

Public Trust Board

Tuesday 13 October 2026, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05

5 min

1. Welcome and Apologies for Absence

Information

Frances Martin

No apologies received

13:05 - 13:05

0 min

2. Declarations of Interest

Information

Frances Martin

13:05 - 13:10

5 min

3. Minutes of Trust Board Meeting held on 8 September 2026

Decision

Frances Martin

No actions outstanding

 3. Draft Public Trust Board Minutes 8 September 2026.pdf (8 pages)

3.1. Foundation Group Strategy Committee Report & Minutes

Information

Glen Burley

 3.1 - FGBs Report Sept.pdf (4 pages)

 3.1 FGSC Minutes - 18 June 2026.pdf (10 pages)

13:10 - 13:15

5 min

4. CEO Report

Information

Glen Burley

 4. CEO Report - Final.pdf (4 pages)

13:15 - 13:35

20 min

5. Integrated Performance Report

Assurance

Stephen Collman

 5. Trust Board IPR Oct-26 (Aug-26_Data) - Final.pdf (29 pages)

 5. 20261001 - WAHT IPR NOF Metrics Dashboard (up to Aug-26) v1.pdf (3 pages)

5.1. Introduction

Stephen Collman

5.2. Quality & Safety

Jules Walton/Hayley Flavell

5.3. Operational Performance

Stephen Collman

5.4. Workforce

Wells Jo
08/10/2026 16:12:40

5.5. Finance

Katie Osmond

13:35 - 14:15

40 min

6. Quality

6.1. Quality Governance Committee Escalation & Assurance Report

Assurance Julie Moore

- 6.1 QGC Escalation & Assurance Report September 2026.pdf (2 pages)
- 6.1 Quality Governance Committee Escalation & Assurance Report July 2026.pdf (3 pages)

6.2. Patient and Public Forum Report

Assurance hayley flavell

- 6.2 Cover Report PPF to Trust Board.pdf (2 pages)
- 6.2 PPF Board paper.pdf (5 pages)
- 6.2 PPF Outpatient Appointment Cancellations Report Update Quarter 2 2026.pdf (3 pages)

6.3. CNST Mid Year Update

Assurance Justine Jeffery

- 6.3 CNST MIS Yr 8 - QGC Report Q1 26-27 Board.pdf (9 pages)

6.4. Nursing Safe Staffing Report

Assurance Hayley Flavell

- 6.4 Board covering report for nursing safer staffing report Aug 26 (July data).pdf (1 pages)
- 6.4 August 2026 Safer Staffing Paper Final.pdf (19 pages)

6.5. Maternity 10 Point Plan

Decision hayley flavell

- 6.5 10-Point plan for Maternity and Neonatal Services - Baseline Assurance Report (September 26) - Amended 22.9.26.pdf (18 pages)

6.6. Responsible Officer Report

Assurance Jules Walton

- 6.6 RO Report Board and Committee Report Coversheet September 2026.pdf (1 pages)
- 6.6 RO report Annex-A-FQAI April 2025 - March 2026.pdf (21 pages)

6.7. Thirlwall Inquiry Report

Information hayley flavell

- 6.7 Thirlwall Paper Board paper 5.10.26.pdf (4 pages)
- 6.7 Thirlwall Inquiry Board.pdf (8 pages)

6.8. Corridor Care

Assurance hayley flavell

14:15 - 14:25

10 min

7. Workforce

Wells Jo
08/10/2025 16:42:40

7.1. People & Culture Committee Minutes

Assurance Karen Martin

 7.1 04.08.26 PC Minutes.pdf (5 pages)

7.2. Gender Pay Gap

Assurance Alison Koeltgen

 7.2 Workforce GPG WAHT Board.pdf (4 pages)

14:25 - 14:30 8. Governance & Risk 5 min

8.1. Audit & Assurance Committee Escalation & Assurance Report

Assurance Colin Horwath

 8.1 AAC Escalation & Assurance Report Sept 2026 v1.1.pdf (3 pages)

8.2. Board Assurance Framework

Assurance Gwenny Scott

 8.2 BAF coversheet Board Oct 2026.pdf (1 pages)

 8.2 Board Assurance Framework and High Risk Report October 2026.pdf (25 pages)

14:30 - 14:30 9. Date of Next Meeting 0 min

Information Frances Martin

8th December 2026

14:30 - 14:30 10. Any Other Business & Questions from the Public 0 min

Information Frances Martin

14:30 - 14:30 11. Acronyms 0 min

Information

 11. Acronyms.pdf (3 pages)

Wells Jo
08/10/2026 16:12:40

Trust Board & Annual General Meeting
8 September 2026 at 1:00pm
Via Microsoft Teams and live streamed on YouTube
Part 1 in Public

Board Members Present (voting)			
Frances Martin, Chair	FM	Simon Murphy, Non-Executive Director/Deputy Chair	SM
Dame Julie Moore, Non-Executive Director	JM	Colin Horwath, Non-Executive Director	CH
Jules Walton, Chief Medical Officer	JW	Stephen Collman, Managing Director	SC
Katie Osmond, Chief Finance Officer	KO	Tony Bramley, Non-Executive Director	TB
Karen Martin, Non-Executive Director	KM		
Board Members Present (non-voting)			
Ali Koeltgen, Chief People Officer	AK	Rebecca Brown, Chief Digital Information Officer	RB
Catherine Driscoll, Associate Non-Executive Director	CDr	Michelle Lynch, Associate Non-Executive Director	ML
Sue Sinclair, Associate Non-Executive Director	SSi	Julian Berlet, Chief Clinical Strategy Officer	JB
Attending			
Justine Jeffery, Director of Midwifery	JJ	Gweny Scott, Company Secretary	GS
Susan Smith, Deputy Chief Nursing Officer	SSm	Jo Wells, Deputy Company Secretary	JWe
Richard Haynes, Director of Communications & Engagement	RH		
Apologies			
Sir Glen Burley, Chief Executive Officer	GB	Chris Douglas, Chief Operating Officer	CD
Hayley Flavell, Chief Nursing Officer	HF		

Ref	Item	Lead	Purpose	Format
1	Welcome and Apologies for Absence	FM	Information	Verbal
FM welcomed everyone to the Trust's September public Board meeting, noting that this meeting also incorporated the Trust's Annual General Meeting in respect of business conducted during 2025/26 and paid tribute to her predecessor, Russell Hardy MBE, for his leadership of the Trust and the wider Foundation Group.				
2	Declarations of Interest	FM	Information	Verbal
No declarations were made.				
3	Annual General Meeting			
3.1	Minutes of the AGM 24 September 2025	FM	Decision	Report 1
The minutes of the Annual General Meeting held on 24 September 2025 were approved.				
The minutes were approved.				
3.2	Presentation of Annual Accounts 2025/26	KO	Decision	Report 2
KO presented the Trust's annual accounts for 2025/26, highlighting the following:				
- The Trust had set a break-even plan for the year, but a combination of unprecedented urgent and emergency care demand, pressures on patient flow and discharge, and a challenging financial context meant the Trust closed the year with a deficit of £11 million, and therefore did not achieve the financial performance required. - Despite this, the Trust delivered a significant level of financial improvement within the year, achieving 4.3% (£37.1 million) of efficiency savings against an ambitious target of 6.5% (£53 million). - The Trust remained within its capital resource limit, investing £28.8 million in capital schemes, largely to maintain and replace assets and infrastructure supporting patient services. - Total income in 2025/26 was just over £800 million, the majority from commissioners (the Integrated Care Board), equivalent to over £2 million of spend each day, the great majority of which was spent directly on staff, supplies, services and drugs to deliver patient care. - The external auditors had confirmed that the accounts gave a true and fair view of the Trust's financial position. As part of their value for money assessment, the auditors had again flagged weaknesses regarding the Trust's financial position				

and delivery of efficiency savings, reliance on bank and agency staff, and the impact of urgent and emergency care demand during 2025/26, consistent with previous years and reflecting no new areas of concern.

FM thanked KO for a clear explanation of the Trust's financial performance, and thanked the Board for their leadership and governance over the year.

The Board received the presentation of the Annual Accounts for 2025/26 and approved their publication.

3.3	Presentation of Annual Report 2025/26	SC	Decision	Report 3
-----	---------------------------------------	----	----------	----------

SC presented a summary of the Trust's Annual Report for 2025/26, highlighting the following:

- The strategy and values articulated by the Trust continued to provide the frame for other work, including the clinical strategy, site strategy and cultural change programme, and connected to developing partnership work with primary care and the winter plan considered later in the meeting.
- The year had been challenging, reflecting a significant change to the national NHS operating framework which exposed long-standing pressures in the Trust's urgent and emergency care (UEC) pathways and the associated financial impact; industrial action had also caused disruption during the year.
- Performance had been strong in elective care, particularly at Kidderminster and Alexandra Hospital. Cancer performance had been variable against national targets, driven mainly by dermatology and urology, where improvement work undertaken during the year was expected to deliver benefit into the coming year. Diagnostic demand had risen sharply, and urgent and emergency care activity had grown significantly at Worcester Royal, Alexandra Hospital and Kidderminster minor injuries, with a knock-on effect on diagnostic waiting times.
- The Trust's deficit for the year reflected an ambitious savings programme that had not been fully delivered, compounded by a change to national elective recovery funding arrangements.
- Actions taken during the year included an elective recovery programme focused on 18-week performance and theatre utilisation; a whole-system approach to urgent and emergency care involving acute medical and surgical flow teams; successful delivery of the electronic prescribing digital programme; continued investment in the Alexandra Hospital estate; and ongoing work on carbon reduction and sustainability.
- Continued improvement had been seen in the People Promise staff survey themes, all of which were now above the national average, particularly staff engagement, speaking up, sickness absence and staff turnover, alongside continued work to right-size temporary staffing and align pay rates to the West Midlands cluster.
- Quality highlights included progress on the rollout of Martha's Rule, significant improvement in infection prevention and control working in partnership with the Trust's PFI partner at Worcester Royal, and continued focus on inclusive care, including Oliver McGowan training and the work of the Learning Disability Steering Group.
- SC thanked the Trust's staff, volunteers and its partners including the Integrated Care Board, Worcestershire County Council, public health colleagues, Herefordshire and Worcestershire Health and Care NHS Trust, and primary care, for their support during the year.

FM thanked SC for deputising for GB and echoed his thanks to staff, volunteers and partners across the local health and care system.

The Board received the Annual Report for 2025/26 and approved its publication.

3.4	Questions from the Public	FM	Information	Verbal
-----	---------------------------	----	-------------	--------

No questions had been received from members of the public in relation to the Annual General Meeting. FM reminded those present that, while the meeting was not itself a public meeting, it was held in public to fulfil the Trust's accountability duties, and welcomed questions, comments and suggestions submitted through the Trust's published channels. She thanked members of the Patient Participation Forum for their continued contribution.

4	Minutes of Trust Board Meeting held on 14 July 2026	FM	Decision	Report 4
---	---	----	----------	----------

The minutes of the Trust Board meeting held on 14 July 2026 were approved as an accurate record.

There were no actions outstanding from the previous meeting.

4.1	Foundation Group Workshop Report	SC	Information	Report 5
-----	----------------------------------	----	-------------	----------

The Board noted a summary of the Foundation Group Workshop held on 5 August 2026. FM reminded colleagues that the Board meets as a board in common with the other three trusts in the Foundation Group each quarter, given the significant benefits of shared learning and mutual challenge between the organisations.

The Board noted the report.

5	MD Report	SC	Information	Report 6
---	-----------	----	-------------	----------

SC presented the Managing Director's report and highlighted the following:

- Following the appointment of a new Secretary of State for Health over the summer, SC emphasised that the Trust's priorities remained unchanged: continued delivery of the financial plan, and improvement in urgent and emergency care, cancer and elective performance, without distraction from national political change. The Trust would similarly respond as needed to the ongoing local government reorganisation affecting Worcestershire County Council and the six district councils.
- Work continued on the Trust's response to national maternity service reviews and associated returns, which would be reported to the Board through the autumn.
- National data confirmed that the recent exceptionally busy summer period was consistent with the national trend, although the percentage increase in demand at Worcestershire had been particularly steep; work on bed modelling was underway to ensure the right number, mix and location of beds and specialties going forward.
- The elective waiting list continued to grow and remained a focus of work to understand the underlying drivers. SC highlighted the interdependency between elective, cancer and urgent and emergency care performance, for example the increased risk of falls and other complications for patients awaiting trauma and orthopaedic treatment.
- SC thanked the interstitial lung disease nursing team for excellent feedback received during the year, wished colleagues well for the Worcester City run, and thanked the volunteers who supported the long service recognition of Aero, the therapy dog, and his handler.

FM added her thanks to the interstitial lung disease team and to the Trust's volunteers for the difference they make to patients.

The Board noted the report.

6	Winter Plan	SC	Assurance	Report 7
---	-------------	----	-----------	----------

SC presented the Trust's winter plan, highlighting the following:

- Work with primary care through the Integrated Care Board's neighbourhood health fund (£3 million identified), including a pilot scheme to support patients arriving at the front door who do not require specialist emergency department care.
- System-wide work on end-of-life care, supported by additional ICB funding for end-of-life helplines and a front-door consultant post, aimed at supporting patients to be cared for and to die at home where that is their wish, while ensuring hospital care remains available for those who want it.
- Work with care homes, including improved out-of-hours access to advice and a falls response pathway for care home residents.
- A review of rotas to strengthen seven-day services, and the introduction of a new digital bed management system, to be developed further in partnership with Herefordshire and Worcestershire Health and Care NHS Trust.
- Continued focus on staff wellbeing, and, new for this year, clinical workshops to engage colleagues on what a successful winter would look like, together with a more timely approach to gathering patient and colleague feedback during periods of pressure.

The Board discussed:

- Whether, in developing winter and seasonal planning, the Trust should also consider a seasonal plan for summer, given the impact of the recent heatwave on vulnerable members of the community, including those with dementia and mental health needs: SC agreed this was an area for consideration, noting that acute presentations, particularly among patients with dementia, tended to follow shortly after periods of extreme heat rather than during them, and that this learning would inform the work of the frailty same day emergency care (SDEC) team.
- The focus on staff wellbeing was supported

- Supporting patients who wish to remain at home at the end of life, while ensuring that patients who want the safety and security of a hospital bed can still access one, and asked for further detail on plans to strengthen seven-day services, for example pharmacy cover: SC responded that work was under way to review the alignment of service operating hours, such as pharmacy, with peak demand rather than simply adding resource, and to improve consultant of the week arrangements and criteria-led discharge, alongside better communication with patients about planned discharge.
- The flu vaccination campaign: SC confirmed that a separate paper on the flu campaign, reflecting a significantly increased uptake target and learning from the previous year, would be brought to a future Board. FM reinforced the importance of flu vaccination, confirming that staff vaccinations would begin in October, with immunisation of more vulnerable members of the public already under way, and encouraged Board colleagues to take up the vaccine when available.

The Board received assurance on the winter plan.

7	Green Plan	JB	Assurance	Report 8
---	------------	----	-----------	----------

JB presented the annual update on the Green Plan, noting the following:

- The Green Plan, approved by the Board in the previous year, set out nine workstreams supporting the NHS's target of net zero by 2040.
- The update was presented against a backdrop of a perceived national dilution of focus on sustainability, including the disbanding of some Greener NHS teams and reduced national resource, and reports of renewed national interest in North Sea oil and gas exploration.
- Staff enthusiasm for the sustainability agenda remained strong and was an important factor in staff engagement and recruitment, evidenced for example by green pledges referenced within the report.
- A review of progress against the plan's workstreams, led by a team drawn from the PMO, clinical and estates functions, found progress to be reasonable but capable of improvement.
- JB sought (a) the Board's continued support for, and reaffirmation of, the Trust's commitment to the Green Plan; (b) a steer on the Trust's appetite to invest in sustainability, including where a wider health or climate benefit exists as well as a financial saving; and (c) to inform the Board of emerging plans to share specialist sustainability leadership capacity with other providers across Worcestershire.

FM confirmed the Board's full support for the direction of travel and for exploring shared leadership arrangements across Worcestershire, noting relevant experience and a willingness to support from colleagues at Wye Valley NHS Trust.

The Board supported the direction of travel and the Trust's continued commitment to the Green Plan, including its appetite to invest where there is a wider health or climate benefit as well as a financial saving, and asked that further detail be brought back to the Board as plans develop.

8	Integrated Performance Report	SC	Assurance	Report 9
---	-------------------------------	----	-----------	----------

SC noted that many of the key issues within the Integrated Performance Report had already been covered within the MD's report, and the Board agreed to consider the report by exception:

Quality & Safety

JW and SSm highlighted the following:

- The Trust continued to perform strongly against antimicrobial stewardship (AMS) standards, reflecting improved documentation and shorter antibiotic courses, which supported the wider infection prevention and control agenda.
- Sepsis screening compliance, following the recent move to an electronic patient record-based screening tool, remained below target, although mortality for patients with sepsis remained within the expected range; work continued to improve the robustness of documentation.
- Performance against best practice standards for patients with a fractured neck of femur remained below target, although mortality for this patient group remained within the expected range and performed relatively well. Work continued, led by the relevant care group, to improve timely access to theatre, and the Board would continue to receive reporting on this until the required improvement was achieved.
- Clostridium difficile cases had risen in July, but there had been an overall sustained reduction in case numbers against a lower year-on-year threshold. Following an NHS England visit on 20 August, the Trust's infection prevention and control

	monitoring status had moved from intensive to routine monitoring; a further surveillance meeting was scheduled for February/March 2027 to confirm sustainability. Complaints compliance had reduced slightly against the metric but was improving, supported by a new weekly dashboard monitored with care groups. Compliance had improved from 71% in July to 84% in September, with the merger of the Medicine and Emergency Care Group processes and continued focus in the Surgery care group contributing to the improvement.
	Operational Performance - Work on eliminating unnecessary criteria to reside and improving discharge, linked to the national focus on social care reform showed a significant reduction of around 800 patients discharged via "pathway 0" (discharge with no further input required), reflecting the continued embedding of the Trust's "home first" approach. - Conversely, a significant increase (over 80%) had been seen in the number of patients on more complex bedded discharge pathways staying more than 21 days. SC clarified that this pressure was a distinct issue from, and not caused by, the closure of the Patient Discharge Unit, although the timing had coincided. Work was under way with Herefordshire and Worcestershire Health and Care NHS Trust and the Integrated Care Board to reduce friction in the discharge process, and the Integrated Care Board had purchased an additional 10 to 15 pathway 3 beds for winter. - Cancer performance in urology and dermatology was expected to improve, reflecting work already under way in those specialties.
	Workforce - A month-on-month increase in establishment had been observed since budgets were set at the start of the financial year, partly reflecting planned "swap-outs" of bank and agency staff into substantive posts; the Board was asked to note the importance of ensuring any increase was linked to an agreed business case, to avoid unplanned growth in establishment. - Sickness absence remained a concern, with stress and anxiety a leading cause. A range of support was available to staff, including a registered mental health nurse within occupational health, financial and debt advice, physical health interventions and an employee assistance programme, and further work was planned to raise staff awareness of this support, informed by learning from other organisations, including Wye Valley NHS Trust. - From 1 September, planned reductions to bank and agency pay rates had taken effect, aligning rates to the West Midlands cluster benchmark. This followed benchmarking work confirming the Trust had previously been an outlier both regionally and nationally on temporary staffing rates. While the change had generated feedback from colleagues, AK was confident the previous rates were not sustainable and that the change would, over time, reduce bank and agency spend. - Job planning compliance had improved significantly, to 91% against a 95% target, reflecting sustained work by JW and colleagues in care groups.
	Finance - The report set out the Trust's financial position to month 4; the Trust was £4.3 million behind plan, excluding deficit support funding, reflecting the impact of industrial action in April, ongoing pay pressures, and delivery of the Cost Improvement Programme below trajectory. - As a result of the year-to-date position being off-plan, £3.5 million of deficit support funding had been withheld in quarter two, beginning with July, with further impact expected in August and September; this could potentially be earned back later in the year, subject to delivery of the plan. £8.2 million of efficiency savings had been delivered year to date, below the increasing planned target. Financial recovery boards with care groups had been relaunched to maintain focus and pace on delivery of the efficiency programme. - Elective activity and income had performed strongly in the early months, though this was expected to be affected by the summer holiday period. Urgent and emergency care activity continued to run above planned levels, creating income risk linked to Integrated Care Board contract arrangements. - Capital spend of £3.1 million year to date was slightly behind plan, reflecting the profile of national capital programmes, and was not currently a significant concern. - Cash remained KO's primary concern, with a cash balance of £2.8 million at the end of July. The Trust continued to rely on monthly cash support requests to the national team to maintain payroll and pay suppliers. A bottom-up forecasting exercise had commenced, alongside a mid-year review with regional NHS colleagues scheduled for September. The Board noted the report.
9	QUALITY

9.1	Quality Governance Committee Escalation & Assurance Report	JM	Assurance	Report 10
JM advised that the Committee's meetings had been very active, covering a number of matters reported elsewhere on the agenda. The Board noted the report.				
9.2	Nursing Safe Staffing Report	SSm	Assurance	Report 11
SSm confirmed that safe staffing had been maintained throughout July across adult inpatient, paediatric and neonatal areas. Recruitment pipelines remained healthy, with a specific focus on healthcare support worker recruitment, including joint work with other Foundation Group trusts with lower vacancy rates; a further report would be brought to the Board. The desktop element of the independent review of the Trust's application of the Safer Nursing Care Tool methodology had been completed, with a site visit from the NHS England review lead outstanding. FM added that turnover and sickness absence among healthcare support workers and maternity support workers remained a theme, and encouraged continued learning across the Foundation Group and outreach to school and university leavers considering a career in healthcare. The Board noted the report.				
9.3	Midwifery Safe Staffing Report	JJ	Assurance	Report 12
JJ confirmed that midwifery staffing had been safe on all shifts in quarter one, with mitigations and deployment set out in the report. Challenges remained in relation to cover for maternity leave, though in-house funding secured to convert bank cover into substantive posts had enabled recruitment, effective from 1 September, and maternity leave levels had begun to plateau and fall slightly. FM referred to a recent celebration marking 80 years of nursing, midwifery and allied health professional education at the University of Worcester, which she, JW and SM had attended, noting positive feedback from learners about their clinical placements with the Trust, and thanked the University's Vice Chancellor, David Green, for the strong partnership between the two organisations. The Board noted the report.				
9.4	Perinatal Safety Report	JJ	Assurance	Report 13
JJ presented the report by exception, highlighting the following: - Continued workforce challenges, particularly sickness absence, and non-compliance with Allied Health Professional (AHP) provision standards in neonatal services. - Patient experience themes relating to triage, induction of labour, and the postnatal discharge experience. - An increase in complaints during the quarter, including the service's first three neonatal complaints, since reduced back to normal levels, reflecting increased national scrutiny of maternity and neonatal services. - Continued challenges with mandatory training compliance, balanced against strong compliance with role-specific perinatal training. - Improvement in the Trust's position on the regional maternity heat map to "blue", the best available rating, and Bliss Gold accreditation achieved for neonatal services during the quarter. - The commencement, after three years in development, of enhanced maternal care training for specialist teams working within the delivery environment. The Board discussed: The risks associated with below-target mandatory training compliance, particularly within the medical workforce; JJ and JW responded that, while there was always some residual risk associated with non-compliance, role-specific perinatal training compliance remained high, and represented the area of greatest clinical risk for this group of staff. There was a need to continue to balance access to face-to-face mandatory training against operational pressures. FM asked that this be picked up by the Quality Governance Committee or People and Culture Committee, with an update escalated to the Board in due course through the escalation report.				

FM referred to the Board's patient story presented earlier in the day, a powerful account of one family's experience which had provided learning opportunities for the clinical team and thanked the Local Maternity and Neonatal System's Maternity Voices Partnership for their continued support in bringing the voice of families who use the service.

The Board noted the report.

10	FINANCE			
10.1	2025-26 National Cost Collection - Post Submission Report	KO	Assurance	Report 14

KO presented the report, confirming that the Trust had submitted its annual national cost collection return on time and in line with national guidance, allowing the national team to understand the cost of care delivery and to inform tariff setting and benchmarking. Year-on-year improvements had been made to the methodology and data quality underpinning the submission, supported by increased engagement from clinical services.

The Board was asked to note areas of variation in the Trust's relative national performance, which the finance team would use, working with care groups, to identify practical opportunities to support the financial improvement agenda, with further updates to be provided through the Financial Recovery Board.

The Board noted the report.

11	WORKFORCE			
11.1	People & Culture Committee Minutes	KM	Assurance	Report 15

KM confirmed there was nothing specific to escalate from the minutes of the People and Culture Committee, noting that a further meeting had taken place since, at the beginning of August.

The Board noted the minutes.

12	GOVERNANCE & RISK			
12.1	Audit and Assurance Committee Escalation & Assurance Report	CH	Assurance	Report 16

CH confirmed that the report reflected the Committee's business and highlighted a report from internal audit on the Data Security and Protection Toolkit, which had received an opinion of high assurance and low risk. CH noted this was a positive indicator of the strength of the Trust's governance arrangements, given the wider national focus on cyber security and lawful access to data.

The Board noted the report.

12.2	Audit & Assurance Committee Effectiveness Review	CH	Decision	Report 17
------	--	----	----------	-----------

CH presented the Committee's annual effectiveness review, undertaken using a template developed by GS and previously used at Wye Valley NHS Trust, drawing on feedback from external auditors, checklists, and a survey of Committee members.

The review found that the Committee complied with its terms of reference, subject to some proposed amendments for which approval was sought, and that it provided appropriate assurance to the Board; overall, the Committee was found to perform its functions adequately and satisfactorily. Opportunities for improvement were identified, principally around broadening the Committee's inquiry beyond the work driven by internal and external audit.

The Board approved the proposed amendments to the Audit and Assurance Committee's terms of reference and noted the outcome of the effectiveness review.

13	Date of Next Meeting	FM	Information	n/a
----	----------------------	----	-------------	-----

The next Trust Board meeting in public would be held on 13 October 2026.

14	Any Other Business and Questions from the Public	FM	Information	n/a
No questions had been received from members of the public. FM reminded members of the public of the means by which questions and concerns may be raised with the Board, details of which are available on the Trust's website. There was no other business.				
The Board resolved to exclude members of the public from Part II of the meeting as matters under discussion were exempt from disclosure to the public under the Freedom of Information Act.				

Wells Jo
08/10/2026 16:12:40

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Public Trust Board
Date of Meeting:	13 October 2026
Title of Report:	Foundation Group Strategy Committee (FGSC) report from the Meeting held on 17 September 2026
Lead Executive Director:	Glen Burley, Chief Executive
Author:	Chelsea Ireland, Foundation Group EA
Reporting Route:	N/a
Enclosures included with this report:	FGSC Report & Minutes
Purpose of report:	☐ Assurance ☐ Approval ☒ Information
Brief Description of Report Purpose	
The purpose of this report is to provide the Joint Board with an overview of the FGSC meeting held on 17 September 2026.	
Recommended Actions required by Board or Committee	
The Board is asked to receive and note this report.	
Executive Director Opinion ¹	
n/a	

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.

**South Warwickshire University NHS Foundation Trust (SWFT)
and George Eliot Hospital NHS Trust (GEH)**

Report to Joint Board – Public – 7 October 2026

FGSC Report from the Meeting held on 17 September 2026

Matters of Concern or Key Risks to Escalate to the Board	Major Actions Commissioned and Work Underway
• Research recruitment performance remained below the Foundation Group's ambition in some areas and improvements were required in research readiness, attractiveness to commercial trials and supporting systems. • The Committee highlighted that some established Group forums, including the Data Quality Steering Group and Counting and Coding arrangements, had not continued consistently, creating a risk that collaborative infrastructure could weaken without clear oversight and leadership. • There remained a gap between the availability of analytical tools and their operational use. Members sought assurance that staff were able to access, understand and utilise information effectively to support decision-making. • Model Hospital benchmarking continued to identify material opportunities in productivity, length of stay, theatre utilisation and clinical efficiency. The Committee noted that learning was not always transferred consistently across organisations or departments. • PFI expiry was identified as a significant strategic risk and opportunity for WAHT and WVT, requiring consideration through future strategy development. • National uncertainty remained regarding local government reform, ICB footprints, tariff reform, NHS operating arrangements and wider NHS structural changes, all of which may have implications for organisational planning and delivery.	• Progression of the Foundation Group Strategy Refresh, including Trust-level strategy reviews and alignment of future strategic priorities across the four organisations by January 2027. • Development of a Foundation Group Information Strategy covering analytics, insight, data literacy, technology, infrastructure, AI and partnership working. • Mapping of key Foundation Group forums, executive leads and meeting schedules to ensure collaborative governance arrangements remain active and effective. • Development of a consistent Foundation Group approach to NHS Notify requirements and digital communications. • Development of enhanced research reporting, including time-to-trial metrics and measures that better explain the factors driving research performance. • Development of a stronger Foundation Group research proposition, including greater collaboration with universities, primary care, community and mental health partners and the creation of a more visible Group research identity. • Development of a standardised Foundation Group-wide point prevalence review methodology to support benchmarking, admission avoidance analysis, pathway redesign and contracting discussions. • Establishment of dedicated maternity and neonatal governance arrangements across the Foundation Group.

Matters of Concern or Key Risks to Escalate to the Board (continued)	Major Actions Commissioned and Work Underway (continued)
- Initial responses to the Maternity and Neonatal 10-Point Plan were being completed within compressed national timescales and prior to full completion of Trust governance cycles. The Committee also emphasised that national compliance requirements should not obscure known local maternity risks. - Existing aseptic manufacturing facilities continued to present a significant regional continuity risk, with programme delivery dependent upon national approvals and a challenging implementation timetable to December 2028. Further validation of financial and activity assumptions remained necessary prior to procurement. - Discussions regarding divisional earned autonomy identified potential risks where emergency care performance and costs remained dependent on actions taken by other divisions.	- Progression of Divisional Performance Framework pilots across the organisations, supported through an iterative learning approach and future reporting to FGSC. - Continued progression of the Aseptics Outline Business Case through national approvals and preparation for procurement, subject to approval by individual Trust Boards.
Positive Assurances to Provide the Board	Decisions Made by the Committee
- The Foundation Group operating model continued to demonstrate the benefits of collaboration whilst maintaining organisational sovereignty and accountability. - The Data Quality Steering Group had been re-established and corridor care data reviews demonstrated broadly consistent definitions and data capture across the four organisations. - All four Trusts were using or implementing elements of the Federated Data Platform and work was underway to strengthen information capability across the Group. - Positive progress had been made in aligning research activity across GEH and SWFT and developing wider teaching, academic and research partnerships across the Foundation Group. - Successful applications for doctoral, NIHR and innovation funding were reported, and all four organisations were operating within segment one nationally for time-to-trial performance.	- Approved the minutes of the meeting held on 18 June 2026 as an accurate record. - Supported the proposed approach to refreshing the Foundation Group Strategy. - Approved improvements to future research reporting, including routine reporting of time-to-trial performance. - Supported development of a standardised Foundation Group-wide point prevalence methodology. - Approved further work on maternity governance, impact evaluation and incorporation of findings from the national maternity inquiry. - Approved the Committee calendar of meetings for 2027/28. - Supported the Aseptics Outline Business Case in principle and recommended it to individual Trust Boards for consideration and approval, subject to completion of the national approval process.

Positive Assurances to Provide the Board (continued)	
• The collaborative maternity approach was recognised as a strong example of Foundation Group working, supporting peer review, challenge, shared learning and strengthened governance arrangements. • Managing Directors and care groups reported broad support for piloting the Divisional Performance Framework and developing a more proportionate model of earned autonomy. • The Foundation Group continued to be recognised nationally as a successful model that combined collaboration with clear organisational accountability. • Members welcomed the significant progress already made on the Aseptics Outline Business Case and the collaborative approach being taken across partner organisations.	
Comments on Effectiveness of the Meeting	Recommendation
• The Committee continued to provide strategic oversight and challenge across a broad range of Foundation Group initiatives, including strategy, analytics, research, finance, maternity services and operational performance. • Members demonstrated constructive challenge and professional curiosity, particularly in relation to the practical use of information, research collaboration, productivity opportunities and the impact of Foundation Group arrangements. • The meeting reinforced the value of collaborative working across the Foundation Group, with repeated emphasis on shared learning, peer review, benchmarking and the benefits of operating at scale. • Discussions remained focused on ensuring that collaborative programmes delivered tangible benefits and robust assurance for individual Trust Boards while preserving organisational sovereignty.	• The Joint Board is asked to receive and note this report.

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

Present:

Frances Martin	(FM)	Chair WAHT/WVT (Joint Committee Chair)
Sue Whelan	(SW)	Chair GEH/SWFT (Joint Committee Chair)
Chizo Agwu	(CA)	Chief Medical Officer WVT
Glen Burley	(GB)	Group Chief Executive
Adam Carson	(AC)	Managing Director GEH/SWFT
Stephen Collman	(SC)	Managing Director WAHT/WVT
Sophie Gilkes	(SG)	Chief Strategy Officer GEH/SWFT
David Mowbray	(DM)	Group Medical Advisor
Simon Murphy	(SM)	Vice Chair WAHT
Najam Rashid	(NR)	Chief Medical Officer GEH/SWFT
Sarah Shingler	(SS)	Managing Director WVT
Adrian Stokes	(AS)	Group Strategic Financial Advisor
Jules Walton	(JW)	Chief Medical Officer WAHT

In attendance:

Delia Carrasco	(DC)	Head of Education & Development GEH (present for minute 26.025)
Jackie Farrington	(JF)	Head of Education Learning and Workforce Development SWFT (present for minute 26.025)
Chelsea Ireland	(CI)	Foundation Group Executive Assistant and Committee Administrator
Lindsey McLean	(LM)	Urgent Care Programme Manager WVT (present until minute 26.024)
Jane Minchin	(LMi)	Programme Manager GEH/SWFT (present until minute 26.024)
Sanjeev Narwall	(SN)	Director of Procurement and Commercial Services (present until minute 26.025)
Louise Pearson	(LP)	Associate Director of Workforce and Education WAHT (present for minute 26.025)
Lisa Peaty	(LPe)	Deputy Chief Strategy Officer WAHT (deputising for Chief Strategy Officer WAHT)
Chris Wood	(CW)	Associate Director of Education / Organisation Development and Workforce WVT (present for minute 26.025)

MINUTE

26.019

APOLOGIES FOR ABSENCE

Apologies for absence were received from the Chief Strategy Officer for WAHT, and Phil Gilbert, Non-Executive Director (NED) GEH/SWFT.

Resolved – that the position be noted.

26.020

DECLARATIONS OF INTEREST

No new declarations of interest were declared.

Resolved – that the position be noted.

26.021

MINUTES OF THE MEETING HELD ON 11 February 2026

Resolved – that the Minutes of the meeting held on 11 February 2026 be

ACTION

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

<u>MINUTE</u>		<u>ACTION</u>
	confirmed as an accurate record of the meeting and signed by the Group Chairs.	
26.022	<u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
26.022.01	<u>Completed Actions</u> All completed actions were listed as complete on the action log as part of the meeting papers and would be removed. <u>Resolved</u> – that the position be noted.	
26.022.02	<u>One Herefordshire Update (including Neighbourhood Health)</u> The Chief Strategy Officer for GEH/SWFT confirmed that the action relating to the two lead provider models and the establishment of an action learning set was progressing. The first meeting was in the process of being arranged and a network being established to share best practice across the Foundation Group. <u>Resolved</u> – that the position be noted.	
26.022.03	<u>National Job Planning Programme</u> The Chief Medical Officer for GEH/SWFT provided a verbal update on the National Job Planning Programme, confirming that Jyothi Nippani had joined the programme to support work across the Foundation Group and the programme was in place. <u>Resolved</u> – that the position be noted.	
26.022.04	<u>Aseptics</u> The Group Chief Executive updated the Committee on the Aseptics Business Case, noting that it remained in motion, however had become complex. He confirmed he had a meeting scheduled with the national team to discuss the transaction process in more detail. <u>Resolved</u> – that the position be noted.	
26.023	<u>IMPROVEMENT UPDATE</u> The Urgent Care Programme Manager for WVT and Programme Manager for GEH/SWFT presented the Foundation Group Improvement Update, outlining the collaboratively agreed improvement principles that were being embedded across the Foundation Group to support continuous improvement. A highlight area was the work undertaken through the May 2026 “Mission Improvement” event, which had focused on building improvement capacity, sharing learning and challenging existing ways of working. The Urgent Care Programme Manager for WVT and Programme Manager for GEH/SWFT	

Wells-Jo
08/10/2026 16:32:37

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

informed the Committee that the initial evaluation of Mission Improvement had shown that the event had largely achieved its aims of connecting, collaborating and encouraging continuous improvement. The Programme Manager for GEH/SWFT reported that there had been 1,444 attendances across the month and that further evaluation would be undertaken to understand the impact of delivering the event over a month rather than a week.

The Urgent Care Programme Manager for WVT and Programme Manager for GEH/SWFT presented to the Committee ongoing collaborative improvement initiatives, including quarterly improvement events, communities of practice and plans to review improvement training provision across the Group. The Committee welcomed the significant opportunities to learn from innovation and improvement activity across organisations and recognised the value of a shared approach to capability building.

Discussion focused on the development of an improvement repository. The Committee supported the ambition of establishing a Group-wide repository to enable the sharing of improvement projects, learning and best practice, whilst recognising that information governance considerations would need to be resolved before full implementation could be achieved. The Group Chief Executive highlighted the alignment of this work with emerging national approaches to improvement and knowledge sharing. The Committee agreed that work should continue towards a Group-wide solution.

Resolved – that

- A) Improvement Teams across the Foundation Group work towards resolving information governance risks and implementing a Foundation Group Improvement Repository, and**
- B) The Improvement Update be received and noted.**

CSOs

26.024

GROUP PROCUREMENT UPDATE

The Director of Procurement and Commercial Services presented the Group Procurement Update and outlined progress in developing collaborative procurement arrangements across the South Midlands, including with University Hospital Coventry and Warwickshire NHS Trust (UHCW). The Committee noted that the approach was intended to support rationalisation, standardisation of best practice and more data-driven procurement decisions across the Foundation Group.

The Director of Procurement and Commercial Services reported efficiencies of approximately £2.8m across collaborative procurement projects, with a further £350,000 being finalised and additional projects currently on hold. He informed the Committee that switching from direct arrangements to NHS Supply Chain had identified an opportunity for reduction from approximately £259,000 to £34,000, representing a reduction of around £220,000 over the previous 12 months. The Director of Procurement and Commercial Services reported that WVT supply chain performance was subject to further deep dive work and that joint work was being led to address the issues identified.

Wells-Jo
08/10/2026 16:32:43

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

The Committee Chair's invited questions and perspectives and of particular note were the following points.

The Committee noted the proposal to move towards a consolidated procurement function, with WHAT as the proposed host. It was reported that this aligned with Executive SRO arrangements and would support wider opportunities across the Foundation Group, including inventory management and stockholding reduction.

The Group Chief Executive supported the use of the Foundation Group's scale to progress a shared procurement model but emphasised the need for supporting business cases to go through the appropriate governance processes within each individual organisation, with CFO sponsorship through each Trust. The Director of Procurement and Commercial Services confirmed that the intention was to take the relevant paper through Trust Management Boards in July 2026.

The Group Medical Advisor asked when the Foundation Group would be able to align major contractual renewals and negotiate as a Foundation Group rather than through individual Trust arrangements. The Director of Procurement and Commercial Services confirmed that this work had already started, with Trauma and Orthopaedics (T&O) contracts due across the Foundation Group in 2027/28 and Radiology Reporting had recently been completed as a Group-wide contract.

The Chair for GEH/SWFT suggested that a forward schedule of major procurements would provide assurance and help inform CPIP and target-setting discussions. The Director of Procurement and Commercial Services confirmed that contract data was held in Atamis as a single source to support a three to five-year focus. The Chair for GEH/SWFT challenged whether benchmarking against the median was sufficiently ambitious, given the Foundation Group's financial position, and suggested that reports should also show performance against minimum market price. The Director of Procurement and Commercial Services agreed that the minimum market price should be considered and that the reporting could be developed accordingly.

Resolved – that

- A) The Group Procurement Business Case be submitted to Trust Management Boards in July 2026 for approval, and**
- B) Future procurement reporting to include benchmarking against minimum market price, as well as median benchmarks, to support a more ambitious assessment of savings opportunities, and**
- C) The Group Procurement Update be received and noted.**

**MDs
KO**

26.025

ANNUAL CLINICAL TEACHING AND TRAINING UPDATE

The Head of Education & Development for GEH, Head of Education Learning and Workforce Development for SWFT, Associate Director of Workforce and

Wells-Jo
08/10/2026 16:32:11

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

Education for WHAT, and Associate Director of Education / Organisation Development and Workforce for WVT (The Group Education Leads) presented the Annual Clinical Teaching and Training Update to the Committee. The presentation focused on the Leading an Empowered Organisation (LEO) leadership development programme. LEO was a clinically grounded leadership development programme that had been implemented across all four Trusts in the Foundation Group, supporting leadership skills, empowerment, accountability and quality improvement.

The Group Education Leads highlighted to the Committee that more than 800 participants had undertaken LEO across the Foundation Group, mainly from Nursing, Allied Health Professionals (AHPs), Midwifery and medical workforces, and that a significant faculty of facilitators had been established across Trusts. The programme aligned with the new National Management and Leadership Framework and that Trusts had been engaged in mapping the programme to the new standards and expectations. The Associate Director of Workforce and Education for WAHT reported that a second Senior Leader LEO programme was planned for October 2026, with invitations due to be issued.

The Committee Chair's invited questions and perspectives and of particular note were the following points.

The Committee discussed future expansion of the programme, including the potential to extend masterclasses currently running at SWFT across the Foundation Group, expand into medical and non-clinical professional workforces, establish a community of practice and plan an online LEO conference in 2027/28.

The Managing Director for GEH/SWFT asked how inclusive the programme was and whether clinical support roles, such as chaplaincy, would be included within the future expansion. The Group Education Leads confirmed that this was the intention, and that a non-clinical manager's pilot at SWFT had received excellent feedback.

The Chief Medical Officer for WVT highlighted the benefit of divisional teams attending together, and that this should be encouraged where possible. The Associate Director of Education / Organisation Development and Workforce for WVT confirmed that a multidisciplinary approach to LEO had been piloted successfully and that participants had become ambassadors for the programme within their divisions.

The Chair for WAHT/WVT challenged how the impact of the programme would be measured, including whether links could be made to staff survey results, sickness, recruitment, retention and progression. The Head of Education and Development for GEH confirmed that further work was needed to develop Key Performance Indicators (KPIs) and metrics beyond popularity and participant feedback. The Chair for GEH/SWFT supported the need to understand the correlation between LEO participation and wider staff survey or cultural leadership outcomes. The Associate Director of Education / Organisation

Wells-Jo
08/10/2026 16:32:14

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

Development and Workforce for WVT confirmed that a business case would be required to support continuation and expansion of the programme, including consideration of facilitator release and funding.

Resolved – that

- A) KPIs be developed and linked to the Staff Survey for the LEO programme, including impact on career progression, retention and leadership behaviours, and**
- B) The Annual Clinical Teaching and Training Update be received and noted.**

**DC/JF/
CW/LP**

26.026

FOUNDATION GROUP STRATEGY COMMITTEE (FGSC) SELF-ASSESSMENT OF EFFECTIVENESS

The Chair for WAHT/WVT introduced the Committee effectiveness discussion and noted the lower response rate to the self-assessment. She asked members to consider whether the Committee was adding value and whether it was focused on the right priorities.

The Group Chief Executive reminded the Committee that the FGSC was a sub-committee of each Trust Board and that, while it should shape Group-wide work, it did not replace the decision-making authority of individual Boards. He noted that some matters discussed by the Committee needed to go through the governance processes of each organisation.

The Chief Strategy Officer for GEH/SWFT reflected that the Improvement and Procurement items demonstrated the value of the Committee by showing how the Foundation Group's scale could be used to maximise opportunities for individual Trusts. She also supported further engagement within each Trust ahead of Group-level decisions.

The Group Medical Advisor suggested that each Trust Board have a standard standing item to support two-way communication between the FGSC and individual Boards. The Group chief Executive agreed that there should be a more considered approach to drawing out discussion from the Committee notes the matters that required Board approval in individual organisations.

Resolved – that

- A) Further work be done to clarify how FGSC items requiring individual Board approval or further governance requirements and action would be identified and communicated to Trust Boards, and**
- B) The FGSC Self-Assessment of Effectiveness be received and noted.**

MDs

26.027

NHS STRATEGIC DEVELOPMENTS

The Group Chief Executive provided a verbal update on NHS strategic developments. He highlighted ongoing national discussions with Unions, including Agenda for Change issues relating to lower-banded staff and band

Wells-Jo
08/10/2026 16:32:40

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

5/6 nursing progression, and noted that these discussions were affecting the timing of other national guidance.

The Group Chief Executive highlighted the new NHS oversight framework for 2026-27 had been published and would be updated annually. He advised that provisional segment placements suggested SWFT could move into segment 1, GEH could be in segment 2, WVT would be subject to financial override due to deficit support funding, and WAHT was likely to be in segment 3 if performance was maintained.

The Group Chief Executive went on to discuss the updated Foundation Trust pipeline guidance and noted the intention to secure freedoms and lighter-touch intervention arrangements for Trusts progressing towards University Foundation Trust status. He also updated the Committee on IHO model, noting the emerging two-stage approval process and the importance of primary care leadership, while ensuring that contracts were held by NHS organisations.

The Group Chief Executive noted NHS Online as a disruptive virtual hospital model, expected to go live from February 2027. He advised the Committee that organisations would need to consider their own virtual pathways, advice and guidance models and digital strategies to respond to the potential impact on activity.

The Committee Chair's invited questions and perspectives and of particular note were the following points.

The Managing Director for WVT asked how the IHO model aligned with multi-neighbourhood providers. The Group Chief Executive confirmed that the models were complementary and that neighbourhood delivery models, including multi-neighbourhood providers, would be essential to IHO delivery.

The Committee celebrated the Managing Director for WVT's recent visit to No 10, where she attended a roundtable discussion on elective care. WVT had been recognised for progress in transforming their elective care position.

Resolved – that the NHS Strategic Developments be received and noted.

26.028

FGSC ANNUAL REPORT FOR APPROVAL

The Committee noted and approved the submission of the FGSC Annual Report to the Boards.

The Chair for WAHT/WVT thanked the Foundation Group EA and Committee Administrator for her work in preparing the report.

Resolved – that the FGSC Annual Report be approved.

Wells-Jo
08/10/2026 16:32:40

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

**MINUTE
26.029**

ACTION

DIVISIONAL EARNED AUTONOMY

The Group Strategic Financial Advisor presented the proposal for Divisional Earned Autonomy, explaining that the model sought to mirror national oversight framework principles at divisional level by offering greater freedoms in return for aspirational but deliverable performance improvements. The Committee noted that the proposal would require careful balance between grip and control, particularly in organisations subject to external scrutiny, and that any implementation would need to be measured, evidence-based and developed with divisional engagement.

The Committee Chair's invited questions and perspectives and of particular note were the following points.

The Group Chief Executive supported the direction of travel, noting the need to understand which areas required grip and which could be released to support innovation, decision-making and improvement. He also emphasised the importance of consistency across the Group.

The Group Medical Advisor also supported the proposal and emphasised the motivational benefit for clinical teams, provided they had access to good comparative data and medical involvement in readiness assessments.

The managing Director for GEH/SWFT highlighted the need for further cultural work, appropriate reporting arrangements and consultation with divisions on the freedoms they would value and the levels of intervention that would be helpful. The Chief Strategy Officer for WVT agreed with this, adding that it was important to understand whether the potential incentives would be sufficient to make participation worthwhile for divisions. The Chief Medical Officer for WVT echoed these points, noting the importance of understanding what would motivate divisions, including the potential for reinvestment or gain-share arrangements.

The Chief Medical Officer for GEH/SWFT and the Managing Director for WVT both highlighted the need to include quality measures alongside finance and sickness indicators. The Managing Director for WVT also cautioned that organisations in deficit would need to avoid mixed messages around reinvestment of financial gains.

The Committee agreed that the proposal was the right direction of travel in principle, but that further work was required to test timing, divisional appetite, metrics and implementation. The Chair for WAHT/WVT suggested that the Group Strategic Financial Advisor work with the Managing Directors to develop next steps and proposals without waiting for the next Committee meeting.

Resolved – that

- A) The Group Strategic Financial Advisor to work with the Managing Directors to form a smaller working group to develop next steps and proposals for Divisional Earned Autonomy, and**

AS / MDs

Wells-Jo
08/10/2026 16:32:44

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

MINUTE

ACTION

26.030

B) The update on Divisional Eanred Autonomy be received and noted.

OVERARCHING GOVERNANCE OF GROUP TRUSTS INCLUDING BOARD SUB-COMMITTEES

The Group Chief Executive introduced the discussion on Foundation Group Governance and Board sub-committees. He emphasised that the strength of the Foundation Group model lay in mirrored governance, broadly aligned executive portfolios and a simple governance architecture that supported comparison, learning and consistency across organisations.

The Committee discussed whether further Board sub-committee structures, particularly People Committees, were required. The Group Chief Executive advised that consistency of governance architecture across the Foundation Group remained important, particularly as the Group moved towards more complex Integrated Health Organisation (IHO) arrangements and greater partner organisation involvement.

The Chair for GEH/SWFT welcomed consistency and simplicity and expressed a preference for strengthening people-related discussion within the main Board, including confidential Board where appropriate, rather than establishing additional committees. She noted that this view had been discussed with Non-Executive Directors and that they were in agreement, while remaining open-minded as part of the wider Group discussion.

The Chair for WAHT/WVT noted that there was an opportunity to compare and contrast the different approaches across organisations, including the existence of a People Committee at WAHT, and invited members to share further views with the Group Chief Executive, the Chair for GEH/SWFT and herself outside of the meeting.

Resolved – that

- A) The Committee share further views with the Group Chief Executive, the Chair for GEH/SWFT and the Chair for WAHT/WVT on the benefits and disadvantages of People Committees and the wider principle of consistent governance architecture across the Group.**
- B) The Overarching Governance of Group Trusts including Board Sub-Committees discussion be received and noted.**

ALL

26.031

ANY OTHER BUSINESS

No further business was discussed.

Resolved – that

26.032

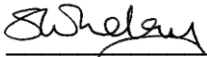
DATE AND TIME OF NEXT MEETING

The next Foundation Group Strategy Committee meeting would be held on Thursday 17 September 2026 at 9.00am via Microsoft Teams.

Wells-Jo
08/10/2026 16:32:48

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)**

**Minutes of the Foundation Group Strategy Committee (FGSC) Meeting
Held on Thursday 18 June 2026 at 9am via Microsoft Teams**

Signed:  
Sue Whelan Frances Martin
Chair GEH/SWFT Chair WVT/WAHT

Date: 17 September 2026

Wells-Jo
08/10/2026 16:12:40

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	Trust Board
Date of Meeting:	13 th October 2026
Title of Report:	Chief Executive Officer Report
Lead Executive Director:	Chief Executive Officer
Author:	Glen Burley
Reporting Route:	N/A
Enclosures included with this report:	None
Purpose of report:	☐ Assurance ☐ Approval ☐ Information
Brief Description of Report Purpose	
This report provides the Board with an overview of the principal national, regional and local developments since the previous meeting. It sets out the implications for the Trust and the action being taken. Detailed operational performance is reported separately through the Integrated Performance Report. The report is presented for information.	
Recommended Actions required by Board or Committee	
The Board is asked to note the content of the report	
Executive Director Opinion¹	
N/A	

1. Rewiring the State

This is Cabinet Office statement was published at the end of July soon after Andy Brunham took up post as PM. It sets out the aim to shifts power, money, and control from central government in London to local mayors and regional leaders. The plan aims to boost local economies and improve public services by letting local people make their own choices. The stated core goals are;

- Devolve by default: Central government departments must prove why a decision *should* stay in London rather than local areas.

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.

- Local tax powers: Mayors and councils will keep a share of local business rates and income tax, and can introduce an Overnight Visitor Levy (a small fee on hotel stays).
- Better public services: Local leaders will control technical education for 16-19 year-olds, local buses, and employment support.
- Wider coverage: Every part of England is expected to have a regional strategic authority by the end of 2028.

2. Local Government Reform

The core aim of the current Local Government Reform process is to abolish overlapping county and district councils to create unified, single-tier unitary authorities. This should simplify public access, remove administrative duplication, cut waste, and empower local areas to drive economic growth. Opponents argue the transition is disruptive, fails to guarantee net savings, strains resources, and risks distancing councils from rural communities.

Major structural changes were proposed across multiple English counties including Worcestershire and Warwickshire, where proposals for unitary options were submitted which would split both counties in two. Following widespread debate and logistical pushback over merging disparate systems, the government has now paused the implementation of these plans for numerous transition areas to carry out a comprehensive review.

The recent restructuring and clustering of ICBs sought to align their footprints wherever possible to the anticipated strategic authority boundaries. In doing so, it was acknowledged that there was some uncertainty about these and that other factors, such as NHS patient flows, should also be considered. This pause and re-think helps to vindicate the decision taken by the NHS to not implement an immediate fully aligned structure.

3. NHS Oversight Framework

The [updated framework for 2026/27](#) describes a consistent and transparent approach to assessing integrated care boards (ICBs), NHS trusts and foundation trusts (providers). This framework sets out how NHS England will assess and oversee providers and ICBs, against a range of agreed metrics, promoting improvement while helping to identify quickly where organisations need support, as well as those that are performing well.

The framework is supported by a focused set of national priorities, including those set out in the [Medium Term Planning Framework](#), aiming to strengthen local autonomy. These are presented alongside wider contextual metrics that reflect medium-term goals in areas such as inequalities and outcomes.

Trust level data relating to Quarter 1 performance of 2026/27 has now been published which shows strong improvements across the Group. South Warwickshire University Foundation Trust now ranks 3rd overall out of 118 General Acute providers and is in segment 1 (of 4) for the first time, George Eliot Hospital NHS Trust is ranked 11th and placed in Segment 2 for the first time, Wye Valley NHS Trust are ranked 32nd (Segment 3) and Worcestershire Acute Hospitals NHS Trust are ranked 51st and placed in Segment 3, moving from segment 4 for the first time.

Such significant improvements do not come easy, so I would like to thank everyone for their contribution to this effort. As we enter the second half of the year and the challenges of the winter, it will be important for all Trusts in the Group

4. Thirlwall Inquiry - Countess of Chester Hospital

Led by Lady Justice Kathryn Thirlwall, the independent public inquiry published its final findings in September. The report concluded that there was a "complete failure" to protect babies at the Countess of Chester Hospital's neonatal unit from serial killer nurse Lucy Letby.

Key Findings:

- **Missed Opportunities:** At least three deaths and seven non-fatal attacks could have been prevented if senior hospital managers and staff had acted sooner on warnings from consultant doctors.
- **Ignored Warnings:** Senior managers dismissed clinician concerns of deliberate harm, choosing instead to protect the hospital's reputation and forcing doctors who raised alarms to apologize to Letby.
- **Flawed NHS Systems:** Statistical spikes in infant mortality were ignored, incident reporting was poor, and safeguarding fundamentals were missing across the organization.

Core Recommendations:

- **Real-Time Safety Data:** Hospital boards must directly monitor neonatal safety data in real time, with mandatory board-level tracking of all infant deaths scheduled by 31 March 2027.
- **Police Referrals:** External reviews must never replace direct police referrals when deliberate harm to a patient is suspected.
- **Independent Oversight:** A new independent monitoring system is required to ensure NHS bodies actually implement safety recommendations.

The Government and NHS England are currently considering the full recommendations. In doing so they are mindful that the Inquiry looked back on events in one organisation around a decade ago. Much has changed, including the clearer accountabilities of the new operating model but how we tackle some of the other recommendations will require careful consideration or possibly alternative strategies.

5. Financial Escalation Meeting with NHSE

Together with our Chair and Managing Director, we recently met with NHSE Regional Chair and Regional Director to discuss our in-year financial position. We are currently flagging in national NHSE monitoring as materially behind plan. The Finance Report in the Board pack shows more of the details.

In response I convened a series of face-to-face meetings with the Care Group triumvirates to better understand the underlying issues, to sense check their understanding of their positions and to discuss the pipeline of ideas and solutions. All of the teams showed a good grip of their finances and were working hard to improve efficiency whilst delivering operational targets. There are a number of efficiency schemes in the pipeline and the Care Groups asked for varying levels of help to bring them to fruition.

Despite the headline position, our overall productivity has improved year on year driven in part through reductions in temporary staffing costs but also through better elective productivity. But to deliver our financial plan we will need to increase the scale of our efficiency improvements and now, ahead of winter, is the best time to make inroads.

What was also clear from the Care Group discussions, was that we have many areas where we are not receiving an appropriate level of income for the activity we deliver. This is true of our Urgent and

Emergency Care (UEC) system where we have a block contract with an in-year marginal tariff. We also have some particular service lines which are not being charged at an appropriate tariff, or in some cases where there is no tariff at all - such as Tele-Dermatology. The finance team are working on these and, together with effective clinical coding and understanding from the ICB, we should be able to improve the situation.

Our UEC activity continues to be a big driver of our deficit. Both in terms of the premium cost of additional capacity to meet demand and in terms of the impact it has on elective capacity. There is obviously a risk that this will deteriorate further over the coming winter months. There are elements of UEC flow which we can improve through implementation of slicker internal processes, but we will also need a significant contribution from system partners both to reduce 'front door' demand but also to speed up discharge. Benchmarking data shows that bed occupancy and total length of stay (including Community Hospital beds) in the local system is higher than peers. It also shows that we have a larger cohort of patients with a length of stay of between 5-7 days. This implies that there is an opportunity to increase simple discharges (i.e. pathway zero, straight to home), which is in our gift to do.

Our Financial Recover Board continues to monitor the situation closely and to augment this we are creating a small financial recovery 'task force'.

6. **More From Our Great Teams**

a. Triple boost for breastfeeding support in Worcestershire

New parents across the county are benefiting from even more specialist expertise after a trio of talented midwives earned the top qualification to become lactation consultants.

Caroline Thunder and Julia Lyons, Infant Feeding Specialist Midwives at Worcestershire Acute Hospitals NHS Trust, have successfully completed year-long study and passed the rigorous four-hour exam set by the International Board of Certified Lactation Consultant Examiners' (IBCLE). They join their colleague Becky Davenport who gained the accolade of International Board Certified Lactation Consultant (IBCLC) in 2024.

All three Specialist midwives now have the highest qualification attainable in breastfeeding support and are using their enhanced expertise to help new families who may need additional support to feed their baby. Having three Lactation Consultants at the Trust is a great achievement which reflects our commitment to providing excellent infant feeding services.

b. Peony End of Life Volunteer Service officially launched at the Alexandra Hospital

The Peony End of Life Volunteer Service was officially launched at the Alexandra Hospital at the start of this month. Our Peony volunteers are specially trained, dedicated, compassionate and highly skilled people who offer their time to provide comfort, companionship, and human connection to people who are approaching the end of their life. The service is sponsored by the [Worcestershire Acute Hospitals Charity](#) and works in partnership with national charity [The Anne Robson Trust](#).

Specialist Peony Volunteers Chrissie Thompson, Graham Brooks and Karen Thomas provide bedside companionship to patients at the Alex who are in their final days and hours, alongside practical and emotional support to their loved ones. Since starting at the Alex in July, they have already visited more than 40 patients, and provided almost 18 hours of bedside support, with hospital staff and families praising their kindness and compassion. It is hoped that further volunteers will be recruited to join the team in the new year so that the service can provide even more support.

The official launch at the Alex follows the huge success of the launch of our [Peony Volunteer service](#) at Worcestershire Royal Hospital last year.

Integrated Performance Report

TRUST BOARD

OCTOBER
2026

Wells-Jo
08/10/2026 16:12:40





Stephen Collman
Managing Director

The Trust’s August position reflects sustained pressure across urgent care, flow, theatre capacity, complaints, infection control, finance and workforce. Quality performance shows strengths in antimicrobial stewardship, hand hygiene and orthogeriatric review, but fractured neck of femur outcomes remain significantly below national standards, driven by persistent theatre and bed constraints. Corridor care has worsened across both ED and inpatient areas, with more than 29,000 hours of patient time spent in non-compliant spaces, creating clear safety and regulatory risk. Complaints timeliness deteriorated to 56 percent, with a high backlog and notable variation between Care Groups. Infection control performance is mixed: C. diff has improved, but E-Coli, Klebsiella, Pseudomonas and MRSA remain above threshold, compounded by estates issues including bedpan washers and mattress failures.

Operationally, Emergency Access Standard performance fell to 65.5 percent, with Type 1 at 51.2 percent. Attendances increased year-on-year and conversion to admission rose to 20.6 percent, intensifying bed pressure. Ambulance handover breaches under 45 minutes dropped to 72 percent, well below the required trajectory. The GP front door pilot is showing early positive impact, Frailty SDEC continues to operate, and Digital Patient Flow remains on track for go-live on 19 October. Cancer performance is improving in Faster Diagnosis Standard but deteriorating in 31-day and 62-day pathways due to skin and urology delays. Elective RTT remains above plan but waiting list growth is slowing progress, with four specialties requiring additional support. Diagnostics performance is constrained, with insourcing commencing in September to stabilise delivery.

Financially, the Trust remains under significant pressure. The run-rate continues to exceed plan, driven by premium pay, temporary staffing, high agency usage in critical areas, estates failures and operational inefficiencies linked to flow. The CPIP gap remains material, and several schemes are not converting into recurrent savings. Workforce costs continue to rise due to sickness, turnover, vacancy cover and reliance on locums in key specialties. Premium-pay expenditure remains above plan, with notable pressure in Medicine, ED, Anaesthetics and Diagnostics. Recruitment pipelines are improving in some areas, but overall workforce resilience remains fragile, with high sickness in clinical groups and persistent gaps in radiology, theatres, dermatology and critical care. Rostering, job planning and deployment continue to show variation, and productivity remains inconsistent across services.

Across the Trust, improvements are visible in antimicrobial stewardship, sepsis adoption, orthogeriatric review, complaint response quality, cancer FDS, tele dermatology rollout, digital flow readiness and early signs of impact from the GP front door pilot. The key risks remain theatre and bed capacity, corridor care, ambulance handover delays, complaint backlog, winter resilience, diagnostic workforce gaps, premium-pay escalation and the CPIP delivery gap. The organisation must prioritise flow, theatre utilisation, IPC resilience, complaint timeliness, workforce deployment, premium-pay control and winter readiness to stabilise performance and protect patient safety.

Wells-Jo
08/10/2026 16:12:40



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. We are receiving assurance of actions through medicines safety committee.

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, recording times 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. Recorded performance is much better than before introduction of the electronic system.

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

The new complaints closed metric continues to be used. The complaint compliance target to close within 25/40 days has decreased to 56% in August. The Trust had 117 complaints still open (decrease from 123) at the end of August and there were 74 new formal complaints received. Of the 117 open complaints, 29 have breached the agreed timescale. The surgery complaint management process is continuing to improve as the Surgery Division now accounts for 16% (further decrease from July) of the open complaints (29 to 16). Family Health account for 31.43% of the total complaints.

The total number of falls in August (127) increased from July but remains below the national benchmark with 4.98 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in August. The total number of HAPUs has increased in August to 20 (14). 0.79% HAPU per 1,000 bed days). There were zero HAPUs causing moderate, severe, or catastrophic harm. 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 August (achieved in Maternity) with the response rate decreasing 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 August at WRH an average of 38 patients per day spent over 45 minutes in an ED corridor location at WRH and 31 patients per day at the Alexandra hospital. In total they spent 11,797 hours occupying these spaces which is an increase compared to July. The emphasis is ongoing to eradicate corridor care as part of a system wide response to improve flow.



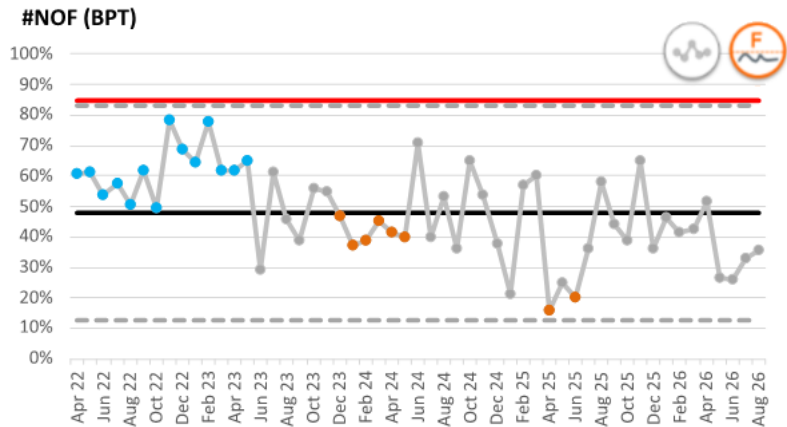
Hayley Flavell

Chief Nursing
Officer

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 Aug-26 to 33%.
- The target (36 hours) has still not been achieved since Mar-20.
- There were 72 #NOF Admissions in Aug-26
- There were a total of 48 breaches in Aug-26.
- The primary reasons for breaches in Aug-26 were Theatre capacity (19) and bed issues (23).
- The average time to theatre was 42.8 hours.

Internally Monitored – All #NOF Patients

- #NOF compliance increased in Aug-26 to 35%.
- There were 82 #NOF Admissions in Aug-26.
- There were a total of 53 breaches in Aug-26.
- The average time to theatre was 45.0 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.

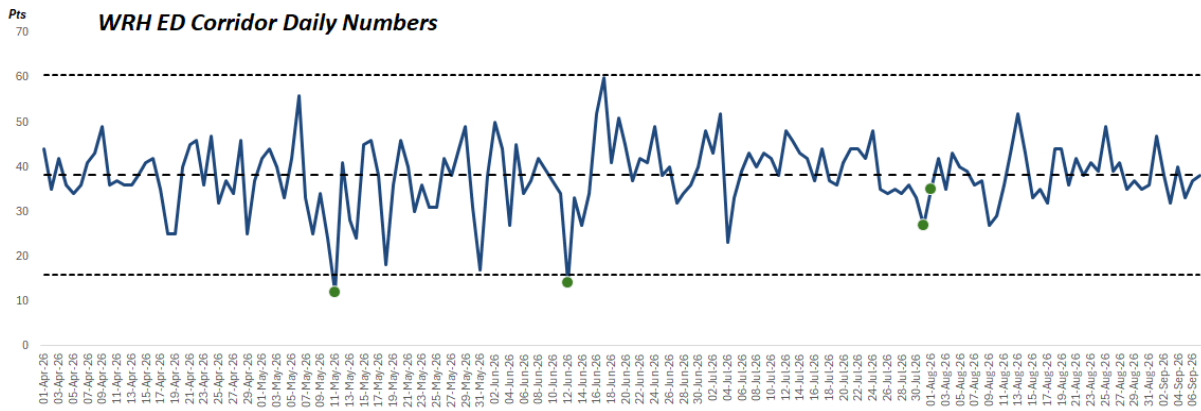
Risks

- **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.

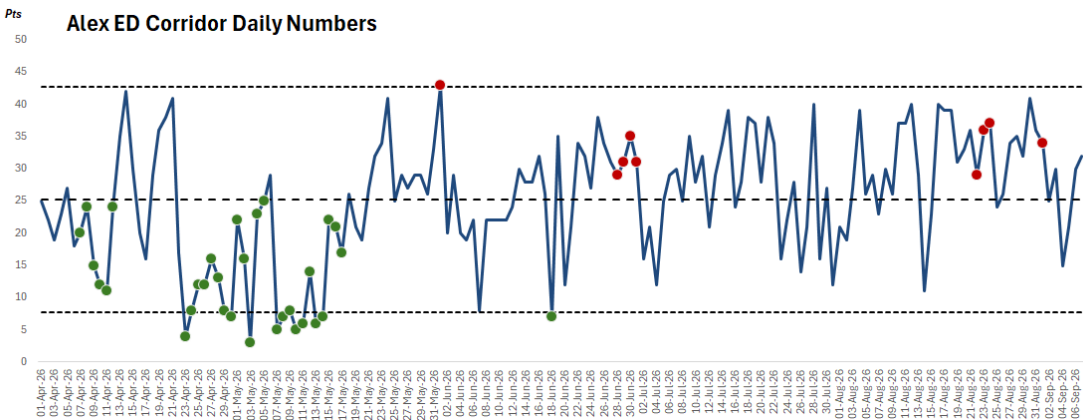
OUR QUALITY AND SAFETY – Corridor Care and Planned Escalation Spaces – Emergency Department

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 the numbers are constant around the 40 per day mark however there does not seem to be any improvement in reducing the corridor.



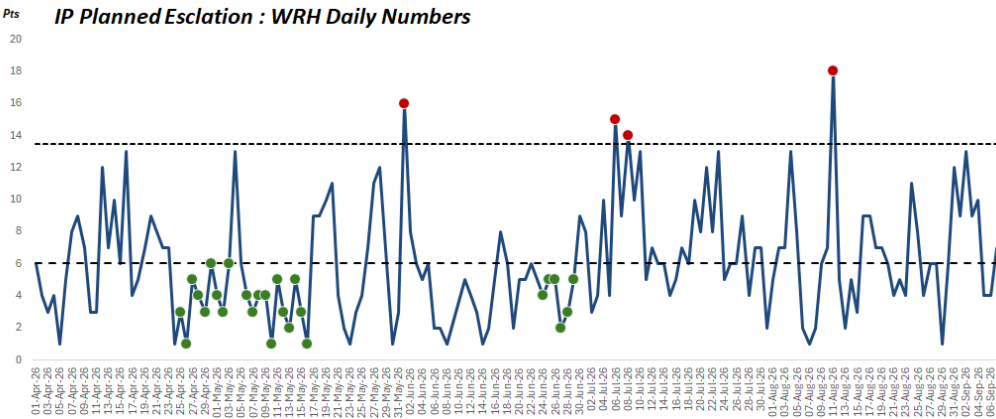
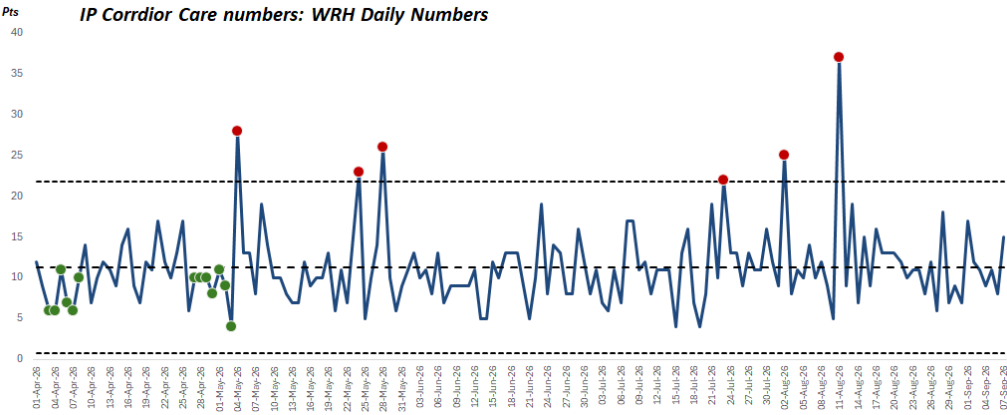
The Alex numbers tend to vary day to day however through August the there were a number fo days where higher than average numbers were recorded

Understanding the performance							Actions (SMART)		Risks
Site	Split	Apr-26	May-26	Jun-26	Jul-26	Aug-26	The Table opposite shows the monthly number of Pts based on the SITREP definitions who have spent over 45 minutes in an ED Corridor Location. The Latest Month of August 2026 has seen an overall increase in the number of Pts by +98 from 2,060 in July to 2,158 in August with an additional 2 per day on average. Pts in August spent s total of 11,797 hours in a corridor location which equates to an average of 328 minutes per patient. This is an increase of 789 Hours compared to July and an AVG increase of 7 mins per patient. WRH average of per day reduced to 38 while the Alex increased to 31		
Worcestershire Royal Hospital	Total	1,136	1,096	1,193	1,230	1,193			
	AVG Per day	38	35	40	40	38			
	Total time (mins)	411,388	372,397	418,536	481,747	518,551			
	Total time (hours)	6,856	6,207	6,976	8,029	8,643			
	AVG Time (mins)	362	340	351	392	435			
Alexandra Hospital	Total	624	634	805	830	965			
	AVG Per day	21	20	27	27	31			
	Total time (mins)	121,381	130,778	186,540	178,754	189,280			
	Total time (hours)	2,023	2,180	3,109	2,979	3,155			
	AVG Time (mins)	195	206	232	215	196			
Overall	Total	1,760	1,730	1,998	2,060	2,158			
	AVG Per day	59	55	67	67	69			
	Total time (hours)	8,879	8,386	10,085	11,008	11,797			
	AVG Time (mins)	303	291	303	321	328			

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	Aug-26
Worcestershire Royal Hospital	Total	492	533	477	594	576
	Planned	180	176	153	245	201
	Corridor	312	357	324	349	375
	AVG Per day	16	17	16	19	19
	Total Time (Hours)	18,323	12,979	14,545	16,699	17,114
	AVG Time (Hours)	37	24	30	28	30
	Pts > 48 hours	95	85	83	99	103

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 August at WRH a total of **576 Pts** spent over 45 minutes in an escalation location this was split as **201 in planned** and **375 in corridor**. In total they spent **17,114** hours occupying these spaces which is an average of **30** hours per patient spent in a corridor or planned escalation space **103** Pts had a stay in a planned/corridor space longer than 48 hours in the month. August has seen an increase in both the number of patents occupying a corridor or planned space as well as an increase in the time patients are spending in these locations.

Actions (SMART)

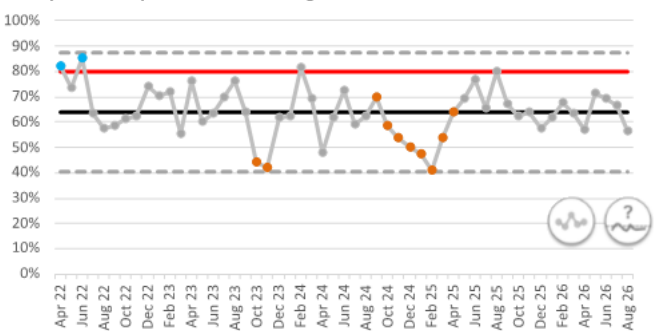
Risks

OUR QUALITY AND SAFETY - COMPLAINTS

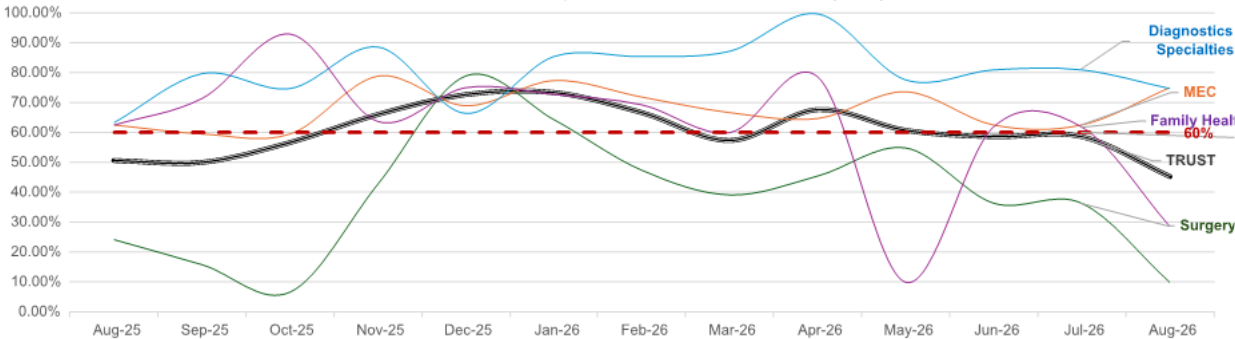
We are driving this measure because

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.

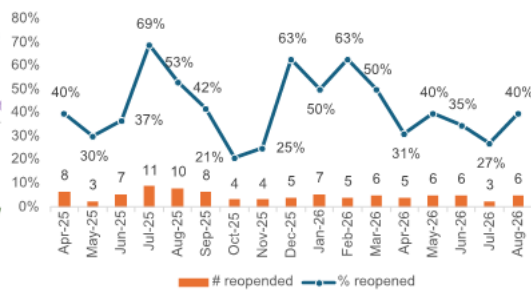
Complaints Responded to Within Agreed Timeframe



Complaints Called in 5 Working Days



% of reopened complaints with further concerns

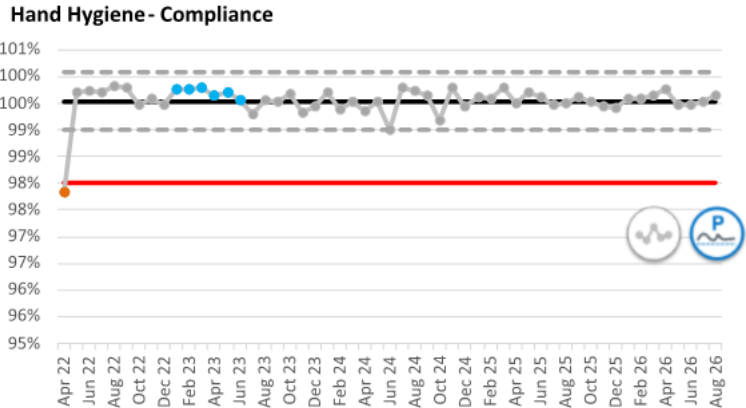
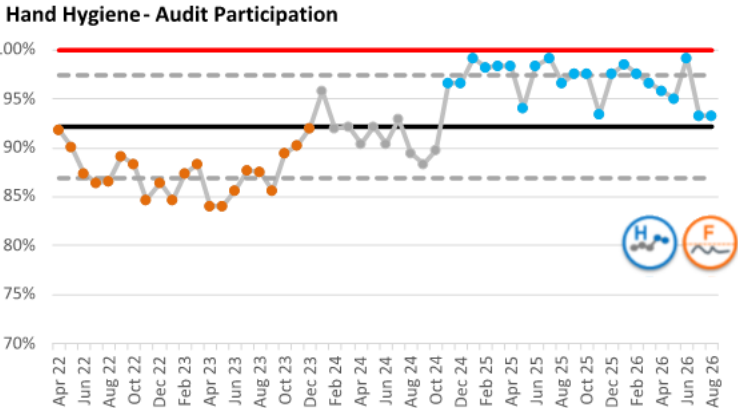
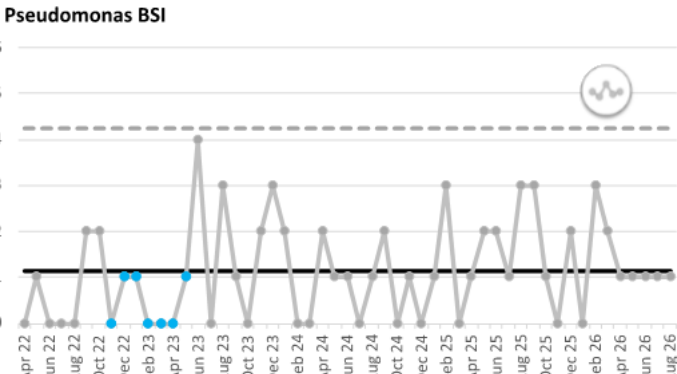
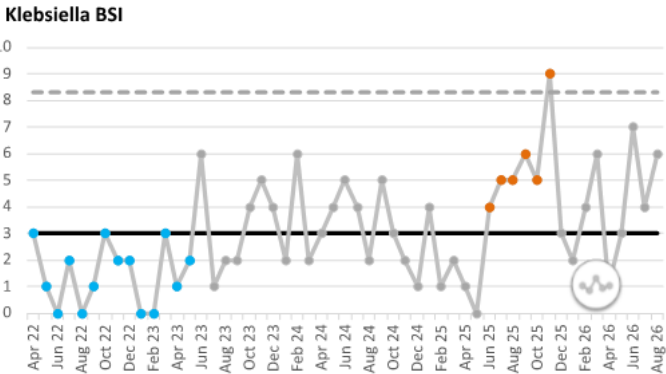
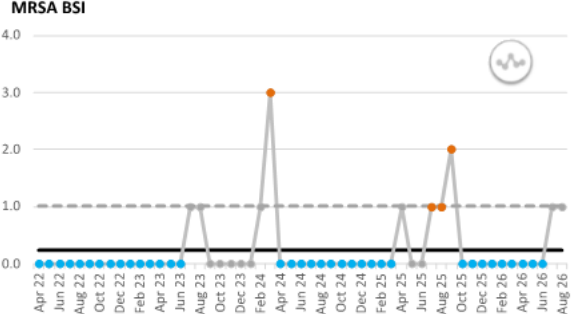
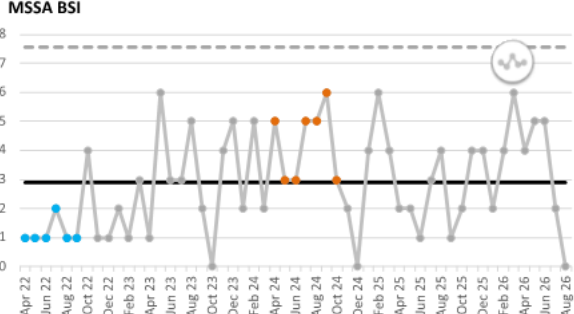
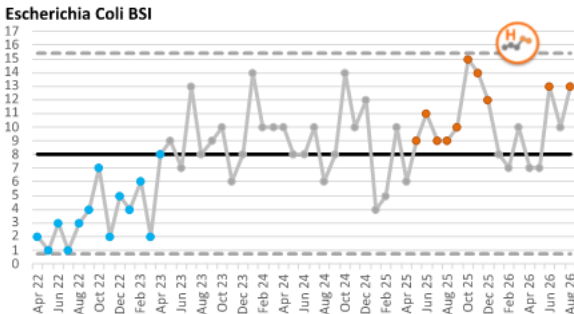
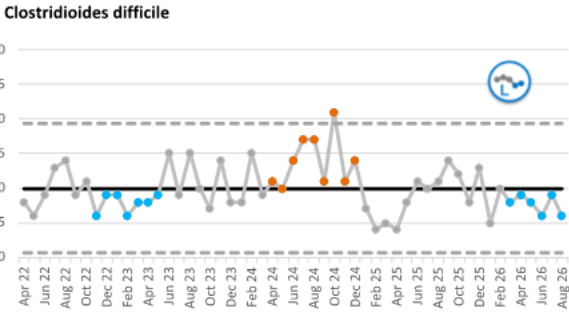


Understanding the performance	Actions (SMART)	Risks
- The total number of complaints closed within agreed timescales dropped significantly from 66.67 in July to 56% in Aug-26. - In total there were 74 new formal and 10 deregistered complaints received in Aug-26. 45.24% of new complaints were called within 5 working days. - The Trust had 117 formal complaints still open at the end of Aug-26, of which 29 (24.79%) down from (35, 28.46% in July) have breached the agreed timescales. - There were also 32 reopened complaints still open at the end of Aug-26, of which 13 (40.63%) have breached the agreed timescales. - Medicine & Emergency Care accounts for 31 (29.03%) of the open complaints, followed by Family Health 35 (31.43%), Surgery 25 (16.0%), Diagnostics & Specialties 14 (57.14%) and Corporate/Other 3 (66.67%). NOTE: Figures correct at time of snapshot and may differ from live figures.	A month-to-date review indicates a slight improvement in the proportion of complaints answered within the agreed timeframe. To achieve the Trust's KPI1 target of closing 80% of complaints within the agreed timeframe work with the care groups continues. In August 2026, 84 new complaints were received with 11 of these being managed 'informally' therefore not included in KPI reports. Of the 11 managed informally 63.64% received a call within 5 working days which exceeds KPI2 target of 60%. 59 complaints (48 formal + 11 informal) were therefore responded to in timeframe equating to complaints responded to in timeframe of 70.24%. This is a positive reflection of the actions and responsiveness by the division. Reopened complaint data for the first half of September indicates potential improvement trajectory . The Trust KPI is for no more than 10% of complaints to result in further concerns. Seven records (14.58%) involved further concerns, but only two were identified as not having been fully addressed or as prompting additional questions. This reflects the improved quality of the written responses. Monthly training on responding to complaints can be booked through ESR. It supports staff to write appropriate responses in line with the PHSO's 10-point plan, helping to prevent further concerns. An internal review of complaint timeframes and processes has been completed, and a quick-reference guide will be issued to Care Groups within the next two weeks. It will clarify the processes for agreed meetings, restarting the clock and applying the 60-working-day timeframe, including the management of additional information or questions, for the 60 working day timeframe as this timeframe cannot be extended. It will also remind Care Groups to review new complaints within two working days so that reallocation requests are made promptly, the correct timeframe is applied and a meeting is considered. We continue to review processes to ensure complaints are recorded accurately and reflect the commitment and work of Care Groups. We are also reviewing how issues are managed and developing guidance for patients, families and carers on what constitutes a formal complaint. Complaint volumes have increased year on year for the past five years. The planned improvements aim to support a proportionate approach to responding to complaints and resolving concerns. This will help Care Groups manage each matter appropriately and may reduce complaint volumes over time. The Lauren Morgan Solutions Report on Patient Safety and Learning identified genuine improvement in the complaint responses reviewed. In a random sample, every response included a sincere apology, addressed each concern and signposted the complainant to the Ombudsman. Although further improvement remains possible, the findings demonstrate positive progress.	Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

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.



Wells-JP
08/10/2026 16:12:40

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

We are driving this measure because

There is a need to embed our current infection prevention and control policies and 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.

Understanding the performance	Actions (SMART)	Risks
• <i>Clostridioides difficile</i> (C.diff) decreased in Aug-26 (6 c.f. 9 in Jul-26) but the year-to-date total of 38 is below the threshold of 43. <i>Aug: HOHA 5 COHA 1. Year-to-date: HOHA 24 COHA 14</i> • E-Coli BSI increased in Aug-26 (13 c.f. 10 in Jul-26) and the year-to-date total of 50 is above the threshold of 46. <i>Aug: HOHA 7 COHA 6. Year-to-date: HOHA 28 COHA 22</i> • Internal ambition: MSSA BSI dropped in Aug-26 (0 c.f. 2 in Jul-26) but the year-to-date total of 16 is below the threshold of 18. <i>Aug: HOHA 0 COHA 0. Year-to-date: HOHA 11 COHA 5</i> • MRSA BSI unchanged in Aug-26 with one HOHA reported, and the year-to-date total of 2 is now above the threshold of 0. <i>Aug: HOHA 1 COHA 0. Year-to-date: HOHA 1 COHA 1</i> • Klebsiella species BSI increased in Aug-26 (6 c.f. 4 in Jul-26) and the year-to-date total of 21 is above the threshold of 15. <i>Aug: HOHA 3 COHA 3. Year-to-date: HOHA 12 COHA 9</i> • <i>Pseudomonas aeruginosa</i> BSI was unchanged in Aug-26 (1) but the year-to-date total of 5 is above the threshold of 3. <i>Aug: HOHA 0 COHA 1. Year-to-date: HOHA 4 COHA 1</i> • Hand Hygiene Compliance (99.6%) has met the target (98%) every month since Apr-22 and is showing common cause variation. • Hand Hygiene Audit participation dropped in Aug-26 (93.28%) and failed to reach the target (100%) but is still showing special cause variation of improvement. • All of the eleven High Impact Intervention (HII) audits were compliant (95%) in Aug-26.	• <i>Clostridioides difficile</i> – IPC team continue weekly surveillance and focus on AMS , use of Rediars 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 tested. A paper went to TIPCC regarding how to increase testing provision a decision wasn't agreed and a further meeting is planned with key stakeholders to agree processes. A NHSE directive has been issued that all mask fit tests must be recorded on ESR by November 2026. •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. Post going through ATR process currently.. 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 and procurement to resolve the issues. •NHSE visited WRH site on 20 August, they completed an IPC review of the Worcester site- Trust has moved into routine monitoring, in 6 months time NHSE are to return to check improvements made are sustained

Domain Sub-domain	Metric description	Reported unit	Reported value	Framework score	Rank
Patient safety					
Patient safety domain segment	Patient safety domain segment	Segment	1	~	~
Patient safety domain score	Patient safety domain score	Score	~	1.72	20
High quality care	Clinical audit outlier (banded score)	Score	~	1	
Safe culture	NHS Staff survey - raising concerns sub-score	Score	6.47	1.86	39
Safe outcomes	Number of cases of MRSA in the last 12 months	Count	4	2.93	~
Safe outcomes	Rate of e-coli	Rate	1.14	3	~
Safe outcomes	Rate of c-difficile	Rate	0.95	1	~
Experience of care					
Experience of care domain segment	Experience of care domain segment	Segment	3	~	~
Experience of care domain score	Experience of care domain score	Score	~	2.36	72
Experience	CQC inpatient survey satisfaction rate score	Score	~	2	~
Experience	NHS staff survey advocacy sub-score	Score	6.60	2.71	77
Effectiveness of care and population health					
Effectiveness of care and population health domain segment	Effectiveness of care and population health domain segment	Segment	1	~	~
Effectiveness of care and population health domain score	Effectiveness of care and population health domain score	Score	~	1.70	20
Effective discharge	Percentage of patients readmitted within 30 days of discharge	Score	~	1	~
Outcomes	Delayed inductions rate	Rate	10.70	1.46	19
Outcomes	Summary Hospital Mortality Indicator	Score	~	2	~
Preventing ill health	Percentage of inpatients referred to and seen by an in-house tobacco treatment services who make a supported attempt to stop smoking	%	23.44%	2.35	65

Framework Score

Each metric receives a score between 1 and 4 (with 1.00 being the highest performance rating), in line with 1 of 4 basic models:

- **target and spread:** a defined target or benchmark is set and every organisation achieving that level scores 1.00. Remaining organisations are evenly scored between 2.00 and 4.00 based on their relative performance
- **banded scores:** specific criteria are defined and converted to a performance band, for example a score of 1.00 would apply to an organisation achieving between 80% and 100%, a score of 2.00 would apply to an organisation achieving between 60% and 79.9%, etc
- **floor and spread:** a defined lower acceptable limit is set and every organisation failing to achieve that limit scores 4.00. Remaining organisations are evenly scored between 1.00 and 3.00 based on their relative performance
- **even spread:** there is no defined performance threshold; organisations are ranked evenly between 1.00 and 4.00 based on their relative performance

Rank

There are 134 Acute Trusts with an overall segment score in the framework. However, not all measures apply to every Trust, so rank comparisons are not always based on all 134 organisations.

Chief Operating
Officer

Our August EAS position reflects the challenges experienced during the Summer of 2026. Increased attendances, Summer holidays and weather all continue to impact on performance. The impact is a decrease in EAS performance by 3.8ppt from 69.3% to 65.5%.

Trust wide our Type 1 EAS performance reduced from 55.7% to 51.2%. 14,853 patients attended our type 1 sites in August (at an average of 479 per day); an 8.1% increase compared to Aug-25. This equates to an additional 36 patients attending a day compared to Aug-25. Whilst our attendances were down compared to previous months, what has increased is the conversion to admissions and the split between walk in and ambulances, during July we reported a conversion rate of 19.0% for admission, however in August this increased to 20.6%. Similarly, the divide between walk in and ambulance attendances grows, with 27% of attendances conveyed by an ambulance and 73% of attendances self-presenting at our ED's.

Our Non-admitted non referred pathway has continued to feel the effects of the walk in activity. The GP front door pilot has now commenced and is showing early successes regarding impact on Triage, TTBS and is signposting 40 patients a day on average to Primary Care services. This will help the NANR position. Frailty SDEC also continues to operate, with results due September. Our Neighbourhood Care Group are leading collaborative conversations, with a key focus on relationships between prehospital teams and Acute services. It's pleasing to see and hear the impact this is having and the ideas being generated between the organisations.

The percentage of ambulance handover breaches under 45 minutes dropped below 80% for the third time in 6 month (72%). The end of year target is for zero breaches over 45 minutes. There are now weekly performance meetings in place with the Managing Director and Deputy COO for UEC to work through improvement plans, EAS impact and discuss actions and support needed organisationally, to improve handover times. Our patients are not being handed over in acceptable timescales, and this needs us collectively to focus on 3 key deliverables to improve our current position, choosing 3 will minimise distractions and keep us moving towards the same aims. We will be re-instating the 45-minute approach, with midday meetings, daily, to discuss current state and plans heading to the evening. The daily governance and rhythm is a key focus in our Winter Plan, and we shall be implementing an enhanced approach to day-to-day oversight. Our draft plan has been submitted to NHSE, and we have attended regional and local Winter Planning sessions. There is still work to do and we will be reviewing improvement schemes submitted by Care Groups to ensure we are able to move these forward at pace. Where there are associated costs, we will be looking to prioritise those with the most impact on patient experience and waiting times, whilst reviewing safety with clinical leaders.

Our Digital Patient Flow programme continues, with a go live date of 19th October 2026. This is being led by our Associate Director of Clinical and Operational Site Delivery. This will support our move towards a greater digital oversight for site management and improve visibility. A review of site meetings has also been undertaken to condense meetings and ensure a much more action, care group led meeting.

Cancer performance continues to see improvements in faster diagnosis standard (FDS) and remains ahead of plan. A deterioration in 31-days in August has been driven by the delays with skin pathways and is also significantly contributing to our poor performance in treating patients with 62 days along with urology.

The recovery plan for urology is continuing to deliver improvements and the business case to support a sustainable service solution is scheduled to go to strategy and planning group in September. Skin launches the long awaited teledermatology service across all PCNs on 21st September, this has followed the successful pilot and is the first step in supporting transformational change in the service. The team have been carrying out detailed work to support a successful roll out whilst also aligning resource to treat those patients who are in our backlog.

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 a decline in July and August expected to bring us close to plan. Whilst we continue to see reductions in the number of patients waiting over 52 weeks we are unlikely to achieve our ambition of zero breaches in September. With four surgical specialties requiring additional support to improve their pace on recovery. Our recent pilot utilising trust volunteers to support a call reminder service for patients attending surgery has been received well and has scaled up to four specialties. The pilot will be evaluated to assess if it has helped reduce DNA and on the day cancellations particularly on our Kidderminster site.

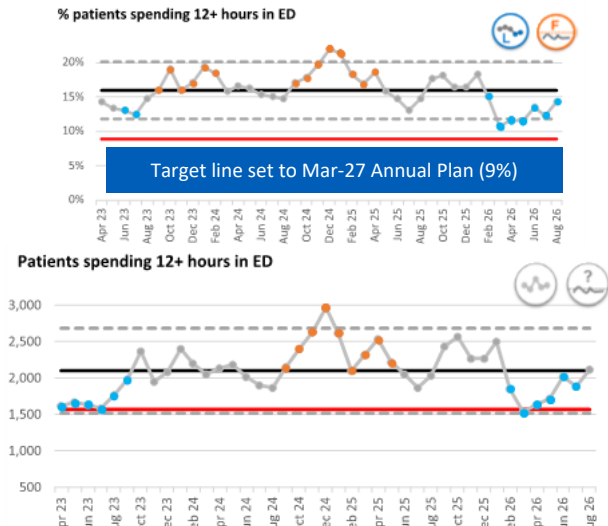
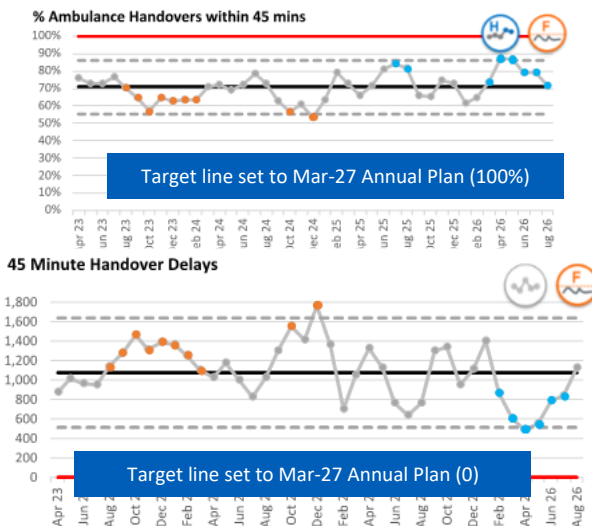
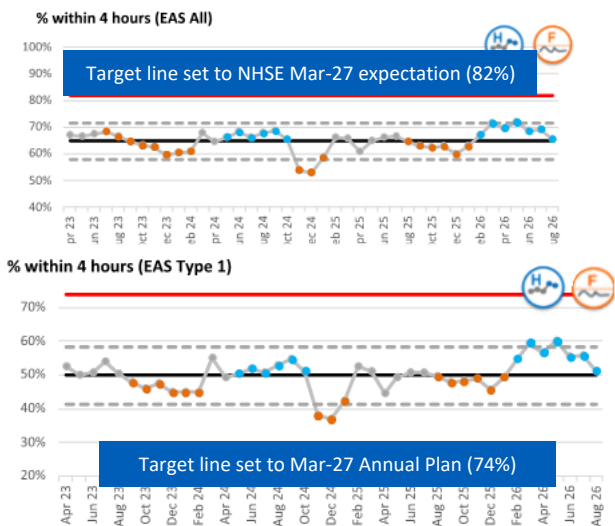
Diagnostic services have experienced delays, but performance is primarily driven by non-ultrasound. In September we commence an insourcing model to tackle backlog and sustain service delivery whilst the service continue to develop sustainable workforce models.

Wells-Jo
08/10/2026 16:12:40

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.

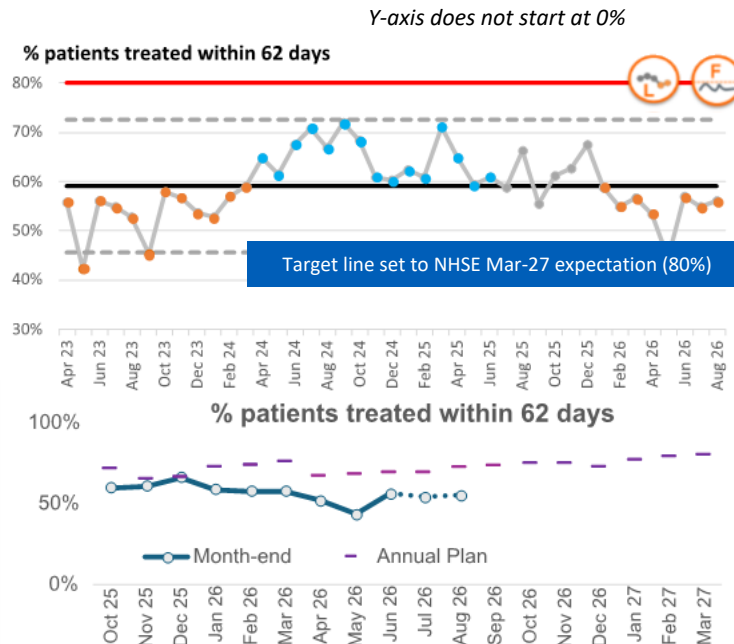
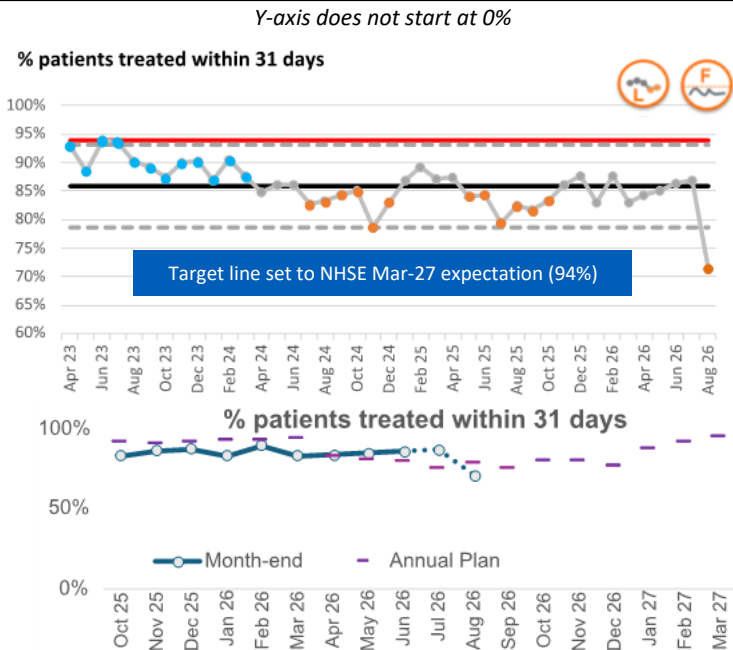
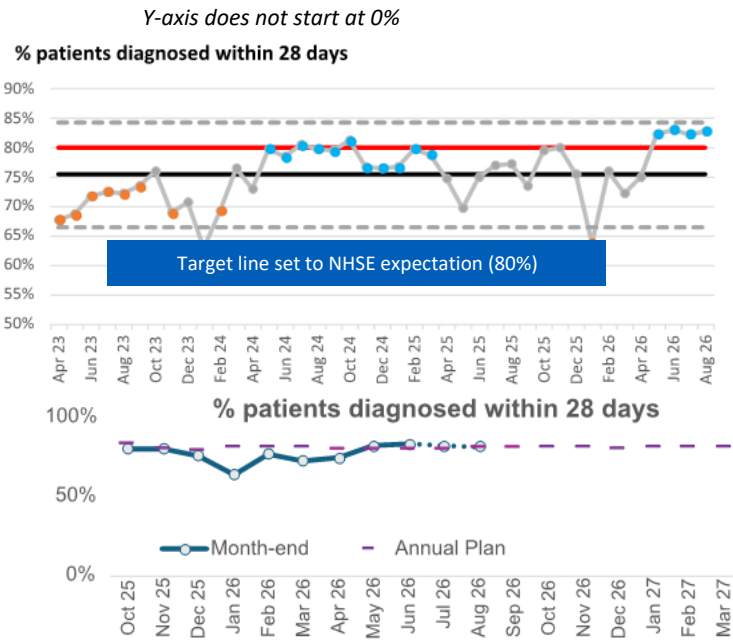


Understanding the performance	Actions (SMART)	Risks
- Overall System EAS decreased by 3.8ppt from 69.3% to 65.5%; but the run of 7 consecutive points above the mean still evidences special cause improvement. 14,853 patients attended our type 1 sites in August (at an average of 479 per day); an 8.1% increase compared to Aug-25. This equates to an additional 36 patients attending a day compared to Aug-25. - Type 1 EAS decreased by 4.5ppt from 55.7% to 51.2% and also shows special cause improvement due to the run of consecutive points above the mean. - However, despite the reduction in attendances, the conversion rate to admission increased, from 19.0% to 20.6%; 3,055 patients requiring a G&A bed. - NANR within 4 hours decreased by 4.4 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 third time in 6 month (72%). The end of year target is for breaches over 45 minutes.	- Phase 1 Frailty model continuing until end of September - positive impact as of week 4 - 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 completed and recruitment underway - Winter Planning process has commenced. Bed Modelling draft completes and schemes compiled. Stress test planned for 10th Setember 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 ENP support during surges - EPRR Core Standards submitted - Primary Care pilot has commenced at AGH with senior GP streaming in place to support increased attendances – 40 patients a day on average streamed directly - 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. - Continue development of SOPs/guidance to allow suitable patients to be redirected and returned the next day to GP/SDEC services where appropriate. - Review of all SOPs being undertaken by external expert, awaiting feedback and next steps September - Visit to Gloucester scheduled for 18th September to understand pathways/sops, including front door, frailty and specialities - Enhanced senior care group oversight of daily flow - AMA reset has been undertaken at WRH and will be completed at AGH by the end of September - 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 - Trauma improvement pathway meetings in place - Medical productivity reporting in place within Care Group	- Increase in patients with no criteria to reside - Temporary decrease in EAS performance for type 1 patients whilst the GP pilot embeds (due to removal of attendances from Trust data) Type 1&3 system wide EAS should improve - Increased walk in attendances, which are consistently increasing month on month - 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 - Break glass authorisation and senior cover over night

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 (provisional)

- We received 2,792 cancer referrals in August; a reduction that is normal seasonal variation. Skin contributed 32% to that total with 896 referrals.
- 28-day performance is at 83% and is special cause improvement.
- The 31-day performance (75%) is below our annual plan target and special cause concern. This under performance is driven by skin.
- The 62-day performance (56%) is below our annual plan target and still special cause concern.
- Skin and Urology are contributing 67% of patients to the backlog of 353 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 on track for 21st 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, further information provided. Awaiting outcome

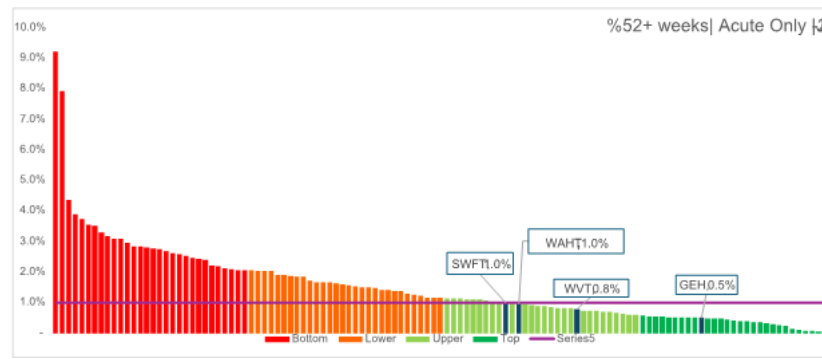
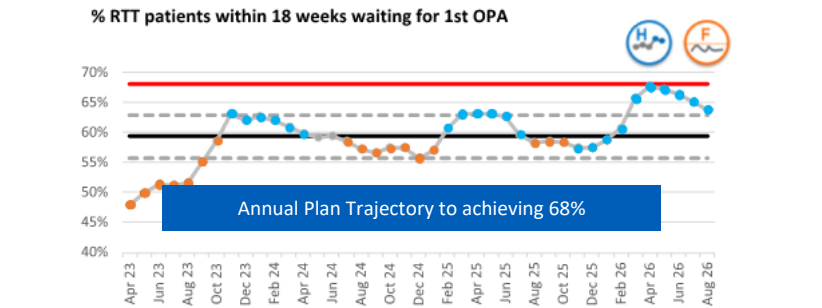
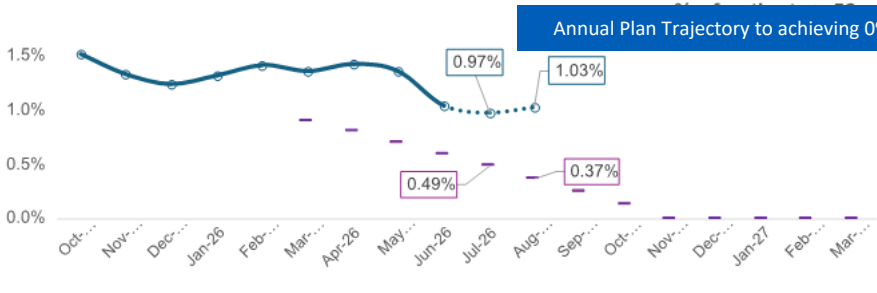
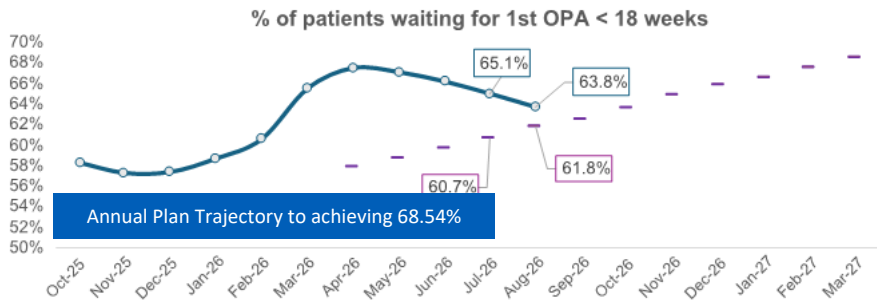
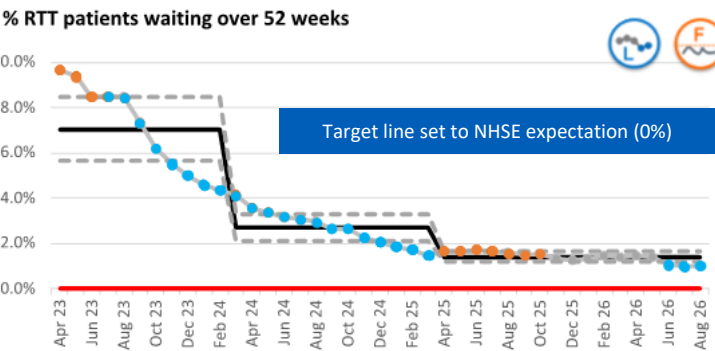
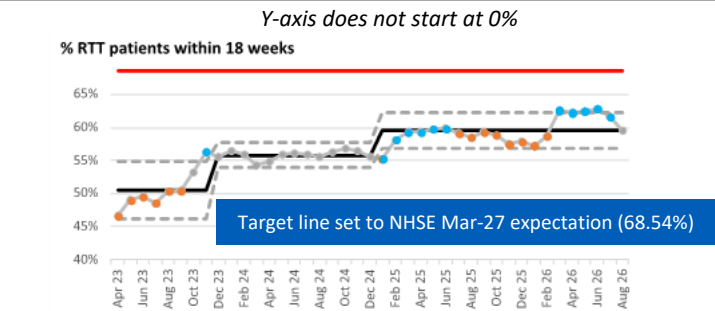
Risks

- 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 (provisional)

- At the end of Aug-26, 59.9% of patients, of a waiting list of 60,439, 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 is currently 610 which is higher than July, at 575. This is 1.01% of the total waiting list.
- 4 specialties with 52-week waiters at month end (ENT, T&O, OMFS and Urology) contribute 95% of patients to the Trust overall position. However, our ambition to have zero breaches in the other specialties was not achieved.
- In July'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 commenced 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.
- Detailed analysis of waiting list completed and shared with ICB and NHSE. Developing a plan to target areas with ICB to manage demand

Risks

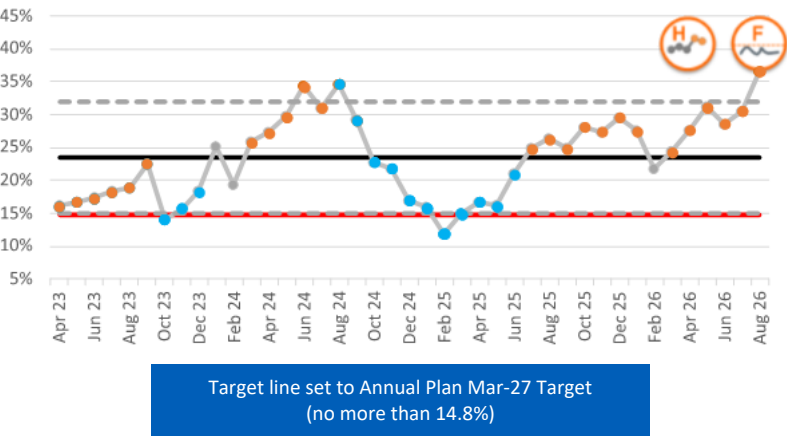
- Risk to delivery of eliminating all waits over 52 weeks by Sept 26 particularly for ENT, T&O, OMFS
- Financial impacts of ongoing use of insourcing and outsourcing solutions
- Deterioration of 18-week performance over summer from high volume in referrals in March and April
- Delivery of additional activity to support core service and/or recovery may be at risk with forthcoming changes to additional hours payments.

OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

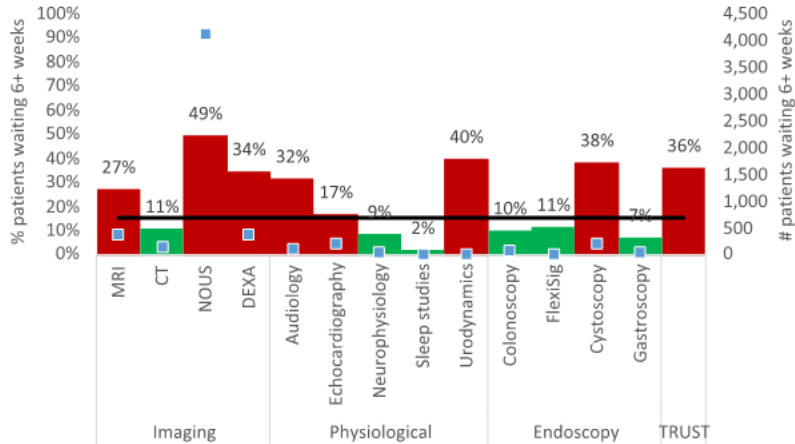
We are driving this measure because

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.

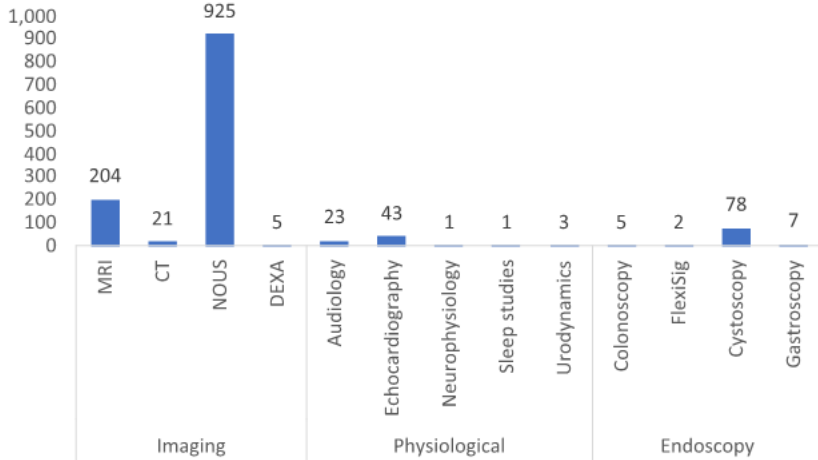
% patients waiting over 6 weeks



DM01 - % and # of patients waiting 6+ weeks | Aug26



Patients waiting 13+ weeks for a diagnostic test | Aug26



Understanding the performance

- 5,611 (35.8%) patients were waiting over 6 weeks at the end of Aug-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 August.
- 49% of the NOUS waiting list are breaching 6 weeks and 73% of all 6-week breaches are waiting for NOUS.
- The number of patients waiting more than 13 weeks at the end of August has increased to 1,318 (from 959). With 925, NOUS accounts for 70% 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 had delays in implementing their recovery plan to address the backlog and maintain the position. A revised plan is expected at the end of September and will likely require further mobile capacity support to address current performance and meet demand.
- NOUS** – Insufficient capacity and high referrals continue to be a challenge. The service has been unsuccessful with provision of WLLs 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. This commences September.
- Audiology** – One additional Associate Audiologist post completed job matching, ATR approved and on NHS Jobs. This will release existing staff from ENT cover and redirect capacity to DM01 activity, providing up to 37.5 additional hours. Job still live – closes end of August.
- Service Improvement Lead role starting September 2026, increasing DM01 capacity by 8 hours/week
- AQP triaging remains a key focus. This is reinforced at every county meeting to ensure AQP audiograms are appropriately triaged and do not enter our service unnecessarily. Recovery efforts continue to prioritise filling the funded establishment and maintaining high-quality triaging.
- Removal of audiology from low-activity ENT clinic once/week, releasing 4 hours of activity back to DM01
- Fortnightly long-waiter review meetings in place to ensure all opportunities taken to bring forward patients.
- Cystoscopy and urodynamics** – Continued use of waiting list initiatives to reduce backlog. CNS training to support additional capacity in urodynamics
- Dexascan** – Creating additional capacity within staffing establishment with the introduction of Slave monitor commencing August 2026
- Potential to further increase capacity in the future - Business case in process – to September SPG
- Reviewed process to improve efficiency – complete and agreement to move patients waiting nearer to DEXA in CIU creates efficiency. Additional 20 patients to be seen from August 2026
- Recovery October 2026

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

Domain Sub-domain	Metric description	Reported unit	Reported value	Framework score	Rank
Access to services					
Access to services domain segment	Access to services domain segment	Segment	4	~	~
Access to services domain score	Access to services domain score	Score	~	3	107
Cancer care	Percentage of cases meeting the 28 day faster diagnosis standard	%	80.25%	1	52
Cancer care	Percentage of cases treated within 62 days of referral	%	51.24%	3.94	115
Diagnostics	Percentage of referrals where the patient is waiting six weeks or longer for a test or procedure	%	28.58%	3.35	103
Elective care	Percentage of cases where a patient is waiting more than 52 weeks for elective treatment	%	1.04%	2.94	63
Elective care	Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	%	62.88%	3.11	91
Urgent care	Percentage of A&E patients admitted, transferred or discharged within four hours of arrival	%	70.00%	3.50	97
Urgent care	Percentage of patients spending 12 hours or longer in an emergency department without being admitted, discharged or transferred	%	12.02%	3.13	87

Framework Score

Each metric receives a score between 1 and 4 (with 1.00 being the highest performance rating), in line with 1 of 4 basic models:

- **target and spread:** a defined target or benchmark is set and every organisation achieving that level scores 1.00. Remaining organisations are evenly scored between 2.00 and 4.00 based on their relative performance
- **banded scores:** specific criteria are defined and converted to a performance band, for example a score of 1.00 would apply to an organisation achieving between 80% and 100%, a score of 2.00 would apply to an organisation achieving between 60% and 79.9%, etc
- **floor and spread:** a defined lower acceptable limit is set and every organisation failing to achieve that limit scores 4.00. Remaining organisations are evenly scored between 1.00 and 3.00 based on their relative performance
- **even spread:** there is no defined performance threshold; organisations are ranked evenly between 1.00 and 4.00 based on their relative performance

Rank

There are 134 Acute Trusts with an overall segment score in the framework. However, not all measures apply to every Trust, so rank comparisons are not always based on all 134 organisations.



Ali Koeltgen

Chief People Officer

Recruitment

Funded establishment has increased each month since budget setting and then by a further 5.63 wte this month which is 6.47 in Diagnostics and Specialties (1 Consultant Oncology, 2 Admin, 2.90 Registered Nurses and 0.57 wte AHPs) and 0.74 wte increase in Family Health Admin. There has been a reduction in other divisions. Funded establishment is 7883.37 wte. We have recruited 219 new staff (headcount) and have 15 more starters than leavers.

Vacancy Rate

Our vacancy rate has increased by 0.06% to 7.88% (620.95 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. 12 staff left under MARS this month and 2 for voluntary early retirement.

Non-Clinical vacancies - We have 132.75wte Admin and Estates vacancies (11.09%), 20.53 wte Managers vacancies (7.07%), and 17.28 wte other infrastructure support (6.01%).

Monthly Bank and Agency Spend

Temporary staffing spend remains a considerable challenge. There has been a 38.97 wte reduction in agency worked in August and a 0.22% reduction in agency spend as a % of gross cost. Medicine and Emergency Care are outliers with 4.80% of gross cost (reduced by 0.37%). We are 109.50 wte adrift of our 26/27 plan for overall wte worked (55.37 wte over for Agency worked and 223.31 wte over for Bank worked). Our substantive worked is ahead of plan which will partly be due to vacancies, increased establishment and absence.

Annual Staff Turnover

Our annual staff turnover has increased to 7.70% which continues to comfortably meet our target of 11.5% and is on an improving trajectory compared to rates of 8.13% 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 10.89%. All Divisions continue to comfortably meet the target.

Sickness Absence

Monthly sickness absence has increased by 0.11% from last month to 5.74%. This is 0.29% worse than the same month last year. The % of absence attributed to stress has remained at 36% of total sickness. The highest sickness levels are in Estates and Facilities with 6.60% and Diagnostics and Specialties (6.34%).

Job Planning

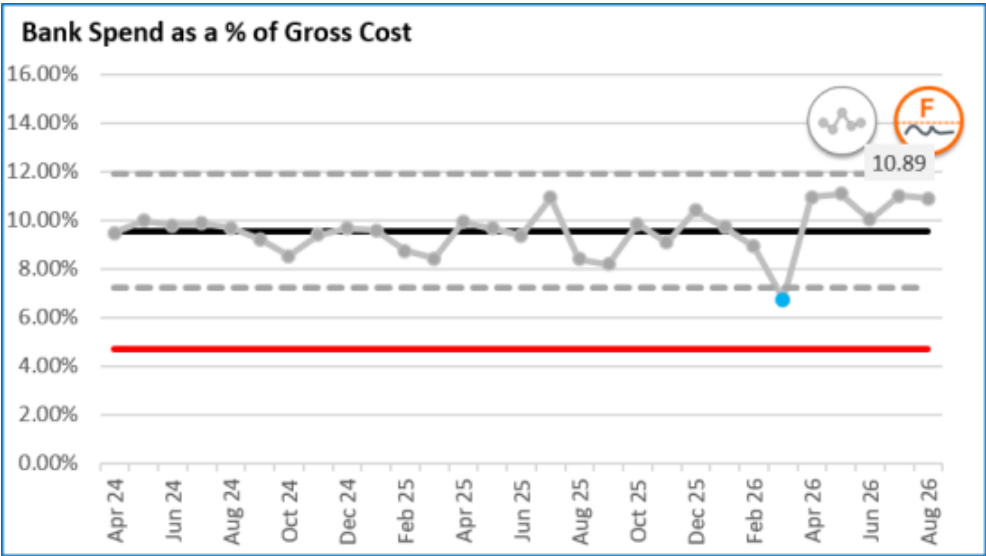
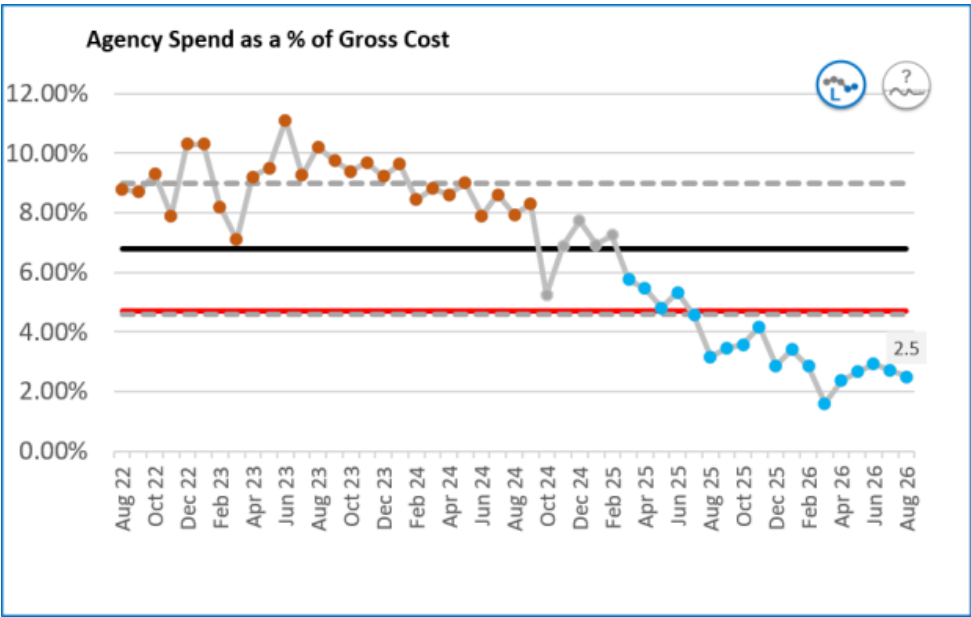
Consultant Job Planning has improved by 1% to 92% against target of 95%. Surgery are the only Care Group not to meet the target this month with 77% (2% improvement).

Wells-Jo
08/10/2026 16:12:40

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 0.22% reduction in Agency spend in August to 2.50% of gross cost. This remains better than last year when agency costs were 3.17% of gross cost. Work needs to continue to focus on reducing bank usage although this has reduced by 0.11% to 10.89% of gross cost this month.

Usage of HCA agency (NHSE mandate) continues to be low with only 3.01 wte booked in August and is being closely monitored for impact and safety.

There now needs to be more focus on bank usage/spend as our M5 usage means that we are 233.31 wte adrift of our 26/27 plan for bank usage and 109.50 wte adrift overall. This is primarily due to increased establishment which has increased vacancies.

Actions

- We have reviewed bank and agency rates across all staff groups and rate reductions came into effect from 1/9/26. This has been 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.

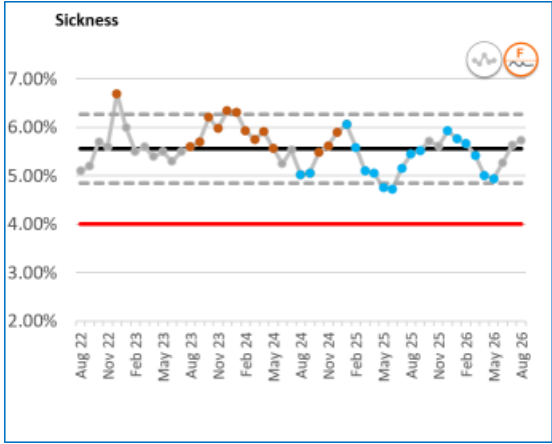
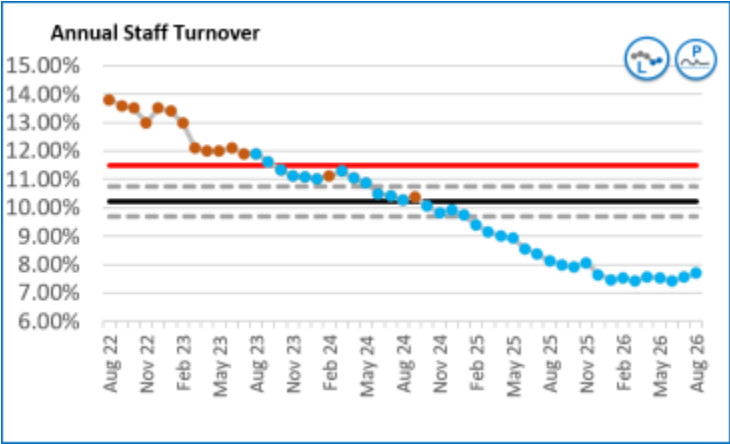
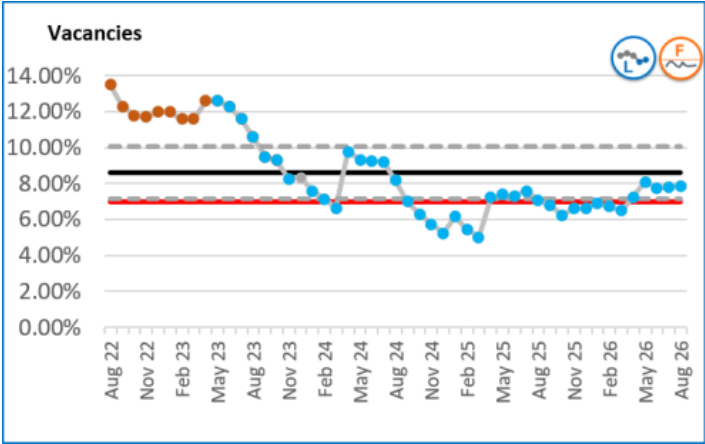
Risks

- Retrospective temporary staffing bookings leading to inaccurate reporting on bank/agency usage and spend, although we have seen an improvement in the number of retrospective bookings in recent months.
- 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 only increased by 0.41 wte to 7262.42 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 new starters, our vacancy rate has increased to 7.88%, against a target of 6.5%. Medicine have the highest clinical vacancy rate although improved to 9.85% directly related to increases in funded establishment since budget setting.
- **Starters and Leavers** - We have 15 more starters than leavers this month with an extra 40 in Medicine and Emergency Care and 10 in Surgery. We have processed 219 new starters in month (headcount) and 204 leavers which is the normal level of increase in transactions due to August rotation.
- **Annual Staff Turnover** continues to comfortably meet our 11.5% target at 7.70% which is 0.43% better than the same period last year and benchmarks well against the Group and against Model Hospital.
- **Monthly sickness absence** has increased by 0.11% to 5.74% which is 0.29% higher than last year. There has been an increase in most Care Groups with the exception of Diagnostics and Specialties and Surgery. Estates and Facilities are an outlier with 6.60% (increase of 0.52%). This KPI continuously fails to reach the target and is showing common cause variation.
- **Healthcare Support Workers Vacancy rate** has reduced to 12.71% (154.94 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.

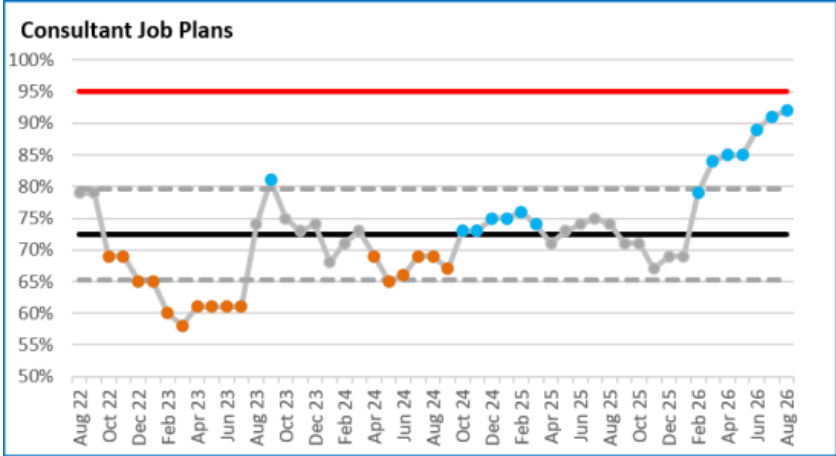
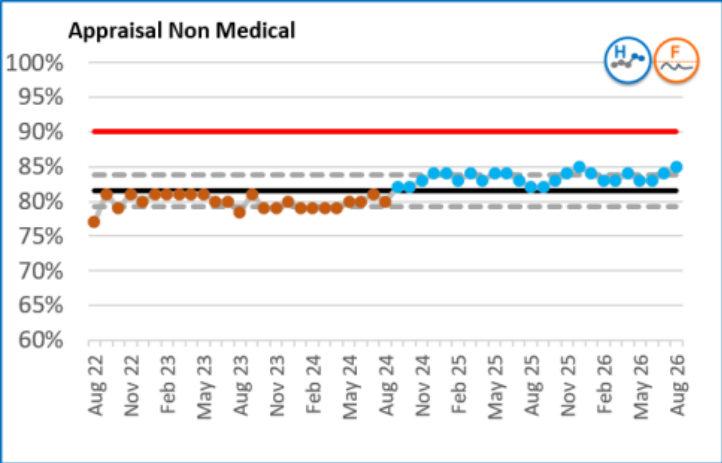
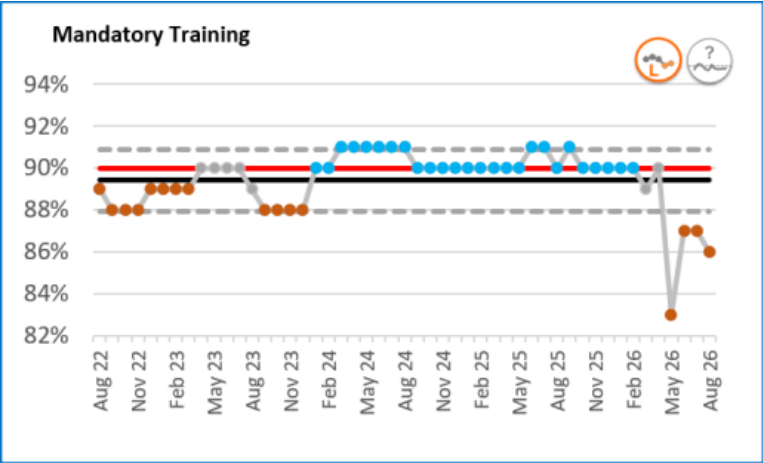
Risks

- 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 grown rather than reduced to 7877.74.
- Medicine and Surgery continue to use more wte than their establishment (86 wte and 105 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 high at 6.97%. However, HCA's and Midwives are now outliers at 8.45% and 7.24% respectively. Prof and Tech, Healthcare Scientists and Medical and Dental meet the 4% Group target.
- Absence due to stress** remains high and unchanged at 36% of all absence. Digital, Corporate and Family Care are outliers with 66.57%, 51.50% and 40.26% 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 has dropped to 86% which will have been impacted by the August rotation. 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 19% and L2 SGA is 89%.

Appraisal Rate has improved to 85% against a target of 90% which is 3% higher than last year. Corporate are outliers at 72% (improved) followed by Estates and Facilities at 82% (improved). Medical appraisal rates are good at 91% (deteriorated).

Consultant Job Planning has improved by 1% to 92% against target of 95%. Family Health are the best performing Care Group at 100%. Surgery remain outliers with 77% (2% 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 69% (2% drop which will be impacted by August rotation). Registered Nurses and Midwives are below target at 84% 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 72% (2% improvement).

Consultant Job Plans are improved at 92% 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.