

Meeting title:	Trust Board Public Trust Board Paper E1					
Date of the meeting:	14 August 2025					
Title:	UHL Oversight Framework Metrics					
Report presented by:	Sarah Taylor, Deputy Chief Operating Officer					
Report written by:	Kully Kaur, Assistant Director of Business Intelligence and Information					
Action – this paper is for:	Decision/Approval		Assurance		Update	X
Where this report has been discussed previously						

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes, please refer to BAF

Impact assessment
UHL oversight framework metrics supports the Trust Executive and Trust Board to have a mechanism reviewing performance.

Acronyms used: UHL – University Hospitals of Leicester. NHS – National Health Service. RTT – Referral To Treatment
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Purpose of the Report

To provide UHL with an update on the metrics included in the oversight framework and outline the reporting approach to support ongoing oversight and assurance.

Recommendation

The Trust Board is asked to:

- Note the new metrics that will be reported on a monthly basis as part of the Oversight Framework
- Note the annual metrics for surveys that will be incorporated once we have the data

1.0 Introduction

Following the publication of the NHS Oversight Framework, which was released on 24th June 2025, this report provides a summary of the relevant metrics as set out in Annex A that apply to UHL.

This summary outlines which metrics are included in the Integrated Performance Report (IPR) and identifies those are new or pending due to data availability.

2.0 Annex A Metrics

The table below outlines the metrics from the Oversight Framework Annex A that are applicable to UHL. For the metrics that we have in the IPR these have been included, there are two new metrics that were not reported in the IPR these are:

- E coli per 100,000 bed days
- 30 day readmission rate

Metric	Organisations to which the metric relates	Reported in IPR	Oversight Framework/ Comment
Percentage of patients waiting less than 18 weeks (absolute performance and performance compared to plan)	Acute trusts	Responsive elective care	Referral To Treatment (RTT) 18 wk performance
Percentage of patients waiting over 52 weeks	Acute trusts	Responsive elective care	Referral To Treatment (RTT) 52+ weeks as a % of total incompletes
Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks	Acute trusts	Responsive cancer	28 days Faster Diagnosis standard
Percentage of patients treated for cancer within 62 days of referral	Acute trusts	Responsive cancer	Cancer 62 day combined
Percentage of emergency department attendances admitted, transferred or discharged within 4 hours	Acute trusts	Responsive Emergency Care	Emergency Department 4 hour waits UHL
Percentage of emergency department attendances spending over 12 hours in the department	Acute trusts	Responsive Emergency Care	% of 12 hour waits in the Emergency Department
Summary Hospital Level Mortality Indicator	Acute trusts	Effective	Published Summary Hospital level Mortality Indicator (SHMI)
Percentage of people waiting over 6 weeks for a diagnostic procedure or test	Acute trusts	Responsive Elective Care	6 weeks diagnostic test waiting times
Readmission rate band	Acute trusts	Not reported in IPR	New: 30 day readmission rate
CQC inpatient survey satisfaction rate	Acute trusts	Not reported in IPR	Confirming data source – annual survey

Metric	Organisations to which the metric relates	Reported in IPR	Oversight Framework/ Comment
National maternity survey score	Acute trusts	Not reported in IPR	Confirming data source – annual survey
NHS Staff Survey - raising concerns sub-score	Acute trusts	Not reported in IPR	Confirming data source – annual survey
CQC safe inspection score (if awarded within the preceding 2 years)	Acute trusts	Not reported in IPR	Confirming data source – annual survey
Rates of Healthcare Associated Infection (MRSA, C-Difficile and E-Coli)	Acute trusts	Safe Safe Not reported in IPR	Methicillin Resistant Staphylococcus Aureus Clostridium Difficile per 100,000 bed days New: E-coli per 100,000 bed days
Percentage of inpatients acquiring a new pressure ulcer	Acute trusts	Safe	Hospital Acquired Pressure Ulcers – All categories per 1000 bed days
Sickness absence rate	Acute trusts	Well Led	% Sickness Absence
NHS staff survey engagement theme score	Acute trusts	Not reported in IPR	Confirming data source – annual survey
National Education and Training Survey overall satisfaction score	Acute trusts	Not reported in IPR	Confirming data source – biannual survey
Implied productivity level	Acute trusts	Not reported in IPR	Metric to be defined
Under 18s elective waiting list growth	Acute trusts	Not reported in IPR	Confirming data source

3.0 **Next Steps**

We are currently working with the relevant teams and data owners to source the outstanding metrics. We will include these metrics in the October 2025 report, subject to data availability.

UHL Oversight Framework Metrics

June 2025

Oversight Framework

Key Performance Indicator	Target	Apr-25	May-25	Jun-25	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Clostridium Difficile per 100,000 Bed Days	167 Cases	6.7	13.0	22.3	14.7				Mar-24	Local	Chief Nurse and Medical Director
Methicillin Resistant Staphylococcus Aureus	0	3	1	0	4				Mar-24	Local	Chief Nurse and Medical Director
E-Coli per 100,000 Bed Days		11.2	10.8	26.8	16.2				TBC	No Target	Chief Nurse and Medical Director
Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.7	1.8	1.6	1.7	1.7				Jun-21	Local	Chief Nurse and Medical Director
Sickness Absence	3%	4.7%	4.6%		4.6%				Mar-25	Local	Chief People Officer
30 Day Readmission Rate		8.8%	9.7%		9.3%				TBC	No Target	TBC
Published Summary Hospital-level Mortality Indicator (SHMI)	100	100			100 (Jan 24 to Dec 24)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
Emergency Department 4 hour waits UHL	61%	59.7%	61.5%	60.8%	60.7%				Mar-23	National	Chief Operating Officer
% of 12 hour waits in the Emergency Department	10.3%	10.1%	9.0%	9.0%	9.5%				Mar-23	National	Chief Operating Officer
Referral to Treatment (RTT) 18 wk performance	62.3%	56.0%	57.0%	56.6%					TBC	Local	Chief Operating Officer
Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes	0.9%	2.0%	2.0%	2.4%					TBC	Local	Chief Operating Officer
6 Week Diagnostic Test Waiting Times	5%	18.7%	20.7%	22.7%					Jul-23	National	Chief Operating Officer
28 Day Faster Diagnosis Standard	80%	79.4%	77.7%		78.6%				May-24	National	Chief Operating Officer
Cancer 62 Day Combined	70%	66.8%	58.0%		62.5%				May-24	Local	Chief Operating Officer
Trust level control level performance	£-6m	-£1.4m	-£5.8m	-£1.6m	-£8.8m				Jun-22		Chief Financial Officer
Capital expenditure against plan	£14m	£1.4m	£0.7m	£2.9m	£5m				Jun-22		Chief Financial Officer

Oversight Framework

Key Performance Indicator	
CQC inpatient survey satisfaction rate	Data TBC
National maternity survey score	Data TBC
NHS Staff Survey - raising concerns sub-score	Data TBC
NHS staff survey engagement theme score	Data TBC
National Education and Training Survey overall satisfaction score	Data TBC
CQC safe inspection score (if awarded within the preceding 2 years)	Data TBC
Implied productivity level	Data TBC
Under 18s elective waiting list growth	Data TBC

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