University Hospitals of Leicester NHS
NHS Trust

Meeting title:	**Trust Board**				**Public Trust Board paper J**	
Date of the meeting:	11 September 2026					
Title:	UHL's Annual Deliverables 2026/27 – Q1 2026/27 Performance Summary & National Oversight Framework Q1 2026/27 segmentation and position					
Report presented by:	Simon Barton, DCEO					
Report written by:	Ashley Epps, Head of Strategy, Simon Pizzey Associate Director Of Strategy					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X

Purpose of the Report

Outlines Q1 2026/27 delivery progress and performance impact in relation to the Trust's annual deliverables, along with reporting on UHL's position in the National Oversight Framework for Q1 2026/27.

Recommendation

It is recommended that Trust Board:

- Notes the summary of our delivery and performance against the 2026/27 Annual Deliverables.
- Note the Q1 26/27 NOF segmentation and position for UHL

Background

In April 2025, following a collaborative process between the University Hospitals of Leicester (UHL) Board, Executive and Clinical Leadership, the Trust launched its first set of annual priorities and deliverables – providing clarity and specificity around what the Trust was aiming to achieve that year in relation to its long-term goals. These priorities and deliverables were translated into specific targets for the year, with corresponding implementation plans and highlight reports shared with TLT on a quarterly basis.

In June 2026, TLT received an overall summary of the 2025/26 delivery and performance impact – highlighting significant achievements and improvements in areas such as Diagnostic productivity, Outpatient did-not-attend rates, Referral-To-Treatment times, Quality (e.g. maternity heatmap score), Pay efficiency (reduced agency and bank), Digital, Research and Innovation. On-going challenges however included Cancer capacity/demand pressures, rising adults A&E attendances and Substantive workforce expenditure. Further, consistently with the NHS context nationally, there had been a decline in colleague satisfaction as measured via Staff Survey 'People Promise' themes – although UHL continues to score better than comparators.

In March 2026, the University Hospitals of Leicester Trust Board approved the 2026/27 Operational Plan. This plan confirmed the 'what' of the 2026/27 financial year, but not the 'how'. Building on the successful Annual Priorities and Deliverables process launched in April 2025, it was agreed by the Executive team to repeat the process in 2026/27. Image one below provides a summary of the approved 2026/27 Annual Plan:

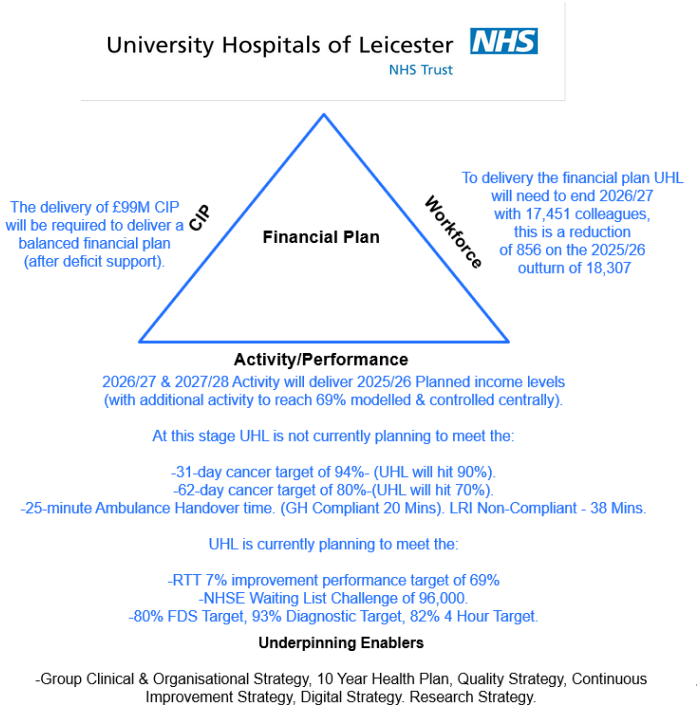

Image 1

In April 2026, the Trust launched a new set of annual priorities and deliverables for 2026/27, shaped through collaboration between Directorates. The deliverables aim to build upon our progress in 2025/26 and focus on delivery of key national ambitions reflected in the 10-Year Plan for Health, such as the development of Neighbourhood care models and enhancing NHS efficiency and productivity. Subsequently, through engagement of clinical and operational leads, a series of performance metrics and targets have been developed to identify what success will look like for each deliverable. Associated workstream implementation plans have been developed to achieve these targets and clinical specialty service plans are also being refreshed to align with them. Image 2 below outlines the 2026/27 Annual Priorities.

Image 2

Appendix A sets out UHL's Q1 2026/27 delivery progress and performance position against these targets and workstream initiatives. Key highlights also reflected on slide 3 of Appendix A include continued improvements in Planned care, significant reductions in long waits for Diagnostics, improving RTT performance, substantial reductions in agency and bank WTEs and expenditure, already surpassing the 2026/27 target for reducing the rate of hospital-acquired pressure ulcers, performance below NHSE thresholds for key infections within the NHS

National Oversight Framework except MRSA, with one infection as of July 2026, significant improvements in Cancer 28 Day FDS since April 2025, with UHL also being most improved nationally on the 31 day measure for the last three months and approaching its year-end target, and positive overall Friends and Family Test performance, with an improving trajectory in feedback from A&E patients, albeit with a slight downward trend in Day Case and Inpatients. However, challenges remain, including substantive workforce spend and increasing A&E demand pressures, although UHL is still achieving significant improvements in 4-hour A&E performance.

In line with this quarterly update on the deliverables, NHS England/DHSC have on 10th September released the Q1 2026/27 National Oversight Framework segmentation and rankings. By the time of writing the NHSE has not updated the interactive dashboards, but the files released show UHLs shown Q1 26/27 position compared to Q4 25/26. UHLs overall position has improved from segment 4 to 3, and the national ranking from 105/134 to 65/134. Overall 53% of Acute Trusts are in segment 3, compared to 34% in Q4 25/26.

Domain	Q4 2025/6 Segment	Q1 2026/7 Segment
Access to services	4	4
Patient safety	2	2
Finance, productivity and innovation	4	3
People	1	2
Experience of care	2	2
Effectiveness of care and population health	2	2
Trust	**4**	**3**
Average Score	**2.6**	**2.4**
National Rank (out of 134)	**105**	**65**

There have been some methodological changes in the NOF from Q4 2025/6 to the Q1 26/27. They are listed in appendix B.

Recommendation

It is recommended that Trust Board:

- Note the summary of our delivery and performance against the 2026/27 Annual Deliverables.
- Note the Q1 26/27 NOF segmentation and position for UHL

Supporting Documentation

- Appendix A: Q1 2026/27 Deliverables Oversight Pack
- Appendix B: National Oversight framework 2025/26 to 26/27 methodology changes

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2026/27 Deliverables Oversight Pack

UHL priorities and deliverables 2026/27

We have three priorities

- Transform patient care
- Strengthen our culture
- Deliver our financial plan

They are supported by key deliverables. **Together, we will:**

Transform UEC and improve planned care access, working with partners to deliver care in the right place at the right time

Deliver our quality priorities, including PSIRF and Perinatal Safety Improvement Programme

Address staff survey feedback through our People Plan, focusing on compassionate and inclusive behaviours

Continue our 'one digital' journey to become more data and digitally driven

Deliver our Clinical Strategy and Corporate Plans realising benefits through service reconfiguration

Work with partners to provide proactive neighbourhood care across communities

Achieve our financial plan targets, improving efficiency and productivity

Take part in more research and commercial trials and studies to benefit patients

Build a culture of continuous improvement to enhance patient experience

Raise the profile of our Innovation Hub and deliver colleague-led projects

Performance Headlines

- Significant decrease in 13 week+ diagnostic waits (from 2,611 in March 2024 to 428 as of July 2026), with greatly improved 6 week compliance (from 76% in March 2024 to 88% as of July 2026)
- RTT performance, whilst impacted from July 25 – Jan 26 due to Nervecentre PAS and change in RTT reporting methodology, is outperforming 2026/27 plan, at 60% as of June 2026 (compared with 56% in March 2024)
- Long-term slight upward trend in ED attendances, with attendance rates throughout Q1 2026/27 having been above plan
- Sustained improvements in A&E 4hr performance, from 58% in March 2024 to 64% as of July
- Whilst there has been a long-term (March 24-July 26) downward trend in 28 Day FDS performance, there has been a significant improvement since April 2025 (from 65% April 2025 to 74% July 2026). UHL has also been **most improved nationally** on the 31 day measure for the last 3 months and is approaching target (89% July 2026 < 94% target)
- Significant reductions in agency spend. Substantive WTE figure remains on plan. Pay spend has risen from £88.3m to £91.2m in same period 2025 to 2026 due to variable pay/bank spend.
- Long-term slight downward trend in FFT '% would recommend' since April 2024 in daycase and inpatient FFT, however outpatients performance remains stable (95%) and A&E is on an upward / positive trend
- HAPU rate per 1,000 bed days has surpassed target (target to be reviewed). Hospital-onset, healthcare-associated (HOHA) infection rates below NHSE thresholds as of July 2026, with exception of MRSA which was above (with 1 infection)
- Significant improvements in antenatal gestation triage efficiency, along with reducing (i.e. improving) long-term trends in rates of post partum hemorrhage and still birth. However, slight upward trend in 3rd and 4th degree perineal tears
- Response rate to staff survey was 58.7% (11544 out of 19775) which remains circa 12% above the national average of 47%. Compared to the other 7 East Midlands Acute trusts, UHL ranks 2nd highest response rate, 2nd for 'would recommend as a place to work', 3rd for 'would be happy with the standard of care'. Despite UHL's score decreasing against all 7 themes in 2025 compared to 2024, the significant improvements over previous few years mean UHL scores significantly better than benchmark comparators. Key areas requiring improvement:
    - Diversity and Equality – Covering acting fairly in relation to career progression regardless gender, disability, ethnic background etc and experiences of discrimination
    - Inclusion - Covering feeling valued and having a sense of belonging within teams as well as colleagues treating each other with respect
    - Team working – Covering teams having shared objectives, understanding of each other's roles, have enjoyment and freedom of how they work within their team, as well as whether they meeting to discuss the team's effectiveness and whether they deal with disagreements constructively

University Hospitals of Leicester NHS Trust

Annual Deliverable Metrics

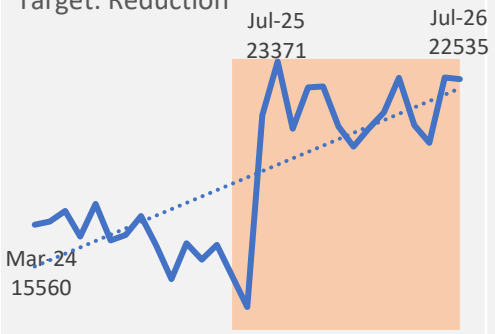
UHL, performance metrics and targets 2026/27

Trendline

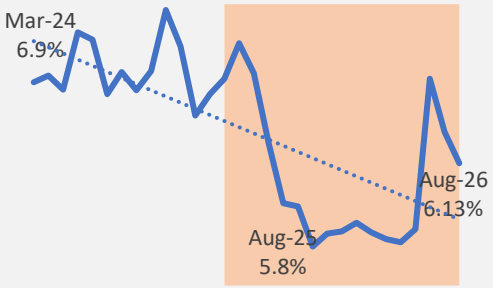
Launch of Annual Deliverables Process (2025/26 onwards)

Deliverable (s)	Targets by April 2027 & Performance	Comments
Transform UEC and improve planned care access, working with partners to deliver care in the right place at the right time Work with partners to provide proactive neighbourhood care across communities		• Increase in GP referrals in July 25 due to Nervecentre PAS, leading to all referrals being recorded at point of receipt (including eRS triage requests). • Significant decrease in 13wk+ diagnostic waits, and greatly improved 6wk compliance, due to reduction due to use of additional activity and productivity improvements • RTT was down from July 25 – Jan 26 due to Nervecentre PAS and change in RTT reporting methodology. From Feb 26, pathways awaiting clinical triage included – as most under 18wks, this improved RTT performance. Outperforming 26/27 plan. • ED Type 1 attendances slightly above target in Q1. Improving 4hr performance although below target / not quite on track with plan

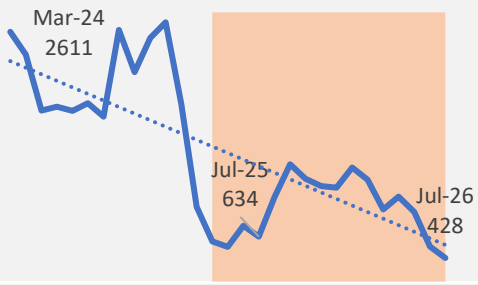
Referrals from primary care to UHL
Target: Reduction



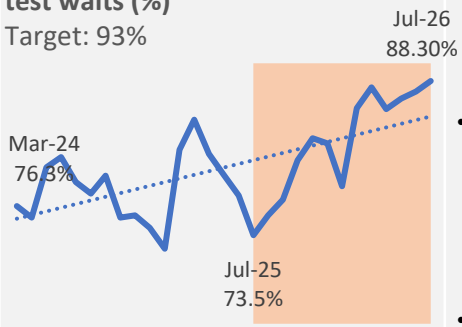
Outpatient DNA (%)
Target: 6% or below



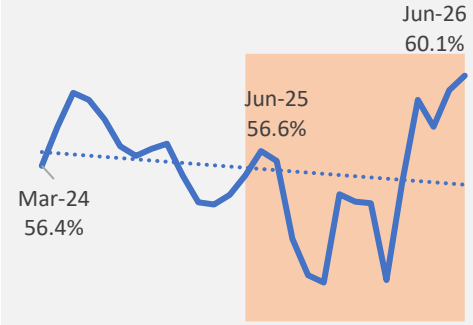
Over 13-week waits for diagnostics
Target: 0 by March 27



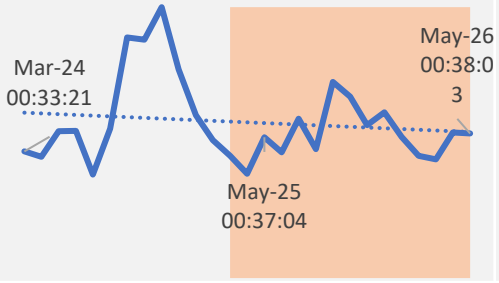
Compliance on 6-week diagnostic test waits (%)
Target: 93%



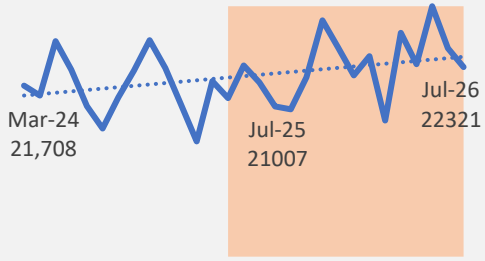
RTT within 18 weeks (%)
Target: 69%



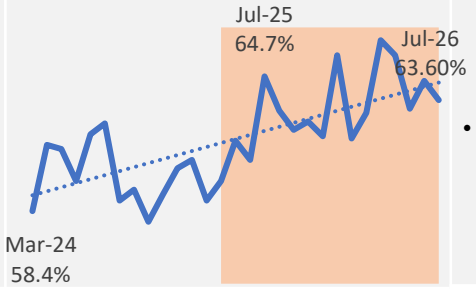
Average category 2 ambulance response time
Target: 25 minutes



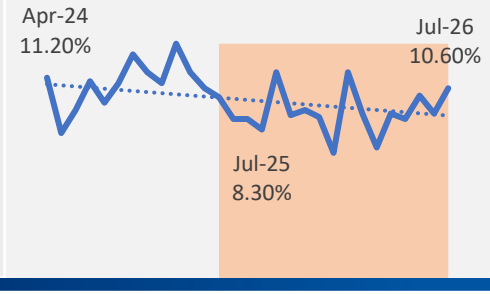
Type 1 ED Attendances (adults & paediatric combined)
Target: 264,711 across 2026/27, with 20978 in July 26



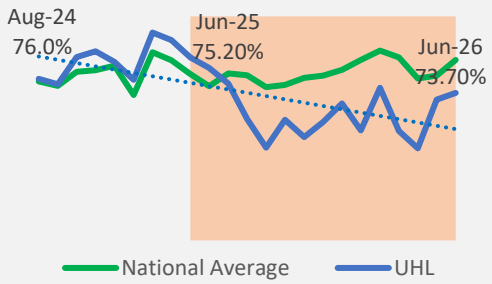
Patients seen in A&E within 4 hours across LLR (%)
Target: 82%



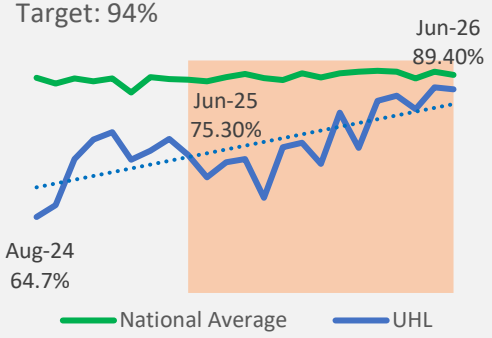
Patients waiting 12+ hours at A&E to discharge or admission
Target: Year on year reduction



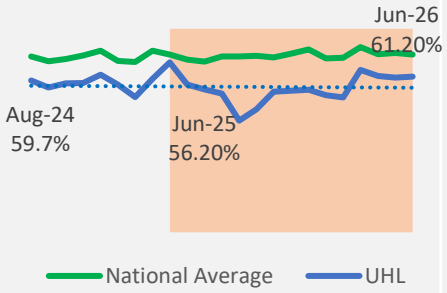
Cancer: 28 Day FDS
Target: 80%



Cancer: 31 Day
Target: 94%



Cancer: 62 Day
Target: 80%



In 2025/26, some specialties faced reduction in capacity due to staffing levels. As a result, proportion of patients diagnosed within 28 days of referral fell from average 80% in Q4 last year to 67.6% in March 26, but is now on an improving trajectory.

UHL has been **most improved nationally** on 31 day measure for the last 3 months.

62-day performance improved by 3.1% in 2025/26.

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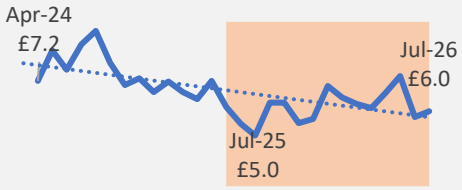
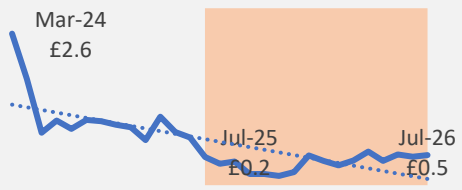
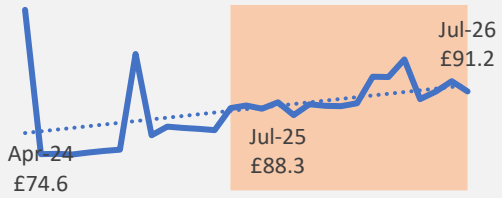
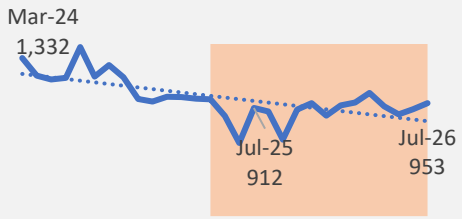
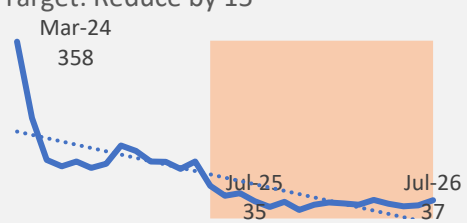
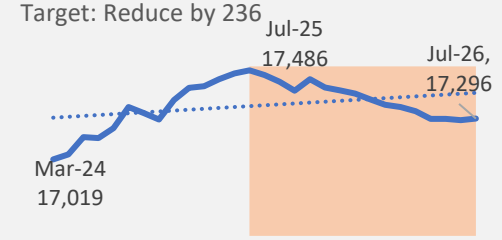
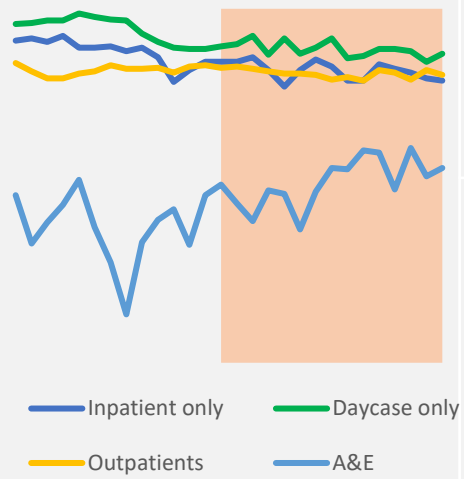
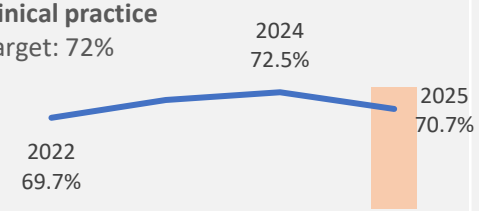
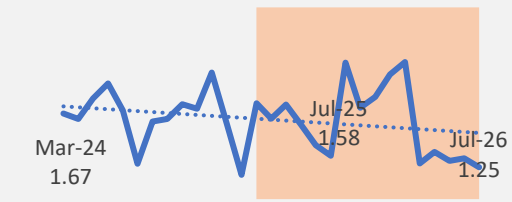
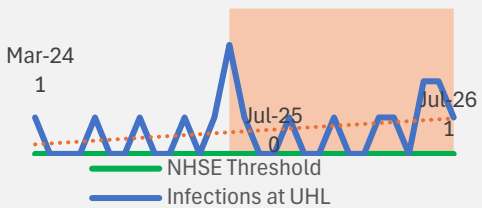
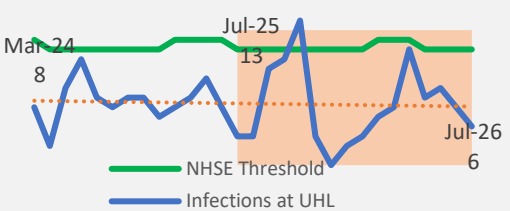
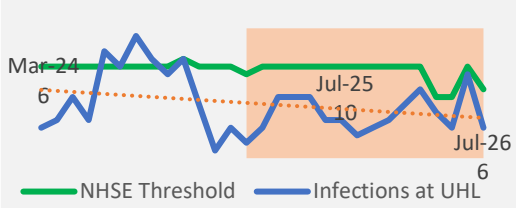
Annual Deliverable Metrics

UHL, performance metrics and targets 2026/27

Trendline

Launch of Annual Deliverables Process (2025/26 onwards)

Deliverable	Targets by April 2027 & Performance	Comments
Achieve our financial plan targets, improving efficiency and productivity	**Bank spend (£m)** Target: 10% reduction  **Agency spend (£m)** Target: 10% reduction  **Substantive spend (£m)** Target: Year on year reduction  **Bank WTE** Target: Reduce by 605  **Agency WTE** Target: Reduce by 15  **Substantive WTE** Target: Reduce by 236  **Cost Improvement Plan** Target: £99m total, comprising £44.5m efficiencies non-pay and commercial, and £54.5m reduction in workforce spend Update: • £32m out of £44m already in CIP delivery trackers (72%) • Opportunities to bridge the remaining gap being developed with Procurement, Proxima and locally led CMG schemes • CMG Non-Pay Governance currently being rolled out across all CMGs to enhance oversight of non-pay delivery • Weekly Non-Pay Steering Group Meetings in place with CFO, Procurement and Proxima	• Significant reductions in agency (especially) and bank (although slight upward trend in bank in July) • Despite substantive WTE figure having decreased from 17,486 in Jul 2025 to 17,296 in Jul 26, spend has risen from £88.3m to £91.2m in same period – people & finance leads are exploring reasons for this (likely in part due to pay awards, overtime etc)
Deliver our quality priorities, including PSIRF and Perinatal Safety Improvement Programme	**FFT (% Would Recommend)** Target: 95.5% inpatients/daycase 96% outpatients, 81% A&E  **Staff survey: % would feel secure raising concerns about unsafe clinical practice** Target: 72%  **Rate of hospital acquired pressure ulcers (per 1,000 OBDs)** Target: 1.7 per 1000 OBDs  **Number of MRSA Infections** Target: Below NHSE Threshold  **Number of E-Coli Infections** Target: Below NHSE Threshold  **Perinatal – long-term performance trends (via monthly data from April 2025 - July 2026)** • Significant improvement in % women at antenatal gestation seen within 15 mins (from 60% in April 25 to 87% July 26) • Downward trend in post partum hemorrhage rate per 1000 (from 26 April 25 to 18 July 26) • Slight upward trend in 3rd and 4th degree perineal tears (from 38 April 25 to 46 July 26) • Downward trend in still birth rate (from 8.5 in April 25 to 2.3 in July 26) **Number of CDIFF Infections** Target: Below NHSE Threshold 	• Slight downward trend since April 2024 in daycase and inpatient FFT (% would recommend), but outpatients stable and A&E upward trend • HAPU Priority 1 patients seen in triage time is consistently 92-93%. Rate per 1,000 bed days has already surpassed target (target to be reviewed) • As of July 2026, E-coli and CDIFF below threshold, MRSA above at 1 infection

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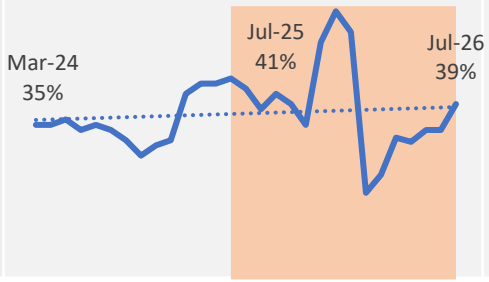
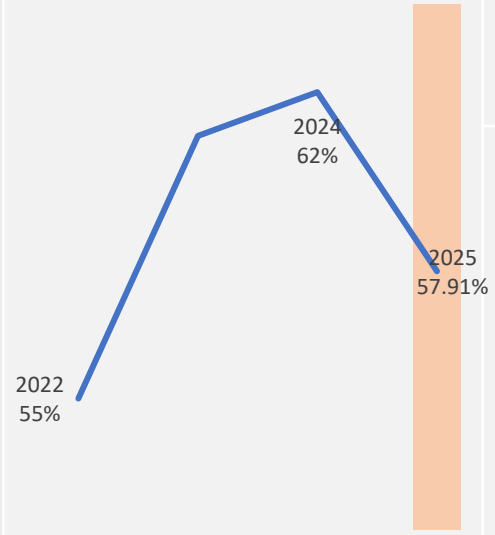
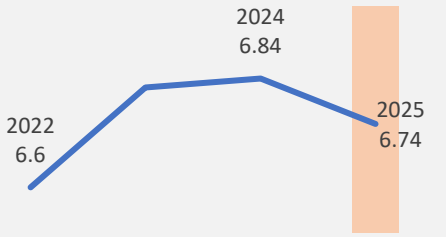
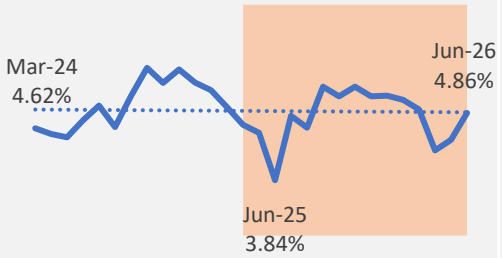
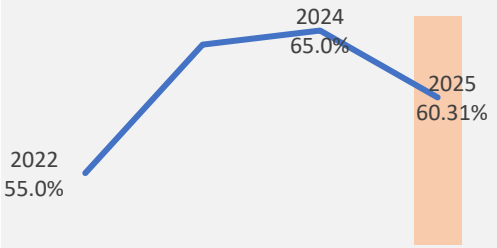
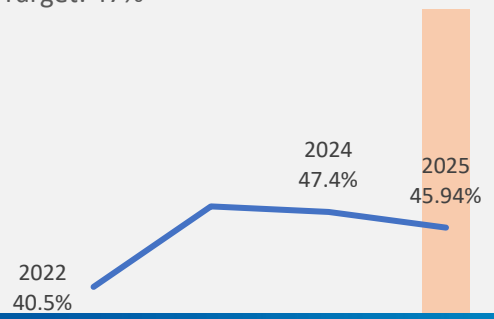
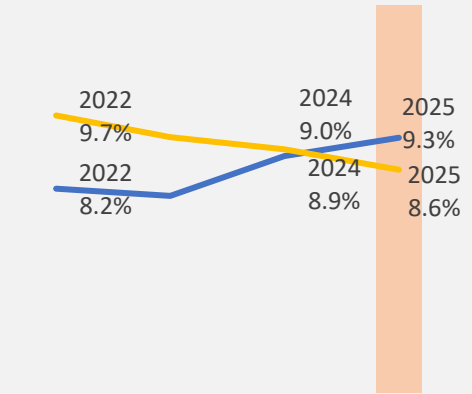
Annual Deliverable Metrics

UHL, performance metrics and targets 2026/27

Trendline

Launch of Annual Deliverables Process (2025/26 onwards)

Deliverable	Targets by April 2027 & Performance	Comments
Take part in more research and commercial trials and studies to benefit patients	**Commercial trials delivered to time and target (%)** Target: 40%  **Research time in job plans** Target: Maintain or improve - consultants 2.69%, nurses 0.09%, and AHPs 2.2% Latest update: Current performance is consultants 2.69%, nurses 0.09%, and AHPs 2.2%. There will also be consultants with research PAs in their job that we don't know about as they are CMG-funded.	• Research time in job plans target surpassed. R&I funding own pay award meaning limited scope to support more PAs • R&I 'turbo-charging' programme is improving commercial research efficiency
Address staff survey feedback through our People Plan, focusing on compassionate and inclusive behaviours	**Staff Survey: % agree UHL takes positive action on health and wellbeing** Target: 60%  **Staff survey: 'we each have a voice that counts' score** Target: 6.8  **Staff sickness absence rate (%)** Target: Equal to or below 4.5%  **Staff survey: % agree would recommend as a place to work** Target: 62%  **Staff Survey: % agree that the organisation values their work** Target: 47%  **Staff Survey: Colleagues reporting having experienced discrimination (%)** Target: Year on year reduction  Discrimination at work from patients / service users, their relatives or other members of the public Discrimination at work from manager / team leader or other colleagues	• Despite UHL's score decreasing against all 7 themes in 2025 compared to 2024, the significant improvements over previous few years mean UHL scores significantly better than benchmark comparators • Over 60% would recommend UHL as a place to work - above comparable trusts, and we perform well on staff engagement and compassionate leadership • In 2026–27 we will focus on EDI, inclusion, belonging in teams, and teamworking

Annual Deliverable Metrics
UHL, performance metrics and targets 2026/27

Deliverable	Targets by April 2027	Update
Continue UHL's 'One Digital' journey to become more data and digitally driven	80% reduction in paper generated at the point of care via Nervecentre Inpatient Optimisation	In June 2026, Inpatient documentation went live for Medical, Nursing and AHP staff, with further releases planned in Q3 and Q4 of 2026/7 focusing on pathway specific documentation in each phase. Target will be achieved by end Q4 2026/27.
	UHL develops FDP to cover 25% of the data warehouse activity joining up data on modern infrastructure	Progress is continuing but is slower as teams working across the group have focused together on the EPR go live at Northampton General Hospital.
Deliver our Clinical Strategy and Corporate Plans- realising benefits through service development and reconfiguration	UHL Clinical Strategy is currently in transition following group announcement – 2026/27 target TBC	UHL actively contributing to review of the GCS Programme and considering approach to transition to UHL only version.
Raise the profile of our Innovation Hub and deliver colleague-led projects	Secure £1m funding through philanthropic and external investment and support 10 innovation projects, comprising both new and existing innovations across the Trust, through to successful implementation and sustainable adoption.	The Health Innovation Hub has received 35 innovation enquiries and has 8 colleague-led projects in its active portfolio. Two innovations have secured funding and successfully gone live, with two further applications totaling approximately £23,000 being submitted this month by the Health Innovation Hub to support additional innovations. The UHL Health Innovation Hub team is now working with colleagues to measure and demonstrate the patient, operational and financial impact of projects.
Build a culture of continuous improvement to enhance patient experience	Achieve Level 3 on the NHS Impact Continuous Improvement Cultural Maturity Self-Assessment for 50% of surveyed staff. Category 3 'Progressing' covers many aspects of an organisation, including executive/leadership behaviours, strategy development and cascade in addition to QI capability.	Undertaken survey / maturity workshop with 39 people - 33% of which identify UHL at level 3 (progressing) on the maturity assessment. Sample size is a limiting factor- it is therefore now mandatory for QI training course delegates to complete the survey as this will increase the numbers by around 400 per year. There is a need for staff understanding of what CI maturity behaviours look like to be able to assess (hence conducting workshops etc).

Appendix B National Oversight framework 2025/26 to 26/27 methodology changes

Metrics that are the same

Domain / subject area	2025/26 metric	2026/27 metric
Access – elective	% of cases where a patient is waiting 18 weeks or less for elective treatment (absolute performance)	% of patients waiting up to 18 weeks for care
Access – elective	% of cases where a patient is waiting more than 52 weeks for elective treatment	% of patients waiting over 52 weeks for care
Access – cancer	% of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	% of cases meeting the 28 day faster diagnosis standard
Access – cancer	% of patients treated for cancer within 62 days of referral	% of cases treated within 62 days of referral
Access – UEC	% of emergency department attendances admitted, transferred or discharged within 4 hours	% of patients admitted, discharged or transferred within 4 hours
Access – UEC	% of emergency department attendances spending over 12 hours in the department	% of patients spending over 12 hours in department
Effectiveness of care	Summary Hospital Level Mortality Indicator	Summary Hospital Mortality Indicator
Experience of care	CQC inpatient survey satisfaction rate	CQC inpatient survey satisfaction rate
Patient safety	Rates of healthcare associated infection (MRSA, C. difficile and E. coli) - single combined metric	Rates of healthcare associated infection (MRSA, C. difficile and E. coli) - single combined metric
Patient safety	NHS Staff Survey - raising concerns sub-score	NHS staff survey raising concerns sub-score
People	Sickness absence rate	Sickness absence rate
People	NHS staff survey engagement theme score	NHS staff survey engagement theme score
Finance	Planned surplus / deficit	Planned surplus or deficit
Finance	Variance year-to-date to financial plan	Variance to plan year-to-date

Metrics that were removed

Domain / subject area	2025/26 scoring metric	What happened
Access – elective	% of cases where a patient is waiting 18 weeks or less for elective treatment - performance compared to plan	Moved from scoring to contextual
Finance, productivity and innovation	Implied productivity level	Moved from scoring to contextual
Patient safety	CQC safe inspection score (if awarded within the preceding 2 years)	Removed from the framework
Effectiveness of care	Average number of days from discharge ready date to actual discharge date	Reassigned to ICBs

Metrics that were added

Domain / subject area	2026/27 scoring metric	Basis for inclusion
Access – diagnostics	% of diagnostic referrals waiting over 6 weeks	Was contextual for acutes in 25/26
Effectiveness of care	30-day readmission rate band	Was contextual for acutes in 25/26
Population health and prevention	% of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Was contextual for acutes in 25/26
People	National education and training survey satisfaction rate	Was contextual for acutes in 25/26
Experience of care	NHS staff survey advocacy rate	Newly applies to acutes
Finance, productivity and innovation	Relative cost difference (National Cost Collection Index)	Newly applies to acutes
Effectiveness of care	Rate of pregnant women with a delayed planned induction per 1,000 deliveries	New metric
Patient safety	Breadth and depth of clinical audit outliers	New metric
Finance, productivity and innovation	% of clinical trials set up within 90 days	New metric
Finance, productivity and innovation	Data Quality Maturity Index	New metric
People	NHS staff standards score	New metric
People	Healthcare worker flu vaccination rate	New metric
People	Temporary staffing cost relative band	New metric