BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

The Capital investment programme to replace existing and invest in new additional assets is key to driving improved clinical and financial sustainability. Given the size of capital programme there is a significant risk that the Trust has insufficient funding to support maintenance requirements and urgent replacement schemes.

Trust Capital Position at M4

Workstream	Scheme	Straight-Line YTD Budget	FYF YTD Profile	YTD Actual	Variance to FYF
Digital	2026/27 Digital Scheme	£275,000	£116,000	£115,661	-£340
	Additional Digitial Schemes	£0	£23,000	£23,630	£630
	CAP2425 Cardiac PACS	£0	£6,000	£5,692	-£308
	Digital rev to cap transfer	£0	£0	-£1,852	-£1,852
	Externally Funded Constitutional Schemes	£0	-£7,000	-£7,320	-£320
	LIMS	£0	£0	-£30,179	-£30,179
	LIMS Pathology	£0	-£8,000	-£7,980	£20
Digital Total		**£275,000**	**£130,000**	**£97,651**	**-£32,349**
Equipment	Equipment Schemes	£0	£166,000	£57,102	-£108,898
	Externally Funded Constitutional Schemes	£0	£30,000	£29,880	-£120
	LINACS WRH Replacement	£254,250	£3,000	£3,904	£904
Equipment Total		**£254,250**	**£199,000**	**£90,886**	**-£108,114**
Other	Contingency Shcheme	£0	£18,000	-£131	-£18,131
	Donated Equipment Schemes	£0	£0	£157	£157
	IFRIC 12 and other contingency	£99,083	£169,000	£285,575	£116,575
	Lease Additions	£925,560	£903,000	£514,409	-£388,591
	Lease Modifications	£1,012	£308,000	£308,000	£0
	P&W Scheme Funded by Charity	£0	£1,000	£1,228	£228
Other Total		**£1,025,655**	**£1,399,000**	**£1,109,238**	**-£289,762**
P&W	2025/26 P&W Scheme	£806,000	£506,000	£108,811	-£397,189
	2026/27 P&W Scheme	£0	£85,000	£22,632	-£62,368
	Externally Funded Constitutional Schemes	£0	£25,000	£27,491	£2,491
	Internally funded Fire Scheme	£0	£20,000	-£23,322	-£43,322
	National Funding Fire Scheme	£1,197,000	£1,197,000	£1,020,813	-£176,187
	P&W Backlog Maintenance	£0	-£7,000	-£6,662	£338
P&W Total		**£2,003,000**	**£1,826,000**	**£1,149,762**	**-£676,238**
Strategic	2025/26 Strategic Scheme	£916,667	£1,133,000	£675,142	-£457,858
	Acute Service Review	£0	£4,000	£4,048	£48
	B/F Strategic Scheme	£73,960	£74,000	£316	-£73,684
	Externally Funded Constitutional Schemes	£515,833	£336,000	-£5,923	-£341,923
	National Diagnostics - Cath lab	£580,000	£98,000	£16,949	-£81,051
Strategic Total		**£2,086,460**	**£1,645,000**	**£690,532**	**-£954,468**
Grand Total		**£5,644,365**	**£5,199,000**	**£3,138,069**	**-£2,060,931**

Understanding the performance

The 2026/27 Capital spend in M4 is £3.14m.

The majority of spend relates to the ongoing fire scheme (£1m), cell path lease (£514k), fleet vehicles (£308k), the Delivery of a CT Scanner at WRH (£630k) and PFI additions (£285k)

YTD variance to latest forecast phasing £2.1m

Actual capital costs are £2.1m less than the expected position at M4 based on the full year forecast.

Actions (SMART)

The Capital finance team will continue to work with the workstream leads to ensure all approved capital schemes are completed within the Trust CRL.

Risks

There is a significant risk that the Trust has insufficient funding to support backlog maintenance requirements, much needed replacement schemes and a contingency for any unforeseen events.

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BEST USE OF RESOURCES – CASH

We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.

The Trust cash position at the end of Month 4 was £2.8m (actual balance in bank).

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 and additional £7.032m of Provider Revenue Support in August, which is the balance of quarter 2 Deficit Support Funding that has been with held. A cash application will be submitted to NHSE for the final month of quarter 2, September 2026 on 14 August 2026 for £11.5m.

The cash position is monitored daily, which includes the agreed debtors and creditors to ensure payroll costs are prioritised.

Understanding the performance	Actions (SMART)	Risks
The Trust cash position at the end of Month 4 was £2.8m. The cash position is monitored daily, which includes the agreed debtors and creditors to ensure payroll costs are prioritised.	The 2026/27 cash-flow forecast is based on the final plan submitted on 26 March 2026. It assumes CPIP delivery from April and receipt of the full £42.2m Deficit Support Funding. Following the year-to-date deficit, NHSE withdrew the Q2 allocation; the Trust has retained Q3 and Q4 funding in the forecast on the assumption that performance returns to plan. The Q2 shortfall is being replaced through Provider Revenue Support: £3.516m was received in July and £7.032m is confirmed for August. Subject to regional approval and support, an application for September will be submitted to NHSE by 14 August 2026.	If CPIP delivery slips or further funding is withheld, additional Provider Revenue Support will be required to protect payroll and maintain payments within agreed supplier terms. Otherwise, suppliers may place the Trust on stop, putting patient-care supplies and services at risk.

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Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 27 August 2026
Report to: Trust Board

Alert: Including assurance items rated red and matters requiring escalation	
Item/Topic	**Integrated Performance Report**
Rating rationale	The Committee received assurance that IPC, sepsis, theatre productivity and aspects of cancer and elective performance were improving. However, corridor care, delayed discharge, fractured neck of femur performance, emergency flow and persistent capacity shortfalls remained material quality and safety concerns.
Outcome	Transparency of reporting was commended, but the Committee expressed concern about the impact performance issues on patient safety and dignity. **Action:** Submit a report to a future meeting on the impact on quality of care of extended inpatient stays, highlighting specifically the impact for fractured neck of femur patients.

Advise: Including assurance items rated amber, under monitoring and in development	
Item/Topic	**Perinatal Services Safety Report Q2**
Rating rationale	Key safety outcomes remained positive and quality improvements were maintained. Perinatal mortality was below national rates. Specialty training and role essential training rates were good but Trust mandatory training rates needed improvement. Delivery of the MOSS action plan was in progress a MOSS team visit was planned to review learning from the Trust's experience of the process. There had been an increase in maternity complaints, including some related to historical experiences, driven by recent national reports. Minimum safe staffing was maintained on all shifts. It was recognised that benchmarking with other services was difficult due to data availability and wide differences.
Outcome	The Committee noted the report and commended BLISS Gold Accreditation and the planned development of a maternity equality dashboard.
Item/Topic	**Learning from Deaths**
Rating rationale	Trust-wide SHMI remained as expected, but Alexandra Hospital SHMI was greater than expected (as predicted). This was thought to be due to coding, case-mix and demographic factors rather than deterioration in care but it would continue to be monitored. The crude mortality measure remained steady. The Trust monitored metrics related to death after discharge; no concerns were being flagged. It was recognised that good end of life care included ensuring people died in the right setting.
Outcome	The Committee was assured that mortality governance remained robust.
Item/Topic	**Patient Safety and Complaints Report**
Rating rationale	The report was now aligned with the key elements of PSIRF. The number of reported incidents in Q1 was average. There was one never event – a retained foreign body after surgery. Duty of Candour was not recorded in 16 of 58 relevant incidents and was an area of focus for improvement, with revised training and guidance. Complaints response rates were improving but remained under target; improvement work with key Care Groups was in progress. PALS activity was high but the conversion to complaints was low, which was positive. An independent complaint review panel had been established to support improvement.
Outcome	**Action**: Present a report at the next meeting on plans to improve duty of candour compliance.

Item/Topic	Patient Experience and Engagement Report

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

DRAFT

Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 27 August 2026
Report to: Trust Board

Rating rationale	The Committee recognised strong accessibility, engagement, co-production and volunteering arrangements. Key patient feedback themes were waiting, discharge delays and communication. A number of developments were in progress, including a children's survey dashboard, refreshed patient voice and involvement strategies and the patient portal.
Outcome	The Committee accepted the report.
Item/Topic	**Infection Prevention and Control**
Rating rationale	The measles outbreak had closed. Management of the outbreak had been assessed positively. C.difficile performance remained strong against a tighter threshold. NHSE oversight has returned from enhanced to routine IPC monitoring. Influenza was already emerging both in hospital and nationally. The flu vaccination target this year was 60%, which was significantly above last year's performance. Two MRSA bacteraemia were under investigation.
Outcome	The Committee welcomed the improvements demonstrated by the report.
Item/Topic	**Learning Disabilities and Autism**
Rating rationale	Progress continued on accessibility, reasonable adjustments, specialist support and training. Ongoing scrutiny was required for Oliver McGowan training delivery, recording of reasonable adjustments and a gap in dedicated autism and neurodiversity leadership.
Outcome	The Committee accepted the report.
Item/Topic	**Emergency Department Highlight Report**
Rating rationale	Attendances were very high in June and July leading to overcrowding, long waits and delays in ambulance handovers. Infection prevention and control measures had improved. Complaints reduced by 30% compared with the previous period and 195 compliments were recorded, but FFT scores declined. The report would move to a quarterly cycle.
Outcome	**Action:** Provide details in the next report on work to link the Badgernet and Sunrise EPR systems to ensure ED clinicians are aware of pregnancies before treatment
Item/Topic	**Improving Safety Action Group (ISAG) Report**
Rating rationale	Implementation of Fuller Inquiry actions continued and would be monitored until there was evidence they were embedded. Further assurance was required on medical-device training.
Outcome	The Committee sought increased visibility of cross-cutting themes and a focus on outcomes and patient impact in future reports.
Item/Topic	**Blood Transfusion Committee**
Rating rationale	No significant safety concerns were escalated. Training compliance and transfusion governance were strong. BloodTrack implementation continued. More focus was required on timeliness of incident reporting and sustained medical representation at the Blood Transfusion Committee.
Outcome	The report was noted.
Item/Topic	**Children Young People's Committee Report**
Rating rationale	Principal risks concerned the paediatric estate, children attending Alexandra Hospital ED, the SUDIC pathway and paediatric oncology sustainability. Management of 16–18-year-olds was an area of risk and a system-wide transition strategy was needed.
Outcome	The remit and reporting of the Children and Young People's Committee would be reviewed to ensure clearer focus on issues unique to children and young people and transitional care, and on demonstrable outcomes.

Assure: Including assurance items rated green

Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

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Escalation and Assurance Report

Report from: Quality Governance Committee
Date of meeting: 27 August 2026
Report to: Trust Board

Item/Topic	Nurse Safe Staffing
Rating rationale	Nurse vacancy rates were improving, recruitment pipelines remained healthy and safe staffing controls were effective. Closure of PDU in July was having a positive impact. Continued monitoring was required for healthcare support worker vacancies and sickness absence and changes to bank staffing arrangements. A postponed NHSE review would be rescheduled to provide independent validation of staffing tool methodology.
Outcome	The report was accepted.
Item/Topic	**IRMER Post Inspection Action Plan**
Rating rationale	Both 2026 IR(ME)R inspections were positive, identified no breach requiring enforcement and demonstrated significant improvement since 2024. Additional actions would continue through Care Group governance.
Outcome	The report was accepted.

To Note: Items received for information or approval	
Item/Topic	**Theatre Metrics Action Update**
Summary	The report demonstrated improvement, including utilisation above the national benchmark, supported by stronger booking controls and a live dashboard. The Committee encouraged clearer root cause analysis and specialty and site specific action for late starts and early finishes, with evidence of improved throughput and waiting times.
Outcome	The Committee noted the report
Item/Topic	**Exceptional Treatment Review Panel (ETRP) Outcome**
Summary	The Committee welcomed the new ETRP as a strong governance development providing fair, transparent and clinically and ethically robust oversight. The first treatment was approved and commenced. Outcomes would be reviewed after several treatment cycles and the decision would be shared with the ICB to support commissioning learning.
Outcome	The Committee noted the report
Item/Topic	**End of Life Care Annual Report**
Summary	The report demonstrated continued improvements, including a refreshed 2026–2031 strategy, staff training, Peony Volunteer Service and Gold Standards Framework rollout. Hydration and nutrition discussions were a key improvement area. Continued scrutiny was required for earlier recognition and referral of people approaching end of life.
Outcome	The Committee welcomed the report.
Item/Topic	**Maternity & Neonatal 10 Point Plan Assurance Process**
Rating rationale	To meet the national deadline to submit a return to NHSE, the Board would be asked to delegate approval of the September submission to the Quality Governance Committee, with the completed return subsequently reported to the Board in October.
Outcome	The Committee agreed to seek delegation from the Board.

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Assurance Rating Key	
Red	There are significant gaps in assurance and the Committee is not assured of the adequacy of action plans.
Amber	There are gaps in assurance but the Committee is assured that appropriate plans are in place.
Green	The Committee was assured that there are no gaps in assurance.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Trust Board
Date of Meeting:	8 September 2026
Title of Report:	Safer Staffing Report – Nursing
Lead Executive Director:	Chief Nursing Officer
Author:	Sue Smith Deputy Chief Nursing Officer
Reporting Route:	NWAG/QGC/Trust Board
Enclosures included with this report:	
Purpose of report:	☒ **Assurance** ☐ **Approval** ☐ **Information**

Brief Description of Report Purpose

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during June 2026 with numerical data also presented for June 2026.

Recommended Actions required by Board or Committee

Committee members are invited to:
Note the content of the report and receive **Assurance** that our safe staffing levels remain in line with National Quality Board (NQB) and NICE guidance

Executive Director Opinion[1]

The report provides assurance that safe nursing staffing arrangements remain in place across the Trust. Registered Nurse workforce indicators are strong, with low vacancy levels, excellent retention, high shift fill rates and improved management of staffing red flags.

Key concerns remain around high sickness absence in both registered and unregistered staff groups and the continued high HCSW vacancy rate (13.05%), which is driving reliance on temporary staffing.

The strengthening of staffing escalation processes and improved closure of red flags are particularly positive, demonstrating effective operational oversight.

Due to the continued capacity and flow pressures in July 2026 some additional capacity has continued to be utilised in MSDEC at the WRH site and use of discharge lounges out of hours countywide and the continuation with AMA and ASA. Overall costs of additional capacity and PDSAs (not including additional staff in cross county A&E's) has reduced from £196k in June to £98K in July.

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

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Conclusion: The Committee can take assurance that staffing remains safe and effectively managed; however, continued focus is required on reducing sickness absence, improving HCSW recruitment and retention, and strengthening the link between staffing indicators and patient outcomes.

To note: An independent review is underway of the Safer Nursing Care Tool (SNCT) methodology and application by the NHSE CNO safer staffing faculty lead through May, June & July 2026 with a document submission and desk top review having been completed. An onsite visit is pending and will include an in person teaching session and update delivered by a representative from the CNO safer staffing faculty.

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Nursing Staffing Levels
August 2026 (July 2026 data)

Title:	Monthly Report on Nursing Staffing Levels for August 2026 date (with July 2026 data)
Responsible Director:	Chief Nurse
Lead:	Deputy Chief Nurse
Reported by:	Lead Nurse for Workforce

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1. Introduction

(including relevant updates)

1.1 This briefing provides the QGC with an overview of the Nursing and Midwifery workforce for July 2026 data and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016. It provides assurance that arrangements are in place to safely staff our services with the right number of Nurses and Midwives, with the right skills, at the right time.

2. Key highlights

2.1 Table 1 outlines the key performance workforce indicators for Registered and Unregistered (Band 2 and 3) staffing in Nursing
mapped against the Trust target, compared to the previous month's performance.

Nursing (Registered)

Key Performance Indicator	Target	July 2026	June 2026	Additional notes
Vacancy rate RN		4.46%	4.91%↓	Following an initial rise in months 1 & 2 driven by the addition of new business cases the vacancy rate in July has stabilized as new starters have come in – we are currently' quartile 2 (MHS) (good) for Registered Nurses.
Annual turnover RN	11.5%	5.38%	5.08%↓	Retention of registered nurses is stable and below both trust target (11%) and model health system (7.5%) and last year's position within the Trust was 7.36%
Sickness rate	4%	6.56↑	6.42%↑	Active sickness management in place as per policy and staff well-being is supported
Vacancy rate HCSW		13.05%↑	12.9%↑	Vacancy position increased by 2 WTE despite positive recruitment pipelines. July saw 16WTE new starters and 6 leavers, Nursing Workforce lead has liaised directly with HR workforce, and this has been attributed to staff reducing hours. The funded establishment for Unregistered, remained stable at 1218.75wte. We are currently in Quartile 2 on MHS (good) for HCA's – there will be some joint working within the foundation group to identify best practice for recruitment and

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				retention
Annual turnover HCSW	11.5%	12.9%↓	13.06%↑	Unregistered nursing turnover has seen a further slight decrease. In the coming months further analysis will be completed to look at localized turnover rates to identify areas for targeted support. Model health system benchmark is 16% and last year's position within the Trust was 12.17%
Sickness rate HCSW	4%	7.78%↑	7.30%↑	Active sickness management in place as per policy and staff well-being is supported

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3. Expectation 1: Right Staff

3.1 Evidence Based Workforce Planning

3.1.1 Safer Nursing Care Tool (SNCT)

- An SNCT data collection period took place over September 2025 and October 2025, utilizing the following Safer Nursing Care Tools: Adult Inpatient Wards in Acute Hospitals, Adult Acute Assessment Units and Children's and Young People's Inpatient Wards. The Spring / Summer study ran from May 18th to June 16th inclusive across all inpatient adults' wards and assessment units.
- Following completion of the study, data will be run and meetings will be held with the Care Groups with a second study to inform budget setting, being undertaken in October 2026.
- An independent review is taking place of the SNCT methodology and application by the NHSE CNO safer staffing faculty lead; an initial desktop review took place on the 9th of July 2026. The planned onsite visit on the 11th of August 2026 has unfortunately been postponed, and we are awaiting currently awaiting a further date. The aim will be for this to take place prior to the next review in October to provide assurance of methodology.

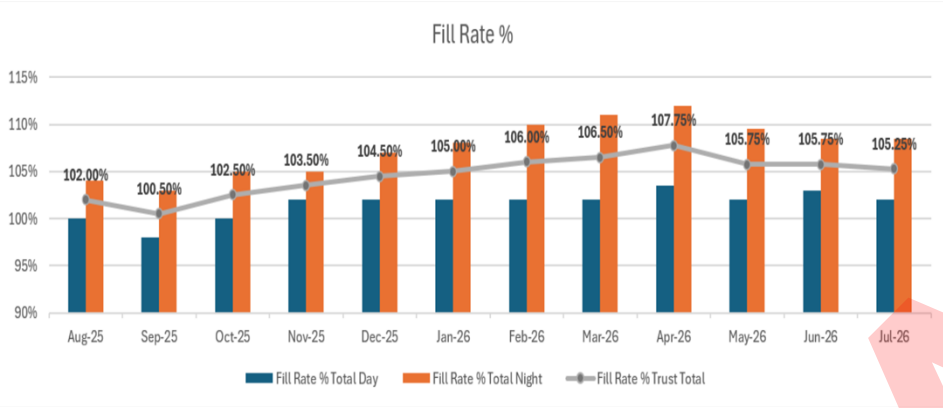
3.1.2 Bi-Annual Establishment Reviews 2026

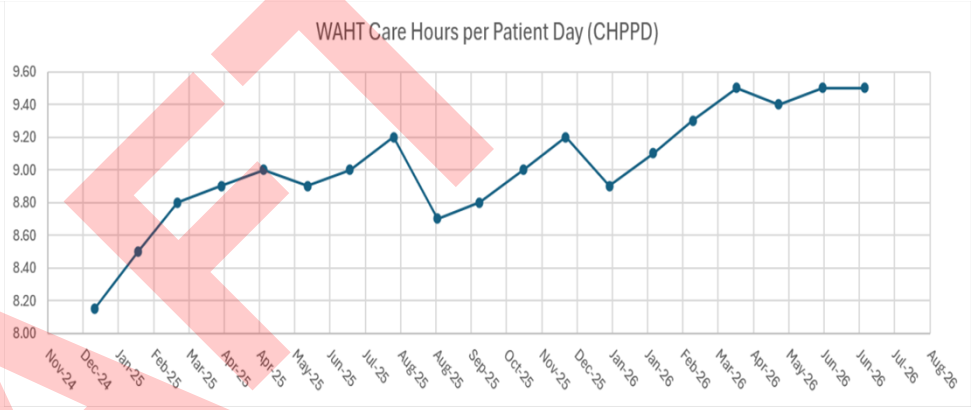
- The first bi-annual review for this year commenced on 18th May 2026 using the relevant SNCT
- The second review will be undertaken in October 2026 using the relevant SNCT
- Any change in ward template or specialty will trigger a SNCT review of establishment
- Preparation for pediatric study is also underway. Allocate has been revising the pediatric tool, with finalization anticipated in May 2026. However, this has been delayed, and we are currently awaiting an initial release date. As part of this process, we have engaged with Allocate to obtain updates and, because of our continued interest, our Trust has been selected as the first to implement the software and will serve as the pilot site for this trial.

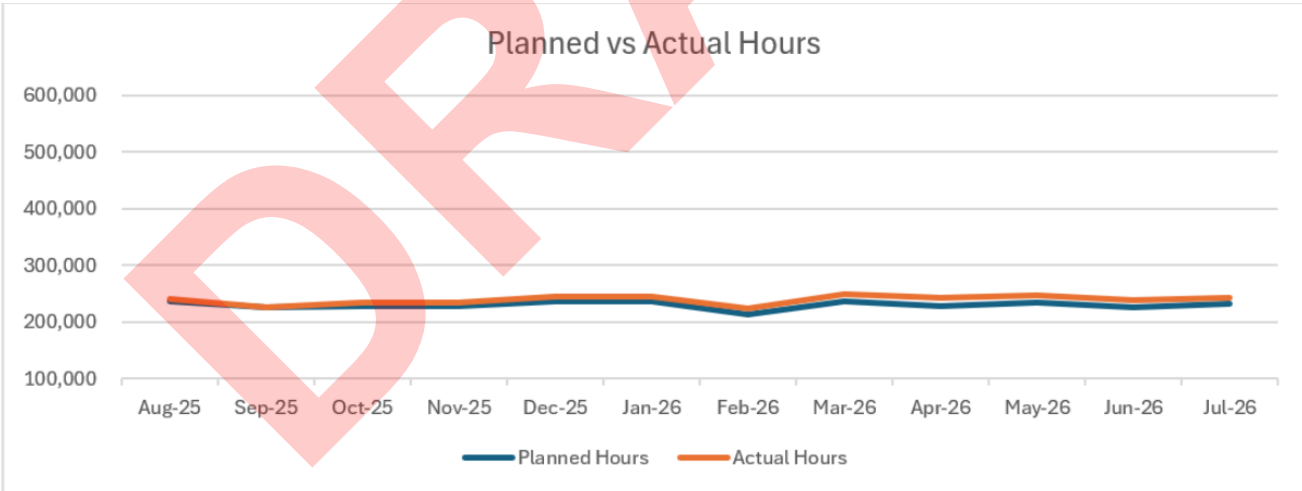
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3. Expectation 1: Right Staff

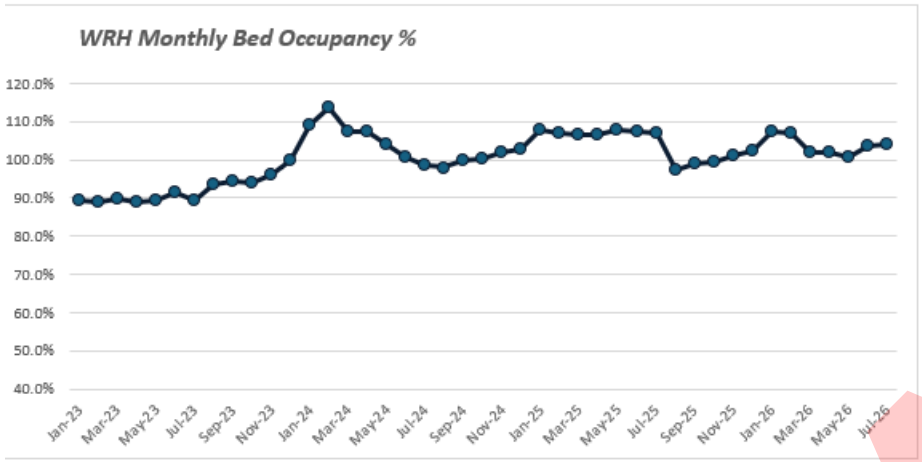
3.2 Safety performance metrics (WAHT

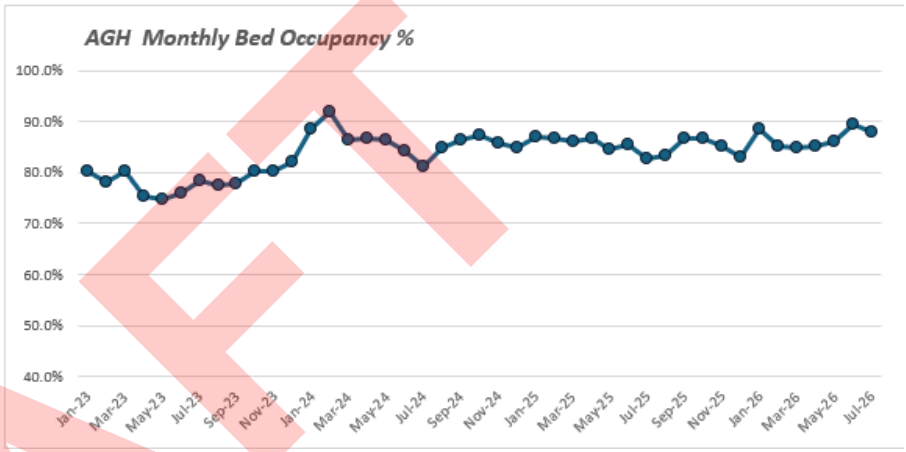






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Narrative:

- RN average fill rate is slightly reduced from last month on the day shift but remains stable overall and above 95% (99% / 105% day and night respectively), HCA fill is also stable in July to 103% /114% (from 104% / 113%) in June.
- Reviewing locations and themes in areas reporting utilisation above 100%, the registered nursing variance in July was primarily associated with the use of RMNs in MSSU (129/102) 471 hrs demand in month, ward 2 (112/124) 320 hrs demand in month and Hazel Trauma (114 / 99), 432 hrs demand in month.
- For unregistered nursing, the main outlying areas were Beech Trauma (163% nights) due to changes to patient profiles, Beech B (150% night) due to specialing for DOLS patients who could not be co-horted due to acuity / infection and AFU (145%) due to specialing (falls risk)
- CHPPD in July 2026 is stable at 9.5 (from 9.4 in June) a detailed view (ward by ward) is included in Appendix 1
- No area fell below the 6.3 lowest level seen on national range in July 2026.

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