UHL/UHN Boards in Common Paper E2

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	9 April 2026					
Title:	2.3.1 Integrated Performance Report and Executive Summary (Paper E2)					
Report presented by:	Richard Mitchell, Group Chief Executive Officer					
Report written by:	Sarah Taylor, Deputy COO Emergency Care and Kully Kaur, Assistant Director of BI and Information					
Action – this paper is for:	Decision/Approval		UHL Assurance	x	Update	
Which Group Priorities does this link to	Transform patient care	x	Strengthen our culture	x	Deliver our financial plan	x
Where this report has been discussed previously	Board Committees, March 2026					

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
N/A (assurance report)

Purpose of the Report

This report complements the full Integrated Performance Report (IPR) and the exception reports within that which are triggered automatically when identified thresholds are met. The exception reports contain the full detail of recovery actions and trajectories where applicable.

The executive summary is split into three parts

1. Pathways updates for Urgent and Emergency Care, Elective, Cancer, and Maternity
2. Updates on Quality, Finance and Workforce
3. Update on transformation and productivity

Recommendation

The full IPR, encompassing all exception reports will be created for public access. A streamlined version of this report will be provided to the Board for the purpose of oversight after confirmation from Exec leads.

Any forthcoming changes to the IPR can be integrated using the change control process.

There have been discussions on presenting pathway analysis to Board to highlight the dependencies across metrics to deliver the pathway, this approach will be piloted with the emergency care pathway.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS
9 APRIL 2026

Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: FEBRUARY 2026

Arrow Indication indicates the direction of performance. Colour is a subjective assessment of performance against standards and expectations

Urgent & Emergency Care **Updates on** **Flow in** **Flow through** **Flow out** 	February 2026 saw an increase of 567 Emergency Department attendances to plan with a year-to-date overperformance of 4497 attendances. Paediatric ED saw an increase of 151 attendances compared to January 2025 year to date though they are under by 1422 thereby overall increase in the adult department. Eye Casualty in February 2026 has seen a year-to-date overperformance of 730 attendances. 4-hour performance in February achieved the trajectory of 59.43% with a performance of 63.07% (UHL only). Focus for March (March Sprint) is to improve performance by 4% on trajectory. LRI monthly ambulance handovers improvement has continued with the implementation of Release to Respond seeing a significant reduction in lost hours pre handover. We had 0 extended delays on ambulances. In February 2026, LRI monthly ambulance handovers over 60 minutes decreased to 10.0% (503 out of 5,013 handovers) compared to January 2026 when LRI was 16.8% (919 out of 5,488 handovers). The 12-hour performance (total time in dept) was 9.23% achieving trajectory of 9.37%. Emergency admissions were over plan by 306 admissions, year to date is 6041 admissions over plan. Actions for improvement – Achievements in February • Continuing to embed Release to Respond and 24hr in the Emergency Department SOP – resulting in significant improvement in Ambulance handovers. • Increased the number Same Day Emergency Care services – over performance against trajectory. • Develop our direct access pathways for our GP and Ambulance colleagues

	• Ongoing Implement the Trust's Winter plan including super surge actions • Increase the call volume through clinical bed bureau - achieved. • Ward improvement programme across Specialist medical wards due to complete in February – next steps are to develop a roll out plan and Length of Stay reduction programme. • Discharge improvement programme to improve flow through our hospitals.
Elective Care **Referrals and Outpatient performance** **Elective activity** **Pathway Improvements** 	Elective Care performance remains significantly challenged, especially regarding waiting list volumes, RTT (Referral to Treatment) standards, and patients experiencing long waits (65 and 52 weeks). At the end of February 26, there were 103 patients waiting 65 weeks. The forecast for March is currently 56 patients. MSS specialties represent 73% of potential breaches, with Orthopaedic Surgery alone accounting for 46%. There has been modest progress in reducing the proportion of 52-week waiters, now at 2.1% of the total PTL (Patient Tracking List) size, with expectations to reach 2% by the end of March. This improvement is supported by additional activity from the CMGs elective recovery plan and further efforts funded through accelerator/sprint initiatives. Multiple strategies are being implemented to address prolonged waits and enhance performance against the 18-week standard, including: • Superclinics • Increased use of insourcing • Elective sprint measures expected to deliver a further 750 clock stops by the end of March and a further 300 patients to be sent for treatment in the Independent Sector. • Validation is currently focused on individuals projected to exceed 18 weeks RTT by the end of March, within the next three weeks. February 26 18-week performance was 55.7%, with a total waiting list size of 117,449. This now includes all records awaiting clinical triage and Clinical Genetics (different PAS). We expect overall RTT performance to improve to 57% by the end of March.
Cancer **Referrals** **2 week wait** **Faster Diagnosis Standard** **62-day referral to treatment** 	Referrals year to date have seen an increase of 3.8% compared to the previous year. Conversion rates year to date is 6.2% and is in line with the national average. As anticipated, January performance deteriorated from December, partly due to volume of patient choice to delay treatments until after Christmas. January FDS delivered 67.7% a 4.3% deterioration on December. Breast remains the main driver of variance due to the ongoing capacity gap, with other tumour sites on or ahead of plan. This remains a risk for the Trust and is reliant on additional capacity and insourcing. Whilst some improvement in Breast has been noted in the last two months, significant improvement is not expected until June as vacancies are filled. For 62-day performance there are several key challenges across multiple tumour sites. Constraints include increased demand, additional diagnostic tests and decision-making turnaround times (radiology, pathology and MDT sequencing), alongside waits to see an oncologist and surgical theatre capacity. The fragility of staffing levels, most prominent in breast radiology, pathology and ENT has

	increased the challenge alongside a reduced uptake of waiting list initiatives this year to mitigate these risks. 62-day performance in January saw a deterioration of 2.1% to 53.9%. 31-day performance met the same challenges mentioned above but improvements anticipated later in Q4 with wait times improving in radiotherapy and drug performance stable. Recovery actions with support from EMCA/NHSE continue, increasing capacity wherever possible. Focus continues to reduce overall pathways using evidence from audits with emphasis that each day matters. Overall average waits have reduced compared to the previous year, however this has not yet driven corresponding rise in performance due to the volume of patients still waiting beyond 62 days. To reduce variability and sustain improvements into 26/27, increased diagnostic capacity and MDT sequencing will be key.
Quality 	Quality exceptions highlight gram-negative bloodstream infections and hospital-acquired pressure ulcers remaining above target. Clear mitigation and governance arrangements are in place, including executive-led oversight, weekly pressure-harm review and targeted training programmes, with early indications of improved grip and consistency in practice. Complaints response times have improved in-month, supported by a CHUGGS process trial and strengthened monitoring, although year-to-date performance remains below target and continues to be impacted by service pressures, requiring sustained management focus.
Finance 	The YTD position for the Trust is a deficit of £41m which is £37.7m adverse to plan. The main drivers are loss of DSF funding £21.6mA, non delivery of CIP £16.2mA and pay pressures circa of £3mA. In month the Trust received an additional allocation of £2.5m for winter flow. Emergency/Non Elective inpatient activity continues to over-perform; at M11, the Trust has delivered 4.2% more activity which equates to £26m of income that won't be received due to the block arrangement however the cost of delivery will be in the Trust's non-pay. The forecast for the year remains at -£85m deficit excluding deficit support funding The Trust committed net capital expenditure of £53.1m to Month 11 resulting in an underspend of £6.2m against CDEL target of £59.5m. The cash position at the end of Month 11 was £40m, which is an increase of £27.8m from M10.
Workforce 	The overall Whole Time Equivalent (WTE) workforce in M11 was 18,360 which is 774 WTE above plan (a 4.40% variance) continuing a trend of being above plan since M7 driven mostly by continued high bank staff usage and substantive staff increase above the planned position. Agency staff usage reduced from previous month's usage by 3 WTEs and remains favourably below plan by 2.44% and spend is 0.44% which is below the NHS KPI for agency spend of 3.20%. Bank staffing has increased compared to previous month with usage at 571 WTE above plan, equating to 147.24% over the planned position. Bank usage is mostly high in ESM, particularly for N41 Emergency Nursing, Y06 Preston Lodge, and N82 Ward 19 LGH (Qualified Nurses & Unqualified Nursing Support staff), as well as in E&F for Cleaning, Catering, Portering and Security staffing.

	Usage is also high within W&C for Nurse Qualified & Nurse Unqualified staff (notably within the Delivery Suite at LRI). Bank spend is recorded at 6.41% (of the total paybill) which is below the national KPI spend cap of 8%. Contracted Substantive staff was recorded at 17,373 WTE which is 1.19% (203 WTE) above the plan. The projected year end position for Contracted substantive staff (March'26 outturn) is 17,350 WTE which will be 359 WTEs above the planned position of 16,991 representing a 2.11% variance to plan. Workforce turnover has increased in February 7.2% to 7.6% and remains within the 10% target. Registered Nursing and Midwifery vacancies are reducing with the appointment of newly qualified staff. Through recent HCSW appointments, vacancies have reduced to 3.3 against the 5% target. On 12 February 2026, the Trust Board approved the annual nursing and midwifery establishment review, which will see a reduction in HCSW posts by 72.57 WTE and increase in registered posts by 50.84 WTE. All nursing roles now comply with the general nursing agency price cap. A key area is focus is the reduction of bank rates aligned to local benchmarking and consultation with trade unions, bank workers and key stakeholders. From 1 March following consultation, we are paying the rate for the shift, and from 1 April the rates will include WTD (working time directive annual leave), with some exceptions for lower grades to ensure their pay does not reduce below the national minimum wage. Nationally all medical posts are above the agency price cap. NHSE have acknowledged the West Midlands medical agency rate card as an acceptable interim rate cap for Trusts to apply, which UHL has implemented since June 2025 for all new medical agency bookings without exception. There remain long line workers who remain over the price cap, but these are acknowledged to be in specialist fragile services with plans to reach the price cap by April 2026. We are over price cap with some AHP specialist roles in Sonography, Radiography and Cardiac Physiotherapists, but across the region we have the lowest rates. Statutory and Mandatory training remains stable at 94% against the target of 95% Appraisal performance has seen a 0.5% decrease to 83.1% against the 95% target. The focus remains on both improving performance and the quality of appraisals and acknowledge this has been challenging with operational demands over winter. Sickness absence is reported a month in arrears, and we have seen a 0.07% reduction in January. Over the last 12 months, the CMG's with the highest levels of absence are E&F (6.08%), W&C (5.72%) and ITAPS (5.15%). A key area of focus over winter has been the flu vaccination programme to

	protect our patients, colleagues and families. Absences related to cough / cold / flu have reduced by 4.34% from December levels. One of the key priorities in the NHS 10-year plan is to shift from sickness to prevention. A UHL working group has been established to take this forward for our workforce, along with plans to achieve the national 4.1% target. Workforce performance is reviewed through CMG Performance Review meetings, CMG Boards, Senior Leadership Teams, and Specialty Reviews. An amber rating remains in place.
Tranformation & Productivity **Key Overview** **e.g Urgent and Emergency Care, Elective, digital, Estates etc**	**Theatres** • In February, overall theatre utilisation was 81.9%, with the year-to-date average stable at 81.5%. Trust performance remains rated Green (Quartile 4) nationally and regionally. For the week ending 22 February 2026, utilisation reached 84.8%, outperforming both the peer median (79.1%) and national average (80%). • Late starts have improved from 30.6% to 19.0% (Feb 2025–Feb 2026). Further improvement is expected as the Trust embeds consistent 08:20 theatre walk-rounds to enable early identification and escalation of operational issues, alongside reinforced use of the ORMIS free-text field to capture accurate causes for delay. • Cancellations remained static at 8.9% in February, primarily driven by DNAs (51 cases), patients' self-declaring unfit (49 cases), and procedural-complexity-related overruns (49 cases). Weekly performance meetings will resume in April to strengthen specialty-level ownership and reduce on-the-day cancellations. • Model Hospital reports BADS performance of 75.4% for November 2026. By comparison, UHL internal theatre-based data shows January day-case performance of 76%. The variance is linked to ongoing data-quality issues, particularly incorrect INTMANIG (intended management) coding, which prevents some specialties from selecting the correct management at listing. A Neurons request has been raised to address this. Before system go-live, performance was 84% and improving, indicating that current reductions are largely data-quality-related rather than operational. **<u>Outpatients</u>** • **Patient Initiated Follow-Up (PIFU):** Patient Initiated Follow Up (PIFU) performance decreased in February to 5.2%, bringing the year to date average to 5.3%. This remains above the national target of 5% but is below the local target of 5.5%. Work is now underway to re set targets against national benchmarks and to continue working with clinical teams to identify additional pathways where PIFU can be safely and appropriately implemented

	• The DNA rate decreased from 6.3% to 6.1% in February, with a year to date position of 6.2%, DNAs continue to be a key area of focus due to their impact on patient access, clinic efficiency, and waiting times. A range of interventions is underway to improve performance, including strengthening patient communications, enhancing reminder processes, and targeting support for patient groups experiencing greater barriers to attendance. Sustained focus and ongoing monitoring will be required to bring DNA rates back within target. • **Appointment Reminders:** A revised Accurx reminder schedule sending reminders at 14, 7 and 3 or 1 days before appointments is technically ready but on hold due to dependencies with the Ambient Scribe rollout. Once resolved, implementation will be prioritised, as the enhanced reminders are expected to help reduce DNAs and improve attendance. The increased fragment limits will also allow more tailored messaging to patients. **UEC** • 5718 monthly SDEC attendance delivered in February (18% above monthly target) Meeting trajectory target to hit yearly target of 11% increase. • 2521 calls received to Clinical Bed Bureau (CBB) which is 14 % above target compared to average calls per month previous year. • Ambulance handover times decreased from 39 minutes in January to 30 in February. A 51% improvement from February 2025. • .GIRFT 24H red line performance improved by 0.6% previous month. Sitting at 1.4% of patients breaching. • GP to Fracture Clinic Pathway Trial agreed to prevent patient waiting i ED – to begin March

Supporting documentation

The Integrated performance report contains further detail including exception reports of indicators which are not currently achieving targets.

The key changes to the IPR are:

- Removed executive highlight report this will be covered in the front sheet
- Removed highlight reports from metric pages
- Updated metrics to reflect changes requested
- Added in activity position (page 15)
- Highlight reports removed 3 month forecasting
- Highlight reports will only be required for those off track
- Removed explanation of SPC charts at the end

In the IPR there is a combination of national and locally agreed targets. For the locally agreed targets we will document the rationale for future reference.

The following metrics are part of the National KPIs that we do not report in the IPR. We are in the process of seeking clarification from Exec leads regarding where these metrics are reported or if there is a need to incorporate them within the IPR.

No.	NHS Oversight Framework national mandated KPIs
1	Proportion of patients discharged from hospital to their usual place of residence
2	Available virtual ward capacity per 100k head of population
3	National Patient Safety Alerts not completed by deadline
4	Potential under-reporting of patient safety incidents
5	Overall CQC rating
6	Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities
7	Proportion of acute or maternity inpatient settings offering smoking cessation services
8	Proportion of patients who have a first consultation in a post-covid service within six weeks of referral
9	Proportion of people over 65 receiving a seasonal flu vaccination
10	Acting to improve safety - safety culture theme in the NHS staff survey
11	CQC well-led rating
12	Aggregate score for NHS staff survey questions that measure perception of leadership culture
13	Staff survey engagement theme score
14	Staff survey bullying and harassment score
15	Proportion of staff in senior leadership roles who are from a) a BME background or b) are women

UHL Oversight Framework Metrics

February 2026

Oversight Framework

Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Clostridium Difficile per 100,000 Bed Days	167 Cases	11.6	13.6	19.3	14.4	?	L		Mar-24	Local	Chief Nurse and Medical Director
Methicillin Resistant Staphylococcus Aureus	0	0	0	1	7	?			Mar-24	Local	Chief Nurse and Medical Director
E-Coli per 100,000 Bed Days		9.7	13.6		15.1				TBC	No Target	Chief Nurse and Medical Director
Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.7	1.8	2.0	2.1	1.8	?			Jun-21	Local	Chief Nurse and Medical Director
Sickness Absence	3%	5.2%	5.2%		5.0%	F			Mar-25	Local	Chief People Officer
30 Day Readmission Rate		10.8%	11.2%		10.6%		H		TBC	No Target	TBC
Published Summary Hospital-level Mortality Indicator (SHMI)	100				99 (Jul 24 to Jun 25)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
Emergency Department 4 hour waits UHL *	61%	65.7%	61.8%	63.0%	62.5%	?	H		Mar-23	National	Chief Operating Officer
% of 12 hour waits in the Emergency Department	10.3%	7.0%	11.6%	9.2%	9.4%	?			Mar-23	National	Chief Operating Officer
Referral to Treatment (RTT) 18 wk performance *	62.3%	52.0%	51.7%	55.7%		F			TBC	Local	Chief Operating Officer
Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes *	0.9%	2.6%	2.6%	2.1%		F	L		TBC	Local	Chief Operating Officer
6 Week Diagnostic Test Waiting Times *	5%	17.7%	21.8%	14.3%		F			Jul-23	National	Chief Operating Officer
28 Day Faster Diagnosis Standard *	80%	72.0%	67.7%		71.0%	?	L		May-24	National	Chief Operating Officer
Cancer 62 Day Combined *	70%	56.0%	53.9%		54.8%	F	L		May-24	Local	Chief Operating Officer
Trust level control level performance	-£3.3m	-£7.5m	-£6.7m	-£1.9m	-£41m				Jun-22		Chief Financial Officer
Capital expenditure against plan	£59.5m	£7.3m	£7.8m	£8.3m	£53.1m				Jun-22		Chief Financial Officer

*Please note the indicators marked with * are RAG rated based on monthly plan trajectories (see slide 15 of the Integrated Performance Report for more details).*

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

We are currently working with the relevant teams and data owners to source the outstanding metrics.

Integrated Performance Report

February 2026

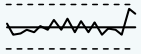
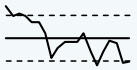
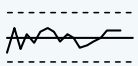
Contents

- Performance Overview
- Exception Reports
- Finance
- Appendix - Data Quality Assessment

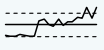
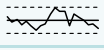
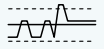
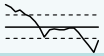
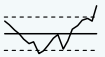
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	1	0	0	4				Nov-22	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	167 Cases	11.6	13.6	19.3	14.4		L		Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus	0	0	0	1	7				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus	40	7	3	7	48				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.0	3.7	3.4		3.1	P			Aug-22	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls per 1,000 bed days	0.19	0.05	0.07		0.09				Aug-22	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.7	1.8	2.0	2.1	1.8				Jun-21	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	98.3%	98.0%		98.0%	P			Oct-21	National	Chief Nurse and Medical Director
	Number of Patient Safety Incident Investigations (PSIIs) commissioned		2	1	0	14	Awating more data for assurance and variance			Nov-24	No Target	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2484	2567	2348	26788				Nov-24	No Target	Chief Nurse and Medical Director
	Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		18.7	18.3	17.8	18.5				Nov-24	No Target	Chief Nurse and Medical Director

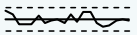
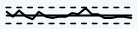
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		4	43	36	199				Jul-22	No Target	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive	95%	96%	95%	95%	96%	?	L		Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive	81%	87%	86%	88%	84%	?			Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	90%	55%	82%		55%	?			Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	90%	95%			78%	?	H		Jul-23	Local	Chief Nurse and Medical Director

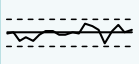
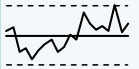
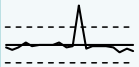
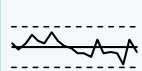
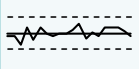
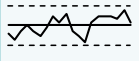
Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	7.6%	7.2%	7.6%		P	H		Aug-22	Local	Chief People Officer
	Sickness Absence	3%	5.2%	5.2%		5.0%	F			Mar-25	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	83.5%	83.6%	83.1%		F			Mar-25	Local	Chief People Officer
	Statutory and Mandatory Training	95%	94%	94%	94%		F	H		Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	4.5%	4.7%	5.3%		?			Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	5.8%	3.7%	7.1%		?	L		Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	3.5%	0.0%	-4.4%		?	L		Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	5%	16.9%	18.3%	9.0%		F	L		Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	5.1%	4.1%	9.4%		P	H		Dec-23	Local	Chief People Officer
	% Bank spend of Pay Bill	8%	6.7%	6.6%	6.4%		P	H		TBC	National	Chief People Officer
	% Agency spend of Pay Bill	3.2%	0.4%	0.4%	0.4%		P	L		TBC	National	Chief People Officer
	Agency Off Framework activity- No. of shifts	0	0	0	0		Awating more data for assurance and variance			May-25	National	Chief People Officer
	Non Clinical Agency- No. of Staff	0	3	2	2		Awating more data for assurance and variance			May-25	National	Chief People Officer
	Agency Staff above Price cap	0	26	18	20		Awating more data for assurance and variance			May-25	National	Chief People Officer
	Agency shifts above £100/hr but not signed off by Chief Exec	0	0	0	0		Awating more data for assurance and variance			May-25	National	Chief People Officer
	Agency Shifts below £100/hr and is 50% above published price cap But not signed off by Chief Exec	0	0	0	0		Awating more data for assurance and variance			May-25	National	Chief People Officer
	Bank shifts above £100/hr but not signed off by Chief Exec	0	0	0	0		Awating more data for assurance and variance			TBC	National	Chief People Officer

Performance Overview (Effective)

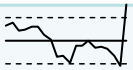
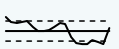
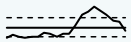
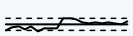
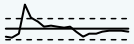
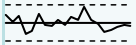
Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100				99 (Jul 24 to Jun 25)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100				102 (Sep 24 to Aug 25)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		1.0%	1.1%	0.8%	0.9%				May-21	No Target	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	8.9%	9.0%	8.9%	8.9%				Feb-24	Local	Director of Health Equality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	5.5%	5.5%	5.4%	5.6%				Feb-24	Local	Director of Health Equality and Inclusion

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	78.9%	76.4%	77.0%	76.7%	?			Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	61%	65.7%	61.8%	63.0%	62.5%	?	H		Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	6.5	7.3	6.9	8.4	P	L		Nov-24	National	Chief Operating Officer
	% 12 hour trolley waits in Emergency Department (DTA)	10.3%	2.4%	4.5%	3.5%	3.3%	P			Mar-23	National	Chief Operating Officer
	% of 12 hour waits in the Emergency Department	10.3%	7.0%	11.6%	9.2%	9.4%	?			Mar-23	National	Chief Operating Officer
	Average Clinical Handover time for ambulance handovers (Minutes)	30	27	39	30	41	?			Data sourced externally	Local	Chief Operating Officer
	Non Elective Average Length of Stay	7.2	7.0	7.2	7.7	7.3	?			Aug-25	Local	Chief Operating Officer
	% of Patients Discharged on Discharge Ready Date	88.3%	88.9%	88.4%	87.9%	88.4%	?			Aug-25	Local	Chief Operating Officer
	Average Delay (Post Discharge Ready Date)	3.8	4.3	4.6	4.2	4.2	?	H		Aug-25	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	89.8%	93.4%	91.5%		?			Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	10%	18.1%	19.8%	19.6%		F	H		Apr-23	Local	Chief Operating Officer

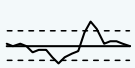
Please note the in month RAG ratings are based on trajectories for some of the indicators (see slide 15).

Performance Overview (Responsive Elective Care)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	105,500	107,775	105,825	117,449		F	H		Jun-23	Local	Chief Operating Officer
	Referral to Treatment (RTT) 18 wk performance	62.3%	52.0%	51.7%	55.7%		F			TBC	Local	Chief Operating Officer
	Referral to Treatment (RTT) – First Attendance - % waiting less than 18 weeks	68.1%	60.4%	60.9%	61.6%		Awating more data for assurance and variance			TBC	Local	Chief Operating Officer
	Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes	0.9%	2.6%	2.6%	2.1%		F	L		TBC	Local	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	5%	17.7%	21.8%	14.3%		F			Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	80.9%	80.0%	81.9%	81.5%	F			Dec-23	National	Chief Operating Officer
	Patient Initiated Follow Up	5.5%	5.4%	5.5%	5.2%	5.3%	?	L		Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	6.0%	6.1%	6.1%	6.2%	F	L		Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	27.9%	27.7%	26.2%	27.7%	P	L		Apr-23	National	Chief Operating Officer

Please note the in month RAG ratings are based on trajectories for some of the indicators (see slide 15).

Performance Overview (Responsive Cancer)

Domain	Key Performance Indicator	Target	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	80%	72.0%	67.7%		71.0%	?	L		May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	84.9%	78.1%		76.5%	F			May-24	National	Chief Operating Officer
	62 Day Backlog Combined	152	452	434	414		F			Dec-24	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	56.0%	53.9%		54.8%	F	L		May-24	Local	Chief Operating Officer

Please note the in month RAG ratings are based on trajectories for some of the indicators (see slide 15).

Performance Overview (Finance)

Domain	Key Performance Indicator	Target YTD	Dec-25	Jan-26	Feb-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£3.3m	-£7.5m	-£6.7m	-£1.9m	-£41m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£59.5m	£7.3m	£7.8m	£8.3m	£53.1m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£78.8m	£4.4m	£7.2m	£7.4	£62.6m				Dec-23	Chief Financial Officer
	Cashflow	No Target	-£30.5m	£5m	£27.8m	£40m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£13.8m	£13.8m	£14.1m					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	98%	96%	94%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	95%	91%	88%					Feb-24	Chief Financial Officer

Performance Overview (Activity)

Domain	Activity Type	Plan 25/26	Plan in Month (M11)	Activity In Month (M11)	Variance In Month (M11)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	270,077	21,310	25,557	4,247	246,842	251,250	4,408	3,864
	Follow Up Outpatients (inc. NFTF)	601,725	47,759	46,235	-1,524	550,559	490,785	-59,774	-64,213
	Outpatient Procedures	220,367	17,326	19,649	2,323	201,817	193,872	-7,945	50,166
	Daycase	137,582	10,701	9,706	-995	126,434	107,276	-19,158	7,852
	Inpatient	22,053	1,713	2,118	405	20,153	22,307	2,154	4,202
	Emergency	114,624	9,486	9,791	305	104,615	108,542	3,927	17,893
	Non Elective	22,843	1,751	2,705	954	20,905	22,225	1,320	1,915
	Emergency Department (inc. Eye Casualty)	282,655	22,065	22,922	858	258,400	263,704	5,304	26,238
	Diagnostic Imaging (inc. Direct Access)	398,465	32,836	32,283	-553	364,667	358,540	-6,126	206,760
	Other	11,473,688	938,520	964,914	26,394	10,530,846	10,965,455	434,609	2,930,393
	TOTAL	13,544,079	1,103,466	1,135,881	32,415	12,425,237	12,783,956	358,719	3,185,070

**Source Early Cut and Forecasting File*

The DM01 plan for imaging activity for M10 was 639 below plan in month (27,810 vs 27,171) and was 17,783 below plan YTD (277,955 vs 260,172).

Performance Overview (Productivity Dashboard)

	Productivity Dashboard v4.0 - UHL Trustwide	2025/2026 Actuals													Assurance				Comments/Narrative
	Metric (Refer to metadata for definitions, derivations, data source and SPC variation/assurance detail)	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD	Variation	Assurance	25/26 Target	19/20 Baseline	To provide high level commentary on issues driving performance improvment, deterioration or against in month or YTD targets.
£	Finance: CpWAU	4,027	3,945	4,076	3,989	4,010	3,935	4,021	3,923	**3,753**				3,964			-	*4,250*	Dec 25 latest available.
Ops & Clinical Productivity	Ops: Avg LoS for Elective Inpatients (nights)	3.26	3.06	3.11	3.50	3.31	2.98	3.08	3.12	3.25	3.02	**3.24**		3.18			-	*3.37*	
	Ops: Avg LoS for emergency admissions	3.74	3.62	3.47	3.41	3.64	3.38	3.53	3.31	3.48	3.48	**3.57**		3.51			-	*3.85*	Emergency LoS has reduced compared to last year 3.74 representing an overall improvement. A trust wide LoS improvement plan is in development in discussion with the CMG's.
	Ops: Bed occupancy	86.9%	85.4%	86.5%	89.3%	85.1%	87.4%	92.8%	87.4%	88.9%	93.4%	**91.5%**		88.6%			-	~	
	Ops: Do not meet Criteria to Reside (avg pts per day)	469	431	444	436	480	481	476	471	477	511	**506**		471			-	~	
Theatres	Theatres: Capped Utilisation	83.5%	83.4%	83.3%	81.0%	81.5%	81.3%	80.8%	81.3%	80.9%	80.0%	**81.9%**		81.7%			**85.0%**	*68.1%*	Capped theatre utilisation remains below the 85% target however has shown improvement from the previous month with a marginal improvement in ACPL. On the day cancellations (OTDC) remain elevated, although better than the previous two months. Reducing OTDC needs to continue to be a key focus. **Assessment: Theatre performance in February is constrained and fragile, with cancellations and bed pressures continuing to limit utilisation and throughput.**
	Theatres: ACPL	2.01	2.04	2.00	2.02	2.01	2.00	2.00	1.92	1.94	1.89	**1.96**		1.98			-	*2.06*	
	% Theatre Sessions Utilised																		
	Theatres: OTDC	9.1%	7.9%	7.8%	7.9%	8.1%	8.3%	8.2%	8.5%	9.0%	9.6%	**8.3%**		8.4%			5.0%	8.5%	
	Diagnostics (Endoscopy): APPL	8.00	8.10	7.10	7.40	7.50	8.80	8.50	7.80	7.30	7.70	**7.90**		7.83			10.50	~	Endoscopy APPL remains well below target, with no significant improvement evident in February.
Outpatients	Outpatients: Clinic Utilisation	89.9%	90.3%	89.6%	88.4%	93.0%	93.1%	93.1%	94.5%	92.9%	94.2%	**94.2%**		92.1%			**95.0%**	*90.9%*	Clinic utilisation remains strong in February, exceeding 94% and continuing upward trajectory. DNA rates remain broadly stable, above target but not worsening. PIFU performance remains around target, sustaining improvements achieved earlier in the year. Follow ups without procedure remain lower than early year levels, supporting outpatient transformation objectives. **Assessment: Outpatients continue to be the strongest area of performance, with sustained high utilisation and improved pathway efficiency.**
	Outpatients: DNA Rate	5.6%	5.9%	5.8%	6.3%	5.8%	5.7%	5.4%	6.0%	6.1%	6.3%	**6.1%**		5.9%			**5.0%**	*6.6%*	
	Outpatients: % PIFU	6.1%	6.2%	5.4%	4.5%	4.9%	4.9%	5.2%	5.5%	5.5%	5.6%	**5.3%**		5.4%			**5.5%**	~	
	Outpatient: % OPA Follow Up without procedure	54.7%	55.3%	56.3%	54.1%	53.2%	52.9%	52.1%	51.2%	51.2%	51.5%	**49.9%**		52.9%			53.4%	~	
	A&G: Specialist Advice Utilisation Rate																	~	
Diagnostics	Diagnostics: MRI Machine Productivity (Adjusted)	76.1%	76.4%	70.4%	70.1%	72.9%	70.4%	71.4%	68.9%	78.5%	72.2%	**69.8%**		72.5%			-	~	
	Diagnostics: MRI scans per hour	1.40	1.40	1.30	1.29	1.30	1.30	1.30	1.30	1.30	1.40	**1.40**		1.34			1.80	~	MRI productivity (adjusted) remains below target in February, with no sustained recovery from the mid year decline. MRI scans per hour remain static and significantly below the expected standard. Endoscopy actual utilisation remains below target despite high booked utilisation, indicating lost capacity on the day. CT productivity shows some improvement compared with earlier months but remains below target overall. CT scans per hour remain well below the required level. DNA rates remain low, confirming that capacity and flow, not attendance, are the main constraints. **Assessment: Diagnostics continue to represent a key limiting factor, with productivity below target and no clear step change evident in February.**
	Diagnostics: MRI DNA rate	3.4%	3.8%	3.4%	3.8%	4.1%	4.2%	3.9%	3.7%	4.1%	2.9%	**3.4%**		3.7%			3.0%	~	
	Diagnostics (Endoscopy): In session booked utilisation	94.1%	94.3%	89.1%	90.5%	90.4%	92.5%	95.6%	93.4%	86.4%	83.4%	**83.3%**		90.3%			95.0%	~	
	Diagnostics (Endoscopy): In session actual utilisation	86.9%	87.7%	81.6%	83.5%	80.3%	85.2%	86.0%	85.3%	79.1%	76.6%	**76.3%**		82.6%			85.0%	~	
	Diagnostics: CT Machine Productivity (Adjusted)	79.8%	86.8%	78.4%	77.5%	74.3%	78.2%	82.0%	72.2%	72.0%	79.1%	**90.4%**		79.2%			-	~	
	Diagnostics: CT scans per hour	2.19	2.39	2.20	2.13	2.00	2.10	2.30	2.00	2.10	2.30	**2.50**		2.20			3.30	~	
	Diagnostics: CT DNA rate	3.2%	3.0%	3.5%	3.0%	2.8%	2.7%	2.9%	2.6%	3.2%	1.8%	**2.8%**		2.9%			3.0%	~	

All SPC charts and variation/assurance icons use data from April 2023 (where available) to latest reported month. No recalculations are currently applied to any metrics.

University Hospitals Leicester

Performance Overview (Workforce Performance Overview)

Activity Type	WTE	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
Performance against the workforce plan (Contracted Substantive)	Planned in Month	17,650	17,646	17,653	17,663	17,641	17,528	17,483	17,438	17,393	17,215	17,170
	Actuals in Month	17,623	17,590	17,547	17,486	17,562	17,507	17,487	17,464	17,427	17,389	17,373
	Variance (Actual vs Plan)	-27	-56	-107	-178	-78	-20	5	27	34	174	203
	% Variance (Actual vs Plan)	-0.15%	-0.32%	-0.61%	-1.01%	-0.44%	-0.12%	0.03%	0.15%	0.20%	1.01%	1.19%

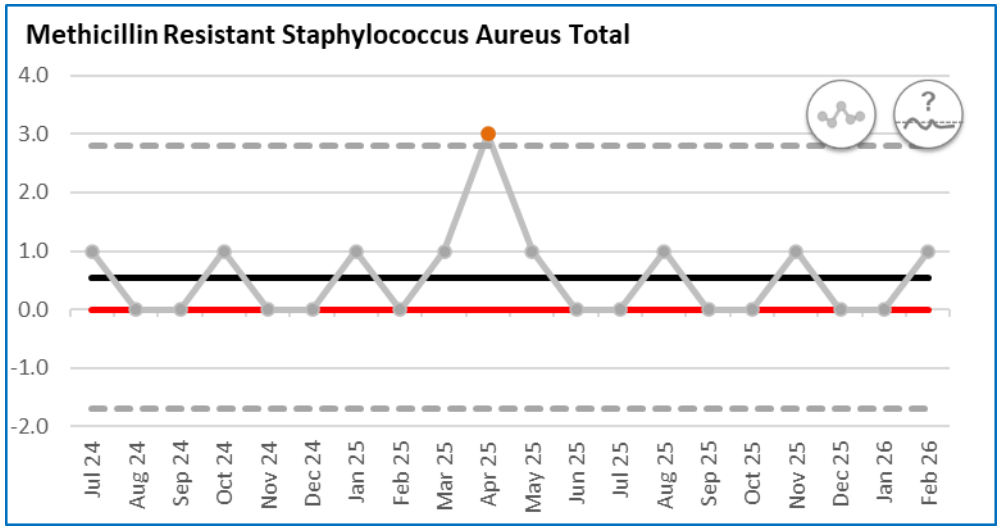
Planned data is from the NHSE submitted 25/26 workforce plan and the actuals are from a combination of the ESR and finance ledger figures.

Performance Overview (Monthly Trajectory Values)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Emergency Department 4 hour waits UHL	58.8%	58.9%	57.7%	58.9%	59.7%	59.2%	59.1%	58.3%	58.2%	58.1%	59.4%	59.6%
% 12 hour trolley waits in Emergency Department (DTA)	12.2%	11.6%	11.2%	11.0%	10.9%	10.6%	10.0%	9.5%	9.4%	9.5%	9.4%	8.8%
Average Clinical Handover time for ambulance handovers (Minutes)	41	31	37	35	33	41	41	45	40	49	32	28
Non Elective Average Length of Stay	7.3	7.2	6.8	7.3	7	7.2	7.1	7	7	7.4	7.4	7.4
% of Patients Discharged on Discharge Ready Date	89.5%	89.7%	89.0%	87.8%	87.8%	86.9%	88.4%	87.4%	88.9%	88.1%	87.8%	88.3%
Trust Bed Occupancy	91.0%	89.0%	89.0%	89.0%	88.0%	89.0%	91.0%	92.0%	90.0%	93.0%	93.0%	93.0%
Referral to Treatment Incompletes	108508	108040	112078	110980	109387	107643	106145	106099	106849	106537	106189	105500
Referral to Treatment (RTT) 18 wk performance	56.0%	56.5%	57.6%	57.0%	57.2%	58.1%	59.3%	59.7%	59.4%	60.2%	61.7%	62.3%
Referral to Treatment (RTT) – First Attendance - % waiting less than 18 weeks	59.00%	60.00%	61.50%	61.70%	62.50%	63.40%	64.40%	65.40%	64.90%	65.50%	67.40%	68.10%
Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes	1.8%	1.6%	1.4%	1.3%	1.3%	1.3%	1.2%	1.2%	1.1%	1.1%	1.0%	0.9%
6 Week Diagnostic Test Waiting Times	17.0%	16.0%	14.0%	13.0%	12.0%	11.0%	9.5%	8.0%	8.0%	7.0%	6.0%	5.0%
Patient Initiated Follow Up	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%	5.50%
28 Day Faster Diagnosis Standard	77.0%	77.0%	78.0%	78.0%	77.0%	77.0%	78.0%	78.0%	77.0%	77.0%	79.0%	80.0%
Cancer 31 Day Combined	74.6%	79.1%	77.6%	78.1%	79.5%	78.5%	83.0%	79.3%	80.9%	88.1%	90.0%	90.0%
Cancer 62 Day Combined	59.1%	60.1%	61.2%	62.1%	63.1%	64.1%	65.1%	66.2%	67.1%	60.0%	69.0%	70.1%

- Performance Overview
- Exception Reports
- Finance
- Appendix - Data Quality Assessment

Safe – Methicillin Resistant Staphylococcus Aureus

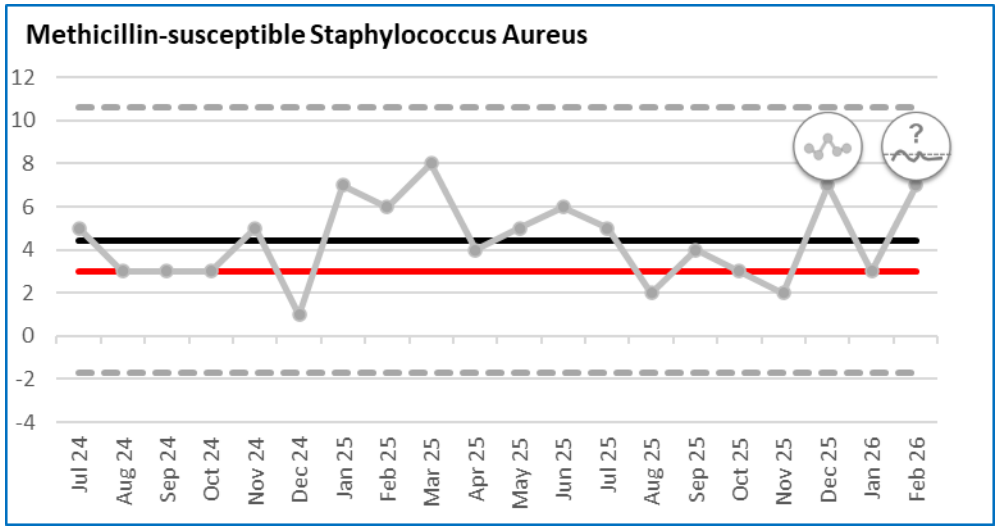


Current Performance		
Feb 25	YTD	Target
1	7	0

National Position & Overview			
	Feb 26	Total	
MSSA NHSE Threshold 25/26	0	0	
* Actual Infections (HOHA) 25/26	1	7	
* Actual Infections (COHA) 25/26	0	0	
*** Actual Infections Total (HOHA & COHA)** 25/26	1	7	
UHL 100,000 Bed Days (HOHA) 25/26	2.15	1.28	*YTD UKHSA Report
National Average	1.19		
National Highest	13.45		
National Lowest	0		

Root Cause	Actions	Impact/Timescale
• Initial review of Trust wide MRSA policy audit and adherence to practice indicated improvement in compliance with the MRSA policy is required. • This was the findings upon review of this case. • Please note this data refers to HOHA cases only, which are in the sphere of UHL review	• Revised IP PSIRF (Patient Safety Incident Response Framework) for HCAI, including MRSA bloodstream infections, has been developed and has been used for this case. • All CMG have completed an MRSA reduction plan and these will be reviewed and managed through TIPOG.	• MRSA reduction plan will be monitored through TIPOG during Q4

Safe – Methicillin-susceptible Staphylococcus Aureus

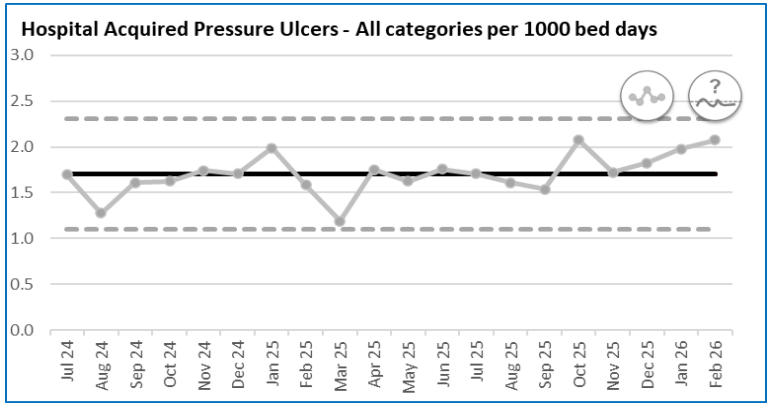


Current Performance		
Feb 26	YTD	Target
7	48	40

National Position & Overview			
	Feb 26	Total	
MSSA NHSE Threshold 25/26	4	40	
* Actual Infections (HOHA) 25/26	4	24	
* Actual Infections (COHA) 25/26	3	14	
*** Actual Infections Total (HOHA & COHA)** 25/26	7	38	
UHL 100,000 Bed Days (HOHA) 25/26	8.59	**5.59**	***YTD UKHSA Report**
National Average	10.66		
National Highest	78.33		
National Lowest	0		

Root Cause	Actions	Impact/Timescale
• No new emerging themes locally or Nationally. • UHL themes include: Issues with compliance of the PVAD and CVC management	• HCAI is scheduled as a routine agenda item at TIPOG • Monitoring of actions required following the PVAD/CVC audits will continue to be monitored through TIPOG • ANTT programme continues across UHL	• A full review of the MRSA policy and current UHL practise is underway and is being monitored through TIPOG

Safe - Hospital Acquired Pressure Ulcers - All categories per 1000 bed days



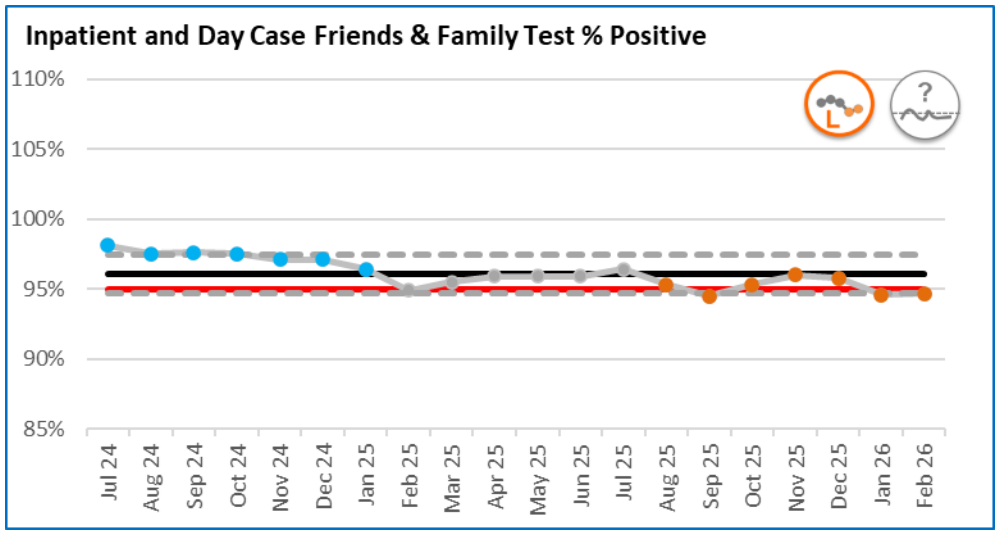
Current Performance		
Feb 26	YTD	Target
2.1	1.8	1.7

National Position & Overview

Currently there remains no national bench marking or reporting to provide comparative data, however the UHL position in February 2026 reflects 120 HAPUs in total numbers and 2.07 per 1000OBD. This includes x2 Category 4 and x2 Category 3 HAPUs.
This is an increase per 1000 OBD >2 which was last observed in October 2025.

Root Cause	Actions	Impact/Timescale
• Continued Increase in acuity and winter seasonal variability throughout the month of February 2026.	• Ongoing monitoring of HAPUs during weekly HAPU Validation Meeting, chaired by the Deputy Chief/ Assistant Chief Nurse and Tissue Viability Lead. With triangulation with LEAF Harms Data across Adult In patient areas.	• An additional 13 DTI's over the course of the month were successfully resolved, reflecting proactive intervention and effective management strategies. Ongoing monitoring.
• Acuity and compromised Skin Integrity on admission noted across the CMG Clinical Teams	• Weekly Complex Case review meetings continue with Pioneer.	• Ongoing weekly complex case reviews with shared learning for UHL and UHN
• Variability in staff adhering to Tissue Viability Care Plans.	• Bi-monthly categorisation training from Pioneer, TV team to begin delivery of additional in-house education programme throughout 2026/2027 - alongside Purpose T education package from April onwards.	• New training to commence in April
• Variability in staff knowledge in Categorisation and onward referral to the Tissue Viability Team.	• Deep Dive into Data Analysis of HAPUs by OBD per CMG to identify specifics	• CMG and ward based analysis availabel each month for clincial areas.
• Appropriate and prompt surface escalation.	• Purpose T Model completed within Nervecentre, awaiting confirmation of roll out date 29th April.	• Change to reduced timeframe for skin assessment already implemented. Roll out of PurposeT from April 29th.
	• Ongoing support from the Fundamentals of care programme, roll modelling best practice.	• Fundamentals of care continues to be rolled out across all CMG areas.
	• Non compliance with Care plans now being reported on Datix, to identify areas requiring improvement.	• Harm Free Care Matron and TV Teams providing QA walk arounds to provide additional support and bedside teaching.

Caring – Published Inpatients and Daycase Friends and Family Test - % positive



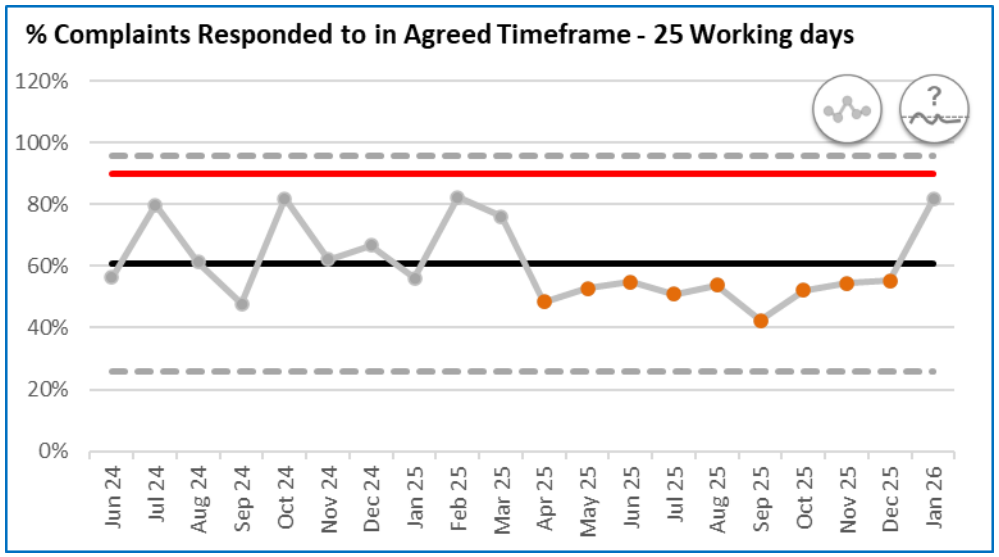
Current Performance		
Feb 26	YTD	Target
94.7%	95.5%	95%

National Position & Overview

National Inpatient % positive result in January 2026 (most recent available) was 94.4%. Trust Peer Group result for January 2026 was 94.9%.

Root Cause	Actions	Impact/Timescale
The reduction in the overall FFT positive score reflects a shift from paper to electronic collection. In November 2025, 60% of feedback was paper-based with a 96% positive score; by February 2026 this fell to 40%, following printing restrictions. Paper feedback remains higher (97%) than electronic (93%), so further decline is expected as electronic responses increase. Ongoing bed pressures may also have contributed to lower satisfaction.	• **CHUGGS:** New Endoscopy unit opened; booking and staffing models optimised to reduce cancellations; joint working with Children's services to improve paediatric experience. • **CSI:** Scanner relocation completed in response to patient feedback. • **EM:** Appointment system introduced in SDEC wards; renewed focus on care fundamentals. • **MSS:** Ward-round pilot underway to improve patient information and experience. • **RRCV:** Bathrooms and showers refurbished; care-fundamentals improvement programme rolling out across wards. • **SM:** Targeted ward-based projects, including LEAF pain-relief focus and dementia screening tool training.	Results will be reviewed again in March to assess trend sustainability. CMGs continue to monitor and report patient experience actions via PIPEEAC.

Caring – % Complaints Responded to in Agreed Timeframes



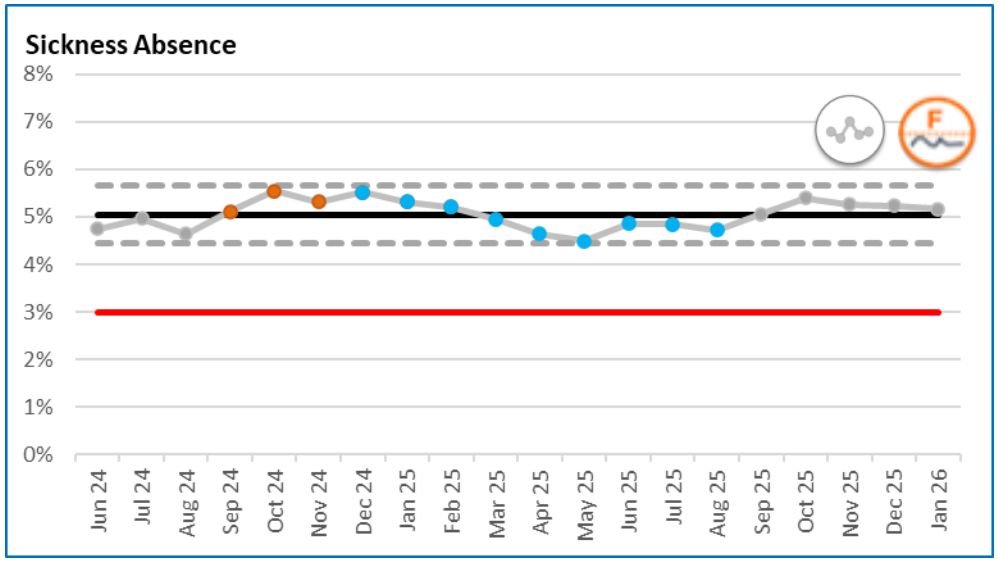
25 Working Days		
Jan 26	YTD	Target
81.7%	54.7%	90%

60 Working Days		
Dec 25	YTD	Target
95.5%	78.0%	90%

National Position & Overview

Root Cause	Actions	Impact/Timescale
• Significant improvement in % of complaints responded to within 25 working days (below 60% -> 82%) • 96% complaints responded to in 60 working days in December 2025 • Complaint meetings are being organised in a more timely fashion	• Continuation in monitoring of complaint response times and positive actions to support the services • Current 3 month trial with CHUGGS whereby complaints are not triaged in first instance by the Complaint managers. The complaints are sent to the appropriate staff to respond to and the senior signatory decides on the themes. The CMG can alter the response timeframes if felt to be required • If this trial, is successful, there are plans to eventually roll out to the remaining CMG's	• Continued improvement of % complaint response times

Well Led – Sickness Absence



Current Performance		
Jan 26	YTD	Target
5.2%	5.0%	3%

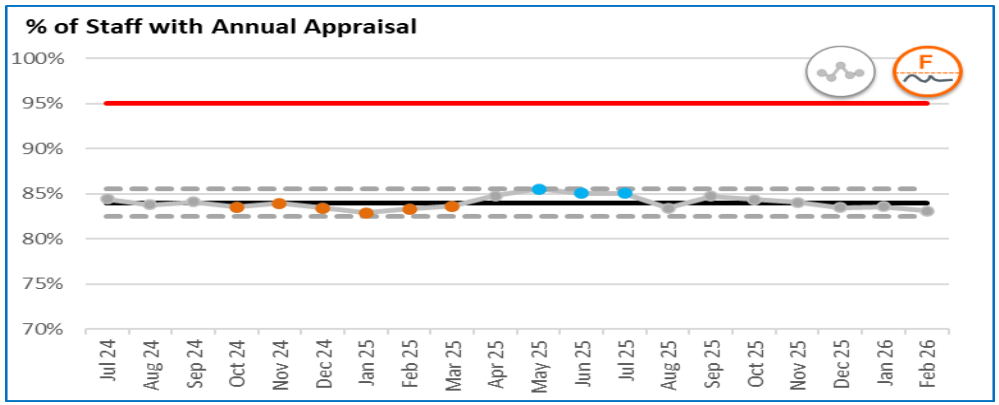
National Position & Overview

Peer data not available.

The December sickness absences rates shows a reduction of 0.07% to the previous month.

Root Cause	Actions	Impact/Timescale
• Clinical CMG's have seen a 0.08% reduction and Corporate Directorates a reduction of 0.01% in December. • Over the last 12 months, the highest levels of absence are in E&F (6.08%), W&C (5.72%) and ITAPS (5.15%). • The areas achieving the 3% target are within the Corporate Directorates • The top 3 reasons for sickness absence are anxiety/stress/depression (23.04%), Other known reasons (16.27%) and cough/cold/flu (10.81%)	• One of the key priorities in the NHS 10-year plan is to shift from sickness to prevention. A UHL working group has been established to take this forward for our workforce, along with plans to achieve the national 4.1% target. • Nursing and Midwifery have also set up a staff group specific working group to review sickness absence / improve attendance. • Improving accurate reporting reasons for sickness absence is essential for CMGs to ensure appropriate local and Trust wide interventions – reducing the 'unknown' absence reasons. • Wellbeing information is shared through corporate and local induction, HWB Ambassadors, monthly restaurant stands and weekly and monthly newsletters • Sickness absence data is reviewed with CMG's through PRM, Board and Specialty Meetings and local 'Making if all happen / Health and Wellbeing' reviews. • CMGs are taking local targeted actions to support the wellbeing of colleagues and management of sickness absence. • For longstanding and complex cases, case conferences with OH occur. • The flu vaccination programme continues until the end of March, and we will see a 10% increase in update from the previous year. • The ER and Health and Wellbeing UHL Connect site covers all aspects of support, training, information, TALK toolkit for wellbeing conversations, template documents etc.	• The NHS Long Term Workforce Plan highlights improved retention of our workforce as one of its key pillars, which includes supporting them to stay well. • Through the 2025 Staff Survey results, we have seen a decline in our score by 0.08 but remain above our comparators by 0.16 in the People Promise Theme "We are safe and healthy". • We have sustained the improvement in recording reasons for sickness absence over the last year where in 24/25 M8 we had 10.06% of absences recorded as 'unknown' reason, and in 25/26 M10we are at 1.89%. • Absences due to cough / cold / flu have reduced by 4.34% between December and January.

Well Led – % of Staff with Annual Appraisal



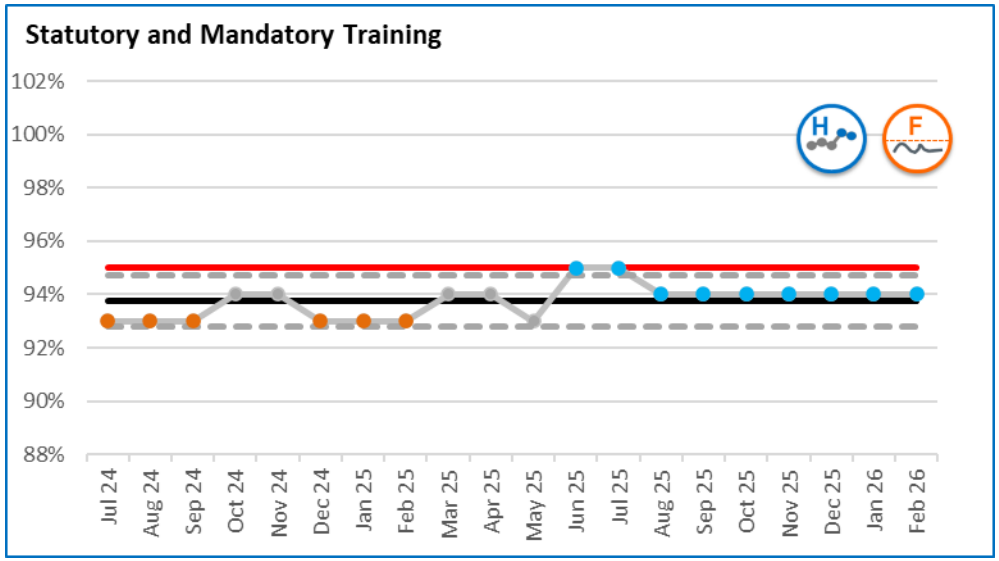
Current Performance		
Feb 26	YTD	Target
83.1%	-	95%

National Position & Overview

Peer data not available.
The February figure shows a 0.5 decrease following a slight increase in the previous month. We are now 11.9% away from the Trust target of 95%.

Root Cause	Actions	Impact/Timescale
• A number of colleagues have had appraisals within the last 12 months, outside the reporting/ incremental date and therefore show as non-compliant. • Appraisal reporting/ inputting is still a contributing factor in some areas and continued plans are underway to support capturing this across services. This is regularly highlighted as impacting the data. • In month, the appraisal average for UHL has seen a 0.5 increase. • The Trust's overall compliance in month has been due to marginal increases and decreases in clinical areas with more noticeable differences in corporate services.	• It is acknowledged in previous exception reports that we would be unlikely to reach full compliance of 95% in the short term. • CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action in these areas. • The roll out of Managers Self-Serve should see improvements in appraisal performance, particularly through reporting (see 'root cause') • The automation agenda also sees the review of the appraisal system to create administrative efficiencies, improve reporting and to allow a better focus on talent conversations. Implementation is envisaged to be May 2026 trustwide • Line managers at CMG level are asked to review appraisal performance and identify any additional targeted support required	• In February 2025 Appraisal performance was at 83.3%, an increase in compliance on the previous month of January 2025, a decreased position compared to the February 2025 figure. • Appraisals are reviewed through regular line management, service and Board oversight meetings. • CMG/ Directorate leadership are to focus on quality appraisal discussions as essential to the employee experience and achieving our key objectives within areas this year. Engagement work has taken place to review how we carry out appraisals. • The 2025 Staff Survey results show that career progression and talent management will be areas of focus under the Diversity and Equality agenda, all linked to appraisal conversations.

Well Led – Statutory and Mandatory Training



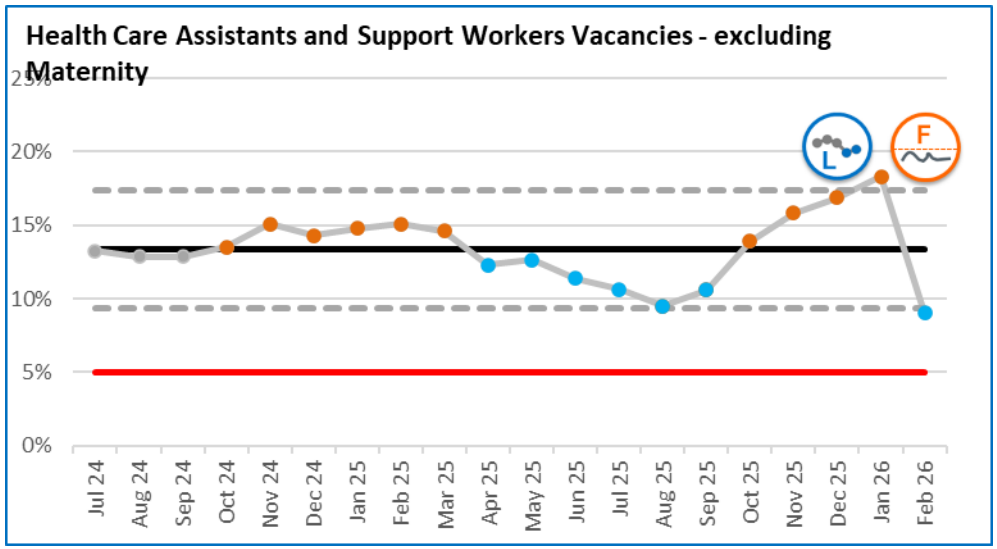
Current Performance		
Feb 26	YTD	Target
94%	-	95%

National Position & Overview

Peer data not available.

Root Cause	Actions	Impact/Timescale
It is recognised that performance for some CMG's, departments or staff groups has been, and is being, affected by: • Operational pressures • Operational demand • Staffing Levels. Although the RAG rating is red, it should be noted that the compliance of 94% is higher than many other NHS organisations nationally and is not an immediate risk, however the target of 95% is desirable. Mandatory training knowledge modules are one of many tools to support patient, visitor and staff safety.	Performance against trajectories is being monitored via Trustwide Performance Reviews. Access to compliance data and emailed reports to 3086 staff. 10,000+ direct reminder emails per month. Some colleagues cannot get online, mandatory training booklets have been updated with SME's for Estates and Facilities Colleagues. The Workforce, Training and Education Steering Group (WTESG) and the Mandatory Learning Oversight Group (MLOG) are looking at Essential Training. NHS England are conducting a review of Mandatory Training topics/frequency; both aims are to ensure a balance between minimising incidents, mitigating risks and releasing staff time into the workforce.	Reviewed through the Making it All Happen reviews chaired by CMG / Directorate leadership teams with support from HR. This is a meeting with each line manager to review sickness, appraisals and S&MT compliance. Drive towards improving the overall percentage of UHL throughout the financial year has been implemented with renewed chasing on non-compliant with organisational support. Review of ESR and HELM data alignment is ongoing as business as usual. Ad hoc Challenges to this data alignment are under consistent scrutiny.

Well Led – HCA and Support Workers Vacancies – excluding Maternity



Current Performance		
Feb 26	YTD	Target
9.0%	-	5%

National Position & Overview

Recent changes to Skilled Worker visa rules, specifically the removal of eligibility for Healthcare Support Worker roles unless they meet the £25,000 salary threshold, may be limiting the pool of candidates and reducing overall applicant supply.

Root Cause	Actions	Impact/Timescale

• Some internal recruitment delays particularly in relation to applicants requiring sponsorship.
 	
• Several areas are currently reviewing the proportion of unregistered staff within their workforce and reassessing the optimal skill mix. Consequently, recruitment activity has progressed more slowly while these evaluations are underway.
	• A review and revision of internal processes is being undertaken in partnership with Peoples Services to mitigate the recruitment challenges associated with sponsorship this has been completed mid-February 2026.
	
	• Nursing and Midwifery Annual Establishment Review (NMAER) approved by Trust Board on Thursday 12th February 2026. This will see a deduction of HCA posts by 72.57wte (increase of registered posts by 50.84wte).
		Recruitment drive progress:
		• Band 2-3 pathway:
		  • Dec-25 = 12wte (9 within pre-employment checks, 3 applicants with start dates).
		  • Mar-26 = advert closed 04/03/2026; for 20 wte – shortlisting 102 applicants currently.
		
		• Band 3 HCA:
		  • Nov-25 = 16 wte commenced in post (8 wte currently within pre-employment checks; 26 withdrew due to visa requirements)
		  • Feb-26= advert closed at 300 applicants, 208 shortlisted and 144 scheduled for interviews to take place on 20/03/2026.

Well Led – Non Clinical Agency- No. of Staff

Current Performance		
Feb 26	YTD	Target
2	37	0

Awaiting more data for SPC chart

National Position & Overview

NHSE Agency Rules stipulate trusts are required to use only substantive or bank workers to fill admin and estates shifts. Trusts should only use agency workers to fill these shifts where they meet exemptions (special projects & exceptional patient safety risks)

Root Cause	Actions	Impact/Timescale
• There are 2 Project officers in capital projects which meet the special projects exemption	The service has been requested to advise on exit plans.	The service has confirmed that these workers are assigned to working on delivery of the capital programme which has been approved by NHSE. A large proportion of the projects are NHSE funded projects, eg Estates Safety and OFH These workers are funded from the capital and not revenue. These roles are supported by the Director of Estates & Facilities . The continued use and reasons for these workers have been submitted to NHSE

Well Led – Agency Staff above Price cap

Awaiting more data for SPC chart

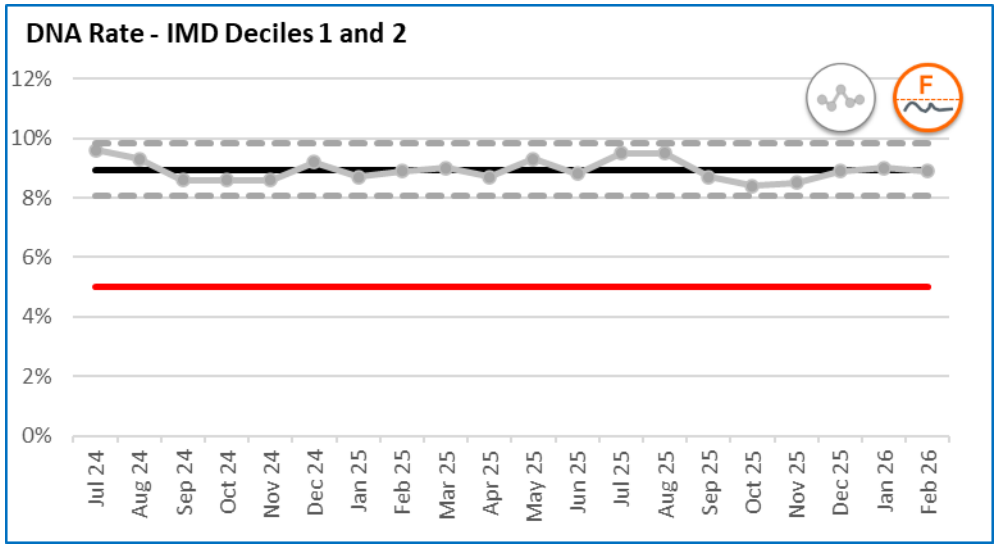
Current Performance		
Feb 26	YTD	Target
20	263	0

National Position & Overview

The price caps set by NHS England apply to the total amount a trust can pay per hour for an agency worker. Trusts should not pay more than the price caps to secure an agency worker, except in exceptional patient safety circumstances

Root Cause	Actions	Impact/Timescale
• Historically, all medical posts are over the agency price caps – this is a national issue • AHP specialist roles such as Sonography, Radiography and Cardiac Physiotherapists are over price cap due to the specialist skill sets and specialist nature of the roles.	Attendance at Regional NHSE steering groups with milestone plans introduced to reach price cap compliance across all staff groups. There has been an increase of 2 additional workers since last month over price cap within the medical and AHP/ST&T staff group due to the service requirements which have received the relevant approval levels.	NHSE have acknowledged the West Midlands medical agency rate card as an acceptable interim rate cap for Trusts to apply and UHL have implemented this since June 25. There remains some long line workers who remain over the price cap but these are acknowledged to be in specialist fragile services. A milestone plan has been submitted to reach price cap by April 26 We are over price cap only in specialist roles in Sonography, Radiography and Cardiorespiratory for AHP/ST&T. Attendance at regional group by Chief AHP. Milestone plan in place, however across the region we have the lowest rates

Effective – DNA Rate (IMD Deciles 1-2 & IMD Deciles 3-10)



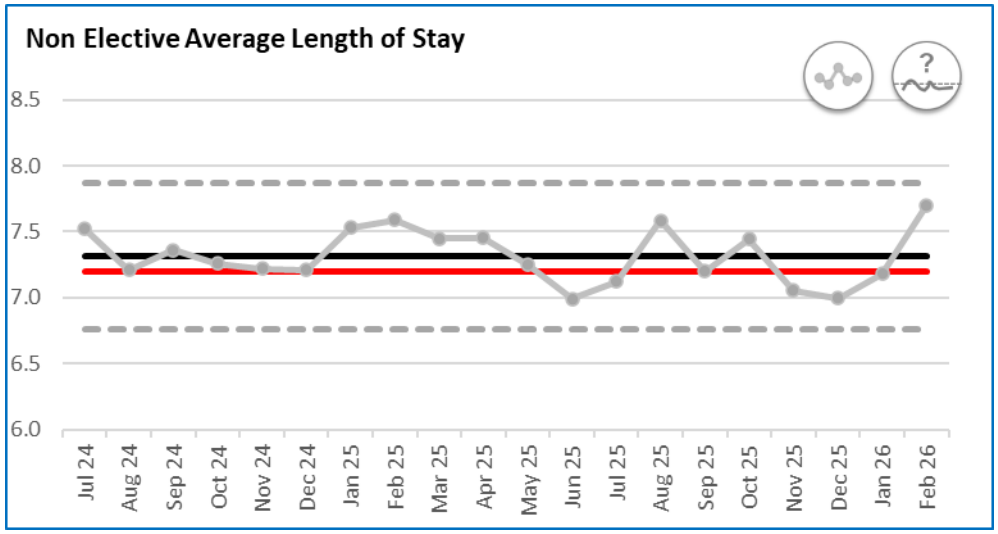
DNA Rate – IMD Deciles 1-2			DNA Rate – IMD Deciles 3-10		
Feb 26	YTD	Target	Feb 26	YTD	Target
8.9%	8.9%	5%	5.4%	5.6%	5%

National Position & Overview

There is no national target for DNA rates, but understanding the role inequity plays in differential rates of non-attendance is vital to UHL's attempts to improve Theatre and Outpatients utilization, whilst enabling high quality care for all. This understanding also plays a broader role in supporting the achievement of targets on productivity and the Trust's aim of embedding health equality & inclusion in all we do.

Root Cause	Actions	Impact/Timescale
• The DNA Florey is no longer being sent to patients, as of Jan 2026, therefore there is no in month root cause data. • However consistent themes that have emerged over the course of the DNA florey have been: 1. Patients or carers tried to contact UHL to cancel but could not get through. 2. Patients had a mobility issue that meant they were unable to access the sites. 3. Patients had a medical or health reason for not attending on the day.	• All IMD1 and IMD2 patients called two weeks prior to their appointment. • Text appointment reminders (all) 7, 5 and 1 day before. • DNA rate data is available for each CMG to identify specific areas of inequality. • Multi-agency MDT established to support the most vulnerable groups eg Inclusion. • DNA rates included in PRM packs, APM discussions and at Outpatient Transformation Board. • Community engagement to explore barriers. • Trialing of AI to support cancellations/re-booking. • Work starting in Community services.	• IMDs 1 & 2 have an average DNA rate of **9.89%** for Feb 26. Disaggregated by contact these rates are: • **IMD1** • Patients contacted DNA rate 5.23% • Patients not contacted DNA rate 15.74% • **IMD2:** • Patients contacted DNA rate 4.49% • Patients not contacted DNA rate 14.10% • **Inclusion Healthcare:** • DNA rate for those contacted 21.43% • DNA rate for those not contacted 61.54% • **Paediatric Outpatients** • WNB rate contacted 5.13% • WNB rate not contacted 14.29%

Responsive (Emergency Care) – Non Elective Average Length of Stay

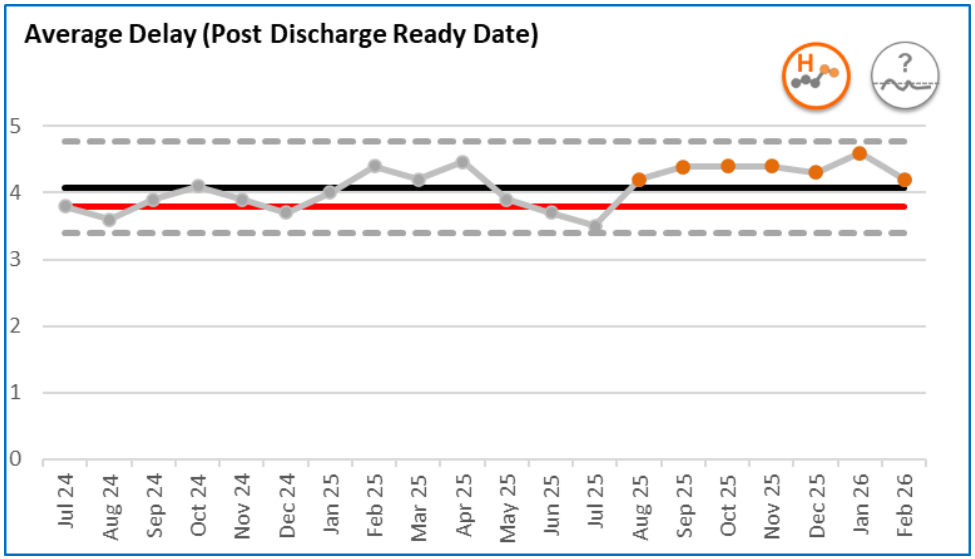


Current Performance			
Feb 26	YTD	Feb Plan	Target
7.7	7.3	7.4	7.2

National Position & Overview

Root Cause	Actions	Impact/Timescale
• Process delays internally relating to ward processes, diagnostics, discharge delays (TTO's etc) • Process delays externally to provide timely plans for discharge	SDEC plans to avoid admission Frailty working group –implement action plan Diagnostic access for SDEC / Emergency Floor Ward improvement programme with ESM	• From April – project plan available – target of 11% increase set for 25/26 0 monthly trajectory is being achieved • Ongoing • April 2026 • Diagnostic phase commenced in August – due to be completed in February 2026. Impact and roll out plan in development – April 2026

Responsive (Emergency Care) – Average Delay (Post Discharge Ready Date)



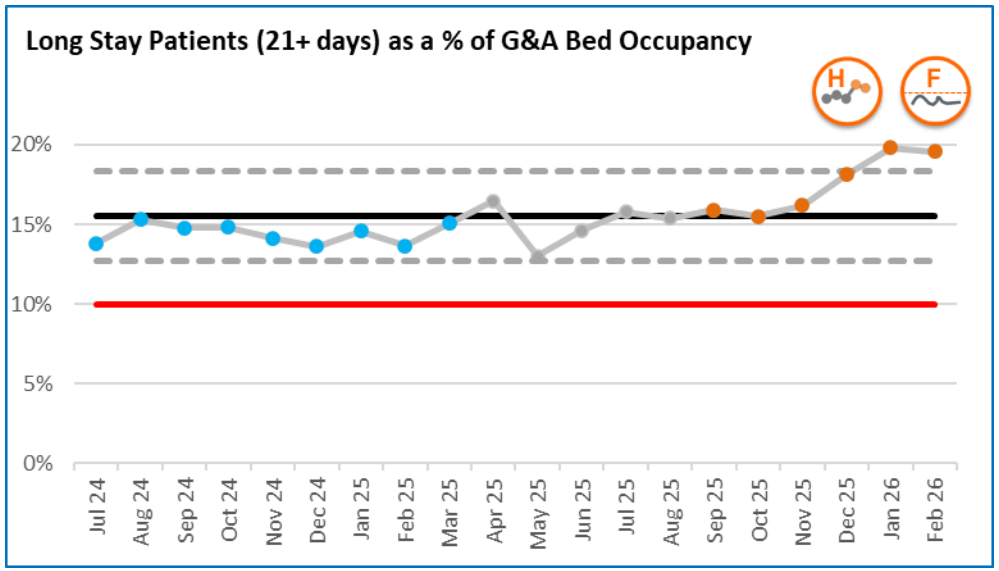
Current Performance		
Feb 26	YTD	Target
4.2	4.2	3.8

National Position & Overview

In December, UHL ranked 35 out of 127 Acute Trusts that submitted acceptable data. The National average was 6.0. 28 out of the 127 Acute Trusts achieved the target. UHL ranked 5 out of the 18 UHL Peer Trusts. The best value within our peer group was 2.2 and the worst value was 8.9

Root Cause	Actions	Impact/Timescale
Poor outflow from the inpatient wards through • **Process delays** internally relating to ward processes, diagnostics, discharge delays (TTO's etc.) and externally (EMED ambulance, equipment) **223 complex patients stayed an additional night in hospital in February (249 January)** • **LLR system discharge hub interface and capacity delays** continue to impact the ability to provide timely P1-3 discharge plans . **115 Patients waiting at the end of February.** • **Deterioration in LOS from MOFD to discharge for P3.** A 4.67 day deterioration from August 22 to Feb 26 and a 1.63 day deterioration from Jan 26	•**Continue weekly escalation meetings** with Adult Social Care and CMGs to address long waits, ensuring themes for action are identified and tracked. •**Assess the underlying causes for discharge delays** and highlight recurring themes to inform transformation initiatives. •**Increase early patient referrals** currently at 39% February (32% January) through targeted engagement and process improvements. •Embed the process to enable early referrals at Preston Lodge during February •**Share learning from LEAF and wider discharge QI projects** to inform approach to practice.	• Aim to reduce number of MOFD (Discharge Ready) patients waiting for discharge in UHL beds. • Reduce time to discharge from MOFD identification • Improving Patient Discharge Project plan in place and reviewed within the discharge improvement meeting with CMG's

Responsive (Emergency Care) – Long Stay Patients as a % of G&A Bed Occupancy



Current Performance		
Feb 26	YTD	Target
19.6%	-	10%

National Position & Overview

- 75 (328) Patients (23%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit, Infectious Diseases Unit or in UHL at Preston Lodge (28 patients).
- 82 Patients (25%) are medically optimised complex patients awaiting discharge with no reason to stay in an Acute Trust.
- Approx. 70 (21%) patients data quality issue (not UHL inpatient)

Root Cause

- **Data quality issues (Approx. 70) continue** to arise following PAS changes. These include the system pulling pre-admission codes, delays in discharge coding, and missing outcomes. There are currently 34,042 outstanding outcomes from June 2025 to January 2026. The target is to reduce this to a one-month backlog by 31 March 2026.
- **LLR system discharge hub interface and capacity delays** As of the end of October there were around 82 patients with length of stay over 21 days awaiting a confirmed discharge outcome from LLR.

Actions

- A weekly Power BI DQ dashboard highlights patients needing outcomes, with issues monitored through the PAS Data Quality Improvement Plan
- Collaborate with Nervecentre to resolve the system fault that is preventing discharge coding from being completed after three months

Throughout March 2026:

Work with health and social care system partners to:

- Maximise the use of P1/ P2 capacity in LLR.
- Discuss >1 week for discharge outcome cases weekly.
- Review P2 referrals as a multiagency team to understand case mix.

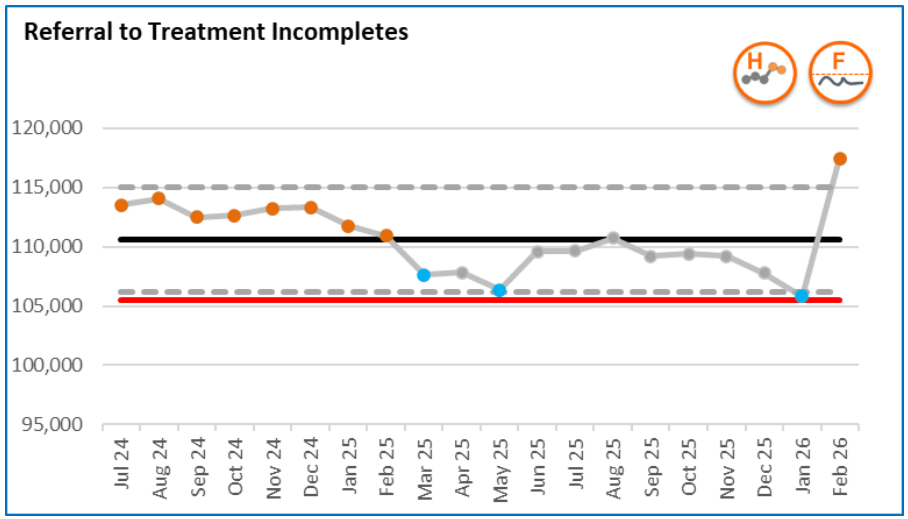
Work with CMG's to:

- Promote the early referral of patients to the discharge hub prior to being MOFD. (39% February, 32% January).
- Embed process to deliver early referral at Preston Lodge.
- Maintain Weekly CMG reviews of > 21 day patients and top 100 day patients

Impact/Timescale

- Aim to reduce number of MOFD patients waiting for discharge in UHL beds.
- Reduce time to discharge from MOFD identification.
- Increase use of Virtual wards and criteria led discharge where possible
- Staff feel better equipped to manage and coordinate the safe discharge and transfer of Patients

Responsive (Elective Care) – RTT Incompletes



Current Performance		
Feb 26	Feb Plan	Target
117,449	106,189	105,500

National Position & Overview

At the end of January, UHL ranked 14 out of 17 trusts in its peer group with a total waiting list size of 105809 patients. The best value within our peer group was 65375, the worst value was 174556 and the median value was 84471. (Source: NHSE published monthly report). The national benchmarking position will deteriorate from February due to the sharp increase in waiting list size driven by the inclusion of clinical e-triage within the total waiting list.

Root Cause

- Continued growth in demand against a significant number of specialities
- Industrial action- loss of activity
- Continued workforce challenges within ITAPS reducing theatre capacity
- Estate: lack of theatre capacity and outpatient capacity to increase sessions and also age of estate leading to problems with losing capacity for maintenance work
- Emergency pressures resulting in elective cancellations.
- PAS productivity – the PAS roll out has had a bigger impact on productivity than expected and has led to decreased activity in some areas. This was also impacted by the 2-week delay to PAS go live.
- Workforce controls impacting on ability to maintain baseline and undertake additional activity through WLIs.
- **The total waiting list now includes all patients waiting clinical e-triage (previously excluded). This is the cause of the significant upward spike seen in the latest month. There are currently between 11 and 12,000 pathways awaiting triage now on the PTL.** Approximately 10% of all patients waiting e-triage of referrals will be rejected back to referrer and previously would never have been recorded as part of the TWL.

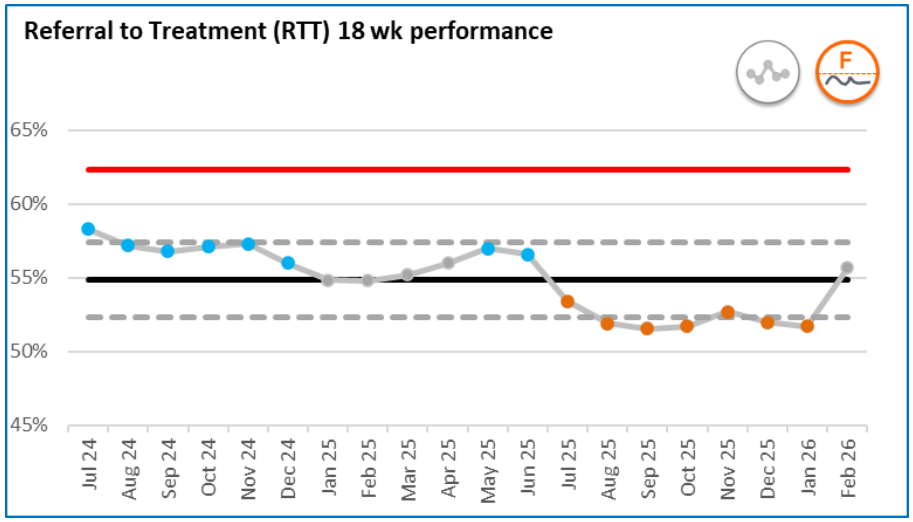
Actions

- Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.
- Improvement plan to reduce total WL with 4 workstreams: Validation, Appointment Outcomes, Triage and Increased activity
- Planned additional data quality validation each month to support overall reduction of WL – as per funded National Validation 'Sprint' exercise 25/26.
- Focused actions with the CMGs regarding meeting activity plans in the EMPCC, CDC and Endoscopy unit.
- Continued learning and fix finding in new PAS
- Onboarding of external validation company- Sourcegroup to increase validation capacity
- Specialities asked to provide recovery plans to reduce numbers of patients awaiting clinical triage. Figures are now being regularly reported to Senior Clinical Cabinet

Impact/Timescale

- Increased ACPL on theatre lists- improving activity through existing resource- ongoing.
- Outpatient clinic template standardisation- to increase the number of new and follow-up appointments within clinic templates- ongoing.
- Q3 validation sprint generated £140k income. To date Q4 has generated a lower ~£60k. External validation support sourced and funded from income. External validators have delivered 30,160 validations between December and February. Current pathway closure rate of all those validated is an average 20%.
- Additional regional funds to support key actions to deliver:
  - Zero 65+ as soon as possible
  - 52+ back to <1% of TWL March 26
  - FDS back to plan December 25
  - 31 day to plan by March 26
  - 62 day to plan by March 26

Responsive (Elective Care) – RTT 18 Week Performance



18 Week Performance			First Attendance - 18 Week Performance		
Feb 26	Feb Plan	Target	Feb 26	Feb Plan	Target
55.7%	61.7%	62.3%	61.6%	67.4%	68.1%

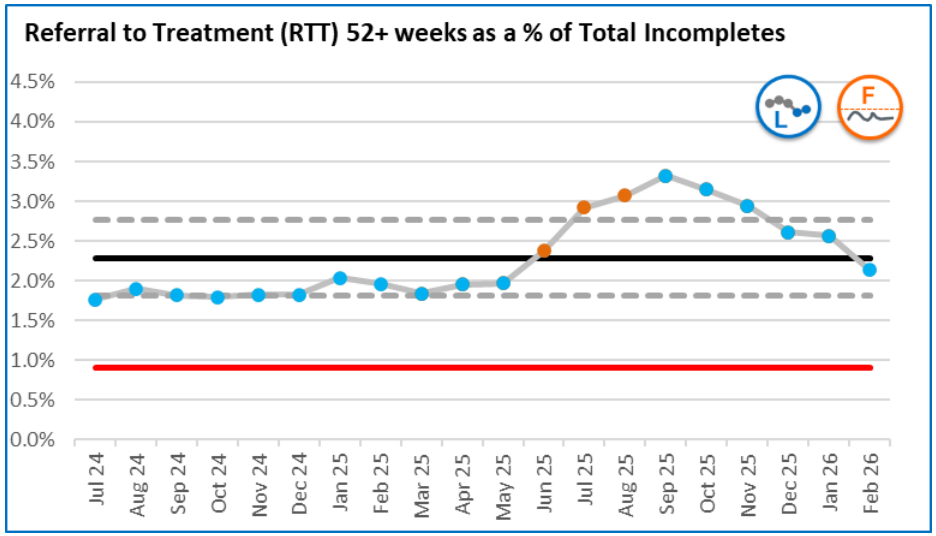
National Position & Overview

At the end of January, UHL ranked 16 out of 17 trusts in its peer group with RTT 18 Week Performance at 51.7%. The best value within our peer group was 71.0%, the worst value was 51.3% and the median value was 58.5%. (Source: NHSE published monthly report)

Root Cause	Actions	Impact/Timescale

• Continued growth in demand against a significant number of specialities
• Emergency pressures resulting in elective cancellations, with specialities at the LRI site particularly challenged.
• PAS productivity – the PAS roll out has had a bigger impact on productivity than expected and has led to decreased activity in some areas. This was also impacted by the 2-week delay to PAS go live.
• Industrial Action- has led to reduced activity throughout the year.
• Workforce controls impacting on ability to maintain baseline and undertake additional activity through WLIs
• The inclusion of pathways awaiting triage from February has caused the spike in total waiting list numbers and associated improved performance (from 51.7 to 54.7%)
	• Planned additional data quality validation each month to support overall reduction of WL – as per funded National Validation 'Sprint' exercise 25/26.
	• Demand and Capacity modelling to support future planning.
	• Assessment of demand for elective treatment by specialty to understand where maximum impact for UHL can be delivered to support 18wk standard improvements.
	• Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.
	• Plan developed with CMGs to undertake additional work funded by the region to support RTT and Cancer performance improvement (25/26 Q4 Sprints).
	• Fortnightly escalation meetings chaired by Director for Planned Care with specialties that have potential to go further against the 18w target and will positively contribute to overall Trust total (high volume).
	• Focus on validation by internal and agency team is on those pathways who will be over 18 weeks by the end of March.
		• Targeted validation in the sprint periods and month end processes to maximise removals of the longest waiters and those waiting over 18 weeks.
		• Increased ACPL on theatre lists- improving activity through existing resource- ongoing.
		• Outpatient clinic standardisation plans agreed at TLT in July are required as a prerequisite to implementing ambient AI scribe technologies. This will support an increase in outpatient clinic appointments and in turn improved 18ww performance.
		• Additional regional funds to support key actions to deliver:
		  • Zero 65+ as soon as possible
		  • 52+ back to <1% of TWL March 26
		  • Improvements to 18 wk performance
		  • FDS back to plan December 25
		  • 31 day to plan by March 26
		  • 62 day to plan by March 26

Responsive (Elective Care) – RTT 52+ weeks as a % Of Total Incompletes



Current Performance		
Feb 26	Feb Plan	Target
2.1%	1.0%	0.9%

National Position & Overview

At the end of January UHL ranked 12 out of the 17 Trusts in it's peer group with 2.6% of patients on the waiting list waiting over 52+ weeks. The best value within our peer group was 0.5%, the worst value was 3.9% and the median value was 2.1%. (Source: NHSE published monthly report)

Root Cause

- Challenged Cancer position and urgent priority patients requiring treatment
- Workforce challenges in anaesthetics leading to cancellations of theatre lists
- Emergency pressures resulting in elective cancellations, with specialities at the LRI site particularly challenged.
- Increased volumes of patients on waiting list (increased demand) and reduction of additional activity funded previously through ERF.
- Nervecentre implementation: Reduction in activity due to PAS rollout. Activity and administrative actions including validation not yet up to pre-roll out levels across the Trust.
- High levels of administrative vacancies and reduction of bank due to workforce controls has led to a reduction in staff able to book clinics, reducing productivity and activity levels.
- 52 ww as % of the total PTL has improved this month in part due to the addition of the triage pathways onto the PTL – which increases the TWL but none are long waiters.

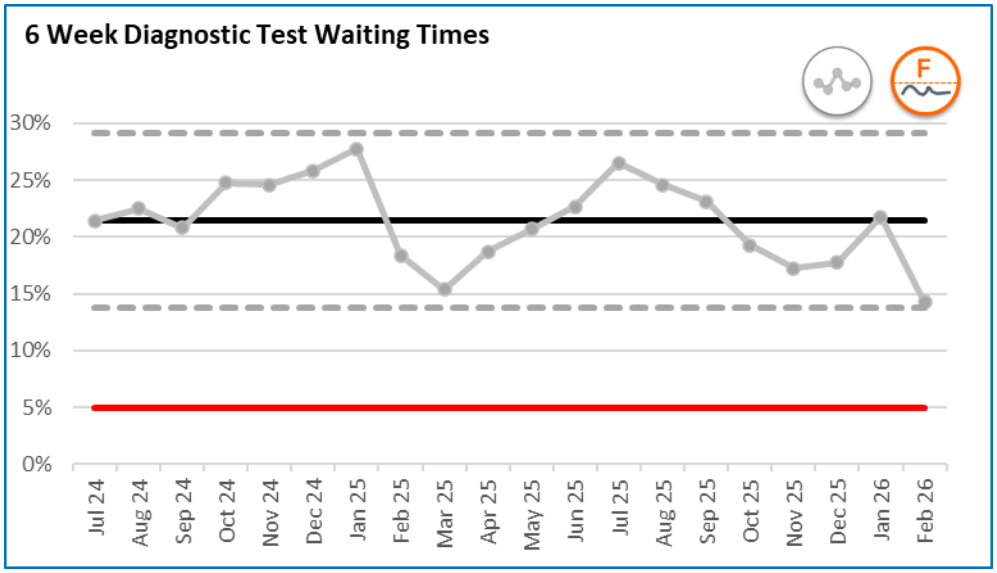
Actions

- Super-clinics to increase capacity to see new outpatients.
- Continued roll-out and focus on PIFU and DNA processes to increase capacity for new patients
- Focus on productivity to increase capacity and reduce waits.
- Weekly escalation meetings chaired by COO/ Director for Planned Care with CMGs with the bulk of long waiters (65ww)
- Increased use of mutual aid and independent sector support, particularly within Orthopedics
- 52ww and 65ww forecasting models for specialties with large volumes of long waiters
- Plan developed with CMGs to undertake additional work funded by the region to support RTT and Cancer performance improvement (Q4 Sprints).

Impact/Timescale

- Actions agreed with CMG leads weekly in challenge and support meetings.
- Additional regional funds to support key actions to deliver:
  - Zero 65+ as soon as possible
  - 52+ back to <1% of TWL March 26
  - FDS back to plan December 25
  - 31 day to plan by March 26
  - 62 day to plan by March 26
- Zero 65+ week waiters not achieved. 28th February final position was 103. Escalation meetings continue with CMGs. Current forecast for end March is 56, with a small number also forecast for April for complex/challenged specialties with patients booked TCIs into May. National and regional colleagues supporting mutual aid and IS requests in areas with the biggest risk (MSS specialities accounting for 75% of the breach risks with Orthopaedics alone accounting for 50% of this).
- The number of 52 week waiters at month end continues to reduce each month.

Responsive (Elective Care) – 6 Week Diagnostic Test Waiting Times



Current Performance		
Feb 26	Feb Plan	Target
14.3%	6%	5.0%

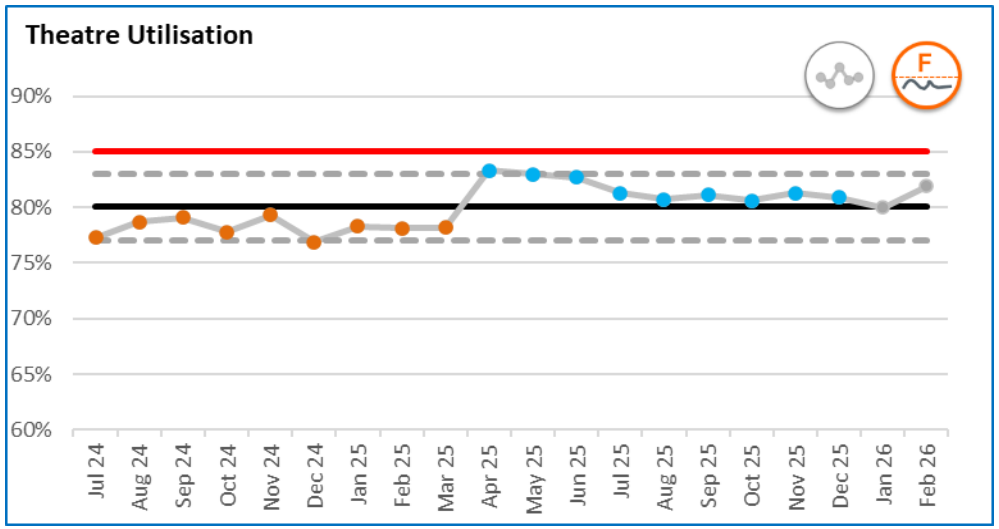
National Position & Overview

Published National data at the end of Jan '26 shows 1.81m patients on the diagnostic waiting list with 24.7% waiting over 6 weeks. For Feb'26, UHL with 23,746 patients would comparatively rank as the 15th highest waiting list. The 6-week trajectory for February was set to deliver 6%, the actual was 14.3%, 8.1% behind plan, driven by NOUS, Dexa, CT and Endoscopy. There were 3,387 patients waiting >6 weeks, an improvement of 1,621 patients from January '26.

Root Cause	Actions	Impact/Timescale

Diagnostics pressure areas are in the main:
• NOUS
• Endoscopy
• CT
• DEXA
 	
Root cause
• Clinical workforce gaps
• Admin recruitment
• Reporting and coding errors
• Overall NOUS growth
• Pressure from emergency, cancer and elective long wait pathways
	• QLIK & PAS WLMDS and DQ training
	• Improve productivity
	• Increase capacity
	  • New endoscopy unit – opened Nov 25
	  • Hinckley Community Diagnostics Centre – opened June 25
	  • NOUS and Audiology – ERF to return to plan – Q4
	  • DEXA 2nd scanner – March 26
	• Review demand data with ICB for further opportunities
	• Expand direct access diagnostics 25/26
	• 5year MRI/CT D&C plan – complete, £ assessment underway as part of CDC expansion business case.
	• Scope possible CDC expansion opportunities
		• Validation & DQ – ongoing, DQ challenges are being worked through, biggest impact in Endo.
		• Productivity metrics – in February CT DNA rate remains on target, and CT productivity improved. MRI DNA and productivity show a small deterioration. Endoscopy booking and in-session utilisation static. Sleep paediatric, Cystoscopy and Urodynamics utilisation remain above 90%.
		• MRI recovery on track vans x2 on site supporting recovery – Q4
		• CT – rebalance staff between MRI and CT to support recovery by Q4
		• NOUS recovery on track – Q4
		• DEXA – 2nd machine and van March - Q4
		• Endoscopy recovery – unlikely to return to plan end of Q4, due to A&C – weekly escalations in place and additional staff being recruited.

Responsive (Elective Care) – Theatre Utilisation



Current Performance		
Feb 26	YTD	Target
81.9%	81.5%	85%

National Position & Overview

In February, overall utilisation was 81.9%, with the year-to-date average remaining stable at 81.5%. Trust performance continues to be rated Green (Quartile 4). For the week ending 22/02/2026, utilisation reached 84.8%, exceeding both the peer median of 79.1% and the national average of 80.0%.

Root Cause

- LGH (84.4% utilisation): Performance improving, but on-the-day cancellations remain the main constraint to further utilisation gains.
- LRI (76.6% utilisation): Emergency and bed pressures caused 63 cancellations (29%), with General Surgery particularly affected when emergency operating hours exceeded 24 hours. Paediatric and adult utilisation remain low (74.6%, 77.4%).
- EMPCC (77.2% utilisation): High OTDC (8.6%), rising late starts in some specialties (e.g., consenting on the day), and persistent non-clinical cancellations despite consistently booking >100%.
- UHLiC (79.5% utilisation): Large variation in list performance (>85% to 41%) driven by limited standby capacity and under-booking following short-notice cancellations. Work ongoing to improve scheduling using consultant-level procedural times.

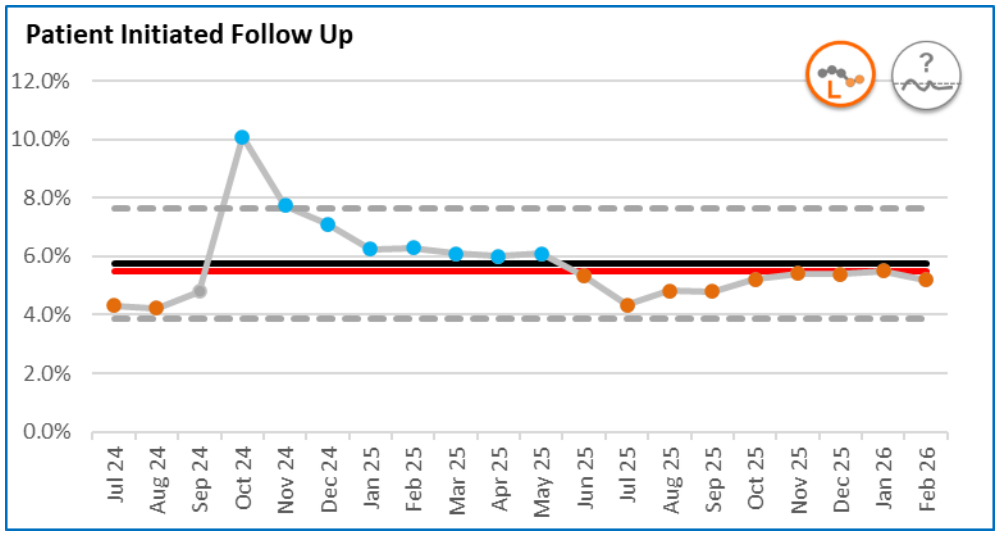
Actions

- Weekly performance meetings (from April) to drive reduction in OTDC, with clear specialty-level ownership and weekly tracking.
- LGH: Targeted deep-dive into Orthopaedics and Pain Management (49.6% of site OTDC) to identify drivers and implement corrective actions (pre-op).
- EMPCC: Fortnightly CMG-supported meetings to strengthen oversight and action delivery.
- EMPCC Suitability: 50-patient enhanced pre-assessment and anaesthetic review trial (March) to address suitability-related cancellations.
- Late Starts: Continued strengthened monitoring, escalation of recurring delays, and process review to improve performance.
- Gynaecology & Ophthalmology: Shift consenting to clinic-based consenting to reduce late starts and out-of-session cancellations.
- EMPCC Super Week (May): Enhanced patient preparation and proactive contact to test processes, identify best practice, and highlight areas that do not work

Impact/Timescale

- Weekly performance meetings (April onwards): Expected to drive OTDC to <5%, supporting utilisation >85% and improving reliability of elective activity.
- Late Starts: Reduced from 30.6% to 19.0% (Feb 2025–Feb 2026); further measurable improvement anticipated over the next 2–3 months as actions embed.
- EMPCC Suitability Trial (March): Expected to reduce suitability-related cancellations, improve day-of certainty, and enable some inpatient activity to shift to (ease Inpatient demands at the LRI).
- Clinic-based Consenting: Anticipated to reduce late starts and out-of-session cancellations, improving theatre efficiency.
- EMPCC Super Week (May): Will test and refine operational processes, identify what works and what does not, and inform future best-practice models to improve productivity

Responsive (Elective Care) – PIFU



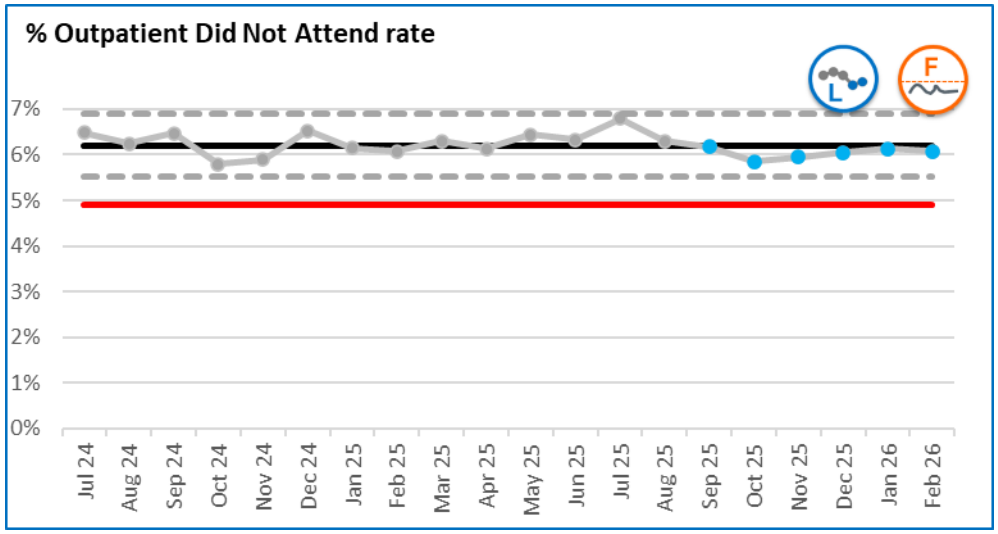
Current Performance		
Feb 26	YTD	Target
5.2%	5.3%	5.5%

National Position & Overview

National Expectation: NHS England has set a target for **5%** of outpatient activity to result in a PIFU outcome.
UHL Ambition: UHL has committed to a more ambitious target of **5.5%** as part of its operational plan.
Performance (January 2026): UHL achieved a ranking of 22 out of 143 NHS Trusts for the proportion of outpatient appointments resulting in a PIFU outcome. This ranking reflects the percentage of episodes transitioned to a PIFU pathway following patient attendance.
Data Source: Provider E-ROC

Root Cause	Actions	Impact/Timescale
Contributing Factors • Variable clinical engagement across specialties, limiting consistent adoption. • Difficulty in consistently identifying appropriate patient cohorts for PIFU. • Fragmented or inconsistent communication between teams. • Additional administrative burden caused by documentation requirements. • Recent PAS deployment has led to inconsistencies in how PIFU pathways are recorded in certain scenarios.	**Performance & Targets:** Specialty-level targets are in place, with stretch ambitions for high performers. Areas below trajectory receive targeted support through focused performance discussions. Targets to be revised for 26/27 **Specialty Focus:** Specialties to provide PIFU progress updates at the Outpatient Board- **Monitoring & Benchmarking:** Weekly reporting and national benchmarking (Further Faster, GIRFT) are used to, identify variation, and share best practice. **Expansion & Efficiency:** Further opportunities to expand PIFU—through helplines and post-discharge pathways—are being identified.	**Governance Oversight:** PIFU performance is overseen through established governance structures, including the Outpatient Transformation Board, specialty-level meetings, and access performance meetings. These forums provide systematic visibility of issues and enable timely, responsive planning. **Performance & Targets:** Targets for 2026/27 are being reset in line with national benchmarking and planning targets. Any proposed deviation from the benchmark position for individual specialties will require formal approval from the Director of Planned Care and the Deputy Medical Director for Planned Care.

Responsive (Elective Care) – Outpatient DNA Rate

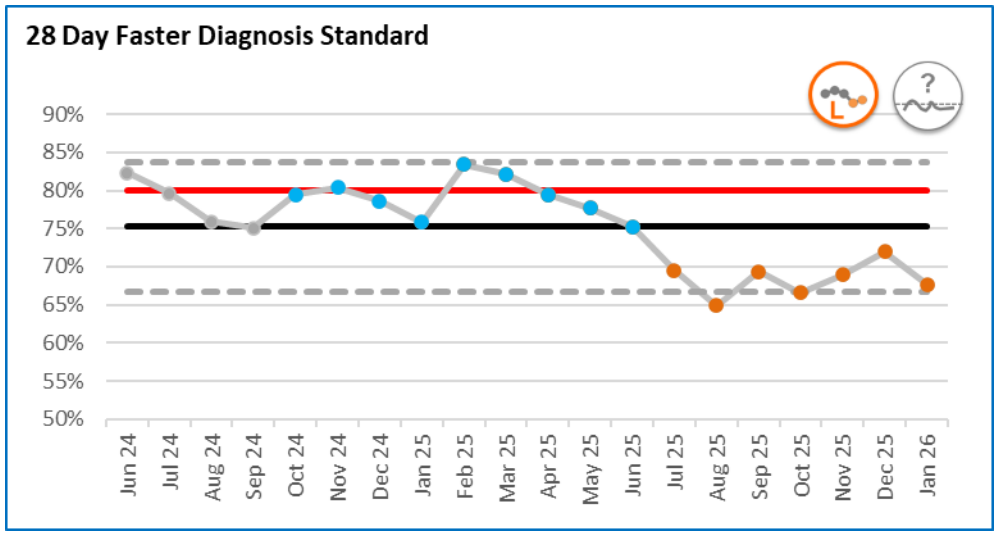


Current Performance		
Feb 26	YTD	Target
6.1%	6.2%	4.9%

National Position & Overview

Root Cause	Actions	Impact/Timescale
1. The launch of Nervecentre PAS has meant continuous issues with the data feed going to Accurx so patients aren't always receiving automated reminders 2. Late cancellations/rebooks often mean patients do not receive their appointment letters on time so unaware of appointment 3. Due to lack of admin staff, patients unable to get through to department to let them know they're unable to attend, or admin are not actioning cancel/rebook requests in Accurx. 4. Services are not always maintaining their appointment reminder house keeping in Accurx 5. For telephone appointments, clinicians not giving the patient enough time to answer or only calling the patient once 6. The NHS App currently allows patients to request to cancel/rebook upto midnight the day before their appointment.	1. Complete Neurons ticket when made aware of any issues with clinic lists in Accurx or feed going from UHL to Accurx. Location issue has been escalated. 2. Remind services of the need to check the patients details are correct and up to date at every contact 3. Services to text patients appointment details if changes are made to appointments 4. Booking Centre are making additional calls to 'Health Inequalities' cohort now including Paediatrics. 5. Accurx automated clinic appointment reminders have gone live in the majority of services including Imaging and Therapies. Clinic lists are also available in Accurx for most services 6. Text fragments has increased to allow services to add bespoke messages to automated appointment reminders 7. Request approval from NHSE to increase cancellation window	• All actions, plus many others, are happening imminently to help reduce the number of DNAs. • An improvement in the DNA rate should continue over the next 3 months providing the actions are carried out.

Responsive Cancer – Cancer 28 Day Faster Diagnosis Standard



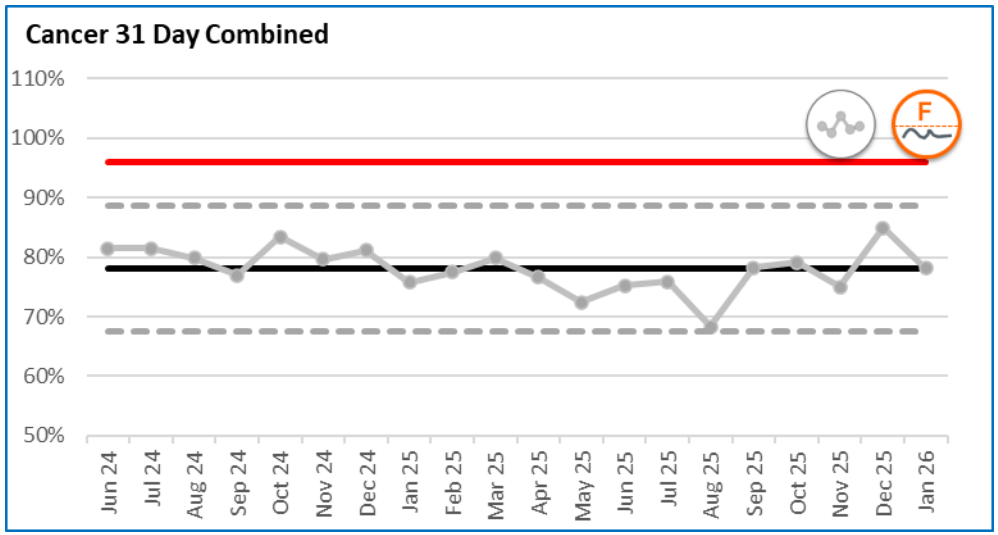
Current Performance			
Jan 26	YTD	Jan Plan	Target
67.7%	71.0%	77.0%	80%

National Position & Overview

In January, UHL ranked 109 out of 138 Acute Trusts. The National average was 72.8%. 54 out of the 138 Acute Trusts achieved the target. UHL ranked 13 out of the 18 UHL Peer Trusts. The best value within our peer group was 80.8%, the worst value was 52.9% and the median value was 73.1%.

Root Cause	Actions	Impact/Timescale
The root cause is due to the loss of capacity in Breast since Q2. • D&C gap for 1st appointments in Breast (50 slots per week) usually covered with WLI/Insourcing • Decline in uptake of WLIs This has caused time to first appointment to extend resulting in a decline in FDS performance for the eighth month since Sep 23. Without this loss of Breast capacity performance would have been above 80%. Emerging risk within H&N following inability to backfill vacancies likely to impact through to Mar 26	• Breast insourcing and bank/WLI to support 1st appt wait times. • ENT recruitment & locums requested. Mutual aid use of IS being explored. Triage results to advise on appropriate pathway changes to manage demand. • Days Matter Campaign – Breast, LOGI, Gynae, Urology. Improvements noted in Q4. • Continued focus on pathway audits, time to first appointment and turnaround times (TAT) to support FDS performance in all other tumour sites.	• Improving Breast 1st appt waits down to 3-4 weeks. Sustainable plan to convert ERF through planning for 26.27 in progress. • ENT 1st Appt waiting times 6-7 weeks due to vacancies. Locum in place. Mutual aid has not been possible. Use of IS being explored with support from EMCA and review of demand management in progress with ICB clinical leads. • LOGI PTL changes and working to improve time to booking OPA/tests – late Q4 • Skin performance above 90% and Skin AI offered within 5 days. • Urology TAT for template Bx showing initial improvement from Jan.

Responsive Cancer – Cancer 31 Day Combined



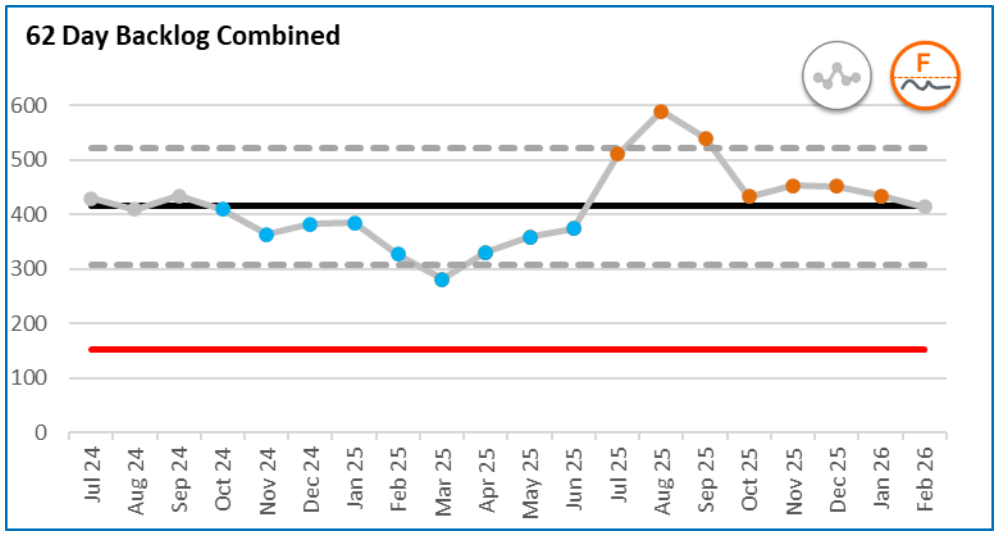
Current Performance			
Jan 26	YTD	Jan Plan	Target
78.1%	76.5%	88.1%	70%

National Position & Overview

In January, UHL ranked 138 out of 146 Acute Trusts. The National average was 68.4%. 76 out of the 146 Acute Trusts achieved the target. UHL ranked 16 out of the 18 UHL Peer Trusts. The best value within our peer group was 80.3%, the worst value was 47.8% and the median value was 64.4%.

Root Cause	Actions	Impact/Timescale
• Insufficient capacity within surgery, chemotherapy and radiotherapy to meet current demand • Radiotherapy demand exceeded capacity – affecting prostate and breast category 2 patients • Theatre capacity constraints inc. Robotic capacity with rising demand (Urology, Gynaecology, Lung). • Patient readiness to proceed with surgery impacting ability to date within 31 days • 31 Day anti-cancer drug regimes capacity is constrained within pharmacy	• Increased emphasis at PTL meetings to bring forward patients within target – weekly • Radiotherapy 5th linac in place with waits improving • Ensuring unused robotic time is released to other CMGs – ongoing • 2nd Robot in Urology & Gynae now in use for 3-6 months • Review of HRA capacity • Oncology SACT efficiency review • Pharmacy workforce review to support increased SACT capacity • Collaboration with UHN – ongoing	Radiotherapy • 5th linac – Breast waits back to 0, Prostate waits improving – Q4. Efficiency work programme underway to support & maximise capacity. Surgery • Surgical dating –improvements noted in Feb/Mar indicative results, focus to remain. 2nd Urology robot supporting a reduction in waiting time. Oncology • First digital form is now embedded within SACT with a review of time being saved.

Responsive Cancer – Cancer 62 Day Backlog



Current Performance		
Feb 26	YTD	Target
414	-	152 (by Mar26)

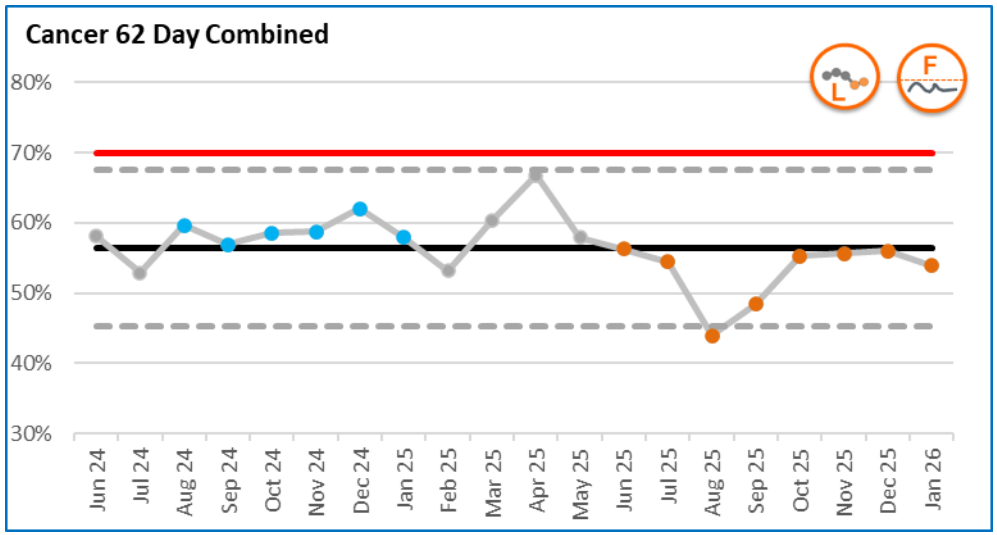
National Position & Overview

National data is not available.
Midlands trend – decreases in backlog seen in all 11/11 systems over 4 week period to 08/03/26, with LLR having largest decrease.

UHL end of February position:
> 62 day 218 behind plan.
> 104 day 113 behind plan.

Root Cause	Actions	Impact/Timescale
• Breast, Colorectal, Skin and Urology drive the largest volume, holding 3/4 of the backlog, constraints include capacity, specifically outpatient, diagnostic and workforce. • There has been an increase in diagnostic tests required, patient complexity and choice impacting pathway length • Oncology OPD capacity, alongside theatre capacity for Urology and plastics capacity within skin have led to a longer waits for some patients.	• Clinical prioritisation of all cancer patients and clinical review of cancer patients treated over 104 days. • Increased escalation to clinical leads and senior managers to further support • Rapid clinical review of all pts over day 42 • 6 week intense daily backlog review with additional focus on prioritising 104+ day waiters for reporting • Digital solutions to support pathway progression approved by Digital Demand Panel • EMCA/NHSE cancer recovery funds supporting additional capacity • Oncology review of OPD capacity	• Breast improvement QI project with focus on 2nd test TAT together with trial for listing onto earlier MDT - commenced Jan 26 with improvements noted. • Average TAT of pathways note improvements in 2025 compared to previous years. Backlog focus expected to support PTL volume – Q4. • Utilisation of cancer recovery funds (Tier 1 EMCA & NHSE Cancer Recovery Funds) for additional activity – ongoing. • Urology 2nd robot supporting a reduction in waits – Q4 and Q1 of 26.27 • Oncology opportunities to improve OPD waits outlined. Impact not expected until Q2 26/27

Responsive Cancer – Cancer 62 Day Combined



Current Performance			
Jan 26	YTD	Jan Plan	Target
53.9%	54.8%	69.0%	70%

National Position & Overview

In January, UHL ranked 138 out of 146 Acute Trusts. The National average was 68.4%. 76 out of the 146 Acute Trusts achieved the target. UHL ranked 16 out of the 18 UHL Peer Trusts. The best value within our peer group was 80.3%, the worst value was 47.8% and the median value was 64.4%.

Root Cause	Actions	Impact/Timescale
• Capacity constraints across various points of the pathways • There has been an increase in the number of required diagnostic tests per patient, adding >1+ weeks to a pathway • Oncology time to OPD contribute to longer wait times • Ongoing risks for H&N and Breast due to workforce challenges affecting time to first appointment • Performance impacted by clinical prioritisation of patients	• Clinical prioritisation of patients and increased emphasis at PTL meetings to bring confirmed cancers within target – weekly • Increased comms to reduce sequential diagnostic ordering and agree next steps ahead of MDTs • Additional capacity required – Urology, Breast, H&N, Thoracic and Plastics. • EMCA & NHSE additional funding supporting increased activity • LOGI Clinical PTL and pre-MDT processes underway – impact Q4. • 2nd Urology robot will support overall waiting times – impact Q4 • Oncology OPD opportunity review	• Commenced trial for Breast pathology & listing onto earlier MDT with improvements already visible • Gynae increased major operating capacity and 'See & Treat' clinics commenced end of Feb – anticipated uplift to Trust performance ~1.5%. • Pathology insource/outsourcing of urology & gynaecology supporting improved TAT – ongoing • Oncology OPD changes to scheduling– impact not expected until Q2 26/27 • Clinical comms emphasising ordering tests in parallel and progressing outside of MDTs – Feb 26

- Performance Overview
- Exception Reports
- Finance
- Appendix - Data Quality Assessment

Executive Summary

- The YTD position for the Trust is a deficit of £41m which is £37.7m adverse to plan. The main drivers are loss of DSF funding £21.6mA, non delivery of CIP £16.2mA and pay pressures circa of £3mA. In month the Trust received an additional allocation of £2.5m for winter flow.

- Emergency/Non Elective inpatient activity continues to over-perform; at M11, the Trust has delivered 4.2% more activity which equates to £26m of income that won't be received due to the block arrangement however the cost of delivery will be in the Trust's non-pay. The forecast for the year remains at -£85m deficit excluding deficit support funding

- The Trust committed net capital expenditure of £53.1m to Month 11 resulting in an underspend of £6.2m against CDEL target of £59.5m.

- The cash position at the end of Month 11 was £40m, which is an increase of £27.8m from M10.

Summary Financial Position – YTD M11

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	1,481,335	1,463,698	(17,637)
Other Operating Income	168,752	165,420	(3,332)
Total Income	**1,650,087**	**1,629,118**	**(20,969)**
Pay	(1,021,804)	(1,040,325)	(18,522)
Non Pay	(546,192)	(546,948)	(756)
Total Costs	**(1,567,995)**	**(1,587,273)**	**(19,278)**
EBITDA	**82,092**	**41,845**	**(40,247)**
Non Operating Costs	(81,259)	(80,942)	317
Retained Surplus/(Deficit)	**833**	**(39,096)**	**(39,930)**
Donated Assets	(4,158)	(1,912)	2,246
Control Total Surplus/(Deficit)	**(3,325)**	**(41,008)**	**(37,684)**

Comments – YTD Variance to Plan

Total Income: £20.9mA (£0.6mF plus £21.6mA deficit support):

- PCI £8F driven by £2.8mF for IA and £2.5m for winter flow and other contract variations
- Other income driven by £2.2mA donated assets, CSI £1.9mA (mainly relating to pathology, pharmacy, imaging), reduced E&F income £1.4mA mainly relating to car parking/catering/CIP non delivery offset by £2mF corporate
- Passthrough **excluded drugs and devices** lower than plan £4.1mA. This includes a reduction of £1.3m relating to hybrid loops.

Pay: £18.5mA:

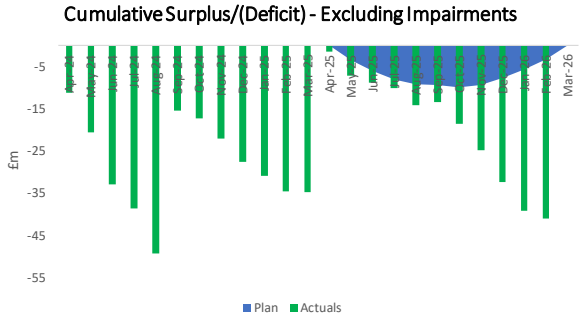
- Medical and dental £20.1mA of which £3.4m is due to industrial action (IA) and the balance linked to undelivered CIP and medical gaps in RRCV (£5.9mA), CHUGGS (£3.5mA), ESM (£3.2mA) and W&C (£4.1mA).
- Nursing, midwife and health visitor staffing is driven mainly by vacancies across ITAPS (£2.7mF) offset by undelivered CIP.
- Other clinical driven by vacancy control across most CMGs.
- Non-clinical mainly driven by vacancies in E&F £2.4mF, ESM £1.4mF and W&C £1.2mF

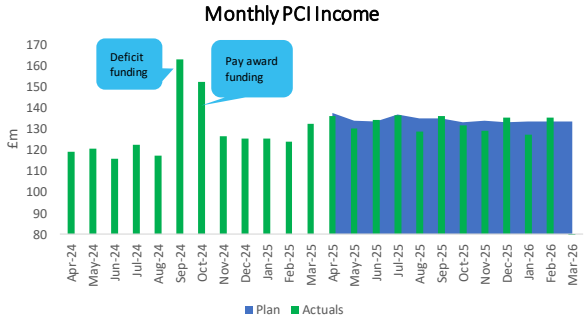
Bank (£66m) and Agency (£3.7m) spend YTD amounts to £69.8m which is 6.7% of total pay.

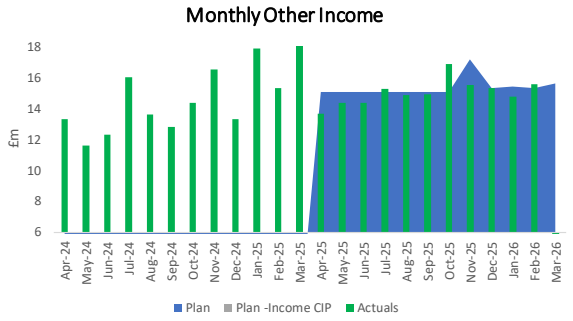
Non-Pay: £1.2mA:

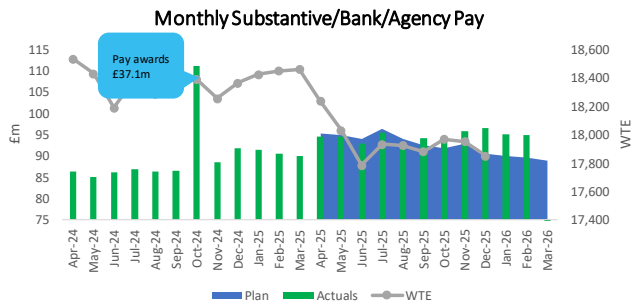
- Clinical Negligence £2.2mF relating to the maternity incentive scheme rebate.
- Clinical supplies £3.1mA driven by increased activity
- Drugs £5.6mA due to block drugs overspends and non delivered CIP: £1.5mA mainly in CHUGGS Haematology/Oncology, £1.3mA ITAPS in sleep/theatres, £1.3mA RRCV relating to renal and respiratory and £1.4mA W&C.
- Other is driven mainly by CHUGGS reduced Gastroenterology insourcing usage and closure of Vanguard unit (£1.6mF), CSI/CDC unit from lower level of activity (£1.5mF), E&F mainly from the review of prior year food provision and energy credits (£3.3mF).
- Premises & Fixed plant driven in the main by undelivered CIP

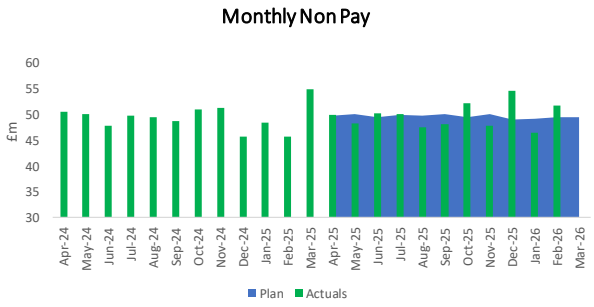
Month 11 I&E Dashboards

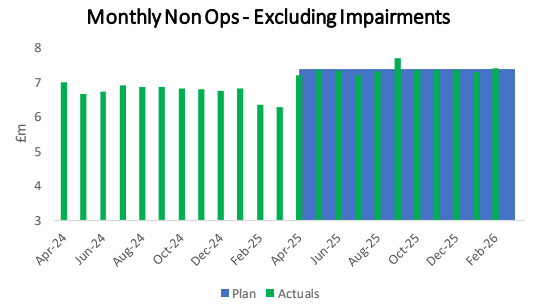




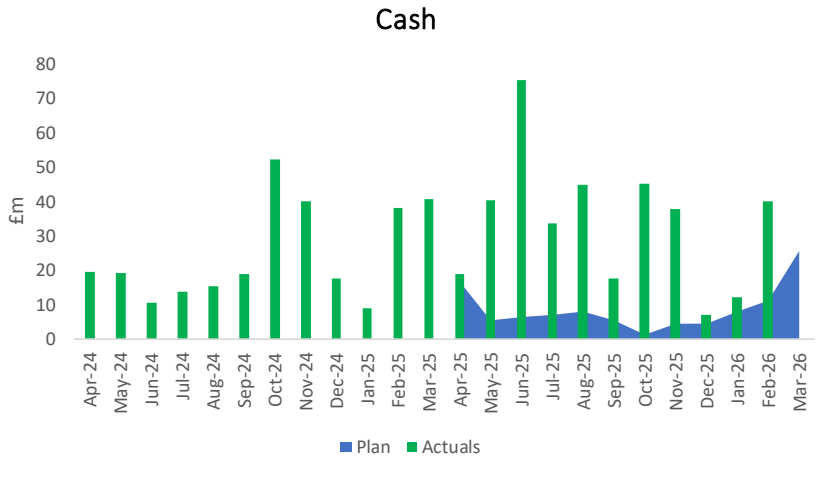


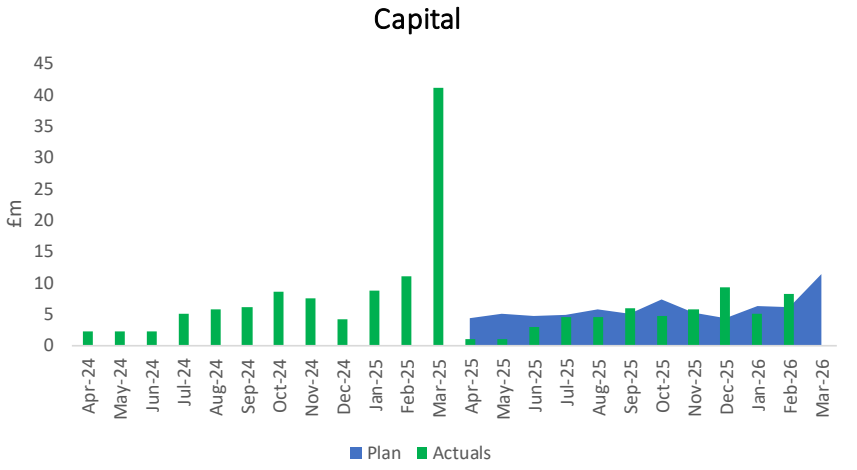


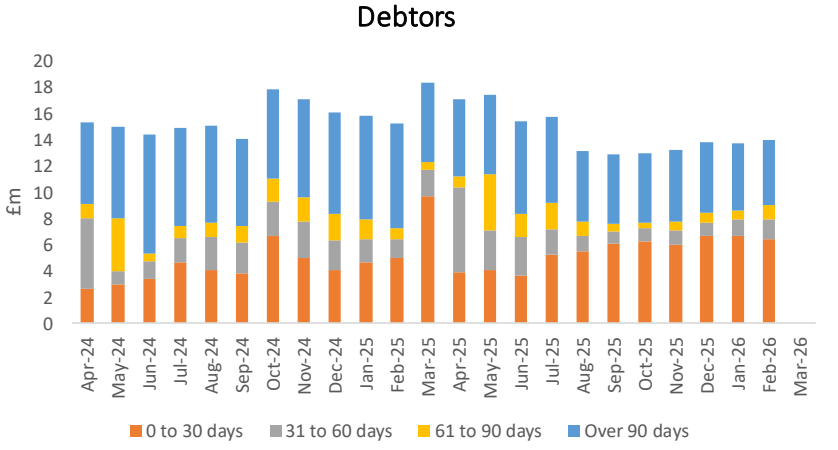


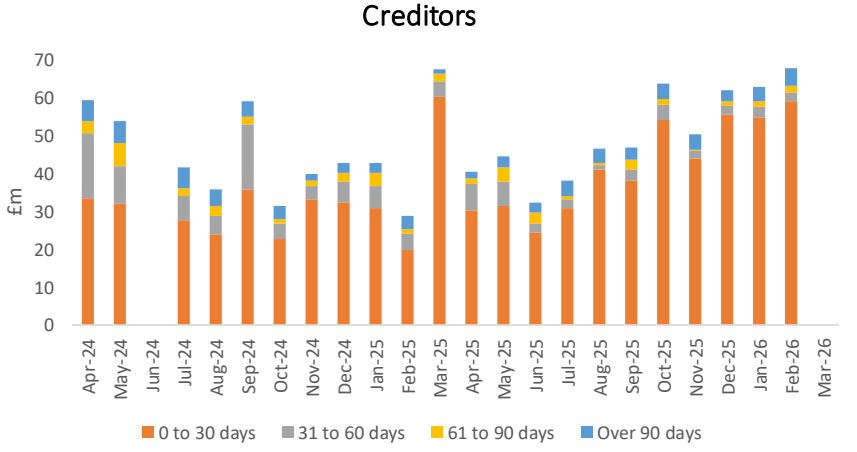


Month 11 Balance Sheet Dashboards









Statement of Financial Position

- **Non-Current Assets -** Non-current assets increased by £2m as acceleration of capex of £7.2m was offset by depreciation of £5.2m.
- **Trade and other receivables –** Trade and other receivables reduced by £8.7m, the majority of which related to the timing of CNST prepayments (£6.0m) (paid 10 instalments).
- **Trade and other payables and accruals** – Trade and other payables reduced by £4.4m.This was offset by an increase in accruals of £3.2m, largely within CSI for Roche (£1m), Ergea (£1.9m) and Optimed contracts (£0.5m).
- **Deferred Income** – Reduced by £1.3m which related to the release of PCI income into the position; offset by an increase in HEE income.
- **Dividend Payable –** Increased by £1.9m due M11 forecast PDC dividend liability.
- **Income and Expenditure Reserve –** The deterioration in the I&E reserve of £3.0m is consistent with the in year reported income and expenditure position.
- **Public Dividend Capital** - £20.2m of PDC funded capital schemes drawn down.

Statement of Financial Position

£m	31-Mar-25	31-Jan-26	28-Feb-26	In Month Movement	YTD Movement
Non Current Assets					
Intangible assets	31.1	31.0	31.3	0.4	0.3
Property, plant and equipment	776.0	773.2	774.9	1.7	(1.1)
Other non-current assets	4.4	4.7	4.7	(0.0)	0.3
Total non-current assets	811.5	808.9	810.9	2.0	(0.6)
Current Assets					
Inventories	28.6	28.7	27.6	(1.0)	(1.0)
Trade and other receivables	41.2	67.4	58.7	(8.7)	17.5
Cash and cash equivalents	40.7	12.2	40.0	27.8	(0.7)
Total Current Assets	**110.4**	**108.2**	**126.3**	**18.1**	**15.9**
Current Liabilities					
Trade and other payables	(147.8)	(150.8)	(146.4)	4.4	1.4
Leases < 1 Year	(9.0)	(7.5)	(7.3)	0.3	1.7
Accruals	(19.8)	(22.7)	(25.9)	(3.2)	(6.0)
Deferred income	(4.7)	(23.3)	(21.9)	1.3	(17.3)
Dividend payable	0.0	(7.5)	(9.4)	(1.9)	(9.4)
Provisions < 1 year	(9.3)	(6.6)	(6.6)	(0.0)	2.7
Total Current Liabilities	**(190.6)**	**(218.3)**	**(217.4)**	**0.9**	**(26.9)**
Net Current Assets / (Liabilities)	**(80.1)**	**(110.1)**	**(91.1)**	**19.0**	**(11.0)**
Leases > 1 Year	(43.3)	(40.9)	(44.7)	(3.8)	(1.4)
Provisions for liabilities & charges	(3.6)	(3.6)	(3.6)	0.0	0.0
Total non-current liabilities	**(46.9)**	**(44.5)**	**(48.3)**	**(3.8)**	**(1.4)**
Total Assets/(Liabilities)	**684.5**	**654.3**	**671.5**	**17.2**	**(13.0)**
Public dividend capital	(924.8)	(930.7)	(950.9)	(20.2)	(26.1)
Revaluation reserve	(223.7)	(223.7)	(223.7)	0.0	0.0
Income and expenditure reserve	464.0	500.1	503.1	3.0	39.1
Total Capital & Reserves	**(684.5)**	**(654.3)**	**(671.5)**	**(17.2)**	**13.0**

Liquidity and Cash Position – Month 11

- Cash balance at end of February: £40m (£37.0m for the Trust).
- This represented an in-month increase of £28.0m.
- Trust continues to ration payments to maintain minimum daily cash levels, pending receipt of PDC revenue cash support (£30m).
- BPPC impacted in February as YTD performance reduced to 94% by value, 88% by volume, as a result of payment rationing.
- £30m will allow outstanding supplier payments to be cleared in March

Receivables & Payables

- Total debt: £14.8m, of which >90 days £4.9m .
  - Overseas visitors >90 days: £2.2m (partially in write-off/collection processes).
  - Salary overpayments >90 days: £0.4m, with recovery actions underway.
- Payables remained largely unchanged £67.8m, although >60-day items increased by £0.9m to £6.2m.

	Month 11						Month 10					
	Total	0 to 30 days	31 to 60 days	61 to 90 days	Over 90 days	Percentage over 90 days	Total	0 to 30 days	31 to 60 days	61 to 90 days	Over 90 days	Percentage over 90 days
	£000	£000	£000	£000	£000	%	£000	£000	£000	£000	£000	%
Non-NHS receivables	**9,704**	4,470	654	478	4,102	42%	**9,395**	4,117	559	568	4,150	44%
NHS receivables	**4,388**	1,951	875	670	892	20%	**4,369**	2,625	649	180	914	21%
Total receivables	**14,092**	**6,421**	**1,529**	**1,148**	**4,993**	**35%**	**13,763**	**6,742**	**1,208**	**749**	**5,064**	**37%**
Non-NHS payables	**56,376**	50,280	1,903	1,770	2,423	4%	**53,870**	48,162	2,567	566	2,576	5%
NHS payables	**11,378**	8,761	589	(38)	2,066	18%	**8,923**	6,631	123	1,106	1,064	12%
Total payables	**67,754**	**59,041**	**2,492**	**1,732**	**4,488**	**7%**	**62,793**	**54,793**	**2,690**	**1,671**	**3,640**	**6%**

Capital Programme - 25/26 Position

Summary

- Opening gross capital plan: **£77.1m**
- Net increase of **£20.7m** → revised plan **£97.5m**
- Significant additional allocations mainly received in last quarter.
- Late national notifications have created risk to **committing funds before 31 March 2026**
- Weekly monitoring in place; all PDC funds drawn down.

Key Capital Risks

- **Delivery risk** of up to £4.1m slippage of which £2.1m needs re-providing in 26/27 and is now included in the 26/27 plan.

- Additional recurrent revenue consequences of c£3m (depreciation/PDC dividend/maintenance) not fully funded, associated with additional allocations.

- Any slippage or overspend will push pressure into **26/27**

		Bring Forward	New spend				
Area	Capital Spend	£000s	Replacement (£000s)	New (£000s)	Invest to Save (£000s)	Revenue to Capital (£000s)	Total (£000s)
OFH	UTC contractor spend acceleration	1,290	26				1,316
Digital	Rubrik	532					532
Digital	End User Devices	300	200				500
MES	Ergea contract						0
Beds	Additional beds					500	500
Cardiology	Additional Echo Machine				119		119
Medical Equipment	LCMS Mass Spec		350				350
Medical Equipment	QTOFT		288				288
Surgical instruments	Surgical instruments to mitigate cancellation of operations		375				375
Medical Equipment	Replacement BabyPOD for Childrens Transport service (COMET)		9				9
Environment and Facilities	POTENTIAL - estates survey for CYP Asthma pathway		2				2
Medical Equipment	Pathology Faxitron			130			130
Total		**2,122**	**1,250**	**130**	**119**	**500**	**4,121**

Area	Revised Plan £'000	YTD Plan £'000	M11 Actuals YTD £'000	Variance to M10 YTD Plan £'000	M11 Movement £'000	Forecast 25/26 £'000	Forecast Variance 25/26 £'000	Plan Movement
System Funded								
IM&T - Infrastructure & Obsolescence	5,500	5,444	4,445	(999)	320	5,739	239	0
Medical Equipment	3,150	2,888	1,651	(1,237)	383	3,150	0	0
Estates Backlog Maintenance	4,615	2,380	4,324	1,944	528	4,615	0	2,000
MES Equipment	10,780	4,033	7,853	3,820	5,123	10,780	0	5,800
MES Enabling	6,150	5,464	4,673	(791)	(1,498)	6,150	0	0
Demand & Capacity	0	1,435	0	(1,435)	0	0	0	0
CHP	1,361	0	169	169	59	1,361	0	1,361
Contingency inc	656	312	(0)	(312)	288	521	(135)	(1,454)
TGH Compliance	760	460	(0)	(460)	0	760	0	300
Mortuary	1,773	0	1,456	1,456	60	1,773	0	1,773
LGH Endoscopy	4,244	4,165	4,013	(152)	19	4,174	(70)	0
EPR	6,650	5,257	8,668	3,411	1,056	7,611	961	1,100
EPR additional funding	1,600		1,600	1,600	0	1,600	0	1,600
Aseptic Lab	983	0	50	50	(9)	68	(915)	0
Leicester Diabetes Centre	1,537	1,537	1,018	(519)	(104)	1,550	13	0
Preston Lodge (UEC)	3,605	3,000	3,034	34	(0)	3,600	(5)	605
UTC	500	0	0	0	0	500	0	500
Maternity Theatre Refurbishment		0	0	0	0	800	800	0
Capex Credits	(1,920)	0	(1,779)	(1,779)	378	(2,276)	(356)	(1,920)
NHP	0	0	0	0	0	0	0	0
Corporate Accommodation Scheme	3,500	0	0	0	0	3,500	0	3,500
Primary Ciliary Dyskinesia Diagnostic Centre - Microscopes	56	0	56	56	26	30	(26)	56
OCT Machines	150	0	0	0	0	165	15	150
Procurement of hospital clinical decontamination equipment.	20	0	0	0	0	20	0	20
Revenue to Capital transfer	1,500	0	0	0	0	1,500	0	1,500
ESF- Patient and Staff Safety, working environments/Safety & Compliance	288	0	0	0	0	288	0	288
GH Robot Business Case development								0
25/26 Slippage: Additional Echo Machine								0
25/26 Slippage: LCMS Mass Spec								0
25/26 Slippage: Additional beds								0
Leases: IFRS16 (including re-measurement)	7,168	6,568	791	(5,777)	(880)	7,168	0	0
Total System Funded Schemes	**64,626**	**42,943**	**42,020**	**(923)**	**5,750**	**65,147**	**521**	**17,179**
PDC Funded Schemes								
Medical Eq+A40:A74uipment (2025/26 UEC: Other UEC Schemes- Diagnostic)	255	500	321	(179)	(0)	255	0	(495)
Estates Safety (CIR)	7,263	6,460	6,004	(456)	1,122	7,263	0	50
UTC	2,000	5,640	529	(5,111)	31	2,000	0	(8,200)
NHP	1,073	1,413	1,123	(290)	171	1,073	0	(424)
NHP LRI Enabling Works	2,949		713	713	278	2,949	0	2,949
Medical Equipment (UEC Capacity/Elective)	2,296	2,503	2,296	(207)	(120)	2,296	0	(1,460)
Histopathology Modernisation with Automation	435	0	0	0	0	435	0	435
NHS chargepoint accelerator scheme	424	0	0	0	0	424	0	424
Solar: Preston Lodge	288	0	0	0	0	288	0	288
Community Diagnostics Centres Pathway	415	0	0	0	0	415	0	415
Cyber Security	17	0	0	0	0	17	0	17
Genom Testing	1,192	0	17	17	0	1,192	0	1,192
Dexa	184	0	152	152	0	184	0	184
Estates Safety (CIR)	230	0	0	0	0	230	0	230
Decarbonisation Funding	575	0	0	0	0	575	0	575
NHP Incoming Power for LRI & GH	782	0	453	453	0	782	0	782
RICS Design Fees	904	0	0	0	0	904	0	904
The Diagnostics Digital Capability	313	0	0	0	0	313	0	313
Cardiac Equipment	350	0	0	0	0	350	0	350
CDC Business Case Development	1,000	0	0	0	0	1,000	0	1,000
Maternity Equipment	763	0	0	0	0	763	0	763
Diagnostics - Digital Capability Programme	36	0	0	0	0	36	0	36
Diagnostics - Digital Capability Programme	550	0	0	0	0	550	0	550
CYBER - Cyber Improvement Programme	100	0	0	0	0	100	0	100
Shared LIMS	1,500	0	0	0	0	1,500	0	1,500
Clinical Decontamination Unit	20	0	11	11	11	20		
TNE Endoscopy	700	0	0	0	0	700	0	700
LGH - Robot	2,000					2,000	0	2,000
25/26 Slippage: Replacement QTOFT								0
25/26 Slippage: Replacement Surgical Instruments								0
25/26 Slippage: Replacement BabyPOD for Childrens Transport service (COMET)								0
25/26 Slippage: estates survey for CYP Asthma pathway								0
25/26 Slippage: Pathology Faxitron								0
25/26 Slippage: CTG replacement x 4								0
Total PDC Funded Schemes	**28,614**	**16,516**	**11,618**	**(4,898)**	**1,492**	**28,614**	**0**	**5,178**
Charitable Schemes	500	460	632	172	86	546	46	0
Leicester Diabetes Centre (E3)	3,761	3,761	3,221	(540)		3,221	(540)	0
NIHR Aseptic		1,835	0	(1,835)		0	0	(1,200)
Hope Charity	300	0	0	0		0	(300)	0
UHL Charity		0	0	0		0	0	(500)
Total Charity Funded Schemes	**4,561**	**6,056**	**3,853**	**(2,203)**	**86**	**3,767**	**(794)**	**(1,700)**
Total Capital Programme	**97,801**	**65,515**	**57,491**	**(8,024)**	**7,328**	**97,528**	**(273)**	**20,657**
Donated Income/Grant rec'd	(4,561)	(6,056)	(3,853)	2,203		(3,767)	794	1,700
Less: Book value of asset disposals			(173)	(173)	(60)	(173)	(173)	0
Less: Book value of IFRS 16 disposals			(348)	(348)	0	(348)	(348)	0
Net CDEL	**93,240**	**59,459**	**53,117**	**(6,342)**	**7,268**	**93,240**	**(0)**	**22,357**

Performance Overview

Exception Reports

Finance

Appendix - Data Quality Assessment

Data Quality Assessment

The Data Quality Assurance Group (DQAG) panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance that it is of suitably high quality. DQAG provides scrutiny and challenge on the quality of data presented, via the attributes of:

i. Sign off and Validation
ii. Timeliness and Completeness
iii. Audit and Accuracy and
iv. Systems and Data Capture to calculate an assurance rating.

Assurance rating key: Blue = Substantial Assurance, Green = Reasonable Assurance, Amber = Limited Assurance and Red = No Assurance.