Dental:
Further national dental contractual reform, with announcements due ahead of the 26/27 financial year.

Future actions & mitigations:
Primary Care: Continued implementation of Primary Care and Urgent Emergency Care (UEC) Access Group to identify special variation at practice level, how this may be impacting UEC pathways such as ED attendance and put in place interventions to mitigate.

- ICB will continue to monitor the national online consultation activity, and work with practices where there is low uptake. Work continues to support to achieving full compliance. A governance group is being established to review compliance elements.

Dental: Further dental reinvestment in 26/27, with two planned procurements set to take place to increase dental appointment availability

- The continuation of the rebasing contracts with additional contracts to be reduced ahead of the 26/27 financial year. To date, 19,039 UDAs have been rebased, effective from 1 April 2026, generating savings of £631,064, which will be reinvested to improve dental access through higher-performing contracts.
- Further focus on enhancing communications to increase awareness of commissioned urgent dental care sessions available

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Performance against Plan – Maternity

Maternity Care Measures	ICB Plan Mar-26	Current Month	In Month ICB Actual	
National safety ambition to reduce stillbirth (rate per 1000)	Reduction 2023 4	Sep-25	4	
Neonatal mortality (per 1,000 births)	Reduce 2021 2.4	2023	2.4	
Maternal mortality	Reduce 21/22 *	2023/24	0	

Updates since previous month:

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: Interim provider now in place and commenced delivery. Running in parallel - procurement process in place to secure longer term provider with contract that can be extended for up to 3 years from 1 April 2026.
*The Maternity and Neonatal Voices Partnership (MNVP) supports women to have their voices heard and support improvements in services.

Current issues:

- Increasing infant mortality rate in Leicester City – currently at 7.9 per 1000 births from 2024 data
- In 2024 there was a decrease in neonatal deaths but increase in stillbirth and extended perinatal deaths
- Increase in infant mortality where IVF overseas was identified as a modifiable factor
- Increased Necrotising Enterocolitis (NEC) rates alert notification of outlier status generated as result of NEC rates being 13.2% compared to national average of 6.4%

Risks:

- 57.6% of neonatal deaths more than 24 weeks were due to congenital abnormalities. There may be demographic and cultural reasons that influence this trend as more people are choosing to continue with pregnancy when it is known the baby has conditions not compatible with life

Future actions & mitigations:

- Working with Office for Health and Improvement and Disparities (OHID) and NHSE on deep dive review and development of system wide action plan.
- Focused task and finish group around IVF overseas established with key actions identified.
- NEC being addressed by UHL with host of inter-related interventions including optimising periprem, early breastmilk, ultra gentle stabilisation and microbial stewardship.
- Ongoing review of counselling for congenital abnormality and discussed in regional forums.
- Local Maternity Neonatal Services (LMNS) attends Perinatal Mortality Review Tool (PMRT) meetings so review trends and support system wide SMART actions where appropriate.

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Performance against Plan – CVD/Hypertension

Area	NHS PRIORITIES 2025/26	Actual	Plan
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	Q2 25/26	65.96%	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	Q2 25/26	80.82%	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	Q2 25/26	68.95%	N/A
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 25/26	66.82%	N/A

Updates since previous month:

- **CVD003CHOL:** local data reached 70% in October 2025
- **Delivery against hypertension and lipid goals** are supported by more than one LTC programme: for example, Lucid, the Diabetes Enhanced Service and the launch of the Tirzepatide service in primary care.
- **Related outcomes** (Oct 25 LHIS data) :76% of CKD pts. on lipid management therapies; lipid management thresholds for Type 2 diabetics reached 95%

Current issues:

Hybrid closed loop implementation: LLR cannot meet the NICE TA without additional need for investment (HCL reduces risk of CVD related disease progression).

Diabetes Enhanced Service: the current funding envelope means we cannot reach 100% practice rollout which is mitigated by continued support from Diabetic Specialist Nurses. (Enhanced diabetes care results in increased volume of Hypertension and Lipid treatment goals reached).

Reduced availability of diabetes type 2 remission services: Rutland PCN not participating in T2DR, resulting in inequitable access. (T2DR results in weight loss, reduced Hba1c and lowered BP).

Risks:

- Hybrid Closed loop costs
- Not fully utilising the LLR Tirzepatide allocation

Dependencies:

- UHL staffing to delivery HCL
- Primary prevention services provide by Local Authority e.g. NHS Health Checks

Future actions & mitigations:

- HCL: Joint LNR proposal to JET to highlight risks and options
- Monitor Tirzepatide referrals and develop plan to ensure all referrals are made by March 26.
- T2DR mitigation planned with NHSE regional leads, meeting with PCN and ICB to discuss resolution
- Implementation of Cardio Renal Metabolic model PDSA to move from single disease management to multimorbidity
- Implementation of LUCID as business as usual

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Use Of Resources (Finance M8)

System KPI Dashboard	YTD £m			M1-12 £m		
	Target	Actual	Rating	Target	FOT	Rating
System Delivery of planned deficit (gross of deficit support funding)	68.81	85.65		80.00	80.00	
System Revenue expenditure not to exceed income (net of deficit support funding)	2,385.70	2,413.69		5,185.03	5,185.03	
System Capital expenditure not to exceed allocations	52.50	37.11		105.21	104.59	
System Operates within Cash Reserves	19.03	58.26		38.96	38.96	
System CIP delivery	96.03	92.49		190.47	184.98	
CIP delivery as a % of FOT	50.42%	50.00%				
System Agency spend within ceiling	15.58	9.70		23.37	17.35	
System Bank spend within ceiling	39.58	62.08		59.37	75.36	
Provider total pay costs	989.70	993.54		1,465.89	1,468.11	

Finance

2025/26- System Delivery of planned deficit (gross of deficit support funding)

- 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.

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