Public Trust Board

Tue 14 April 2026, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Frances Martin*

Apologies received from Michelle Lynch

Chris Nixon shadowing Julian Berlet

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Frances Martin*

13:05 - 13:05
0 min

3. Minutes of WAHT Board Meeting held on 10 February 2026

Decision *Frances Martin*

No actions outstanding

3. Public Trust Board Minutes 10 Feb 26.pdf (3 pages)

13:05 - 13:10
5 min

4. Chief Executive's Report

Information *Glen Burley*

4. WAHT CEO Report Final.pdf (3 pages)

13:10 - 13:25
15 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR Apr-26 (Feb-26_Data).pdf (23 pages)
5. 1 20260223 - WAHT FG Dashboard (up to Feb-26) v1-0.pdf (3 pages)

5.1. Introduction

Stephen Collman

5.2. Quality & Safety

Jules Walton/Hayley Flavell

5.3. Operational Performance

Chris Douglas

5.4. Workforce

Alison Koeltgen

5.5. Finance

Katie Osmond

13:25 - 13:30
5 min

6. Patient and Public Forum Report

Assurance *hayley flavell*

- 6. 1 PPF Trust Board Paper Cover Sheet.pdf (1 pages)
- 6. 2March PPF paper final.pdf (5 pages)
- 6.3 Draft PPF work plan for 2026 version 2.pdf (1 pages)

13:30 - 13:35
5 min

7. Staff Survey Results

Discussion *Alison Koeltgen*

- 7. Staff Survey 2025 Report Public Board.pdf (9 pages)
- 7. Staff Survey App 1 breakdown-2025.pdf (21 pages)
- 7. Staff Survey App 2 benchmark-2025.pdf (154 pages)

13:35 - 13:40
5 min

8. Antimicrobial Resistance

Assurance *hayley flavell*

- 8. WAHT Covering Report Template- AMR report.pdf (1 pages)
- 8. 1 AMR report 2026.pdf (5 pages)
- 8. 2 AMS report (002).pdf (9 pages)
- 8.3 NHSE Embedded letter - In relation to Antimicrobial resistance.pdf (2 pages)

13:40 - 13:45
5 min

9. Perinatal Safety Report

Assurance *Justine Jeffery*

- 9. Q3 2025-2026 Perinatal Safety Report.pdf (30 pages)

13:45 - 13:50
5 min

10. CNST

Assurance *Justine Jeffery*

- 10. CNST.pdf (3 pages)

13:50 - 13:55
5 min

11. Safe Staffing Report

11.1. Midwifery

Assurance *Justine Jeffery*

- 11.1 Midwifery Safe Staffing Report February 2026.pdf (6 pages)

11.2. Nursing

Assurance *Hayley Flavell*

- 11.2 Board committe covering report for staffing report March 26 (Feb data).pdf (1 pages)
- 11.2 2 Draft March paper Feb data - final.pdf (16 pages)

13:55 - 14:05
10 min

12. Financial Governance

Decision *Katie Osmond*

12.1. Standing Orders

Decision *Gwenny Scott*

- 12.1 1 Revised Standing Orders coversheet_Board April 2026.pdf (1 pages)
- 12.1 2 WAHT Standing Orders V07.pdf (37 pages)

12.2. Scheme of Delegation and Standing Financial Instructions

Decision *Katie Osmond*

- 12.2 1 TB - SoD and SFI Header Sheet -14th April 2026.pdf (2 pages)
- 12.2 2 Scheme of Delegation March 2026 V11 - clean Final.pdf (44 pages)
- 12.2 3 SFIs - March 2026 V9 - final.pdf (52 pages)

12.3. Going Concern

Decision *Katie Osmond*

- 12.3 TB Report - Going Concern March 2026 Final 14th April 26.pdf (4 pages)
- 12.3 Appendix A - Going Concern.pdf (1 pages)

14:05 - 14:10
5 min

13. Integrated Plan Final Re-submission (March 2026)

Decision *Julian Berlet*

- 13. Integrated Plan Final Submission March 26 - TMB 2026-04-01.pdf (6 pages)

14:10 - 14:15
5 min

14. Board Committee Reports

14.1. Quality Governance Committee

Information *Dame Julie Moore*

- 14.1 QGC Escalation & Assurance Report 26.02.26 v1.2.pdf (4 pages)
- 14.1 Minutes for QGC Jan 26.pdf (9 pages)

14.2. Audit & Assurance Committee

Information *Colin Horwath*

- 14. 2 Audit and Assurance Committee Escalation and Assurance Report 12.3.26 v1.0.pdf (3 pages)

14.3. People & Culture Committee

Information *Karen Martin*

- 14.3. 03.02.26 PC Minutes.pdf (4 pages)

14:15 - 14:20
5 min

15. Risk Appetite Statement

Decision *Gwenny Scott*

- 15. 1 Risk Appetite Statement Cover report to Trust Board April 2026.pdf (1 pages)
- 15. 2 Risk Appetite Statement 2026-27_WAHT.pdf (1 pages)

14:20 - 14:25
5 min

16. Board Assurance Framework

Assurance *Gwenny Scott*

- 16. 1 BAF coversheet Board April 2026.pdf (1 pages)
- 16. 1 Board Assurance Framework April 2026.pdf (14 pages)

14:25 - 14:25
0 min

17. Date of Next Meeting

Information *Frances Martin*

9th June 2026

14:25 - 14:25
0 min

18. Any Other Business & Questions from the Public

Information *Frances Martin*

14:25 - 14:25
0 min

19. Acronyms

Information

19. Acronyms.pdf (3 pages)

Trust Board
10 February 2026 at 1:00pm
Via Microsoft Teams and live streamed on YouTube
Part 1 in Public

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

Ref	Item	Lead	Purpose	Format
1	Welcome and Apologies for Absence	RH	Information	Verbal

RH opened the meeting by summarising the Board workshop held earlier in the day, during which a complex patient story, estates and PFI matters, the Trust's digital plan and the medium term financial outlook had been discussed.

2	Declarations of interest	RH	Information	Verbal

The following declarations were noted:
• JM declared her appointment as Co-Chair of an international advisory board for the Cities at Heart cardiac research project.
• KO declared her dual role across Worcestershire Acute Hospitals NHS Trust and Wye Valley NHS Trust, which had been added to the Register of Interests.

The Chair gave thanks to Alex Moran, Associate Non-Executive Director, who had stepped down from their role.

SM gave thanks to RH as this was his last Board meeting at the Trust and gave thanks for his leadership, challenge and compassion and wished him well for the future.

3	Minutes and Actions Arising	RH	Approval	Report 1

The minutes of the Trust Board meeting held on 9 December 2025 were approved as an accurate record.
All actions arising from the previous meeting had been completed.

4	Chief Executive's Report	SC	Information	Report 2

SC presented the report and provided the following update:

- There was continued financial challenge and delivery of a significant efficiency programme.
- Ongoing engagement with ICB colleagues through the Financial Recovery Board.
- Preparation was underway for multi-year planning submissions.
- Progress was reported within strategy delivery, including patient and public engagement, neighbourhood working and Foundation Group collaboration.
- Continued focus remained on the Resident Doctors' 10 Point Plan.
- Positive examples of staff collaboration, volunteering and research achievements were reported.

RH thanked frontline teams and their families for their sustained efforts during winter pressures.

The Board noted the report.

5	Integrated Performance Report	SC	Information	Report 3

SC introduced the report, highlighting challenges with winter pressures, workforce and emergency care performance.

Quality (HF and JW)
- SHMI remained within the expected range.
- Mortality related to sepsis and fractured neck of femur remained low.
- Ongoing work continued to improve fractured neck of femur pathway timeliness.
- Stable infection prevention and control performance was reported, with outbreaks actively managed.
- Use of temporary escalation spaces governed in line with national guidance.
- Complaint response performance remained below target, with improvement work underway.

Operational Performance (CD)
- Escalation to Tier 1 for cancer and Tier 2 for elective care.
- A reduction in long waits had been seen, supported by NHS England National Sprint funding.
- Positive feedback had been received following the Kidderminster Paediatric Surgical Hub accreditation revisit.
- Ongoing urgent and emergency care pressures were reported.
- An Urgent and Emergency Care Recovery Board had been established, chaired by a Non-Executive Director.

Workforce (AK)
- There was continued reduction in agency usage, with reliance on bank staff remaining.
- Elevated sickness absence, particularly linked to anxiety, stress and mental health.
- Focus remained on wellbeing support and review of sickness absence policies.
- Low flu vaccination uptake was reported. Alternative delivery approaches were being planned.
- Job planning compliance required further improvements.

Finance (KO)
- A £9.7m adverse position was reported at Month 9, largely driven by ongoing urgent care pressures, cost improvement programme and additional escalation.
- Deficit support funding had been paused.
- There would be critically low cash balances without further support.
- Capital programme is progressing broadly as planned.

The Board noted the report.

6	CNST Report	JJ	Assurance	Report 4

The Board reviewed the CNST end of year report. JJ informed that the Trust has the evidence in place to declare achievement of 10 out of 10 standards and clarified that confirmation of the final validation outcome from the LMNS would be reported once it was received.
There had been a very robust governance process throughout the year.
Evidence had been reviewed by Executives and Non-Executives at an Extraordinary Quality Governance Committee.

The Board approved the declaration of 10 out of 10.

7	Safe Staffing Reports	JJ/HF	Assurance	Report 5

Midwifery (JJ)
All shifts were reported as safe. Despite the pressures, staffing levels met the required safety standards.
Higher sickness absence was reported during December, the main driver being seasonal illness.
Maternity leave and sickness increased reliance on bank staff.

Nursing (HF)
The report was presented in a new clearer format for improved transparency.
Staffing levels and fill rates were safe.
RN vacancies were reducing, however Healthcare Support Worker vacancies and turnover remained high.

Progress continued to be made with reducing agency usage and removing premium agency rates.

The Board noted the report.

8	Committee Summary Reports & Minutes	RH	Information	Report 6

Quality Governance Committee (JM)
An Extraordinary meeting was held to review CNST maternity evidence.
Key issues such as IPC had been covered during earlier agenda reports.

Audit and Assurance Committee (SM)
Committee received an amber rated Internal Audit report on Consent. The review was requested by JW and was being managed appropriately.

People & Culture Committee (KM)
A staff story regarding supporting transgender patients was presented, which highlighted areas for further development.
A deep dive into the People Strategy digital delivery had taken place.

The Committee reports and minutes were accepted.

9	Cash Support Application	KO	Approval	Report 7

KO advised the Board that, due to the Trust's underlying financial position and the adverse variance against plan reported at Month 9, the Trust's cash balances had reduced to a critically low level and were forecast to become insufficient to meet obligations before the end of the financial year without further support.

The Board noted that:
- A £15.5m cash support application had been prepared and submitted in line with NHS England requirements.
- The application was supported by detailed financial information and had been discussed with regional and system colleagues.
- Active cash management arrangements were in place to prioritise essential expenditure.
- The Trust remained mindful of its obligation to pay suppliers, particularly smaller and local suppliers, in a timely manner.

The Board discussed the ongoing financial risks, the need for continued close engagement with NHSE, the ICB and regional finance teams, and the importance of maintaining strong governance and oversight.

The Board approved the Cash Support Application.

10	Remuneration Committee Terms of Reference	GS	Approval	Report 8

GS presented the annual review of the Remuneration Committee Terms of Reference. Both tracked changes and a clean version had been provided to highlight the changes made from discussion with the Foundation Group.
The two main changes were the addition of the consideration and approval of retire and return arrangements and the Committee quorum.

The Board approved the Terms of Reference.

11	Date of Next Meeting	RH	Information	n/a

The next WAHT Trust Board meeting in public would be held on 14 April 2026.

12	Any Other Business and Questions from the Public	RH	Information	n/a

There was no other business or questions from the public.

As it was RH's last meeting as Trust Chair, he thanked Board members, staff, volunteers and partners for their contribution.

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.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

Report to:	**Trust Board - Public**
Date of Meeting:	**14th April 2026**
Title of Report:	Chief Executive Officers Report
Lead Executive Director:	**Chief Executive Officer**
Author:	Glen Burley, Chief Executive
Reporting Route:	N/A
Enclosures included with this report:	None
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

1. **Russell Hardy, Foundation Group Chair - End of an Era**

With effect from the end of March 2026, Russell Hardy stood down as Chair of the four Trusts in the Group. Russell has been my Chair for over ten very successful years. During this time, he has expertly supported me in my role as Chief Executive, initially at South Warwickshire University NHS Foundation Trust and then has picked up the Chair role as each of the further three Trusts have joined the Foundation Group. It is no mean feat to Chair four NHS Trusts, but he has done so with great aplomb and created a fantastic legacy for his successors. The Group continues to go from strength to strength and will now do so with two Chairs. I would like to formally welcome Sue Whelan as Chair of George Eliot Hospital NHS Trust and South Warwickshire University NHS Foundation Trust and Frances Martin as Chair of Worcestershire Acute Hospitals NHS Trust and Wye Valley NHS Trust.

2. **Group Leadership Changes - Acting Chief Executives - Trust Accountable Officers**

The Department of Health and Social Care and NHS England (NHSE) continue to work closely together as part of the national 'Transformation Programme'. Through this programme the two organisations are preparing to merge into a single entity. This is consistent with the intentions of the new Health and Care Act which is expected to formally abolish NHSE.

Last April I was appointed to the National Transitional Executive Team fulfilling the role of Financial Reset and Accountability Director. The transformation programme has now stepped into a new, more integrated phase. I have agreed to remain in a national role in this transitional team for a little longer as one of two Deputy Chief Executives. Alongside this I have also agreed to re-balance my time so that I can revert to being formal Chief Executive of the four Trusts in the Group as we enter this new phase.

I would like to personally thank Adam Carson and Stephen Collman for stepping up so ably to acting Chief Executive roles during the past year. They will now revert to their substantive roles as Managing Directors for their Trusts alongside Sarah Shingler, Managing Director of Wye Valley NHS Trust.

3. **Strategic Direction of the Group**

It was great for all of the Foundation Group Board members to meet in person for the first time in early March. As we move into a model involving two Chairs, all Board colleagues continue to value the benefits derived from working as a Foundation Group. The logistics of having two Chairs has led us to

conclude that these quarterly gatherings would be better undertaken as private workshops rather than parallel public Board meetings. Having said this, our intrinsic openness and public accountability will remain as demonstrated through the regular public Board meetings of all of the constituent Trusts. These workshops will provide the forum through which we can share best practice at pace, shape our growing roles as Lead Providers and bring life to our shared strategies and 'big moves'. We will also continue to publish our common performance dashboard and will use these informal meetings to hunt down opportunities to improve and learn from each other. This year's contracting round and changes to the national operating model have further strengthened the positions of our Trusts as Lead Providers in their localities. This is a position that they are each increasingly well placed to adopt.

Over the next year I have agreed to work with the two new Chairs and the wider Boards to set out our new operating model as a Foundation Group. Our aim is to ensure that we continue to empower each constituent Trust to operate as a sovereign organisation but strengthened through the benefits of the Foundation Group model set out above. The new national operating model brings greater opportunity for our strategic vision to be realised and for each of the Trusts to use the freedoms which stem from delivering the benefits to our communities expressed through the priorities set out in the National Operating Framework through strong local governance.

4. NHS Staff Survey 2025

The results of the biggest staff survey in the World were published in mid-March. Staff across the NHS filled in their online questionnaires last summer during a difficult period for the NHS. Despite the challenging context, I am very pleased to report that all four Trusts in the Group performed exceptionally well.

Each Trust achieved above average scores on each of the seven ‘People Promise’ themes which are drawn from a range of individual question responses. The Health Service Journal focussed on the ‘would you recommend your Trust as an employer’ question and produced a series of league tables. These showed that SWFT came forth nationally when compared to other acute Trusts. They were first in the Midlands Region, with WVT coming second and GEH coming third. WAHT meanwhile had the most improved score in the Region and baulked the national deteriorating trend.

All evidence shows that these results matter greatly as they correlate to improved patient experience and wider performance benefits including access and productivity.

I would like to thank all of the leaders across the Foundation Group who contributed to these outstanding results.

5. 2025/26 Outturn and 2026/27 Plans

Whilst many aspects of operational performance have improved, the Trust remains challenged. UEC performance has improved considerably compared to this time last year, particularly regarding ambulance handover delays. Whilst overall elective waiting times have also improved, delivery of the required improvement fell short of the plan. The Integrated Performance Report sets out the details.

We set ourselves a very challenging financial recovery plan for 2026/27. Whilst this has broadly been delivered, the element that we added at risk which linked to UEC flow has not materialised. As many of our savings delivered in year were non-recurrent, this has placed further pressure on our plans for 2026/27. We however concluded that, on balance, it was more sensible to build a higher cost improvement target into this year's plan. With help from the ICB in the form of additional income and after negotiating a higher level of deficit support funding we were able to fully close the gap and submit a balanced plan. If we had failed to do so, all of the deficit support funding would have been withdrawn.

Our very positive improvements in our Staff Survey indicate a much higher level of staff engagement and willingness to innovate. This will stand us in good stead to meet the productivity challenge we face.

6. **More From Our Great Teams**

a. Improving Urgent And Emergency Care: Teams across the Trust, supported by system partners, are focussed on a number of initiatives designed to improve the experience of patients who need urgent or emergency care in our hospitals. A PDSA (plan, do, study, act) programme aimed at improving ambulance handover times, occupancy levels and patient flow has been running since February and in that time we have seen significant improvements in ambulance handover times at both the Alexandra and Worcestershire Royal Hospitals as well as improvements across a range of other patient safety and experience measures including bed occupancy. A special mention goes to the ED team at the Alex, for improving their 45-minute ambulance handover performance to 94.5% over the first six weeks of the PDSA, compared to 72% in the six weeks before.

March also saw a Multi-Agency Discharge Event (MADE) run at WRH. The MADE saw Trust teams working with health and social care colleagues from across our system to review patient discharge processes and performance, identify any barriers to timely discharge and implement practical, measurable improvements. The MADE was well received and helped to identify and address a number of issues that were preventing getting patients back home or back to the place they call home in a safe and timely way. A follow up MADE is now being planned for May as we maintain our focus on improving the experience of patients – and staff – not just in our emergency care services but across our hospitals by improving patient flow, reducing operational pressures and tackling long standing issues such as corridor care.

b. Ensuring People Feel Cared For - Our support group for bowel cancer patients and survivors has celebrated a decade of helping hundreds of patients and their families. The Worcestershire Bowel Cancer Support Group was set up by our Colorectal Clinical Nurse Specialist team in 2016. The group holds meetings four times a year and is open to all colorectal cancer patients at Worcestershire's hospitals. The group held its latest meeting in March with 75 members in attendance to mark their tenth anniversary.

c. Fundraising To Give Back for Amazing Care – Well done to the Emergency Gynaecology Assessment Unit at Worcestershire Royal Hospital for the exceptional care and support of a patient who is now fundraising for the department to say thank you. Harriet Amos was diagnosed with endometriosis in 2016 but has been suffering with 'agonising' pelvic pain for over two decades and has undergone five surgeries. During Endometriosis Action Month in March, Harriet wanted to 'give back' to the team that helped her.

Recommended Actions required by Board or Committee

To note the above report.

Executive Director Opinion[1]

N/A

Wells Jo
13/04/2026 16:23:02

[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.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report

Trust Board

Wells Jo
13/04/2026 16:23:02

APRIL 2026

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

This provides a summary of the IPR and highlights areas of improvement, needing improvement or for Board to note:

Quality and Safety:

#NOF (Fractured Neck of Femur) pathway: The compliance against the pathway performance has reduced to 38%. The main drivers are Theatre capacity (26) and bed issues (16) of total number of 47 breaches. Mortality for this is in the expected range. **Infection control:** Gram negative BSI, E.coli, Klebsiella, Pseudomonas exceeded YTD target. MSSA and C.Diff under YTD target. MRSA unchanged. **Complaints:** 127 open currently. 37 breached 25 days. Surgery account for 35% of open complaints. 67.5% of complaints are closed within the agreed timeframe 0f 25 or 40 days. **Falls:** Are below the national benchmark at 3.81 per 1000 bed days. **Health Acquired Pressure Ulcers:** Unchanged at 17. 217 YTD vs 242 last year. 0.65 per 1,000 bed days. **Corridor care and escalation space use:** New definitions in April applied.

Operational Performance:

UEC: Increase in system 4-hour standard to 67.1% (increase of 4.2%). Type 1 increased to 54.8% 45-minute Ambulance Handover performance increased by 14%. **Cancer:** 31-day performance at 89% vs plan of 96%. 62-day performance at 57% vs plan of 73.3%. Urology is 73% of backlog. **Elective:** RTT at 58.7% under 18 weeks. 3 specialities represent 84% of 52-week breaches. Sprint outpatient performance of 5424 vs 5000 target. **Diagnostics:** MRI breaches down 82% from 1447 to 249.

Workforce:

Vacancy rate: Reduced to 6.72% near 6.5% target. **Turnover:** 7.51% within 11.5% target and quartile1 for model hospital. **Agency spend:** 5.45% up from 3.43% but improved from last year at 7.25%. Bank usage 88wte over plan. **Sickness absence:** 5.66%, with stress 32% of absence. **Job planning:** Increase to 79%, improved 10% against target of 95%. Medicine outlier at 60%, SCSD at 93%. **Appraisal:** Reduced to 83% vs target of 90%. Corporate at 64% Medical at 94%.

Finance:

YTD Deficit: £19.1m in line with recovery trajectory of £19.3m. Original plan £2.8m. **Efficiency (CPiP):** £30.5m vs £46.3m target. £19.8m recurrent. **Forecast:** £11.5-£14m deficit. **Productivity:** 5.9% improvement on weighted activity unit cost lower than 2/25. **Temporary staffing:** Agency spend £ 18.4m against plan of £21m. Bank spend £44m against 35.2m spend. **Cash:** Best Practice Payment Code at 71%, with cash at £10.1m

Our areas of focus: Financial recovery and CPiP delivery. Sustain UEC improvements. Improve elective and cancer recovery. Address gram negative BSI. Reduce overall temporary staff usage.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

Sepsis treatment reporting remains on hold whilst the EPR solution is being built and tested. Mortality from sepsis remains low. New international guidelines on the treatment of sepsis and septic shock have been released and shared with our intensive care consultants.

Fractured neck of femur performance remains below where we wish it to be. The reason for the poor performance is around theatre access in a timely fashion, especially for patients moving across from the Alexandra Hospital. Work is ongoing to improve flow through the hospitals, with the current focus being on reducing ambulance handover times and eliminating corridor care. Mortality from fractured neck of femur is as expected for a hospital our size despite the challenges of getting patients to theatre promptly.

In February 2026 cases of CDiff increased to 10 (from 5 in Jan) however the Trust still remains below target YTD. MSSA remains below the target set, and although E-Coli dropped in February, the YTD total (110) has exceeded the national threshold. MRSA is unchanged. Klebsiella and Pseudomonas have both increased in February and the YTD totals have exceeded end of year thresholds. 10 of the 11 high impact intervention audits were compliant in February.

The complaints closed metric has now been amended to reflect that some complaints have agreed timescales of 40 days rather than 25. The complaint compliance target to close within 25/40 days has increased to 67.5% in February 26. The Trust had 127 complaints still open (increase from 116) at the end of February, and there were 85 new formal complaints received . Of the 127 open complaints, 37 have breached 25 days. A new process was introduced to support surgery's complaint management process with expected improvements being demonstrable, however Surgery Division still accounts for 35.4% of the open complaints (45).

Hayley Flavell

Chief Nursing Officer

The total number of falls in February has decreased to 95 and remains below the national benchmark with 3.81 total falls per 1,000 bed days (national benchmark of 6.63). There were 3.2% falls with severe harm in February (3) .

The total number of HAPUs in February were unchanged with 17 (0.65 HAPU per 1,000 bed days). There were zero HAPUs causing moderate, severe, or catastrophic harm in January. There is continued training and education delivered by the TV team across the Trust, particularly in Surgery for bespoke wound care.

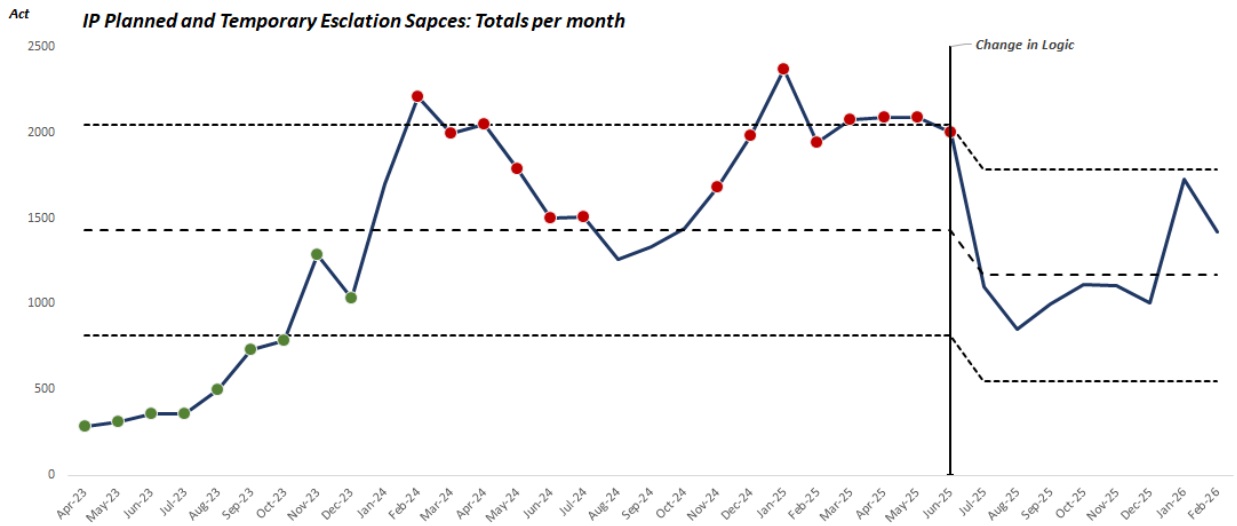
The friends and family recommended rates have failed to meet the target (95%) in A&E, Inpatients Outpatients in January, however Inpatients, and Maternity are compliant. All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count, noting the Big Quality Conversation has just completed and the inpatient survey continues monthly.

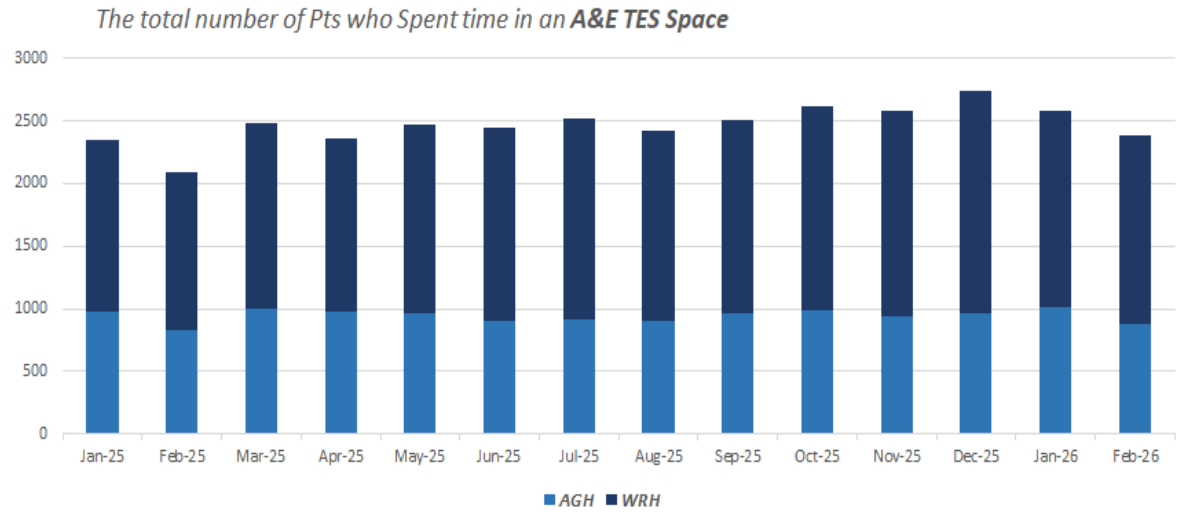
Total number of patients in a PEB (Planned Escalation Bed) or TES (Temporary Escalation space) in January was 1,728 – an average of 55 patients per day. An increase from December where there were 1008 patients (average 33 per day). Across the 2 ED sites in January there were 2585 patients (average 83 per day) who spent time in a corridor or overflow space – a decrease from December where there were 2735 (average of 88 per day).

OUR QUALITY AND SAFETY – PLANNED ESCALATIONS AND TEMP SPACES

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. .





Understanding the performance

- Numbers submitted nationally for IP are split into two areas which are Planned Escalation Spaces and Temporary Escalation Spaces.
- Planned escalation spaces include patients that are boarding and those patients that might have been bedded in an SDEC area overnight.
- TES numbers relate to those numbers where a ward is exceeding their core capacity
- The total number of Pts that spent time in a planned or Temporary Escalation space in Feb was 1,422 patents which accounted for an average of 50 patients per day.
- Most of these patients are at Worcestershire Royal Hospital .
- This has seen a reduction compared to the previous month of Jan where there were 55 per day on average..
- Numbers submitted for A&E TES spaces are based on any Patient in the previous 24-hour period who has spent Over 15 mins in an ED TES space which is a Corridor or a location marked as overflow. Pts are only counted once in a 24-hour period should they occupy more than 1TES Space
- In Feb across the 2 ED Sites a total of 2,386 patients met the above criteria – this was an average of 85 per day compared to 92 per day in Jan
- **Please note new guidance has been published that from the 1st April there are changed to the above metrics, most notably patients must spend 45 minutes in a TES location to be counted.**

Actions (SMART)

- Meetings between Information and CNO and DCNO in terms of clarifying definitions and what areas to include ready for when the new data definitions start in April 2026.

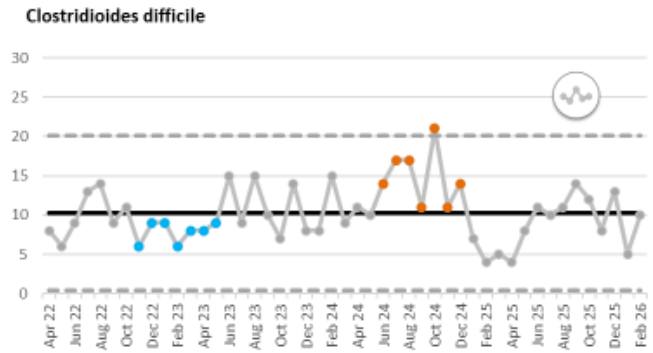
Risks

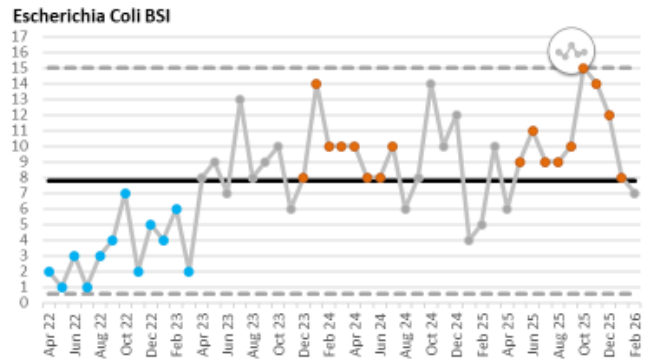
- Risk to the quality of care received by the patient due to being in an inappropriate clinical area
- Overcrowding in A&E and on IP wards
- Reputational damage to the Trust due to high numbers.

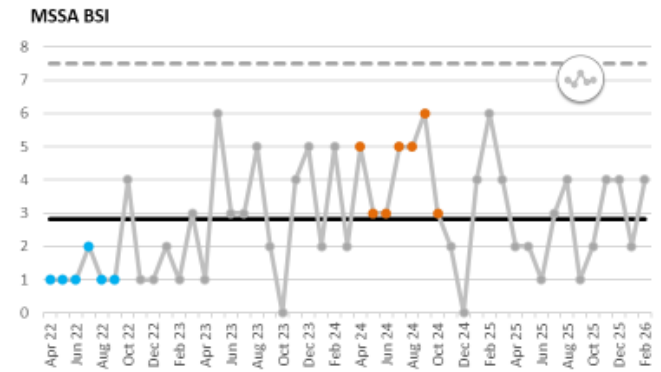
OUR QUALITY AND SAFETY – INFECTION PREVENTION & CONTROL (IPC)

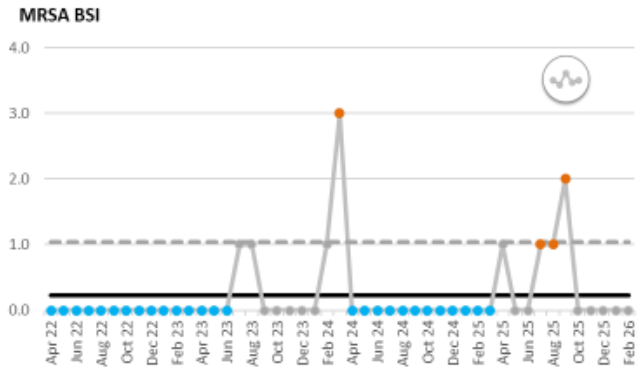
We are driving this measure because

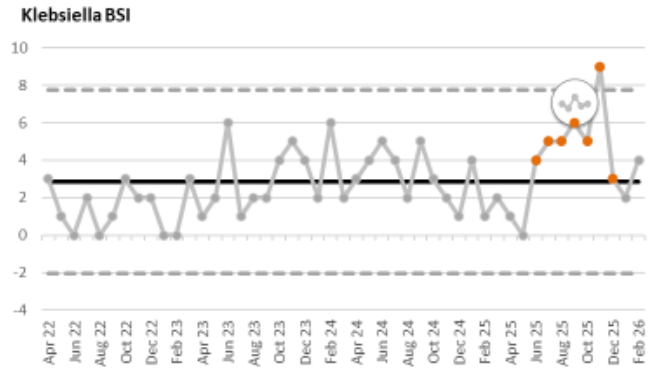
There is a need to embed our current infection prevention and control policies and practices and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.

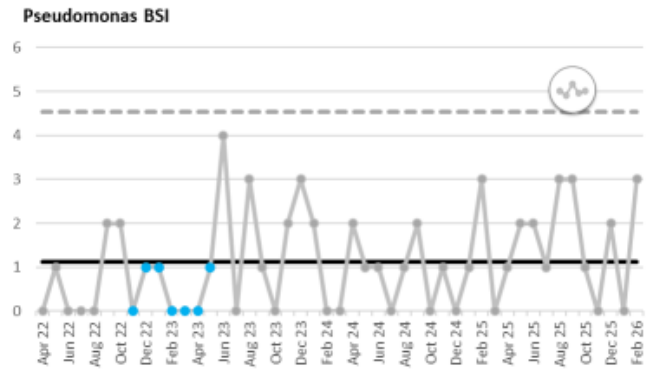


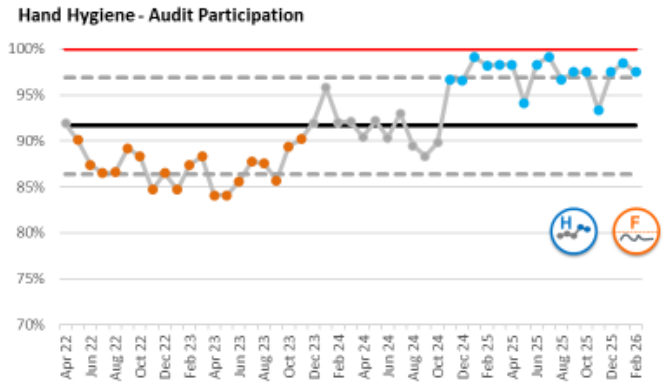


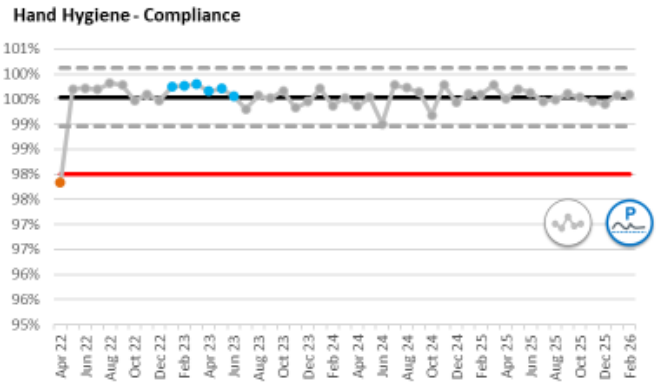












OUR QUALITY AND SAFETY – INFECTION PREVENTION & CONTROL (IPC)

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

- *Clostridiodes difficile* (C.diff) increased in Feb-26 (10 c.f. 5 in Jan-26) but the year-to-date total of 106 is **below** the national threshold of 129.
- E-Coli BSI dropped in Feb-26 (7 c.f. 8 in Jan-26) but the year-to-date total of 110 has exceeded the national threshold of 108.
- Internal ambition: MSSA BSI increased in Feb-26 (4 c.f. 2 in Jan-26) but the year-to-date total of 36 is **below** our internal trajectory of 40.
- MRSA BSI was unchanged in Feb-26 (0) but the year-to-date total of 5 has already **failed** the year-end target (0).
- Klebsiella species BSI increased in Feb-26 (4 c.f. 2 in Jan-26), and the year-to-date total of 44 has exceeded the national threshold of 35.
- *Pseudomonas aeruginosa* BSI increased in Feb-26 (3 c.f. 0 in Jan-26) , and the year-to-date total of 18 has **exceeded** the national threshold of 9.

- 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.

- 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 slightly in Feb-26 (97.5%), failed to reach the target (100%) but is still showing special cause variation of improvement.

- Ten of the eleven High Impact Intervention (HII) audits were compliant (95%) in Feb-26.
- The 'Prevent surgical site infection - Preoperative phase' audit failed to reach the target only achieving 87.5%.

Actions (SMART)

- C.diff IPC to continue weekly surveillance and reviews, and focus on AMS, use of Rediairs, cleaning.
- Gram negative blood stream infections: E.Coli, Klebsiella and pseudomonas, new Datix proforma process to be implemented in April - to be completed by clinical team caring for the patient focusing on hydration, UTI prevention, urinary catheter and PVD care (scrub the hub).
- 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
- C.diiff reduction : Antimicrobial Stewardship work lead by AMS Pharmacist and AMS committee continues.
- Monitoring of cleanliness via monthly 3 star and below meetings continues
- MRSA, E.coli, Klebsiella and Pseudomonas bacteraemia's are over thresholds. Bacteraemia's are reviewed weekly with IPC team, consultant microbiologists, AMR pharmacist, and ICB.
- MRSA bacteraemia's have been investigated (no links) and actions disseminated throughout the Trust. BSI actions being taken: Scrub the HUB promotion, PVD insertion pack use, splashguards being introduced in clinical rooms.
- 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
- Work continues to support Tand O B and Obstetric Theatres following their incidents

Risks

- 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
- Winter respiratory infections influenza, RSV and COVID have reduced significantly during this reporting period.

- IPC staffing: The Data Administrator has retired, and the nursing staff have picked up some of the roles but are unable to take on all-background codes for ICNet, this will affect how the surveillance system functions. Permission has been granted to go out to advert for the post.
- 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.
- Food macerators in zonal kitchens have now been removed.
- Mattresses – concerns have been raised that mattress covers are failing their fluid ingress tests sooner than expected and soiled mattress covers returned to the company for disposal have been returned to site. The mattress team have robust procedures in place to ensure that the damaged mattresses and covers are not being reused. Meetings are taking place with the company to resolve the issues.
- The Trust declared 4 MRSA cases in February that were linked to the obstetric theatre, typing sent and different ribotypes seen so outbreak not declared. Internal and external meeting held and action plan in progress.
- Citrobacter outbreak declared on NNU 2 cases confirmed as linked by typing, one case has died other case is well. Internal and external meetings held, action plan in progress, report being taken through PSIRF by divisional governance team. Mitigations and surveillance in place . Internal progress meeting planned to ensure actions completed.

OUR QUALITY AND SAFETY – ANTIMICROBIAL STEWARDSHIP (AMS)

We are driving this measure because

We need an approach to promote and monitoring judicious use of antimicrobials to preserve their future effectiveness and using Start Smart The Focus principles to reduce the risk of antimicrobial resistance (AMR) while safeguarding the quality of care for patients with infection.

Audits carried out in 2025/2026, Quarter: 4

Division	Site	Ward	Total Audits	Drug Allergy Status Documented	Proportion of Patients on Carbapenems	IV Antibiotics for >72 hours	Total Course > 5 Days	Indication Documented	72 Hour Review	Antibiotic In Line With Guidance
⊞			2	100.00%	0.00%	0.00%	0.00%	100.00%	NaN	100.00%
⊞SCSD			29	96.55%	14.29%	33.33%	39.29%	100.00%	100.00%	85.71%
⊞Specialty Medicine			169	85.21%	6.36%	75.41%	51.82%	99.09%	70.45%	88.18%
⊞Surgical			114	98.25%	6.85%	58.14%	45.21%	98.63%	88.24%	78.08%
⊞Urgent Care			38	94.74%	0.00%	33.33%	10.53%	94.74%	0.00%	57.89%
⊞Womens & Childrens			11	100.00%	0.00%	50.00%	20.00%	100.00%	75.00%	100.00%
Total			**363**	**91.74%**	**6.64%**	**60.90%**	**43.57%**	**98.76%**	**75.15%**	**82.99%**

Understanding the performance

The Quarterly Antibiotic Point Prevalence Survey, carried out by the Pharmacy team, results for 2025/26 Q4 are;

- Total Audits: **363** *(437 in Q3 2025/26)*
- Drug Allergy Status Documented – **91.74%** *(90.16%)*
- Proportion of Patients on Carbapenems – **6.64%** *(6.13%)*
- IV Antibiotics for more than 72 hours – **60.90%** *(50.75%)*
- Total Course more than 5 days – **43.57%** *(38.96%)*
- Indication Documented – **98.76%** *(96.93%)*
- 72 Hour Review – **75.15%** *(76.32%)*
- Antibiotic in line with guidance – **82.99**% *(84.66%)*

Actions (SMART)

Working with EPMA on discussing what AMS information can be derived from Sunrise.
Continuing to monitor the compliance with antimicrobial guidelines and consumption to achieve reduction targets specified in standard contract for Watch and Reserve categories.
Antimicrobial ward rounds- focusing on Meropenem and Piperacillin-tazobactam prescribing. Ward rounds have now increased too twice weekly.
Promoting IV to oral switches of antibiotics- continuing as an internal audit- (target for 25/26 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Achieved the target in all quarters so far.
Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines.

Risks

- Operational pressures prevent necessary attention to AMS

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

February 2026 reports an improving position in our Urgent and Emergency Care metrics. Despite seeing a 7% increase in activity presenting via our Emergency Departments, the overall system wide EAS was 67.1% (an improvement of 4%) and our Acute Trust level performance (Type 1) improved by 5%. This improvements have continued through into March 2026 as we progress forwards with our UEC delivery plans. Schemes to support the UEC sprint have been agreed, with many commencing w/c 2nd March 2026. UEC sprint schemes will continue to be monitored, with reporting in place weekly to review, alongside the division the effectiveness of each scheme and the best use of resources as we head into the final weeks of the reporting year. For those patients who are seen only by our ED team we've seen improvements over 6% and for Children and Young People we are also starting to see some sustained performance improvement.

Patients on our Surgical Unplanned Care pathway continue to be streamed, faster, to our newly enhanced assessment area. 12.5% more patients in this category were seen within 4hours and transferred to Surgical Assessment areas than in January 2026, so our focus now is on sustaining and building on these foundations.

The 45-minute ambulance handover programme commenced in February 2026. With several agreed red lines underpinning a system-wide engagement project aimed at systematically reducing ambulance handover delays, using a phased and controlled approach. the organisation has seen a Trust wide improvement of 14%. Whilst we have seen challenging days, with ambulances over 45 minutes, the average handover time has improved overall and the de-escalation process and recovery is swifter. March 2026 will see increasing focus on reducing the number of patients cared for in corridors. It is important for us to ensure we manage and monitor any unintended impact of quality for our wards and inpatient areas.

We continue to work with partners to review system wide red lines, there have been challenges in relation to complex discharges who required bedded capacity in community hospitals and therefore we are currently in negotiations with regard to Community triggers and escalation. Following the PDSA, as part of the 'Study' a clinical working group has been established. This is to create the environment for a supportive discussion to review processes, in particular what is needed to support earlier discharge for our patients, discharging patients' home to continue their recovery or onward care remains our focus.

Our Elective Recovery programme is moving at pace, with our elective sprint a key focus for March, with good progress. Schemes are in place to address our backlog. Current live position is 57.7% against an end of year plan of 61.5%. Areas of concern remain, ENT, T&O and OMFS, for both waiting list under 18 weeks and 52-week breaches. As part of the sprint, we have committed to completing a target of completing 5,000 appointments for Outpatients. We have successfully already confirmed plans for 5424. Additional activity has also been confirmed for our at-risk areas of OMFS and T&O. Validation is a key priority with services working diligently on reviewing their waiting list activity.

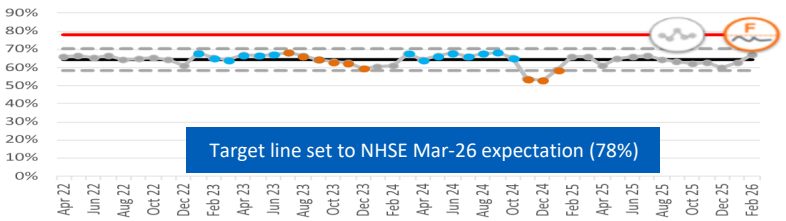
Cancer performance reports an improving position against FDS and 62 days following an underperformance in January. We are in the process of Securing funding from WMCA for £1.4M of schemes to support recovery, including agreements to redirect funds for Q4 to new/extended schemes to support urology and breast service backlogs specifically. The teledermatology programme is well underway and we are working collaboratively with our GP partners regarding breast pain services. Diagnostic performance for in on track with a reduction in 6+ week breaches for MRI from a peak of 1,447 in Jul-25, to 249 in February. This has been achievable with the additional mobile scanner. CT breaches continue to be closely monitored, and the service are working collaboratively on a plan, with cardiology to reduce the waiting times within 13 weeks.

OUR OPERATIONAL PERFORMANCE – URGENT & EMERGENCY CARE

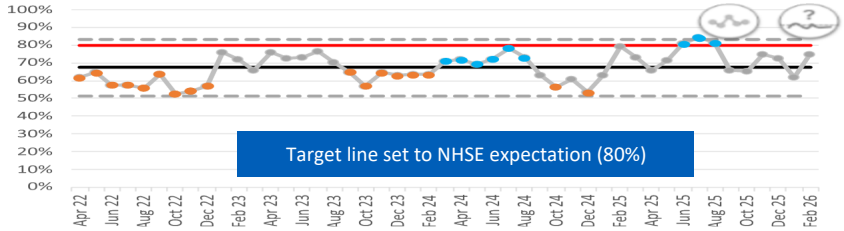
We are driving this measure because

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

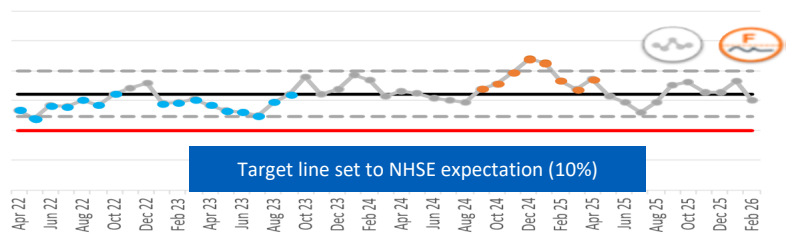
% within 4 hours (EAS All)



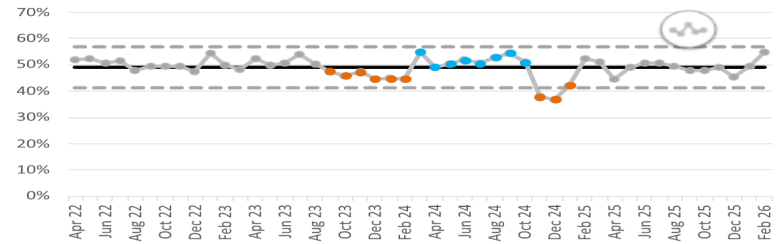
% Ambulance Handovers within 45 mins



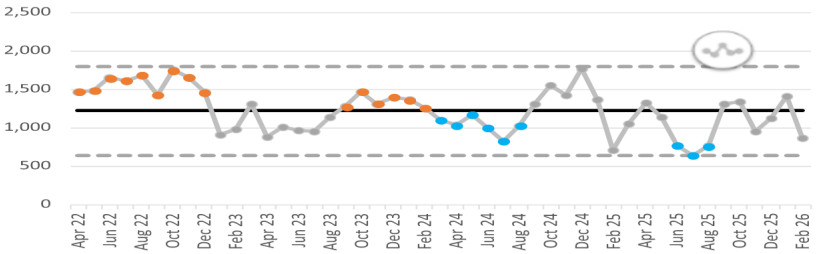
% patients spending 12+ hours in ED



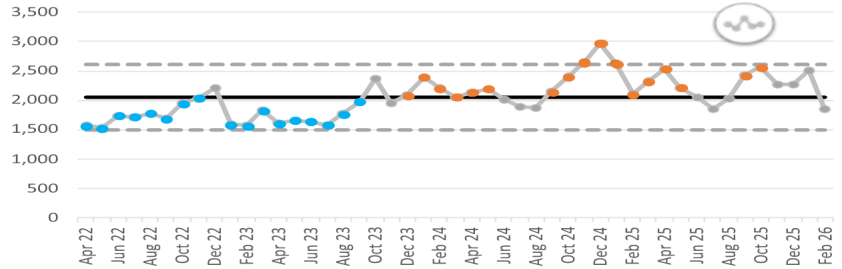
% within 4 hours (EAS Type 1)



45 Minute Handover Delays



Patients spending 12+ hours in ED



Understanding the performance

- Overall System EAS improvement by 4.2 ppt from 62.9% to 67.1% (higher than Feb-25 with 765 more attendances)
- Type 1 improved by 5.4 ppt from 49.4% to 54.8% (higher than Feb-25 with 805 more attendances)
- NANR improved by 6.6ppt and CYP EAS improved by 0.9 ppt.
- 12,297 patients attended our type 1 sites in February (at an average of 439 per day) which is a 7% increase compared to February 2025.
- 28% of attendances were conveyed by an ambulance and 72% of attendances were patients self-presenting at our EDs.
- The percentage of ambulance handover breaches under 45 minutes improved to 75.1% (a 41% reduction in actuals, first time below 1,000 since Aug-25)
- Long length of stay patients increased from 115 to 126 per day on average

Actions (SMART)

- 45 Minute Ambulance PDSA launched. 4 Week PDSA completed. Trustwide improvement of 14%.
- Red Lines agreed to accompany Ambulance 45 Minute PDSA. Improvement in bed occupancy seen.
- NANR/Paediatric PDSA commenced. 15/3 data reported improvement of 7.2% for Paediatric EAS
- 8am and Midday huddles in place daily
- Clinical Pathway (Medical) meetings established and led by CMO, linked to 'S' (Study) of PDSA
- PDU criteria amended to enable all delays to be located on ward and release ward beds.
- Extending the AMA service on both sites planned, awaiting results from Phase 1
- UEC Sprint actions agreed, with 9/12 schemes in place. Demonstrable impact seen in week 1
- Digital Patient Flow Group launched. Workstreams now in place
- UEC improvement Programme launched. Clinical/Op's leadership for workstreams and SRO's in place
- Acute Surgical Assessment PDSA continues. 12.5% improvement in EAS for surgical patients in this group.
- EAS national validation tool adopted and in use. Information flows reviewed
- Additional Weekend roving discharge team in place to support increased flow
- Phase 2 of Clinical Decisions Unit at AGH commenced
- Call before you convey mandated as part of ambulance conveyance process (WMAS led)
- Proposal to manage system wide Silver meetings (following handover from ICB) submitted in conjunction with Health and Care Trust colleagues

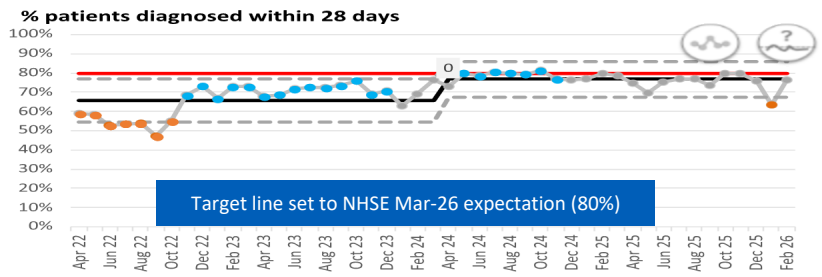
Risks

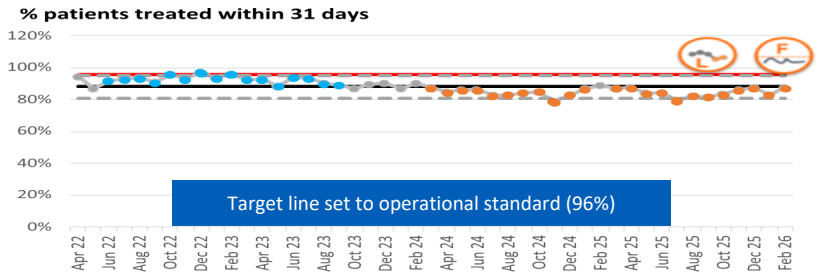
- No budget aligned to resource associated with UEC sprint – cost pressure
- Visibility of system wide triggers and targets for pathway movement
- Overnight Primary Care delays and public behaviour (attending ED as opposed to accessing alternatives)
- Inconsistency in offer of alternative pathways for ED/SPOA to access
- Hospital flow and late discharges and distorted LOS (due to pathway length of stay)
- Long delays for Ambulance Patients resulting in increased risk of harm and deteriorating patient (GRAT process in place for assessment)
- Acute Oncology capacity, whilst managed positively continues to be below need
- Long term ability to stream to MIU (Radiology support temporary)
- Organisational challenges regarding increased reporting/assurance and resource
- Increase in MFFD numbers across sites
- Potential closure of PDU reducing bed base this year impacting on capacity and requirement to focus on reducing Corridor Care
- Risk associated with patient care/outcomes and Corridor Care

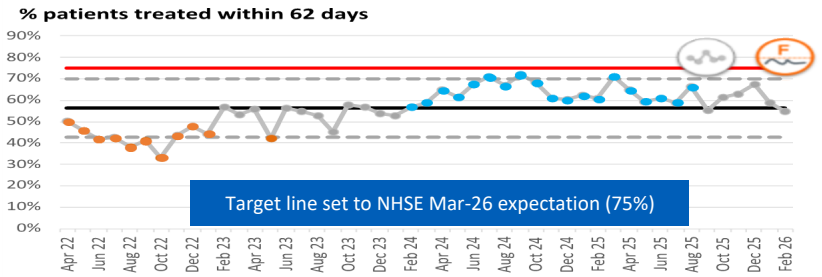
OUR OPERATIONAL PERFORMANCE - CANCER

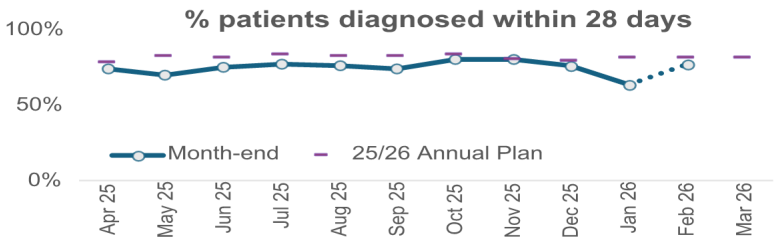
We are driving this measure because

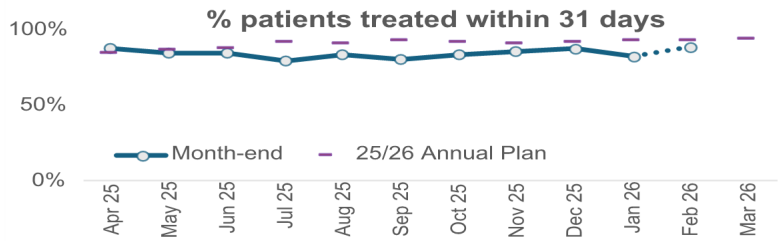
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime.

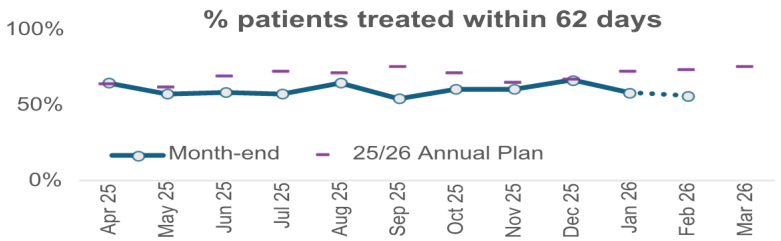












Understanding the performance (provisional)

- We received 2,757 cancer referrals in February; although a reduction is normal seasonal variation this is the lowest in 25/26.
- 28-day performance is at 77% the return to normal variation is mainly attributable to Breast and Urology recovery.
- The 31-day performance (89%) is below our annual plan target. Only 3 specialties have achieved the 96% operational standard.
- The 62-day performance (57%) is below our annual plan target of 73.3%.
- Skin and Urology are contributing 73% of patients to the backlog of patients waiting over 62 days.

Actions (SMART)

- Development of a business case to extend operating capacity to support delivery of the 31 day and 62 cancer standards for both Urology and Colorectal.
- Securing funding from WMCA of £1.4M of schemes to support recovery, including agreements to redirect funds for Q4 to new/extended schemes to support urology and breast service backlogs specifically.
- **Urology** – WMCA funding secured which has increased capacity with a locum consultants and middle grade doctors which commenced January 2026. Increased LATP will be commencing in February through an insourcing provider. These additional resources will support capacity for USC OPA, LATP and post MDT OPA, as well as provide additional support increase theatre list capacity. Mutual aid has been provided from WVT for 4 robotic cases per month.
- **Breast** – Additional activity provided with use of external funding to support locum Consultant Radiologist ensuring continuation of one stop clinics and WLI clinics being run in January and February. Service are developing a proposal for an insourced model to target waiting lists backlogs commencing end of March 26. New low-risk pathway launched in February 2026.
- **Skin** – Teledermatology pilot extended to include a second PCN which commenced mid-January 26. RPA solution has moved from trial and is now live and providing positive results in terms of significantly reducing the time to move referrals on to the system. This will support more rapid roll out to remaining PCNs. This project aims to reduce demand on OPA capacity and allow more timely access to those who do need to be seen. One stop clinics commenced in January; service has successfully recruited to 5 GPs with specialist interest which will support sustainable service model.
- **Head & Neck** – SOP for the commencement of a Straight to test (STT) pathway for neck lumps, providing quicker access to ultrasound. SOP agreed internally and is working through ICB and primary care approval, anticipated completion March 26. Proposal developed to support management of TCIs on the WRH site, out for comment to divisions/stie team ahead of TMB approval.

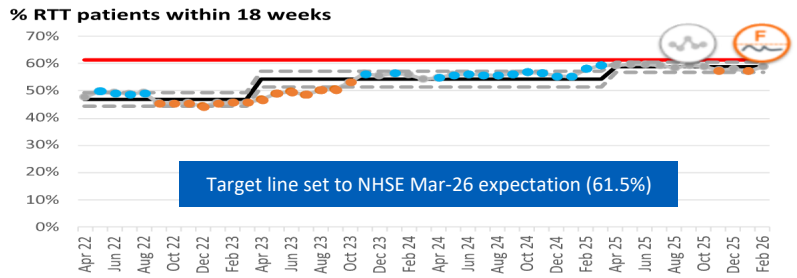
Risks

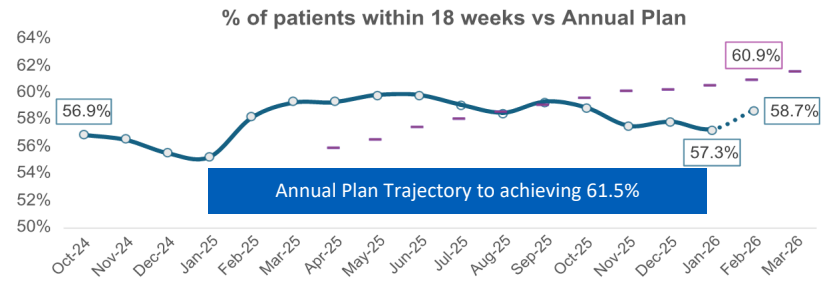
- Impact to achieving delivery of 31 and 62 days resulting from insufficient Oncology capacity.
- Failure to reach annual plan target for FDS due to the increasing demands and ability to flex up capacity to keep pace for Breast and Urology services
- Risk to delivery of FDS, 31- and 62-day targets due to service model fragility for Skin (which also relates to fragile Max Fax service)
- Risk to delivery of 62-day target resulting from Urology having insufficient capacity to meet demand and address current backlog

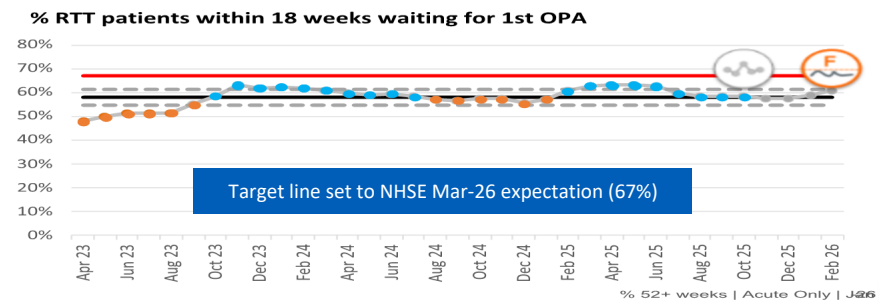
OUR OPERATIONAL PERFORMANCE – REFERRAL TO TREATMENT

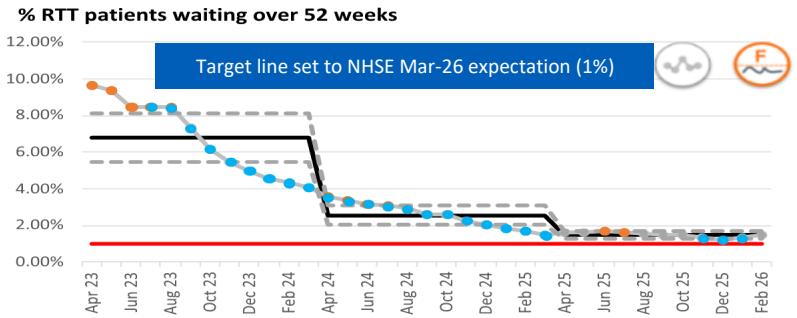
We are driving this measure because

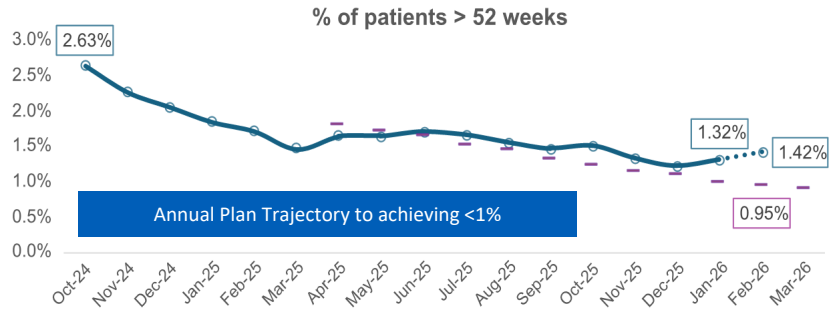
It is a key priority to ensure that patients can access the elective treatment they need in as timely a manner as possible and to continue to recover to the 18-week Referral to Treatment standard as set out in the NHS constitution.

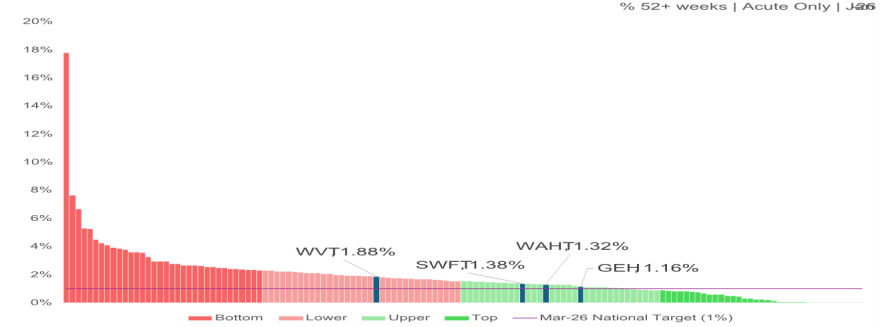












Understanding the performance

- At the end of Feb-25, 58.7% of patients, of a waiting list of 55,698, were waiting less than 18 weeks for their first definitive treatment. This performance has returned to normal variation, but the year-end target is not yet achievable without further change.
- For those patients waiting for their first appointment, the proportion waiting less than 18 weeks no longer shows continuous improvement and the target is not achievable without significant change.
- The number of patients waiting over 52 weeks was reported as 791 which was higher than January, at 744. This is 1.42% of the total waiting list.
- 3 specialties with 52-week waiters at month end (ENT, T&O and OMFS) contribute 84% of patients to the Trust overall position.
- In January's NHSE RTT publication, WAHT remains in the upper quartile of performance with 1.32% 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
- External NHSE funding to support quarter 4 sprint for elective recovery. Targeted to new outpatient activity primarily focused on gastroenterology, ENT, general surgery by providing an additional 5,000 new appointments and additional TCI activity in T&O and ENT. This aims to support delivery of 52 weeks line with planning submission and to support recovery of the waiting list size and % of patients on our waiting list who under 18 weeks.
- **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.
- **T&O** – through mutual aid the service have transferred 76 patients to the independent sector. Following successful sprint bid the service are finalising additional activity schemes for delivery in March through use of insourcing, outsourcing and WLIs. Commencing estates work in treatment room 2 in Kidderminster as part of right procedure right place which aims to protect theatre resource for theatre only procedures with smaller cases now been managed through an upgraded treatment room.
- **Chronic Pain** services reviewing additional options outside of current WLI approach to secure deliver of 52-week waits.

Risks

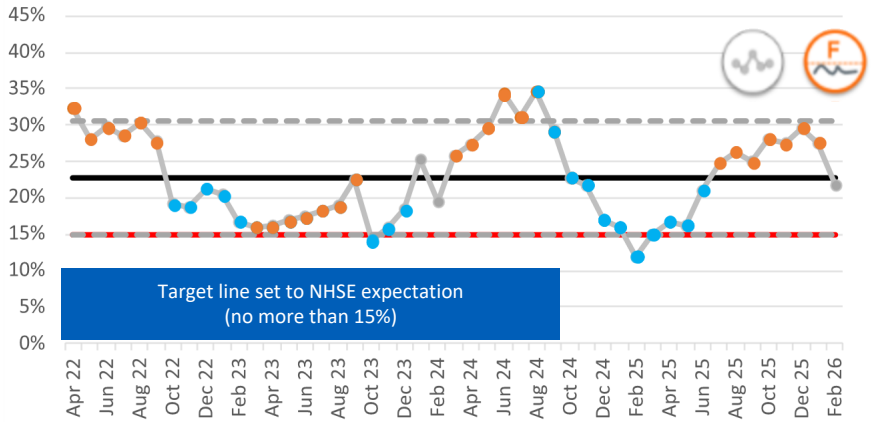
- Risk to elimination of 65+ week waiters due to late onward referral to external diagnostic services with limited capacity i.e. manometry, HIDA scans, impacts gastro and general surgery pathways
- Risk to delivery of eliminating all waits over 52 weeks by Mar 2026 particularly for ENT, T&O, OMFS and pain services,
- Financial impacts of ongoing use of insourcing and outsourcing solutions
- Delivery of 52 weeks target for OMFS due to fragility of service resulting from medium to long term absence of Consultants.
- Impact from further Resident Doctor Industrial Action
- Impact of severe weather in January impacted on patient attendance to appointments. Circa 200 patients requiring reschedule, risk to delivery of 52 weeks

OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

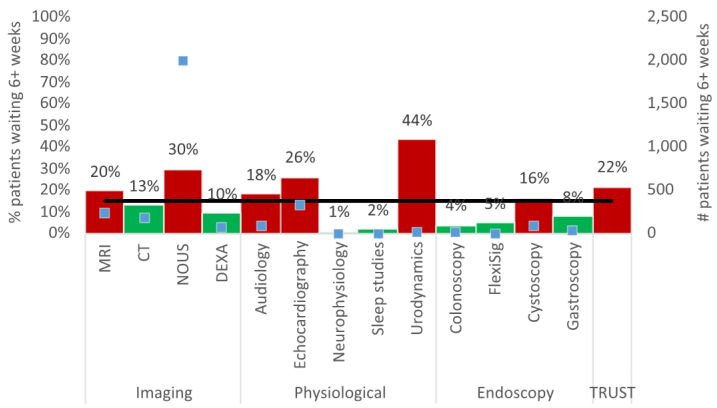
We are driving this measure because

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.

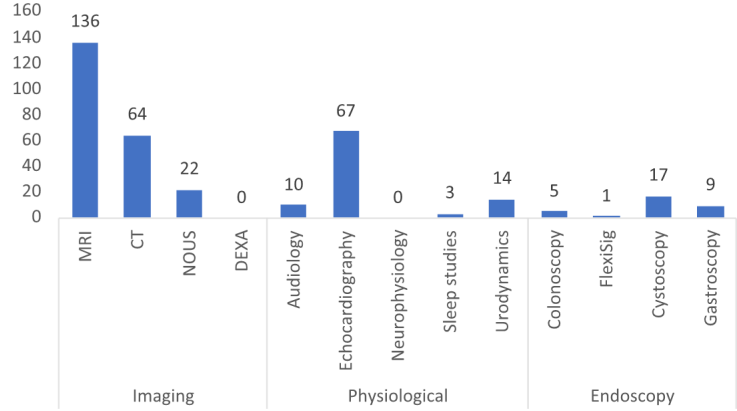
% patients waiting over 6 weeks



DM01 - % and # of patients waiting 6+ weeks | Feb26



Patients waiting 13+ weeks for a diagnostic test | Feb26



Understanding the performance

- 3,104 (21.7%) patients were waiting over 6 weeks at the end of Feb-26. This means that performance is has reverted back to common cause variation.
- The target remains achievable, although not consistently.
- 6 modalities are above the 15% threshold. They account for 89% of all patients breaching 6 weeks at the end of February.
- Although reduced, NOUS still has the most patients over 6 weeks followed by MRI, CT, Audiology and Cystoscopy.
- MRI have reduced their month-end 6+ week breaches by 82% from a peak of 1,447 in Jul-25, to 249 in February. This has only been achievable with the additional mobile scanner.
- MRI and CT account for 57% of the 401 patients reported as breaching 13 weeks at the end of the month.

Actions (SMART)

- **MRI –** Insufficient capacity to meet demand with a marked increase in responding to urgent and cancer demand, therefore the service has increased capacity through use of mobile scanner through external funding. This will support improved access for patients on routine and cancer pathways. Mobile has been operational since mid-Nov and is supporting recovery and a further bid to extend mobile has been requested for 26/27. Cardiac MRI are contributing to the longest waits due to limited capacity in this subspecialty, plans are been developed to deal with this backlog.
- **CT** – long waiters in CT are resulting from lack of capacity in cardiac CT services. Service is currently working through proposals to address the current backlog and bring waiting times below 13 weeks.
- **NOUS –** service is delivering planned activity however demand is higher than expected. Approval to deliver a high volume of additional activity through use of WLIs has been provided for the remainder of this year and has been incorporated into the planning submission for 26/27
- **Audiology** action plan has supported recovery in paediatrics. Volumes of adult demand are now outstripping demand, and the service are reviewing current referrals including any changes that are impacting from externally providers.
- **Echocardiography –** Recovery plan is continuing to support the reduction in overall waiting list. Actions include increased capacity from conversion of facilities and continued recruitment to vacancies of physiologist and is delivering in line with plan.
- **Cystoscopy and Urodynamics** – Continued use of waiting list initiatives to reduce backlog

Risks

- Risk to delivery of DM01 performance resulting from carve out of capacity to support cancer pathways e.g. urology prostate MRI
- Risk to permanent recruitment to audiology vacancies could impact on delivery.
- Insufficient capacity at subspecialty level such as cardiac CT and MRI resulting in waits exceeding 13 weeks.

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

Recruitment

This month substantive Funded establishment has increased by a further 1.80 wte in Women and Childrens which relate to a Band 4 Support to Nursing post and a 0.80 wte Radiographer. Funded establishment at 7719.34 is 316.14 wte higher than M11 last year due to agreed business cases and funding of Ward 15 and Avon 4. We have recruited 89 new staff and have 21 more starters than leavers this month with all divisions except Digital and Surgery increasing in terms of headcount. SCSD has the biggest growth with 10 more starters than leavers.

Vacancy Rate

Our vacancy rate has reduced to 6.72% (518.35 wte vacancies) which is above the Trust revised target of 6.5%. Some vacancies are being held intentionally in line with the annual plan.

Non Clinical vacancies - We have 129.21 wte Admin and Estates vacancies (10.73%), 6.02 wte Managers vacancies (2.09%), and 9.78 wte other infrastructure support (3.54%).

Monthly Bank and Agency Spend

Temporary staffing spend remains a considerable challenge. There has been a 1.91 wte reduction in agency worked in February but a 2.02% increase in agency spend as a % of gross cost. We are 9.05 wte ahead of plan for Agency worked. Medicine are outliers with 5.15% of gross cost. We are quartile 4 (worst) on Model Hospital (August 2025 rates). There is an increased focus on bank usage/spend as our M11 usage means that we are 88.08 wte adrift of our 25/26 plan for bank.

Annual Staff Turnover

Our annual staff turnover is broadly unchanged at 7.51% which continues to comfortably meet our target of 11.5% and is an improving trajectory compared to rates of 9.38% last year. We benchmark well against other Trusts remaining at Quartile 1 (best) on Model Hospital (September 2025 rates). Estates and Facilities are outliers although reduced to 9.59%. All Divisions continue to meet the target.

Sickness Absence

Monthly sickness absence has reduced by 0.11% from last month to 5.66%. This is 0.07% worse than the same month last year. The % of absence attributed to stress has increased to 32.05% of total sickness. Corporate and Women and Children are outliers with 40% of all absence attributed to stress. The highest sickness levels are in Estates and Facilities (reduced to 7.73% overall with 5.05% long term sickness which is very high). This group are historically higher nationally than other staff groups, but we remain in Quartile 4 on Model Hospital in September 2025 for this group.

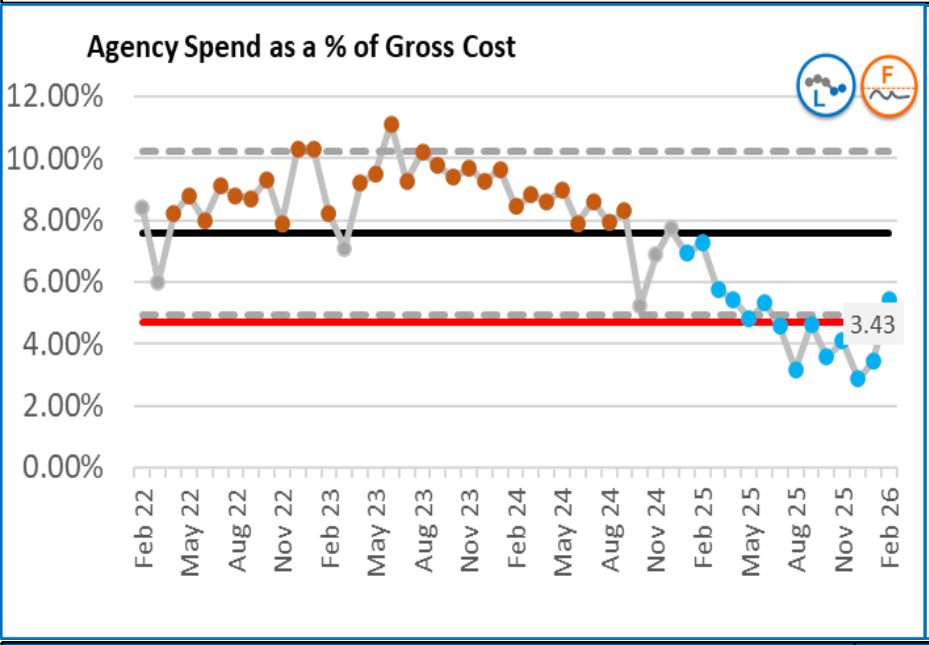
Job Planning

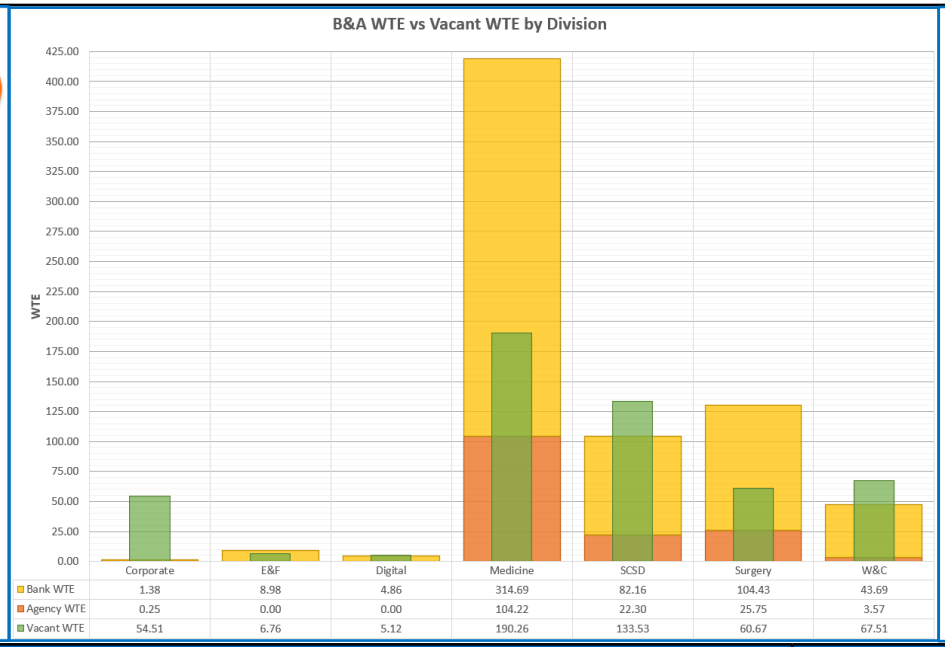
Consultant Job Planning has improved by 10% to 69% against target of 95%. SCSD are closest to target with 93% for Consultants. All divisions have improved this month but Medicine are outliers with 60%.

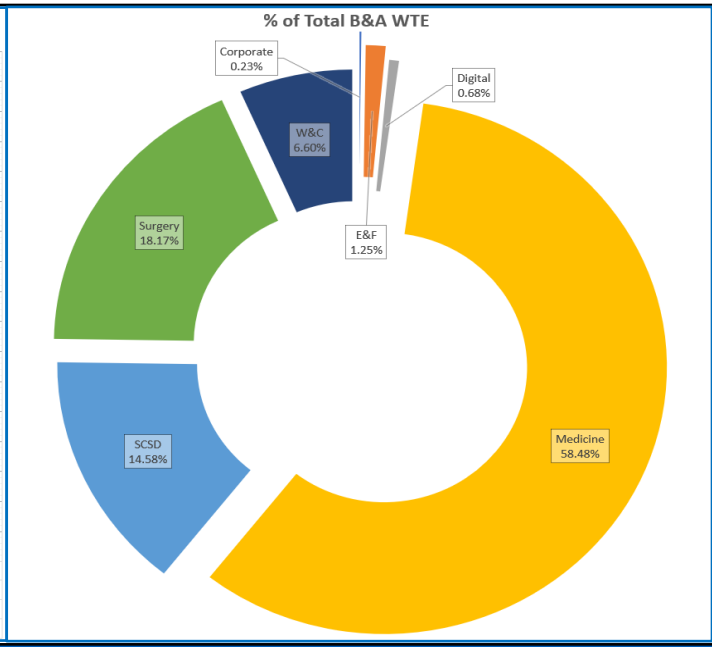
OUR WORKFORCE PERFORMANCE – REDUCTION OF AGENCY SPEND

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 an increase in Agency spend in February to 5.45% of gross cost compared to 3.43% last month. This remains significantly better than last year when agency costs were 7.25% of gross cost. Work needs to continue to focus on reducing bank usage which has increased by 0.15% to 9.91% in February.

Usage of HCA agency (NHSE mandate) was successfully ceased as of 1st Feb 2026 and is being closely monitored for impact and safety.

Month-on-month temporary staffing usage remained relatively consistent across Corporate, E&F, Digital, Surgery, and W&C Divisions, with Medicine and SCSD Divisions showing increased usage.

Actions

- Senior Nursing and Midwifery colleagues have developed a bank and agency reduction plan up to 1/4/26 which includes the following initiatives:
  - Reducing shift visibility for agencies
  - Plans for 'switching off' cascade to agency per ward/department
- The Trust are participating in the Midlands Price Cap Compliance group across all staff groups, with the focus during the current quarter being on medical temporary staffing rates.
- Continuing to identify long standing agency workers to migrate to trust or NHSP to support trust cost reduction targets.
- Improvements to governance of Medical Bank & Agency requests implemented from 24/2/26 with DDOps approval for every shift.

Risks

Retrospective agency bookings leading to inaccurate reporting on agency usage and spend.

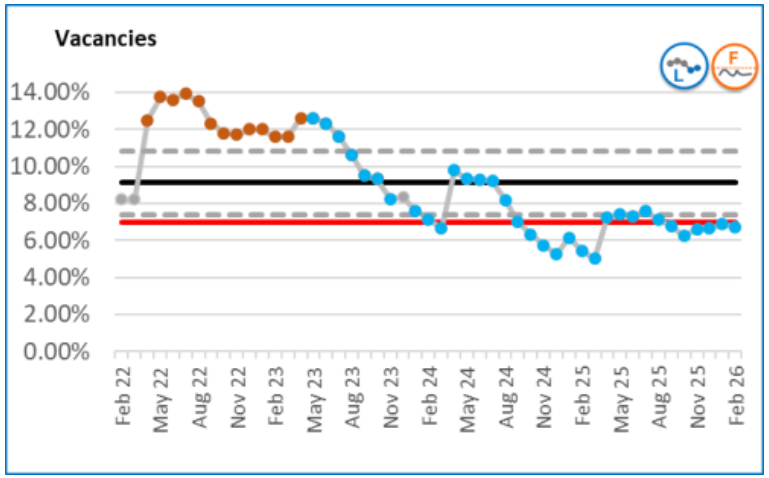
Ongoing risk to financial performance and compliance with the annual plan to reduce temporary staff by 40%.

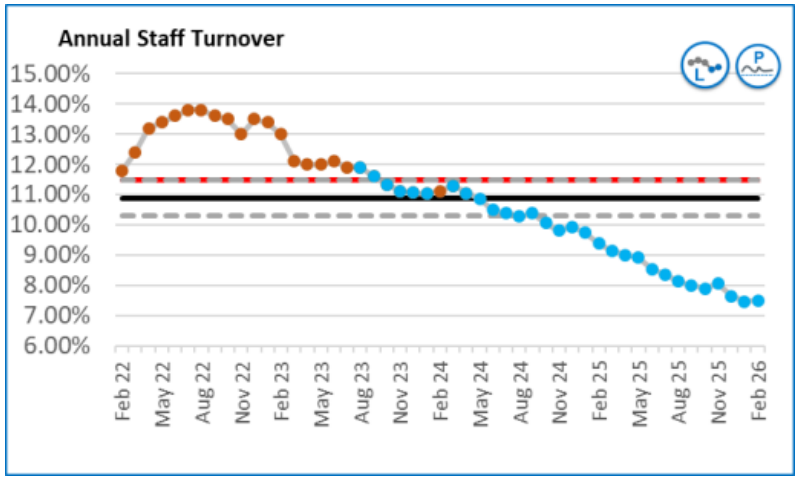
The Trust have been identified by NHSE of being at risk of delivering bank and agency spend targets for 25/26 and therefore will receive additional support from the NHSE regional team.

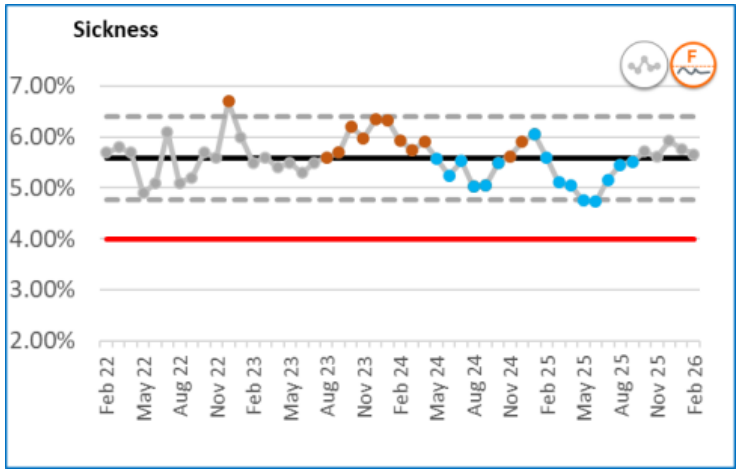
OUR WORKFORCE PERFORMANCE – VACANCIES, TURNOVER AND SICKNESS

We are driving this measure because

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







Understanding the performance

- **Trust-wide Vacancies -** Staff in Post has increased by 14.60 wte to 7200.99 wte this month. This increase positively impacts our vacancy rate which has reduced to 6.72%, against a target of 6.5%. Women and Children's have the highest clinical vacancy rate at 8.15% directly related to the increase in establishment earlier in the year and a further 1.80 wte increase this month.
- **Starters and Leavers** - We have 21 more starters than leavers this month. We have processed 89 new starters in month (headcount) and 68 leavers. This includes 40 new doctors in February rotation.
- **Annual Staff Turnover** continues to comfortably meets our 11.5% target at 7.51% which is 1.87% better than the same period last year and better than pre-pandemic levels.
- **Monthly sickness absence** has reduced by 0.11% to 5.66% which is 0.07% higher than last year. There has been reduced sickness absence in most clinical divisions except Women and Children's. Estates and Facilities are outliers with 7.73%. Digital meet the 4% Group target. This KPI continuously fails to reach the target and is showing common cause variation.

Actions (SMART)

- **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

Risks

Performance to Plan Our 2025/26 workforce plan includes challenging bank, agency and infrastructure workforce reductions. At present we are 9.05 wte better than plan for Agency but above plan by 88.08 wte for bank. Medicine and Surgery continue to use significantly more wte than their establishment (158 wte and 52 wte respectively).

Healthcare Support Workers Vacancy rate has improved slightly to 11.11% (130.51 wte vacancies).

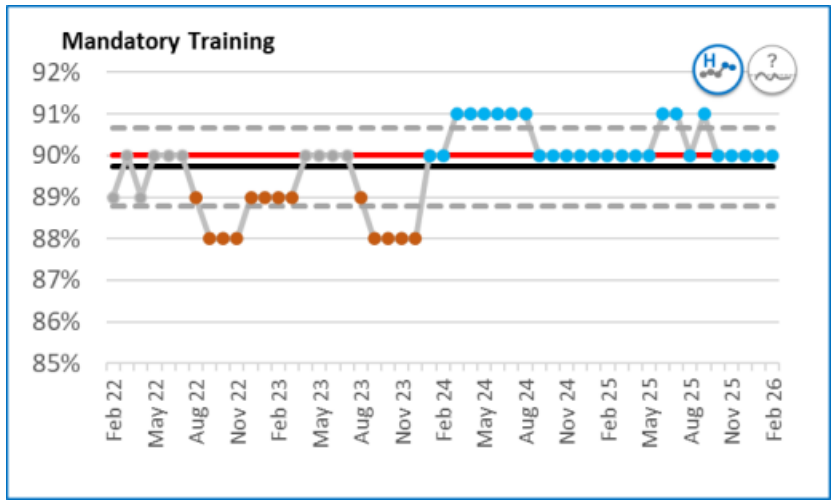
Sickness for Estates and Ancillary staff group continues to be very high although reduced from 9.22% to 8.31%. This staff group has historically higher sickness across the NHS and we are in Quartile 4 on Model Hospital (September 2025 data). HCA sickness is also high at 7.42% (Quartile 3 on Model Hospital).

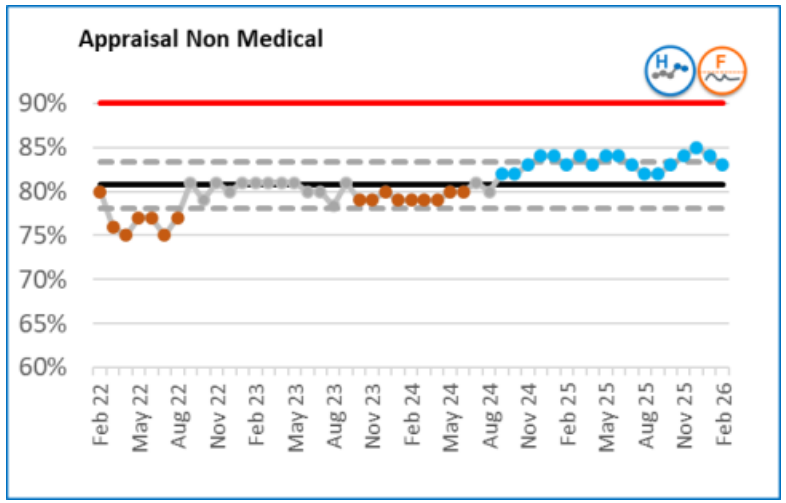
Absence due to stress remains high and has increased this month. Corporate and Women and Children's are significant outliers with 40.99% and 40.24% of all sickness attributable to stress.

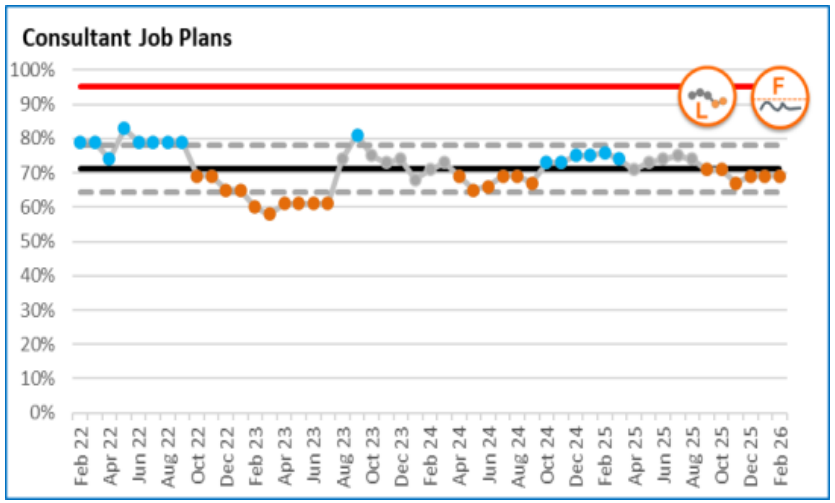
OUR WORKFORCE COMPLIANCE – MANDATORY TRAINING, APPRAISAL & JOB PLANNING

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 remained at 90% and continues to meet target. This is against a Model Hospital average of 91.6% (revised 2024/25 rates). We are Quartile 2 (good) on Model Hospital. Women and Children's Division are outliers at 86% (unchanged). Digital, Surgery, Womens and Children's and Medicine have all dropped below target. All other divisions meet the target of 90%.

Appraisal Rate has dropped by 1% to 83% against a target of 90% which is the same as than last year. Corporate are outliers at 64% (deteriorated), followed by Digital at 78%. Medical appraisal rates are good at 94%.

Consultant Job Planning has increased by 10% to 79% against target of 95%. SCSD are closest to target with 93% for Consultants. Women and Children's Division are 91% for Consultants and 100% for their SAS Doctors. All Divisions have improved this month, but Medicine are outliers at 60%. This KPI failed to reach the target and is showing special cause improving variation.

Actions (SMART)

Revised Appraisal Form and submission process have been rolled out. Working Group led by divisions has reviewed and made improvements to the system.

NHSE have implemented a national **job plan target of 95%** effective from February 2025 and require compliance to be 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 79% (unchanged). All other Staff groups meet the 90% Trust target with the exception of Scientific and Technical (88% unchanged).

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

Corporate remain **outliers** for Appraisal with 64% (dropped 1%).

Consultant Job Plans are low at 79% (although have improved by 10% this month) against the NHSE monitored target of 95%.

OUR FINANCIAL PERFORMANCE

Katie Osmond

Interim Chief Finance Officer

Financial Plan 2025/26
A balanced plan was submitted for 2025/26 including Non-Recurrent System Deficit Support funding of £47.3m and £53m of Cost Improvement (CPIP).

Income & Expenditure – At the end of Month 11 we report a **£16.3m year to date (YTD) adverse position against plan** driven primarily by the material planned increase in CPIP requirement and associated reductions in capacity. The underlying run rate shows some improvement because of the Financial Recovery Plan but remains below expectations. As a result of further discussion and shared stretched ambition on the system forecast outturn position, deficit support funding has been reinstated, and we have received both M10 and M11 allocations.

- **Income is £14.1m favourable YTD** – favourable variances include: £4m on pass through drugs and devices; £1.9m deferred income release supporting CPIP non recurrently; £1m recognition of work in progress; £1m ICB support; £1.3m additional income to offset costs of industrial action in M8 and M9; and some smaller items. These are offsetting small adverse variances. We have included SPRINT income aligned to our approved bids which has contributed positively, recent national guidance indicated that this funding could be withdrawn if performance targets are not achieved.
- **Employee expenses are £26.3m adverse YTD** – adverse variances include: £18.5m CPIP under delivery; additional resources supporting flow £3.8m; £1.8m in year impact of regrading Health Care Support Workers (HCSW) Band 2 to Band 3; £1.3m costs of Industrial action; £1.2m increased investment in Stroke and Frailty; £0.8m of backdated job plans; and £0.8m of WLI. The remainder is driven by additional cover for emergency activity, sickness, specialling and maternity leave (£0.5m) and erosion of vacancy factor through additional recruitment with no temporary staffing offset. This is partially offset by £3.8m of balance sheet release and £0.9m of Dermatology vacancies.
- **Operating expenses excluding Employee Expenses are £4.5m adverse YTD** – adverse variances include: £3.4m of pass-through drugs and devices; £1.1m of tariff drugs driven by activity; £3.6m CPIP under delivery; £0.7m Dermatology Insourcing; £0.5m of costs of activity in Theatres and Surgery; £0.6m additional costs of Radiology Reporting; and the remainder due to increased non pay costs of other activity across multiple Divisions. This is partially offset by favourable variances including: £4.7m of gross balance sheet release (noting inclusion as CPIP); £1.1m of utilities underspend; and £0.6m DCR slippage.

Delivery of a balanced financial plan – Revised Divisional Control Totals were issued from Month 8 to drive delivery towards a balanced year -end position. Following a detailed financial recovery planning and risk assessment process, the Trust's current assessment is that the most likely position is a £14.1m deficit. Subsequently as part of a system stretched ambition, we are targeting a best-case forecast outturn of £11.5m deficit. **Year to date position** - Against an expected deficit of £19.3m, the Trust reported £19.1m, broadly in line with the recovery trajectory (to £14m deficit).

Capital – The YTD capital spend at Month 11 is £11.75m, the majority of which has been on the ALEX Fire Scheme (£3.6m), IFRIC 12/PFI Lifecycle replacements (£1.8m) additional digital schemes including laptops purchased in year (£1.1m) and the CHEC Lease (£1.4m) leading to a variance against budget YTD of £4,923k. Efforts are focused on delivering the programme by year end.

Cash – The Trust cash position at the end of Month 11 was £10.143m which is higher than forecast, due to the early amount drawn down of Capital PDC of £5.2m which was scheduled for March. The Trust had initially applied for £15.5m of Provider Revenue Support for March; however following discussions with the ICB and the Regional finance leads, the application was withdrawn. Instead, the Trust will receive Deficit Support Funding (DSF) of £11.8m for Q4. The remaining cash shortfall of £3.7m will be managed through tighter control of our supplier payments to ensure sufficient cash is available to cover the payroll c£40m.

Clinical Coding – February coding is at 100% on the 8th working day. Total of FCE's for February was 14,649 compared to 15,821 in January.

FINANCE HEADLINES

YTD deficit **£19.1m** against £2.8m YTD deficit plan

CPIP **£30.5m** delivered YTD against £46.3m target

Agency YTD spend **£18.4m** against YTD £21.0m planned spend

Recovery plan **£19.1m** **YTD deficit** against £19.3m trajectory

Bank YTD spend **£44.0m** against YTD £35.2m planned spend

Productivity Cost per unit of clinical output (WAU) - **5.9%** on last yr

Wells Jo 13/04/2026 16:29:02

Capital YTD spend **£11.8m** against YTD £16.6m planned spend

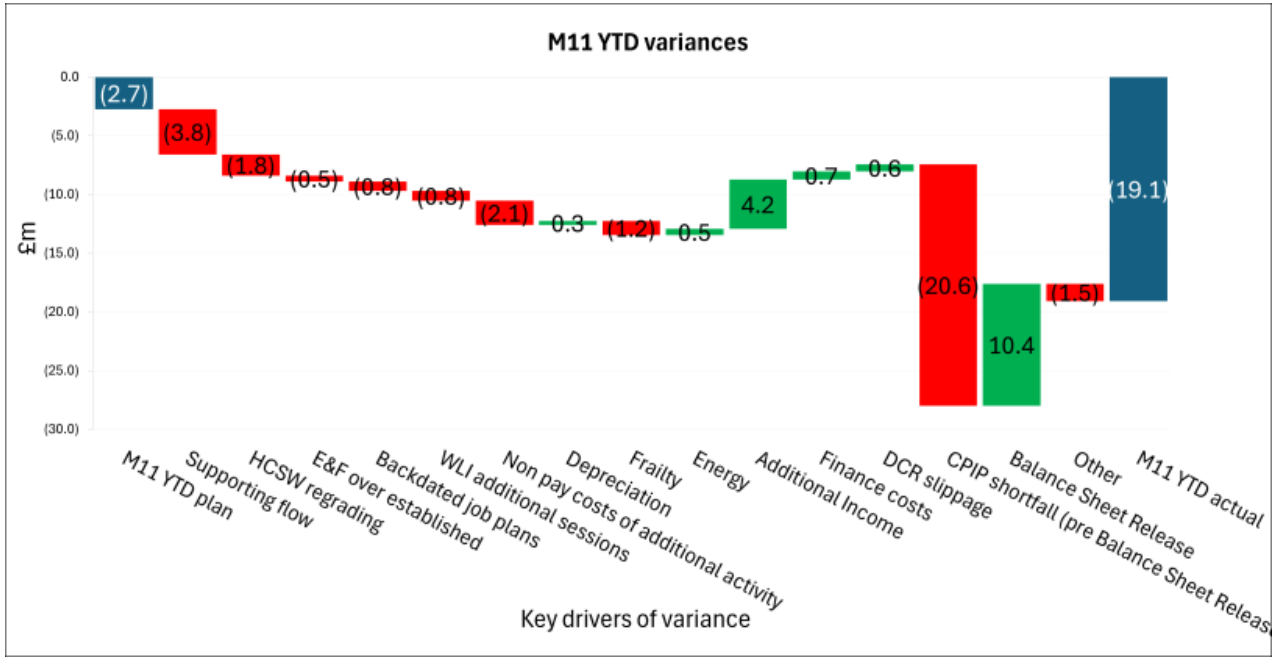
BPPC – Invoices Paid < 30 days (% volume) **71%** against 95% target

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

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

Statement of comprehensive income	Year to Date Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE			
Operating income from patient care activities	684,346	693,024	8,678
Other operating income	32,318	37,740	5,422
Employee expenses	(436,413)	(462,759)	(26,346)
Operating expenses excluding employee expenses	(260,786)	(265,329)	(4,543)
OPERATING SURPLUS / (DEFICIT)	**19,465**	**2,676**	**(16,789)**
FINANCE COSTS			
Finance income	1,351	1,849	498
Finance expense	(9,760)	(9,544)	216
PDC dividends payable/refundable	(4,624)	(4,624)	0
NET FINANCE COSTS	**(13,033)**	**(12,319)**	**714**
Other gains/(losses) including disposal of assets	0	(178)	(178)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**6,432**	**(9,821)**	**(16,253)**
Remove capital donations/grants/peppercorn lease I&E impact	168	(150)	(318)
Remove PFI revenue costs on an IFRS 16 basis	34,237	37,840	3,603
Add back PFI revenue costs on a UK GAAP basis	(43,583)	(46,940)	(3,357)
Adjusted financial performance surplus/(deficit)	**(2,746)**	**(19,071)**	**(16,325)**



*£4.6m of Balance sheet release has been allocated to CPIP reducing the adverse CPIP variance to £16m

Understanding the performance

At the end of Month 11 we report a year to date (YTD) adverse £16.3m position against plan. Adverse variances are primarily driven by under-delivery against recurrent CPIP (£15.9m), costs of additional resources supporting flow and activity (£4.2m) and HCSW regrading (£1.8m). This position has been supported by a non recurrent benefit of £10.4m for balance sheet release, lower utility costs (£1.2m) and a system contribution to CPIP (£1m).

Actions (SMART)

The Trust commenced a Financial Recovery Plan comprising several workstreams. Executive led Weekly Divisional Recovery Board meetings are embedded progressing delivery of actions.
CPIP review meetings take place fortnightly assisting with monitoring and measuring performance to improve development of existing plans as well as delivery against fully developed plans.

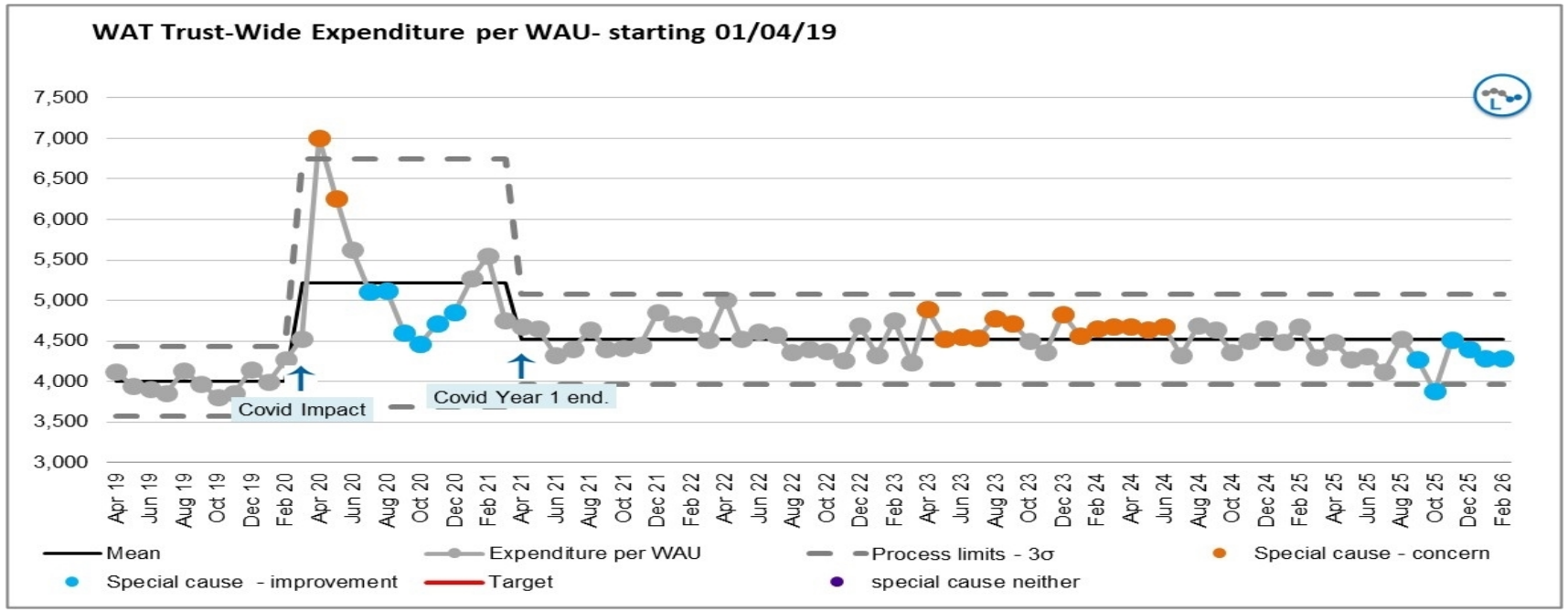
Risks

If recovery plans fail to deliver, and deficit support funding is with held or if they do not deliver in cash – the Trust will face cash flow issues.

BEST USE OF RESOURCES – ADJUSTED EXPENDITURE PRODUCTIVITY TREND

We are driving this measure because

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



Monthly Movement

	Jan - Feb	Adjusted for Working Days
Exp per WAU	-0.0%	-7.7%
Expenditure	-3.5%	-3.5%
WAU	-3.6%	4.6%

YTD Movement compared to 2024/25

Exp per WAU	-5.9%
Expenditure	-0.2%
WAU	6.0%

Costing Team Update

- Foundation Group methodology has been updated to weight using 22/23 NCC data in line with the NHS England's Implied productivity methodology. This is kept the trend in line but lowered the Weighted Activity.

Understanding the performance

For February, our **Cost per WAU the same as January, but 7.7% lower when allowing for working days. This is driven by increase in all Elective and Emergency activity and is in line with previous years movements.**

YTD versus 2024/25 our Spend per weighted activity is 5.9% lower. So, we are more productive than April to February of 2024/25 after expenditure is adjusted for inflation.

Actions (SMART)

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

Risks

If the Trust cannot reduce expenditure whilst also increasing activity levels, then achievement of financial and performance targets are at risk.