

Trust Board Paper E

Meeting title:	Trust Board					
Date of the meeting:	8 October 2026					
Title:	Integrated Performance Report and Executive Summary					
Report presented by:	Julie Hogg, Deputy Chief Executive / Chief Nurse					
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		Assurance	X	Update	
Where this report has been discussed previously						

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

Impact assessment

Acronyms used

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 3 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

Summary

This report provides a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate.

Main report detail

Key headlines in performance are summarised below:

Summary of UHL Performance: AUGUST 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 	August 2026 saw an increase of 1880 Emergency Department attendances to plan. Eye Casualty saw 143 more attendances than plan. In the first 5 months of this year, we have seen 6911 more patients than plan through our emergency department and eye casualty than plan. 4-hour performance in August did not achieve the trajectory of 68.80% with a performance of 61.20% (UHL only). Type 2 activities achieved 95% against a trajectory of 90.3%. The key challenge in delivery was due to the volume of attendances and waits in ED for beds. An improvement plan is in place to address this going forward, but we see the volume impact as one of our key challenges and are therefore working with the Integrated Care Board on actions to reduce demand. LRI monthly ambulance handover has been challenged during the first five months of the year, however, our performance has remained improved v's the same period last year and we met trajectory each month with average handover at 21.11 minutes in August v's a plan of 35.32 minutes. We had 0 extended delays on ambulances (over 8 hrs). The 12-hour performance (total time in dept) was 7.89% therefore achieving trajectory of <10%. Emergency admissions were over plan by 548 admissions against plan again driving challenges in flow from the Emergency Department for patients waiting for beds along with impacting the overall length of stay. Whilst not exhaustive some key improvement initiatives are: - • Work on LoS continues following challenges during the summer August has seen a slight improvement with a reduction to 3.53 days v's the plan of 3.56 days,. • The Urgent Treatment Centre building work is progressing and remains on track to open in August 2027. • The Children's and Young People same day emergency care proposal has been completed and funding has been confirmed. Mobilisation is now underway and a commencement date will be confirmed next month. • Acute Virtual Ward funding has been approved, and the service will commence in October • UEC Clinical Operating standards have been fully rolled out, and monitoring mechanisms have been agreed and implemented during July and August. • SDEC continues to perform well overachieving trajectory. Improving discharge pathways action plan is in place along with the transfer of the Discharge Hub to UHL in November 2026.
Elective Care	Figures remain as forecast for August, due to a national extension on submission dates until the 23rd September.

Referrals and Outpatient performance Elective activity Pathway Improvements 	The total waiting list remains above plan and is a key priority. In August, it is forecast to be approximately 115,085, with 18-week performance at 60.1% against a 61% plan. By September, 18-week performance is expected to recover to 62.5%, in line with plan, while the waiting list reduces to 111,625. This improvement will be delivered through additional activity, clock stops and targeted validation by services and the central team. External validation support has also been contracted until the end of March 2027, doubling validation capacity. The August position for 65-week waits is expected to be 62 patients (of which 43 are Orthopaedics). Weekly calls are in place with CMGs led by the CEO and COO. The expectation is that all specialities with less than 100 patients in their cohort will be at zero by the end of September and Orthopaedics have been asked to be at zero by the end of December, with an improving month on month position. September forecast is 35, with the vast majority in Orthopaedics. Our risk currently sits at 78. This assumes all admitted dated in month patients go ahead. The risk sits in undated / dated beyond September and a 30% conversion from non-admitted dated in month to admitted. The current forecast for August 52-week wait position is circa 2,370 patients, equating to 2.1% of the total waiting list, remaining adverse to plan. The forecast for September is 2,332 patients, equating to 2% of the total waiting list. The plan for 26/27 is to deliver <1% of the total waiting list over 52 weeks by the end of March 27. Productivity and activity: Capped theatre utilisation increased slightly from 81.1% in July to 81.7% in August and is 82.1% year to date, whilst below the 85% target it still puts the Trust in the upper quartile nationally for theatre productivity. Patient Initiated Follow Up continues to perform strongly at 6.1% in August, while follow-up appointments without a procedure remained stable at 48.6%. Outpatient performance and recovery: The outpatient DNA rate was 6.8% in August and 6.5% year to date, above the 4.9% target. The increase is still impacted by digital issues relating to appointment reminders. The issues have been escalated to UHL digital teams. Other outpatient indicators continue to perform strongly.
Cancer Referrals 2 week wait Faster Diagnosis Standard 62-day referral to treatment 	Demand remains above last year, with rolling year-to-date (Aug 25 – Jul 26) referrals 1.5% higher and conversion rate of 6.5% broadly in line with the national average of 6.1%. July cancer performance showed a varied but improving position with improvements continuing in two of the three standards with the third only having a slight deterioration (0.8%) on the previous month. FDS performance improved to 77.3% in July, representing a 3.6% improvement from June and providing early evidence that recovery actions are taking affect. Whilst this improvement is encouraging, it is yet to be sustainable with a reliance on insourced and additional sessions to support. Performance remains fragile and continues to be constrained by challenges within Breast, Head & Neck and Colorectal pathways. Breast performance improved further to 83.0%, supported by recovery in first appointment waits and the continuation of additional capacity measures. Head & Neck delivered 50.6%, remaining adverse to plan, although improvements in first appointment waits are now being seen following the introduction of the triage pilot and additional workforce support. Colorectal performance continues to be affected by CTC reporting delays and pathway inefficiencies, with focused pathway redesign and service improvement plans underway to support recovery anticipated to impact from Q3. Delivery remains dependent on sustaining the actions within the tumour-site recovery plans and associated tiered improvement interventions.

	31 Day performance remained strong at 91.2%, delivering 6.1% favourable to plan. This reflects sustained improvement across the standard, with Radiotherapy and Drug treatments continuing to perform well. Surgical pathways remain the principal area of challenge, particularly within Lung services, where theatre capacity and workforce constraints continue to affect delivery. Although the overall position remains favourable, continued operational grip is required to maintain performance in areas impacted by high-risk anaesthetic capacity, theatre availability and pathway sequencing. 62 Day performance remained broadly unchanged at 60.4%. Whilst stable, performance remains below the national standard and continues to be most affected by Breast, Lower GI and Urology pathways. The Trust backlog position remains static, with 384 patients waiting over 62 days and 103 patients waiting over 104 days at the end of August. Breast, including screening, remains the largest contributor to the backlog at 26.8%, followed by Lower GI (18.2%) and Urology (14.6%). Targeted recovery actions, clinical prioritisation, enhanced backlog reviews and tumour-site level recovery plans remain critical to improving delivery. The improvement focus is now appropriately shifting from short-term recovery activity towards the delivery of sustainable pathway flow. However, the pace of recovery remains vulnerable due to workforce shortages, diagnostic capacity constraints and delays in embedding agreed pathway changes. Without sustained delivery of improvement plans there is a significant risk that recent gains will not be maintained. Priority actions therefore remain focused on accelerating clinical decision-making, increasing the use of parallel diagnostics, reducing delays between result and action, strengthening multidisciplinary team processes and improving imaging and pathology turnaround times. In parallel, tumour-site teams are expected to demonstrate clear ownership of backlog reduction plans, with robust scrutiny through PTL review processes and tiered escalation arrangements where trajectories are not being achieved. Breast, Head & Neck, Colorectal and Urology remain the Trust's highest-risk pathways and require continued executive oversight and focused operational support to achieve sustained improvement.
Quality 	<i>Quality performance remains mixed, with areas of improvement alongside a number of indicators requiring continued executive focus. Patient experience remains positive, with Friends and Family Test performance at 94.4% in August (94.7% YTD), and patients continuing to highlight the kindness and professionalism of staff despite concerns regarding waiting times, communication, discharge delays and responsiveness. Complaint performance continues to improve, with responses within 25 working days increasing to 85.6% and performance within 60 working days reaching 88.9%, reflecting the sustained focus on reducing the historic backlog and improving responsiveness to patient concerns.</i> <i>Patient safety and flow remain key areas of concern. One Never Event was reported in August, bringing the year-to-date total to seven, with investigation and learning being taken forward through the PSIRF framework and strengthened safe surgery governance arrangements. System flow pressures continue to impact performance, with non-elective length of stay above plan, discharge delays remaining elevated and 17.1% of general and acute bed occupancy accounted for by long-stay patients. These pressures continue to affect capacity and highlight the importance of the Trust's discharge improvement and length of stay reduction programmes.</i> <i>Clinical effectiveness indicators remain broadly stable, with mortality measures showing expected performance.</i>
Finance	The month 5 position for the Trust is a deficit of £9.9m which is £0.6m better than plan. This position includes £1.6m of costs related to industrial action incurred during M1.



The CIP target in Q1 was £9.5m. For Q2, this doubles to £20.2m so delivering plan will become significantly more challenging each month. If the current run rate continues and does not improve then the Trust will be significantly adverse to plan over Q2. It is imperative that plans are formulated and progressed asap - particularly on bank and agency run rate reduction.

The cash position at the end of Month 5 is £17.8m which is a reduction of £11.5m from month 4. If the Trust's financial position becomes adverse to plan then deficit support will be lost, which amounts to £4.7m per month. This will make the cash position even more challenged and creditor payments will need to be managed.

Workforce



Overall Workforce Plan

The overall Whole Time Equivalent (WTE) workforce in M5 was 18,365 WTE which is 282 WTEs above the plan representing a 1.56% variance to plan. This variance to plan is driven by bank staff usage which is significantly above the submitted workforce plan. Below is a summarised breakdown of the workforce WTEs.

- **Agency staff** usage has positively decreased from previous month's use by 10WTE and is recorded at 27 WTEs below the planned 29 WTEs. Agency spend is 0.54% of the total pay bill. Usage remains high within AHPs recorded at 22 WTEs overall (high usage remains within cost centre M22 Ultrasound department at LRI for AHPs & R30 Histopathology), usage high across CSI.
- **Bank staff** usage decreased compared to previous month by 10 WTEs. However, usage is significantly above the planned target by 53% with usage recorded at 942 WTE which is 328 WTE above plan. Bank usage is significantly high in ESM - notably among Qualified Nursing & Unregistered Nursing staff (incl HCSWs). CHUGGS, E&F and W&C also show relatively high bank staff usage. Overall Bank spend as a % of Total pay bill is at 5.76%.
- **Contracted Substantive staff** was recorded at 17,396 WTE representing a positive variance of 0.26% (that is 45WTEs) below the planned position of 17,441WTEs.

Turnover and agency controls

Workforce turnover has seen a further 0.3% reduction to 6.8% and remains below the 10% target. Registered nursing, midwifery and HCSW vacancies have all reduced

There is currently one non-clinical agency worker aligned to the capital programme, which has been approved by NHSE.

Agency workers above the price cap have reduced from 26 to 18 in August following the placement ending of a doctor and 3 Sonographers, alongside seasonal reductions with some workers taking a summer break.

The regional AHP rate-reduction plan is currently paused. August rates remain in place for Sonographers and July rates for Cardiac Physiologists.

New medical agency appointments now follow the West Midlands medical rate card, agreed through an NHS England workstream.

Mandatory training and appraisal

Mandatory training compliance has remained at 93% across the Trust. Although the RAG rating is red, it should be noted that the compliance of 93% is higher than many other NHS organisations nationally and is not an immediate risk, however the target of 95% is desirable.

	Appraisal performance is at 82.9%, against the 95% target. The appraisal process for all staff (excluding Doctors) has been reviewed and a revised process launched into UHL effective from June. The focus is on quality coaching led conversations including career aspirations. ESR will be trialled to be the main data platform for appraisals which will create administrative efficiencies and improve reporting capabilities. There now needs to be a greater focus on services reviewing their appraisal performance to identify the drivers for low compliance, and any additional targeted support. Sickness absence and prevention Sickness absence is reported one month in arrears and in July we saw a 0.11% increase. Over the last 12 months, the highest levels of absence are in E&F (6.25%), W&C (5.63%) and ITAPS (5.05%). A key priority within the NHS 10-Year Plan (2025) is the shift from sickness to prevention and one of the key areas of focus in the NHS Staff Standards is health and wellbeing. A UHL working group has reviewed the data to identify three key workstreams to support the achievement of the national 4.1% absence target set out in the 10-Year plan. Governance and rating Workforce performance continues to be reviewed through CMG Performance Review meetings, CMG Boards, Senior Leadership Teams and Specialty Reviews. Overall, an amber rating remains in place.
Transformation & Productivity Key Overview e.g Urgent and Emergency Care Elective, digital, Estates etc	<u>Theatres</u> Theatre utilisation was 81.6% in August, consistent with July (81.2%) and slightly below the YTD position of 82.3%. UHL remains ranked Green (Quartile 4) in Model Hospital for week ending 23rd August, achieving 84.0% utilisation and outperforming both peers (79.3%) and the national median (81.0%). EMPCC continues to perform strongly, delivering 86.4% utilisation with cancellations of 5.9% in August. Compared with YTD (Apr-Aug 2025) utilisation has improved from 75.1% to 87.0%; cancellations have reduced from 8.7% to 5.9% and late starts from 14.6% to 6.4%. Key actions underway: - Targeted improvement programmes are in place across Adult MSS, Gastro and Paediatrics, focusing on reducing cancellations, improving theatre flow, increasing utilisation, and addressing pathway with benefits expected in future reporting periods. - A new listing tool, incorporating the Golden patient model and standardisation listing description has been developed with sign off planned through September Theatre Board. (YTD late starts: 24% Apr-Aug 2026 vs. 25% Apr-Aug 2025). - On the day cancellation policy is due for review, the policy is being strengthened to improve oversight and escalation of OTDC with planned board sign off for October (YTD OTDC rate: 8.5% Apr-Aug 2026 vs. 8.3% Apr-Aug 2025). - Progress Automated Theatre reminders with a planned scoping meeting scheduled 14th September. BADS day case performance remains below the 85% (81.3% May vs. peers 83.7%) intended management coding has been reviewed and training provided throughout July, with

September day case review planned through the Theatre Board to identify improvement opportunities per speciality and increase day case delivery.

Outpatients

PIFU performance remained relatively stable in August, with the conversion rate reducing slightly to 6.1%. This equates to 5,342 patients moved to PIFU from 85,935 outpatient attendances. Year-to-date performance is 5.9%, against the 6.5% year-end trajectory. PIFU remains a key enabler of specialty plans to reduce routine follow-up demand. Specialty targets will be reviewed and reset using national benchmarking and opportunity data

The DNA rate has reduced to 6.4%, with the year-to-date position at 6.6%. DNAs continue to be a significant area of focus due to their impact on patient access, clinic utilisation and waiting times.

The rollout of Ambient Scribe has had a significant impact on appointment reminders. Patient mobile numbers are now being sourced from Nervecentre rather than the Personal Demographics Service (PDS), exposing longstanding data quality issues within Nervecentre. As a result, a proportion of reminder messages have not been delivered to the intended recipients, contributing to the increase in DNA rates seen over recent months. Work is underway to correct the underlying data quality issues, resolve the clinic list discrepancies and restore reliable appointment reminder functionality.

A revised Accurx reminder schedule—issuing reminders 14, 7 and either 3 or 1 day before appointments—is technically ready but remains on hold while the Nervecentre data quality issues are resolved. Once these dependencies have been addressed, implementation will be prioritised. The enhanced reminder schedule, together with increased character limits, will enable more personalised and informative patient communications, which are expected to support improved attendance and contribute to reducing DNAs.

UEC

- 6067 monthly SDEC attendances delivered in August (9% above monthly target)
- 2215 calls received to Clinical Bed Bureau in August 3% below baseline average in 25/26. 26/27 target to be agreed. Data does not yet include CBB E-referral data. This is still being validated.
- 24hour red line patients at 1.6% in August, an improvement from July 2025 where it was 2.8%
- Average Ambulance Handover Time 20 minutes, a 9 minute improvement from previous month and a 37 minute improvement August 2025.
- Interprofessional Standards/COS – E referrals - 67% closed within 15 minutes. A deterioration of 1% from same month previous year.
- Interprofessional Standards/COS– E referrals 63% closed within 60 mins. A deterioration of 4% from same month previous year.
- IPS/COS guidelines, SOP and Monitoring tool now in place per GIRFT. Monitoring tool currently being underutilised.
- Handover of ambulance assessment contract from Amvale to in house team successful and working well.

- Overall VW utilisation remains strong, with Diabetes and Haematology running at 95% occupancy (Detail in VW updates).
- Work ongoing to evaluate the financial and operational impact of the newly released National SDEC guidance regards to logging all SDEC activity in the admitted care dataset.
- Works on going to deliver both the GH SDEC and Urology Expansion plans following capital funding approvals.

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

August 2026

Oversight Framework

Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Clostridium Difficile per 100,000 Bed Days	167 Cases	26.1	11.6	19.4	17.0				Mar-24	Local	Chief Nurse and Medical Director
Methicillin Resistant Staphylococcus Aureus	0	4	1	2	10				Mar-24	Local	Chief Nurse and Medical Director
E-Coli per 100,000 Bed Days		16.0	11.6		20.0				TBC	No Target	Chief Nurse and Medical Director
Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.7	1.3	1.2	1.6	1.3				Sep-26	Local	Chief Nurse and Medical Director
Sickness Absence	3%	4.8%	5.0%		4.6%				Mar-25	Local	Chief People Officer
30 Day Readmission Rate		9.8%	10.1%		10.3%				TBC	No Target	TBC
Published Summary Hospital-level Mortality Indicator (SHMI)	100				94 (Jan25 to Dec 25)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
Emergency Department 4 hour waits UHL *	61%	64.5%	63.6%	64.1%	64.2%				Mar-23	National	Chief Operating Officer
% of 12 hour waits in the Emergency Department	10.3%	9.2%	10.6%	7.9%	9.4%				Mar-23	National	Chief Operating Officer
Referral to Treatment (RTT) 18 wk performance *	69.3%	60.1%	60.0%						Sep-26	Local	Chief Operating Officer
Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes *	0.9%	2.1%	2.1%						Sep-26	Local	Chief Operating Officer
6 Week Diagnostic Test Waiting Times *	5%	12.7%	11.7%	12.9%					Jul-23	National	Chief Operating Officer
28 Day Faster Diagnosis Standard *	80%	73.7%	77.3%		72.3%				May-24	National	Chief Operating Officer
Cancer 62 Day Combined *	70%	61.2%	60.4%		61.0%				May-24	Local	Chief Operating Officer
Trust level control level performance	-£10.6m	-£1.9m	-£1.6m	-£1.0m	-£10m				Jun-22		Chief Financial Officer
Capital expenditure against plan	£17.7m	£2.2m	£3.6m	£7.1m	£20.9m				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.

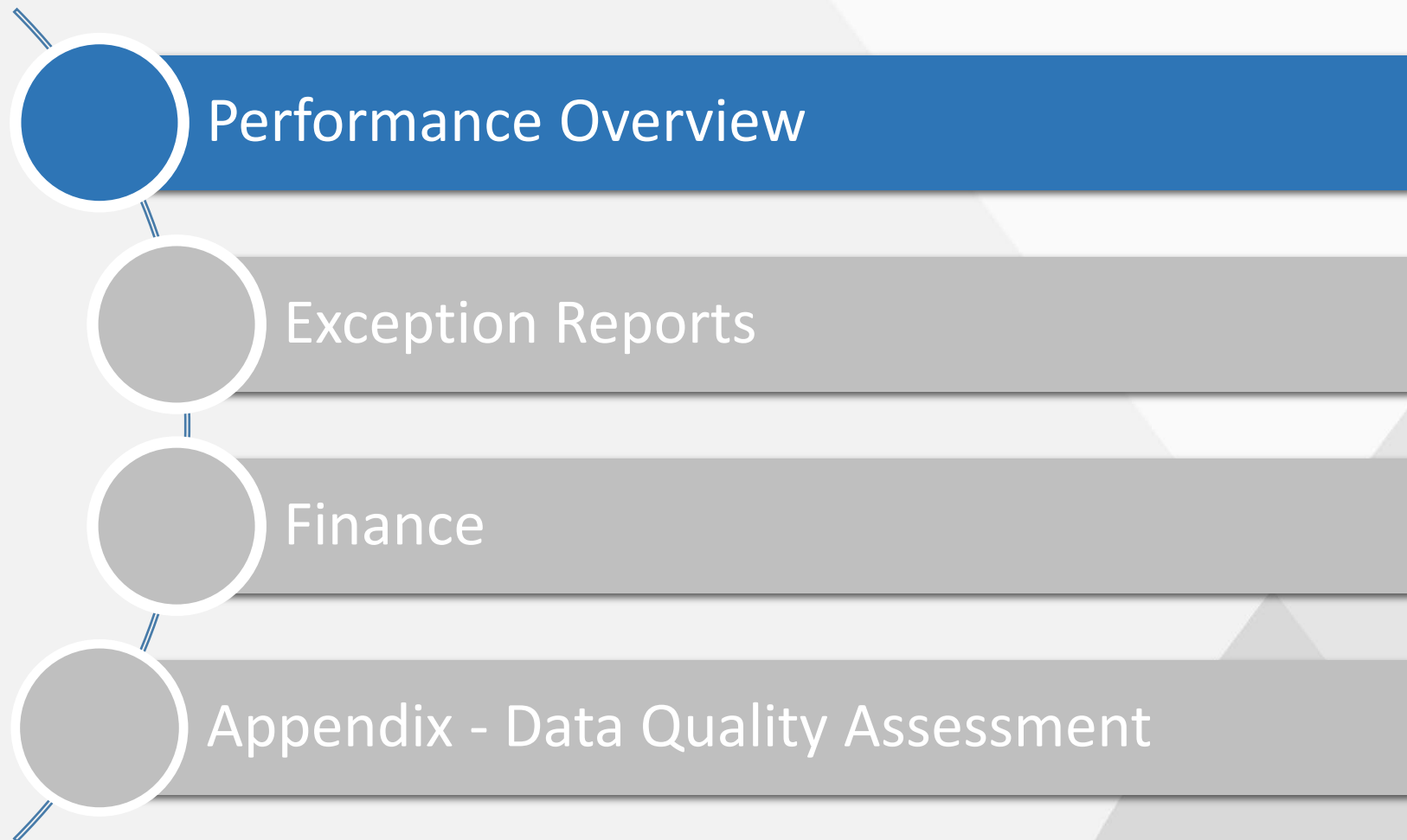
Integrated Performance Report

August 2026

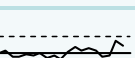
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Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Safe	Never events	0	0	2	1	7				Aug-26	National	Chief Nurse and Medical Director
	Clostridium Difficile per 100,000 Bed Days	167 Cases	26.1	11.6	19.4	17.0				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin Resistant Staphylococcus Aureus	0	4	1	2	10				Mar-24	Local	Chief Nurse and Medical Director
	Methicillin-susceptible Staphylococcus Aureus	40	4	9	6	34				Mar-24	Local	Chief Nurse and Medical Director
	All falls reported per 1000 bed days	4.0	4.4	3.9		3.5				Aug-26	Local	Chief Nurse and Medical Director
	Rate of Moderate harm and above Falls per 1,000 bed days	0.19	0.09	0.12		0.10				Sep-26	Local	Chief Nurse and Medical Director
	Hospital Acquired Pressure Ulcers - All categories per 1000 bed days	1.7	1.3	1.2	1.6	1.3				Sep-26	Local	Chief Nurse and Medical Director
	% of all adults Venous Thromboembolism Risk Assessment on Admission	95%	96.8%	96.7%	97.5%	97.5%				Aug-26	National	Chief Nurse and Medical Director
	Number of Patient Safety Incident Investigations (PSIIs) commissioned		0	2	3	11	Awaiting more data for assurance and variance			Nov-24	No Target	Chief Nurse and Medical Director
	Number of reported Patient Safety Incidents		2648	2422	2248	11935				Nov-24	No Target	Chief Nurse and Medical Director
	Rate of reported Patient Safety Incidents (per 1000 inpatient, outpatient and ED attendances)		17.0	16.6	16.4	16.6				Nov-24	No Target	Chief Nurse and Medical Director

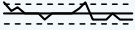
Performance Overview (Caring)

Domain	Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Caring	Single Sex Breaches		30	71	38	193				Jul-22	No Target	Chief Nurse and Medical Director
	Inpatient and Day Case Friends & Family Test % Positive	95.5%	94.7%	94.4%	94.4%	94.7%				Jul-22	Local	Chief Nurse and Medical Director
	A&E Friends & Family Test % Positive	80.0%	86.5%	87.3%	85.4%	86.7%				Jul-22	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 25 Working days	90.0%	56.5%	85.6%		64.4%				Jul-23	Local	Chief Nurse and Medical Director
	% Complaints Responded to in Agreed Timeframe - 60 Working days	90.0%	88.9%			80.0%				Jul-23	Local	Chief Nurse and Medical Director

Performance Overview (Well Led)

Domain	Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Well Led	Turnover Rate	10%	7.3%	7.1%	6.8%					Aug-26	Local	Chief People Officer
	Sickness Absence	3%	4.8%	5.0%		4.6%				Mar-25	Local	Chief People Officer
	% of Staff with Annual Appraisal	95%	83.2%	82.8%	82.9%					Mar-25	Local	Chief People Officer
	Statutory and Mandatory Training	95%	93%	93%	93%					Dec-22	Local	Chief People Officer
	Adult Nursing Vacancies	7%	5.0%	6.5%	5.8%					Dec-23	Local	Chief People Officer
	Paed Nursing Vacancies	10%	5.3%	8.4%	8.1%					Dec-23	Local	Chief People Officer
	Midwives Vacancies	7%	1.3%	1.1%	1.0%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - excluding Maternity	5%	13.4%	11.8%	11.7%					Dec-23	Local	Chief People Officer
	Health Care Assistants and Support Workers Vacancies - Maternity	5%	8.3%	5.2%	5.1%					Dec-23	Local	Chief People Officer
	% Bank spend of Pay Bill	8%	5.9%	5.8%	5.8%					May-25	National	Chief People Officer
	% Agency spend of Pay Bill	3.2%	0.5%	0.5%	0.5%					May-25	National	Chief People Officer
	Agency Off Framework activity- No. of shifts	0	0	0	0		Awaiting more data for assurance and variance			May-25	National	Chief People Officer
	Non Clinical Agency- No. of Staff	0	1	1	1		Awaiting more data for assurance and variance			May-25	National	Chief People Officer
	Agency Staff above Price cap	0	24	26	18		Awaiting 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		Awaiting 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		Awaiting 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		Awaiting more data for assurance and variance			May-25	National	Chief People Officer

Performance Overview (Effective)

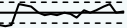
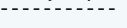
Domain	Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Effective	Published Summary Hospital-level Mortality Indicator (SHMI)	100				94 (Jan25 to Dec 25)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	12 months Hospital Standardised Mortality Ratio (HSMR)	100				96 (Feb 25 to Jan 26)	Assurance and variance not applicable			May-21	National	Chief Nurse and Medical Director
	Crude Mortality Rate		0.8%	0.8%	0.8%	0.8%				May-21	No Target	Chief Nurse and Medical Director
	DNA Rate - IMD Deciles 1 and 2	5%	10.5%	9.8%	8.9%	9.3%				Feb-24	Local	Director of Health Equality and Inclusion
	DNA Rate - IMD Deciles 3 - 10	5%	6.8%	6.3%	5.7%	5.9%				Feb-24	Local	Director of Health Equality and Inclusion

Performance Overview (Responsive Emergency Care)

Domain	Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Emergency Care)	Emergency Department 4 hour waits LLR	78%	77.8%	78.1%	78.7%	78.1%				Mar-23	National	Chief Operating Officer
	Emergency Department 4 hour waits UHL	61%	64.5%	63.6%	64.1%	64.2%				Mar-23	National	Chief Operating Officer
	Mean Time to Initial Assessment	15	6.1	7.0	7.7	7.1				Nov-24	National	Chief Operating Officer
	% 12 hour trolley waits in Emergency Department (DTA)	10.3%	3.6%	3.8%	2.4%	3.7%				Mar-23	National	Chief Operating Officer
	% of 12 hour waits in the Emergency Department	10.3%	9.2%	10.6%	7.9%	9.4%				Mar-23	National	Chief Operating Officer
	Average Clinical Handover time for ambulance handovers (Minutes)	30	28	29	20	28				Data sourced externally	Local	Chief Operating Officer
	Non Elective Average Length of Stay	7.2	7.7	7.8	7.5	7.5				Aug-25	Local	Chief Operating Officer
	% of Patients Discharged on Discharge Ready Date	88.1%	87.7%	87.5%	89.0%	88.2%				Aug-25	Local	Chief Operating Officer
	Average Delay (Post Discharge Ready Date)	3.8	4.7	4.9	5.0	4.7				Aug-25	Local	Chief Operating Officer
	Trust Bed Occupancy	92.0%	88.7%	87.9%	85.9%					Dec-23	National	Chief Operating Officer
	Long Stay Patients (21+ days) as a % of G&A Bed Occupancy	10%	17.5%	17.4%	17.1%					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	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Elective Care)	Referral to Treatment Incompletes	105,500	115,279	116,558						Jun-23	Local	Chief Operating Officer
	Referral to Treatment (RTT) 18 wk performance	62.3%	60.1%	60.0%						Sep-26	Local	Chief Operating Officer
	Referral to Treatment (RTT) – First Attendance - % waiting less than 18 weeks	68.1%	63.8%	64.4%			Awaiting more data for assurance and variance			Sep-26	Local	Chief Operating Officer
	Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes	0.9%	2.1%	2.1%						Sep-26	Local	Chief Operating Officer
	6 Week Diagnostic Test Waiting Times	5%	12.7%	11.7%	12.9%					Jul-23	National	Chief Operating Officer
	Theatre Utilisation	85.0%	83.3%	81.2%	81.7%	82.1%				Dec-23	National	Chief Operating Officer
	Patient Initiated Follow Up	5.5%	6.0%	6.2%	6.1%	5.9%				Oct-23	Local	Chief Operating Officer
	% Outpatient Did Not Attend rate	4.9%	7.3%	6.8%	6.4%	6.5%				Apr-23	Local	Chief Operating Officer
	% Outpatient Non Face to Face	25%	27.8%	27.2%	24.9%	26.9%				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	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Responsive (Cancer)	28 Day Faster Diagnosis Standard	80%	73.7%	77.3%		72.3%				May-24	National	Chief Operating Officer
	Cancer 31 Day Combined	96%	89.4%	91.2%		89.0%				May-24	National	Chief Operating Officer
	62 Day Backlog Combined	152	377	353	384					Dec-24	Local	Chief Operating Officer
	Cancer 62 Day Combined	70%	61.2%	60.4%		61.0%				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	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Finance	Trust level control level performance	-£10.6m	-£1.9m	-£1.6m	-£1.0m	-£10m				Jun-22	Chief Financial Officer
	Capital expenditure against plan	£17.7m	£2.2m	£3.6m	£7.1m	£20.9m				Jun-22	Chief Financial Officer
	Cost Improvement (Includes Productivity)	£21.3m	£5.6m	£4.7m	£5.5m	£23.8m				Dec-23	Chief Financial Officer
	Cashflow	No Target	-£1.4m	£2m	-£11.5m	£17.8m				Jun-22	Chief Financial Officer
	Aged Debt	No Target	£14.9m	£17.3m	£16.2m					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (value)	95%	96%	96%	96%					Feb-24	Chief Financial Officer
	Invoices paid within 30 days (volume)	95%	94%	91%	93%					Feb-24	Chief Financial Officer

Performance Overview (Activity)

Domain	Activity Type	Plan 26/27	Plan in Month (M5)	Activity In Month (M5)	Variance In Month (M5)	Plan YTD	Actual YTD	Variance YTD	YTD Variance to 19/20
Activity	New Outpatients (inc. NFTF)	271,664	21,774	22,216	442	112,577	118,281	5,705	5,960
	Follow Up Outpatients (inc. NFTF)	574,448	46,052	40,125	-5,927	236,901	209,141	-27,760	-38,628
	Outpatient Procedures	235,076	19,284	19,079	-204	97,816	97,837	22	34,691
	Daycase	133,927	10,696	10,422	-274	54,917	54,315	-603	8,673
	Inpatient	23,088	1,856	1,889	32	9,655	10,307	652	1,913
	Emergency	117,020	9,372	9,843	471	47,423	49,747	2,324	8,698
	Non Elective	23,094	1,962	2,039	77	9,684	10,144	459	1,138
	Emergency Department (inc. Eye Casualty)	289,426	22,572	24,602	2,030	118,421	125,332	6,911	16,764
	Diagnostic Imaging (inc. Direct Access)	418,297	34,809	31,254	-3,555	172,235	167,158	-5,077	97,973
	Other	12,855,542	995,570	768,762	-226,808	5,119,937	5,125,302	5,364	1,394,927
	TOTAL	14,941,583	1,163,948	930,232	-233,716	5,979,566	5,967,564	-12,003	1,532,108

*Source Early Cut and Forecasting File

The DM01 plan for imaging activity for M5 was 1,363 below plan in month (26,021 vs 27,384) and was -3,389 below plan YTD (134,149 vs 137,538)

Performance Overview (Workforce Performance Overview)

Activity Type	WTE	Apr 26	May 26	Jun 26	Jul 26	Aug 26
Performance against the workforce plan (Contracted Substantive)	Planned in Month	17,377	17,389	17,392	17,392	17,497
	Actuals in Month	17,294	17,293	17,284	17,296	17,396
	Variance (Actual vs Plan)	-83	-96	-108	-96	-45
	% Variance (Actual vs Plan)	-0.47%	-0.55%	-0.62%	-0.55%	-0.26%

Planned data is from the NHSE submitted 26/27 workforce plan and the actuals are from a combination of the ESR and finance ledger figures.

Performance Overview (Productivity Dashboard)

Productivity Dashboard v4.0 - UHL Trustwide		25/26							26/27						Assurance				
Metric		Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	26/27 YTD	Variation	Assurance	Average	26/27 Target	19/20 Baseline
£	Finance: CpWAU	4,071	4,126	4,135	4,085	4,013	4,019	3,934									4,139	-	4,250
Ops & Clinical Productivity	Ops: Avg LoS for Elective Inpatients (nights)	2.83	2.96	3.00	3.23	2.99	2.92	3.08	3.17	3.51	3.06	3.22	3.08	3.21			3.08	-	3.37
	Ops: Avg LoS for emergency admissions	3.39	3.54	3.33	3.47	3.44	3.58	3.46	3.42	3.52	3.57	3.69	3.53	3.55			3.74	-	3.85
	Ops: Bed occupancy	87.4%	92.8%	87.4%	88.9%	93.4%	91.5%	88.4%	90.3%	89.9%	88.7%	87.9%	85.9%	88.5%			88.9%	-	~
	Ops: Do not meet Criteria to Reside (avg pts per day)	481	476	471	477	511	506	476	469	479	491	488	477	481			460	-	~
Theatres	Theatres: Capped Utilisation	81.2%	80.7%	81.2%	80.9%	80.2%	82.0%	81.4%	81.8%	82.7%	83.4%	81.2%	81.6%	82.1%			78.6%	85.0%	68.1%
	Theatres: ACPL	1.99	1.98	1.92	1.96	1.90	1.96	1.98	1.92	2.04	2.02	2.02	2.05	2.01			1.94	-	2.06
	% Theatre Sessions Utilised	88.7%	93.6%	79.9%	83.9%	88.4%	81.9%	90.9%	81.3%	81.6%	91.2%	89.3%	83.3%	85.3%			84.4%	-	
	Theatres: OTDC	8.3%	8.4%	8.5%	8.7%	9.4%	8.9%	9.7%	8.4%	8.4%	8.4%	9.0%	8.3%	8.5%			8.8%	5.0%	8.5%
	Diagnostics (Endoscopy): APPL	8.80	8.50	7.80	7.30	7.70	7.90	8.30	8.75	8.70	9.80	11.00	8.70	9.39			7.79	10.50	~
Outpatients	Outpatients: Clinic Utilisation	96.5%	96.6%	98.6%	96.7%	98.0%	97.7%	98.2%	100.3%	97.6%	96.3%	95.2%	95.8%	97.0%			93.2%	95.0%	90.9%
	Outpatients: DNA Rate	6.3%	5.9%	6.1%	6.1%	6.1%	6.0%	6.0%	6.0%	6.1%	7.3%	6.8%	6.4%	6.5%			6.7%	5.0%	6.6%
	Outpatients: % PIFU	4.8%	5.2%	5.5%	5.5%	5.7%	5.3%	5.7%	5.7%	5.6%	6.0%	6.3%	6.2%	6.0%			4.9%	6.5%	~
	Outpatient: % OPA Follow Up without procedure	52.9%	52.1%	51.3%	51.1%	50.6%	49.5%	49.5%	49.0%	49.3%	49.3%	48.6%		49.0%			54.5%	-	~
	A&G: Specialist Advice Utilisation Rate	12.9	13.1	12.3	11.6	11.8	11.7	11.5	11.5	11.8	10.7			11.3			11.4	12.6	~
Diagnostics	Diagnostics: MRI Machine Productivity (Adjusted)	70.4%	71.4%	68.9%	78.5%	72.2%	69.8%	72.7%	70.9%	77.5%	70.8%	69.2%	72.3%	72.1%			71.7%	-	~
	Diagnostics: MRI scans per hour	1.30	1.30	1.30	1.30	1.40	1.30	1.30	1.30	1.40	1.30	1.30	1.40	1.34			1.34	1.80	~
	Diagnostics: MRI DNA rate	4.2%	3.9%	3.7%	4.1%	2.9%	3.4%	3.6%	3.7%	2.7%	3.4%	3.8%	2.8%	3.3%			3.9%	3.0%	~
	Diagnostics (Endoscopy): In session booked utilisation	92.5%	95.6%	93.4%	86.4%	83.4%	83.3%	90.2%	91.8%	92.5%	94.0%	92.3%	92.9%	92.7%			90.1%	95.0%	~
	Diagnostics (Endoscopy): In session actual utilisation	85.2%	86.0%	85.3%	79.1%	76.6%	76.3%	82.6%	83.9%	83.0%	85.5%	85.0%	85.0%	84.5%			81.4%	85.0%	~
	Diagnostics: CT Machine Productivity (Adjusted)	78.2%	82.0%	72.2%	72.0%	79.1%	90.4%	80.8%	80.6%	87.3%	88.1%	86.5%	90.3%	86.6%			76.6%	-	~
	Diagnostics: CT scans per hour	2.10	2.30	2.00	2.10	2.30	2.50	2.40	2.20	2.40	2.40	2.40	2.60	2.40			2.28	3.30	~
	Diagnostics: CT DNA rate	2.7%	2.9%	2.6%	3.2%	1.8%	2.8%	2.9%	2.5%	2.3%	1.9%	2.0%	2.1%	2.2%			3.0%	3.0%	~

Variation/assurance icons are based on Statistical Process Control (SPC) charts and use data from April 2023 (where available) to latest reported month.
No recalculations are currently applied to any metrics.

Performance Overview (Productivity Dashboard Commentary)

Section	Commentary
Finance	No August update is available. Data remains to March 2026 and shows year-on-year improvement in CpWAU, noting that the month 12 position includes impairment.
Ops & Clinical Productivity	Operational flow has broadly improved during 2026/27. In August, elective and emergency length of stay were 3.08 and 3.53 nights, both below 19/20 baselines. Bed occupancy fell to a period low of 85.9%, while 477 patients per day did not meet Criteria to Reside, slightly below the 2026/27 average of 481. No formal targets are set for these measures.
Theatres	Theatre performance remains broadly stable. August capped utilisation was 81.6%, above the 19/20 baseline but below the 85% target. ACPL was 2.05, close to the 2.06 baseline. Session utilisation remained variable at 83.3%, while OTDC was 8.3%, still above the 5% target. Neither targeted measure met target in August, so cancellation reduction and list planning remain priorities. Endoscopy APPL has improved since winter and met target in July, but this was not sustained. August performance was 8.7, below the 10.5 target and the 2026/27 average of 9.39.
Outpatients	Outpatient performance remains strong. August clinic utilisation was 95.8%, meeting the 95% target and exceeding the 19/20 baseline. DNA was 6.4%, above the 5% target (still impacted by NC interface for text message reminders), while PIFU sustained its longer-term improvement at 6.2% but remained below the 6.5% target. Follow-up data are available only to July, when performance improved to 48.6% from 49.3% in June. No July or August update is available from Model Hospital for Advice & Guidance utilisation rate. June remains latest at 10.7, continuing the gradual decline from autumn 2025 and remaining below the 12.6 target.
Diagnostics	Diagnostic performance remains varied. August targets were met for MRI DNA (2.8%), endoscopy actual utilisation (85.0%) and CT DNA (2.1%). Endoscopy booked utilisation was 92.9%, below its 95% target, however in session utilisation remained strong at 85%. MRI scans per hour remained below target at 1.4, while CT productivity was strong at 90.3%, with an improvement with scans per hour, however this remains below target. Discussions have been held with UHB who have long waits but stronger productivity to understand differences, a further meeting is due to be held later this month.

Performance Overview (Perinatal)

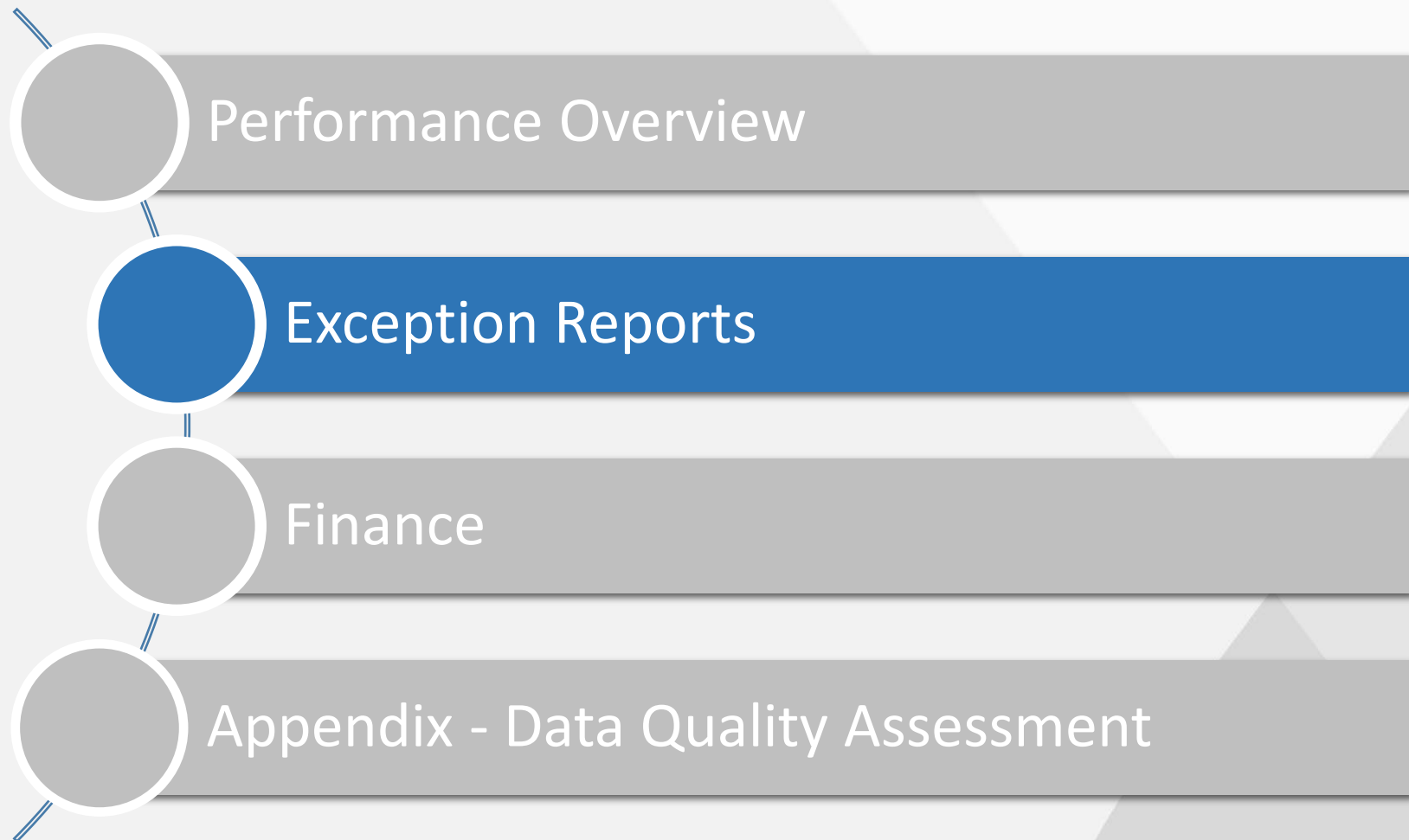
Key Performance Indicator	Target	Jun-26	Jul-26	Aug-26	YTD	Assurance	Variation	Trend	Data Quality Assessment	Local or National Target?	Exec Lead
Neonatal deaths		2	2	1		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
Stillbirths		5	2	8		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
No of MNSI Safety Recommendations and Safety Prompts	No Target	0	1	3	5				TBC	Local	Chief Nurse and Medical Director
Maternity Triage - % seen within 15 mins	90%	78.7%	81.7%	82.6%		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
Maternity Triage - % seen within 30 mins	95%	96.4%	96.8%	96.1%		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
Maternity Triage - Mean time to initial assessment (minutes)	15	9.8	9.0	8.9		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
Induction of Labour (Mean Time to Decision to Artificial Rupture of Membranes)		24.0	39.0	33.0		Awaiting more data for assurance and variance			TBC	No Target	Chief Nurse and Medical Director
Neonatal unit admissions		164	179	129	768				TBC	No Target	Chief Nurse and Medical Director
Total number of Postpartum Hemorrhage (PPH) >1500ml		28	19	38		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director
Total number of 3rd & 4th Perineal Tears		45	45	27		Awaiting more data for assurance and variance			TBC	Local	Chief Nurse and Medical Director

Performance Overview (Perinatal Commentary)

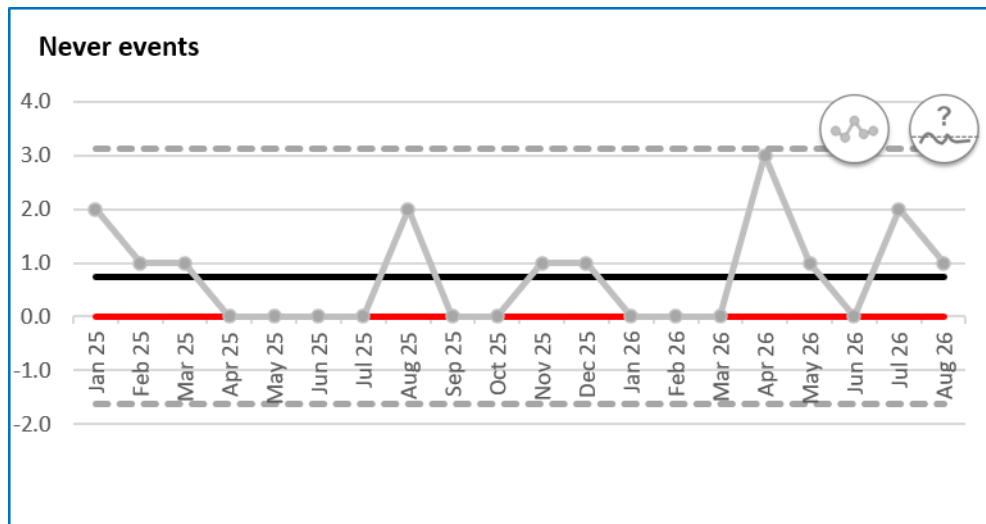
Section	Commentary
Overall position	Patient flow and outcomes improved in August. PPH increased, and eight babies were stillborn. These losses involved preterm and complex pregnancies. We acknowledge the impact on the families affected while multidisciplinary reviews continue.
What is the data telling us?	There were 781 births in the month August. Perineal trauma fell to 2.7%; NNU admissions reduced to 129, Triage within 30 minutes rose to 96.1%, while decision-to-ARM improved by 6 hours. Stillbirth increased to 10.4 per 1,000 (8 cases: 3 extreme pre-term at <28 weeks' gestation and 5 pre-term at 28–35 weeks), compared with 2.3 in July and 5.2 YTD, and is the clearest August exception. PPH >1,500ml rose to 3.85% from 1.87% in July. Triage within 15 minutes rose to 82.6% and mean assessment time fell slightly to 8.9 minutes. These movements require active review rather than interpretation from one month alone.
Actions, recovery and assurance	Stillbirths: Multidisciplinary reviews of all eight cases are underway; themes and actions will be confirmed through maternity governance. The Q2 Perinatal Safety Report will be the next checkpoint. Nb. No MOSS signal has been issued, and the 8 cases relate to preterm and complex cases. PPH: The PPH Working Group, through PSIP Workstream 3, is implementing Element 5 of the Maternity Care Bundle. Cross-site simulation and monthly review focus on checklist use, haemorrhage-protocol activation above 1,500 ml, Blood Bank communication, TEG prompts and debriefing. The Q4 measure is >25% improvement in activation, escalation and debrief compliance; recovery will require sustained SPC improvement. Triage: W&C Head of Operations is the SRO for Triage Improvement working with the Maternity Assessment Unit Working Group & PSIP team responding to the national specification published in July 2026. Daily and weekly oversight tracks staffing, escalation, demand and 15/30-minute performance. Priorities are peak/weekend medical review, competency, separation of planned and urgent care, BSOTS/EPR reliability and repeat audit. Most controllable actions are due by December 2026. An end-October operational checkpoint will assess 15-minute triage and decision-to-ARM; triage will be formally reassessed in February 2027. Decision-to-ARM remains under capacity and escalation review. A firm recovery date will follow agreement of IPR targets and milestones.

Performance Overview (Monthly Trajectory Values)

	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27
Emergency Department 4 hour waits UHL	64.7%	64.9%	66.7%	67.9%	68.6%	67.2%	68.4%	67.6%	66.0%	66.1%	67.0%	69.2%
% 12 hour trolley waits in Emergency Department (DTA)												
Average Clinical Handover time for ambulance handovers (Minutes)	33	37	31	29	35	31	37	31	30	37	30	30
Non Elective Average Length of Stay	7.26208	7.05498	6.73911	6.7483	7.27459	6.81398	7.09846	6.79289	6.78775	7.11376	7.19993	7.21009
% of Patients Discharged on Discharge Ready Date	89.2%	89.5%	88.8%	87.6%	87.6%	86.7%	88.2%	87.2%	88.6%	87.9%	87.6%	88.1%
Trust Bed Occupancy	89.6%	86.4%	88.6%	90.6%	88.2%	89.5%	93.1%	90.2%	90.8%	94.5%	93.1%	94.1%
Referral to Treatment Incompletes	113367	112445	110485	109563	108930	106630	102732	100376	100207	99823	98054	96243
Referral to Treatment (RTT) 18 wk performance	57.0%	57.0%	59.0%	60.0%	61.0%	62.5%	64.0%	66.0%	66.0%	67.0%	68.0%	69.3%
Referral to Treatment (RTT) – First Attendance - % waiting less than 18 weeks	63.60%	64.60%	65.70%	66.70%	67.70%	68.80%	69.90%	70.90%	72.00%	73.00%	74.10%	75.10%
Referral to Treatment (RTT) 52+ weeks as a % OF Total Incompletes	2.0%	1.9%	1.8%	1.6%	1.5%	1.4%	1.3%	1.1%	1.0%	0.8%	0.7%	0.5%
6 Week Diagnostic Test Waiting Times	14.0%	13.5%	13.0%	12.5%	11.5%	11.0%	9.5%	8.0%	10.0%	9.0%	8.0%	7.0%
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	70.0%	72.0%	80.9%	82.2%	78.4%	79.8%	82.0%	84.8%	83.7%	82.9%	83.9%	80.0%
Cancer 31 Day Combined	80.0%	81.1%	85.1%	85.1%	78.1%	89.1%	89.0%	81.0%	90.1%	81.0%	87.1%	90.0%
Cancer 62 Day Combined	57.5%	60.0%	62.4%	60.0%	57.5%	60.0%	65.1%	67.5%	70.0%	67.5%	70.0%	70.0%



Safe– Never Events



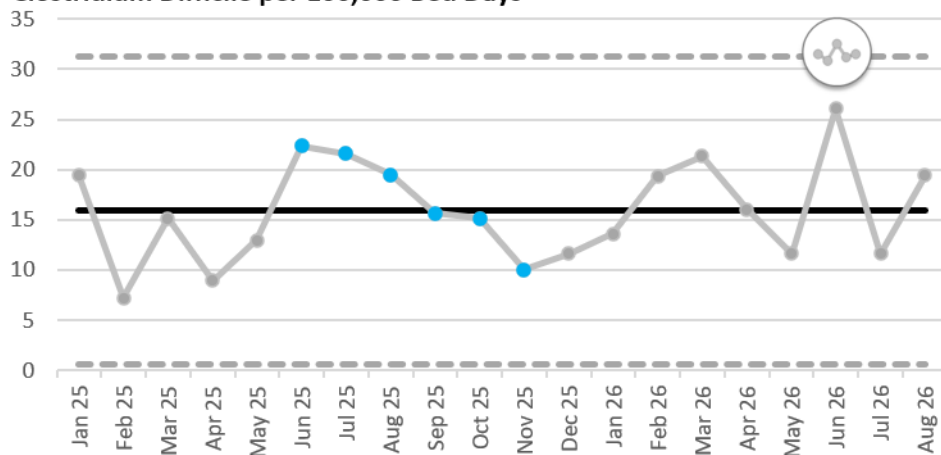
Current Performance		
Aug 26	YTD	Target
1	7	0

National Position & Overview
Peer data not available.
UHL reported 8 Never Events in 2022/2023
UHL reported 4 Never Events in 2023/2024
UHL reported 6 Never Events in 2024/2025
UHL reported 4 Never Events in 2025/2026

Root Cause	Actions	Impact/Timescale
Retained foreign object post procedure	Apology given to the parents of the patient and informed of investigation into events. Parents are being engaged with and involved in the investigation. Patient discharged home. Never Events are integrated within the PSIRF governance framework Patient Safety Incident Investigation (PSII) will incorporate review of previous similar incidents for themes, learning and actions To strengthen oversight of the Safe Surgery work programme, a Safe Surgery Steering Group is being re-established to provide oversight of refreshed safe surgery action plan. To commence in October 2026 and have CMG MDT representation and will report into Patient Safety Committee.	Completed Ongoing Ongoing Ongoing

Safe Clostridium Difficile per 100,000 Bed Days

Clostridium Difficile per 100,000 Bed Days



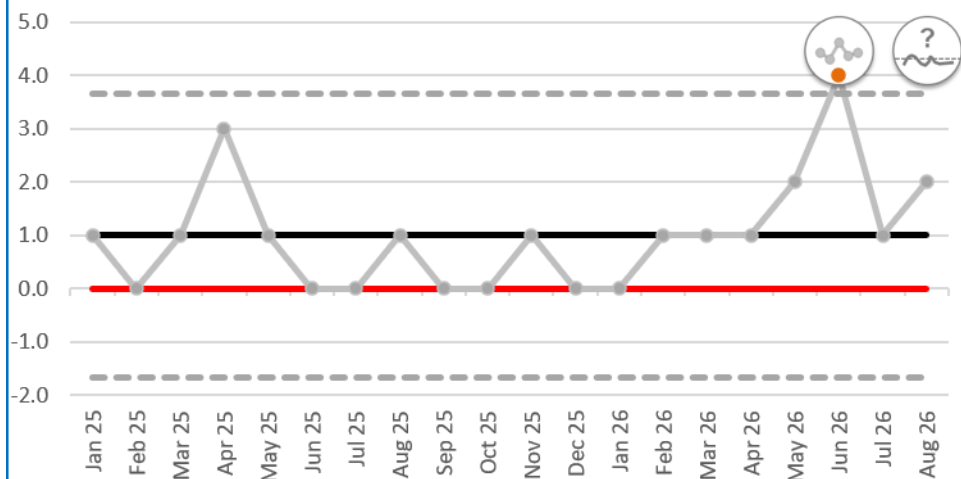
Current Performance			Number of Cases		
Aug 26	YTD	Target	Aug 26	YTD	Target
15	60	0	15	60	131

National Position & Overview			
	Aug 2026	Total	
CDIFF NHSE Threshold 26/27	11	131	
* Actual Infections (HOHA) 26/27	10		
* Actual Infections (COHA) 26/27	5		
* Actual Infections Total (HOHA & COHA) 26/27	15		
UHL 100,000 Bed Days (HOHA) 26/27	19.39	16.95	*YTD UKHSA Report
National Average	21.05		
National Highest	95.76		
National Lowest	0		

Root Cause	Actions	Impact/Timescale
- No changes to current themes identified in previous month across UHL; Themes include: - Delay in identification of cases ifive tool under utilised - Delay in isolation into a single room on suspicion of infection. - Delay in antimicrobial treatment - Poor compliance with stool chart documentation - Laxatives not reviewed for altered bowel output prior to specimen sample sent.	- CMGs are working towards actions identified in the UHL CDI Reduction Plan - These are identified on the Action Trackers for each CMG and monitored via TIPOG - IP PSIRF reviews (Patient Safety Incident Response Framework) are completed for CDI cases, and where required an MDT table top review	- Any immediate actions to be taken will be raised in TIPOG and the wards accordingly and this was further discussed with CMGS at TIPOG 16.04.2026 - CDI thematic review to be submitted for Q4 to TIPAC

Safe – Methicillin Resistant Staphylococcus Aureus

Methicillin Resistant Staphylococcus Aureus Total



Current Performance

Aug 26	YTD	Target
2	8	0

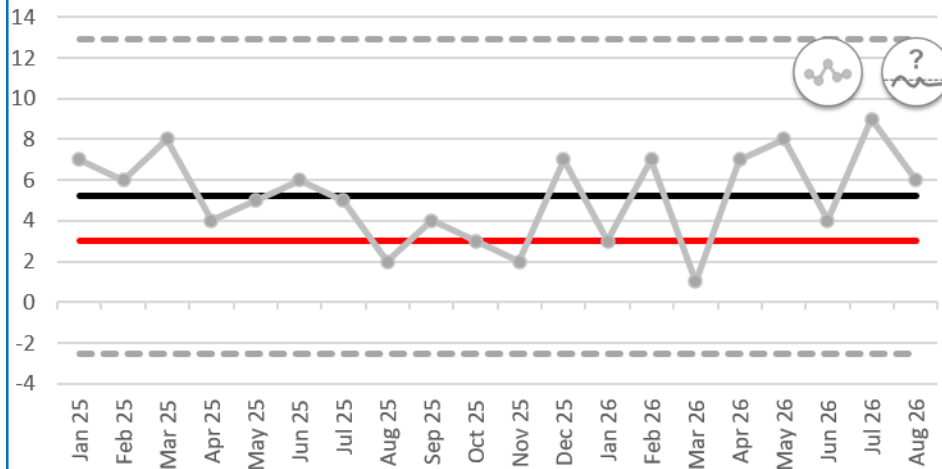
National Position & Overview

	Aug 26	Total	
MRSA NHSE Threshold 26/27	3	40	
* Actual Infections (HOHA) 26/27	0		
* Actual Infections (COHA) 26/27	2		
* Actual Infections Total (HOHA & COHA) 26/27	2		
UHL 100,000 Bed Days (HOHA) 26/27	0	1.97	*YTD UKHSA Report
National Average	1.06		
National Highest	18.69		
National Lowest	0		

Root Cause	Actions	Impact/Timescale
- Variation in compliance with MRSA screening and decolonisation policy, with missed opportunities to mitigate infection risk in high-risk patients. - Variable completion of VIP and RAID assessments reduces assurance regarding safe ongoing management of vascular access devices. - ANTT compliance remains below the expected standard and requires urgent improvement to reduce infection risk. - Delayed escalation for specialist vascular access assessment resulted in multiple peripheral cannulations where PICC or midline devices may have been more appropriate.	- Vascular Access Policy and Committee review required to support the delivery of some of the required actions identified in previous reports - UHL Vascular Access report completed in support of a gap analysis within the Trust and Improvement Programme - An MRSA/MSSA Task and Finish Group will be established through TIPOG (17/09/26) to expedite some of the previous actions identified - An Initial report will be prepared for the October TIPAC	Expected Impact: Strengthened surveillance and assurance of vascular access practice.

Safe – Methicillin-susceptible Staphylococcus Aureus

Methicillin-susceptible Staphylococcus Aureus



Current Performance

Aug 26	YTD	Target
6	34	40

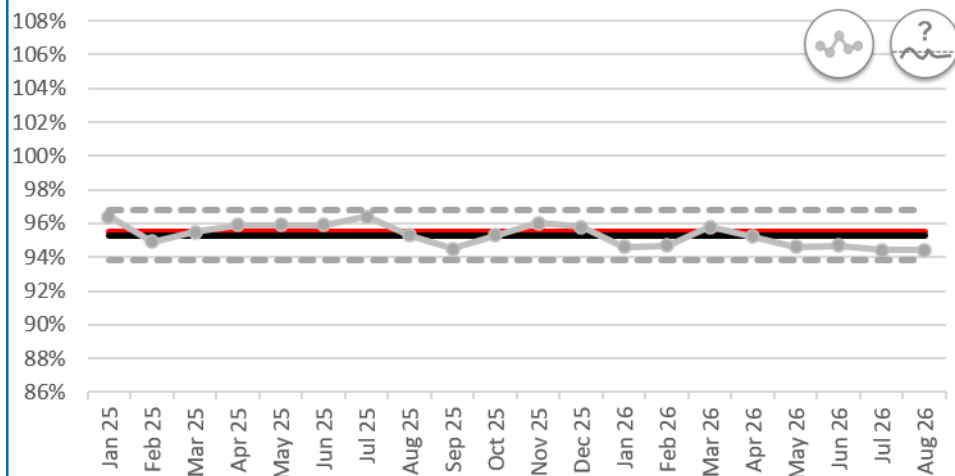
National Position & Overview

	Aug 26	Total	
MSSA NHSE Threshold 26/27	3		
* Actual Infections (HOHA) 26/27	6		
* Actual Infections (COHA) 26/27	0		
* Actual Infections Total (HOHA & COHA) 26/27	6		
UHL 100,000 Bed Days (HOHA) 26/27	11.63	11.72	*YTD UKHSA Report
National Average	11.60		
National Highest	44.21		
National Lowest	0		

Root Cause	Actions	Impact/Timescale
- Vascular access devices were present in the majority of reviewed cases, indicating device management as a significant contributory factor. - Recurring themes include inconsistent compliance with PVAD and CVC management standards.	- Vascular Access Policy and Committee review required to support the delivery of the required actions identified in previous reports - UHL Vascular Access report completed in support of this. - An MRSA/MSSA Task and Finish Group will be established through TIPOG (17/09/26) to expedite some of the previous actions identified - An Initial report will be prepared for the October TIPAC	Expected Impact: Strengthened surveillance and assurance of vascular access practice.

Caring – Inpatient and Day Case Friends and Family Test % Positive

Inpatient and Day Case Friends & Family Test % Positive



Current Performance

Aug 26	YTD	Target
94.4%	94.7%	95.5%

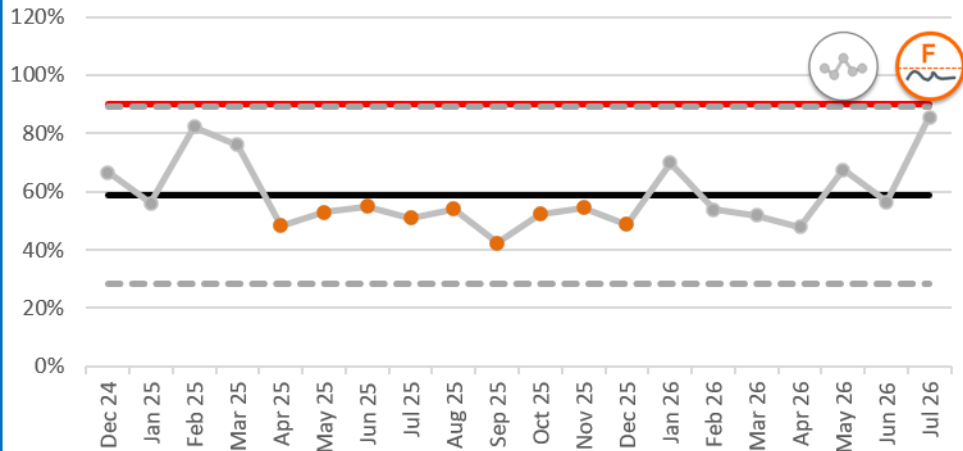
National Position & Overview

National Inpatient % positive result in July 2026 (most recent available) was 94.3%. Trust Peer Group result for July 2026 was 94.6%.

Root Cause	Actions	Impact/Timescale
August inpatient FFT detractor feedback was primarily driven by concerns relating to waiting times, delays to treatment and discharge, poor or inconsistent communication, and the impact of staffing pressures on responsiveness. Additional themes included medication delays, noise at night and ward environment issues. Despite these concerns, many respondents continued to praise the kindness and professionalism of staff.	Feedback has been shared with relevant CMGs and ward teams for review. Services will focus on improving communication with patients and relatives, reducing delays where possible, strengthening discharge processes, ensuring timely medication administration, and addressing concerns relating to responsiveness, ward environment and patient experience. Any serious concerns have been highlighted through appropriate governance processes.	Immediate concerns will be reviewed locally and acted upon where required. Progress against the identified themes will be monitored through monthly FFT reporting, with services expected to implement improvement actions during September to November 2026 and provide assurance where concerns persist.

Caring – % Complaints Responded to in Agreed Timeframes

% Complaints Responded to in Agreed Timeframe - 25 Working days



25 Working Days

Jul 26	YTD	Target
85.6%	64.4%	90%

60 Working Days

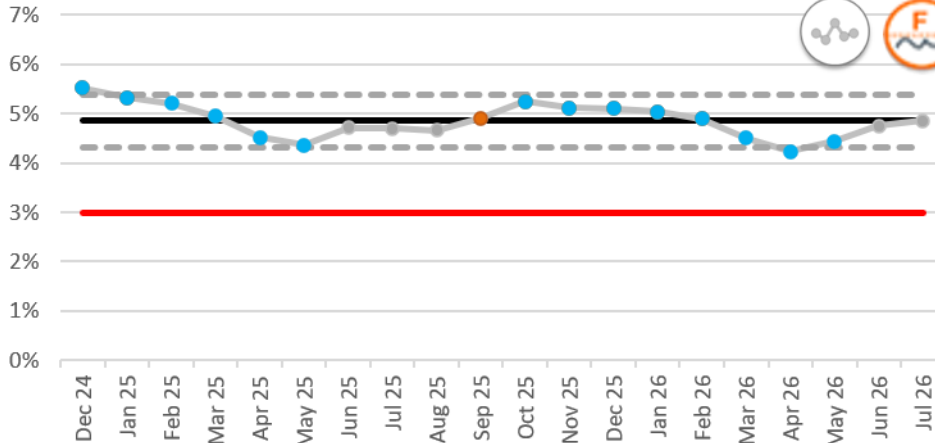
Jun 26	YTD	Target
88.9%	80.0%	90%

National Position & Overview

Root Cause	Actions	Impact/Timescale
Performance against the 25-working-day standard improved to 85.6% in July 2026 For complaints managed within 60 working days, performance was 88.9% in June 2026	- Maintain oversight of complaints approaching or exceeding their due dates - Request support from the CMG Senior Triumvirate to ensure timely clinical and nursing responses to complaints, enabling response deadlines to be met and reduce overdue cases. - Prioritise completion of older cases while protecting timely responses to new complaints. - Review delayed cases to identify recurring causes and agree targeted improvement actions with the relevant services.	The improvement in July indicates positive movement towards the 90% standard Continued monitoring and targeted escalation are required to sustain this trajectory and improve the year-to-date position. Progress reviewed frequently, with exceptions and recurrent delays escalated through the appropriate CMG and corporate governance arrangements.

Well Led – Sickness Absence

Sickness Absence



Current Performance

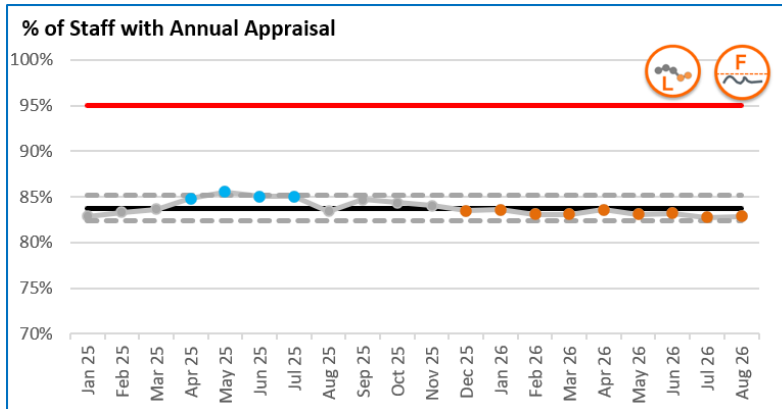
Jul 26	YTD	Target
5.01%	4.6%	3%

National Position & Overview

July has seen a 0.11% increase in sickness absence.

Root Cause	Actions	Impact/Timescale
- Clinical CMG's have seen a 0.13% increase and Corporate Directorates a 0.02% reduction. - Over the last 12 months, the highest levels of absence are in E&F (6.25%), W&C (5.63%) and ITAPS (5.05%). - The areas achieving the 3% target are within the Corporate Directorates. - The top 3 reasons for sickness absence are anxiety/stress/depression (23.33%), Other known reasons (12.99%) and other musculoskeletal problems (10.62%).	- One of the key priorities in the NHS 10-year plan is to shift from sickness to prevention. A UHL Supporting Attendance at Work is established to take this forward for our workforce, along with plans to achieve the national 4.1% target. Having reviewed the data there will be three workstreams: Unknown/Other Reasons - Reduce 'unknown/other' coding by improving sickness reason capture at first report / manager correction / and during RTW conversations. Stress - To be compliant with the stress risk assessment process and use primary and secondary interventions to reduce stress in the workplace Reducing Sickness Absence in Services - Reduce sickness absence in the top 9 areas with highest absence. - 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 it 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. - Plans are on track for the launch of the 2026/27 flu vaccination campaign launch on 1 October 2026. The plans include an increased number of Peer Vaccinators along with Super Flu Days.	- 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".

Well Led – % of Staff with Annual Appraisal



Current Performance

Aug 26	YTD	Target
82.9%	-	95%

National Position & Overview

Peer data not available.

The August position is somewhat static in comparison to the previous month's compliance Trust wide, and remains 12.11 away from the target of 95%.

Root Cause

- 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 remained static due mainly to a decline in the Corporate compliance and CSI for clinical areas. Positive gains are seen, in ITAPS, MSS, Operations and E&F with ITAPS over the 95% compliance rate.

Actions

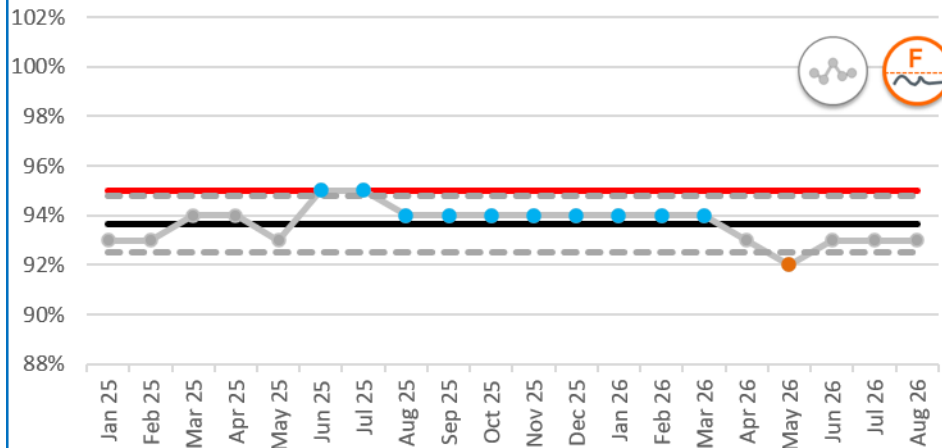
- It is acknowledged in previous exception reports that we would be unlikely to reach full compliance of 95% .
- CMG reports are provided, highlighting performance and areas of focus, to enable targeted support and action in these areas.
- The roll out of Managers Self-Serve should see improvements in appraisal performance, particularly through reporting (see 'root cause')
- The appraisal process for all staff (excluding Doctors) has been reviewed and a revised process has been launched effective from the period of July. This aims to support greater focus on quality conversations including career aspirations.
- ESR will be trialled to be the main data platform for appraisals which will create administrative efficiencies and improve reporting capabilities.
- There now needs to be a greater focus on services reviewing their appraisal performance to identify the drivers for the low compliance and any additional targeted support required

Impact/Timescale

- In August 2025 Appraisal performance was at 83.4%, a decline on the previous month of July, still surpassing this month's compliance, in 2026.
- 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 particularly given our key objectives this year.
- 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

Statutory and Mandatory Training



Current Performance

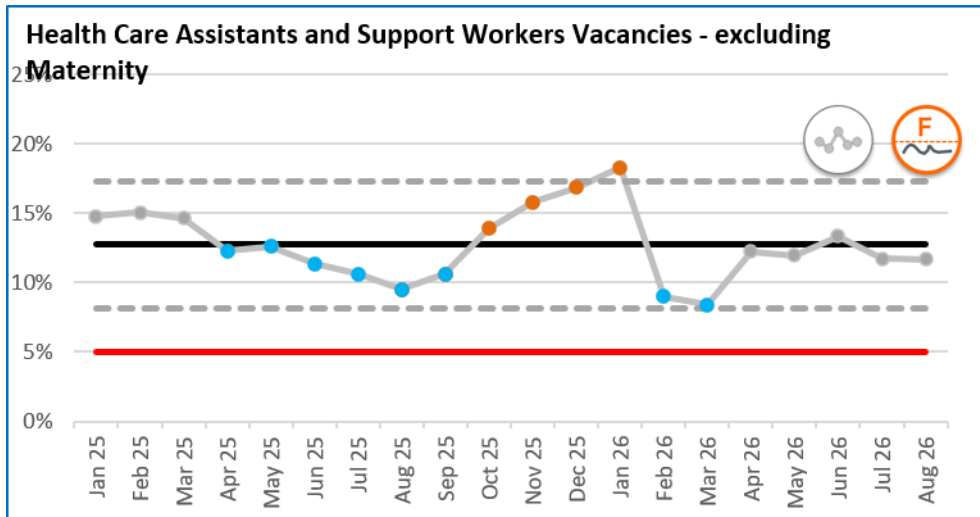
Aug 26	YTD	Target
93%	-	95%

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 93% is higher than many other NHS organisations nationally and is not an immediate risk, however the target of 95% is desirable.	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



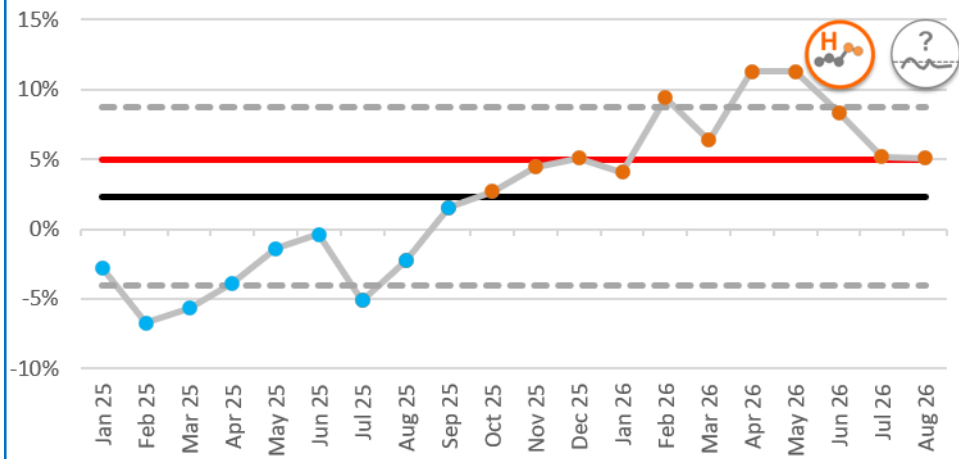
Current Performance		
Aug 26	YTD	Target
11.7%	-	5%

National Position & Overview
The role of a HCSW operates within the low-skill, high-supply labour market as it is an entry level role in healthcare with minimum educational requirements, where recruitment can generally be less challenging; high workforce mobility can result in increased turnover and ongoing retention challenges. 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
- Changes to visa and immigration requirements have restricted access to international candidates and increased compliance complexity, slowing recruitment pipelines. - To elevate this, we have developed a Band 2 HCSW development pathway to capture talent from internal departments, such as Estates and Facilities, and to reopen our new to care entry point for School Leavers or those looking for a new career. - A plan has been developed by Senior HR colleagues regarding the recruitment of applicants requiring sponsorship.	- The Nursing Workforce Recruitment and Retention Plan for Financial Year 26-27 was approved at NMAHPCs (Apr-26). - This includes the aim to recruit HCAs 40WTE per quarter. We are working with local colleges and provide industry placements for T-Level students, this includes: Leicester College, Gateway College, Loughborough College amongst others.	- The most recent recruitment drive was approved for 50 wte Band 2 HCSW development pathway (6 months) and 50 wte for Band 3 HCSW (a total of 100 wte). - HCSW Band 2 development pathway; 50 wte submitted within CoN 35 successful applicants (-15 variance) - HCSW Band 3; 50 wte submitted within CoN 36 successful applicants (-14 variance) - For HCSW Band 3, this is provisional as applicants may not yet have stated their right to work. - To utilise current CoN and readvertise for HCSW Band 2 development pathway

Well Led – HCA and Support Workers Vacancies –Maternity

Health Care Assistants and Support Workers Vacancies - Maternity



Current Performance

Aug 26	YTD	Target
5.1%	-	5%

National Position & Overview

National publications (National Maternity and Neonatal Investigation / Ockenden) reinforce that safe staffing depends on the whole team's effectiveness; making support staff integral to workforce planning, not a standalone issue.

Root Cause	Actions	Impact/Timescale
- Staff departures increased in September, including several colleagues leaving to commence university studies. - Short-term sickness continues to place significant pressure on available staffing capacity.	Approval for external recruitment has been requested through the Executive VCP, as internal recruitment would reduce capacity in other services. The anticipated Birthrate Plus report will inform the required staffing model; the full report is expected in early October. Short-term sickness and workforce deployment continue to be actively managed.	The vacancy rate remains approximately 5% and is expected to rise following anticipated departures. Approval for 4.75 WTE has been requested through the Executive VCP. High workforce mobility continues to drive turnover and create ongoing retention challenges.

Well Led – Non Clinical Agency- No. of Staff

Awaiting more data for SPC chart

Current Performance		
Aug 26	YTD	Target
1	5	0

National Position & Overview

The service expects to require the remaining agency worker for the foreseeable future. Consider adding a review date or exit milestone to make the timescale measurable.

Root Cause	Actions	Impact/Timescale
The remaining agency worker supports delivery of the NHS England-approved capital programme, which is capital-funded rather than revenue-funded.	The service recognises the need to reduce its reliance on agency workers and has reduced the number from three to one. The remaining worker supports NHS England-funded projects, including Estate Safety and Our Future Hospitals (OFH) programme.	The service expects to require the remaining agency worker for the foreseeable future.

Well Led – Agency Staff above Price cap

Awaiting more data for SPC chart

Current Performance		
Aug 26	YTD	Target
18	121	0

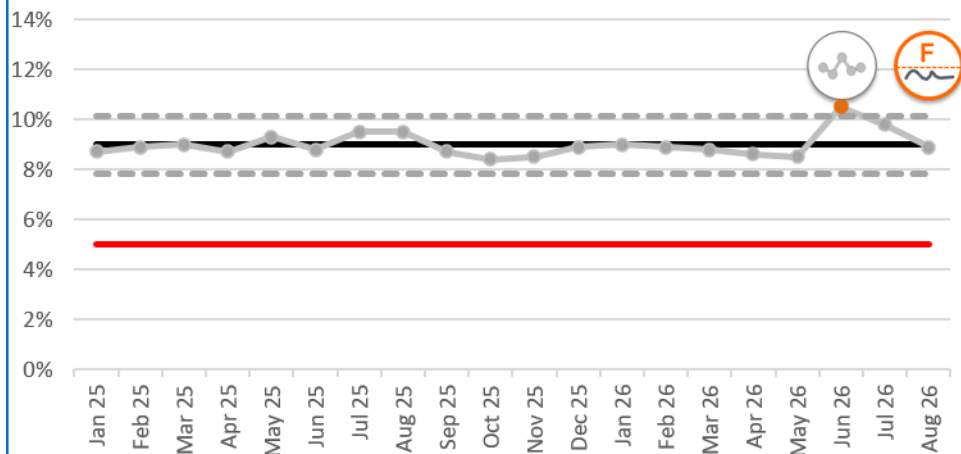
National Position & Overview

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
Medical agency rates remain above the price cap across all roles, reflecting a recognised national issue. AHP agency workers are at or below the price cap, except in nationally recognised shortage professions. Specialist sonography, cardiac physiology and radiography roles exceed the price cap because of limited workforce availability.	New medical agency appointments now follow the West Midlands medical rate card, agreed through an NHS England workstream. One of the three long-standing assignments have ended, and the others have reduced hours with exit plans in place. The regional AHP rate-reduction plan is currently paused. August rates remain in place for sonographers and July rates for cardiac physiologists. All other agency rates are controlled and approved, with assignments time-limited.	Medical agency demand is falling, and adoption of the West Midlands rate card has delivered significant savings. Further permanent recruits are expected to start in early autumn, supporting a continued reduction in agency reliance. Recruitment plans are also in place for AHP roles, although specialist agency support remains necessary. The number of agency workers decreased by eight in Aug 2026 following the placement ending for a doctor and 3 sonographers, but also likely to be due to some taking a summer break.

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

DNA Rate - IMD Deciles 1 and 2



DNA Rate – IMD Deciles 1-2

Aug 26	YTD	Target
8.9%	9.3%	5%

DNA Rate – IMD Deciles 3-10

Aug 26	YTD	Target
5.7%	5.9%	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

- 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:
- Patients or carers tried to contact UHL to cancel but could not get through.
- Patients had a mobility issue that meant they were unable to access the sites.
- Patients had a medical or health reason for not attending on the day.

Actions

- 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 programme.
- Trialing of AI to support re-booking.
- MSK physiotherapy community work

Impact/Timescale

- IMDs 1 & 2 have an average DNA rate of **8.9%** for August 26. Disaggregated by contact these rates are:

IMD1

- Patients contacted DNA rate 3.33%
- Patients not contacted DNA rate 14.48%

IMD2:

- Patients contacted DNA rate 3.92%
- Patients not contacted DNA rate 14.82%

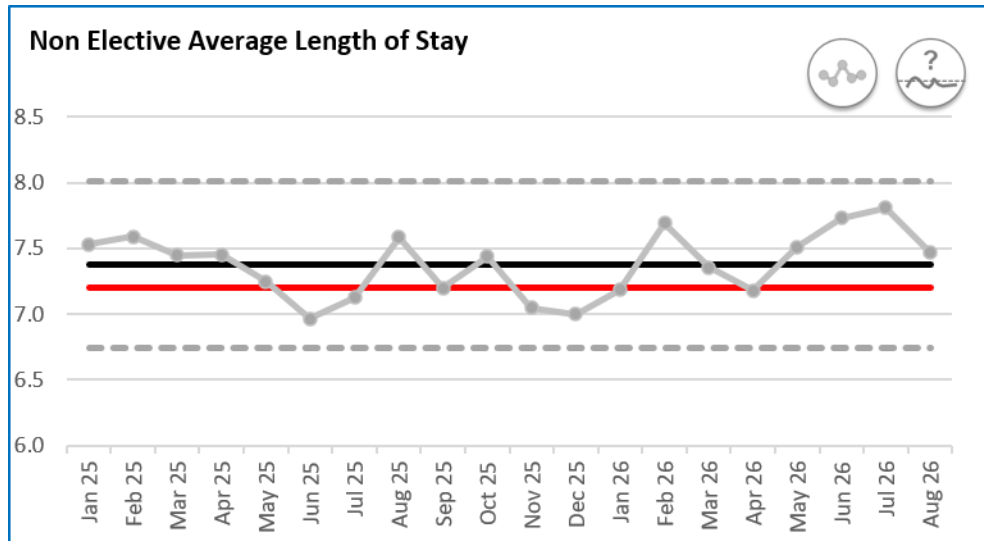
Inclusion Healthcare:

- DNA rate for those contacted 11.11%
- DNA rate for those not contacted 50%

Paediatric Outpatients

- WNB rate contacted 5.56%
- WNB rate not contacted 14.16

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

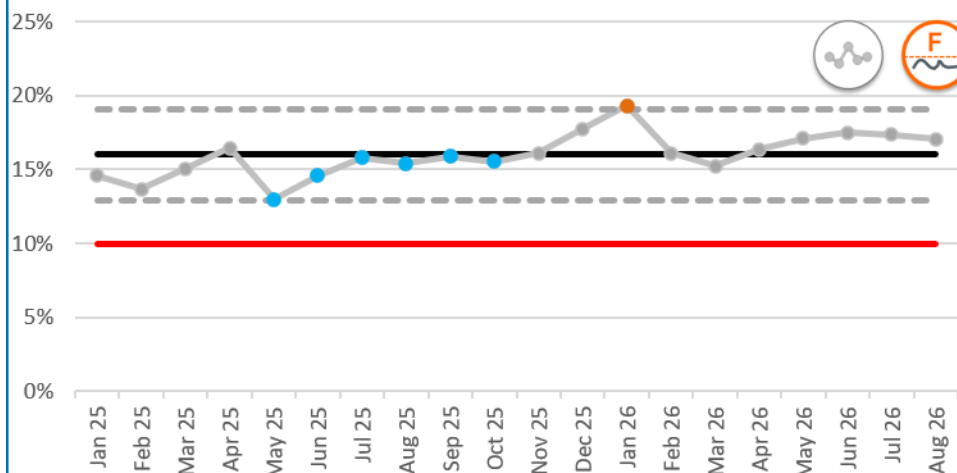


Current Performance			
Aug 26	YTD	Aug Plan	Target
7.5	7.5	7.3	7.2
National Position & Overview			

Root Cause	Actions	Impact/Timescale
• Increase in admissions April to August • Increase in NCTR • Increase in Long Length of Stay and subsequent discharge of these patients • Multiple Heat Wave's impacting admissions and length of stay	• Focus on internal efficiencies across ward process, diagnostics and support services • Work with partners to reduce long length of stay and discharge delays • Temporarily open additional capacity at LGH (Ward 19) • Securing resourcing to support improvement programme to reduce LoS – programme running across 2026/27 • Transfer of Discharge hub to UHL	• LoS programme with monthly activities through to end of year • Weekly reviews in place • June 2026 – closed August 2026 • April 2026 – December 2026 • November 2026

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

Long Stay Patients (21+ days) as a % of G&A Bed Occupancy



Current Performance

Aug 26	YTD	Target
17.1%	-	10%

National Position & Overview

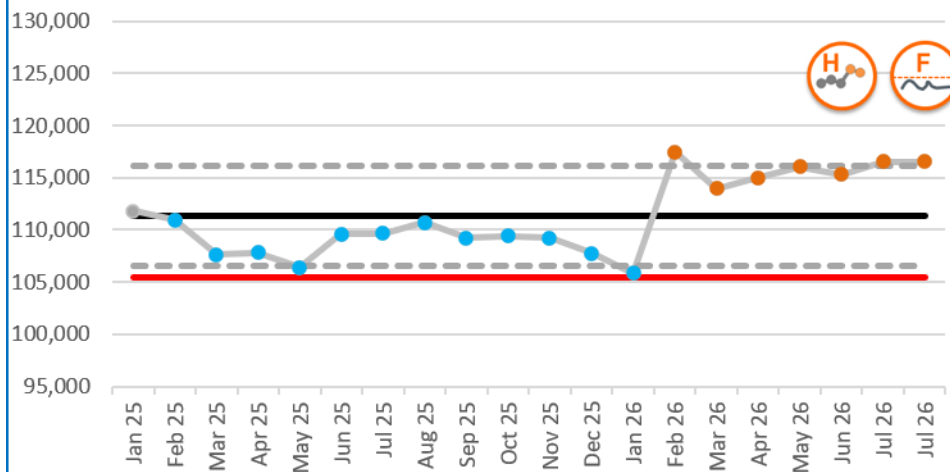
59 (234) Patients (25%) are receiving appropriate care/ treatment on a neuro rehabilitation or brain injury pathway or on an Intensive Care Unit, Infectious Diseases Unit or in UHL at Preston Lodge (18 patients).

• 43 Patients (20%) are medically optimised complex patients awaiting discharge with no reason to stay in an Acute Trust.

Root Cause	Actions	Impact/Timescale
• LLR system discharge hub interface and capacity delays As of the end of August there were circa 47 patients with a length of stay over 21 days awaiting a confirmed discharge outcome from LLR. • Circa 150 Patients over 21days+in	Throughout September 2026: Work with health and social care system partners to: Maximise the use of P1/ P2/P3 capacity in LLR. Discuss >1 week for discharge outcome cases weekly. Continue to escalate delays to CHC/DST/FT Process Work with CMG's to: • Plan and prepare patients ahead of discharge: promote the early referral of patients to the discharge hub prior to being MOFD. (32% August) and readiness of 'Complex Future discharges' • Maintain Weekly CMG reviews of > 21 day patients and top 100 day patients • Improve occupancy of Virtual Wards and use of Criteria Led Discharge, SHOP model • Continue CMG Length of stay reduction program • Commence NHS Discharge Sprint work stream	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

Referral to Treatment Incompletes



Current Performance

Jul 26	Jul Plan	Target
116,558	109,563	96,243

National Position & Overview

At the end of July, UHL ranked 14 out of 17 trusts in its peer group with a total waiting list size of 116532 patients. The best value within our peer group was 66443, the worst value was 166776 and the median value was 87062. (Source: NHSE published monthly report).

August forecast is c. 115,000 – adverse to plan (108,930).

Root Cause

- Continued growth in demand against a significant number of specialties
- Previous industrial action resulting in a 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 anticipated. Further delays and issues with NC continue to contribute.
- Workforce controls impacting on ability to maintain baseline and undertake additional activity through WLIs.
- Inclusion of patients waiting e-Triage (previously excluded). There are c12,000 pathways awaiting triage 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.
- Validation resource available to focus both on over 18 weeks to positively impact on performance and overall reduction on total wait list size.

Actions

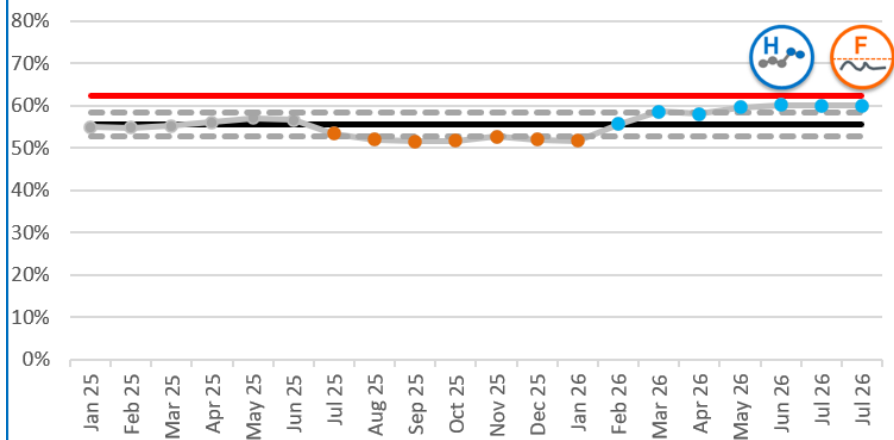
- Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.
- Sharing session fill-rate for theatres with CMGs and active challenge on backfilling clinical activity
- Improvement plan to reduce total WL with 4 workstreams: Validation, Appointment Outcomes, Triage and Increased activity
- Planned additional data quality validation each month to support overall reduction of WL.
- External validation resource to support required improvement plan for total waiting list reduction and performance improvement. Focused actions with the CMGs regarding meeting activity plans in the EMPCC, CDC and Endoscopy unit.
- Continued learning and fix finding in new PAS
- Fortnightly oversight meetings in place with CMGs focused on long waiters (52+), 18wk performance, including wait to 1st OPA and Clinical triage and A&G performance.
- All CMGs share progress and actions on 18-week trajectories during their monthly Performance Management Reviews.

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.
- Increased number of theatre sessions delivered. Improving activity through existing resource.
- External validation support from mid August 2026 to March 2027.

Responsive (Elective Care) – RTT 18 Week Performance

Referral to Treatment (RTT) 18 wk performance



18 Week Performance			First Attendance - 18 Week Performance		
Jul 26	Jul Plan	Target	Jul 26	Jul Plan	Target
60.0%	60.0%	69.3%	64.4%	66.7%	75.1%

National Position & Overview

At the end of July, UHL ranked 14 out of 17 trusts in its peer group with RTT 18 Week Performance at 60.0%. The best value within our peer group was 73.9%, the worst value was 55.2% and the median value was 62.5%. (Source: NHSE published monthly report)

RTT: August forecast is c. 60.1% – adverse to plan (61%).

Wait to 1st: August forecast is c. 64.2% – adverse to plan (67.7%).

Root Cause

- Continued growth in demand against a significant number of specialties
- Previous industrial action resulting in a 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 (35 theatre sessions lost this year due to maintenance).
- Emergency pressures resulting in elective cancellations.
- PAS productivity – the PAS roll out has had a bigger impact on productivity than anticipated. Further delays and issues with NC continue to contribute.
- Workforce controls impacting on ability to maintain baseline and undertake additional activity through WLIs.
- Inclusion of patients waiting e-Triage (previously excluded). There are c12,000 pathways awaiting triage 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

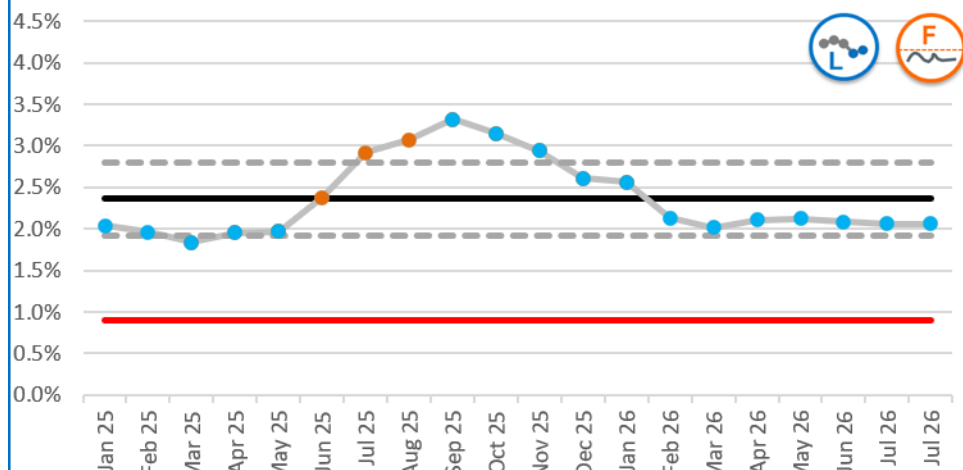
- Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.
- Sharing session fill-rate for theatres with CMGs and active challenge on backfilling clinical activity
- Improvement plan to reduce total WL with 4 workstreams: Validation, Appointment Outcomes, Triage and Increased activity
- Planned additional data quality validation each month focused on over 18week waits, intent to over achieve performance against plan early in year.
- External validation resource to support required improvement plan for total waiting list reduction
- Focused actions with the CMGs regarding meeting activity plans in the EMPCC, CDC and Endoscopy unit.
- Continued learning and fix finding in new PAS
- CMGs have developed 18-week trajectories to deliver elective recovery targets.
- Fortnightly oversight meetings in place with CMGs focused on long waiters (52+), 18wk performance, including wait to 1st OPA and Clinical triage and A&G performance.
- Specialities being asked to produce plans to reduce the number of 'low value' clinical follow-ups to increase outpatient capacity
- Actions in place with CMGs to recover and over-perform against activity plan.

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.
- Increased number of theatre sessions delivered. Improving activity through existing resource.
- Reduced follow-ups, enabling capacity to be used for those on RTT waiting list and for an improvement in new to f/u ratio.
- External validation support from mid August 2026.

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

Referral to Treatment (RTT) 52+ weeks as a % of Total Incompletes



Current Performance

Jul 26	Jul Plan	Target
2.1%	1.6%	<1.0%

National Position & Overview

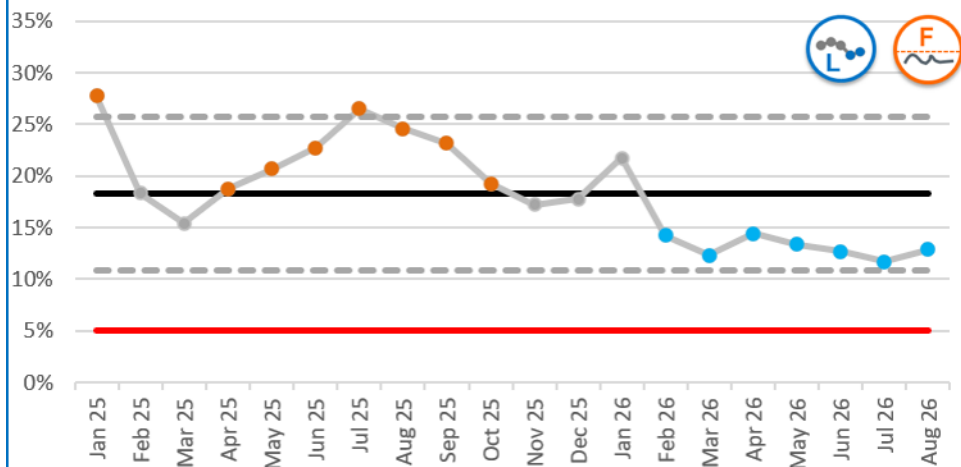
At the end of July UHL ranked 11 out of the 17 Trusts in its peer group with 2.1% of patients on the waiting list waiting over 52+ weeks. The best value within our peer group was 0.0%, the worst value was 3.9% and the median value was 1.7%. (Source: NHSE published monthly report)

August forecast is c. 2.1% – adverse to plan (1.5%).

Root Cause	Actions	Impact/Timescale
- 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 specialties at the LRI site particularly challenged. - Increased volumes of patients on waiting list (increased demand). - 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.	- 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. - Increased use of mutual aid and independent sector support, particularly within Orthopedics - Fortnightly oversight meetings in place with CMGs focused on long waiters (52+), 18wk performance, including wait to 1st OPA and Clinical triage and A&G performance. - CMG HoOps held accountable for 65 ww patient pathways in weekly meeting with COO & CEO until zero achieved and sustained. - Support CMGs/specialties to deliver as much activity as possible, utilising ERF funding where needed. - GIRFT review in Orthopaedics and corresponding action plan to return to zero 52 week waits by end of December. - Anaesthetic locum due to start in August; ongoing sickness absence continues to impact capacity. - Additional insourced Maxfax clinics and theatre lists supporting long-wait reduction. - UHN mutual aid for manometry diagnostics supporting Gastro and General Surgery long waiters.	- Zero 65+ week waiters not achieved. July final position was 74 and 62 in August. Forecast for September is 35, with the vast majority of the continued capacity issue in Orthopaedic surgery, small numbers continue in a few other specialties which are complex cases or patient initiated delays in pathways. - Ensure elimination of 65-week waits by September for all specialties other than Orthopaedics whose route to zero is set for December. - Additional activity with delivery favourable to plan.

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

6 Week Diagnostic Test Waiting Times



Current Performance

August 26	August Plan	Target
12.89%	11.50%	7.0%

National Position & Overview

Published National data at the end of July 2026 shows 1.91m patients on the diagnostic waiting list with 23.1% waiting over 6 weeks. For August 2026, UHL with 22,637 patients would comparatively rank as the 18th highest waiting list. The 6-week trajectory for August was set to deliver 11.5%, the actual was 12.89%, 1.39% adverse to plan. There were 2,918 patients waiting >6 weeks, a deterioration of 235 patients from July '26. >13 week waits improved by 83.

Root Cause

Diagnostics pressure areas are in the main:

- Echocardiography
- MRI
- Urodynamics
- Sleep

Root cause

- Clinical & administration workforce gaps
- Reporting and increased need for manual validation
- Pressure from emergency, cancer and elective long wait pathways

Actions

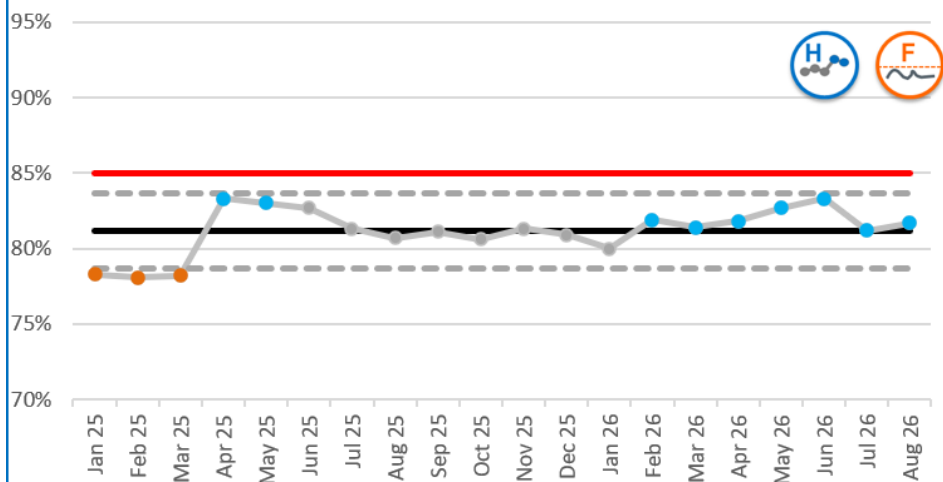
- WLMDS Data Quality training & reporting review - ongoing
- Improve productivity & utilisation
 - Hinckley CDC reached 105% in July
- Increase capacity
 - Additional lists (Echo, Audiology, Cystoscopy)
- Review demand data (ICB and internal referrals)
- Redesign of pathways
- Expand direct access diagnostics
 - (NG12 ODG)
- Increase straight to test pathways to support Cancer/RTT
- CDC expansion to include 5 year MRI/CT D&C plan, and opportunities for one-stop streamlined pathways.

Impact/Timescale

- Validation & DQ – further Digital/NC support required, no date yet for NC diagnostic start date adjustments
- Productivity - Slight improvement in CT and DNA rates held. Endoscopy in-session remains at 85% and are ahead of trajectory. Sleep, Cystoscopy and Urodynamics utilisation remain above 90% however demand and unplanned leave affected August position.
- Audiology – additional activity - recovery delayed until Q3/Q4
- Echo – insourcing & additional activity –recovery by Q4
- Endoscopy – Ahead of trajectory. NG12 to commence end of Oct.
- Sleep – group clinics commenced, a/w date for new equipment, recovery delayed until Q3/Q4
- MRI long waits 13wk+ focus, increasing GA capacity, anticipate a 26week recovery plan.

Responsive (Elective Care) – Theatre Utilisation

Theatre Utilisation



Current Performance

Aug 26	YTD	Target
81.6%	82.1%	85%

National Position & Overview

Theatre utilisation was 81.6% in August, consistent with July (81.2%) and slightly below the YTD position of 82.3%. UHL remains ranked Green (Quartile 4) in Model Hospital for July (Aug data not yet available) achieving 83.1% utilisation and outperforming both peers (80.7%) and the national median (81.0%).

EMPC continues to perform strongly, delivering 86.4% utilisation with cancellations of 5.9% in August. Compared with YTD (Apr-Aug 2025) utilisation has improved from 75.1% to 87.0%; cancellations have reduced from 8.7% to 5.9% and late starts from 14.6% to 6.4%. **GGH** continue to perform above the 85% target, delivering 87.7%.

Root Cause

LGH: Utilisation was 82.8%, performance was impacted by weekend lists, which achieved average utilisation of 77.7% compared with 83.5% on weekdays. Variation in specialty performance ranged from 69.9% to 86.3%, with the greatest opportunity for improvement within Orthopaedic weekend activity.

UHLIC: Utilisation was 81.4%. Continued variation between specialties (73% to 97%).

LRI: Utilisation was 75.4% (adults 76.8%, paediatrics 70.9%), broadly in line with Aug 2025 (74.4%). OTDCs increased to 10.6% from 9.0%, with 50.5% of all Trust cancellations occurring on this site. Cancellation reasons were evenly distributed across clinical (30%), non-clinical (37%) and patient-related factors (33%) indicating multiple causes rather than a single driver. Late starts improved from 40% to 38%, although performance continues to be impacted by ward delays, surgical reviews and overrunning lists.

Actions

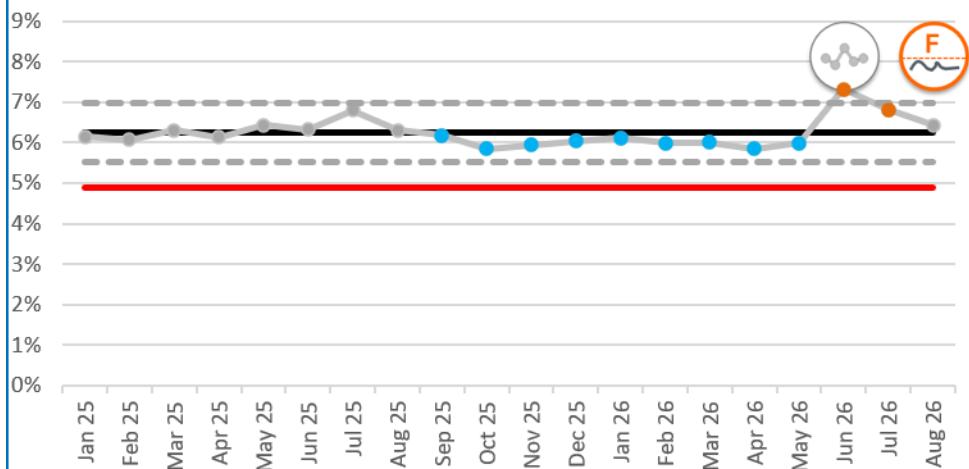
- Specialty improvement programmes in place across Gastroenterology, Adult MSS (LRI) and Paediatric specialties to improve utilisation.
- Reduce late starts through strengthened Golden Patient, standardisation and list order processes.
- Review weekend list performance and under-running lists through TPAB. A series of recommendations has been sent to the ortho team for consideration on how to improve weekend utilisation
- Drive specialty-led improvement plans to address OTDC themes, monitored through fortnightly theatre performance meetings.
- Strengthen the OTDC Policy to improve oversight and escalation of cancellations
- Roll out automated patient reminders to reduce patient-related cancellations across the Trust.
- Progress POA recruitment and workforce stabilisation plans to support baseline activity delivery and reinstate the standby process in General Surgery and Urology.
- Implement the Orthopaedic nurse-led POA process

Impact/Timescale

- Improvement programmes underway, with benefits expected in future reporting periods.
- Golden Patient/list order guidance for TPAB approval in September 2026.
- OTDC policy review underway, with strengthened escalation processes and Board approval planned for October 2026.
- Automated theatre reminder scoping meeting scheduled for 14th Sept 2026.
- POA recruitment and workforce stabilisation plans remain ongoing to support baseline activity delivery and reinstate the standby process in General Surgery and Urology. Additional junior doctor support within POA commenced to restore baseline assessment capacity while recruitment is ongoing
- Orthopaedic nurse-led POA pathway implementation planned for September 2026.

Responsive (Elective Care) – Outpatient DNA Rate

% Outpatient Did Not Attend rate



Current Performance

Aug 26	YTD	Target
6.4%	6.6%	4.9%

National Position & Overview

Root Cause

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 or appearing in clinic lists
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.

Actions

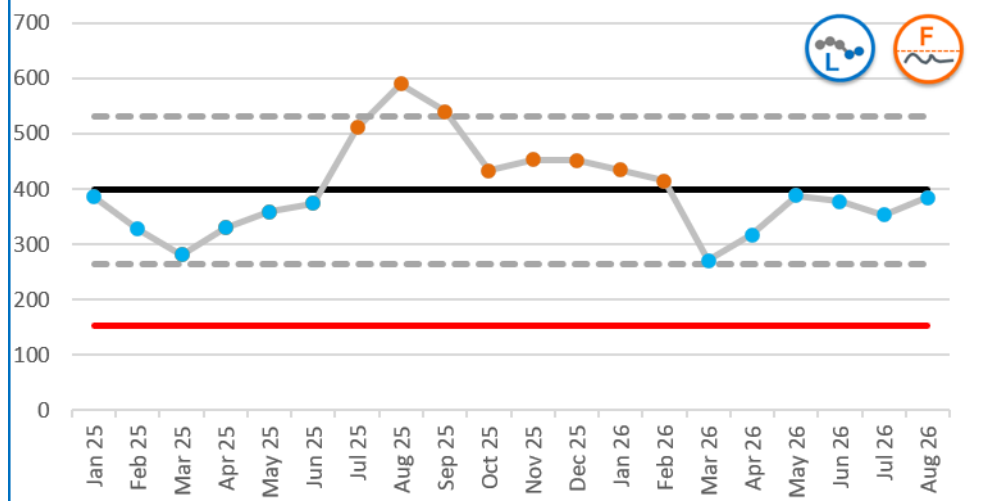
1. Complete Neurons ticket when made aware of any issues with clinic lists in Accurx or feed going from UHL to Accurx. Remind services of the need to check the patients details are correct and up to date at every contact
2. Services to text patients appointment details if changes are made to appointments
3. Booking Centre are making additional calls to 'Health Inequalities' cohort now including Paediatrics.
4. 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
5. Text fragments has increased to allow services to add bespoke messages to automated appointment reminders
6. Still awaiting a decision from IT on whether to increase cancellation window in NHS App as there's a cost

Impact/Timescale

- 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 62 Day Backlog

62 Day Backlog Combined



Current Performance

Aug 26	YTD	Target
384	-	152

National Position & Overview

National and Midlands data is no longer available.

UHL end of August position:

>62 day 172 behind plan.

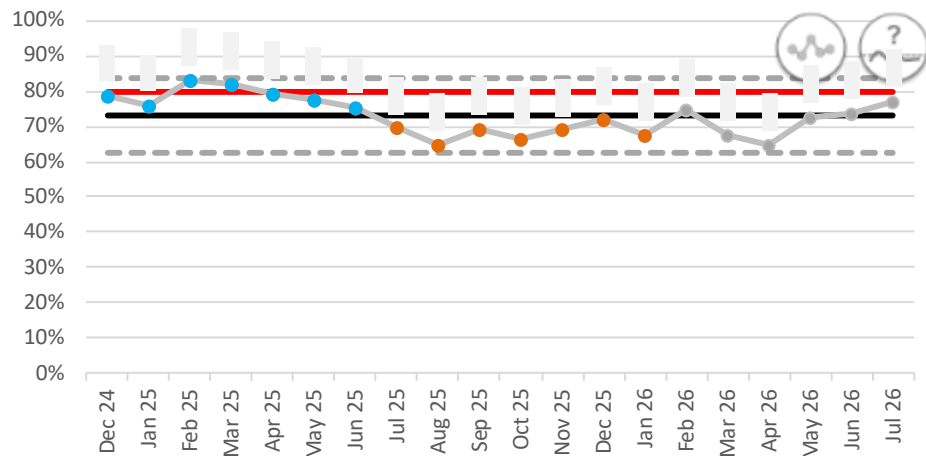
>104 day 57 behind plan.

Backlog remains a concern, with Urology the only service favourable to recovery plans. All other services are working on plans to return to trajectory in Q3.

Root Cause	Actions	Impact/Timescale
- Breast, Colorectal and Urology drive the largest volume (60% in total), with Breast alone holding 27% of backlog. - Constraints include capacity, specifically diagnostic (radiology & pathology), oncology and workforce. - Challenges in staffing additional pre-op & theatre lists above baseline. - There has been an increase in diagnostic tests required per patient, patient complexity and patient choice which have impacted pathway length. - There are some bottlenecks in capacity within Oncology OPD capacity and Plastics capacity for skin, which are causing longer waits for some patients.	- Clinical prioritisation and review of cancer patients over 42, 62 and 104 days, supported by senior Cancer Centre backlog escalation for TCIs, OPAs and reporting. - Breast recovery actions across screening and symptomatic pathways, with additional activity requested to manage backlog and increased demand. - Focus on reducing delays from results available to clinical action and on supporting timely review outside MDT where possible. - Oncology improvement actions to reduce appointment waits progressing - Backlog clearance MDT focus – Sept/Oct	- Colorectal pre-MDT processes and MDT working with EMCA MDT optimisation programme - September. Focus remains on CTC/ Endoscopy flow, MDT roles and faster results-to-action. Impact from Q3. - Urology template bx histopath outsourced; more collections per week although delays continue. - Oncology improvement actions to be tracked once new data available - Oct. - Working with CMGs for backlog recovery plans with focus in Breast & Colorectal – limitations in pre-op and Theatre workforce, teams are exploring options to increase above baseline to support.

Responsive Cancer – Cancer 28 Day Faster Diagnosis Standard

28 Day Faster Diagnosis Standard



Current Performance

Jul 26	YTD	Jul Revised Plan	National Target
77.3%	72.3%	82.2%	80%

National Position & Overview

In July, UHL ranked 102 out of 137 Acute Trusts. The National average was 79.3%. 102 out of the 137 Acute Trusts achieved the target. UHL ranked 14 out of the 18 UHL Peer Trusts. The best value within our peer group was 86.7%, the worst value was 65.6% and the median value was 80.7%.

Specific capacity constraints in Breast & ENT have affected performance.

Root Cause

The root cause is due to the loss of capacity in Breast since Q2 and ENT Q4 of 25/26 There is a

- Demand & Capacity gap for 1st appointments in Breast (50 slots per week) usually covered with WLI/Insourcing with a decline in uptake
- ENT high demand and a consultant gap with inability to consistently backfill with locums.

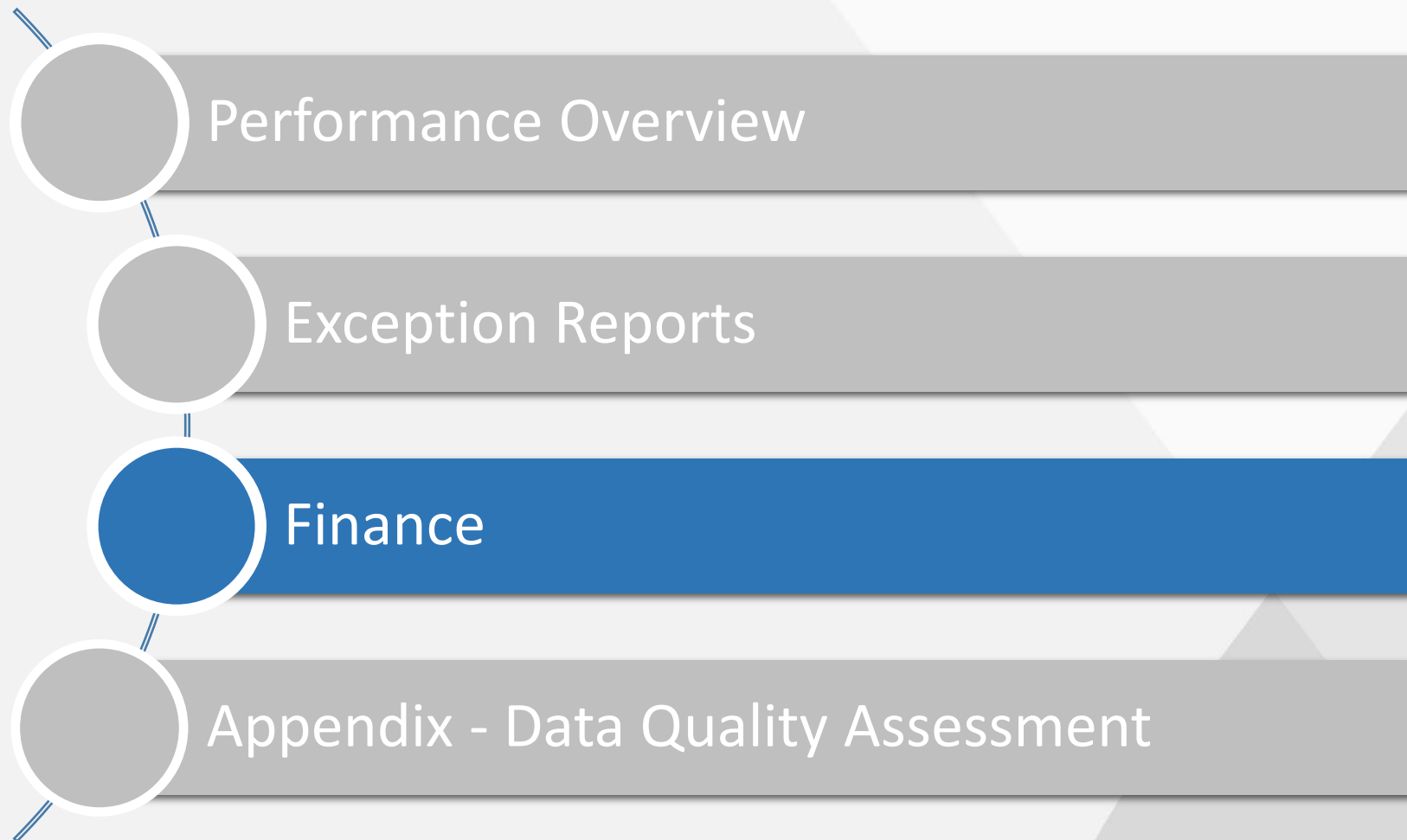
This has caused time to first appointment to extend for both tumour sites, resulting in a decline in FDS performance since Jul 25. Resulting in significant decline, along with challenges in LOGI affecting variance to plan.

Actions

- Breast additional capacity continues through insourcing, bank and WLI, with wider recovery actions focused on symptomatic demand and screening assessment capacity.
- Mutual aid and GP referral redirection support has been explored with neighbouring trusts, alongside escalation with NHSE with no uptake.
- Recruit to ENT locum, substantive & ACP
- Triage ENT referrals to risk stratify demand
- Colorectal (LOGI) audit and review of Straight to test pathways
- Continued focus on 'Days Matter' 1st waits, imaging turnaround times & acting on results

Impact/Timescale

- Breast 1st Appt improved to <14 days for over 35s and 3 - 4 weeks for under 35s (lower clinical risk). Remains high risk and fragile – August FDS over 90%. Reliant on insourcing and WLIs.
- ENT 1st Appt improved to <14 days. Triage pilot continues successfully, up to 20% reduction in referrals noted – rapid FDS improvement seen in Jul/Aug. Consultant in place and ACP out to advert.
- LOGI – Move from CTC to Endo under review. Potential 3% FDS improvement Q3/Q4.
- Skin – sustaining delivery above 90%
- Urology – sustaining delivery above 68%
- Pilot to be undertaken within UGI using AVT templates to support FDS turnaround times



Executive Summary

- The month 5 position for the Trust is a deficit of £9.9m which is £0.6m better than plan. This position includes £1.6m of costs related to industrial action incurred during M1.
- The CIP target in Q1 was £9.5m. For Q2, this doubles to £20.2m so delivering plan will become significantly more challenging each month. If the current run rate continues and does not improve then the Trust will be significantly adverse to plan over Q2. It is imperative that plans are formulated and progressed asap - particularly on bank and agency run rate reduction.
- The cash position at the end of Month 5 is £17.8m which is a reduction of £11.5m from month 4. If the Trust's financial position becomes adverse to plan then deficit support will be lost, which amounts to £4.7m per month. This will make the cash position even more challenged and creditor payments will need to be managed.

Summary Financial Position – YTD M5

	I&E YTD		
	Plan	Actual	Variance to Plan
	£'000	£'000	£'000
NHS Patient-Rel Income	683,793	698,712	14,918
Other Operating Income	74,716	75,645	929
Total Income	758,509	774,357	15,848
Pay	(487,836)	(490,688)	(2,852)
Non Pay	(243,435)	(256,273)	(12,838)
Total Costs	(731,271)	(746,961)	(15,690)
EBITDA	27,238	27,395	158
Non Operating Costs	(37,551)	(37,732)	(182)
Retained Surplus/(Deficit)	(10,313)	(10,337)	(24)
Donated Assets	(258)	381	640
Control Total Surplus/(Deficit)	(10,571)	(9,956)	616

Comments – YTD Variance to Plan

Total Income: £15.8mF

- PCI income (£14.2mF) includes Elective Care £4.8mF and UEC £7.5mF (driven by NEL activity greater than one day over-performing) and various contract variations
- Other income (£0.9mF) includes R&I pass through income and smaller variances across most CMGs along with technical phasing adjustments
- EDD (£0.7mF) matched by expenditure

Pay: £2.9mA:

- Medical costs include £1.2m of additional costs due to industrial action, balance of variance driven by premium pay
- Nursing and Other Clinical and Non Clinical underspends are driven by vacancies

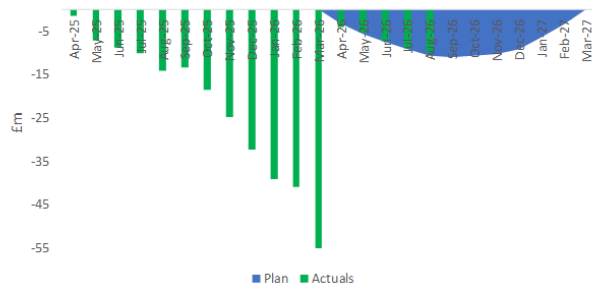
Bank (£30.4m) and Agency (£2.5m) spend YTD amounts to £32.9m which is 6.7% of total pay. The NHSE YTD cap for bank pay is £22.7m.

Non-Pay: £12.8mA:

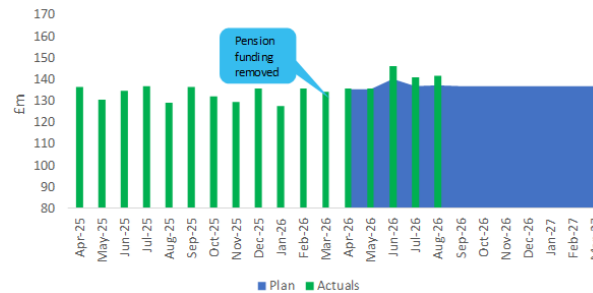
- Other is driven by UEC blended income accrual £4mA (matched by income), write-off of bad debt £0.9mA and R&I pass through costs (£1.5mA) matched by income and non delivery of CIP
- Clinical supplies is driven by additional activity delivered to date.
- EDD (£1.2mA) covered by income

Month 5 I&E Dashboards

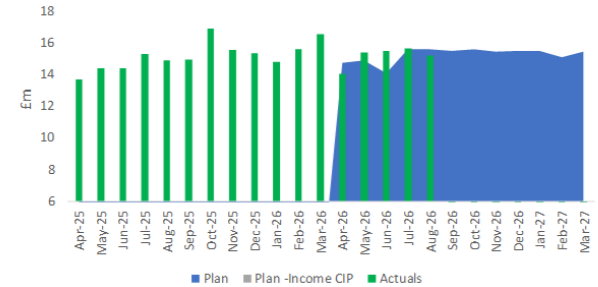
Cumulative Surplus/(Deficit) - Excluding Impairments



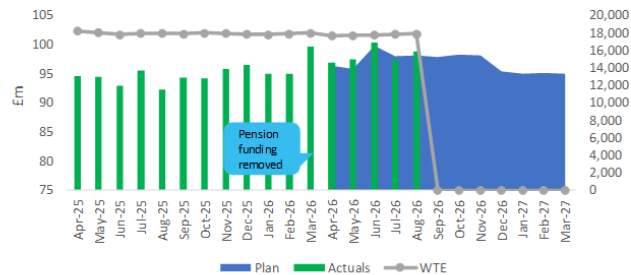
Monthly PCI Income



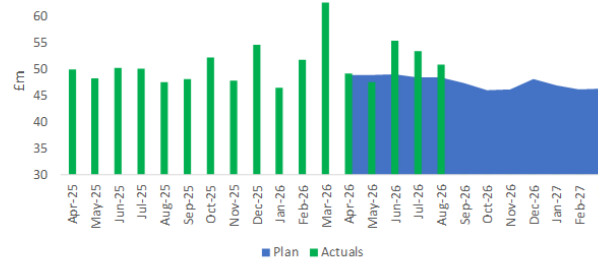
Monthly Other Income



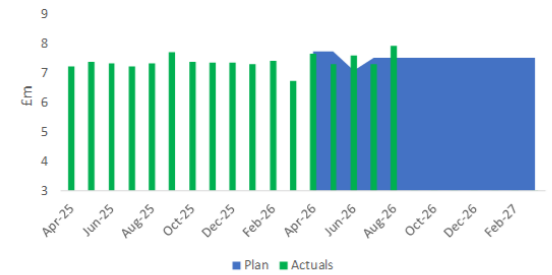
Monthly Substantive/Bank/Agency Pay



Monthly Non Pay

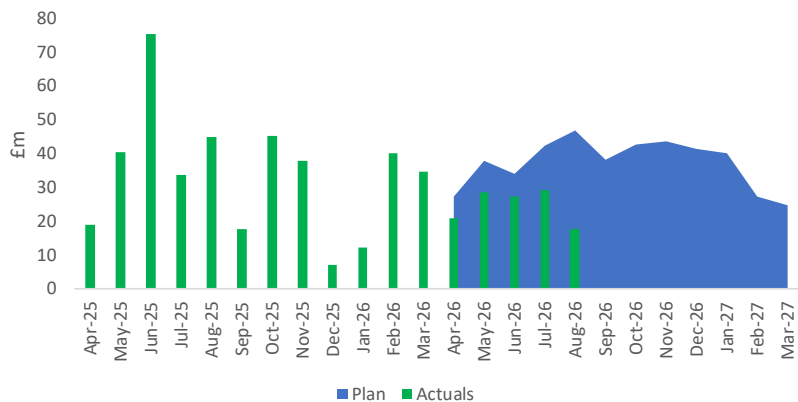


Monthly Non Ops - Excluding Impairments

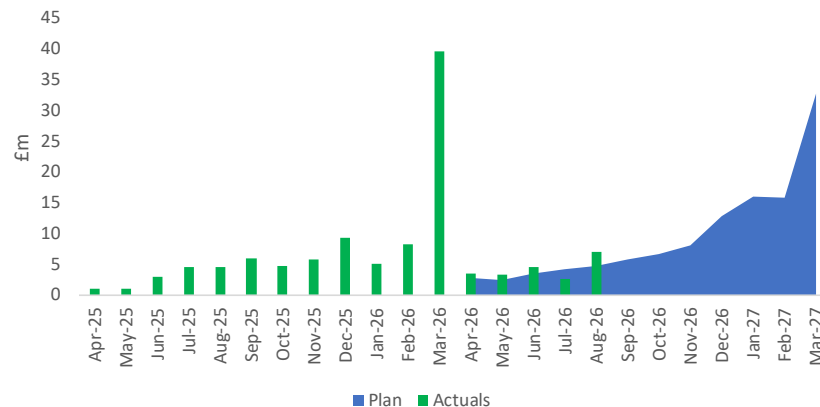


Month 5 Balance Sheet Dashboards

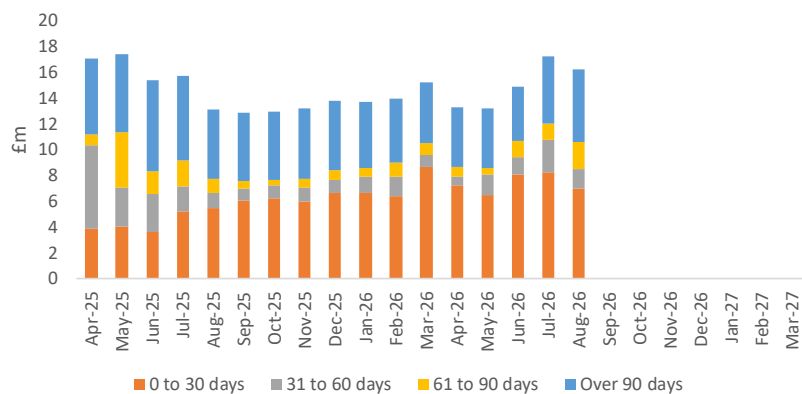
Cash



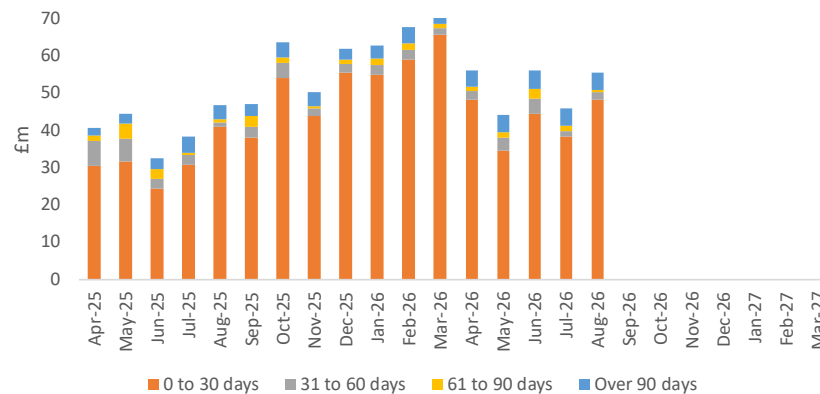
Capital



Debtors



Creditors



Statement of Financial Position

- **Non-Current Assets (£1.5m):** Additions of £7.1 in month were offset by depreciation of £5.6m.
- **Trade and other receivables(-£4.6m):** A fall in NHS income accruals (-£4m) offset by in R&I income accruals (£1m) and VAT receivables (-£1.3m).
- **Cash (-£11.5m)** – Refer liquidity and cash slide.
- **Trade and other payables and accruals (£7.3m):** Increase in Trade Creditors (£5.3m)m combined with increase in accruals (£1.5m) due to UEC and other non pay expenditure accruals.
- **Deferred Income (-£22.5m):** Reduced due to the patient care income(+£16.0m) which was released to match activity performance (ie effectively it's a payment in advance) and a release in HEE income (£6.0m) deferred which had been paid quarterly in advance.
- **Dividend Payable (+£1.8m):** In line with plan and represents the accrual of PDC dividend payable at M5.
- **Income and Expenditure Reserve (+£1.0m):** movement reflects the in month reported adverse income and expenditure position.

	£m	31-Mar-26	Jul-26	Aug-26	In Month Movement	YTD Movement
Statement of Financial Position	Non Current Assets					
	Intangible assets	33.9	31.4	30.7	(0.6)	(3.2)
	Property, plant and equipment	663.9	657.9	660.0	2.1	(3.9)
	Other non-current assets	4.6	4.6	4.7	0.0	0.1
	Total non-current assets	702.4	693.9	695.4	1.5	(7.0)
	Current Assets					
	Inventories	27.8	28.1	28.3	0.2	0.5
	Trade and other receivables	44.6	92.7	88.2	(4.6)	43.6
	Cash and cash equivalents	34.7	29.3	17.8	(11.5)	(16.9)
	Total Current Assets	107.0	150.1	134.2	(16.0)	27.2
	Current Liabilities					
	Trade and other payables	(168.7)	(136.7)	(142.5)	(5.8)	26.2
	Leases < 1 Year	(12.3)	(13.0)	(13.0)	0.0	(0.7)
	Accruals	(23.1)	(29.4)	(30.9)	(1.5)	(7.8)
	Deferred income	(4.9)	(64.9)	(42.5)	22.5	(37.5)
	Dividend payable	0.0	(7.1)	(8.9)	(1.8)	(8.9)
	Provisions < 1 year	(9.1)	(8.6)	(8.6)	(0.0)	0.5
	Total Current Liabilities	(218.1)	(259.8)	(246.4)	13.4	(28.3)
	Net Current Assets / (Liabilities)	(111.1)	(109.7)	(112.2)	(2.5)	(1.1)
	Leases > 1 Year	(35.8)	(35.3)	(35.3)	(0.1)	0.5
	Provisions for liabilities & charges	(3.0)	(3.0)	(3.0)	0.0	(0.0)
	Total non-current liabilities	(38.8)	(38.3)	(38.4)	(0.1)	0.5
	Total Assets/(Liabilities)	552.5	546.0	544.9	(1.0)	(7.6)
	Public dividend capital	(984.6)	(987.4)	(987.4)	0.0	(2.8)
	Revaluation reserve	(178.0)	(178.0)	(178.0)	0.0	0.0
	Income and expenditure reserve	610.1	619.4	620.4	1.0	10.3
	Total Capital & Reserves	(552.5)	(546.0)	(544.9)	1.0	7.6

Liquidity and Cash Position – Month 5

- Cash balance at end of August: £17.8m (£14.6m for the Trust) compared with a plan of £46.9m. Year End Forecast of £24.8m.
- Net in-month reduction of £11.5m.
- M4 BPPC of 96% by value, 93% by volume.

Receivables & Payables

- Payables increased by £9.8m and there remains a backlog of invoices waiting to be registered due to P2P process blocks and delays in the approval authorisation process and staff resourcing issues in Accounts Payable. This will not have impacted on the Accounts Payable position as these invoices will have been accrued, noting that expenditure accruals have increased by £7.8m since 31 March 2026.
- Total debt: £16.2m, of which >90 days £5.6m (£5.2m at M4 and £4.7m at 31 March - £0.9m), The increase is comprised mainly of Overseas (£0.4m) and University of Leicester (£0.3m) debt).
- The table shows a breakdown by category of debt over 90 days

		91-180	181-365	over 365	Total over 90 Days
		£'000	£'000	£'000	£'001
Non NHS Debtors	Overseas Visitors	767	642	840	2,249
	Other	244	188	373	805
	Universities	574	169	2	745
	Salary overpayment	51	97	203	351
	Private Patients	52	175	96	323
	Local Authority	72	7	(2)	77
	Other NHS	4	9	19	32
	Accommodation Charges	0	1	(0)	1
Total Non NHS		1,764	1,287	1,531	4,582
NHS Debtors	Department Of Health	43	0	178	220
	Cambridge University Hosp Nhs Ft	154	0	9	163
	North West Anglia Nhs Foundation Trust	25	114	4	143
	Nottingham University Hospitals Nhs Trust	54	65	22	141
	Leicestershire Partnership Nhs Trust	120	0	0	120
	Northampton General Hospital Nhs Trust	47	40	0	86
	Care Quality Commission	22	15	19	57
	NHS Other	63	1	(16)	48
	Total NHS	528	235	215	978
Total Debtors over 90 Days		2,292	1,522	1,746	5,559

	Month 5						Month 4					
	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	10,577	4,296	580	1,120	4,582	43%	12,490	6,032	1,427	858	4,172	33%
NHS receivables	5,624	2,678	983	986	978	17%	4,770	2,194	1,143	420	1,013	21%
Total receivables	16,201	6,974	1,563	2,105	5,559	34%	17,260	8,226	2,570	1,278	5,186	30%
Non-NHS payables	47,213	42,043	812	999	3,360	7%	39,431	33,741	1,117	1,236	3,337	8%
NHS payables	8,288	6,149	1,108	(337)	1,368	17%	6,291	4,680	146	194	1,271	20%
Total payables	55,501	48,192	1,920	662	4,727	9%	45,722	38,421	1,263	1,430	4,608	10%

University Hospitals Leicester

August 2026

Capital Programme - 26/27 M5 Position

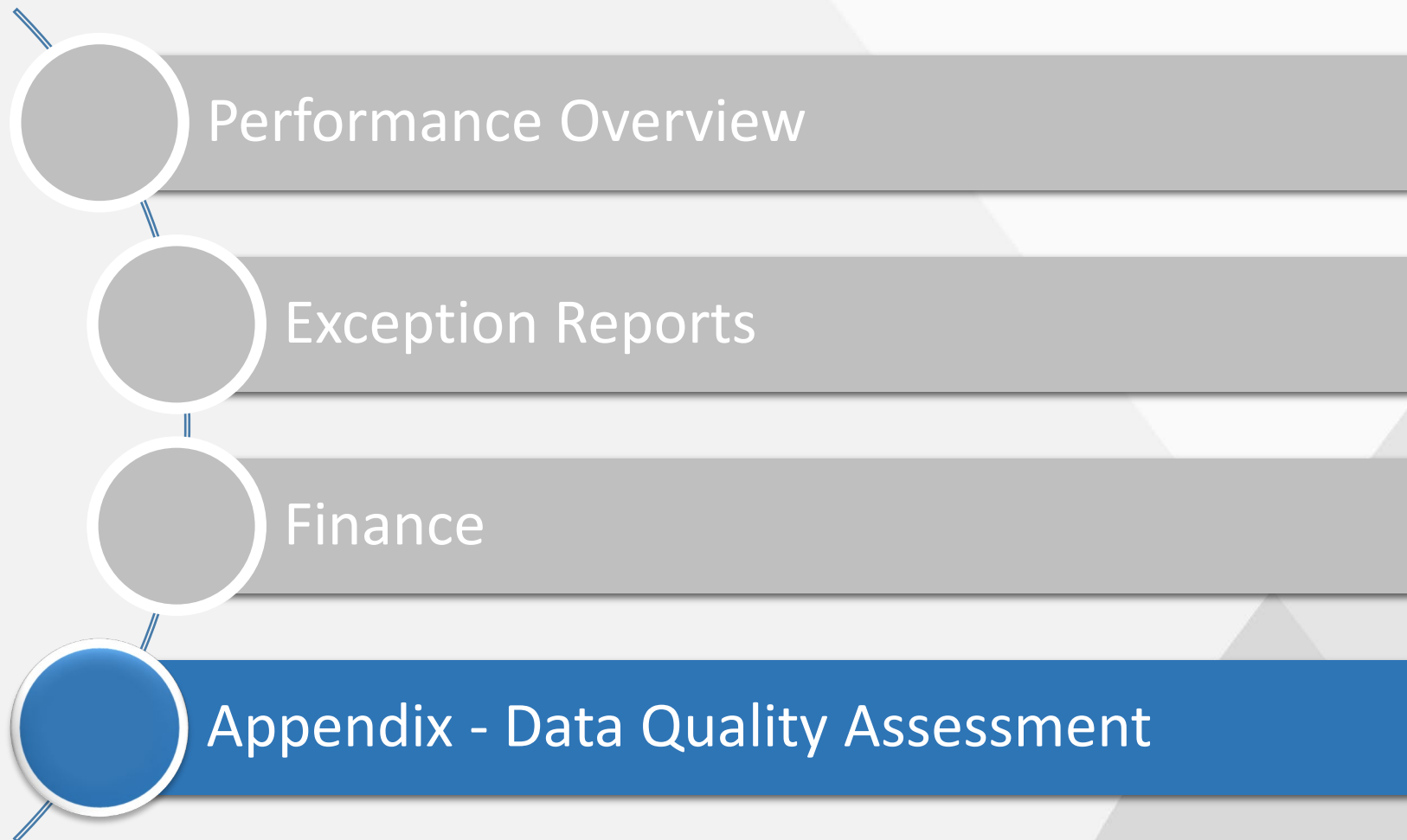
The Trust committed gross expenditure of £21.0m year to date (£13.9m at M4) against a plan of £17.9m which netted down to £20.9m, after deducting charitable donations/capital grants and disposals of £593k year to date. The overall programme is therefore ahead of the year-to-date plan by £3.2m at month 5 (£0.8m ahead at M4). This is mainly driven by £2.1m of VM licences coming through for Digital Infrastructure Obsolescence, £2.0m under-commitment on Estates Backlog Maintenance in 25/26 (costs coming through in 26/27), and £2.6m overspend on Medical Equipment and MES, offset by £6.6m slippage on LRI enabling works (the phasing to be reprofiled) and £2.1m slippage on NHP Incoming Power. The balance is made up of other smaller

	M5 YTD Plan £'000	M5 YTD Actual £'000	Variance to M5 Plan £'000
Gross capital expenditure including IFRS impact:	17,902	21,460	(3,558)
Less: Book value of asset disposals including IFRS16 Disposals	0	(469)	469
Less: Capital grants/donations received	(206)	(124)	(82)
Charge against the Capital Resource Limit (CRL) incl IFRS impact	17,696	20,867	(3,171)

Scheme	Revised Plan £'000	M5 YTD Plan £'000	M5 YTD Actual £'000	Variance YTD Plan v Actual £'000
Digital infrastructure obsolescence	4,113	722	3,343	(2,621)
EPR	7,178	2,546	3,456	(910)
Medical Equipment	3,341	198	2,254	(2,056)
MES Equipment	3,800	63	126	(63)
MES Enabling	6,135	854	1,311	(457)
Estates Backlog Maintenance	3,763	548	3,278	(2,730)
Ward Improvement	2,000	0	98	(98)
Other Operational Schemes	15,033	0	343	(343)
Total 26/27 Operational Funded Schemes	45,364	4,931	14,210	(9,279)
Total 25/26 Capital Slippage	1	0	0	0
Leases: IFRS16 (including re-measurement)	6,725	15	1,334	(1,319)
Total System Funded Schemes incl. IFRS16	52,090	4,946	15,544	(10,598)
Other Estates Schemes	9,339	0	866	(866)
Diagnostics (RtCS)	15,250	0	0	0
UEC (RtCS)	2,000	0	520	(520)
NHP	29,646	12,750	4,408	8,342
Charity Funded Schemes	2,500	206	125	81
Total Capital Programme	110,824	17,902	21,460	(3,558)
Donated Income/Grant rec'd and Disposals	(2,500)	(206)	(593)	387
NET CDEL	108,324	17,696	20,867	(3,171)

University Hospitals Leicester

August 2026



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.