Public Trust Board

Tuesday 14 July 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 Catherine Driscoll

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Frances Martin*

13:05 - 13:05
0 min

3. Minutes of Trust Board Meeting held on 9 June 2026

Decision *Frances Martin*

No actions outstanding

3. Draft Public Trust Board Minutes 9 Jun 2026.pdf (5 pages)

3.1. Foundation Group Strategy Committee Annual Report

Information *Glen Burley*

3.2 - FGSC Annual Report 2025-26.pdf (5 pages)

13:05 - 13:10
5 min

4. CEO Report

Information *Glen Burley*

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

13:10 - 13:25
15 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR July-26 (May-26_Data) (004) Final.pdf (24 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. Quality

6.1. Quality Governance Committee Escalation & Assurance Report

Assurance *Julie Moore*

- 6.1 QGC Minutes May 2026.pdf (8 pages)

6.2. Infection Prevention & Control Annual Report

Assurance *hayley flavell*

- 6.2 1 IPC Annual Report Coversheet June 2026.pdf (2 pages)
- 6.2 2 WAHT Annual Infection Prevention and Control Report 2025-26.pdf (64 pages)

6.2.1. Infection Prevention & Control Board Assurance Framework

Assurance *hayley flavell*

- 6.2.1 IPC BAF Board and Committee Report Coversheet July 26.pdf (3 pages)
- 6.2.1 Infection-prevention-and-control-board-assurance-framework-v5.2 2026-2027.pdf (2 pages)

6.3. Safeguarding Annual Report 2025/26

Decision *hayley flavell*

- 6.3 Safeguarding Cover Reports.pdf (1 pages)
- 6.3 FINAL_Safeguarding Annual Report 2025_2026.pdf (36 pages)

6.4. Nursing Safe Staffing Report

Assurance *Hayley Flavell*

- 6.4 Nurse safe staffing cover.pdf (1 pages)
- 6.4 June 2026 safer staffing paper.pdf (17 pages)

6.5. Maternity Assurance Overview

Decision *hayley flavell*

- 6.5 QGC Assurance Coversheet July 2026.pdf (2 pages)
- 6.5 CNST Quarter 4 25-26.pdf (3 pages)
- 6.5 WAHT 7IEAS.pdf (22 pages)
- 6.5 Ockenden-Letter-CEO-Chairs-final-14.12.20-1.pdf (4 pages)
- 6.5 assessment-and-assurance-tool.pdf (10 pages)
- 6.5 PRN02500 System letter on mortuary oversight 26 June 2026.pdf (10 pages)

13:30 - 13:30
0 min

7. Finance

13:30 - 13:35
5 min

8. Workforce

8.1. Lord Mann Review Response

Assurance *Alison Koeltgen*

- 8.1 Lord Mann report to Board.pdf (4 pages)
- 8.1 PRN02538_Letter to NHS leaders following publication of the Lord Mann Review_04062026 V3.pdf (4 pages)

13:35 - 13:45
10 min

9. Governance & Risk

9.1. Audit & Assurance Committee Escalation & Assurance Report

Assurance *Colin Horwath*

9.1 Audit & Assurance Committee Escalation & Assurance Report 17 June 2026.pdf (3 pages)

9.2. Board Assurance Framework

Assurance *Gwenny Scott*

9.2 BAF coversheet Board July 2026.pdf (1 pages)
9.2 Board Assurance Framework Report July 2026.pdf (16 pages)

13:45 - 13:45
0 min

10. Date of Next Meeting

Information *Frances Martin*

8th September 2026

13:45 - 13:45
0 min

11. Any Other Business & Questions from the Public

Information *Frances Martin*

13:45 - 13:45
0 min

12. Acronyms

Information

12. Acronyms.pdf (3 pages)

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

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

Ref	Item	Lead	Purpose	Format
1	Welcome and Apologies for Absence	FM	Information	Verbal
The Chair welcomed everyone to the June meeting and noted the productive Board Workshop session held that morning, the outcomes of which would inform the wider agenda.				
2	Declarations of Interest	FM	Information	Verbal
No new declarations of interest were made.				
3	Minutes and Actions Arising	FM	Approval	Report 1
The minutes of the Trust Board meeting held in public on 14 April 2026 were reviewed for accuracy. One amendment was noted in respect of the staff survey section; AK would provide revised wording to reflect a successive rise in staff survey participation. **The minutes were approved as an accurate record, subject to the amendment, and all actions arising were confirmed as complete.**				
3.1	Foundation Group Workshop Report	FM	Information	Report 2
The Chair advised that, following changes to leadership across the Foundation Group, the Group is now jointly chaired. The Group meets quarterly in a workshop format rather than as a formal Board. The report summarising the most recent workshop was received and taken as read. **The Board noted the report.**				
4	Managing Director's Report	SC	Information	Report 3
SC presented the report and highlighted the following: • Reflecting on the year end, the Trust had delivered notable improvement in elective and urgent and emergency care performance. A reduction in ambulance handover delays, reduction in the number of patients waiting over 12 hours and improvements to the four-hour emergency access standard were reported. Performance was among the most improved regionally and nationally and had been recognised by NHS England.				

- The Trust had not met its financial plan for the year, reflecting a challenging efficiency target and a number of high-risk items. This carried implications for the year ahead, including the rollover of a demanding efficiency programme and the management of cash and deficit support.
- Continued emphasis was placed on productivity and on benchmarking against other trusts through tools such as Model Hospitals.
- Work was progressing on the neighbourhood health framework and integrated neighbourhood teams, in conjunction with primary care, the Health and Care Trust and the ICB.
- A further period of industrial action was anticipated. The Trust was well prepared and would communicate any changes to services early.
- Thanks were extended to volunteers during Volunteers' Week and to the Communications team for recent award successes, including a Rising Star Award nomination, and for the positive impact of communications and cultural development work across the organisation.

The Board noted the report.

5	Integrated Performance Report	SC	Information	Report 4

SC introduced the report, covering operational performance in the absence of CD, and described a mixed overall position.

Operational Performance (SC)

- Cancer improvement plans were beginning to take effect, with progress against the faster diagnosis standard. Focus had moved to the 62-day to treatment standard, with three specialties under increased scrutiny: urology, accounting for the majority of the backlog, dermatology and breast services, each with a clear improvement pathway identified.
- Referral to treatment performance had improved by 5% at year end, with trauma and orthopaedics, ENT and oral and maxillofacial surgery identified as priority specialties; productivity opportunities were being pursued, including maximising the Kidderminster Treatment Centre.
- Urgent and emergency care pathways continued to improve, with reductions in ambulance handover delays and 12-hour waits. Sustaining this improvement remained the key focus.

Quality and Safety (JW and HF)

- The sepsis screening module was now live within the electronic patient record, with positive initial feedback.
- Martha's Rule had been activated and well received, with calls received and responded to appropriately; it would continue to be monitored.
- Antimicrobial stewardship performance had deteriorated slightly during the quarter and good practice was being reinforced.
- Fractured neck of femur performance remained essentially unchanged and required acceleration; a trauma service peer review had been undertaken and focused work was ongoing.
- 20 confirmed and three suspected measles cases had been identified since late April, across community and hospital settings and predominantly among working-age adults, with no source yet identified. Control measures included staff immunisation clinics, enhanced triage, early isolation, contact tracing, the short-term reintroduction of masks in clinical areas and a return to one visitor per patient. The Trust was working closely with the ICB, system partners and UKHSA, and the Board reinforced the importance of vaccination.
- Reporting of corridor care had been strengthened to ensure transparency from ward to Board, in support of the plan to eradicate corridor care.
- There was continuing concern regarding complaints performance, with 45% of complaints not meeting response targets. Assurance was provided on improvement work within the surgical division, revised response timescales and strengthened processes, while it was acknowledged that further progress was required.

Workforce (AK)

- Agency spend remained well below the NHS England target, although bank spend had increased. Work was underway to control both demand and bank pay rates, mindful of staff wellbeing.
- Sickness absence stood at around 5% against a 4% target, with proactive support, deep-dive analysis and phased returns in place. The health and wellbeing offer was well used, with continued promotion through managers and leaders.

- Non-medical appraisal compliance remained below target, partly reflecting recording issues in some corporate areas.
- Turnover was very low and vacancies low to moderate, placing the Trust in a stable position that reflected ongoing cultural and staff engagement work.

Finance (KO)

- A deficit of £2.7m was reported in month, £0.6m adverse to plan, driven by the cost of industrial action (c.£0.4m) and under-delivery against the cost improvement programme.
- £2m of cost improvement had been delivered against a full-year requirement of £57m, and the pace of delivery needed to increase.
- Cash remained fragile, with a balance of £4.5m at month end against expenditure of c.£2m per day; deficit support funding for April had been received in May.
- A request for revenue support had been submitted for July, with a challenging approval process anticipated.

The Board noted the report.

6	QUALITY			
6.1	Quality Governance Committee Escalation Report	JM	Assurance	Report 5

The escalation report from the Quality Governance Committee meeting held on 30 April 2026 was presented and taken as read. J< confirmed that it reflected the areas of greatest risk around clinical care, on which the Committee and Board focus the majority of their attention.

The Board noted the report.

6.2	Quality Account	HF	Approval	Report 6

The draft Quality Account was presented, having been considered by the Quality Governance Committee, the Improving Safety Action Group and the Trust Management Board.

- The account, together with a summary version, set out the Trust's work to provide safe, effective care and a positive patient experience.
- The quality priorities for 2026/27 had been developed in line with the operational and integrated plans and informed by the Big Conversation, the annual patient survey, incident themes and national priorities.
- Feedback from Healthwatch, the ICB and the Patient and Public Forum had been incorporated since the Committee's review, with two sections requiring finalisation.

The Board approved the draft Quality Account and summary, subject to finalisation, and received the draft quality priority indicators for 2026/27.

6.3	Maternity Oversight Signal System (MOSS) Report	JJ	Assurance	Report 7

JJ presented the report following receipt of a level 2 amber alert from the Maternity Oversight Signal System (MOSS), introduced following recommendations arising from the East Kent inquiry.

- The alert had been triggered by an increase in term stillbirths and neonatal deaths over the preceding 12 months, including a small cluster in quarter four. A critical safety check had been completed in line with the requirements.
- One new emerging risk had been identified, relating to education and team-working requirements with the wider theatre team following the transfer of theatre management approximately 12 months earlier, specifically the scheduling of emergency caesarean sections. This risk had not contributed to any of the deaths reviewed.
- The Trust had rated itself amber on account of the emerging risk; agreed actions, supported by good engagement from the theatre team and would be tracked through the local improvement group.
- The critical safety check had been shared with the ICB and regional colleagues; the ICB had requested some further clarification. A subsequent safety check had been submitted following one further stillbirth in the latest quarter.

- The matter had also been considered in depth by the Quality Governance Committee. The Board underlined the seriousness with which it regards maternity safety and the Chair requested to be kept informed of any further correspondence from the ICB or regional colleagues outside the Board cycle.

The Board noted the report.

6.4	Maternity Safe Staffing Report	JJ	Assurance	Report 8

- It was proposed, and supported by the Quality Governance Committee, that reporting move to a quarterly basis while the position remains stable, with monthly escalation if required.
- There were no vacancies in the midwifery team. Sickness had increased slightly in the support worker group but reduced among midwives, though remaining slightly above target. Turnover was well below the Trust target.
- Maternity leave was at one of its highest levels in recent years, creating rota challenges and driving a significant proportion of bank spend. Substantive recruitment was being explored.
- Improved ability to meet acuity had reduced the need to redeploy staff was reported, with a positive impact on wellbeing and morale. It was noted that the majority of sickness absence related to mental health, stress, anxiety and bereavement and that further improvement was anticipated.

The Board noted the report.

6.4	Nursing Safe Staffing Report	HF	Assurance	Report 9

- The registered nurse vacancy rate remained below 5%, with a slight increase reflecting a business case. Approximately 150 newly qualified nurses were due to qualify in September.
- Healthcare support worker vacancies remained high, with active recruitment underway. The Trust continued to participate in the national enhanced therapeutic observations of care programme.
- Fill rates remained stable. The biannual establishment review was underway, including an independent NHS England review of the methodology, with findings to be reported to the Board in September or October.

The Board noted the report.

7	FINANCE			
7.1	National Cost Collection Report	KO	Information	Report 10

The report briefed the Board on the national cost collection process and the Trust's compliance with the core requirements.

- The national cost collection provides aggregated and patient-level cost data used to inform tariff prices, benchmarking and understanding of the cost of services.
- The submission is mandatory and subject to national guidance and technical requirements. A well-established work plan was in place to meet the early July deadline, including dedicated quality assurance prior to the Chief Finance Officer's sign-off.
- The team was experienced, established and well resourced, and worked across the Foundation Group to strengthen quality assurance. The Board would be briefed following submission and once results were available later in the year.

The Board noted the report.

8	WORKFORCE			
8.1	People and Culture Committee Minutes	KM	Information	Report 11

The minutes of the People and Culture Committee meeting held in April were presented.

- The Committee had received a presentation from the Embrace Network on its work and its drive to increase engagement.
- It was noted that the administration review had been broadened into a wider administrative transformation programme.

The Board noted the report.

9	GOVERNANCE & RISK			
9.1	Audit and Assurance Committee Escalation Report	CH	Assurance	Report 12

The escalation report was presented and taken as read, with three matters highlighted:

- The interim head of internal audit opinion provided significant assurance, reflecting well on the Trust's governance, management and control processes.
- The internal audit review of fire assurance, an area of previous Board concern following enforcement notices, had returned a positive review of the Trust's response.
- The draft accounts for 2025/26 had been submitted within the required timeframe; the external auditors' review was awaited, with conclusion expected during the month.

CH thanked the finance team for timely completion of the accounts.

The Board noted the report.

9.2	Emergency Preparedness, Resilience and Response (EPRR) Report	CD	Approval	Report 13

The EPRR report was presented for assurance and taken as read in the absence of CD.
Thanks were extended to colleagues for their work in maintaining robust resilience and business continuity arrangements.

The Board approved the recommended actions:

- Approved the contents of the report
- Approved the EPRR Training Update
- Approved the EPRR resources
- Noted the exercises and learning undertaken in the year
- Noted the Trust compliance for NHS EPRR Core Standards
- Ratified the Business continuity management system (Approved by EPRR Committee)
- Ratified the EPRR policy (Approved by EPRR Committee)
- Ratified the Business continuity statement (Approved by EPRR Committee)

9.3	Bi-Annual Register of Trust Seal Report	GS	Information	Report 14

The use of the Trust Seal was presented for information.

The Board noted the report.

10	Date of Next Meeting	FM	Information	n/a

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

11	Any Other Business and Questions from the Public	FM	Information	n/a

There was no other business and no questions had been received from the public. The Chair reminded members of the public of the means by which questions and concerns may be raised with the Board, details of which are available on the Trust's website.

South Warwickshire University NHS Foundation Trust

Worcestershire Acute Hospitals NHS Trust

George Eliot Hospital NHS Trust

Wye Valley NHS Trust

Report to	Foundation Group Strategy Committee	**Agenda Item**	7.1
Date of Meeting	18 June 2026		
Title of Report	Foundation Group Strategy Committee Annual Report 2025/26		
Status of report: (Consideration, position statement, information, discussion)	For discussion		
Author:	Chelsea Ireland, Foundation Group Executive Assistant		
Lead Executive Director:	Sue Whelan, Chair George Eliot Hospital NHS Trust and South Warwickshire University NHS Foundation Trust, and Frances Martin, Chair Worcestershire Aute Hospitals NHS Trust and Wye Valley NHS Trust.		
1. Purpose of the Report	It is good governance for Board Committees to complete an Annual Report to demonstrate compliance with the requirements of its Terms of Reference and provide assurance that there are no matters the Committee is aware of at the time of reporting which have not been disclosed properly.		
2. Recommendations	The Foundation Group Strategy Committee is asked to consider its Annual Report for 2025/26, prior to submission to the Trust Boards in July 2026.		
3. Executive Director Assurance	The report provides an overview of the Committee's business during 2025/26. It also provides assurance that there are no matters the Committee is aware of, at the time of reporting, which have not been disclosed properly.		

South Warwickshire University NHS Foundation Trust
George Eliot Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust
Wye Valley NHS Trust

Report to Foundation Group Strategy Committee – 18 June 2026

Foundation Group Strategy Committee Annual Report 2025/26

1. Introduction

In 2017 the Foundation Group was formed when South Warwickshire University NHS Foundation Trust (SWFT) formalised its collaboration with Wye Valley NHS Trust (WVT). In June 2018, George Eliot Hospital NHS Trust (GEH) joined the Foundation Group. In 2022 Worcestershire Acute Hospitals NHS Trust (WAHT) joined the Foundation Group as an associate member and subsequently became a full member of the Foundation Group from August 2023.

The Foundation Group Strategy Committee (FGSC) is established under Board delegation of each Trust of the Foundation Group with approved Terms of Reference which are reviewed annually and any requests for amendment are made to the Board of each Trust.

During 2025/26, the Committee consisted of the Group Chairman, Group Chief Executive, a Non-Executive Director (NED) from each Trust, Managing Director/Acting Chief Executive from each Trust, Chief Medical Officer from each Trust, Chief Strategy Officer from each Trust, the Group Strategic Financial Advisor and Group Medical Advisor. Other officers from each Trust may be invited to attend for appropriate agenda items.

The Committee met on three occasions during 2025/26, due to the December 2025 meeting being cancelled. In August 2022 the Foundation Group Boards Workshop and Foundation Group Boards meeting replaced the previous twice yearly development sessions. These meetings brought together the full members within the Foundation Group to share best practice and performance data. During 2024/25 it was agreed that the FGSC would take ownership of the planning of the Foundation Group Boards agendas, these were taken to each meeting for approval and discussion. During 2025/26 the decision was made to move away from formal public Foundation Group Boards meetings and instead hold private Foundation Group Boards Workshops, with two of these held in person similar to the previous development sessions. The agenda for these workshops are no longer discussed at Foundation Group Strategy Committee but are instead agreed and developed by all three Managing Directors and the Group Chief Executive. The Committee continues to receive an important NHS Strategic Developments update to its standard agenda, which is provided by Foundation Group Chief Executive, Glen Burley. A schedule of attendance at the FGSC meetings during 2025/26 is attached (Appendix A).

The Chairman previously reported in writing to each Trust's Board via the Foundation Group Boards on key issues considered by the Committee following every meeting. This continues to be done by the new Chairs of the Trusts within the Foundation Group, but to individual Trust Board meetings. In addition to this, the approved minutes of the meetings are also submitted to the Foundation Group Boards Workshop for full Group oversight.

As part of the annual review of the Terms of Reference, amendments were approved by each Board in April 2026.

2. Principal Areas of Review

The Terms of Reference set out Strategic Financial and Operational Planning as the key duty for the Committee which includes the following responsibilities:

- developing strategy and investment plans, including finance, IT, estates, and commercial development.
- overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions.
- developing new working models for corporate functions.
- developing new business models to progress the development of integrated health and care.
- developing and executing a communications strategy.
- developing and maintaining business development capacity and capability across the Group.
- Determining the framework that supports each provider's organisational objectives and targets.
- developing and supporting achievement of operating, business, efficiency and delivery plans.
- identifying, reviewing and mitigating strategic risks.
- proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies.
- overseeing service transformation and pathway redesign.

3. FGSC – Review of Effectiveness

The FGSC has been active during the year in carrying out its duty in providing the Board of each Trust with assurance relating to the Foundation Group's strategic financial and operational planning. The Committee also advises the Boards of each Trust on all matters relevant to identifying and sharing best practice at pace.

The Committee has undertaken a formal review of its effectiveness during 2025/26, and a separate report has been submitted to the Committee on the responses received, which was subsequently submitted to Trust Boards in July 2026. It can be confirmed that the Committee met on three occasions during April 2025 to March 2026 and achieved an attendance rate of 87.9%. It should be noted that 80% is considered to be a good rate of attendance. The Committee's attendance average has improved during 2025/26 compared to last year's 85.34% attendance rate. It's important to note that whilst this is promising, this could be due to a number or role changes throughout the year and there was one less meeting in 2025/26.

Based on the feedback received from the Committee's review of effectiveness, it is evident that the Committee has achieved and improved on its effectiveness with a clear purpose and aim by delivering the duties set out in its Terms of Reference and improved. However, the self-assessment response rate was significantly lower than that in 2024/25, this will partly be due to committee membership figures being lower with the merging of GEH and SWFTs Share Leadership structure.

4. Areas of Particular Note

During the year the Committee has had the opportunity to consider strategic financial and operational planning opportunities as part of collaborative working across the Foundation Group. Examples of these are detailed below but it should be noted that the list is not exhaustive:

- Group Analytics Board
- Group Procurement
- Financial Reset
- Productivity
- Frailty
- Aseptics Services
- Clinical Teaching and Training
- Research
- NHS Strategic Developments
- Foundation Group Boards Planning
- Digital Updates
- Strategic Partnerships and Tertiary Services
- Improvement
- Operational Management Development Programme
- Warwickshire North
- Pathology Networks
- Job Planning
- One Herefordshire and Neighbourhood Health

Looking forward into 2026/27, the Committee continues to focus on development opportunities for strategic financial and operational planning. Also identifying and sharing best practice at pace across the Foundation Group and externally.

5. Conclusion

The Committee is of the opinion that this Annual Report demonstrates compliance with the requirements of its Terms of Reference and that there are no matters the Committee is aware of at this time which have not been disclosed properly.

6. Recommendation

The Foundation Group Strategy Committee is asked to consider its Annual Report for 2025/26, prior to submission to Trust Boards in July 2026.

Chelsea Ireland
Foundation Group EA

Appendix A

Foundation Group Strategy Committee Attendance 2025/26

	17 June 2025	18 September 2025	December 2026 (Cancelled)	11 February 2026
Members				
Russell Hardy (Group Chair)	✓	✓		✓
Chizo Agwu (Chief Medical Officer at WVT)	✓	✓		✓
Varadarajan Baskar (Chief Medical Officer at SWFT until September 2025 meeting)	✓	✓		
Jules Walton (Chief Medical Officer at WAHT)	✓			✓
Julian Berlet (Chief Clinical Strategy Officer at WAHT)	✓			✓
Glen Burley (Group Chief Executive)	✓	✓		✓
Adam Carson (Acting Chief Executive/Managing Director at GEH/SWFT)	✓	✓		✓
Stephen Collman (Acting Chief Executive/Managing Director at WAHT/WVT)	✓	✓		✓
Alan Dawson (Chief Strategy Officer at WVT)	✓			
Catherine Free (Managing Director at GEH until September 2025 meeting)	✓			
Phil Gilbert (NED representative at SWFT until December 2025 and then GEH/SWFT)	✓	✓		
Sophie Gilkes or Jennie Bannon (Chief Strategy Officer at GEH/SWFT/Deputy Chief Strategy Officer at SWFT)	✓	✓		✓
Jane Ives (Managing Director at WVT until September 2025 meeting)	✓	✓		
Frances Martin (NED representative at WVT)	✓	✓		✓
Adrian Stokes (Group Strategic Financial Advisor)	✓	✓		✓
David Mowbray (Group Medical Advisor)	✓	✓		✓
Simon Murphy (NED representative at WAHT)	✓	✓		✓
Jo Newton (Chief Strategy Officer at WHAT until September 2025 meeting)	✓	✓		
Jenni Northcote (Chief Strategy Officer at GEH until September 2025 meeting)	✓	✓		
Sarah Raistrick (NED representative at GEH until December 2026 meeting)		✓		
Naj Rashid (Chief Medical Officer at GEH/SWFT)	✓	✓		✓
Sarah Shingler (Managing Director at WVT from December 2025 meeting)				✓
Committee Attendance Rate	95.2%	81%	N/A	87.5%

It is important to note that when Chief Officers have been unable to attend a meeting, where possible, will always assign a deputy to attend on their behalf. This is not reflected in these figures.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST REPORT COVERSHEET

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

Brief Description of Report Purpose

1. <u>Ockenden and Amos National Maternity Reports</u>

These two harrowing reports were published in June. We will spend some more dedicated time as a Board to consider the local implications. Last week CNOs and CMOs were invited to join the national CEO meeting to discuss the immediate and urgent action for the NHS which were set out in a system letter by Sir Jim Mackey, NHS CEO.

These are as follows:

1. **Martha's Rule Rollout:** Expanding this framework so patients and their families can trigger rapid, independent clinical reviews if their condition—or their baby's condition—worsens.
2. **Real-Time Data Transparency:** Collecting and transparently publishing real-time patient experience and outcome data. This is reviewed monthly by public boards.
3. **Board-Level Accountability:** Joint responsibility for maternity services shared between Trust Medical Directors and Chief Nursing Officers.
4. **Staff Listening Exercises:** Opening channels ("Amos into action") to address culture, attitudes, and ways of working among frontline staff.
5. **Addressing Inequalities:** Implementing the Perinatal Equity and Anti-discrimination Programme alongside targeted maternal care bundles to eliminate disparity in outcomes for minority ethnic groups.
6. **24/7 Service Availability:** Ensuring safe, round-the-clock staffing and responsiveness, including nationally mandated standards for maternity triage to end the "postcode lottery" in care.
7. **Homebirth Service Reviews:** Conducting immediate safety and quality reviews of local homebirth services, reporting to boards, and addressing gaps.
8. **Trauma-Informed Care:** Ensuring patient safety incidents and complaints are handled with humanity, candour, and a compassionate, trauma-informed approach.
9. **Triage Optimization:** Requiring 24-hour phone helplines and ensuring women are assessed in a timely manner by dedicated triage staff, separated from the main labour ward.
10. **Strengthening Workforce Capacity:** Boosting frontline capacity by utilizing a multi-million-pound government package aimed at hiring and retaining newly qualified midwives.

2. Resident Doctors Dispute

I am very pleased to report that the BMA Resident Doctors Committee has agreed to accept the lates pay and jobs offer from Government following a ballot of members.

The dispute has occupied a lot of my time since the start of the financial year. As widely reported, the revised formal offer included an element of productivity related pay progression, additional training jobs and improvements to employment conditions for locally employed doctors.

If the revised package had not been supported and strike action continued, the Government had been clear that this final offer would no longer be affordable. Any pairing back would therefore have likely resulted in an ongoing deadlock situation and consequential impacts on patient care and performance.

The agreement of the deal signals the start of a very different relationship with Resident Doctors. Alongside the current national review of training arrangement, our aim is to embrace RDs more fully within the organisations within which they work and train. There will need to be considerable effort in implementing the new pay, jobs and conditions elements.

3. The 2026/27 Oversight Framework

As set out last year, at the start of each financial year NHSE will publish a new National Oversight Framework (NOF). The NOF is key to delivering quality and performance metrics within the agreed financial envelope. Each annual update will reflect any changes in priorities or policy and will support the delivery of the annual Planning Guidance. The new NOF for 2026/27 includes for the first time, a set of metrics which will lead to the segmentation of Integrated Care Boards based on their performance in their new Strategic Commissioning roles. As with the Trust NOF, each organisation will be placed into one of 4 segments, with segment 1 being the highest preforming. With segment 4 potentially leading to national intervention. We are taking every opportunity to link operational freedoms and incentives to the NOF with the ability to become an Advanced Foundation Trust being the most tangible benefit for high performing Trusts.

The Trust-level NOF builds on some of the themes of the 10-Year Plan and sets a higher performance improvement bar based on the positive results achieved in 2025/26. NHSE have decided to retain the Financial Override for at least one more year. The override ensures that any Trust in deficit or in receipt of deficit support funding cannot achieve more than a Segment 3 rating.

From a Group perspective, the override will apply to WAHT and WVT due to the Trusts being in receipt of Deficit Support funding. Without deficit support funding, WVT would currently be in the top half of the framework. Meanwhile SWFT and GEH should be able to attain Segment 1 or 2.

4. Lord Mann Review of Antisemitism and Other Forms of Racism Across the NHS and Healthcare Regulatory System

Lord Mann was commissioned by the former Secretary of State for Health and Social Care to lead rapid review into antisemitism and other forms of racism across healthcare regulation and the NHS. As the largest employer in the country, the NHS can and should play a leading role in tackling antisemitism, racism and all forms of discrimination. At a time of heightened political tension at home and abroad, it is our duty to stand by our staff, patients and communities to ensure they have the protection and support they need to access or provide care effectively and safely.

The Lord Mann review provides an opportunity to state clearly: within the NHS, our professional values – care, compassion and clinical excellence – must always come first. The NHS is accepting Lord Mann's recommendations in full. The actions we will take immediately are to:

- sign up to the NHS Race and Health Observatory Seven Anti-Racism Principles
- set clear Staff Standards relating to experience of racism
- support NHS improvement and assurance through the NHS Oversight Framework
- strengthen accountability for racial inclusion through our appraisals
- consult on adding Jewish and Sikh to NHS protected characteristic datasets
- develop bespoke eLearning for NHS PALS and complaints handlers
- ensure all NHS boards and system leaders complete regular anti-racism training

None of these steps are intended to limit any individuals' personal beliefs or prevent legitimate expression outside of work. But they do set clear expectations for a respectful working environment, where colleagues can collaborate effectively and patients can trust that their care will never be compromised by division.

NHSW have also set out immediate actions we are asking NHS organisations to take, including:

- Ensuring implementation of the Violence Prevention and Reduction Standard, including data capture and use to target improvement with affected groups, monitored via the NHS Oversight Framework
- Prepare to implement the forthcoming NHS Staff Standards
- Adopting the new government definition of anti-Muslim hostility
- Ensure colleagues, staff representatives, patients and communities are aware of your actions through internal and external communications channels and are appropriately engaged in further developments to address antisemitism and all forms of racism locally
- Ensure that Boards and relevant committees fully understand your staff survey data on the experience of racism in their organisation and are taking appropriate action on key problem areas related to this issue and monitoring progress.

5. <u>Advanced Foundation Trusts (AFTs) and Integrated Healthcare Organisation (IHO) Contracts</u>

The first 6 AFTs have recently been authorised. Having completed a consultation, NHSE has also now issued the full policy framework and Guide to Applicants (the Guide). The gateway to authorisation continues to be linked to strong performance in the NOF and the Guide sets out how the authorisation process will work in more detail including the Board self-certification processes.

Alongside this NHSE continues to work with pilot sites to develop an approach to allowing some providers to hold IHO contracts. The Group is also engaged in a national IHO network which is helping to develop best practice models to build IHO capability through integration and development of the lead provider model.

6. <u>NHS Online</u>

The NHS is setting up an 'online hospital' – NHS Online – in a significant reform to the way healthcare is delivered in England. The innovative new model of care will not have a physical site, instead digitally connecting patients to expert clinicians anywhere in England. The first patients will be able to use the

service from February 2027. Patients will be seen faster, as teams triage them through the NHS App and let them book in scans at times that suit them at Community Diagnostic Centres closer to home.

When a patient has an appointment with their GP, they will have the option of being referred to the online hospital for their specialist care. They will then be able to book directly through the NHS App and have the ability to see specialists from around the country online without leaving their home or having to wait longer for a face-to-face appointment. They will be able to track their prescriptions and get advice on managing their condition from the comfort of their home.

Initially the focus will be on a small number of planned treatment areas with the longest waits. Over time this will be expanded to more treatment areas. Treatment areas will only be offered if the NHS knows it is it is clinically safe to do so remotely. Online NHS Trust has held its first board meeting. Core policies and procedures and initial committee membership approved and a presentation of build progress was given to the new Board. A Chair and Six non-execs took up post on 1 June, and they are currently recruiting a Chief Executive.

7. <u>More From Our Great Teams</u>

Following the planned closure of our Patient Discharge Unit (PDU) as part of our work to improve patient experience and ensure they receive their care as close to home as possible, a huge thank you is due to the members of the PDU team for all of their work to get patients back home, or back to the place they call home, in the safest, most timely way possible.
Freeing up the space occupied by the PDU is an essential precursor to work starting on improvements to our cardiac catheter lab.

Dementia Action Week in May saw the return of the annual garden party in the Dementia Garden on the Acute Frailty Unit. Patients, relatives and staff enjoyed an afternoon of cake, refreshments and reminiscence, accompanied by singer, Melissa Hollick. With the sunshine adding to the atmosphere, the garden was filled with familiar songs from the 1940s through to the 1970s. Patients sang and danced along, while staff joined in, creating an uplifting moment across the unit.

Video highlights here: https://www.youtube.com/shorts/mcbLD_1Mgcg

Two of our staff were invited to Royal Garden Parties in May. Acute Frailty Unit Ward Manager, Raymond Padilla attended a party on International Nurses' Day and spoke to King Charles himself. Louise Dean, from the Radiology administration team at Kidderminster Treatment Centre also attended a party at Buckingham Palace in recognition of her 40 years of NHS service.

Recommended Actions required by Board or Committee

To note the above report.

Executive Director Opinion[1]

N/A

Wells Jo
09/07/2026 16:01:26

[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
09/07/2026 16:01:26

JULY 2026

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

Quality and Safety

Urgent care safety indicators continue to improve, although performance against the fractured neck of femur standard has deteriorated further. Best practice tariff compliance fell to 26.4 per cent in May, with time to theatre at 52 hours against a 36-hour standard, and theatre capacity remains the primary cause. Current improvement actions do not yet provide assurance that this root cause is being addressed. Infection prevention is broadly sound, with Clostridioides difficile and pressure ulcers well controlled, although MSSA and Pseudomonas are already above their annual thresholds two months into the year. Reported complaints compliance has improved, but this partly reflects a change in reporting timescales rather than faster resolution, and the open caseload is rising.

Operational Performance

Emergency care represents the clearest area of progress. The four-hour standard improved to 71.9 per cent on the highest monthly attendance on record, and this reflects sustained improvement rather than a single month. Referral to treatment remains above plan with fewer long waiters, although the waiting list continues to grow and further pressure is anticipated over the summer. Cancer and diagnostics remain the areas of greatest concern. The 62-day cancer standard stands at 45 per cent of plan, driven by skin and urology, and the longest diagnostic waits nearly doubled in month. Recovery in both is dependent on capacity decisions that remain proposals rather than approved plans.

Workforce

The resident doctors dispute has been resolved nationally, removing a significant source of disruption and allowing renewed focus on delivery. Agency use continues to fall year on year, although much of that reduction has shifted into bank rather than being removed, and establishment is rising against a plan predicated on reduction. Sickness is stable, but stress related absence is high, with Women and Children's a clear outlier. Mandatory training and consultant job planning both sit below target, and job planning has not improved despite the governance arrangements already in place. Further assurance is required on why existing controls are not yet delivering.

Finance

The reported year to date deficit stands at 7.3 million pounds at Month 2, 1.7 million adverse to plan, reflecting industrial action and slower than planned savings delivery. The material point for the Board is that this position assumes continued deficit support funding; in its absence the deficit would be approximately 7 million pounds greater. Savings delivery is behind plan, and the revised taskforce approach requires rapid conversion into identified schemes. Cash remains tight, with creditor payments carefully managed to protect payroll and a further revenue support application in progress. The overall position remains fragile and requires close and continued oversight.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

Fractured neck of femur performance continues to be poor in terms of access to surgery within 36 hours. Although mortality rates from this condition are comparable with the national average, and other markers of quality of care remain strong, such as orthogeriatrican review and delirium assessments, our access to theatre times have only deteriorated since the service was concentrated on the WRH site in October 2021. Demand has undoubtedly risen over this time, but we are conducting a benefits review of the change in location of this service. The trauma and orthopaedics team are working on a plan to ringfence beds for fractured neck of femur patients (the service needs to accommodate 2-3 patients a day on average).

Sepsis has started to report following a reboot of the process to work better with the EPR. This is highlighting potential gaps in treating high risk sepsis, and the next step is validating this data to ensure the report taken off EPR is consistent with the actions of the staff 'on the ground'. Mortality from sepsis remains low compared to the national average.

Antimicrobial stewardship shows weak performance in terms of correct choice of antibiotic in Speciality Medicine and Surgery. The reasons for this are being investigated at Divisional level.

Hayley Flavell

Chief Nursing Officer

In May 2026 cases of CDiff decreased to 8 (from 9 in April) MSSA and Klebsiella, have both increased in May and cases of E Coli, MRSA and pseudomas remain unchanged. All of the 11 high impact intervention audits were compliant in May.

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 70.6% in May 26. The Trust had 131 complaints still open (increase from 99) at the end of May, and there were 93 new formal complaints received . Of the 131 open complaints, 32 have breached the agreed timescale. A new process was introduced to support surgery's complaint management process with improvements being demonstrable as Surgery Division now accounts for 32.8%(increased from 27% in April) of the open complaints (43).

The total number of falls in May remains the same as April (107) and remains below the national benchmark with 4.13 total falls per 1,000 bed days (national benchmark of 6.63). There were 0.9% falls with severe harm in May . The total number of HAPUs has decreased in May to 15 (0.56 HAPU per 1,000 bed days). There were zero HAPUs causing moderate, severe, or catastrophic harm in April. 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 and Maternity in May, although response rates have increased in both Maternity and Outpatient areas. All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count, noting the inpatient survey continues monthly.

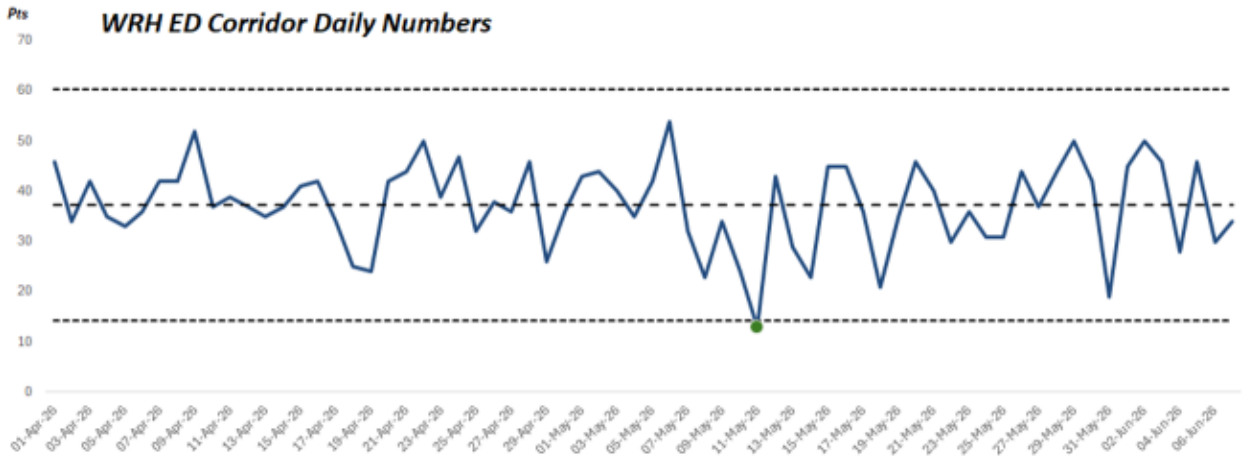
In May at WRH a total of 533 Pts spent over 45 minutesin a corridor location this was split as 176 in planned and 357 in corridor. In total they spent 12,093 hours occupying these spaces which is an average of 23 spent in a corridor space per patient. 83 Pts had a stay in a planned/corridor space longer than 48 hours in the month. While the number of Pts using a space has increased in May the actual time spent in them has reduced.

Noting – the reporting has changed from April to Planned escalation and corridor care beds based on new national guidance.

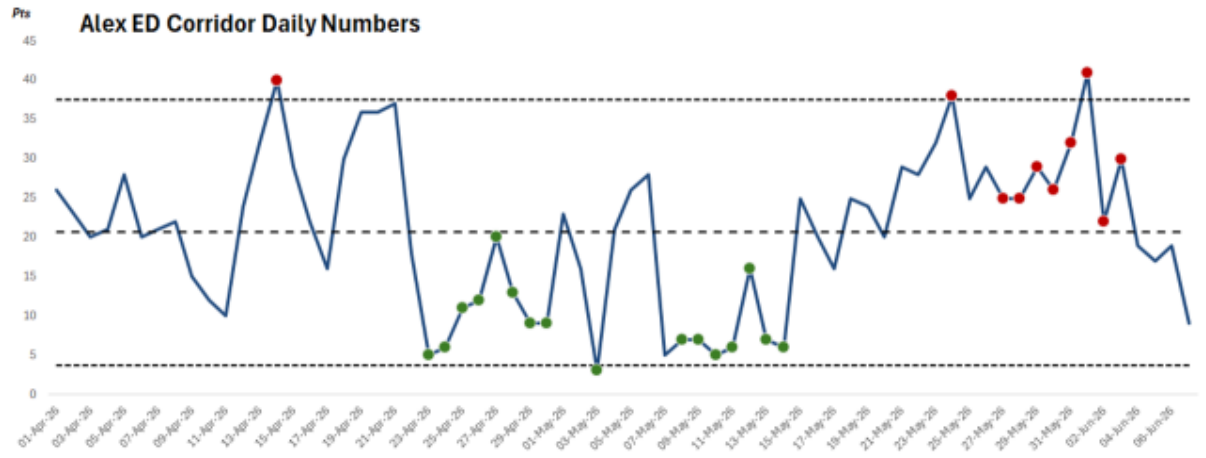
OUR QUALITY AND SAFETY – Corridor Care and Planned Escalation Spaces

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. .



For WRH the numbers each day remain generally consistent with just the odd day seeing a peak or a low.



The Alex through the start of May saw constantly low numbers however in the last week of May these significantly increased. This was in line with a drop in EAS performance and longer waits and bed pressures

Understanding the performance

Site	Split	Apr-26	May-26
Worcestershire Royal Hospital	Total	512	533
	Planned	184	176
	Corridor	328	357
	AVG Per day	17	17
	Total Time (Hours)	19,429	12,093
	AVG Time (Hours)	38	23
	Pts > 48 hours	100	83
Alexandra Hospital	Total	72	176
	Planned	72	176
	Corridor	0	0
	AVG Per day	2	6
	Total Time (Hours)	1,092	3,514
	AVG Time (Hours)	15	20
	Pts > 48 hours	2	13

The table opposite shows a breakdown of those patients who have spent over 45 minutes in a Corridor or planned Escalation space by site.

In May at WRH a total of 533 Pts spent over 45 minutes in a corridor location this was split as 176 in planned and 357 in corridor. In total they spent 12,093 hours occupying these spaces which is an average of 23 spent in a corridor space per patient.

83 Pts had a stay in a planned/corridor space longer than 48 hours in the month.

While the number of Pts using a space has increased in May the actual time spent in them has reduced.

During a PDSA, Medical SDEC overflow area was contributing towards our count of planned escalation spaces at the ALX. This has now stopped.

Actions (SMART)

- Continue to adhere to the "Process for the use of Planned Escalation and Corridor Care Standard Operating Procedure
- Ensure data is validated daily to ensure accurate data collection and publication
- Continue to deliver milestones within the UEC recovery and reset programme to support increased flow, effective discharge and overall bed occupancy
- Following the closure of PDU (June 26) develop and approve de-escalation plan of ED / Ward corridor care mapping to OPEL levels and hospital full policy

Risks

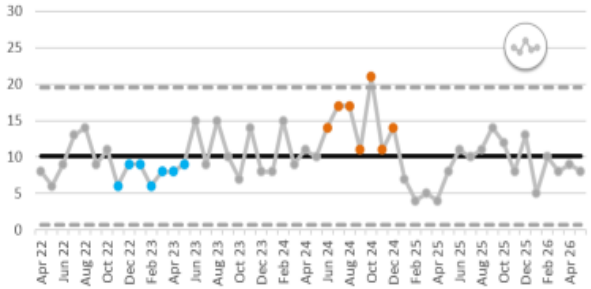
- Risk to the quality of care received by the patient due to being in an inappropriate clinical area
- Overcrowding in A&E and on IP wards
- Reputational damage to the Trust due to high numbers.

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

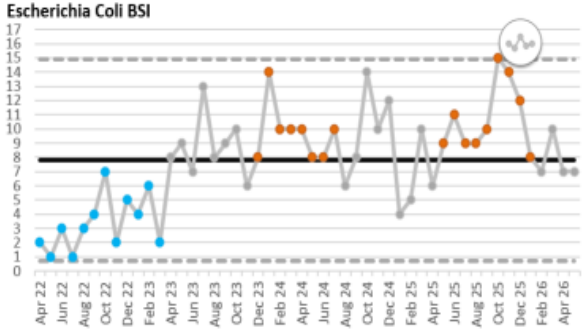
We are driving this measure because

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

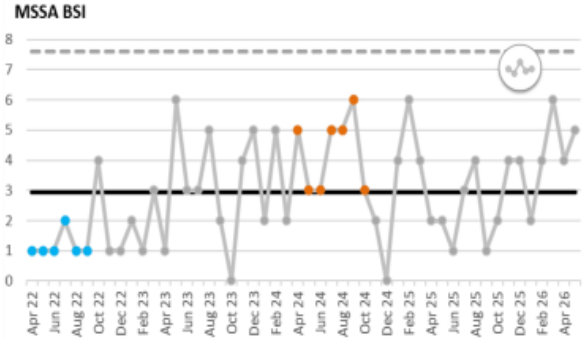
Clostridioides difficile



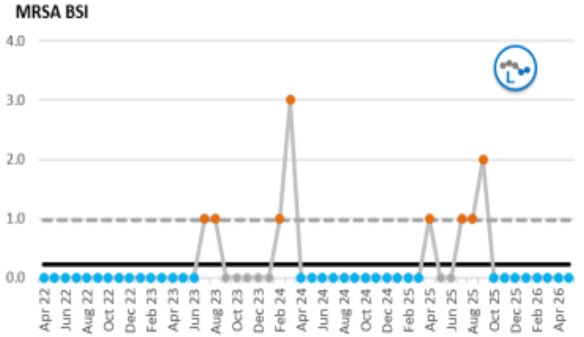
Escherichia Coli BSI



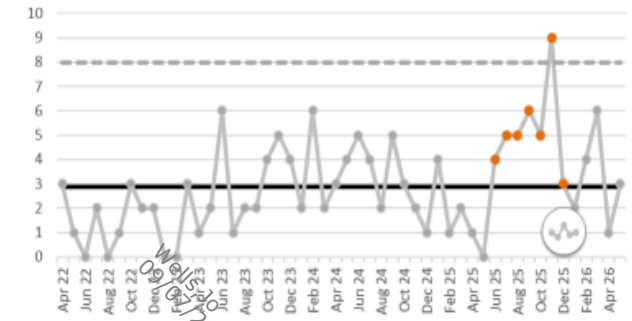
MSSA BSI



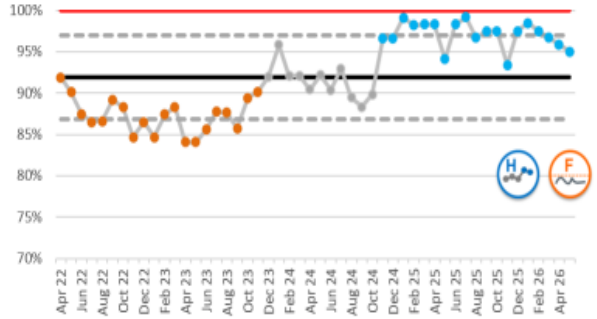
MRSA BSI



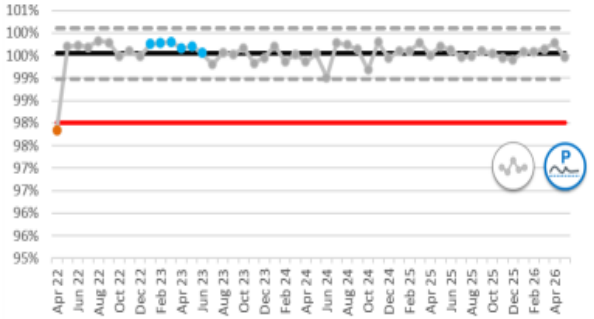
Klebsiella BSI



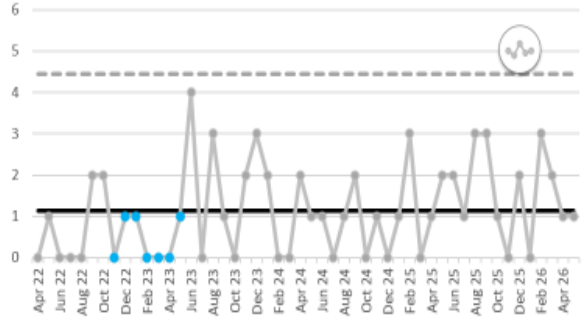
Hand Hygiene - Audit Participation



Hand Hygiene - Compliance



Pseudomonas BSI



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) dropped in May-26 (8 c.f. 9 in Apr-26) and the year-to-date total of 17 is **below** the threshold of 22.
  May: HOHA 4 COHA 4. Year-to-date: HOHA 8 COHA 9
- E-Coli BSI was unchanged in May-26 (7) and the year-to-date total of 14 is **below** the threshold of 18.
  May: HOHA 2 COHA 5. Year-to-date: HOHA 6 COHA 8
- Internal ambition: MSSA BSI increased in May-26 (5 c.f. 4 in Apr-26) and the year-to-date total of 9 is **above** the threshold of 8.
  May: HOHA 4 COHA 1. Year-to-date: HOHA 7 COHA 2
- MRSA BSI was unchanged in May-26 (0) and the year-to-date total of 0 is **meeting** the threshold of 0.
  HOHA 0 COHA 0.
- Klebsiella species BSI increased in May-26 (3 c.f. 1 in Apr-26) but the year-to-date total of 4 is **below** the threshold of 6.
  May: HOHA 1 COHA 2. Year-to-date: HOHA 1 COHA 3
- *Pseudomonas aeruginosa* BSI was unchanged in May-26 (1) but the year-to-date total of 2 is **above** the threshold of 1.
  May: HOHA 1 COHA 0. Year-to-date: HOHA 2 COHA 0
- Hand Hygiene Compliance (99.5%) has met the target (98%) every month since Apr-22 and is showing common cause variation.
- Hand Hygiene Audit participation dropped slightly in May-26 (95.04%), failed to reach the target (100%) but is still showing special cause variation of improvement.
- All of the eleven High Impact Intervention (HII) audits were compliant (95%) in May-26.

HCAI Thresholds for 2026-27 have not yet been released. The Trust is benchmarking against 2025-26 figures.

Actions (SMART)

•C.diff IPC to continue weekly surveillance and reviews, and focus on AMS, use of Rediairs, cleaning.
•C.diff reduction : Antimicrobial Stewardship work lead by AMS Pharmacist and AMS committee continues
•Gram negative blood stream infections: E.Coli, Klebsiella and pseudomonas, new Datix proforma process was commenced at the start of April - to be completed by clinical team caring for the patient focusing on hydration, UTI prevention, urinary catheter and PVD care (scrub the hub).
•Our internal ambition for no more than 40 cases of MSSA per year will remain in place for the new financial year, focus needs to continue on the use of PVD packs, scrub the hub and documentation on EPR system.
•Focus on prevention of splash contamination and IVs-installation of splash screens, installations began at WRH site, yet to start at Alex site, awaiting estates quotes to progress, poster to raise awareness of splash risk shared with divisions.
•MRSA/MSSA Focus continues on device care VIP, scrub the hub (poster shared with divisions), updated policy in place
•Monitoring of cleanliness via monthly 3 star and below meetings continues
•MRSA, E.coli, Klebsiella and Pseudomonas bacteraemia's are reviewed weekly with IPC team, consultant microbiologists, AMR pharmacist, and ICB. NHSE IPC lead has attended the meetings and was assured by the Trust review process.
•Divisional, High Impact Interventions completion and compliance for PVD insertion and on-going care, urinary catheter insertion and ongoing care is monitored via TIPCC on a monthly basis
•Divisional compliance with IPC Level 2 training is monitored via TIPCC on a monthly basis
•Divisional Hand Hygiene audit compliance via TIPCC on a monthly basis .

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.
Risk 6220; Measles has been added due to the increase of measles cases seen in the trust and in the Worcester community. Contract tracing has been completed for staff, patients and visitors in the departments involved. Warn and inform letters have been issued. Polices and procedures have been recirculated to staff and departments. Reminders to staff that the MMR vaccine is available from OH Department have been circulated. A NHIG pathway has been drafted and circulated. Internal incident declared and control and command meetings held daily.
•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.. Long term sickness is being managed via Occupational Health and HR.
•Continuing bedpan washer issues at WRH impact the ability to undertake high level disinfection of bedpans and other items. Work on a solution is in progress with trials of equipment now completed and a preferred supplier identified. Estates are working with Equans on the commercials to replace the bedpan washers with maceraters.
•Mattresses – concerns have been raised that mattress covers are failing their fluid ingress tests sooner than expected and soiled mattress covers returned to the company for disposal have been returned to site. The mattress team have robust procedures in place to ensure that the damaged mattresses and covers are not being reused. Meetings are taking place with the company to resolve the issues.

OUR QUALITY AND SAFETY – ANTIMICROBIAL STEWARDSHIP (AMS)

We are driving this measure because

We need an approach to promote and monitor 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 extracting the PPS audit and creating an AMS dashboard- in the process of mapping to antimicrobial allergies from Sunrise. EPMA lead requested a report to review allergies submitted on Sunrise as target is 100%.
•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 continuing twice weekly.
•Collaborating with the ICS Forum to align hospital formulary and guidelines. Had the first combined meeting of Coventry & Warwickshire AMR Strategy Group and Herefordshire & Worcestershire AMS Forum, in view of the recent clustering of our two ICBs. Terms of reference (TOR) to be set for group.

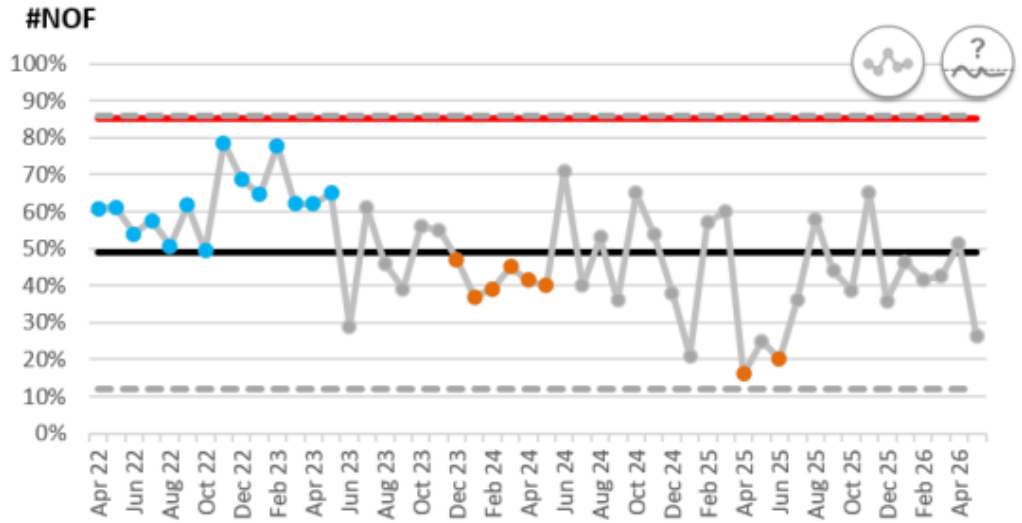
Risks

- Operational pressures prevent necessary attention to AMS

OUR QUALITY AND SAFETY – FRACTURED NECK OF FEMUR (#NOF)

We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



Understanding the performance

Externally Reported – BPT #NOF Patients

- #NOF compliance dropped significantly in May-26 to 26.4%.
- The target (36 hours) has still not been achieved since Mar-20.
- There were 87 #NOF Admissions in May-26
- There were a total of 64 breaches in May-26.
- The primary reasons for breaches in Apr-26 were Theatre capacity (42), medically unfit patients (11) and bed issues (8).
- The average time to theatre was 52.0 hours.

Internally Monitored – All #NOF Patients

- #NOF compliance dropped in May-26 to 26.5%.
- There were 98 #NOF Admissions in May-26.
- There were a total of 72 breaches in May-26.
- The average time to theatre was 51.5 hours.

Actions (SMART)

- A new NOF improvement action plan will be implemented this will be discussed at the trauma improvement
- Ensure full utilisation of theatres with no early finishes
- 2 beds on T&O A to be ring fenced for NOF patients in A&E. However, until we stop boarding patients it won't be achievable. Use a side room as an admitting bed. This needs to be agreed.

Risks

- **Risk 4873 (15)** - Risk of patient harm due to exceeding 36 hours to theatre for repair of fractured neck of femur. Risk action 30877 – 30/04/2026 Continue to monitor effectiveness of Beech Trauma as a temporary solution

- Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway.

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

Our May 2026 performance continues to report an improved position. Overall System EAS increased from 69.6% to 71.9% and remains in special cause improvement. Trust wide our Type 1 EAS also demonstrates an improvement from 56.6% to 60.1%. Activity through our front door continues to increase, with 14,883 patients attending during May (an average of 480 per day). This is a is a 6.7% increase compared to May 2025 and the highest single month on record. This equates to an additional 30 patients attending a day. This increase has prompted a review of our front door clinical resources, and the Division of Medicine are presenting recommendations to Trust Management Board.

Our Non-admitted non referred pathway reflects improvement changes in how we process and stream patients, moving performance up by 4ppt. Towards the end of May, and during the half term holiday, whilst activity increased, with an increase in admissions as well as attendances, discharges were reduced, resulting in some additional challenges for our teams. Overall ambulance conveyances increased and coupled with this, the number of patients arriving by ambulance who were subsequently discharged home reached 60%, in particular w/c 24th May. Discussions system-wide are underway to review alternative options for our patients who do not need to come into hospital. The newly formed Neighbourhood Health Care Group have commenced discussions with our partners to assess and identify further opportunity to avoid ED's and to link in with the work of the clinical services strategy. During May 27% of attendances were conveyed by an ambulance with 73% of attendances were patients self-presenting at our EDs, this is an increased level of attendances for those walking in through the front door.

Despite increased activity, the percentage of ambulance handover breaches under 45 minutes remained above 80%. Whilst there have been challenging days for our teams with ambulance handover, the overall position continues to be positive. The next phase of the release to respond programme has been agreed. A QIA will assess mitigations prior to go live. These will be discussed and co-ordinated through the UEC Reset programme, which has several workstreams contributing towards action plans in support of delivery.

Plan to close our Pathway Discharge Unit are underway and as at June 16th, we have significantly reduced the number of patients on this unit (10). Plans to close are on track. The closure of this unit fits with our aims to reduce the length of stay for our patients, which we know increased with multiple moves. It also considers the environmental factors associated with this unit.

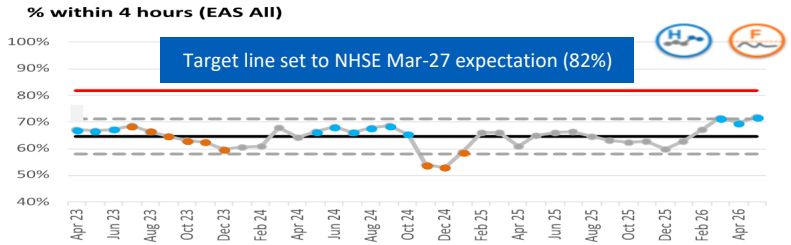
Our performance in cancer is still not in a position we would want for our patients, though we expect FDS position to have improved in April compared to March we are below our plan and we continue to see low performance 31- and 62-day metrics. Cancer performance is mainly driven by three specialties, urology, skin and breast services. Our breast service continues to show good progress in recovering the performance across all three cancer metrics with patients now been seen within 5 to 7 days of referral, the team continue to progress with long term solutions to maintain improvement. Urology service has continued to see steady improvement and further work to increase capacity over the summer period is underway and will address the backlog of patients experiencing delays beyond 62 days. The team continue to work closely with WMCA to deliver the programme of improvement to address both short and long-term service capacity issues. Our patients seen in our dermatology services have seen a deterioration in the time it takes to receive treatment over the last couple of months, and the backlog for treatment has increased. Our service leads are working rapidly to improve this position as we move to a new independent sector provider and have further plans in place to address backlog and respond to the seasonal increase the service experiences.

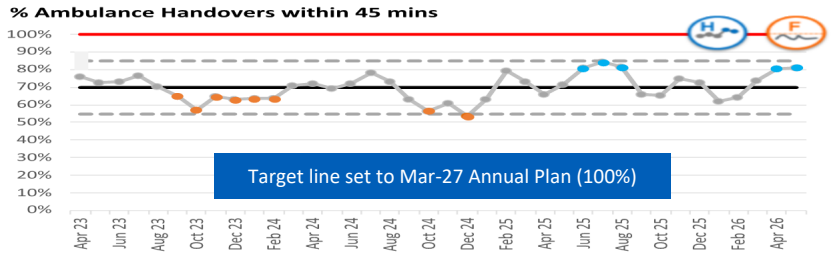
Our elective recovery for RTT continues to perform above our annual plan with May at over 62% for RTT, as teams continue to maximise on the progress made earlier in the year as part of the elective sprint which saw a reduction in the time our patients wait for their first appointment. We do still have patients waiting in excess of 52 weeks before receiving treatment and this mainly impacted by three specialties, ENT, OMFS and T&O. All three services have developed plans to achieve zero 52 week waiting times by September. We are however seeing ever increasing demand and our waiting list size has increased in recent months and is above plan. Service leads are preparing plans to increase our overall activity through increased productivity, with some areas requiring additional support through independent sector providers where demand is outstripping capacity.

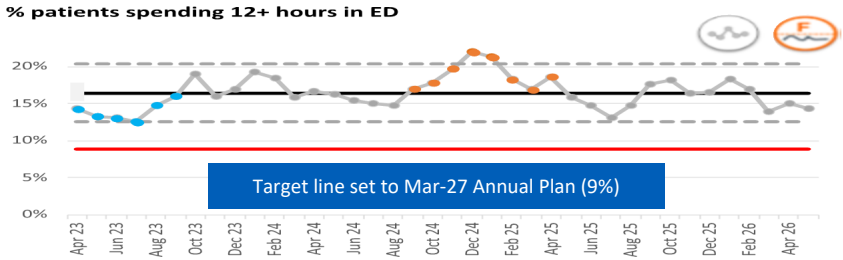
OUR OPERATIONAL PERFORMANCE – URGENT & EMERGENCY CARE

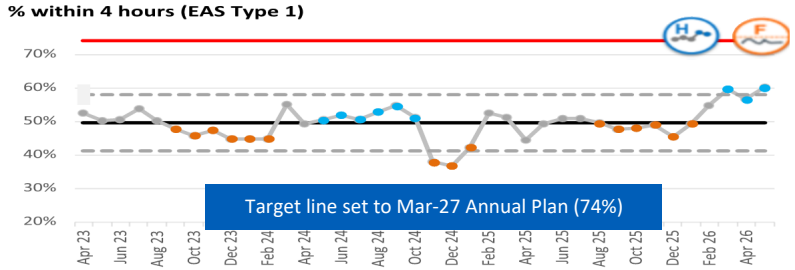
We are driving this measure because

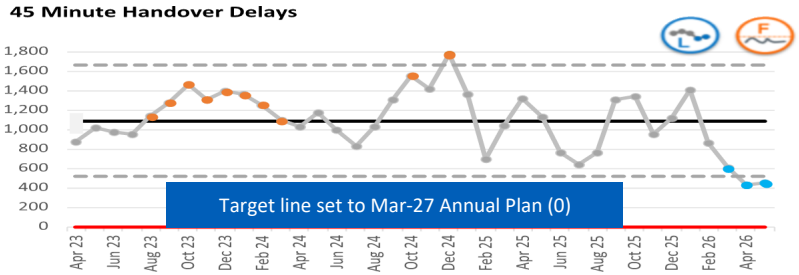
The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community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

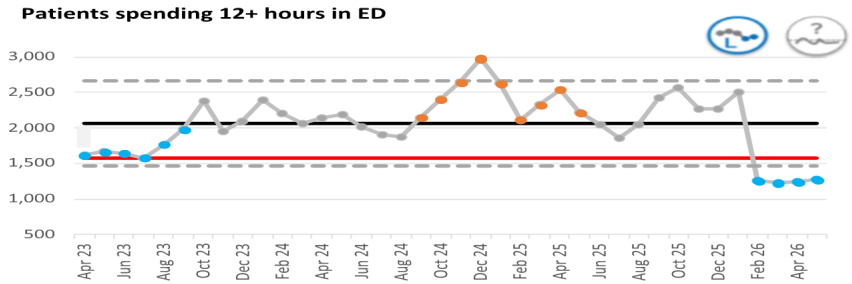












Understanding the performance

- Overall System EAS increased by 2.3ppt from 69.6% to 71.9% and remains special cause improvement;
- 14,882 patients attended our type 1 sites in May (at an average of 480 per day) which is a 6.7% increase compared to May 2025 and the highest single month on record. This equates to an additional 30 patients attending a day.
- Type 1 EAS increased by 3.5ppt from 56.6% to 60.1% and remained special cause improvement
- NANR improved by 4.6 ppt.
- 27% of attendances were conveyed by an ambulance and 73% of attendances were patients self-presenting at our EDs.
- The percentage of ambulance handover breaches under 45 minutes remained above 80% and special cause improvement.

Actions (SMART)

•.WMAS Meetings have been arranged to help build stronger partnership working and continue fortnightly and will be held face to face at each site
•AGH CDU business case has begun development – room data sheets have been issued by the design team and are under review by clinicians
•Workforce Rotation Proposal: We propose rotating staff between sites to maintain clinical skills, suggesting a management of change process to facilitate cross-site working and address skill gaps.
•Paediatrics paper presented to TMB. Mitigatios agreed. Dr rotation across site 2) external and Internal communications about service at AGH 3) Paeds consultant response required within 30 minutes
•Deep dive underway against overnight performance. Due for presentation to Executives on 18/6/26
•2m Capital funding secured as a result of EAS Sprint
•Doctor productivity performance plans to be introduced
•Hot desk room to be set up at WRH ED in minors
•Out of hours 4 week review to commence
•Ed doctor workforce paper to be presented to TMB 17th June – ATRs are arranged for all 17 posts/JD/PS completed and recruitment page has been designed in preparation for sign off
•Radiology response times and dashboard under review. Combined Divsiional action plan under discussion. Working group chaired by Deputy Coo, Urgent Care
•Phase 2 of Release to Respond/45 mins Handover scoped. UEC Reset on 22.06.26 will assess mitigations and agree go live
•Workstreams – UEC Reset – to provide mitigating actions in line with plan to move to Phase 2 of Release to Respond
•Effective Flow Workstream actions on track. Digital Patient Flow and Closure of PDU beds on track

Risks

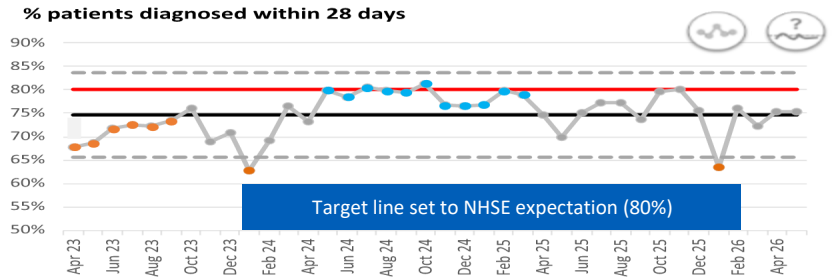
- Increase in IPC issues related to Measles
- Bleed system compatibility and downtime
- Pace on agreement for discharge pathway metrics system wide
- Continued engagement in 45, coupled with system wide metric visibility
- LOS increase on General Medical wards
- Overnight Primary Care delays and public behaviour (attending ED as opposed to accessing alternatives)
- Inconsistency in offer of alternative pathways for ED/SPOA to access
- Hospital flow and late discharges featuring
- Radiology in MIU – future model required
- System Wide support to support PDU closure plan, minimal assurance
- Reduced usage of call before convey. Impact on 45 min handover
- 40% of Ambulance arrivals are not admitted. Alternative pathways needed
- Potential closure of PDU reducing bed base this year impacting on capacity and requirement to focus on reducing Corridor Care – June deadline
- Risk associated with patient care/outcomes and Corridor Care

OUR OPERATIONAL PERFORMANCE - CANCER

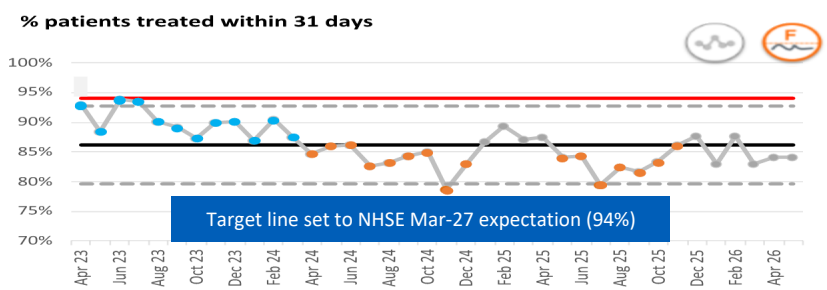
We are driving this measure because

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.

Y-axis does not start at 0%



Y-axis does not start at 0%



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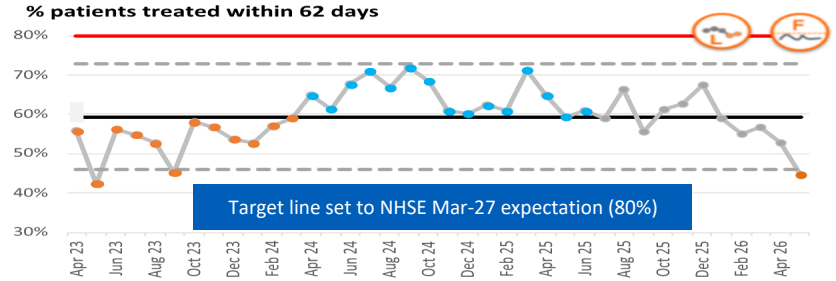
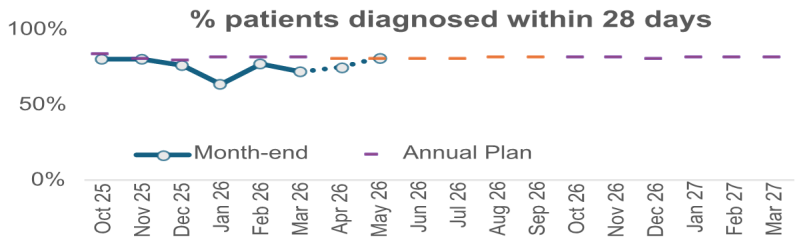
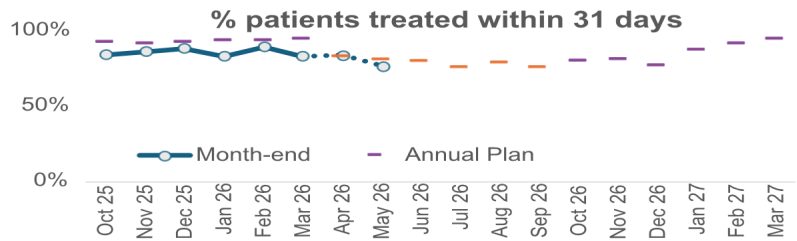
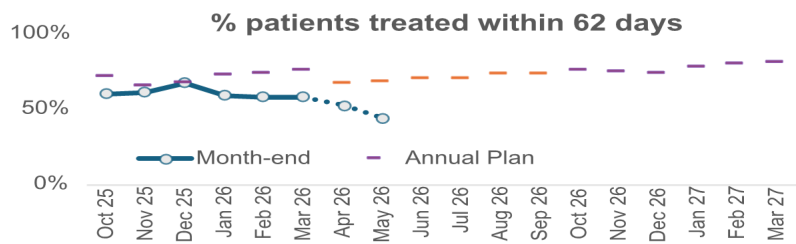








Understanding the performance (provisional)

- We received 2,696 cancer referrals in May; the decrease from Apr-26 is normal seasonal variation
- 28-day performance is at 81% and is normal variation.
- The 31-day performance (81%) is below our annual plan target and normal variation. Only 4 specialties have achieved the 96% operational standard.
- The 62-day performance (45%) is below our annual plan target.
- Skin and Urology are contributing 70% of patients to the backlog of patients

Actions (SMART)

- **Urology** – WMCA are supporting a programme approach for the urology improvements, which include short term and medium to long term actions. The service continues to utilise increased capacity with locum consultants and middle grade doctors since January 2026 and increased LATP capacity since February via an insourcing provider. Further funding from WMCA has been requested to bridge the gap to business case approval of sustainable service model. These additional resources will support capacity for USC OPA, LATP and post MDT OPA, as well as provide additional theatre capacity. Mutual aid continues to be provided from WVT for 4 robotic cases per month, alongside weekend waiting list initiatives. The service is trialling remote monitoring and reviewing cases discussed at MDT with a view to move to protocolised treatments to reduce delays at MDT and support more time for complex case discussion.
- **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. The service are now developing a costing model for ongoing support and further roll out with commissioners. One stop clinics commenced in February; service has successfully recruited to 5 GPs with specialist interest who are now in post and will support the provision of sustainable service model along with recent approval to recruit to permanent dermatologist posts. Skin 62 day backlog has increased folloloing an unplanned loss of capacity from exiting provider. The

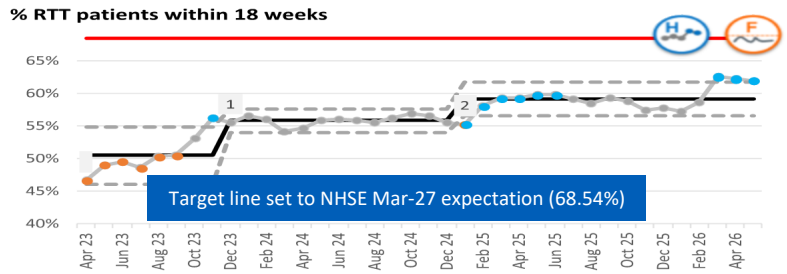
Risks

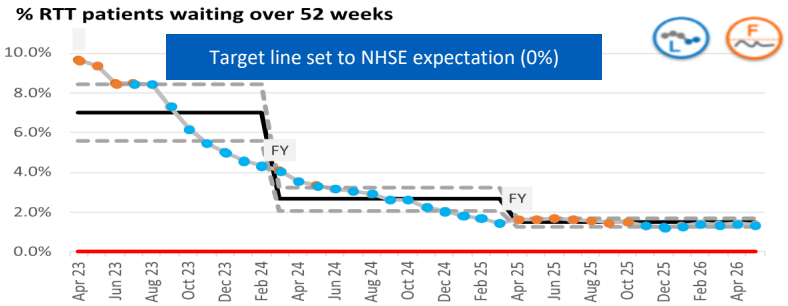
- Impact to achieving delivery of 31 and 62 days resulting from insufficient Oncology capacity.
- Failure to reach annual plan target for FDS due to the increasing demands and ability to flex up capacity to keep pace for Breast and Urology services
- Risk to delivery of FDS, 31- and 62-day targets due 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

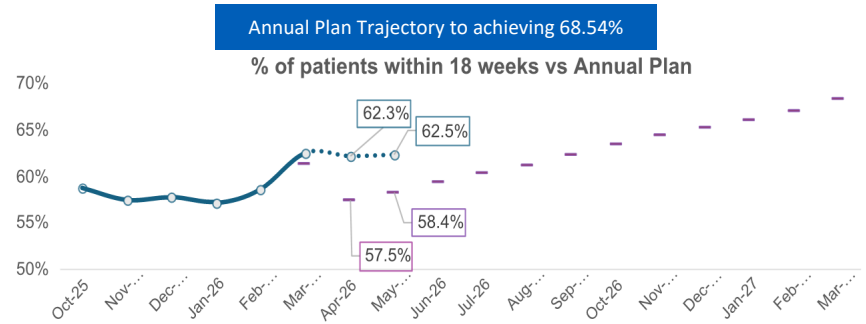
OUR OPERATIONAL PERFORMANCE – REFERRAL TO TREATMENT

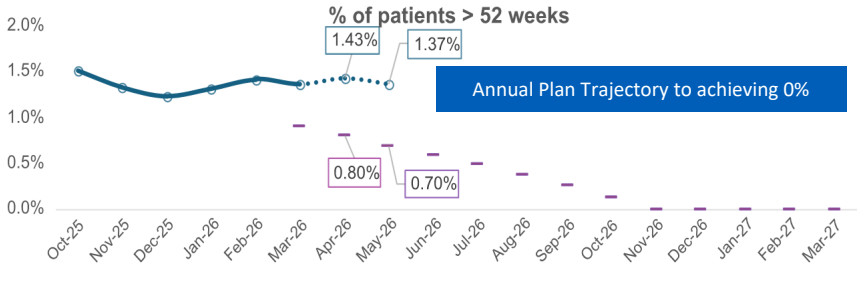
We are driving this measure because

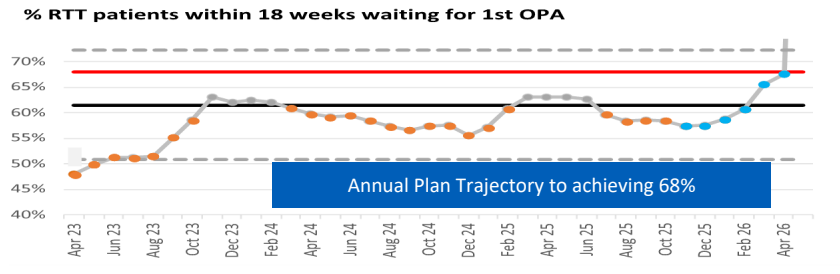
It is a key priority to ensure that patients can access the elective treatment they need in as timely a manner as possible and to continue to recover to the 18-week Referral to Treatment standard as set out in the NHS constitution.

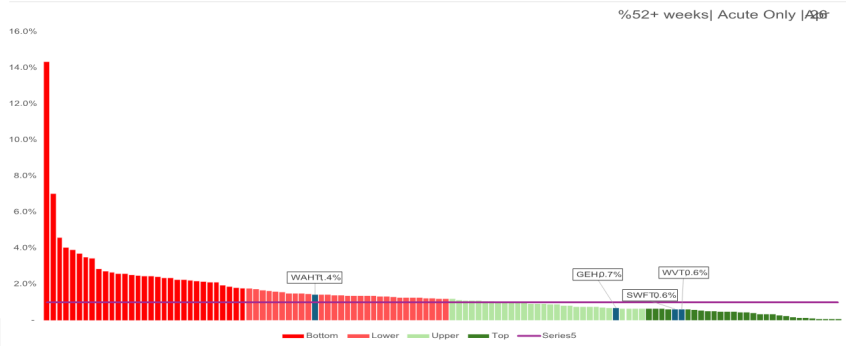












Understanding the performance (provisional)

- At the end of May-26, 62.5% of patients, of a waiting list of 57,652 were waiting less than 18 weeks for their first definitive treatment.
- For those patients waiting for their first appointment, the proportion waiting less than 18 weeks shows special cause improvement.
- The number of patients waiting over 52 weeks was reported as 787 which is lower than April, at 818. This is 1.36% of the total waiting list.
- 3 specialties with 52-week waiters at month end (ENT, T&O and OMFS) contribute 86% of patients to the Trust overall position.
- In April's NHSE RTT publication, WAHT remains in the lower quartile of performance with 1.4% of the waiting list over 52 weeks.

Actions (SMART)

- Weekly oversight, monitoring and support from ICB and NHSE
- Weekly DCOO oversight and monitoring of our longest wait patients
- **ENT** are progressing with a pilot and service redesign of their pathways including using digital solutions to support changes from point of referral and reducing follow-ups through increased discharge or to increase PIFU in line with peer benchmarking.
- In addition, to manage the current backlog of patients over 18 weeks waiting for treatment and specifically at risk of 52-week breaches, a proposal for additional activity to support recovery by September has been developed which includes a ring-fencing beds for elective activity, insourcing and increasing throughput through theatres
- **OMFS** recovery plan to address 52 weeks and support RTT performance through increased capacity from a locum providing oral surgery and MOS from May onwards. Additional paediatric specific lists to commence June. Close management of booking practices to maximise utilisation and ensuring the longest patients are prioritised. Due to the size of backlog, the service are exploring an insourced solution to support and eradicate breaches over 52 weeks before September.
- **T&O** – The service has a recovery plan to eliminate 52 week waits by July, this will be achieved by improving utilisation with the routine use of stand-by patients, improvement in booking practices, support from IS providers for 250 hands/upper limb cases, continued use and high performance through treatment room 2 which went live at the end of March.

Risks

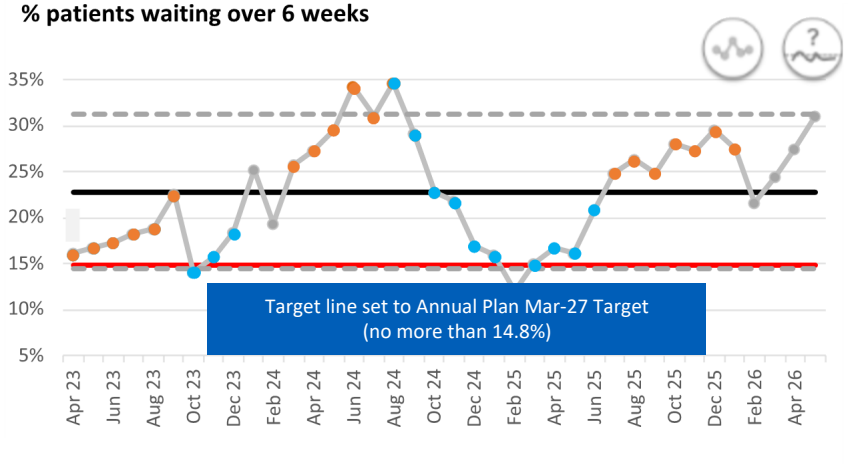
- Risk to elimination of 65+ week waiters due to late onward referral to diagnostic services with limited capacity such as NOUS or specialist services provided externally, such as HIDA scan, Bravo etc
- Risk to delivery of eliminating all waits over 52 weeks by Sept 26 particularly for ENT, T&O, OMFS and urology
- Financial impacts of ongoing use of insourcing and outsourcing solutions
- Impact from further Resident Doctor Industrial
- Deterioration of 18-week performance over summer from high volume in referrals in March and April

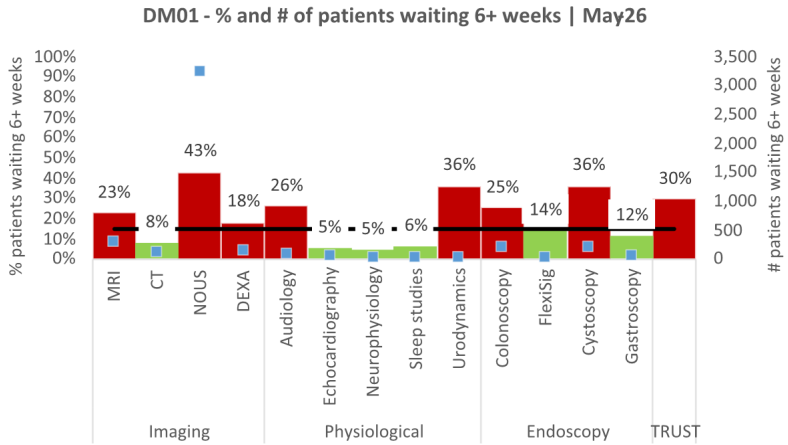
OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

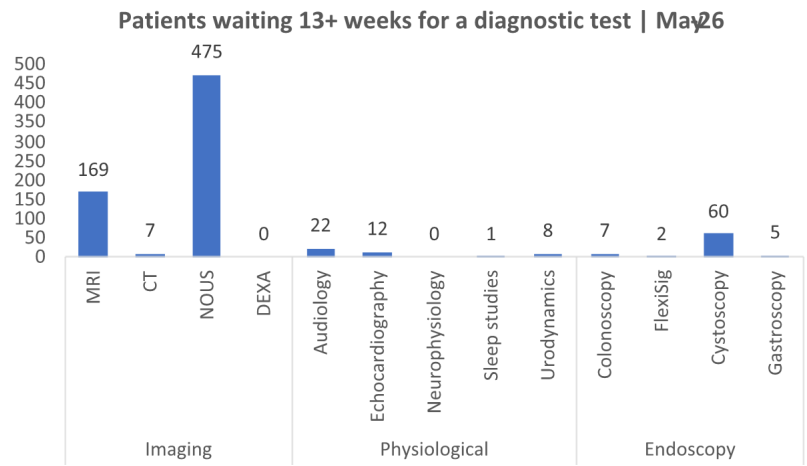
We are driving this measure because

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







Understanding the performance (provisional)

- 4,513 (29.5%) patients were waiting over 6 weeks at the end of May-26. This continues performance that is common cause variation.
- The target remains achievable, although not consistently.
- 7 modalities are above the year end target. They account for 94% of all patients breaching 6 weeks at the end of May.
- NOUS still has the most patients over 6 weeks (70% of all 6-week breaches) followed by MRI, Cystoscopy, Colonoscopy and Audiology.
- The number of patients waiting more than 13 weeks at the end of May has increased to 768 (from 387). With 475, NOUS accounts for 62% of the patients reported as breaching 13 weeks at the end of the month.

Actions (SMART)

- **MRI** – Extension to AH MRI mobile required to achieve 6 week performance. Cardiac MRI remains driver behind current longest waiters exceeding 13 weeks. The service have developed a recovery plan to address the backlog and maintain the position below 6 weeks through use of IS mobile. The proposal will be finalised and presented in May for approval. The routine and cancer work is continuing to be supported with an MRI mobile.
- **NOUS –** Insufficient capacity and high referrals continue to be a challenge. The service has been unsuccessful with provision of WLIs to meet demand therefore an insourced solution OR 8,000 has been proposed for short to medium terM, in order to support recovery of over 6 weeks waits.
- **Audiology** – Recovery plan in place, includes improvements in triage to ensure patients appropriately streamed into service. Increasing capacity of audiology by reducing lost capacity in ENT clinics. Proegressing with recruitment to funded vacancies for Associate Audiologists, service manager.
- **Cystoscopy and urodynamics** – Continued use of waiting list initiatives to reduce backlog. CNS training to support additional capacity in urodynamics
- **Dexascan** – Limited success with voluntary additional hours. Service is developing a proposal to increase core capacity by 2hrs per day.

Risks

- Risk to delivery of DM01 performance resulting from carve out of capacity to support cancer pathways e.g. urology prostate MRI – mitigated with additional mobile resource
- Risk to delivery of performance in audiology if failure to recruit to permanent vacancies.
- Insufficient capacity at subspecialty level MRI - cardiac resulting in waits exceeding 13 weeks.
- Volume of demand alongside a national shortage of sonographers impacting on capacity to deliver performance

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

Recruitment

Funded establishment has increased at budget setting by 57.88 wte and then by a further 69.54 wte this month which is 67.67 wte in Medicine, 2.94 wte in Women and Children's, 2.05 wte in SCSD, 1.30 in Corporate and 0.29 wte in Surgery. Finance have confirmed that increased funded establishment are CPIP's for Nursing and Medics Agency swap outs. Reductions have been transacted in Digital. Funded establishment at 7848.56 is 238.82 wte higher than M2 last year. We have recruited 67 new staff but have only 1 more starter than leavers. Increases are in Medicine, Estates and Facilities and Women and Children.

Vacancy Rate

Our vacancy rate has increased to 8.09% (634.93 wte vacancies) which is directly due to increased establishment and is above the Trust target of 6.5%. Some vacancies are being held intentionally in line with the annual plan and a MARS scheme has been offered to enable skills mix reviews of corporate/non-clinical posts.

Non-Clinical vacancies - We have 128.17 wte Admin and Estates vacancies (10.75%), 10.82 wte Managers vacancies (3.74%), and 17.60 wte other infrastructure support (6.12%).

Monthly Bank and Agency Spend

Temporary staffing spend remains a considerable challenge. There has been a 32.36 wte reduction in agency worked in May but a 0.29% increase in agency spend as a % of gross cost. Surgery are outliers with 5.33% of gross cost. We are 82.19 wte ahead of our 26/27 plan for overall worked but 21.88 wte over for Agency worked and 114.46 wte over for Bank worked. We are quartile 4 (worst) on Model Hospital (January 2026 rates).

Annual Staff Turnover

Our annual staff turnover is broadly unchanged at 7.54% which continues to comfortably meet our target of 11.5% and is on an improving trajectory compared to rates of 8.92% last year. We benchmark well against other Trusts remaining at Quartile 1 (best) on Model Hospital (December 2025 rates). Estates and Facilities are outliers at 10.48%. All Divisions continue to comfortably meet the target.

Sickness Absence

Monthly sickness absence has reduced by 0.06% from last month to 4.94%. This is 0.19% worse than the same month last year. The % of absence attributed to stress has increased to 33.10% of total sickness. Women and Children are outliers with an increase to 52.07% of all absence attributed to stress. The highest sickness levels are in Estates and Facilities (unchanged at 7.08% overall with 4.91% 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 Estates and Ancillary staff groups.

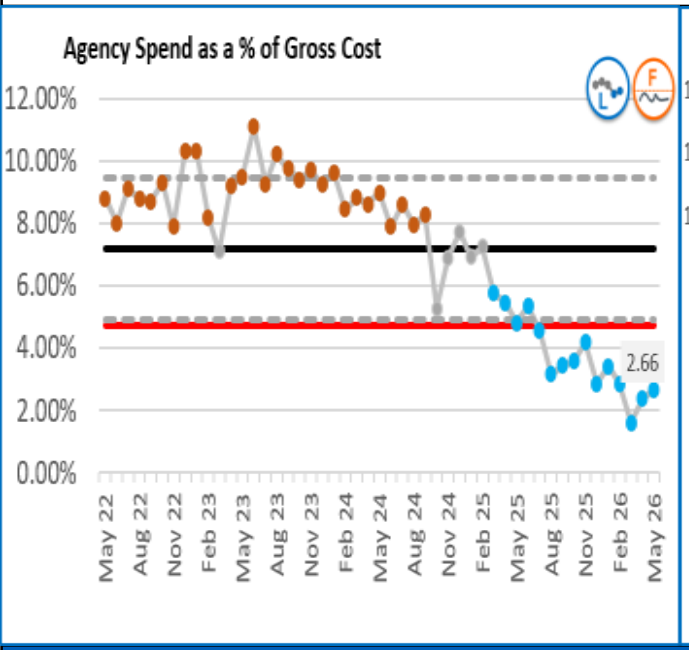
Job Planning

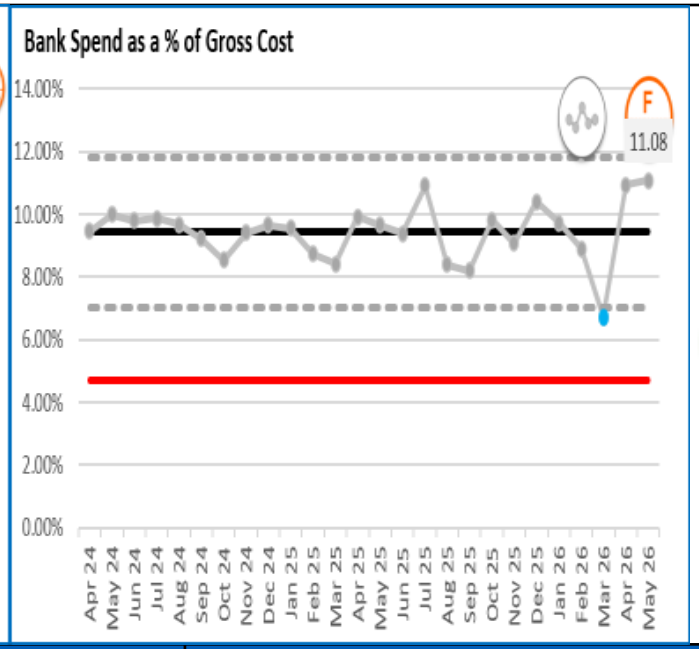
Consultant Job Planning has remained at 85% against target of 95%. SCSD are the only division to meet the target. Surgery are outliers with 75%.

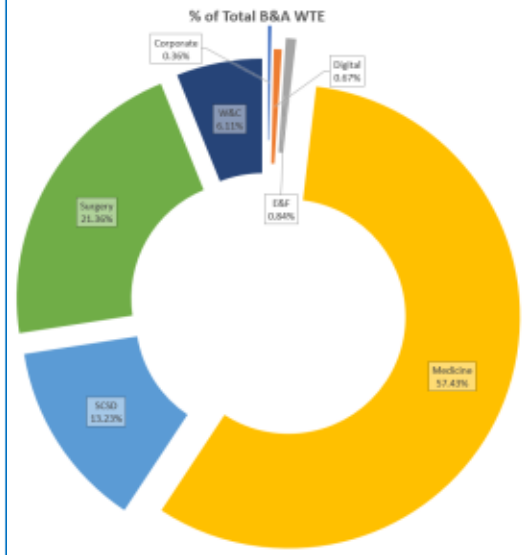
OUR WORKFORCE PERFORMANCE – REDUCTION OF AGENCY SPEND

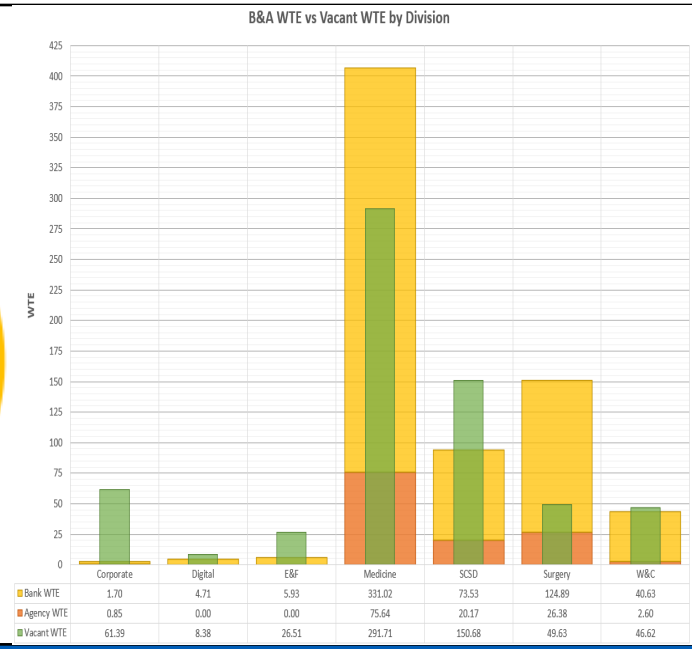
We are driving this measure because

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 May to 2.66% of gross cost. This remains significantly better than last year when agency costs were 4.81% of gross cost. Work needs to continue to focus on reducing bank usage as this has increased to 11.08% this month.

Usage of HCA agency (NHSE mandate) continues to be low and is being closely monitored for impact and safety.

We continue to see a downward trend for agency usage, however there now needs to be more focus on bank usage/spend as our M2 usage means that we are 91.54 wte adrift of our 26/27 plan for bank, although ahead of plan overall.

Actions

- We are reviewing bank and agency rates across all staff groups with proposals to make reductions to rates. This will be accompanied by a reviewed break glass/temporary exemption process with enhanced grip and control.
- We have developed a Trustwide CPIP scheme for 26/27 which will capture and monitor all of the programmes of work to reduce bank and agency usage/costs.
- Continuing to identify long standing agency workers to migrate to trust or NHSP to support trust cost reduction targets.

Risks

Retrospective 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%.