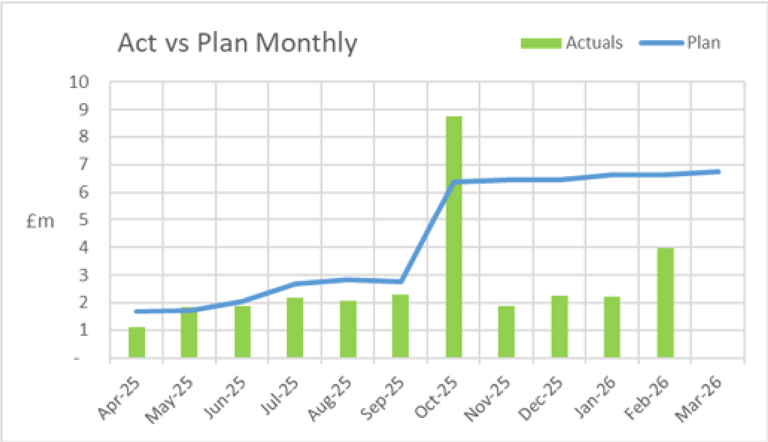
BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

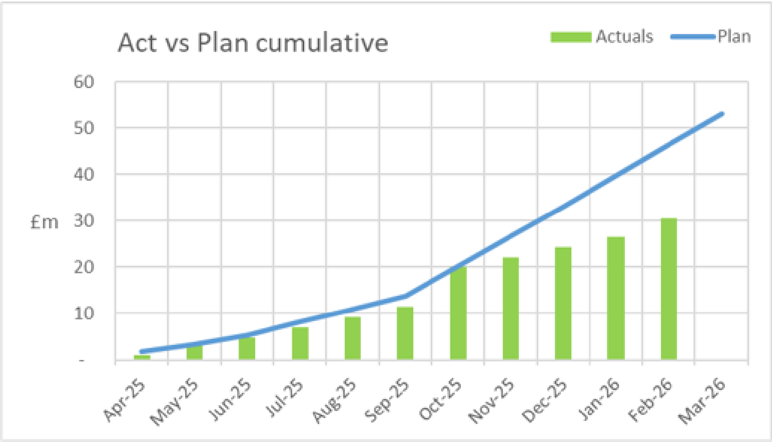
We are driving this measure because

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

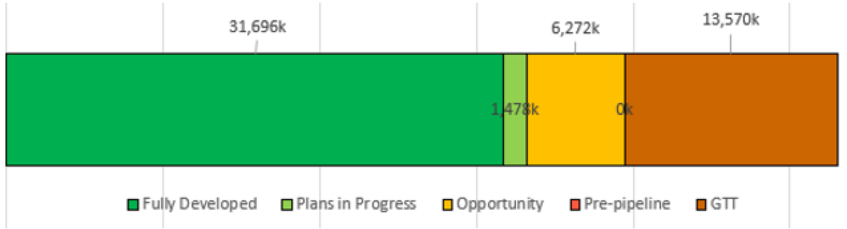
YTD CPIP achieved vs plan target (£53.016m) month



YTD CPIP achieved vs plan target (£53.016m) cumulative



Schemes identified (forecast) vs target (£53.016m)



Understanding the performance

M11 delivered actuals of £3.974m against a plan of £6.629m, an under delivery of £2.655m. M11 actuals comprised £2.383m recurrent and £1.591m non-recurrent.

YTD actuals are £30.484m against a £46.276m plan, an under delivery of £15.792m. YTD there are £19.771m of recurrent actuals and £10.713m of non-recurrent actuals. M11 Actuals benefitted from £1.418m savings achieved as part of the Financial Recovery Plan.

Actions (SMART)

- The Trust is continuing to mitigate the underperformance of CPIP for 25/26 whilst also progressing with the identification and maturing of schemes for 26/27. This is taking place alongside the Trusts Financial recovery Plan for 25/26 with heightened focus on Q4 performance to mitigate the forecast deficit.

Risks

Delivery of the 25/26 target is challenging. Work is continuing to develop existing schemes as well as identifying further cost saving and productivity savings via the workshops referenced above to bridge the gap to target (GTT).

BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

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

Trust Capital Position at M11 – Position v Budget

Workstream	Scheme	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Strategic	RAAC A Block Link KTC	296,850.20	296,850.20	275,399.59	-21,450.61
P&W	P&W Backlog Maintenance	1,674,371.14	738,371.14	418,465.42	-319,905.72
Strategic	National Funding Fire Scheme	3,000,000.00	2,993,737.79	1,192,023.02	-1,801,714.77
Strategic	National Diagnostics - Cath lab	0.00	0.00	30,787.85	30,787.85
Strategic	LINACS WRH Replacement	3,321,000.00	3,321,000.00	19,627.86	-3,301,372.14
Digital	LIMS Pathology	370,000.00	370,000.00	396,563.77	26,563.77
Other	Lease Modifications	0.00	0.00	1,379,535.13	1,379,535.13
Strategic	Internally funded Fire Scheme	2,600,000.00	2,600,000.00	2,424,912.82	-175,087.18
Other	IFRIC 12 and other contingency	2,750,501.33	2,695,071.72	1,770,340.91	-924,730.81
Digital	Frontline Digital	0.00	0.00	-34,226.27	-34,226.27
Digital	Externally Funded Constitutional Schemes	1,091,000.00	0.00	123,849.29	123,849.29
Equipment	Externally Funded Constitutional Schemes	250,000.00	140,000.00	69,063.66	-70,936.34
P&W	Externally Funded Constitutional Schemes	0.00	0.00	1,133.04	1,133.04
Strategic	Externally Funded Constitutional Schemes	5,999,000.00	1,671,000.00	338,871.35	-1,332,128.65
Digital	Externally Funded	198,000.00	0.00	0.00	0.00
P&W	Externally Funded	900,000.00	0.00	0.00	0.00
Equipment	Equipment Schemes	381,655.94	367,351.94	850,578.37	483,226.43
Equipment	Equipment Contingency	748,696.00	0.00	0.00	0.00
Other	Donated Equipment Schemes	536,777.02	318,867.62	421,025.07	33,157.45
Digital	Digital rev to cap transfer	0.00	0.00	1,342,902.63	1,342,902.63
Digital	Cyber Improvement PDC	39,000.00	0.00	32,500.00	32,500.00
Other	Contingency Scheme	0.00	0.00	41,689.15	41,689.15
Strategic	Children's Estate Development	0.00	0.00	78,573.20	78,573.20
Strategic	Cath lab feasibility	0.00	0.00	1,010.09	1,010.09
Digital	CAP2425 Cardiac PACS	300,000.00	300,000.00	189,300.04	-110,699.96
Digital	Additional Digitial Schemes	0.00	0.00	140,931.92	140,931.92
Strategic	Acute Service Review	4,001,855.00	154,287.62	24,855.75	-129,431.87
Other	2526 LSE WRH Car park	259,000.00	259,000.00	0.00	-259,000.00
Other	2526 LSE Fleet vehicles	345,000.00	345,000.00	16,106.79	-328,893.21
Total		**29,511,129.01**	**16,605,960.41**	**11,752,234.04**	**-4,922,726.37**

Strategic - (£6.65m) Variance
Waiting on updated cashflows for Fire scheme as spend to date is significantly below what was initially expected, assurance provided that the scheme will be fully spent by year end. Linacs scheme has also yet to be delivered and is expected in M12.

Other (£169k) Variance
No budget for the CHEC building lease re-measurement. Offset by Fleet vehicles leases not included in spend yet and the IFRIC 12 additions being lower than expected.

P&W - (£37k) Variance
VAT credit on the UEC scheme.

Digital £1,522k Variance
Laptops and other items purchased in year have been recharged to capital after review, not originally in annual plan.

Equipment - £412k Variance
Equipment schemes on plan and target for full spend this year.

The Capital finance team will continue to chase resolution of outstanding items, to ensure they can be completed.

Understanding the performance

The Year-to-date capital spend at M11 is £11.75m, the majority of which is spend on the ALX Fire scheme (£3.6m) IFRIC 12/PFI lifecycle replacements (£1.8m) additional digital schemes including laptop purchased in year (£1.1m) and the CHEC Lease Remeasurement (£1.38m)

At M11 capital spend is underspent by £4,923k compared to the plan YTD.

Actions (SMART)

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

Risks

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

BEST USE OF RESOURCES – CASH

We are driving this measure because

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

The Trust cash position at the end of Month 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, and the application has been 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.

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

Understanding the performance	Actions (SMART)	Risks
The Trust cash position at the end of Month 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 cash position is monitored daily, which includes the agreed debtors and creditors to ensure payroll costs are prioritised.	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, and the application has been 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.	The timing of the mitigation schemes may differ to the planned cash forecast or not come to fruition. Suppliers may put the Trust on stop if payments terms are not adhered too, which in turn will jeopardise supplies and services to the Trust for patient care. As noted above, the Trust will need to manage the shortfall of £3.7m (difference between cash application and deficit support funding) through creditor payment runs, which could disrupt the supplies and services to the Trust.

Worcestershire Acute Hospitals NHS Trust

Trust Key Performance Indicators (KPIs) - up to Feb-26 data

NHS Worcestershire Acute Hospitals NHS Trust

Performance Against Target (Status)	Activity Performance Only
Meeting Target	Over 5% above Target
Not Meeting Target	5% above to 2% below Target
	More than 2% below Target to 5% below Target
	Over 5% below Target

Type	Description
Pass/Fail	The system is expected to consistently Fail the target
Pass/Fail	The system is expected to consistently Pass the target
Pass/Fail	The system may achieve or fail the target subject to random variation
Trend Variation	Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation	Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation	Common cause variation
Trend Variation	Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation	Special cause variation - improvement (indicator where LOW is GOOD)

Example	Data Quality Assurance Questions		Overall KPI Rating Key
S T A R	S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
	T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
	A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
	R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

Area	Quality of care, access and outcomes	Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest month v benchmark	National or Regional	Period
Cancer	% of patients told their cancer diagnosis outcome within 28 days (all routes) ***NHSE NOF***	Chief Operating Officer	80%	74.6%	70.0%	75.4%	77.2%	75.9%	74.0%	80.1%	80.4%	75.8%	63.7%	-	1,625	2,552	74.7%		72.8%	Jan-26
Cancer	% of patients receiving their first or subsequent treatment for cancer within 31 days of decision to treat / earliest clinically appropriate date (all routes)	Chief Operating Officer	96%	87.4%	84.7%	84.4%	79.6%	83.3%	80.8%	83.3%	85.8%	87.3%	82.9%	-	485	585	83.8%		89.8%	Jan-26
Cancer	% of patients receiving their first definitive treatment for cancer within 62 days of referral (all routes) ***NHSE NOF***	Chief Operating Officer	75%	64.5%	57.4%	58.5%	57.3%	65.1%	54.5%	60.2%	61.1%	66.5%	58.4%	-	201	344	60.3%		68.4%	Jan-26
Cancer	% of suspected cancer referrals waiting >62 days	Chief Operating Officer	Plan	8.6%	10.3%	9.8%	9.8%	11.5%	9.1%	10.4%	9.3%	12.1%	12.3%	10.9%						
Urgent and emergency care	% of ambulance handovers within 45 minutes	Chief Operating Officer		65.9%	71.7%	80.8%	84.2%	81.4%	65.8%	65.2%	74.8%	72.7%	59.6%	75.1%	871	3,496	72.5%			
Urgent and emergency care	% of patients seen within 4 hours (any type) ***NHSE NOF***	Chief Operating Officer	76%	60.9%	65.1%	66.1%	66.5%	64.5%	63.0%	62.4%	62.7%	59.9%	62.9%	67.1%	7,008	18,875	63.4%		75.0%	Oct-25
Urgent and emergency care	% of patients seen within 4 hours (type 1)	Chief Operating Officer		44.5%	49.3%	50.9%	50.8%	49.5%	47.7%	48.0%	49.1%	47.1%	49.4%	54.8%	5,554	12,297	49.2%		61.1%	Oct-25
Urgent and emergency care	% of patients spending more than 12 hours in A&E ***NHSE NOF***	Chief Operating Officer	-	18.6%	15.9%	14.8%	13.0%	14.8%	17.7%	18.3%	16.4%	16.5%	18.3%	15.1%	1,856	12,328	16.3%		9.8%	Oct-25
Elective care	Referral to Treatment - % of open pathways waiting < 18 weeks ***NHSE NOF***	Chief Operating Officer	92%	59.3%	59.8%	59.9%	59.1%	58.5%	59.3%	58.9%	57.5%	57.9%	57.3%	58.7%	32,681	55,698			61.4%	Jan-26
Elective care	Referral to Treatment - % of non-admitted pathways waiting < 18 weeks for their first outpatient appointment	Chief Operating Officer		63.1%	63.1%	62.2%	59.1%	58.5%	58.8%	58.4%	57.4%	57.5%	58.8%	60.7%	-	-			-	Jan-26
Elective care	Referral to Treatment - % of open pathways waiting > 52 weeks ***NHSE NOF***	Chief Operating Officer		1.65%	1.66%	1.72%	1.66%	1.57%	1.49%	1.51%	1.34%	1.24%	1.32%	1.42%	791	55,698			1.9%	Jan-26
Elective care	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	21	24	22	18	18	25	47	22	5	4	4					7,417	Jan-26
Elective care	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	104%	105%	105%	100%	95%	100%	97%	106%	98%	107%	104%	20,934	20,165	102%			
Elective care	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	107%	106%	105%	103%	97%	102%	100%	105%	97%	107%	102%	59,422	58,193	103%			
Elective care	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	106%	108%	98%	98%	98%	96%	97%	100%	95%	101%	97%	7,629	7,861	104%			
Elective care	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	83%	84%	84%	83%	83%	83%	82%	84%	81%	84%	85%			83%		81%	Feb-26
Elective care	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	-	40	37	55	50	21	46	32	36	50	40	61			468		21,053	Q4 23-24
Elective care	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<15%	16.8%	16.2%	21.0%	24.9%	26.4%	24.9%	28.1%	27.4%	29.6%	27.6%	21.7%	3,104	14,312			24.7%	Jan-26
Maternity	% of women who have been booked to see a midwife by 9 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	37%	37%	42%	47%	42%	49%	54%	55%	56%	50%	66%	257	392	48%			
Maternity	Maternity Activity (Deliveries)	Chief Nursing Officer		384	403	420	432	419	450	441	373	402	372	388			4,484			
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	<4%	4.5%	4.7%	5.0%	5.2%	4.9%	5%	5%	5%	5%	5%	5%	2,796	61,402	5%		6.6%	Jan-26
Outpatient transformation	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	89%	90%	90%	89%	89%	89%	89%	90%	88%	88%	90%	33393	37308	89%			
Outpatient transformation	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	109%	108%	105%	105%	98%	103%	102%	104%	97%	107%	101%	38,488	38,028	104%			
Outpatient transformation	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	17%	18%	16%	17%	17%	18%	18%	17%	19%	19%	17%	10,252	59,392	18%		18%	Feb to Jan

Prevention long term conditions	Maternity - Women who were smokers at time of delivery (SATOD)	Chief Nursing Officer	**-**	3.9%	6.5%	5.7%	4.4%	5.0%	4.4%	4.1%	4.0%	3.2%	3.5%	2.1%	8	388	4.3%					
Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	96%	96%	95%	94%	93%	94%	94.5%	94.6%	93.4%	96.3%	95.5%	790	828	95%		92%	Q3 (25/2		
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	55	62	46	60	52	55	53	56	61	58	38			596		5,015	Jan-26		
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.3	7.4	7.3	7.0	6.7	7.1	7.24	6.92	6.58	6.88	7.52	20728	2755	7.1		4.4	Feb to Jan		
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.1	3.1	3.3	2.5	3.6	3.4	3.16	3.7	3.63	3.29	3.84	1605	418	3.3		3.1			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	12%	14%	16%	15%	15%	12%	12%	12%	11%	14%	16%	127	796	13.0%		23.1%	Dec		
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	4.65%	4.87%	4.62%	4.73%	4.67%	4.69%	4.44%	4.84%	4.86%	5.01%	4.84%	551	1373	4.7%		7.5%	Jan to Dec		
	Mortality SHMI - Rolling 12 months ***NHSE NOF***	Chief Medical Officer	**100**	110.71	110.55	111.77	111.51	111.51	112.19									As expected				
	MRSA Bacteraemia ***NHSE NOF***	Chief Nursing Officer	**0**	1	0	0	1	1	2	0	0	0	0	0			5					
	Number of external reportable >AD+1 clostridium difficule cases ***NHSE NOF***	Chief Nursing Officer	**78**	4	8	14	10	11	14	12	8	13	5	10			118					
	Number of falls with moderate harm and above	Chief Nursing Officer		5	4	4	4	4	4	1	1	1	2	4			36					
	VTE Risk Assessments	Chief Medical Officer	**95%**	91.07	90.52	90.54	91.37	91.63	92.50%	92.95%	91.34%	92.14%	92.91%	93.64%	10,534	11,250	92%					
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	47.5%	57.1%	57.9%	65.2%	67.3%	77.8%	62.5%	68.7%	66.7%	79.0%	68.3%	43	63	63%					
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	64%	69%	78%	54%	79%	67%	63%	65%	64%	56%	64%	40	62	65%					
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	84%	81%	85%	84%	80%	80%	82%	81%	82%	84%	93%	1988	2136	83%		78%			
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	96%	96%	96%	96%	95%	96%	97%	95%	95%	96%	94%	3861	4104	96%		95%	Jan-26		
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	98%	93%	96%	97%	96%	97%	94%	94%	95%	97%	95%	153	162	96%		92%			
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**20%**	13%	25%	16%	24%	19%	18%	16%	15%	12%	17%	16%	2136	13453	18%					
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	32%	36%	35%	36%	31%	31%	38%	33%	32%	23%	37%	4104	11160	35%					
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	26%	21%	11%	23%	18%	14%	14%	17%	10%	11%	18%	162	898	17.0%					

People		Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Latest Month Numerator	Latest Month Denominator	Year to Date	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	6.6%	4.8%	5.3%	4.6%	3.2%	4.6%	3.6%	4.1%	2.9%	3.4%	5.5%			4.4%						
	Appraisals - Non-medical	Chief People Officer	**90%**	83.0%	84.0%	84.0%	83.0%	82.0%	82.0%	83.0%	84.0%	85.0%	84.0%	83.0%	5,399	6,533	83.4%						
	Appraisals - Medical	Chief People Officer	**90%**	96.0%	96.0%	94.0%	94.0%	94.0%	93.0%	96.0%	95.0%	96.0%	94.0%	94.0%	594	632	94.7%						
	Mandatory Training	Chief People Officer	**90%**	90.0%	90.0%	91.0%	91.0%	90.0%	91.0%	90.0%	90.0%	90.0%	90.0%	90.0%	80,910	90,402	90.3%						
	Overall Sickness	Chief People Officer	**4$%**	5.1%	4.8%	4.7%	5.2%	5.5%	5.5%	5.7%	5.6%	5.9%	5.8%	5.7%	11,402	201,493	5.4%						
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**12%**	9.0%	8.9%	8.6%	8.4%	8.1%	8.0%	7.9%	8.1%	7.7%	7.5%	7.5%	487	6,481	8.1%						Reasonable Assurance
	Vacancy Rate	Chief People Officer	**8%**	7.2%	7.4%	7.3%	7.6%	7.1%	6.8%	6.2%	6.6%	6.6%	6.9%	6.7%	518	7,201	7.0%						

Finance and Use of Resources		Responsible Director	Standard	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Latest Month Numerator	Latest Month Denominator	Year to Date	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£3,631	-£3,063	-£2,149	-£339	-£2,292	-£745	£2,773	-£4,741	-£2,037	-£6,266	£3,417			-£19,072						
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-5.7%	-4.8%	-3.3%	-0.5%	-3.6%	-1.1%	-5.7%	-7.2%	-3.0%	-9.9%	4.8%			-5.7%						
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£221	-£68	£141	£199	-£40	£23	-£12	-£6,148	-£3,559	-£8,366	£1,725			-£16,326						
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	6.0%	2.0%	-6.0%	-38.0%	2.0%	-3.0%	0.0%	-437.0%	-234.0%	-398.0%	102.0%			6.0%						
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£593	£147	-£152	-£563	-£2,833	-£489	£2,346	-£4,574	-£4,190	-£4,411	-£2,654			-£15,877						
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£2,294	-£1,983	-£2,215	-£1,988	-£1,275	-£1,404	-£1,501	-£1,825	-£1,234	-£1,460	-£1,186			-£18,365						
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	5.5%	4.8%	5.3%	4.6%	3.2%	3.4%	3.6%	4.2%	2.9%	3.4%	2.8%			4.0%						
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	£664	£328	-£378	£1,420	£11	£1,489	-£1,204	-£2,069	-£2,122	-£1,544	-£991			-£4,396						
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£21.887m	£21.443m	£17.673m	£18.698m	£15.859m	£6.160m	£6.39m	£4.638m	£4.478m	£10.678m	£10.143m			-						
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	92%	94%	94%	92%	90%	91%	90%	98%	90%	82%	75%			-						
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	91%	94%	91%	82%	90%	92%	94%	96%	89%	83%	71%			-						

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT

Report to:	**Public Board**
Date of Meeting:	**14/04/2026**
Title of Report:	Patient and Public Forum bi-annual report
Lead Executive Director:	**Chief Nursing Officer**
Author:	Rosemary Smart, Chair of the Patient and Public Forum, Kimara Sharpe, Vice Chair, members of the Patient and Public Forum (PPF) and Anna Sterckx, Head of Patient, Carer and Public Engagement.
Reporting Route:	Quality Governance Committee
Appendices included with this report:	Patient and Public Forum report PPF Work Plan
Purpose of report:	☒ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

The overall purpose of the Patient and Public Forum (PPF) is to ensure that the voices of patients, relatives, carers and the public are heard by the Trust and acted on in order to achieve the highest quality patient centred care.

The PPF Terms of Reference specifies that the PPF Chair and Chief Nursing Officer will provide a twice-yearly report to the Trust Board outlining the business of the Forum and progress made against development and delivery of the Patient Voice and Involvement Strategy.

Recommended Actions required by Board or Committee

To NOTE the continued progress and ongoing development of the Patient and Public Forum in terms of active participation and partnership with the Trust, external engagement and community engagement, in particular the Hearing Loop report and standard of Outpatient letters.

Executive Director Opinion[1]

As the Chief Nurse, I am incredibly grateful for the work and commitment of our PPF. The depth and breadth of work is far reaching and incredibly valuable on all levels. I am keen to work more closely with the forum to support the cultural changes we are focused on delivering.

[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.