

Integrated Performance Report

Trust Board

September
2026

DRAFT



**Stephen Collman**

Managing Director

The National Oversight Framework (NOF) places equal weight on access, outcomes and safe care. Locally, elective activity and cancer diagnosis are improving, but urgent and emergency care, the 62-day cancer pathway, diagnostics and long waits remain constrained by demand, bed occupancy, delayed discharges and limited specialist capacity. The theme is not isolated target failure but an end-to-end flow and capacity gap. It is important that we maintain one recovery view across urgent care, cancer, diagnostics and elective pathways, with weekly evidence of backlog reduction, flow improvement and delivery against agreed trajectories.

Corridor care, prolonged escalation-space use, delayed fractured neck of femur treatment, infection risks and slower complaint resolution show where pressure is reaching patients. Some outcome measures remain assuring, and infection controls are established, but these do not offset the exposure created by crowding and delay. This is a symptom of the underlying themes identified in flow and capacity restraints.

NOF expects workforce deployment and productivity to support sustainable care. Agency reliance and turnover compare favorably, but bank use, sickness absence, mandatory training, appraisal and job planning remain variable, while establishment has grown against the planned workforce trajectory. The Chief People Officer and Chief Finance Officer are aligning workforce controls, roster and job-plan assurance, productivity measures and quality-based exceptions, so reductions are delivered safely and benefits are evidenced rather than assumed.

The financial position is the clearest cross-cutting risk. Cost and Productivity Improvement Plan (CPIP) delivery is behind plan, cash depends on revenue support, and this position is exposed to further funding withdrawal. Operational recovery is also using additional capacity, while productivity gains are not yet sufficient to offset the cost. We are prioritising recurrent schemes that improve flow, workforce and clinical capacity together.



Dr Jules Walton

Chief Medical
Officer

We continue to perform strongly in some areas of antimicrobial stewardship. Doctors are recording the reason for prescribing the antibiotics more readily, aiding handover and continuity of care. Shorter duration of antibiotic courses are reducing the risk of C. difficile, antimicrobial resistance and drug interactions.

The 'sepsis six' sepsis screening pathway has been introduced on EPR and has in general been welcomed by staff. Monitoring it is proving more problematic, with staff not always filling out all parts of the form or going back to it to note actions that have been taken. This is being addressed through better communications and training. Overall sepsis mortality remains 'as expected' for a trust our size.

Fractured neck of femur performance remains very poor due to operational challenges to the Worcester bed stock and theatre capacity. This has prompted wholesale benefits review of making the move from the Alex to WRH for these patients. Mortality from this condition remains 'as expected', despite the failure to achieve best practice markers

In July 2026 cases of C.Diff increased to 9 (from 6 in June). Klebsiella, MSSA, Klebsiella and E Coli have both decreased in July. One case of MRSA has been reported and Pseudomonas remain unchanged. 10 of the 11 high impact intervention audits were compliant in July.

The new complaints closed metric continues to be used. The complaint compliance target to close within 25/40 days has decreased slightly at 66.67% in July 26. The Trust had 123 complaints still open (decrease from 126) at the end of July, and there were 90 new formal complaints received. Of the 123 open complaints, 35 have breached the agreed timescale. The surgery complaint management process is showing improvements as the Surgery Division now accounts for 23.58% (decrease from June) of the open complaints (33 to 29).

The total number of falls in July (106) increased by 1 from June and remains below the national benchmark with 3.96 total falls per 1,000 bed days (national benchmark of 6.63). There were 2.8% of falls with severe harm in July. The total number of HAPUs has remained the same in July at 14 (0.52 HAPU per 1,000 bed days). There were zero HAPUs causing moderate, severe, or catastrophic harm in June. There is continued training and education delivered by the TV team across the Trust, particularly in Surgery for bespoke wound care.

The friends and family recommended rates have failed to meet the target (95%) in A&E, Inpatients and Outpatients in June, but the response rate increasing in all areas including Maternity.

All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count, noting the inpatient survey continues monthly.

In July at WRH an average of 40 Pts per day spent over 45 minutes in an ED corridor location at WRH and 27 Pts per day at the Alexandra hospital. In total they spent 11,007 hours occupying these spaces which is an increase compared to June. Plans are underway with the ambition being to eradicate corridor care towards the end of quarter 2.



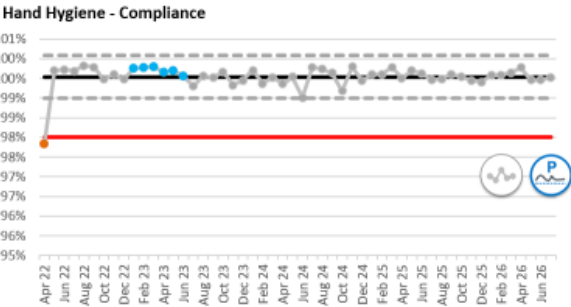
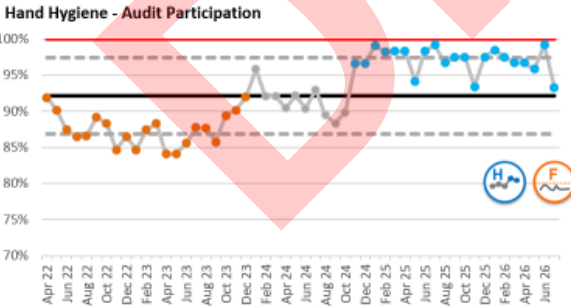
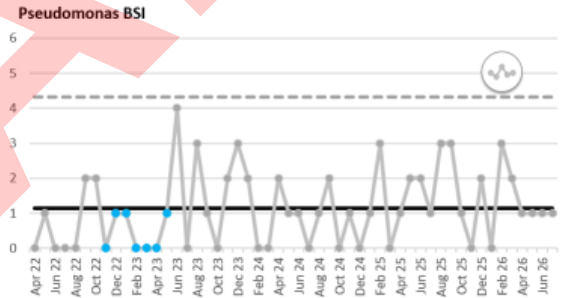
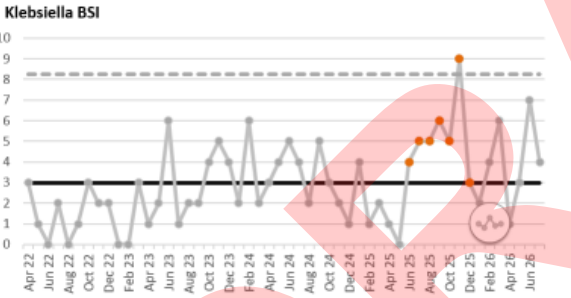
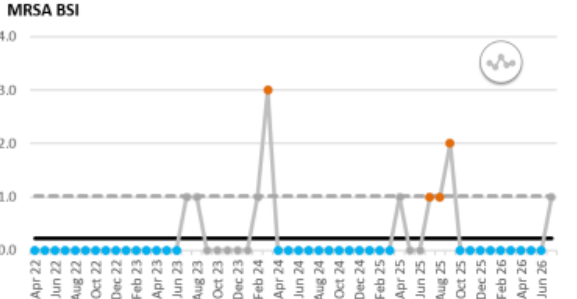
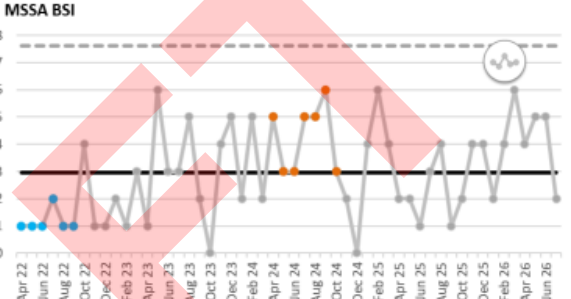
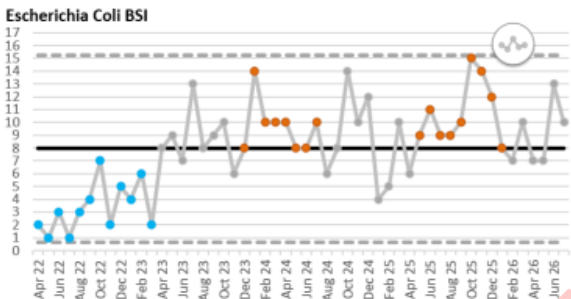
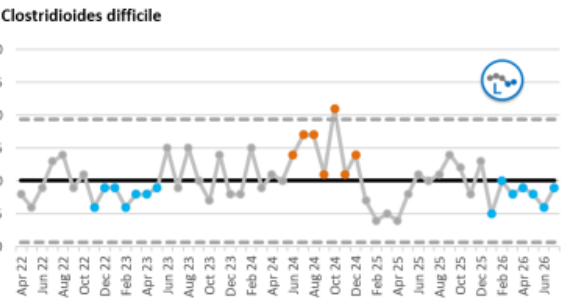
Hayley Flavell

Chief Nursing
Officer

OUR QUALITY AND SAFETY – INFECTION PREVENTION & CONTROL (IPC)

We are driving this measure because

There is a need to embed our current infection prevention , control policies , practices and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.



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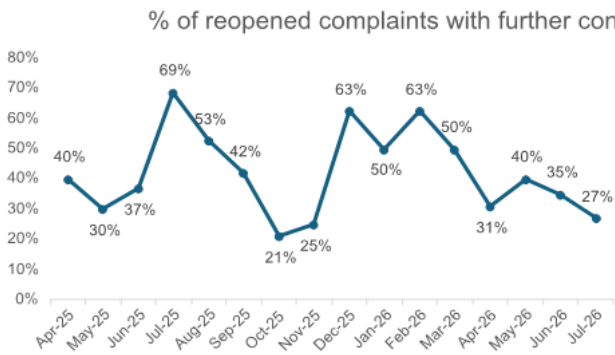
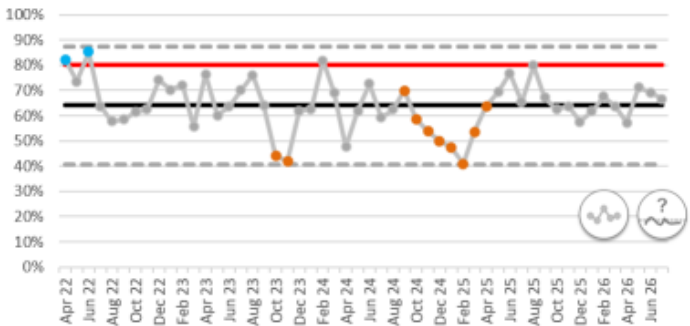
Understanding the performance	Actions (SMART)	Risks
<i>Clostridioides difficile</i> (C.diff) increased in Jul-26 (9 c.f. 6 in Jun-26) but the year-to-date total of 32 is below the threshold of 34. <i>Jul: HOHA 8 COHA 1. Year-to-date: HOHA 19 COHA 13</i> - E-Coli BSI dropped in Jul-26 (10 c.f. 13 in Jun-26) and the year-to-date total of 37 is meeting the threshold of 37. <i>Jul: HOHA 7 COHA 3. Year-to-date: HOHA 21 COHA 16</i> - Internal ambition: MSSA BSI dropped in Jul-26 (2 c.f. 5 in Jun-26) but the year-to-date total of 16 is above the threshold of 12. <i>Jul: HOHA 2 COHA 0. Year-to-date: HOHA 11 COHA 5</i> - MRSA BSI increased in Jul-26 with one COHA reported, and the year-to-date total of 1 is now above the threshold of 0. <i>Jul: HOHA 0 COHA 1. Year-to-date: HOHA 0 COHA 1</i> - Klebsiella species BSI dropped in Jul-26 (4 c.f. 7 in Jun-26) and the year-to-date total of 15 is above the threshold of 12. <i>Jul: HOHA 3 COHA 1. Year-to-date: HOHA 9 COHA 6</i> <i>Pseudomonas aeruginosa</i> BSI was unchanged in Jul-26 (1) but the year-to-date total of 4 is above the threshold of 3. <i>Jul: HOHA 1 COHA 0. Year-to-date: HOHA 4 COHA 0</i> - Hand Hygiene Compliance (99.5%) has met the target (98%) every month since Apr-22 and is showing common cause variation. - Hand Hygiene Audit participation dropped in Jul-26 (93.28%) and failed to reach the target (100%) but is still showing special cause variation of improvement. - Ten of the eleven High Impact Intervention (HII) audits were compliant (95%) in Jul-26. “Prevent surgical site infection - Preoperative phase” was the only non-compliant HII audit at 90.0%.	<i>Clostridioides difficile</i> – IPC team continue weekly surveillance and focus on AMS , use of Rediares and cleaning. Samples of sent for Ribotyping if a period of increased incidence (CDI hotspot) is identified and a CDI audit completed. - Antimicrobial stewardship work led by AMS Pharmacist and AMS committee continues. - Gram negative blood stream infections: E.Coli, Klebsiella and pseudomonas, new Datix proforma process was commenced at the start of April - to be completed by clinical team caring for the patient focusing on hydration, UTI prevention, urinary catheter and PVD care (scrub the hub). - Our internal ambition for no more than 40 cases of MSSA per year will remain in place for the new financial year, focus needs to continue on the use of PVD packs, scrub the hub and documentation on EPR system. - Focus on prevention of splash contamination and IVs-installation of splash screens, installations began at WRH site, yet to start at Alex site, awaiting estates quotes to progress, poster to raise awareness of splash risk shared with divisions. - MRSA/MSSA Focus continues on device care VIP, scrub the hub (poster shared with divisions), updated policy in place - Monitoring of cleanliness via monthly 3 star and below meetings continues - MRSA, E.coli, Klebsiella and Pseudomonas bacteraemia's are reviewed weekly with IPC team, consultant microbiologists, AMR pharmacist, and ICB. NHSE IPC lead has attended the meetings and was assured by the Trust review process. - Divisional, High Impact Interventions completion and compliance for PVD insertion and on-going care, urinary catheter insertion and ongoing care is monitored via TIPCC on a monthly basis - Divisional compliance with IPC Level 2 training is monitored via TIPCC on a monthly basis - Divisional Hand Hygiene audit compliance via TIPCC on a monthly basis . - Measles – work continues with Occupational Health and PFI partners to establish staff measles immunity status. A risk assessment is in place for line managers to review staff who are immunocompromised and are not immune to measles and for those who are unvaccinated. - Work is ongoing with HR and Occupational health to strengthen the pre-employment process.	Capacity: Extreme risk 4816. The level of activity and high level of bed occupancy limits the ability to isolate patients in a timely manner, increasing risk of infection spread. IPC team attend capacity meetings to ensure flow through the organisation. Risk 6220; Measles has been added due to the increase of measles cases seen in the trust The risk on the risk register has been increased due to the measles outbreak at the amount of staff identified as not being fit mask testing. A paper is being drafted for Execs as how the Trust will increase provision of testing going forward. A NHSE directive has been issued that all fit masks testing must be recorded on ESR. •IPC staffing: The Data Administrator has retired, and the nursing staff have picked up some of the roles but are unable to take on all-background codes for ICNet, this will affect how the surveillance system functions. Permission has been granted to go out to advert for the post. Long term sickness is being managed via Occupational Health and HR. •Continuing bedpan washer issues at WRH impact the ability to undertake high level disinfection of bedpans and other items. Work on a solution is in progress with trials of equipment now completed and a preferred supplier identified. Estates are working with Equans on the commercials to replace the bedpan washers with maceraters. •Mattresses – concerns have been raised that mattress covers are failing their fluid ingress tests sooner than expected and soiled mattress covers returned to the company for disposal have been returned to site. The mattress team have robust procedures in place to ensure that the damaged mattresses and covers are not being reused. Meetings are taking place with the company to resolve the issues. A mattress audit was booked and cancelled as the company were unable to provide MMR immunity of those undertaking the visit. •NHSE are visiting the Trust on 20 August to undertake an IPC review of the Worcester site.

OUR QUALITY AND SAFETY - COMPLAINTS

We are driving this measure because

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints services can be effective in resolving the majority of complaints, queries or outstanding concerns.

Complaints Responded to Within Agreed Timeframe



Understanding the performance

- The total number of complaints closed within agreed timescales dropped slightly to 67.33% in Jul-26.
- In total there were 90 new formal and 17 deregistered complaints received in Jul-26.
- All complaints are acknowledged within 3 days as there is an automated process that responds to service users.
- 56.86% of new complaints were called within 5 working days.
- The Trust had 123 formal complaints still open at the end of Jul-26, of which 35 (28.46%) have breached the agreed timescales.
- There were also 21 reopened complaints still open at the end of Jul-26, of which 5 (23.81%) have breached the agreed timescales.
- Of the 11 reopened complaints in month, 3 (27%) had a reason of “did not fully answer” or “prompted further questions”.
- Medicine & Emergency Care accounts for 38 (30.89%) of the open complaints, followed by Family Health 37 (30.08%), Surgery 29 (23.58%), Diagnostics & Specialties 15 (12.20%) and Corporate/Other 4 (3.25%).

NOTE: Figures correct at time of snapshot and may differ from live figures.

Actions (SMART)

The Care Groups are being reminded to review new complaints at the earliest opportunity to ensure the correct timeframe has been allocated and to consider whether a meeting should be offered. The new process of closing a complaint following a formal invitation to a meeting should help prevent complaints from becoming overdue.

The Surgical Care Group continues to manage a high volume of complaints activity and remains focused on improving compliance with the Trust KPI for contacting complainants within five working days and meeting response timeframes. Timely contact provides an important opportunity for early resolution and enhanced patient experience. During the trial period, the additional support provided by the Complaints Team was well received and contributed positively to the process.

The Complaints Manager now meets weekly with the Family Health Care Group to review overdue complaints and those due within the next seven days. The aim is to identify barriers and provide support to help resolve overdue complaints and prevent those within timescales from breaching. This approach has been well received and is proving effective, with overdue complaint numbers reducing.

It is recognised that both the number and complexity of complaints are increasing. During a recent NHSE pre-consultation meeting regarding the review of the 2009 Complaints Regulations, attended by the Complaints Manager, several Trusts highlighted the need for clearer complaint criteria within future regulations and greater flexibility to direct complainants to the most appropriate route for resolution. While patients and complainants must always remain at the centre of the complaints process, discussions are beginning on how this approach could be developed.

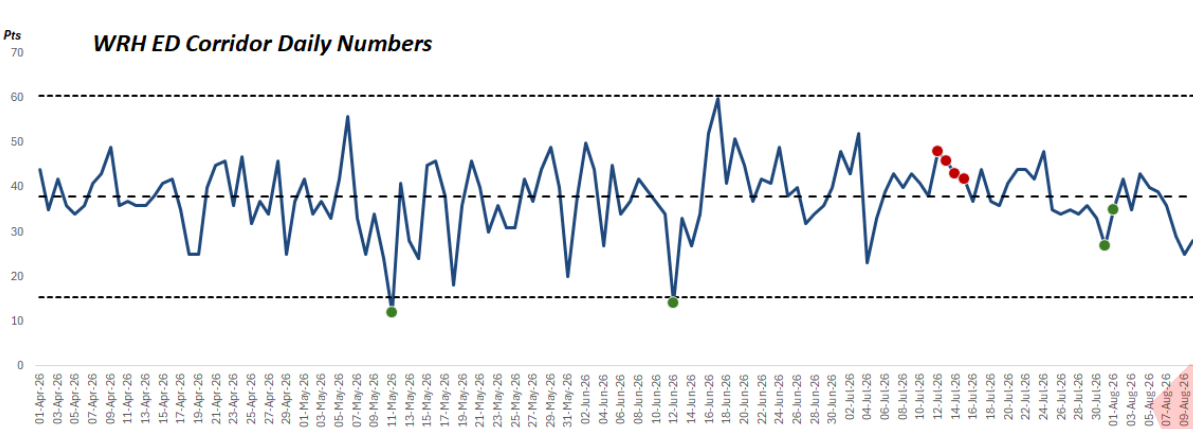
Risks

Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

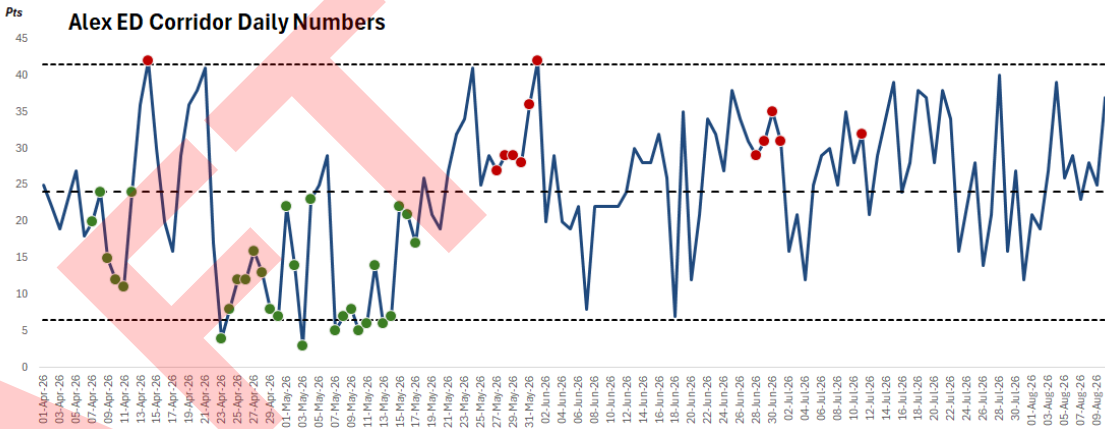
OUR QUALITY AND SAFETY – Corridor Care and Planned Escalation Spaces – Emergency Department

We are driving this measure because

The submission of Planned and Escalation spaces is part of our national Urgent Care SITREP Submission, and we are monitoring this to eradicate the use of temporary or planned escalation spaces used to treat patients. .



For WRH the numbers each day saw an increase at the start of July however these reduced towards the end of the month.



The Alex numbers tend to vary day to day however through July the numbers were higher during the first part of the month but began to reduce as the month progressed.

Understanding the performance						Actions (SMART)	Risks
Site	Split	Apr-26	May-26	Jun-26	Jul-26	The Table opposite shows the monthly number of Patients based on the SITREP definitions who have spent over 45 minutes in an ED Corridor Location. The Latest Month of July 2026 has seen an overall increase in the number of Patients by 62, from 1,997 in June to 2,059 July. However, the same per day on average (67) Patients in July spent s total of 11,007 hours in a corridor location which equates to an average of 321 minutes per patient. This is an increase of 974 minutes compared to June and an AVG increase of 20 mins per patient. WRH average of per day remained at 40 while the Alex remained at 27.	
Worcestershire Royal Hospital	Total	1,136	1,094	1,193	1,229		
	AVG Per day	38	35	40	40		
	Total time (hours)	6,857	6,268	6,976	8,028		
	AVG Time (mins)	362	344	351	392		
Alexandra Hospital	Total	625	637	804	830		
	AVG Per day	21	21	27	27		
	Total time (hours)	2,026	2,111	3,057	2,979		
	AVG Time (mins)	195	199	228	215		
Overall	Total	1,761	1,731	1,997	2,059		
	AVG Per day	59	56	67	67		
	Total time (hours)	8,883	8,379	10,033	11,007		
	AVG Time (mins)	303	290	301	321		

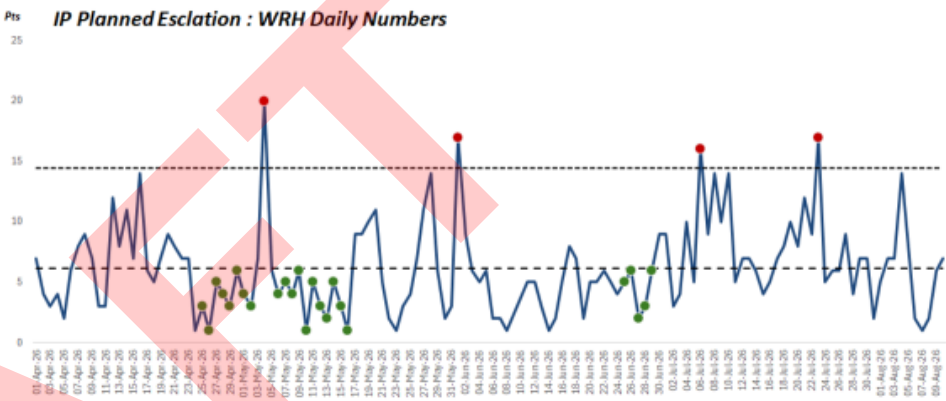
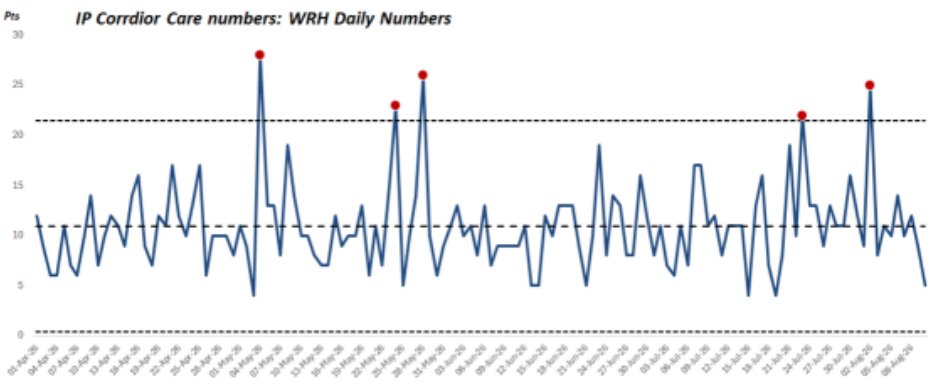
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OUR QUALITY AND SAFETY – Corridor Care and Planned Escalation Spaces – Inpatients

We are driving this measure because

The submission of Planned and Escalation spaces is part of our national Urgent Care SITREP Submission, and we are monitoring this to eradicate the use of temporary or planned escalation spaces used to treat patients. .



Please note these numbers are based on the **number of Patients** and not the **submitted numbers** in the SITREP where patients can be counted multiple times if they occupy a space on more than one day.

Understanding the performance

Site	Split	Apr-26	May-26	Jun-26	Jul-26
Worcestershire Royal Hospital	Total	492	533	477	594
	Planned	180	176	153	245
	Corridor	312	357	324	349
	AVG Per day	16	17	16	19
	Total Time (Hours)	18,323	12,979	14,545	16,699
	AVG Time (Hours)	37	24	30	28
	Pts > 48 hours	95	85	83	99

The table opposite shows a breakdown of those patients who have spent over 45 minutes in either a Corridor or planned Escalation space for WRH (no spaces at the Alex)

In July at WRH a total of **594 Pts** spent over 45 minutes in a corridor location this was split as **245 in planned** and **349 in corridor**. In total they spent **16,699** hours occupying these spaces which is an average of **28 hours** per patient spent in a corridor or planned escalation space

99 Patients had a stay in a planned/corridor space longer than 48 hours in the month. Whilst the number of Patients using a space has increased in July, the average time spent in there has reduced slightly. However, there were more Patients occupying a space for 48 hours.

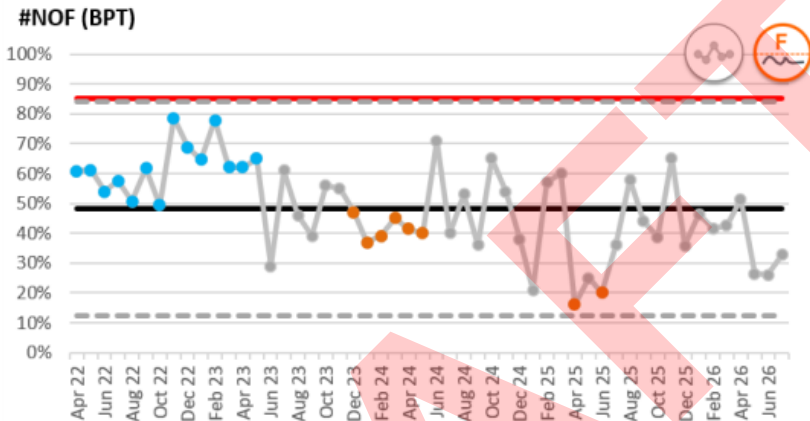
Actions (SMART)

Risks

OUR QUALITY AND SAFETY – FRACTURED NECK OF FEMUR (#NOF)

We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



Understanding the performance

Externally Reported – BPT #NOF Patients

- #NOF compliance increased in Jul-26 to 32.8%.
- The target (36 hours) has still not been achieved since Mar-20.
- There were 58 #NOF Admissions in Jul-26
- There were a total of 39 breaches in Jul-26.
- The primary reasons for breaches in Jun-26 were Theatre capacity (24) and bed issues (17).
- The average time to theatre was 44.8 hours.

Internally Monitored – All #NOF Patients

- #NOF compliance increased in Jul-26 to 30.7%.
- There were 75 #NOF Admissions in Jul-26.
- There were a total of 52 breaches in Jul-26.
- The average time to theatre was 51.6 hours.

Actions (SMART)

Improvements ongoing:

- Bed and theatre capacity continue to be the primary factors contributing to delays within the pathway. These challenges are further exacerbated during periods of increased demand, including winter pressures and critical incidents, which impact overall pathway efficiency.
- The “Out by Day 5” initiative continues to support reductions in overall length of stay. Updated length of stay data from Herefordshire and Worcestershire (H&C) Trust is awaited to facilitate further evaluation of its impact.
- Daily theatre list reviews remain in place to maximise flexibility and capacity for trauma patients. Where elective lists conclude ahead of schedule, available theatre time is utilised for trauma cases to optimise theatre productivity.
- Daily trauma huddles are conducted each morning involving theatre teams, Trauma Nurse Practitioners (TNPs), clinicians, and anaesthetic colleagues. These meetings facilitate multidisciplinary discussions and support the proactive identification of “golden discharge” patients.
- Sustained improvements have been demonstrated in both orthogeriatric review performance and bone health prescribing. PSDA data shows that 94% of patients receive an orthogeriatric review within 72 hours, alongside a continued increase in the timely provision of appropriate bone protection therapy.
- The dedicated ‘August #NOF Month’ is underway with Chief Medical Officer (CMO) support, to maximise engagement across all available resources and identify further opportunities to improve the fractured neck of femur pathway. Mid-month data has seen #NOF compliance increase to 41%
- Opportunities to extend operating hours within the NOF theatres continue to be explored to increase procedural capacity. As part of the NOF improvement programme, an audit is planned to identify patients who may have benefited from extended theatre availability, with findings used to inform future service development and capacity planning.

Risks

- **Risk 4873 (15)** - Risk of patient harm due to exceeding 36 hours to theatre for repair of fractured neck of femur. Risk action 30877 – 30/04/2026 Continue to monitor effectiveness of Beech Trauma as a temporary solution
- Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway.



Chris Douglas

Chief Operating
Officer

Our July 2026, overall System EAS improved to 69.2% from the June position of 68%. During July all EAS metrics reported an improved position compared to June, despite the increased pressures that continued as a result of the increased temperatures experienced this Summer.

Trust wide our Type 1 EAS was 55.7%, a slight improvement. Walk in presentations have reached highest records yet with a 7.7% increase in patients choosing to walk in through our front door. 15327 patients attended our ED's in July and this continued increase in activity has been discussed with our partners due to the numbers of patients being suitable for alternative pathways, as opposed to needing the care of our front door teams. Conversations have concluded in relation to Primary Care intervention and a pilot is due to commence at the beginning of September looking at senior medical streaming at the front door, firstly focussing on our Alexandra site. Programme support has been linked to this transformational change to ensure robust review and monitoring of outcome measures. Alongside this scheme it is pleasing to report that a PDSA to implement a frailty SDEC pathway is planned for 10th August 2026. This will enable our frail and vulnerable patients to avoid admission whilst looking at alternatives to ensure their care is kept closer to home.

Our Non-admitted non referred pathway reflects the challenges the teams have seen with regard to the increase in walk in activity and the impact on available space. 27% of attendances were conveyed by an ambulance and 73% of attendances were patients self-presenting at our ED's. Whilst the overall number conveyed was in line with standard variation, the number of patients discharged after arriving by ambulance remains high, prompting further discussions regarding options for senior triage in our SPOA. Our new Neighbourhood Care Care Group appointed operational leadership in July and alongside senior nursing, this positive step will enable a focus on demonstrable, collaborative plans to enhance alternative pathways and is important steps towards left shift ambitions.

For the second time in 5 months our ambulance handovers within 45 minutes dropped below the 80% threshold. Although below plan, July did see a return to improvement. Whilst there have been challenging days for our teams with ambulance handover, the overall position continues to be improvement compared to 2025. A system wide relaunch for 45 minutes is planned and there is acknowledgement that delivery of 45 minutes links heavily to both system wide improvement/demand management but also the increased number of patients we are seeing without a criteria to reside, where numbers are now above normal variation, in particular our patients are experiencing lengthy delays for those awaiting IAR or complex packages of care.

Performance in cancer has continued to see improvements in both FDS and 31-days and remains ahead of plan. The recovery plan for urology is now delivering improvements across all three metrics and have made significant progress to reduce the number of patients waiting in excess of 62 days for treatment and good progress is been made to redesign pathways and develop a business case to support a sustainable service for the future. For our 62-day performance this continues to be an area of concern with skin been singularly the largest contributor to the underperformance, impacted by recent changes in service provider coupled with seasonal peak in demand. Concerted team effort alongside our new supplier has enabled rapid improvement over the summer for patients referred into service and waiting for a diagnosis, however further work is needed to increase our capacity to provide treatments for patients and to significantly reduce the number of patients waiting over 31 and 62 days over the next couple of months. A full roll out of teledermatology will commence in September and this provides a transformational change for patients referred into or skin service, this service change will reduce the number of patients requiring first outpatient appointments and enable the service to quickly prioritise patients and release workforce to increase the delivery of more treatments.

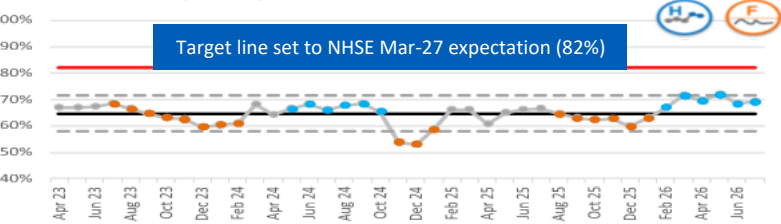
Elective recovery for RTT continues to perform above our annual plan but the high number of referrals and overall growth in our waiting list is having an impact on our performance with July likely to be a decline from June's position. Teams are continuing to explore a variety of ways to increase capacity through improved productivity and utilisation, but this will need to be substituted with support from the independent sector to increase our overall capacity to meet demand. Reassuringly we continue to see month on month reductions in the number of patients waiting over 52 weeks for treatment with just four specialties requiring further work to reach zero and sustain. A newly developed database has been launched which will help teams to monitor and manage cancellations of clinics with the aim to improve productivity and improve patient experience.

OUR OPERATIONAL PERFORMANCE – URGENT & EMERGENCY CARE

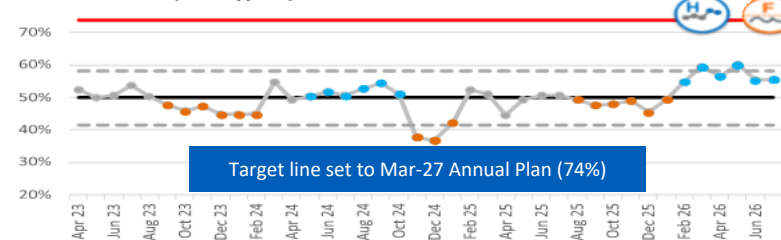
We are driving this measure because

The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community to access care in a timelier manner and is an indicator of system flow.

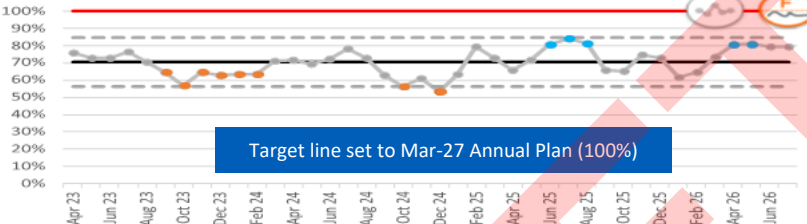
% within 4 hours (EAS All)



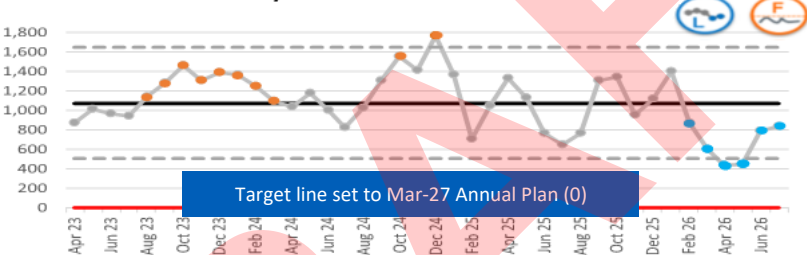
% within 4 hours (EAS Type 1)



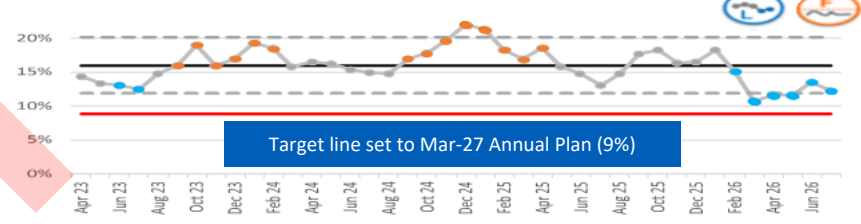
% Ambulance Handovers within 45 mins



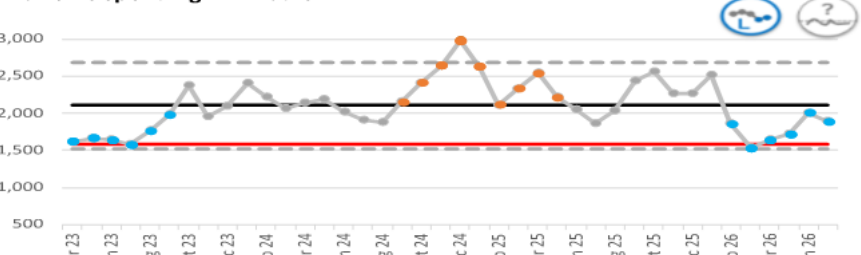
45 Minute Handover Delays



% patients spending 12+ hours in ED



Patients spending 12+ hours in ED



Understanding the performance

- Overall System EAS increased by 0.7ppt from 68.5% to 69.2%; a run of 6 consecutive points above the mean result in special cause improvement.
- 15,327 patients attended our type 1 sites in July (at an average of 494 per day); an 7.7% increase compared to Jul-25 and the new highest single month on record. This equates to an additional 36 patients attending a day compared to Jul-25.
- Type 1 EAS increased by 0.3ppt from 55.4% to 55.7% and also shows special cause improvement due to the run of consecutive points above the mean.
- NANR within 4 hours decreased by 0.6 ppt.
- 27% of attendances were conveyed by an ambulance and 73% of attendances were patients self-presenting at our EDs.
- The percentage of ambulance handover breaches under 45 minutes dropped below 80% for the second time in 5 month (79%) and is showing normal variation.

Actions (SMART)

- Frailty SDEC commencing August 2026
- Relaunch of WMAS 45 minute programme planned for end August 2026 in line with ICB colleagues and UEC Op's Group
- UEC ED workforce plan now rolled out with appointments to posts and planned implementation in Jan 27
- Winter Planning process has commenced. Bed Modelling draft completes and schemes compiled. Stress test planned for 10th September 2026.
- UEC Recovery under review, effective site team focus on overnight moves and safety
- Patient Flow Digital Solution implementation on track
- Group programme approach to escalation management plan to be implemented across all Care Groups
- Medicine and Emergency Care Group (MEC) are developing an agreed escalation process for EMP support during surges
- EPRR Core Standards submitted
- Primary Care pilot to commence at AGH with senior G streaming in place to support increased attendances – impacting on Paeds flow in particular
- Mec are undertaking a review of minor illness attendances from MIU's. Radiology resource to be presented and recommendations as part of Clinical Strategy and Annual Planning.
- KPI dashboard for Radiology in place and agreed metrics with MEC to support escalation and timely processing. Monitored on site safety meetings.
- Continue development of SOPs/guidance to allow suitable patients to be redirected and returned the next day to GP/SDEC services where appropriate.
- SLA/SOP in draft for approval for H@H and SPOA. Next step to look at Winter schemes and front door demand management via senior triage
- Progress electronic triage solution for ED's (MEC and front door workstream deliverable)
- Trauma improvement pathway meetings in place
- Medical productivity reporting in place within Care Group
- Implementation plan required & requested following approval of Emergency Medicine staffing at TMB, further discussion planned for Aug TMB

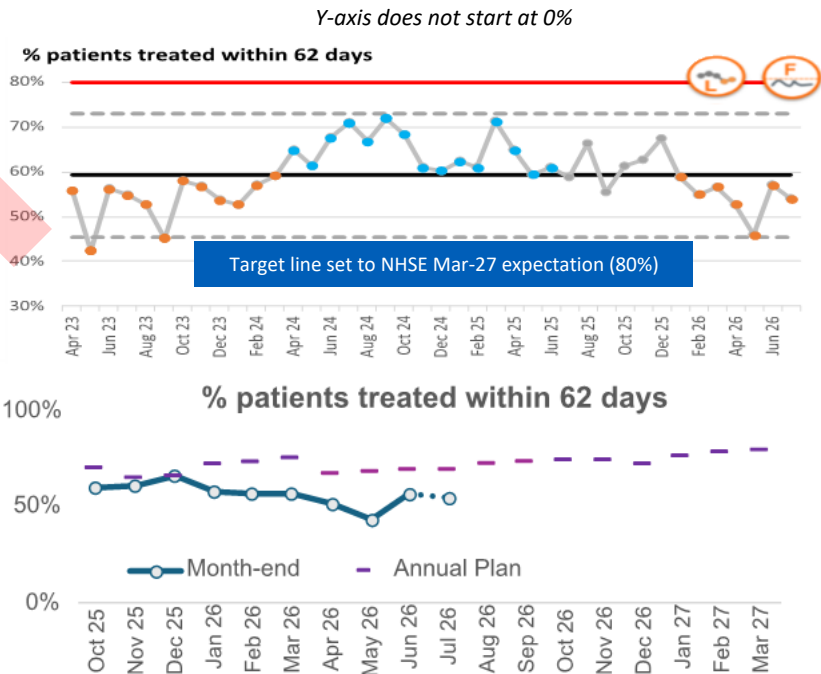
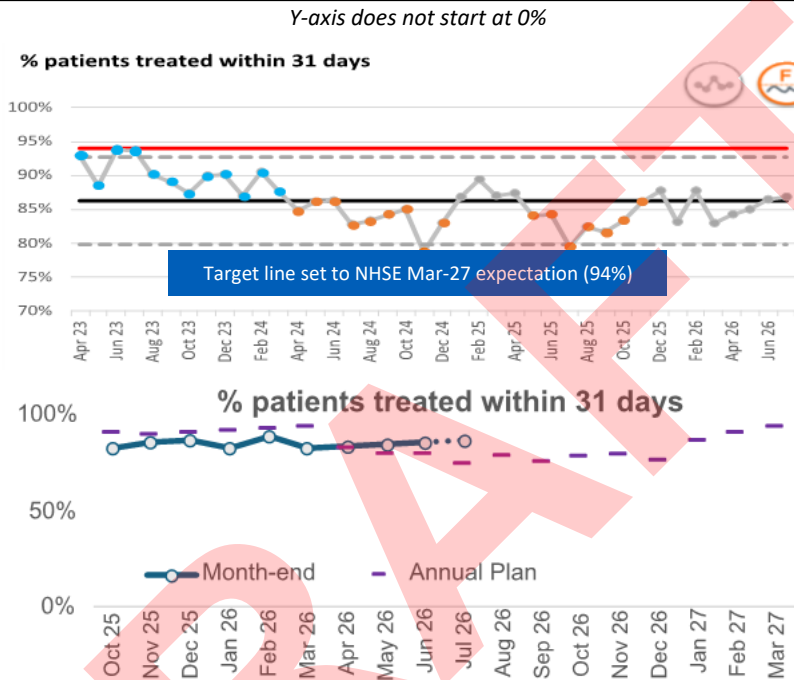
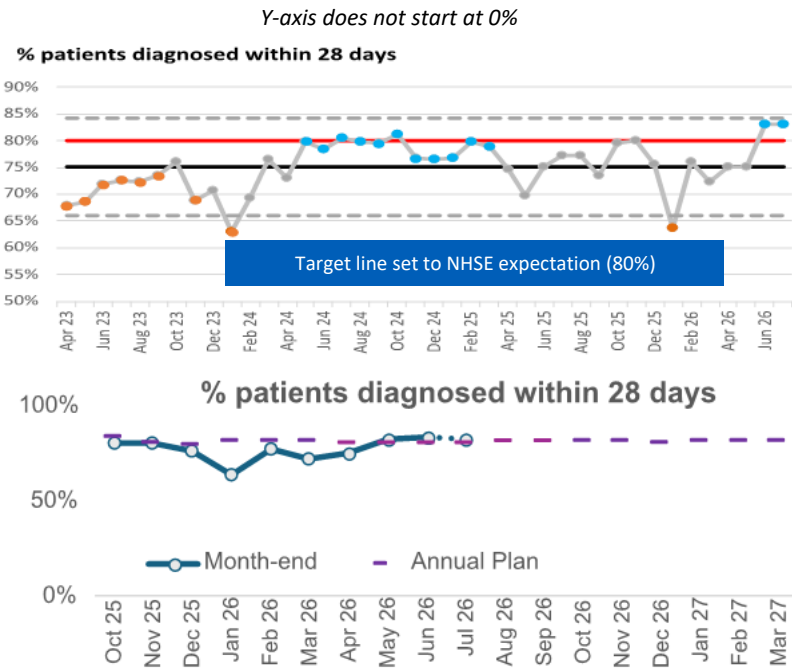
Risks

- Increase in patients with no criteria to reside
- Increased walk in attendances, which are consistently increasing month on month
- Decrease in bank and agency fill rates due to planned changes in rates
- Bleed system compatibility and downtime
- Pace on agreement for discharge pathway metrics system wide
- Continued engagement in 45, coupled with system wide metric visibility .
- Reduced levels of performance and mitigating actions
- LOS increase on General Medical wards (none pathway)
- Overnight Primary Care delays and public behaviour (attending ED as opposed to accessing alternatives)
- Inconsistency in offer of alternative pathways for CBYC/ ED/SPOA to access
- Hospital flow and late discharges featuring
- Radiology in MIU – future model required
- System Wide support to support PDU closure plan, minimal assurance
- Reduced usage of call before convey. Impact on 45 min handover
- 40% of Ambulance arrivals are not admitted. Alternative pathways needed
- Potential closure of PDU reducing bed base this year impacting on capacity and requirement to focus on reducing Corridor Care – June deadline
- Risk associated with patient care/outcomes and Corridor Care
- Delivery of Winter Schemes/ impact on finance of viable transformational change

OUR OPERATIONAL PERFORMANCE - CANCER

We are driving this measure because

Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime.



Understanding the performance

- We received 3,510 cancer referrals in July; this is the highest on record and 7.3% more than Jul-25. Skin contributed 31% to that total with 1,095 referrals.
- 28-day performance is at 83% and is special cause improvement.
- The 31-day performance (87%) is above our annual plan target and normal variation. Only 4 specialties have achieved the 96% operational standard.
- The 62-day performance (55%) is below our annual plan target and still special cause concern.
- Skin and Urology are contributing 69% of patients to the backlog of 378 patients waiting over 62 days.

Actions (SMART)

- **Urology** – WMCA are supporting a programme approach for the urology improvements, which include short term and medium to long term actions. The service continues to utilise increased capacity with locum consultants and middle grade doctors since January 2026 and increased LATP capacity since February via an insourcing provider. Further funding from WMCA has been requested to bridge the gap to business case approval of sustainable service model. These additional resources support capacity for USC OPA, LATP and post MDT OPA, as well as provide additional theatre capacity. Mutual aid continues to be provided from WVT, alongside weekend waiting list initiatives. The service continues to trial remote monitoring and has shown success with recent pilot of fast tracking pirads5 to lab with a view to extend to pirads4. Significant reductions made in backlog, having halved the backlog since M2. Business case for sustainable service model is scheduled to go to SPG in September.
- **Skin** – Teledermatology pilot approved for full roll out with a go-live for all PCNs by end of September. This will support release of resource to provide capacity for treatments and increasing one stop capacity.
- One stop clinics commenced in February; service has successfully recruited to 5 GPs with specialist interest who are now in post and will support the provision of sustainable service model along with recent approval to recruit to permanent dermatologist posts.
- Skin 62-day backlog has increased following an unplanned loss of capacity from exiting provider. The service have mobilised a new provider and are increasing capacity to beyond core contract to reduce backlog of patients waiting for new appointment and treatments.
- Increase in OMFS and plastic surgeon capacity from July through to September
- Further bid submitted to WMCA to support a more rapid recovery.

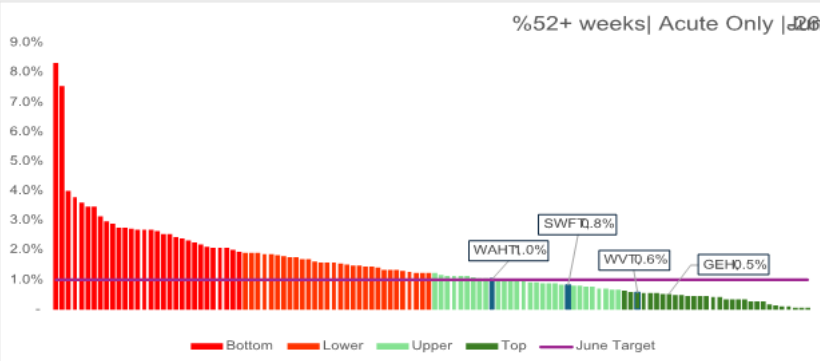
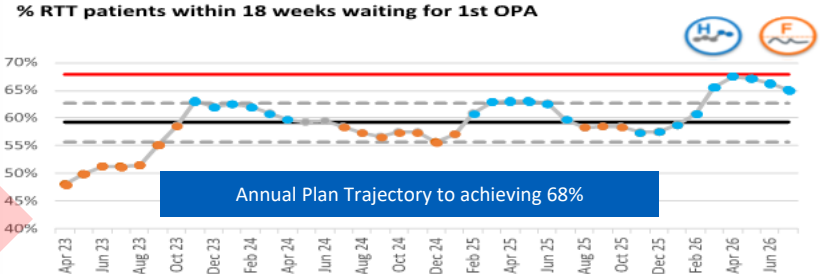
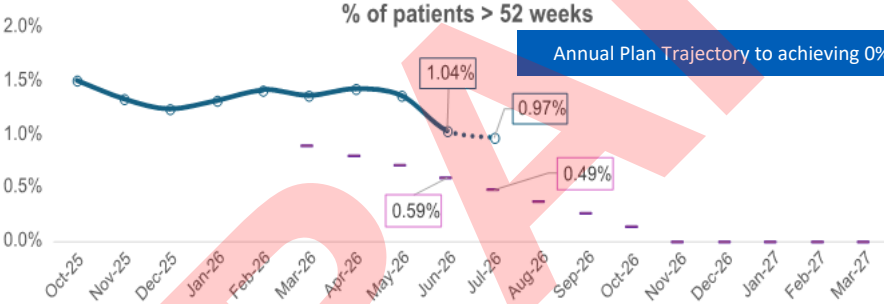
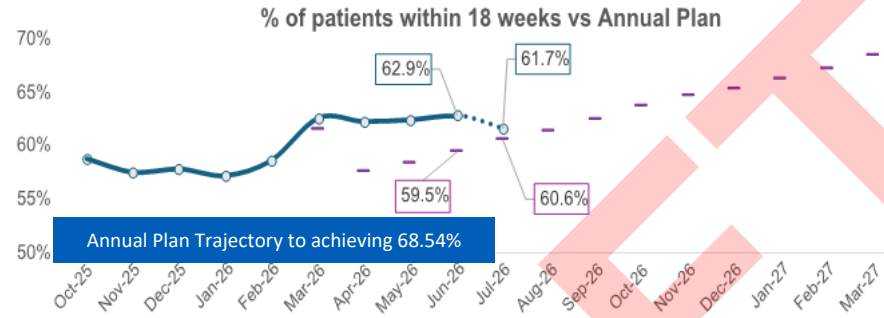
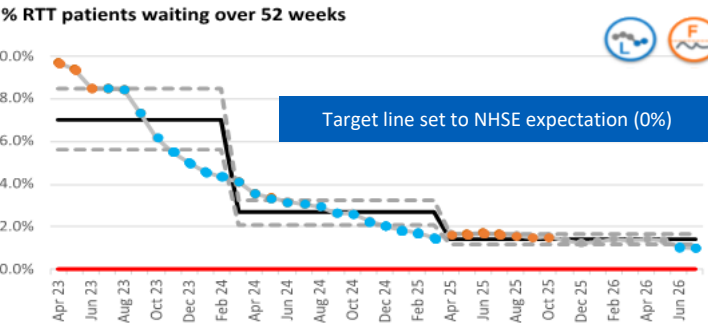
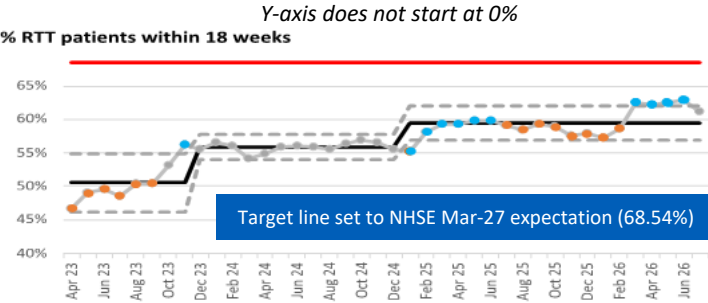
Risks

- Impact to achieving delivery of 31 and 62 days resulting from insufficient Oncology capacity.
- Risk to delivery of 62-day targets due to service model fragility for Skin (which also relates to fragile Max Fax service)
- Risk to ongoing delivery of and improvement against cancer waiting time targets if services fail to secure sustainable models for breast, urology and skin.
- Delivery of additional activity to support core service and/or recovery may be at risk with forthcoming changes to additional hours payments.

OUR OPERATIONAL PERFORMANCE – REFERRAL TO TREATMENT

We are driving this measure because

It is a key priority to ensure that patients can access the elective treatment they need in as timely a manner as possible and to continue to recover to the 18-week Referral to Treatment standard as set out in the NHS constitution.



Understanding the performance

- At the end of Jul-26, 61.7% of patients, of a waiting list of 58,986, were waiting less than 18 weeks for their first definitive treatment.
- For those patients waiting for their first appointment, the proportion waiting less than 18 weeks shows special cause improvement.
- The number of patients waiting over 52 weeks was 575 which is lower than June, at 611. This is 0.97% of the total waiting list.
- 5 specialties with 52-week waiters at month end (ENT, T&O, OMFS and Urology) contribute 91% of patients to the Trust overall position. However, our ambition to have zero breaches in the other specialties was not achieved.
- In June's NHSE RTT publication, WAHT has moved to the upper quartile of performance with 1.0% of the waiting list over 52 weeks.

Actions (SMART)

- Weekly oversight, monitoring and support from ICB and NHSE
- Weekly DCOO oversight and monitoring of our longest wait patients
- ENT are progressing with a pilot and service redesign of their pathways including using digital solutions to support changes from point of referral and reducing follow-ups through increased discharge or to increase PIFU in line with peer benchmarking. In addition, to manage the current backlog of patients over 18 weeks waiting for treatment and specifically at risk of 52-week breaches, additional activity to support recovery will be commissioned via an insourcing provider. Protected beds for elective activity commences September
- OMFS recovery plan to address 52 weeks and support RTT performance through increased capacity from a locum providing oral surgery and MOS from May onwards. Additional paediatric specific lists commence June. Close management of booking practices to maximise utilisation and ensuring the longest patients are prioritised. Insourced solution to support and eradicate breaches over 52 weeks before September.
- T&O – Approval to contract with IS provider for circa 250 hand/upper limb cases. This will be achieved by improving utilisation with the routine use of stand-by patients, improvement in booking practices, support from IS providers for 250 hands/upper limb cases, continued use and high performance through treatment room 2 which went live at the end of March.

Risks

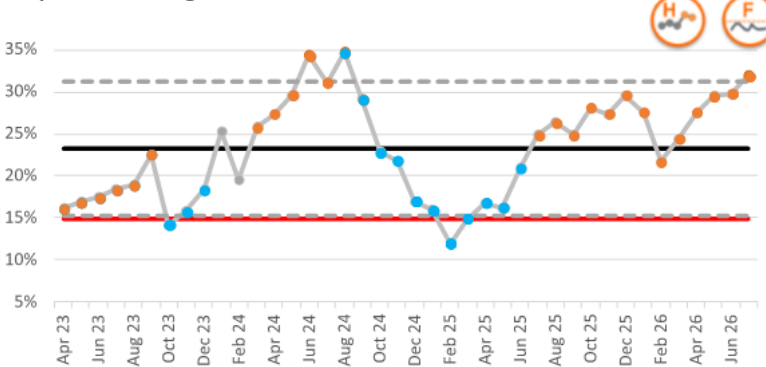
- Risk to delivery of eliminating all waits over 52 weeks by Sept 26 particularly for ENT, T&O, OMFS
- Financial impacts of ongoing use of insourcing and outsourcing solutions
- Deterioration of 18-week performance over summer from high volume in referrals in March and April

OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

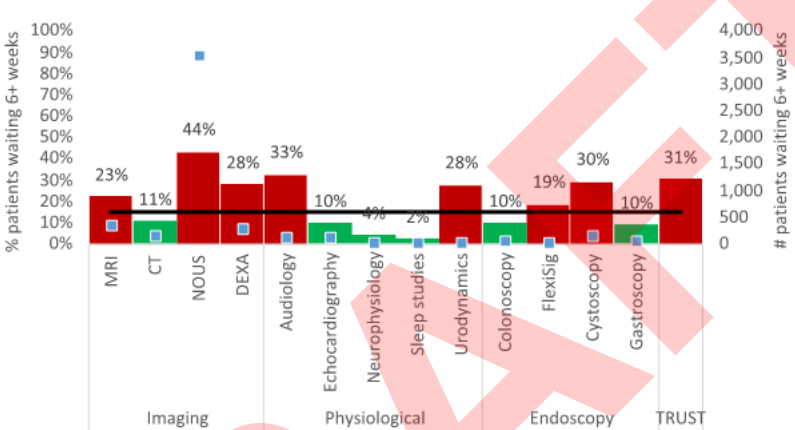
We are driving this measure because

Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

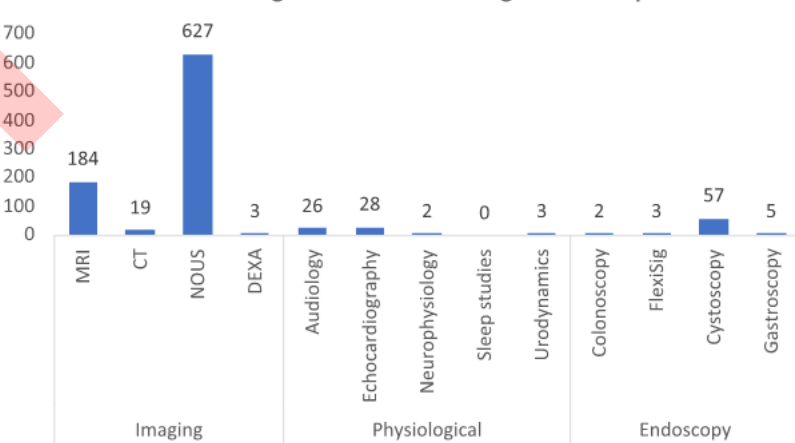
% patients waiting over 6 weeks



DM01 - % and # of patients waiting 6+ weeks | Jul26



Patients waiting 13+ weeks for a diagnostic test | Jul26



Understanding the performance

- 4,906 (30.6%) patients were waiting over 6 weeks at the end of Jul-26. The SPC graph continues to show special cause concern variation and is outside of the control limits.
- The target is now statistically not achievable without significant process change.
- 7 modalities are above the year end target. They account for 95% of all patients breaching 6 weeks at the end of July.
- NOUS still has the most patients over 6 weeks (72% of all 6-week breaches).
- The number of patients waiting more than 13 weeks at the end of July has increased to 959 (from 695). With 627, NOUS accounts for 43.6% of the patients reported as breaching 13 weeks at the end of the month.

Actions (SMART)

- MRI** – Extension to AH MRI mobile required to achieve 6 week performance. Cardiac MRI remains driver behind current longest waiters exceeding 13 weeks. The service have developed a recovery plan to address the backlog and maintain the position below 6 weeks through use of IS mobile expected to commence September. The routine and cancer work is continuing to be supported with an MRI mobile.
- NOUS** – Insufficient capacity and high referrals continue to be a challenge. The service has been unsuccessful with provision of WLIs to meet demand therefore an insourced solution for 8,000 has been approved for short to medium term, in order to support recovery of over 6 weeks waits.
- Audiology** – Recovery plan in place, includes improvements in triage to ensure patients appropriately streamed into service. Increasing capacity of audiology by reducing lost capacity in ENT clinics. Progressing with recruitment to funded vacancies for Associate Audiologists, service manager. Expected recovery September
- Cystoscopy and urodynamics** – Continued use of waiting list initiatives to reduce backlog. CNS training to support additional capacity in urodynamics
- Dexascan** – Limited success with voluntary additional hours. Service is developing a proposal to increase core capacity by 2hrs per day to meet ongoing demand.

Risks

- Risk to delivery of DM01 performance resulting from carve out of capacity to support cancer pathways e.g. urology prostate MRI – mitigated with additional mobile resource
- Risk to delivery of performance in audiology if failure to recruit to permanent vacancies.
- Insufficient capacity at subspecialty level MRI - cardiac resulting in waits exceeding 13 weeks.
- Volume of demand alongside a national shortage of sonographers impacting on capacity to deliver performance
- Emerging workforce issue in echocardiography likely to cause deterioration in performance



Ali Koeltgen

Chief People Officer

Recruitment

Funded establishment has increased each month since budget setting and then by a further 19.05 wte this month which is, 13.50 wte Registered Nurses and Midwives in Family Health, 7 wte in Diagnostics and Specialties and 0.15 wte in Medicine and Emergency Care. Funded establishment is 7877.74. We have recruited 70 new staff and have 10 more starters than leavers.

Vacancy Rate

Our vacancy rate has increased by 0.05% to 7.82% (615.73 wte vacancies) which is directly due to increased establishment and is above the Trust target of 6.5%. Some vacancies are being held intentionally in line with the annual plan and a MARS scheme has been implemented to enable skills mix reviews of corporate/non-clinical posts.

Non-Clinical vacancies - We have 130.44 wte Admin and Estates vacancies (10.91%), 18.17 wte Managers vacancies (6.51%), and 18.17 wte other infrastructure support (6.32%).

Monthly Bank and Agency Spend

Temporary staffing spend remains a considerable challenge. There has been a 5.01 wte increase in agency worked in July but a 0.20% reduction in agency spend as a % of gross cost. Medicine and Emergency Care are outliers with 5.17% of gross cost. We are 46.12 wte adrift of our 26/27 plan for overall (62.33 wte over for Agency worked and 178.73 wte over for Bank worked. Our substantive worked is ahead of plan which will partly be due to vacancies and also absence.

Annual Staff Turnover

Our annual staff turnover has increased to 7.55% which continues to comfortably meet our target of 11.5% and is on an improving trajectory compared to rates of 8.37% last year. We benchmark well against other Trusts remaining at Quartile 1 (best) on Model Hospital (May 2026 rates). Estates and Facilities are outliers at 10.90%. All Divisions continue to comfortably meet the target.

Sickness Absence

Monthly sickness absence has increased by 0.36% from last month to 5.63%. This is 0.47% worse than the same month last year. The % of absence attributed to stress has increased to 36.42% of total sickness. Corporate are outliers with an increase to 52.35% of all absence attributed to stress. The highest sickness levels are in Estates and Facilities with 6.07% and Diagnostics and Specialties with 6.02%.

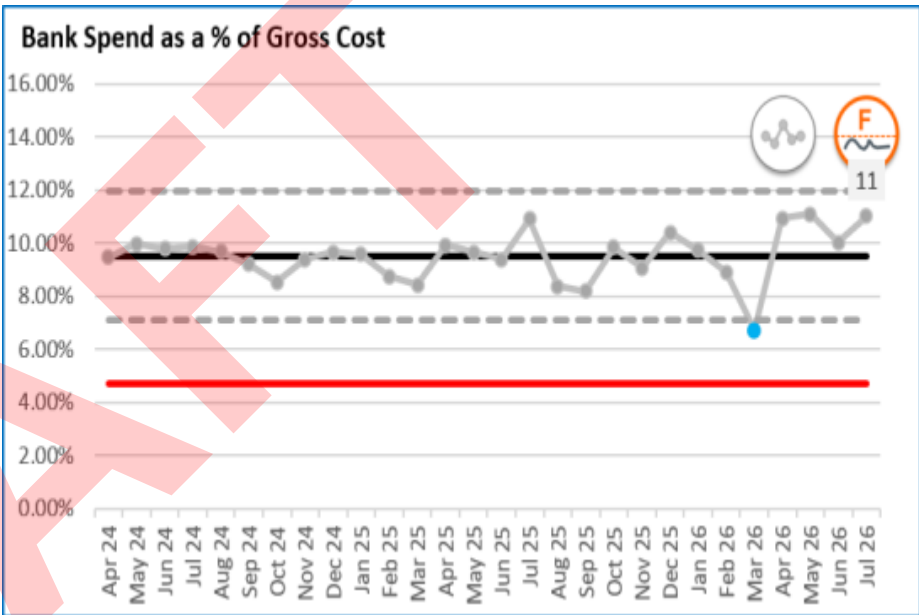
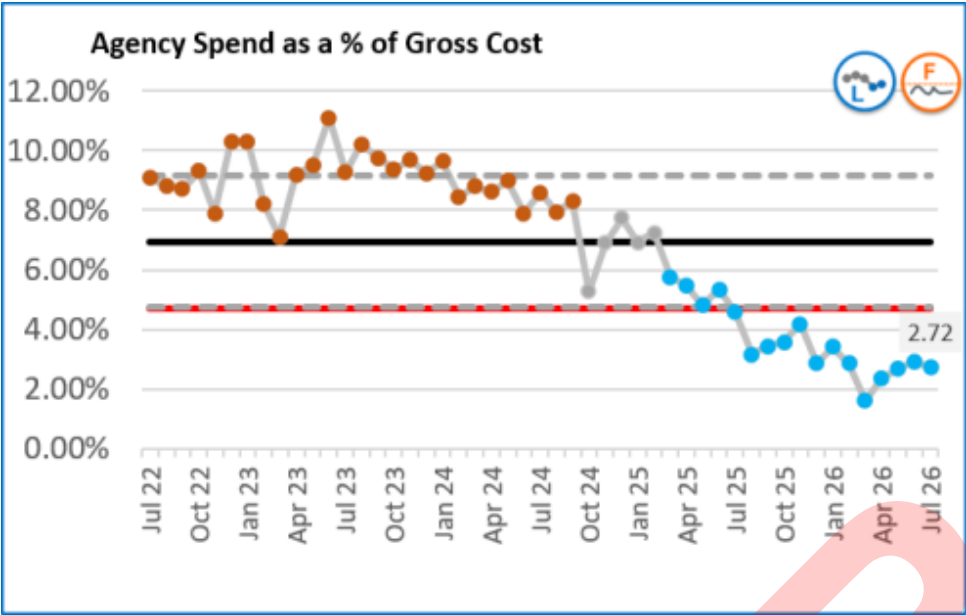
Job Planning

Consultant Job Planning has improved by 2% to 91% against target of 95%. Family Health and Diagnostics and Specialties meet the target. Surgery are outliers with 75% (6% improvement).

OUR WORKFORCE PERFORMANCE – REDUCTION OF AGENCY SPEND

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.



Understanding the performance

There has been a 0.2% reduction in Agency spend in July to 2.72% of gross cost. This remains significantly better than last year when agency costs were 4.56% of gross cost. Work needs to continue to focus on reducing bank usage although this has increased by 0.98% to 11% this month.

Usage of HCA agency (NHSE mandate) continues to be low with only 5.57 wte booked in July and is being closely monitored for impact and safety.

There now needs to be more focus on bank usage/spend as our M4 usage means that we are 178.73 wte adrift of our 26/27 plan for bank, although ahead of plan overall. This is primarily due to increased establishment which has increased vacancies.

Actions

- We have reviewed bank and agency rates across all staff groups with rate reductions due to come into effect from 1/9/26. This will be accompanied by a reviewed break glass/temporary exemption process with enhanced grip and control.
- We have developed a Trustwide CPIP scheme for 26/27 which will capture and monitor all of the programmes of work to reduce bank and agency usage/costs.
- Continuing to identify long standing agency workers to migrate to trust or NHSP to support trust cost reduction targets.

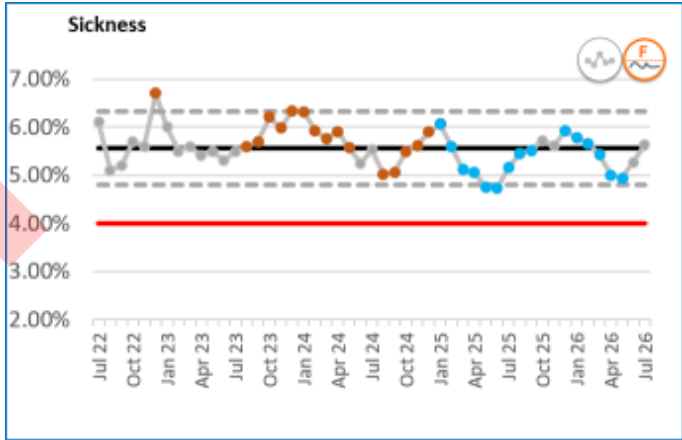
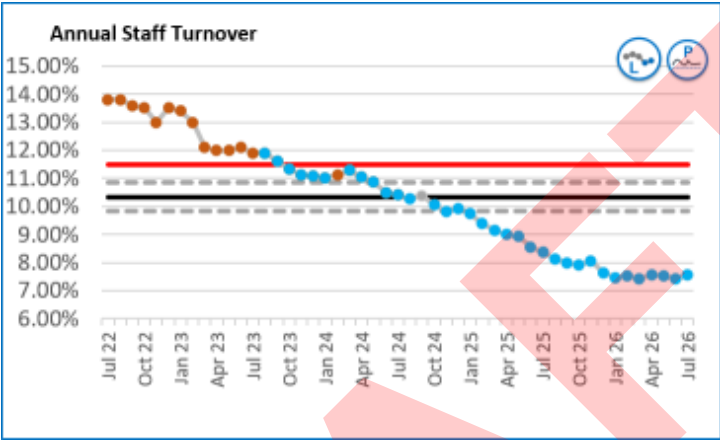
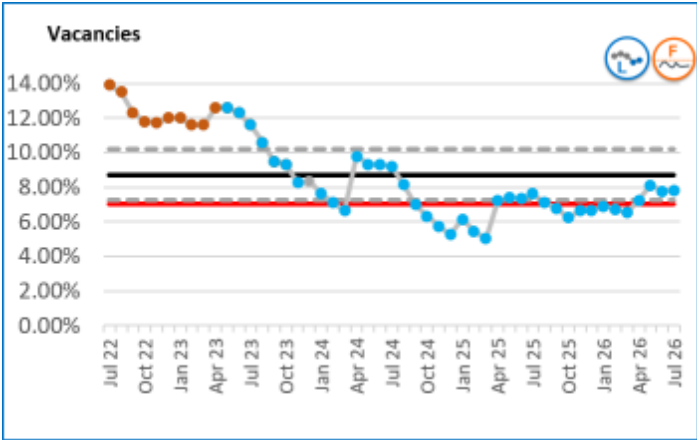
Risks

- Retrospective agency bookings leading to inaccurate reporting on agency usage and spend.
- Ongoing risk to financial performance and compliance with the annual plan to reduce temporary staff by 40%.

OUR WORKFORCE PERFORMANCE – VACANCIES, TURNOVER AND SICKNESS

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.



Understanding the performance

- Trust-wide Vacancies** - Staff in Post has increased by 22.81 wte to 7262.01 wte. (NB. SIP will include staff who terminated on the last day of month who will not appear in the next months leavers, as well as changes in hours). Despite these new starters, our vacancy rate has increased to 7.82%, against a target of 6.5%. Medicine have the highest clinical vacancy rate although improved to 10.56% directly related to increases in funded establishment since budget setting.
- Starters and Leavers** - We have 10 more starters than leavers this month with an extra 8 in Medicine and Emergency Care and 3 in Family Care. We have processed 70 new starters in month (headcount) and 60 leavers.
- Annual Staff Turnover** continues to comfortably meet our 11.5% target at 7.55% which is 0.82% better than the same period last year and benchmarks well against the Group and against Model Hospital.
- Monthly sickness absence** has increased by 0.36% to 5.63% which is 0.47% higher than last year. There has been an increase in most clinical Care Groups with the exception of Diagnostics and Specialties. Estates and Facilities are an outlier with 6.07% (increase of 0.49%). This KPI continuously fails to reach the target and is showing common cause variation.
- Healthcare Support Workers Vacancy rate** has increased to 13.05% (12.510 wte vacancies).

Actions (SMART)

- Attendance Programme** to more closely review sickness absence management.
- Continued Support** is being offered to staff through Occupational Health, Staff Support, Employee Assistance Programme (EAP) and Wellbeing interventions.
- Targeted intervention meetings** implemented with managers in areas of highest sickness absence levels, with support from the HR Advisory team. Identifying hotspot areas and getting back to basics to ensure processes are in place to manage absence effectively within a timely manner as well as providing drop-in sessions for managers.
- Trigger reports** have been discussed at divisional meetings to drive compliance with policy and ensure sickness is appropriately addressed
- Our recruitment should be slowing down** to align with annual plan. Total starters in non clinical divisions are less than leavers and a MARS scheme has been implemented aimed at reducing non-clinical headcount.

Risks

Performance to 26/27 Plan - We are 46.12 wte adrift of plan overall which is primarily due to increased funded establishment. We are 178.73 wte adrift of bank plan and 62.33 wte adrift of agency plan. Our plan was showing a reduced establishment of 7713.54 for March 2026, and a further reduction to 7214.62 by March 2027. Funded establishment has in fact grown rather than reduced to 7877.74 some of which will be CPIP swap outs from agency.

Medicine and Surgery continue to use more wte than their establishment (43 wte and 94 wte respectively). Increases are likely to be due to continued level 4 escalation and covering vacancies for newly established posts in Medicine.

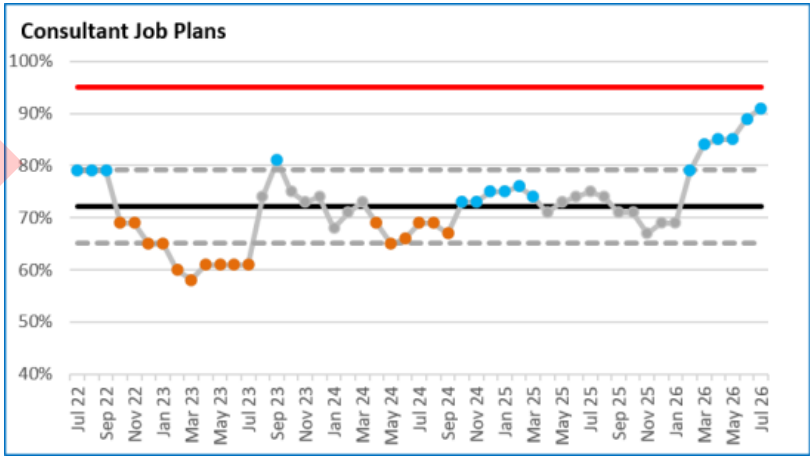
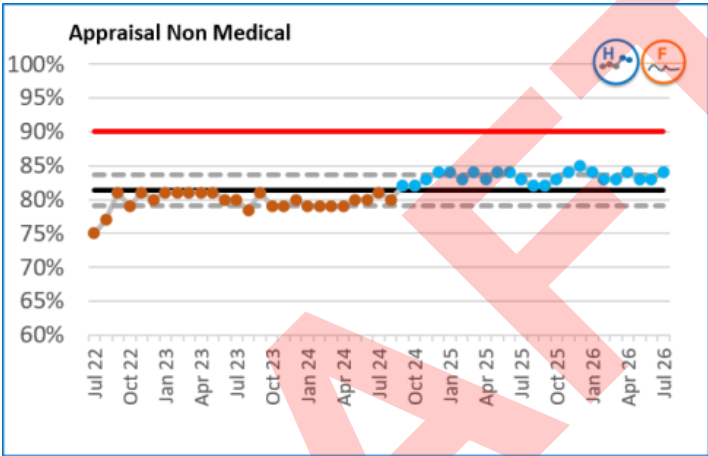
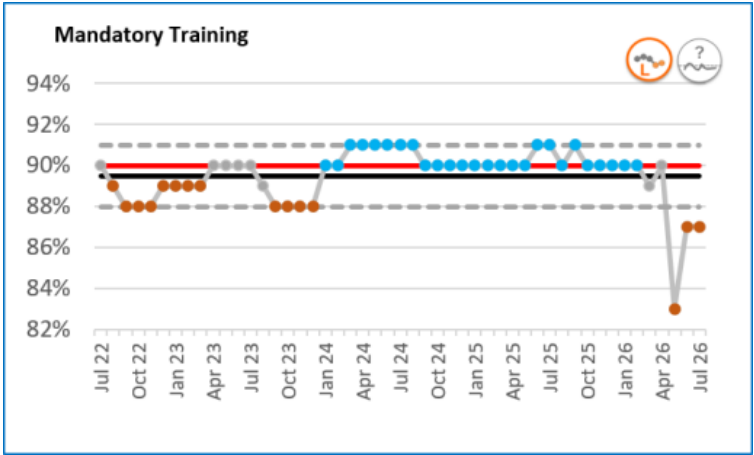
Sickness for Estates and Ancillary Staff Group remains an outlier at 7.83% closely followed by HCA's at 7.78%. All other groups with the exception of Registered Nurses (6.56%) and Midwives (6.34%) are under 5%. Prof and Tech, Healthcare Scientists and Medical and Dental meet the 4% Group target.

Absence due to stress remains high and increased this month to 36% of all absence. Corporate and Family Care are outliers with 52.35% and 41.68% of their sickness attributable to stress.

OUR WORKFORCE COMPLIANCE – MANDATORY TRAINING, APPRAISAL & JOB PLANNING

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.



Understanding the performance

Overall Mandatory Training is unchanged at 87%. The substantial drop since May was anticipated due to changes to the Safeguarding Adults (SGA) Level 3 training and eligibility due to the updated Safeguarding Intercollegiate Document. All staff with a registration (M&D, N&M) are now required to complete Level 3 which increased our eligible numbers from 258 to 3,532. As L3 training is face to face the Safeguarding Team will need to increase the number of courses available. Level 3 SGA is an outlier at 13% and L2 SGA has dropped to 88%.

Appraisal Rate is 84% against a target of 90% which is 1% higher than last year. Corporate are outliers at 70% (improved) followed by Estates and Facilities at 81% (unchanged). Medical appraisal rates are good at 92% (improved).

Consultant Job Planning has improved by 2% to 91% against target of 95%. Family Health are the best performing Care Group at 98% and Diagnostics and Specialties meet the target at 96%. Surgery remain outliers with 75% (8% improvement).

Actions (SMART)

Compliance against the NHSE national **job plan target of 95%** is reported via the Provider Workforce Return on a monthly basis.

A project to **fully roster** medics is being rolled out which will improve transparency and should improve clinic and theatre productivity.

Divisions to focus on Job Planning to improve productivity and transparency. A consistency panel and Job Planning Committee are in place.

Risks

Medical and Dental are outliers for Mandatory Training at 71% (2% drop). Registered Nurses and Midwives have all dropped below target as a result of the changes to SGA training. All other Staff groups meet the 90% Trust target

Poor Appraisal rates raises concerns that some staff are not meeting regularly with their manager.

Corporate remain **outliers** for Appraisal with 70% (4% improvement).

Consultant Job Plans are improved at 91% against the NHSE monitored target of 95%. Poor or irregular job planning may mean that clinic and theatre capacity is not fully utilised which can impact on quality and cost.



Katie Osmond

Interim Chief
Finance
Officer

Financial Plan 2026/27 – A balanced plan was submitted for 2026/27, this included Non-Recurrent System Deficit Support funding of £42.2m and £57.1m of Cost Improvement (CPIP) (6.8% of operating expenditure).

Income & Expenditure – Our reported position for M4 is a **£25.5m YTD deficit against a £21.2m YTD deficit plan, an adverse variance of £4.3m** driven primarily by costs of Industrial Action, loss of Deficit Support Funding and under achievement of CPIP requirement, partially offset by an underspend against the growth reserve.

The overall variance increased this month, driven by DSF being withheld, an increase in the CPIP ask and delivery standing still. This was further compounded by a £0.4m increase in the variable pay bill compared with last month, despite the closure of PDU at the end of June and activity overperformance having slowed. Sickness, vacancies, maternity, specialising and leave all trended upward. Medical WTE remained broadly flat, but bank, agency, WLI, additional sessions and WTD payments increased.

Emergency activity has increased year on year, £285k of additional emergency income has been assumed in the position with c.£240k at risk pending agreement of the SDEC baseline with the ICB. The current phasing of the elective plan is supporting the in-year position, although this benefit is expected to unwind later in the year.

Key Variances:

- **Income is £0.5m favourable to plan YTD** – of which £2m favourable on elective income, £0.3m on blended emergency income, £0.2m Patient Not Present income and £0.9m on pass-through drugs and devices. **Month 4 Deficit Support Funding of £3.5m has been withheld but remains recoverable if the Trust returns to plan.**
- **Employee expenses are £4.6m adverse YTD** – adverse variances include: £2.8m of undelivered CPIP; £0.5m Industrial Action costs, £0.6m additional costs of sickness, specialising and maternity above 2025/26 outturn, £0.4m additional temporary Medical staff and £0.2m WLI.
- **Operating expenses excluding Employee Expenses are £2.6m adverse to plan YTD** – adverse variances include: £0.3m undelivered CPIP, £0.3m of tariff drugs, £0.5m of pass-through drugs and devices, £0.7m Non pay costs of additional activity (including insourcing), £0.4m of PFI charges, £0.4m of engineering and maintenance contracts, £0.4m IT costs and £0.1m MIU. This is partially offset by the favourable variances across utilities, depreciation and the growth reserve.

Enhanced focus on financial improvement continues through Care Group and Departments, overseen through Finance and Performance Executives and Financial Recovery Board. All budget holders are required to actively manage financial risk through clear, owner-led mitigation plans, including appraisal of options to reduce lower-value spend and prioritise safety, productivity and patient-facing care. Given the level of CPIP not yet fully developed, increased focus is being given to productivity, workforce and non-pay opportunities within Care Groups/Corporate teams and Trust-wide to maximise scale and pace of delivery.

Capital – The YTD capital spend at Month 4 is £3.14m, the majority of which has been on the ALEX Fire Scheme (£1m, cell path lease (£514k), fleet vehicles (£308k), the delivery of a CT Scanner (£630k) and PFI Additions (£285k). The capital plan for 26/27 is set at £40,489k but increased to £41,722k in M2, including £16,818k of internal funds, £21,904k of PDC funding and £3,000k for IFRIC 12. There has been no change in M4. Plans and profiling for schemes is under review to maximise delivery of the available resources within the year.

Cash – The Trust cash position at the end of Month 4 was £2.8m. Included in this balance is Provider Revenue Support of £3.516m, which is equal to the Deficit Support Funding that was withdrawn for July, quarter 2. Notification has been given that the Trust will receive an additional £7.032m of Provider Revenue Support in August, which is the balance of quarter 2 Deficit Support Funding that has been withheld. A cash application will be submitted to NHSE for the final month of quarter 2, September 2026 on 14 August 2026 for £11.5m.

Clinical Coding – July coding is at 100% on the 11th working day. Total of FCE's for July was 16,950 compared to 16,554 in June and 15,797 in May



M4 deficit **£5.6m**
(£25.5m YTD) against a
£3.5m (£21.2m YTD)
deficit plan



CPIP **£8.2m** delivered
YTD against £11.4m
target



Agency spend for M4
£1.2m (£4.7m YTD)
against £0.1m (£4.3m
YTD) planned spend



Deficit support funding
has been withheld for M4
(£10.5m assumed YTD
against £14.1m YTD plan)



Bank spend for M4
£4.9m (£18.8m YTD)
against £3.4m (£14.4m
YTD) planned spend



Productivity Cost per
unit of clinical output
(WAU) YTD **1.2% lower**
than 25/26



Capital spend **£3.1m**
YTD in M4 against
£5.199m planned spend



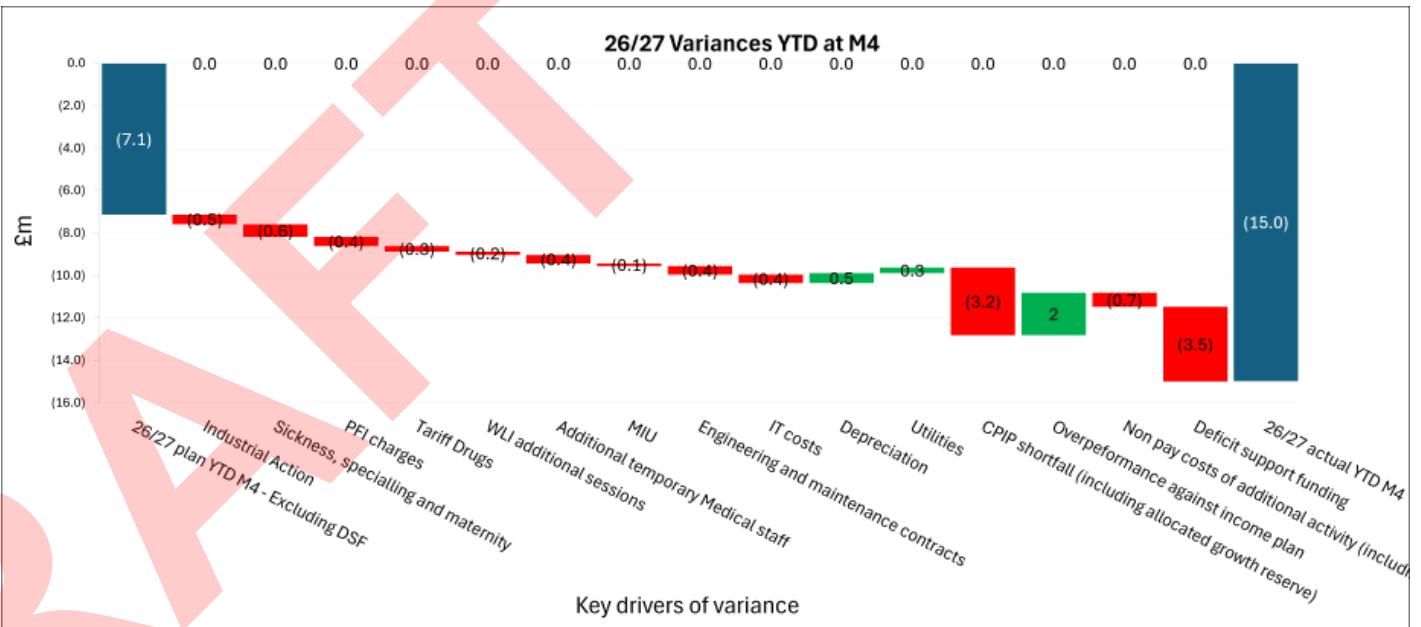
BPPC – Invoices Paid
< 30 days (% volume)
July: **53%** against 95%
target

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

The Income and Expenditure plan reflects the Trust’s operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

Statement of comprehensive income	Plan £'000	Year to Date Actual £'000	Variance £'000
INCOME & EXPENDITURE			
Income from Patient Care Activities	259,295	258,119	(1,176)
Other Operating Income	12,959	13,627	668
Employee Expenses	(171,555)	(176,158)	(4,603)
Operating Expenses exc Employee Expenses	(99,027)	(101,659)	(2,632)
OPERATING SURPLUS / (DEFICIT)	1,672	(6,071)	(7,742)
FINANCE COSTS			
Finance Income	462	521	59
Finance Expenses	(3,168)	(3,125)	43
PDC dividends payable/refundable	(2,076)	(2,079)	(3)
NET FINANCE COSTS	(4,782)	(4,683)	99
Other Gains and (Losses)	0	(7)	(7)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(3,111)	(10,760)	(7,650)
Add back all I&E impairments/(reversals)	0	0	0
Surplus/(deficit) before impairments and transfers	(3,111)	(10,760)	(7,650)
Remove capital donations/grants/peppercorn lease I&E impact	68	77	9
Remove PFI revenue costs on an IFRS 16 basis	12,284	13,947	1,663
Add back PFI revenue costs on a UK GAAP basis	(16,368)	(18,245)	(1,877)
Adjusted financial performance surplus/(deficit)	(7,127)	(14,981)	(7,854)
Less Non-Recurrent Deficit Support Funding (DSF)	(14,065)	(10,549)	3,516
Adjusted financial performance surplus/(deficit) excluding Non-Recurrent DSF	(21,191)	(25,530)	(4,338)



Understanding the performance

In M4 we report a YTD £9.4m deficit of £25.5m against a planned deficit of £21.2m, excluding deficit support funding—an adverse variance of £4.3m. Including deficit support funding (adjusted for withholding of July DSF), the adverse variance is £7.9m. Month 4 funding has been withheld but remains recoverable if the Trust returns to plan.

Adverse variances driven primarily by costs of Industrial Action, loss of Deficit Support Funding and under achievement of CPIP requirement, partially offset by an underspend against the growth reserve.

Actions (SMART)

The Trust will strengthen financial improvement delivery through a revised taskforce model that preserves divisional ownership of CPIP while increasing executive grip, accountability and capacity for high-value cross-divisional and transformational schemes. Simplified governance, named leads and clear escalation routes will improve visibility of delivery confidence, recurrent impact and emerging risks, with benefits only banked where supported by robust operational evidence. Benchmarking, targeted deep dives and focused improvement, PMO, external and Group support will prioritise the opportunities with greatest value, providing the Board with assurance that recovery is underpinned by clear ownership, stronger delivery discipline and a sustained focus on recurrent improvement.

Risks

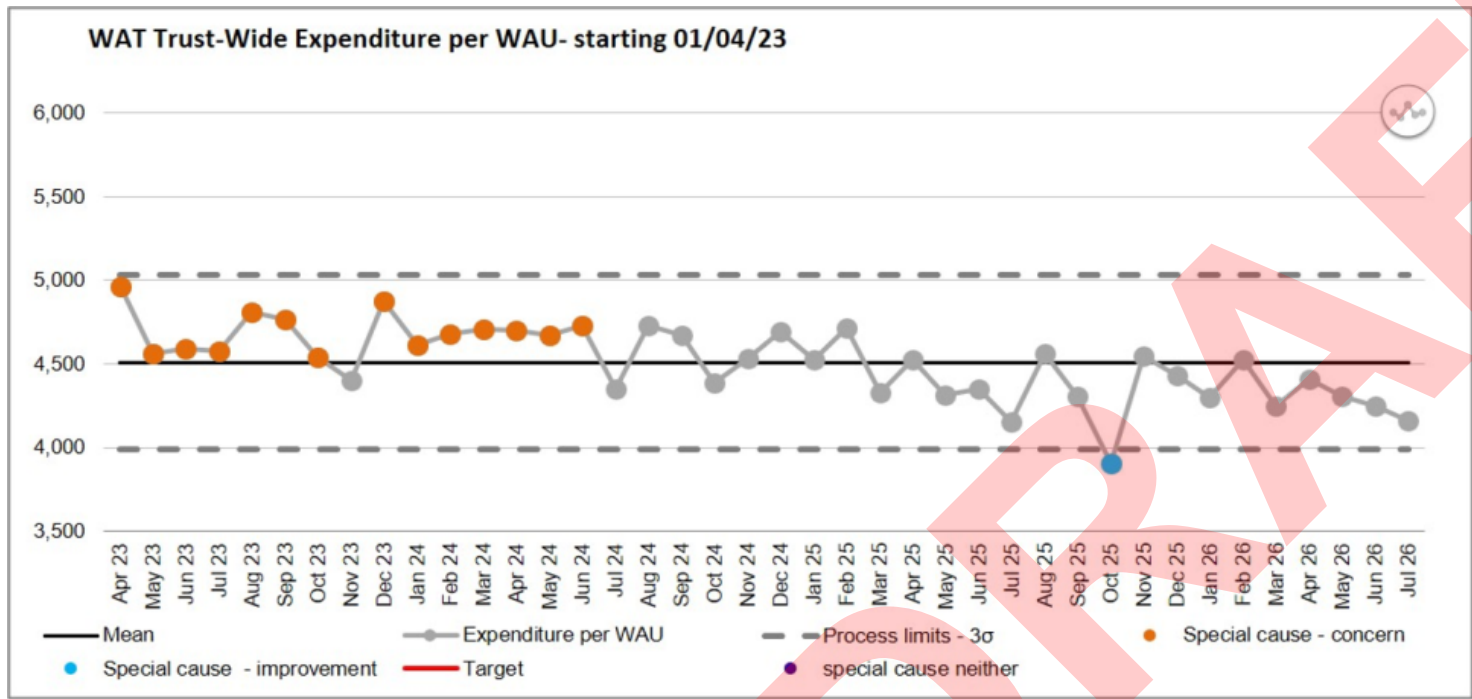
The delivery of the CPIP will determine the Trust’s cash position and the extent of any further support required. Cash managed through close monitoring, ICB advances, stronger debtor recovery, extending creditor terms where appropriate, and deferring capital expenditure if necessary to protect payroll and essential supplier payments.

Month 4 deficit support funding has been withheld but remains recoverable if the Trust returns to plan. The Trust has received Provider Revenue Support equal to the Deficit Support Funding that was withdrawn for July, quarter 2. Notification has been given that the Trust will receive and additional Provider Revenue Support in August, which is the balance of quarter 2 Deficit Support Funding that has been with held.

BEST USE OF RESOURCES – ADJUSTED EXPENDITURE PRODUCTIVITY TREND

We are driving this measure because

This SPC measures expenditure against activity, allowing us to follow productivity changes. Tracking is currently available at Trust wide level only. Weighted Activity Unit (WAU) has been developed within the Foundation Group using Inpatient/Outpatient/ED/Critical Care activity, adjusted to be weighted equally. There is no adjustment for working day variations. Previous years Expenditure is adjusted up for inflation to make them comparable with the current year. As the WAU relies on coded activity, recent months can still move until coding is complete.



	Monthly Movement	
	Jun-Jul	Adjusted for Working Days
Exp per WAU	-2.0%	1.8%
Expenditure	0.4%	0.4%
WAU	2.5%	-1.4%
YTD Movement compared to 2025/26		
Exp per WAU	-1.2%	
Expenditure	3.0%	
WAU	4.2%	

Costing Team Update

- Care Group level Cost per WAU are going to be included in the FPE packs from month 3.
- This will allow Care Group to look at trends over time and productivity changes

Understanding the performance

July cost per WAU is a decrease of 2% on recent months, but 1.8% increase when working days are considered. Key drivers are 1.7% reduction in Daycase/Elective Inpatient per working day, and 2% reduction in Emergency Inpatients per day, while Expenditure has remained very similar to June.

Compared to 25/26 the expenditure per weighted activity is 1.2% lower. The trend over the last 8 months is improvement compared to recent years, and after slowing over May and June, has increased again in July.

Actions (SMART)

The Costing team continue to support Divisions in identifying opportunities to improve productivity.

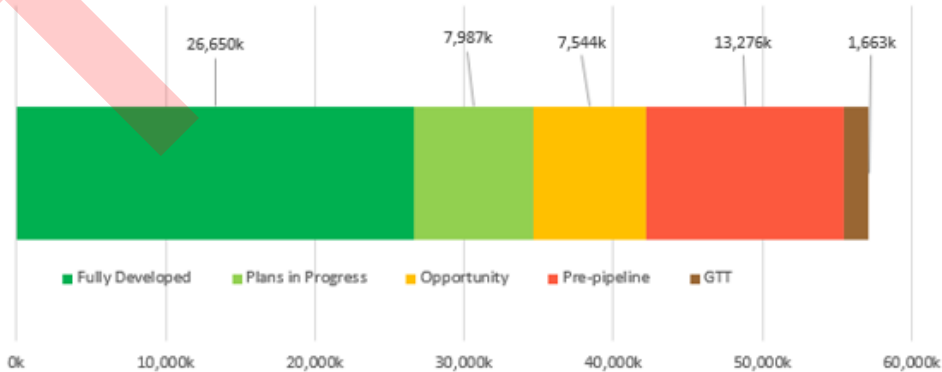
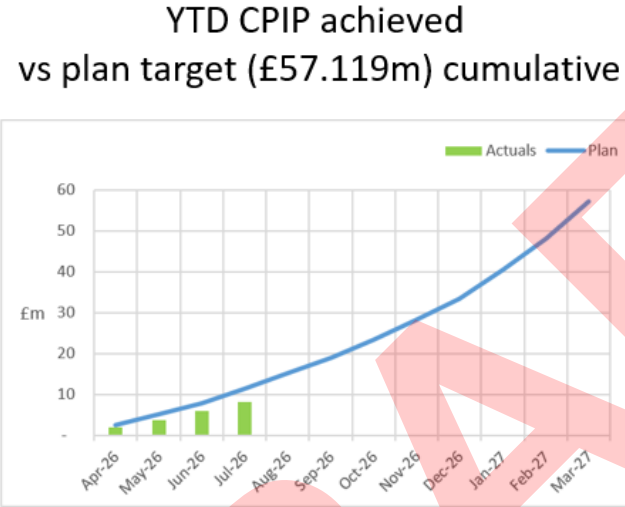
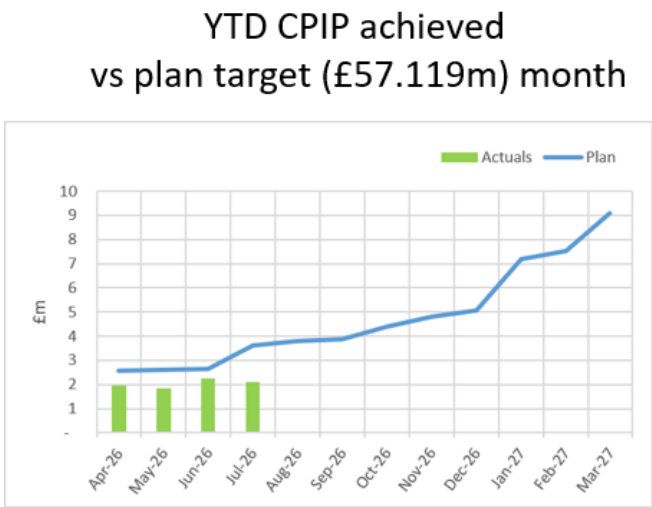
Risks

Risks are that unless the trust can reduce expenditure whilst also increasing activity levels than financial and performance targets will be missed.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

If the Trust fails to identify recurrent Cost and Productivity Improvement Plans (CPIP) and put in place sufficient resources and governance arrangements to drive delivery, then it will not achieve financial sustainability.



Understanding the performance

M4 delivered actuals of £2.121m against a plan of £3.594m, an under delivery of £1.473m; M4 actuals comprised £1.764m recurrent and £0.357m non-recurrent.

YTD actuals are £8.178m against £11.383m plan, and under delivery of YTD of £3.205m; YTD there are £6.696m Recurrent and £1.481m Non-Recurrent.

Actions (SMART)

The Trust is continuing to identify and develop CPIPs for delivery in 26/27 to mitigate the unidentified (GTT in the illustration above) and to progress schemes which are currently within Pre-pipeline, Opportunity and Plans in Progress.

The primary focus remains the continuation of:

- Targeting progression of the highest value schemes with scheme leads
- Identification and progression of schemes to bridge the unidentified and progress Pre-pipeline, Opportunity and Plans in progress schemes
- Support Care Groups with the identification of productivity opportunities which can be converted into CPIPs

The Trust is starting new style Financial check and challenge sessions with Care Groups to address the underperformance of CPIP and need to mitigate this with effect for the remainder of the FY.

Risks

Delivery of the 26/27 target is challenging, as evidenced by the in month and YTD performance. Work is continuing to develop existing schemes as well as identifying further cost saving which is being carried out in collaboration with Trust Executives

The Financial Improvement Task Force is due to be established to address in year financial performance and longer-term sustainability