

Domain Sub-domain	Metric description	Reported unit	Reported value	Framework score	Rank
People					
People domain segment	People domain segment	Segment	3	~	~
People domain score	People domain score	Score	~	2.64	89
People and culture	Sickness absence rate	%	5.63%	2.64	86
People and culture	National Education and Training Survey overall experience sub-score	%	76.74%	2.82	61
People and culture	NHS staff standards sub-score	Score	7.62	1.92	42
People and culture	NHS staff survey engagement theme sub-score	Score	6.84	2.22	55
People and culture	Percentage of frontline healthcare workers to receive a flu vaccination	%	43.20%	3.25	109
Workforce	Temporary staffing cost relative band	Score	~	3	~
Workforce	Temporary staffing agency	Score	~	2	~
Workforce	Temporary staffing bank	Score	~	4	~

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.



Katie Osmond
Interim Chief
Finance
Officer

£6.9m behind plan at M5 as pay, sickness and vacancy cover rose; operational pressure and the rising H2 savings ask signal a challenging outlook

POSITION AT M5

£33.4m

YTD deficit vs £26.5m plan
£6.9m adverse

The pay bill rose with sickness, vacancies and leave cover, plus £0.4m MARS settlements in month. Medical WTE increased by 19; overall 31 more substantive medics, partly offset by 13 fewer bank and agency WTE.

WHAT IS DRIVING THE GAP

£4.4m CPIP shortfall YTD
£10.8m delivered vs £15.2m target.

Temporary staffing not falling
Sickness and vacancy cover increased bank demand despite substantive recruitment.

Non-pay pressure
Activity, insourcing and drug costs are largely covered by favourable income. E&F and MIU remain.

WHY THE OUTLOOK REMAINS EXPOSED

£7m deficit support withheld
M4–M5 deficit support remains recoverable only if the Trust returns to plan.

Demand and flow remain pressured
Emergency demand and length of stay continue to increase.

H2 CPIP delivery is high risk
Too few schemes are sufficiently mature as the savings ask increases.

BOARD FOCUS

Instigate a formal recovery plan to strengthen financial control and sustainable run-rate improvement

Prioritise CPIP conversion, temporary staffing reduction, cash resilience and capital delivery, with clear actions, owners and milestones. The workforce trajectory must show when substantive recruitment will reduce bank and agency costs; this benefit is not yet visible.

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M5 deficit **£7.9m**
(£33.4m YTD) against a
£5.3m (£26.4m YTD)
deficit plan



CPIP **£10.8m** delivered
YTD against £15.2m
target



Agency spend for M5
£1.1m (£5.8m YTD)
against £0.9m (£5.2m
YTD) planned spend



Deficit support funding
has been withheld for M4
and M5 (£10.5m
assumed YTD against
£17.6m YTD plan)



Bank spend for M5
£4.9m (£23.7m YTD)
against £3.4m (£17.8m
YTD) planned spend



Productivity Cost per
unit of clinical output
(WAU) **YTD 0.5% lower**
than 25/26



Capital spend **£2.9m**
YTD in M5 against
£7.1m planned spend



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

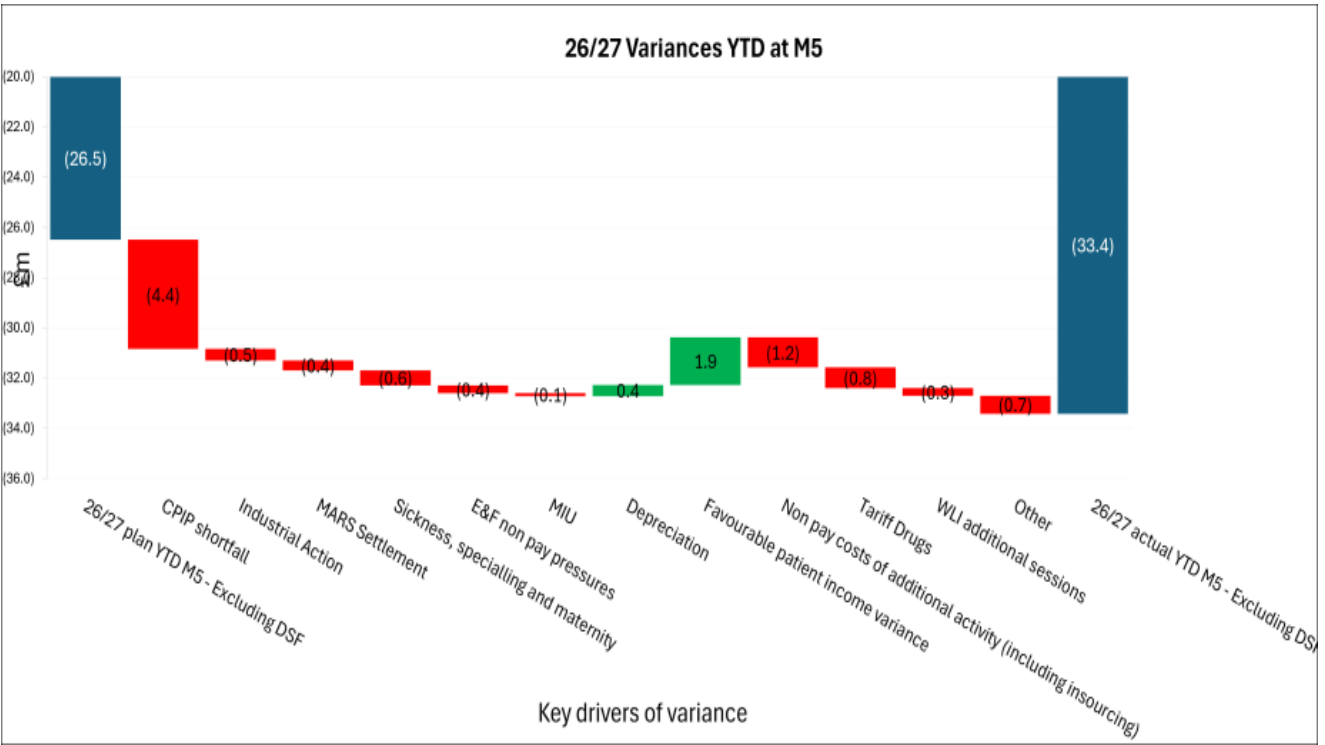
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BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

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

Statement of comprehensive income	Year to Date		
	Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE			
Income from Patient Care Activities	324,430	320,805	(3,624)
Other Operating Income	16,204	17,092	888
Employee Expenses	(217,118)	(222,387)	(5,268)
Operating Expenses exc Employee Expenses	(121,421)	(127,224)	(5,802)
OPERATING SURPLUS / (DEFICIT)	2,094	(11,713)	(13,807)
FINANCE COSTS			
Finance Income	575	632	57
Finance Expenses	(3,960)	(3,906)	54
PDC dividends payable/refundable	(2,595)	(2,598)	(3)
NET FINANCE COSTS	(5,980)	(5,873)	108
Other Gains and (Losses)	0	(1)	(1)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(3,886)	(17,586)	(13,700)
Add back all I&E impairments/(reversals)	0	0	0
Surplus/(deficit) before impairments and transfers	(3,886)	(17,586)	(13,700)
Remove capital donations/grants/peppercorn lease I&E impact	85	96	11
Remove PFI revenue costs on an IFRS 16 basis	15,355	17,365	2,010
Add back PFI revenue costs on a UK GAAP basis	(20,460)	(22,739)	(2,279)
Adjusted financial performance surplus/(deficit)	(8,906)	(22,864)	(13,958)
Less Non-Recurrent Deficit Support Funding (DSF)	(17,581)	(10,549)	7,032
Adjusted financial performance surplus/(deficit) excluding Non-Recurrent DSF	(26,487)	(33,412)	(6,925)



Understanding the performance

What the charts evidence — At M5, the Trust reports a £33.4m YTD deficit against a £26.5m plan, excluding deficit support funding — £6.9m adverse. Including deficit support funding, adjusted for the withholding of July and August DSF, the adverse variance is £14.0m. The £4.4m CPIP shortfall remains the largest controllable gap, while substantive recruitment has not yet reduced bank and agency costs.

Areas of pressure — Beyond the £4.4m CPIP shortfall, pressures include Industrial Action (£0.5m), MARS (£0.4m), sickness, specialising and maternity (£0.6m), E&F non-pay (£0.4m), additional activity including insourcing (£1.2m), tariff drugs (£0.8m), WLI sessions (£0.3m) and other pressures (£0.7m). These are partly offset by depreciation (£0.4m) and favourable patient care income (£1.9m).

Actions (SMART)

Recovery focus — Convert CPIP into recurrent run-rate improvement and link recruitment to a clear temporary-staffing exit trajectory. Ensure clarity of scheme ownership, workforce, productivity and non-pay actions.

Risks

H2 delivery risk — The monthly CPIP requirement rises faster than the pipeline of sufficiently mature schemes. Ongoing emergency demand and higher length of stay through the winter period may sustain workforce and non-pay pressure.

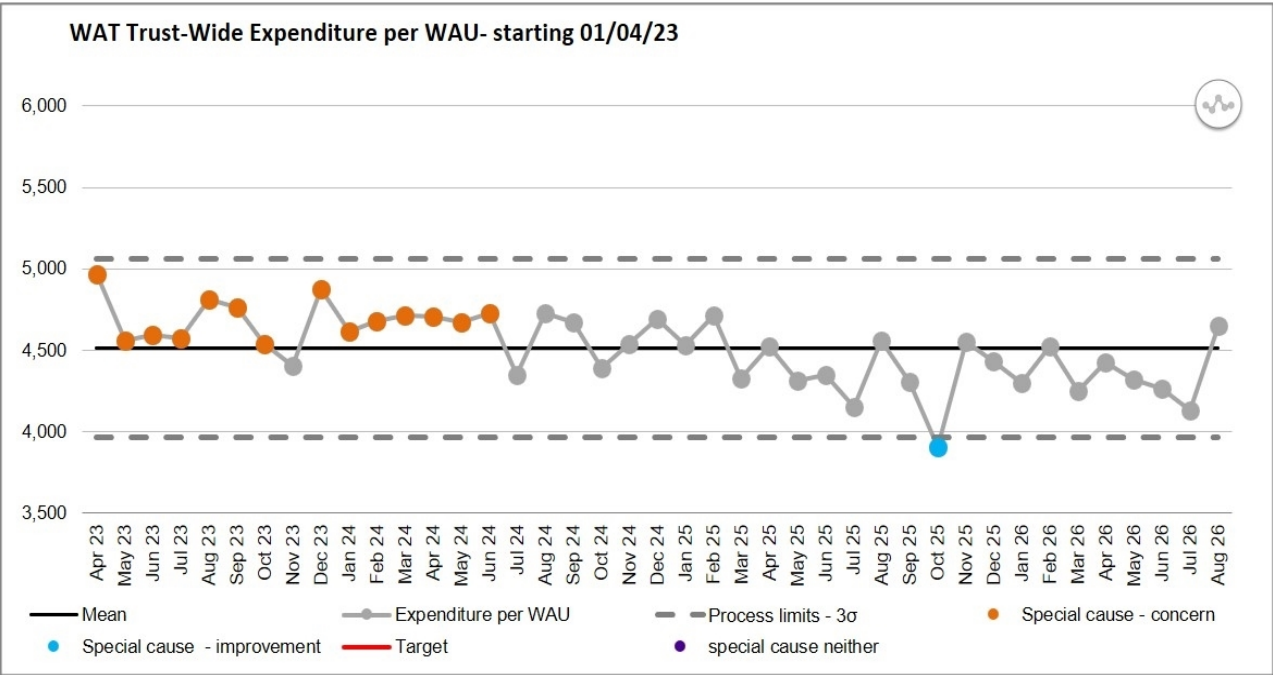
Financial resilience — Withheld deficit support leaves cash increasingly fragile and dependent on returning to plan.

Commissioner affordability — over performance on patient care income outside of agreed contract levels will require agreement of commissioners.

BEST USE OF RESOURCES – ADJUSTED EXPENDITURE PRODUCTIVITY TREND

YTD productivity remains positive, but August shows a material deterioration

Cost per weighted activity is 0.5% lower YTD as activity growth exceeds inflation-adjusted expenditure growth; August performance requires focused Care Group analysis.



Monthly Movement			
	Jul - Aug	Adjusted for Working Days	
Exp per WAU	12.5%	5.6%	Exp per WAU
Expenditure	0.9%	0.9%	Expenditure
WAU	-10.3%	-4.4%	WAU
			YTD Movement compared to 2025/26
			-0.5%
			4.0%
			4.5%

- Costing Team Update**
- Care Group level Cost per WAU are now in FPE packs
 - This will allow Care Group to look at trends over time and productivity changes

- Adjustments**
- Pay Accrual in August backdated across Apr - Aug

Understanding the performance

YTD productivity — Cost per WAU is 0.5% lower than 2025/26.

Activity growth — Weighted activity is 4.5% higher, including 5.7% growth in elective WAU.

Cost growth — Inflation-adjusted expenditure is 4.0% higher than YTD 2025/26.

August movement — Cost per WAU increased 12.5% from July; the increase is 5.6% after allowing for working days.

Operational drivers — Outpatients per working day and emergency inpatient discharges per day fell 3%, ED attendances fell 5%, while expenditure rose 2.8%.

Actions (SMART)

Action enabled — Care Group cost per WAU is now available in FPE packs to identify local productivity trends and corrective action.

Productivity Priority

Use Care Group WAU to reverse the August deterioration — identify where activity and cost diverge, assign owners and track recovery through FPE packs.

Risks

Delivery risk – If expenditure continues to rise faster than activity, financial and operational targets will be missed.

Data caveat — The core WAU is Trust-wide, does not adjust for working days (as covers all activity not just planned care) and recent months may move as coding completes.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

M5 CPIP is £1.20m below plan as scheme maturity improves

Fully developed and delivering increased from 46.6% in M4 to 61.1% in M5, equivalent to £8.21m of movement.

Current position — M5 2026/27

£57.01m

total CPIP Target

£34.81m

fully developed and delivering

£22.2m

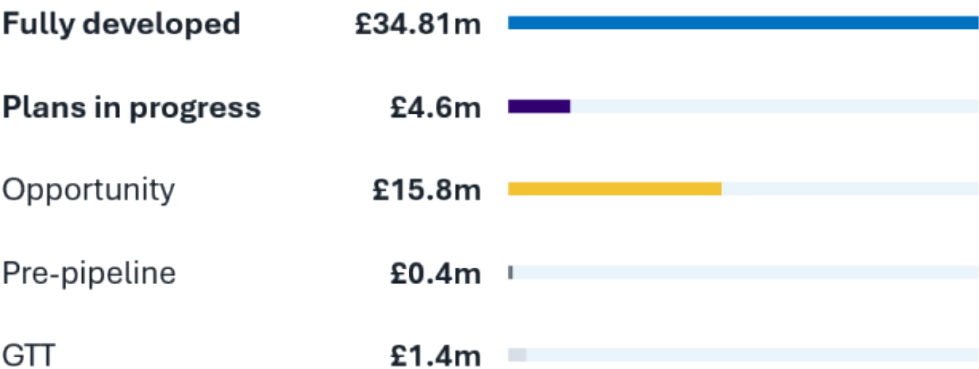
still to convert into fully developed schemes with owners, milestones and mitigations.

M4 → M5: developed 46.6% → 61.1% (+14.5pp / £8.21m).



Latest maturity split

Values shown in £m from the M5 position. Focus: convert immature value into fully developed schemes.



In-month delivery: £2.611m vs £3.810m plan — £1.199m below plan. Delivery comprised £1.713m recurrent and £0.898m non-recurrent.

Actions (SMART)

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

The primary focus remains the continuation of:

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

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

Risks

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

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