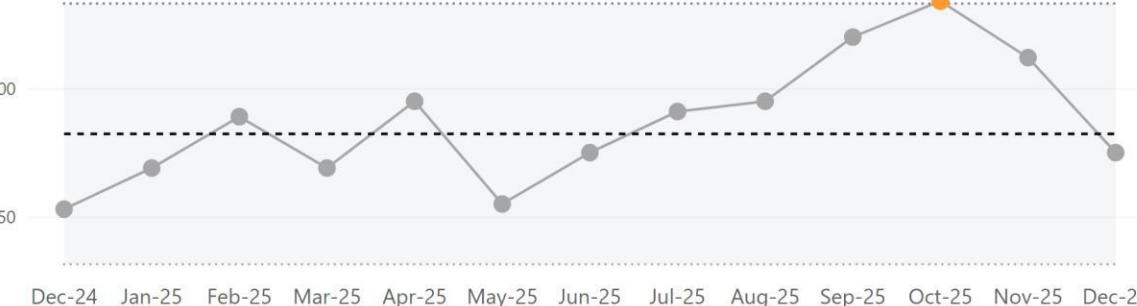


## Patient Feedback: Complaints Open At Month End



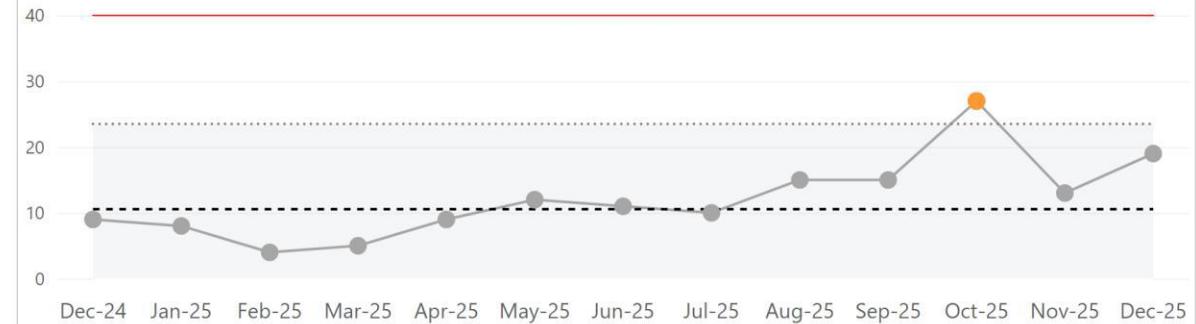
## Patient Feedback: Concerns Open At Month End



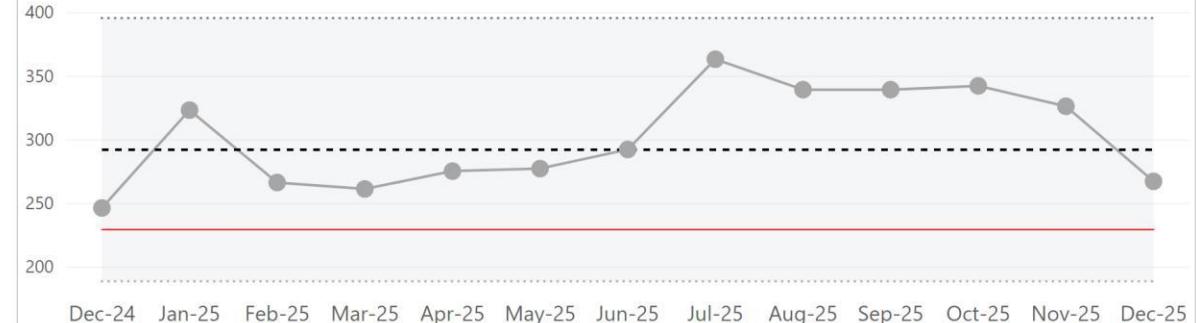
## Complaints Narrative:

Improvements noted in the number of complaints open.

## Complaints: Patient Feedback: Complaints Opened

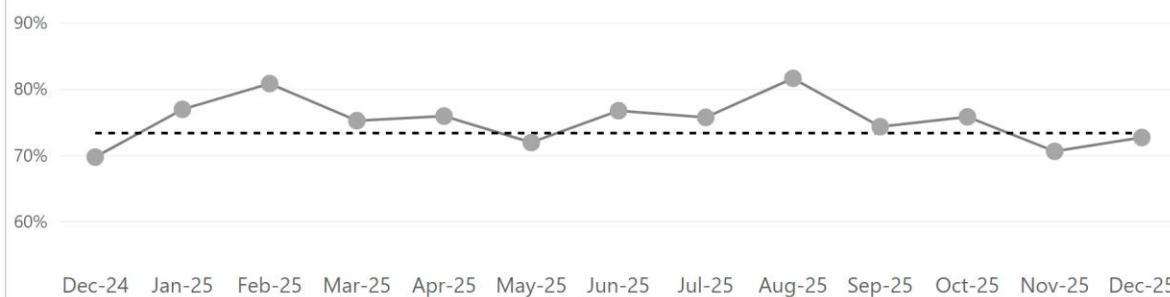


## Patient Feedback: Concerns Opened In Month

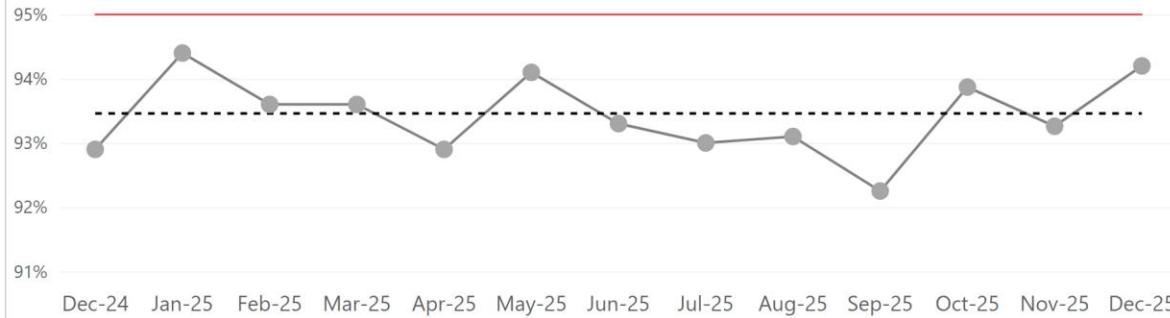


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Dec-25	27	 		7	
Patient Feedback: Complaints Opened In Month	Dec-25	19	 		40	
Patient Feedback: Concerns Open At Month End	Dec-25	75				
Patient Feedback: Concerns Opened In Month	Dec-25	267	 		229	

## FFT: A&amp;E Positive Rate



## FFT: OP Positive Rate



## FFT: IP Positive Rate



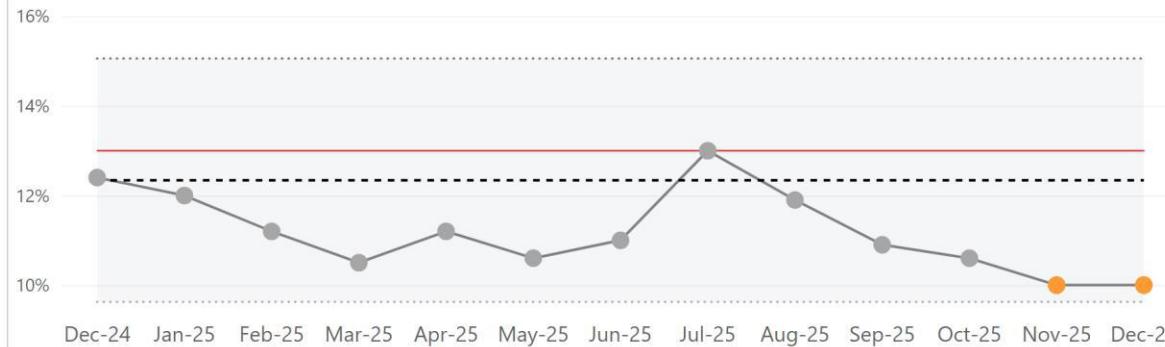
## Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Dec-25	72.7%			95%	
FFT: IP Positive Rate	Dec-25	92.3%			95%	
FFT: OP Positive Rate	Dec-25	94.2%			95%	

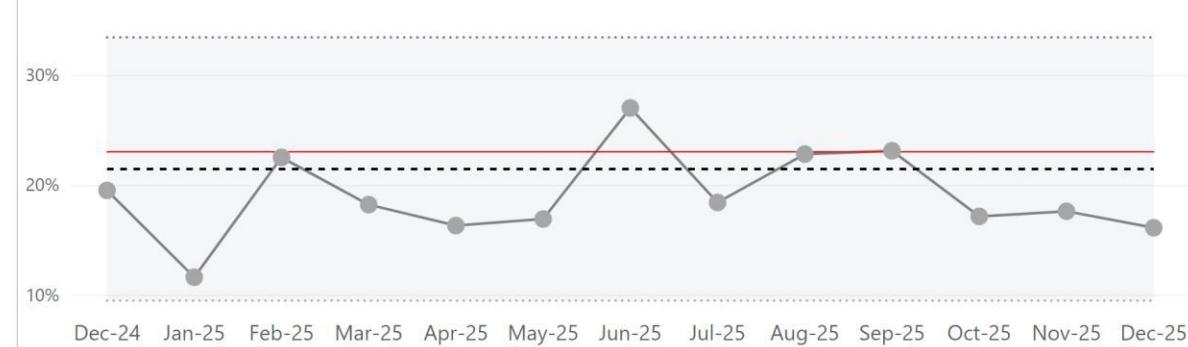
## FFT Positive Narrative:

Friends and Family Test – reduction in overall response rate for all areas, but improvement in all areas for positive response rate. Improvements in positive response rate demonstrate just short of national response rates in inpatients, and over national positive response rate for outpatients. ED positive response rates improving but still under national level - ED 72.7% ( 78%), Inpatient 92.3% (94%), Outpatient 94.2% ( 94%). Lack of postcard submission will contribute for drop in response rate, resolution expected end of quarter 3

## FFT: A&amp;E Response Rate



## FFT: IP Response Rate



## FFT: OP Response Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Response Rate	Dec-25	10%			13%	
FFT: IP Response Rate	Dec-25	16.1%			23%	
FFT: OP Response Rate	Dec-25	8.1%			12%	

## FFT Response Narrative

The trust is working with external partners and Data & Analytics to develop hybrid approach- increase response rate and positive scores.

We can see a reduction in the overall response rates for the FFT. The external provider of the FFT has ceased to support the postcard method of collecting FFT feedback and the trust is currently looking to support internally so we currently have a backlog which will be inputted into the platform.

Maternity Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Dec-25	159				
Live Births	Dec-25	164				
Births in Co-located MLU	Dec-25	2				
Neonatal Admissions of Term Babies	Dec-25	5			7	
Term Admission Rate	Dec-25	3.04%			4.8%	
Deliveries by Caesarean Section	Dec-25	86			70	
Sections Rate	Dec-25	54%			45%	
Number of Haemorrhages ≥1500 ml	Dec-25	7				
PPH rate per 1000 births	Dec-25	44.0			30	
Number of 3rd/4th Degree Tears in Vaginal Births	Dec-25	3				
Tears rate per 1000 births	Dec-25	18.9			28	
ITU Admissions	Dec-25	0			0	
Obstetric Unit - number of days the service has diverted on in reporting period	Dec-25	0			0	
Eclampsia	Dec-25	0			0	
Maternal Deaths	Dec-25	0			0	
Stillbirths	Dec-25	0			0	
Stillbirths rate per 1000 births	Dec-25	0			4	
Rolling 12 Month Stillbirths per 1000 births	Dec-25	1.9				
Neonatal Deaths	Dec-25	0			0	
Neonatal Deaths born after 24 weeks	Dec-25	0			0	
Neonatal Deaths born before 24 weeks	Dec-25	0			0	
Coroner Reg 28 made directly to Trust	Dec-25	0			0	
All Neonatal Deaths (%)	Dec-25	0%			0%	
Number of consultant non-attendance to must attend clinical situations	Dec-25	0%			0%	
NN middle grade rota gaps (SHO)	Dec-25	0%			0%	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Dec-25	0			0	
Service User Feedback: Number of Formal Complaints	Dec-25	2			1	
Progress in achievement of CNST (out of 10)	Dec-25	10			10	

## Maternity narrative

### Overall Position

Maternity activity and safety remained stable in November, with all key performance and safety indicators within expected parameters. No immediate or emerging risks were identified.

### Safety & Outcomes

There were no maternal deaths, stillbirths or neonatal deaths reported during the month. Perinatal outcomes remain positive and consistent with recent performance.

### Quality & Governance

Rates of term admissions remained stable and continue to be subject to routine multidisciplinary review to support learning and quality improvement. There were no risks requiring escalation.

### Forward Focus

Ongoing monitoring continues in relation to:

Third- and fourth-degree perineal tears, with local rates remaining below the national average.

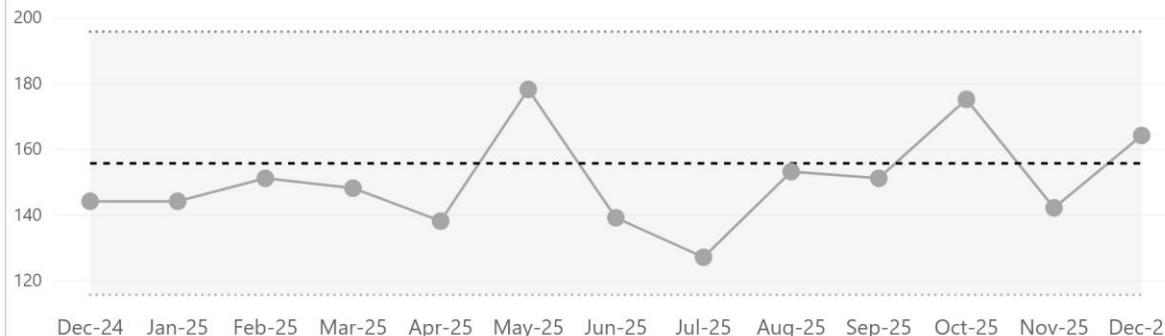
Postpartum haemorrhage, including review of the impact of recent drug management changes.

After-action reviews for all moderate and above PPH incidents, with learning shared through established governance and education forums.

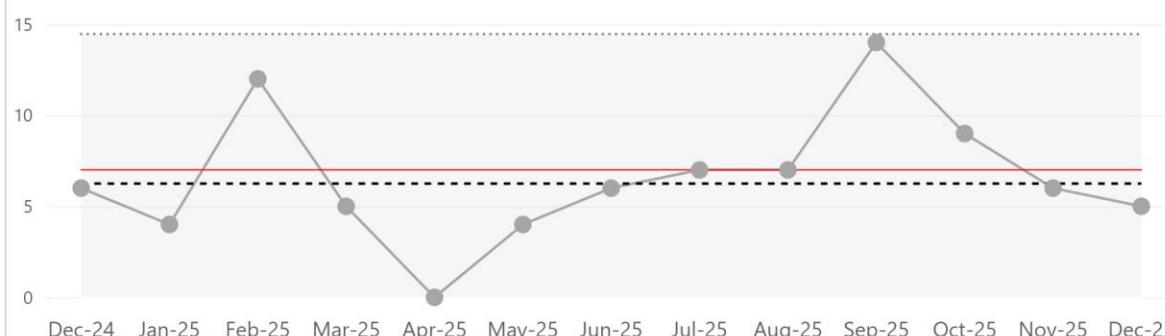
### Assurance

Mortality, morbidity and incident review processes remain aligned with national best practice, providing assurance to the Board on the safety and quality of maternity services.

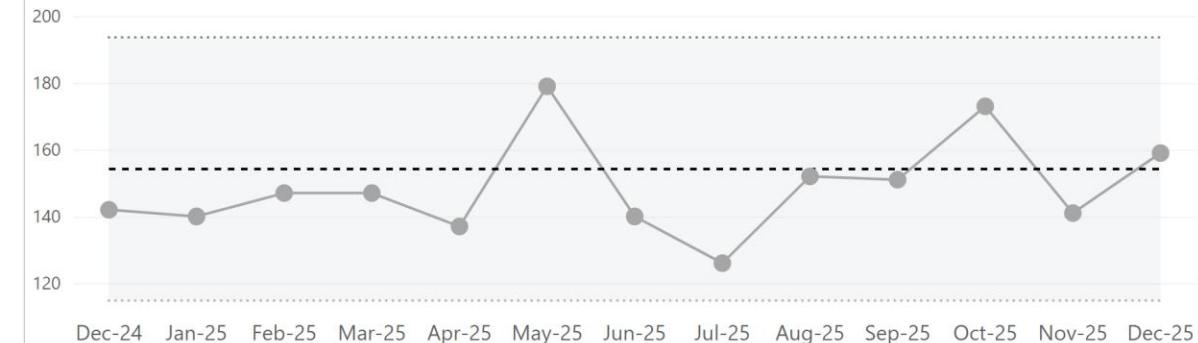
## Live Births



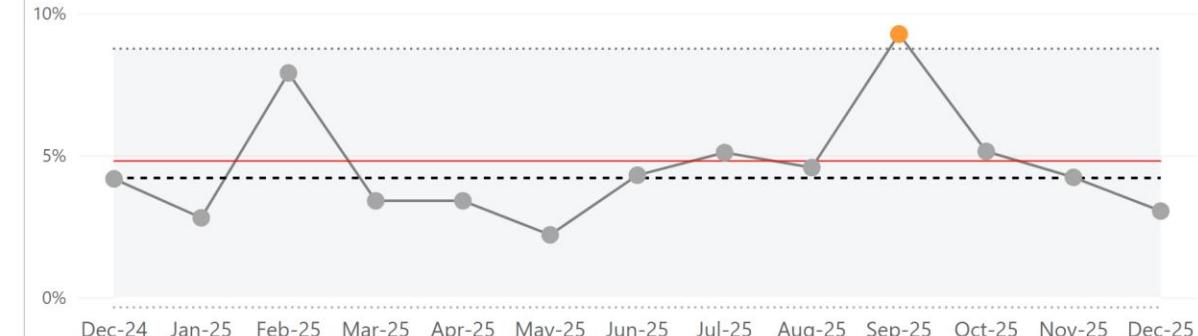
## Neonatal Admissions of Term Babies



## Women Delivered



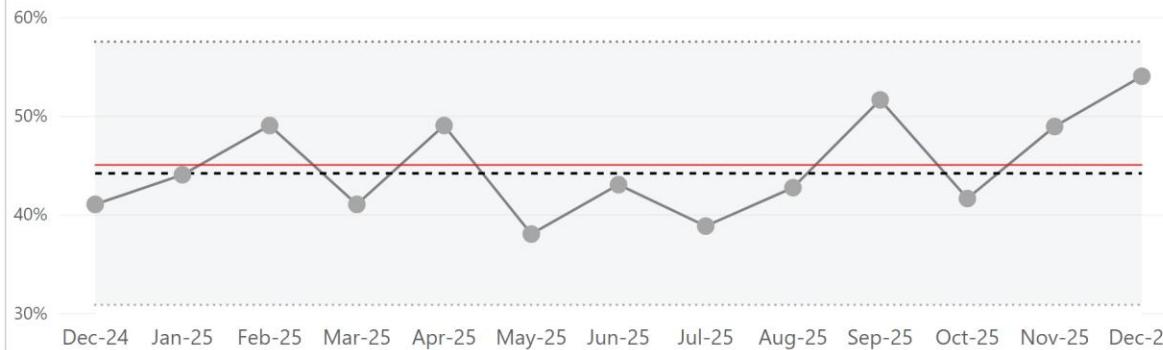
## Term Admission Rate



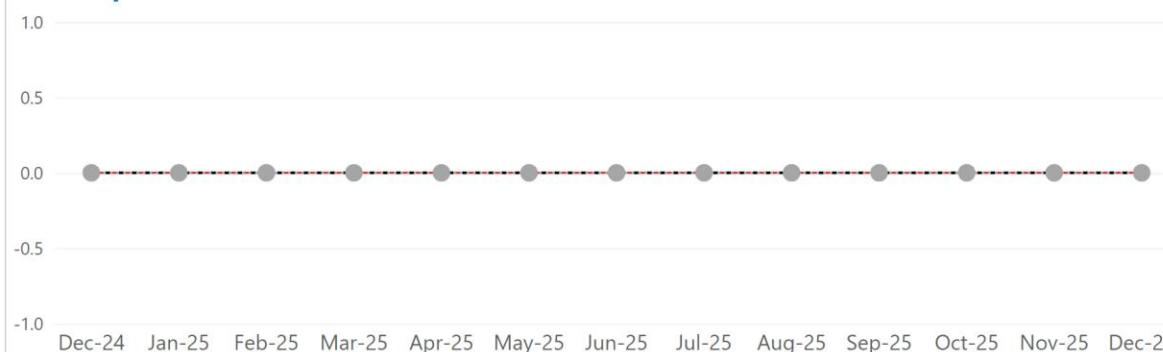
## Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Dec-25	159				
Term Admission Rate	Dec-25	3.04%			4.8%	
Neonatal Admissions of Term Babies	Dec-25	5			7	
Live Births	Dec-25	164				

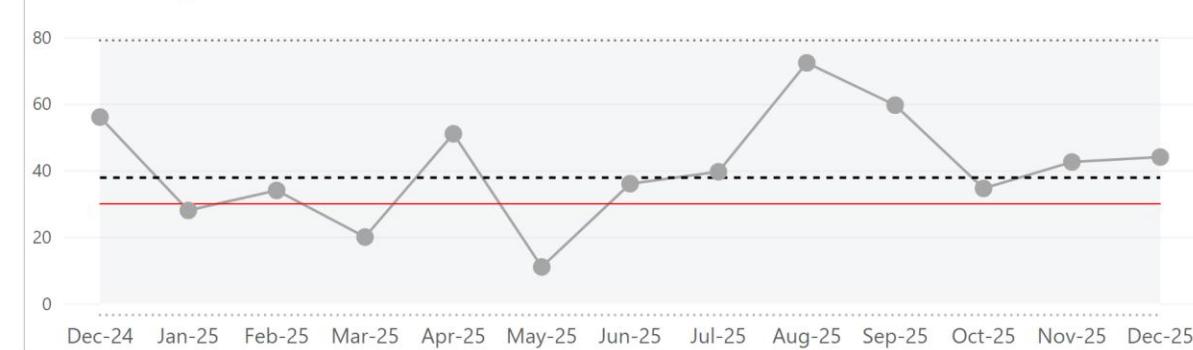
### Sections Rate



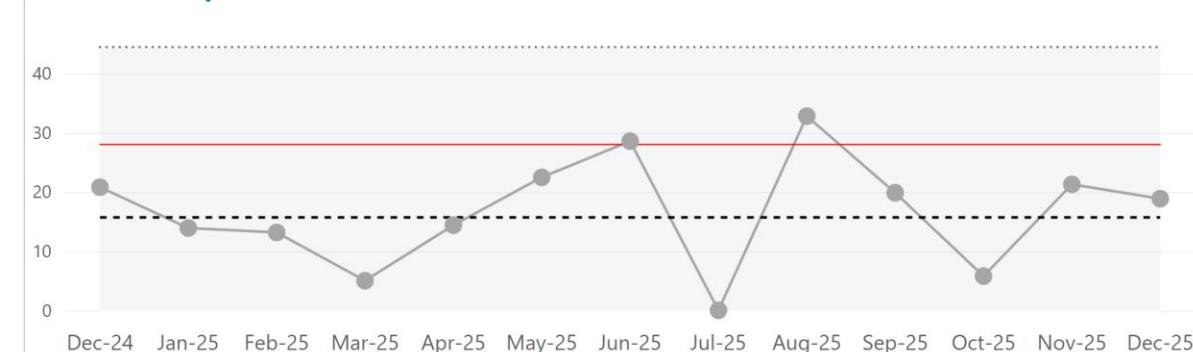
### Eclampsia



### PPH rate per 1000 births

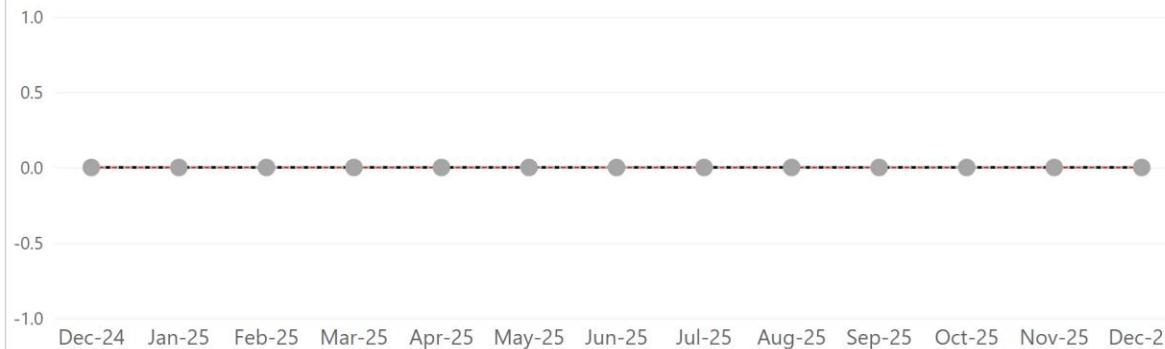


### Tears rate per 1000 births

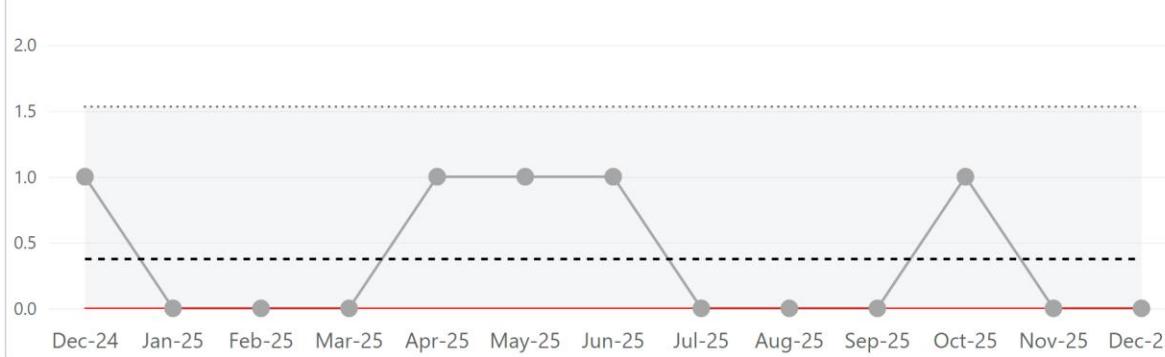


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Eclampsia	Dec-25	0			0	
PPH rate per 1000 births	Dec-25	44.0			30	
Sections Rate	Dec-25	54%			45%	
Tears rate per 1000 births	Dec-25	18.9			28	

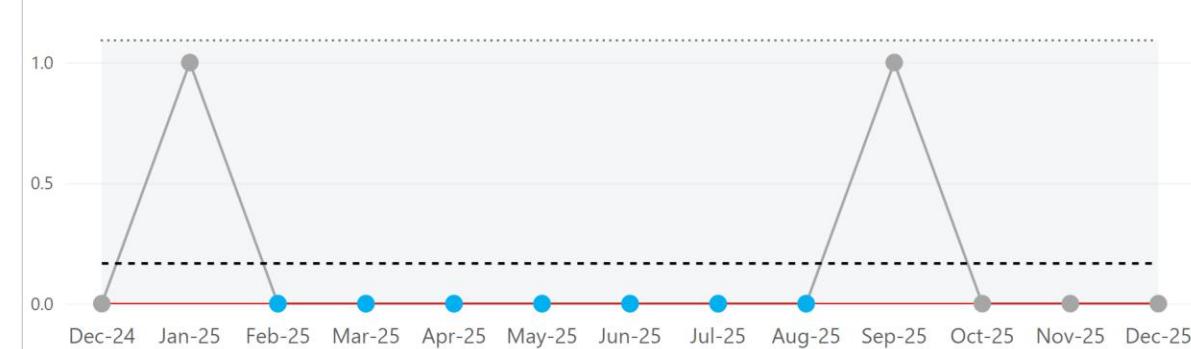
### Maternal Deaths



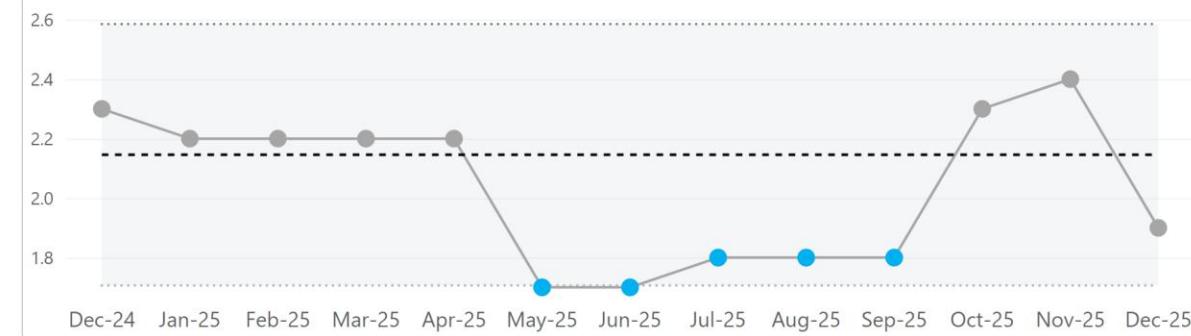
### Stillbirths



### Neonatal Deaths



### Rolling 12 Month Stillbirths per 1000 births



### Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths	Dec-25	0			0	
Neonatal Deaths	Dec-25	0			0	
Rolling 12 Month Stillbirths per 1000 births	Dec-25	1.9				
Stillbirths	Dec-25	0			0	
Stillbirths rate per 1000 births	Dec-25	0			4	

**Highlights:**

Turnover continues to be below the 10% target at 8.79%.

Sickness absence in December rose to 6.47% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance increased to 90.87%.

Appraisal compliance maintained target compliance at 80.76% in December but, further analysis is underway to identify non-compliance.

Agency shifts for Nursing increased from last month with 14 shifts in December, with a large decrease of 157 compared with December 2024 – YTD Agency spend at 0.4% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month to 143 and it was 43 more than the previous year – YTD Agency spend at 1.8% of the total medical pay bill.

Agency spend for YTD is £1.617K which is £1,868k less than the same period last year.

**Areas Of Concern:**

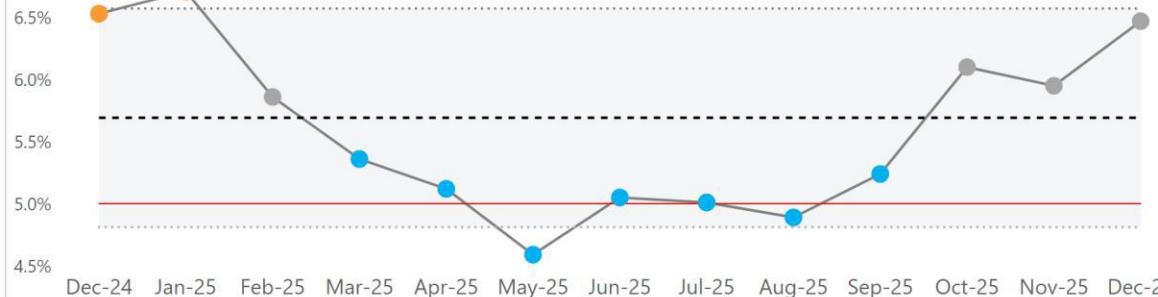
Sickness has had large increase with long-term absence reaching 4.16% of all sickness.

**Forward Look (With Actions):**

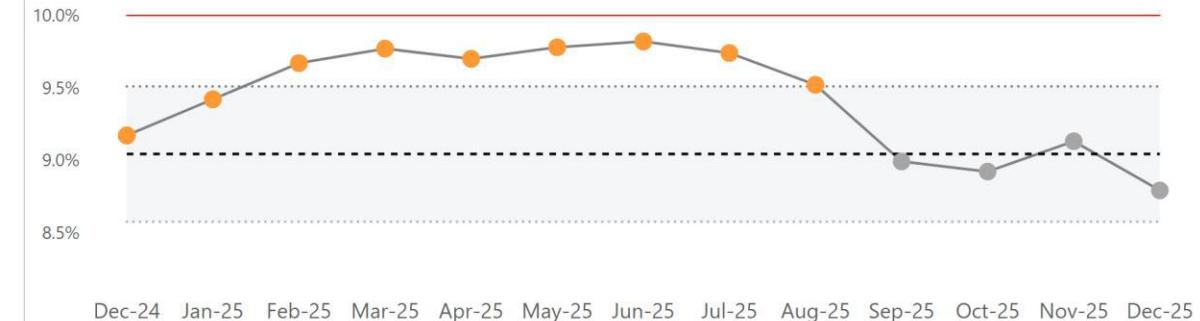
Increased monitoring of sickness and establishment of clear plans to improve attendance.

CIP and variable pay controls in progress to reduce pay costs

## Sickness Absence Rate



## Staff Turnover Percentage



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sickness Absence Rate	Dec-25	6.47%			5%	Jun 25   4.9%
Staff Turnover Percentage	Dec-25	8.79%			10%	

### Sickness Narrative

Sickness absence in December rose to 6.47%, from 5.95 % in November. The top 3 reasons for absence were: Stress & Anxiety, Cold, Cough & Flu and other musculoskeletal problems. This equates to 4,993 FTE days lost which is 56.4% of all Trust sickness absence. Stress and Anxiety absence accounts for 30.2% of all sickness absence.

### Short Term Absence

- Short term accounts for 2.31% in November, up from 2.12% in November

### Long Term Absence

- At 4.16% Long Term remains high
- Stress and Anxiety continues to be the highest reason

Long term absence (28 days+) remains a persistent issue, with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

### Proposed Actions

The overall position has worsened further in November and requiring a clear approach to reduce. Absence through stress and anxiety remains a consistent issue.

### Staff Turnover Narrative

At 8.79% for December the Trust Turnover rate has increased but continues to trend below target since July 2023. The rate based on FTE is below target at 8.41%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

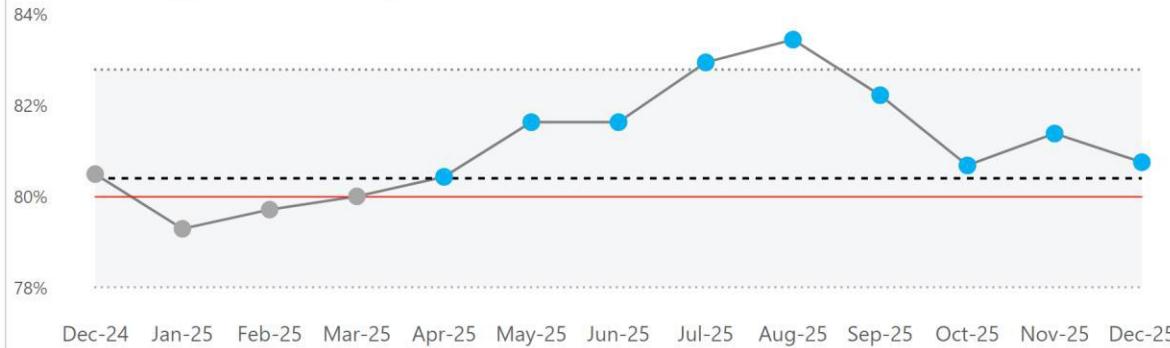
There are 3 staff groups remaining above target: Additional Clinical Services (10.32%), Admin & Clerical (13.79%) and HealthCare Scientists (10.87%)

### Planned Remedial Actions:

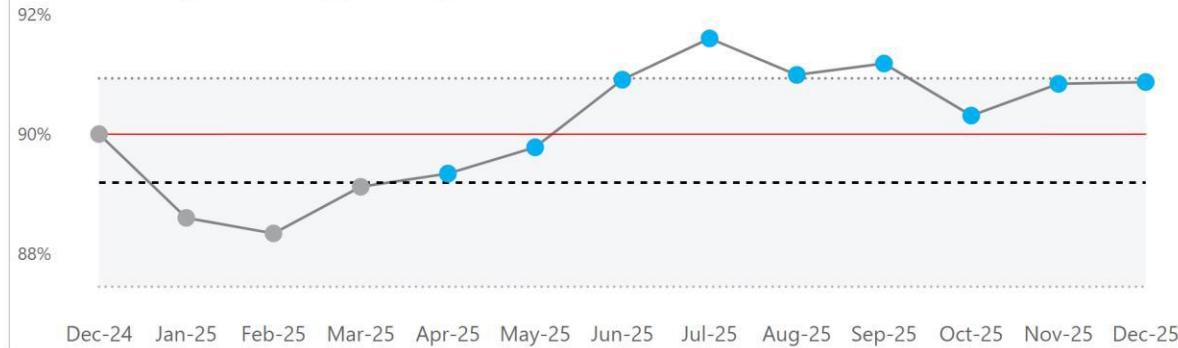
Turnover performance is being monitored by the People Committee and sub-groups providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention.

Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	9.32%
Additional Clinical Services	10.32%
Administrative and Clerical	13.02%
Allied Health Professionals	9.38%
Estates and Ancillary	8.43%
Healthcare Scientists	10.87%
Medical and Dental	7.57%
Nursing and Midwifery Registered	4.75%
<b>Trust Rate</b>	<b>8.73%</b>

## Annual Appraisal Compliance



## Mandatory Training Compliance



## Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Dec-25	80.8%			80%	
Mandatory Training Compliance	Dec-25	90.9%			90%	

**Appraisals Narrative**  
**Performance Issue: Appraisals on target (80.76%)**

Appraisal compliance in December fell to 80.76% and has maintained compliance.

Further improvement will focus now on increasing compliance above 90%.

**Planned Remedial Actions:**

A new appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance. The impact of this new approach is being monitored by People Committee.

Analysis on appraisal compliance is underway to establish areas of improvement, this will be provided to People Committee in December.

Division	Appraisals	Local Induction	Mandatory Training
Corporate Non-Clinical	65.5%	64.3%	89.9%
Diagnostics & Clinical Support	80.5%	90.6%	92.3%
Estates & Facilities	56.3%	94.6%	80.1%
Finance & Performance	79.3%	88.9%	94.6%
IMT	82.7%	83.3%	97.1%
Nurse Management	78.3%	57.1%	91.4%
People Services	76.9%	75.0%	91.5%
Planned Care	85.2%	74.3%	90.3%
Therapies & Integrated Community Care	87.0%	93.0%	92.4%
Urgent Care	83.7%	80.5%	91.3%
Women & Children's	83.7%	94.4%	93.5%
<b>Trust Total</b>	<b>80.8%</b>	<b>83.2%</b>	<b>90.9%</b>

Competence Name	Compliance
Equality, Diversity and Human Rights - 3 Years	93.14%
Fire Safety - 2 Years	94.47%
Health, Safety and Welfare - 3 Years	92.73%
Infection Prevention and Control - Level 1 - 3 Years	94.62%
Infection Prevention and Control - Level 2 - 1 Year	89.69%
Information Governance and Data Security - 1 Year	87.40%
Moving and Handling - Level 1 - 3 Years	95.16%
Moving and Handling - Level 2 - 2 Years	92.28%
NHS Conflict Resolution (England) - 3 Years	88.11%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	92.23%
Preventing Radicalisation - Prevent Awareness - 3 Years	94.56%
Resuscitation - Level 1 - 1 Year	77.97%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	85.77%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	97.04%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	85.55%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	88.86%
Safeguarding Adults - Level 1 - 3 Years	92.27%
Safeguarding Adults - Level 2 - 3 Years	93.64%
Safeguarding Children - Level 1 - 3 Years	93.41%
Safeguarding Children - Level 2 - 3 Years	92.68%
Safeguarding Children - Level 3 - 3 Years	89.36%

**Mandatory Training Narrative**  
**Performance issue:**

This report covers the 11 subjects mandated by NHSE in the CSTF and monitored by the trusts newly established Mandatory Training Oversight Group, any subject with separate governance arrangements is reported separately.

Trust compliance has seen a slight increase in December, from 90.84% in November to 90.87% remaining just above the 90% target.

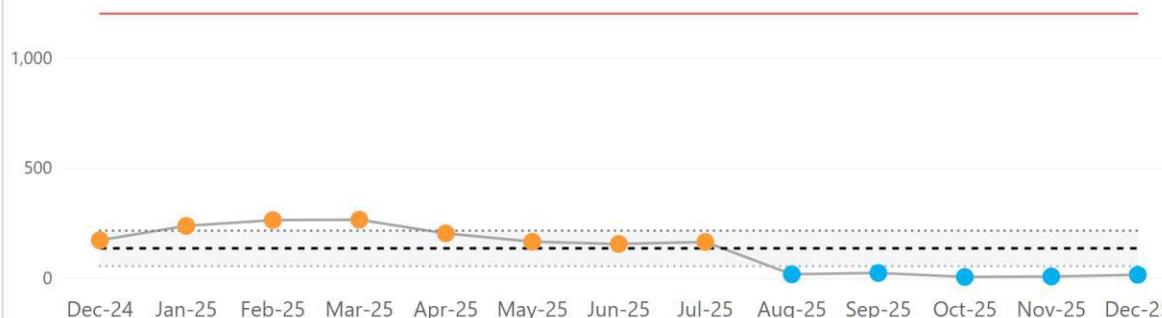
Attendance at training continues to be monitored. The average non-attendance rare has seen a slight reduction but remains challenging at around 20% on pre booked courses. F2F training continues to be supported by E-learning where acceptable within the CSTF.

**Planned Remedial Actions:**

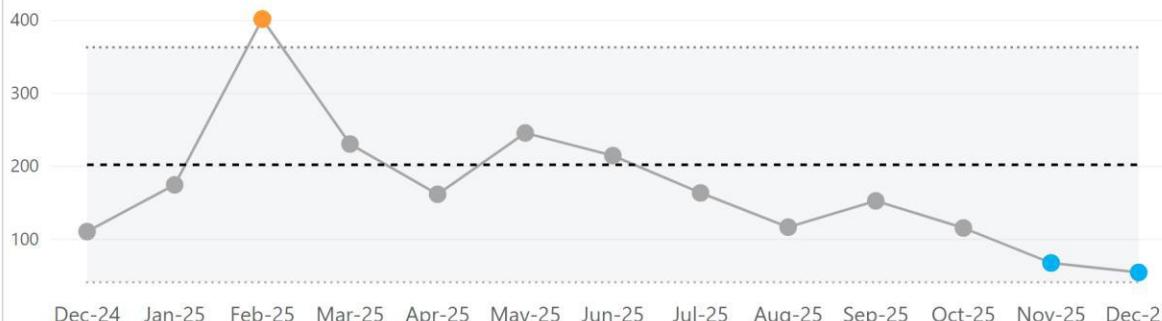
The trust is aligned with a National programme review of the CSTF and continues to review the training needs analysis for each CSTF subject.

Targeted work is in place to increase compliance with specific subject areas that show compliance at under 90% with particular focus on basic life support training. There is a continuation of additional support with the Estates and Facilities Division. .

### Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery



### Reduction in Agency Shifts over Cap Rates: Other



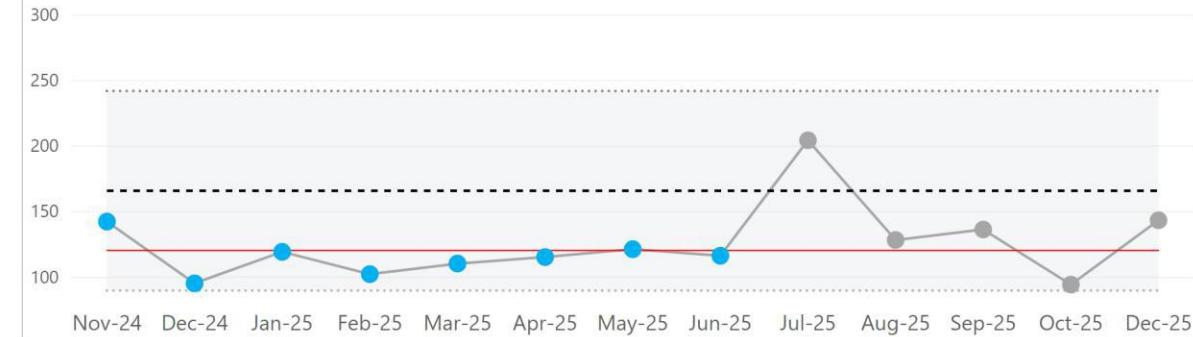
#### Cap Rates Narrative

Medical & Dental - Month 9 shows 143 Medical shifts. A difference of +43 from the previous year. 61 were above cap rates and 0 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 14 shifts were approved in month 9 and 0 were above cap. A difference of -157 from the previous year.

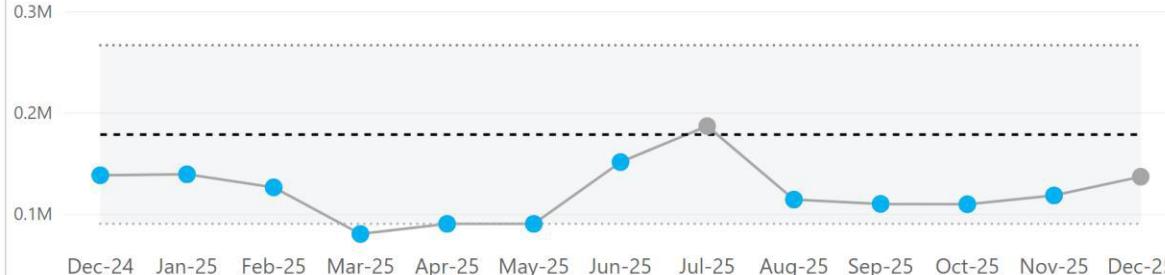
Other reduction in Agency - In month 9, 54 'Other' agency shifts were approved a decrease of 56 on the previous year. 36 were above cap. Of these, 0 were admin and 23 were ST&T shifts.

### Reduction in Agency Shifts over Cap Rates: Medical & Dental



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Dec-25	143			120	
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Dec-25	14			1200	
Reduction in Agency Shifts over Cap Rates: Other	Dec-25	54				

## Medical Agency Spend



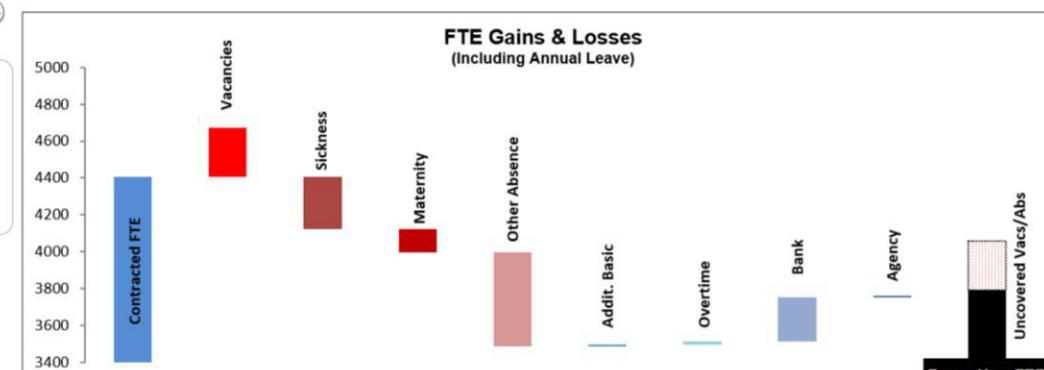
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Medical Agency Spend	Dec-25	136559	↔			
Nursing Agency Spend	Dec-25	11287	↔			

## Agency Spend Narrative

Medical Agency Spend - M9 is £1617k, which is 0.66% of the total medical spend.

Agency nursing expenditure for M9 is £11.3k and £359k spent ytd, which is 0.4% of total nursing spend

Staff Group	Agency Spend YTD to M9	Total Pay Group Spend YTD to M9	% Agency
	£000s	£000s	
Medical	1,166	63,952	1.8%
Nursing	359	83,911	0.4%
Scientific, Therapeutic & Technical	87	30,526	0.3%
Admin & Clerical	5	26,351	0.0%
Other	-	14,523	0.0%
<b>TOTAL PAY</b>	<b>1,617</b>	<b>219,263</b>	<b>0.7%</b>

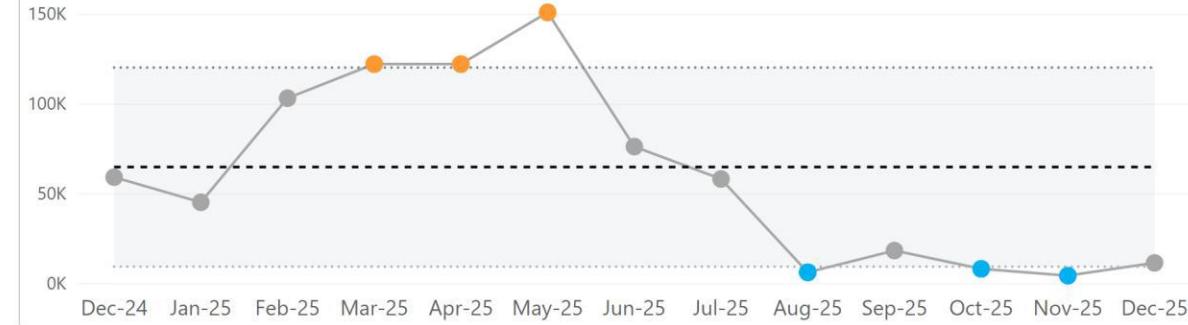


## Performance Issue

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at M09 is £1,617k, which is 0.7% of total pay spend. £3,233k was spent in same period last year.

## Nursing Agency Spend



Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	6.45
Of which Registered Midwife Vacancy WTE	0.81
Total Qualified AHP Vacancy WTE	12.21
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	3.28
Qualified Podiatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	5.38
Qualified Orthoptics/Optics Vacancy WTE	0.01
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	3.55
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
<b>Total Medical/Dental Vacancy WTE</b>	<b>79.25</b>
Of which Medical/Dental Consultant Vacancy WTE	24.93
<b>Support to Clinical Staff Vacancy WTE</b>	<b>84.37</b>
Of which Healthcare Assistant Band 2	0.00
Of which Healthcare Assistant Band 3	78.84
<b>NHS Infrastructure Vacancy WTE</b>	<b>70.10</b>
Registered Healthcare Scientists	3.84
Other Registered Scientific, Therapeutic and Technical Staff	8.32
<b>Total Vacancies</b>	<b>264.54</b>
Budgeted FTE Total	4711.44
Trust Vacancy Rate	5.61%

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	8.32	6.32%
Additional Clinical Services	84.37	7.34%
Administrative and Clerical	1.34	0.38%
Allied Health Professionals	12.21	3.93%
Estates and Ancillary	68.76	9.94%
Healthcare Scientists	3.84	3.94%
Medical and Dental	79.25	11.85%
Nursing and Midwifery Registered	6.45	0.47%
<b>Grand Total</b>	<b>264.54</b>	<b>5.61%</b>

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	Red	The Trust reported a £24.6m YTD deficit against a planned deficit of £14.4m – an adverse variance of £9.8m due to central withholding of deficit support funding
CIP	Red	CIP is £8 million behind plan at Month 9 Only recurrent savings are being actioned
Capital Expenditure	Green	Operational capital is in line with plan at month 9
Cash in bank - £'000	Green	The Month 9 cash position is £16.1 million a decrease of £3.3m from November 2025
Liquidity (days)	Green	The Trust had the equivalent of 15 days cash in the bank
Better Payment Practice Code (number)	Red	90.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	Red	91.8% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

**Highlights:**

The month 9 (December) planned year to date deficit is £14.8 million against which the Trust reported a £24.6 million deficit and as such is £9.8 million adverse variance to plan. This is due to the Trust not receiving month 4-9 deficit support funding (DSF) of £9.8 million. Due to NHS England's limited confidence in system and Trust financial plans (most notably delivery of efficiencies), funding for DSF has been withheld from the system for quarters 2 and 3.

Excluding the loss of DSF, the Trust is delivering its month 9 financial plan, including absorbing the costs associated with resident doctor industrial action in July, November & December. To do this several non-recurrent benefits have been utilised to support the Trusts financial position. This includes 9 months of the annual leave accrual (made in 2024/25 accounts) equating to £0.9 million and higher than anticipated VAT rebate (which is cash backed).

Year to date CIP delivery is £8 million behind plan at month 9, with under delivery being mitigated by non-recurrent benefits (vacancies and higher than planned interest receivable, VAT rebate plus release of the annual leave accrual). To note that these schemes could be classified as non-recurrent CIP but are not due to the Trust policy of only reporting recurrent schemes as CIP, to ensure transparency around CIP progress.

**Areas of concern:**

- Non delivery of CIP equates to £8m at month 9, which is a key driver of the Trusts underlying adverse financial performance.
- Better Payment Practice Code (BPPC) performance in December was 90.1% (volume) and 91.8% (value) against a target of 95% across both metrics. This is driven by staffing capacity issues within the accounts payable team and cash preservation actions.

**Forward look**

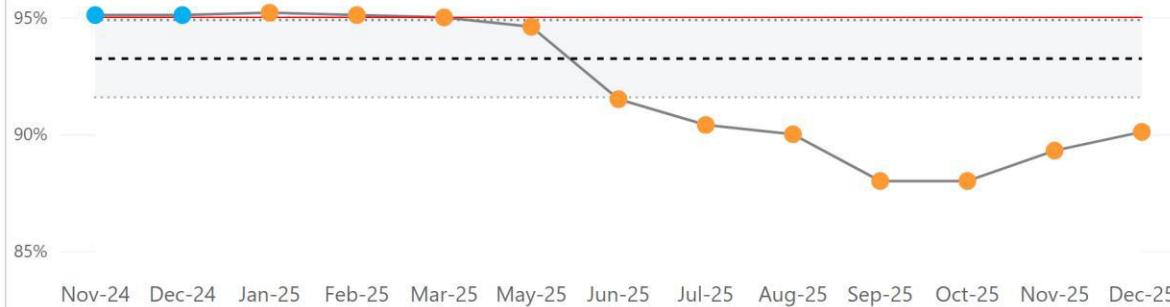
At month 9, the likely forecast deficit is £33.8 million (excluding deficit support funding). To achieve the financial plan, including mitigating the cost of July, November & December industrial action, the Trust has utilised non-recurrent benefits and measures as detailed above, as well as the implementation of further recovery actions.

Recovery actions identified to improve the forecast and deliver the financial plan. These include further grip and control measures to reduce pay and non-pay rates as well as identification of further potential non-recurrent benefits to support delivery of the financial plan.

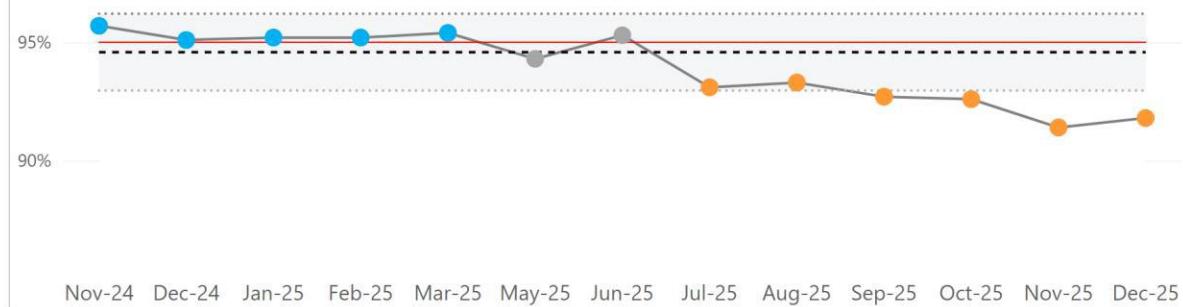
There are a number of risks around delivery of the financial plan:

- Contract issue with the ICB in relation to £3m funding to support delivery of RTT targets. This is under negotiation with the ICB with the Trust assuming the income will be received. Non-receipt of this income would result in a financial pressure for the Trust.
- Delivery of CIP – CIP delivery is regularly being monitored and reported to the CIP delivery group (chaired by the Chief Executive Officer (CEO)). Also non-recurrent items are being identified to support any slippage in CIP delivery.
- Financial impact of winter escalation costs over and above current levels assumed
- Costs associated with potential requirements to deliver RTT further and faster
- Costs associated with any further resident doctor industrial action

### Better Payment Practice Code (number)



### Better Payment Practice Code (value)



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Better Payment Practice Code (number)	Dec-25	90.1%			95%	
Better Payment Practice Code (value)	Dec-25	91.8%			95%	