

VTE: Assessment Completed Compliance



VTE: 14 Hour Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
VTE: 14 Hour Compliance	Feb-26	90.3%			95%	
VTE: Assessment Completed Compliance	Feb-26	95.3%			95%	

DQAM Narrative

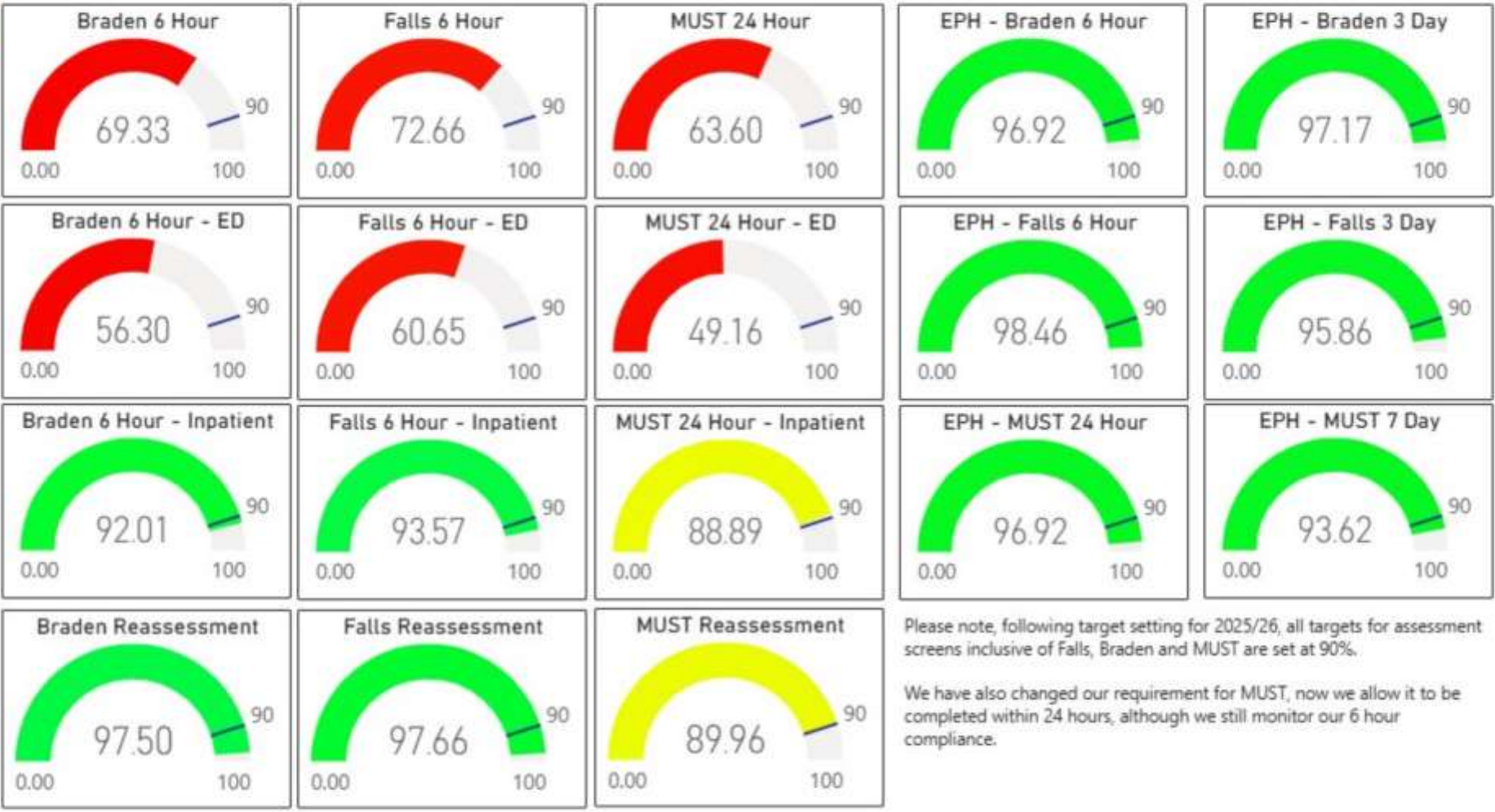


The DQAM 'kitemarking' has been added to the IPR from September 2025 to provide assurance on the quality of data included within the report. **Following the Data Governance assurance process ('kitemarking') this metric has substantial assurance.**

VTE Compliance Narrative

Following the return of the national submission for VTE, a review of the data capture and definitions was undertaken. Following this it was identified that in order for a VTE assessment to be classed as valid, the result of a patient being at risk must be finalised on the system. This has resulted in a drop in compliance but is a more accurate reflection of patient care. Compliance is closely monitored on weekly reports

Feb-26



Assessment Screening Compliance Narrative

The above shows the monthly position and it is split between overall performance, ED and Inpatient, this is due to the clock starting from the time a patient has a decision to admit in ED, so if the patient spends the majority of their first 6 hours in ED, they are assigned to ED.

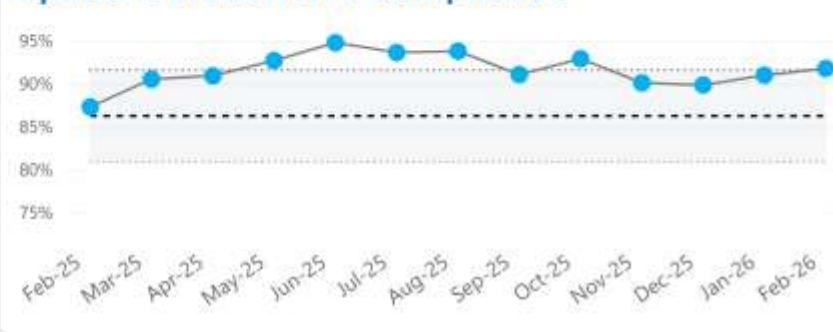
Overall Braden 6 hr Compliance



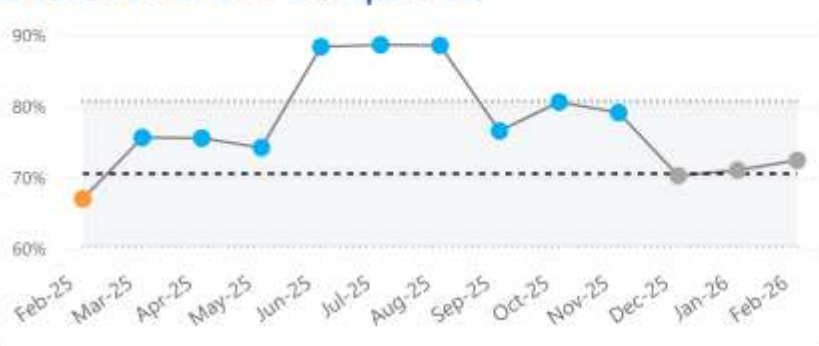
ED Braden 6 hr Compliance



Inpatient Braden 6 hr compliance



Overall Falls 6 hr Compliance



ED Falls 6 hr Compliance



Inpatient Falls 6 hr compliance



Overall MUST 24 hr compliance



ED MUST 24 hr Compliance



Inpatient MUST 24 hr compliance



Incidents: StEIS reported incidents



Incidents: Never events



Incidents: Mixed sex accomodation incidents



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: StEIS reported incidents	Feb-26	0	🟡🟡	🟡🟡	0	
Incidents: Never events	Feb-26	0	🟡🟡	🟡🟡	0	
Incidents: Mixed sex accomodation incidents	Feb-26	0	🟡🟡	🟡🟡	0	

DQAM Narrative

The DQAM 'kitemarking' has been added to the IPR from September 2025 to provide assurance on the quality of data included within the report. **Following the Data Governance assurance process ('kitemarking') this metric has substantial assurance.**

Serious Incidents Narrative

The Trust have reported seven Patient safety incidents to the Strategic Executive Information System (StEIS) since April 2025, including three Never Events. The third Never Event was reported in January 2026 and relates to Wrong Site Surgery.

For noting - if a Never event is sent to StEIS it is still included in the StEIS numbers.

Incidents: All incidents



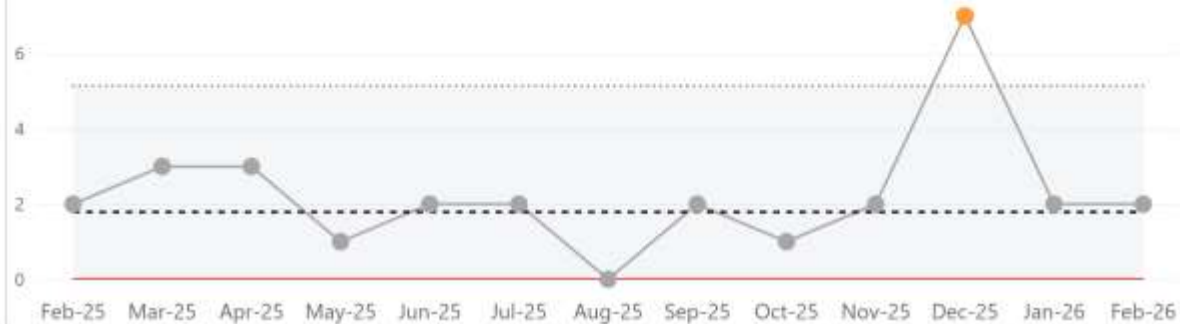
Incidents: All incidents with moderate harm and above



Incidents: Medication incidents



Incidents: Medication incidents with harm



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: All incidents	Feb-26	1055	🟡🟡		1155	
Incidents: All incidents with moderate harm and above	Feb-26	70	🟡🟡		40	
Incidents: Medication incidents	Feb-26	103	🟡🟡		108	
Incidents: Medication incidents with harm	Feb-26	2	🟡🟡		0	

Falls: All - Inpatient Rate Per 1000 Bed Days



Falls Split By Harm Caused



Falls: With Harm - Inpatient Rate Per 1000 Bed Days



Metric	Period	Value	Variation	Assurance	Target Benchmark
Falls: All - Inpatient Rate Per 1000 Bed Days	Feb-26	5.43	👎	👎	4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Feb-26	0.123	👎	👎	0.1

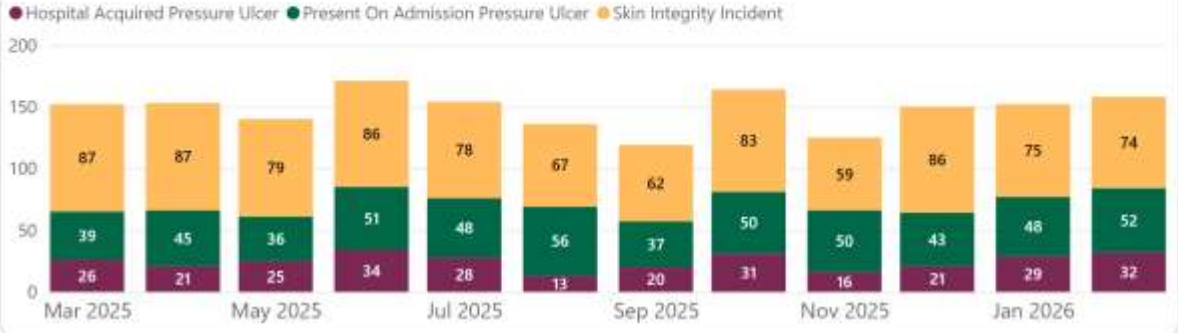
Falls Narrative

A further reduction in overall falls reported in February with 2 falls with harm.

Pressure ulcers: Hospital acquired - Rate per 1000 bed days



Pressure Ulcers split by Type



Incident Reporting: Lapses Leading to a Pressure Ulcer



Pressure ulcers: Present on admission - Rate per 1000 bed days



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Feb-26	1.91	📉📈		1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Feb-26	3.27	📈			

Pressure Ulcers Narrative

Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to April 2024 explaining the step changes in place. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

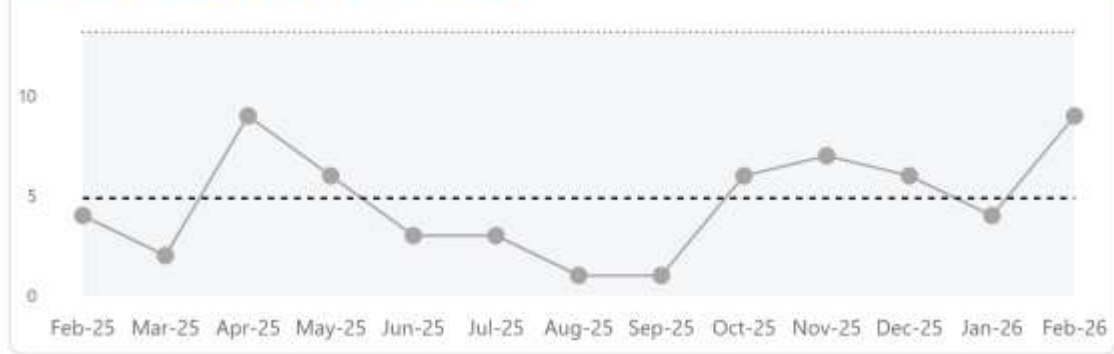
There is now a weekly review of Pressure Ulcers with a focus in the Emergency Department to ensure patients are receiving appropriate mattress types on admission to reduce the risk of pressure ulcer occurrence or deterioration of existing pressure ulcers. There is also a focus on undertaking skin inspection on admission to the Emergency Department with body map and photographs to provide evidence of pressure ulcers on admission.

The SPC chart to the left identifies lapses in care that have led to a Pressure Ulcer developing, as this gives an indication of the total numbers that were avoidable. We can see a significant spike in Feb-25, with 3 allocated to Ward 51, 3 allocated to Ward 33, 2 to Ward 50 and 1 to respiratory. The key themes related to mattresses being required sooner, dietician referrals being required and a lack of documentation. Lapses are identified when the Pressure Ulcer review has been completed at the Trust's weekly Pressure Ulcer review meeting, and thus can be reported after the incident has been opened.

Infection Control: C.Difficile Cases



Infection Control: E-Coli Cases



Infection Control: MRSA Cases

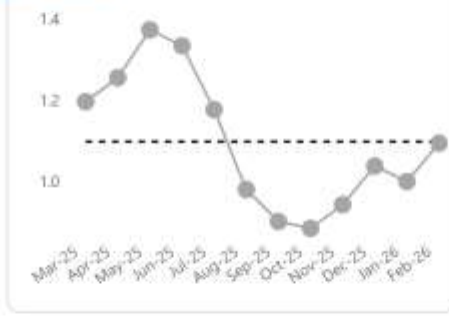


NOF Infection control metrics: MRSA rolling 12 month number of cases, C.Difficile & E-Coli rolling 12 month case numbers v rolling 12 month threshold (NOF)

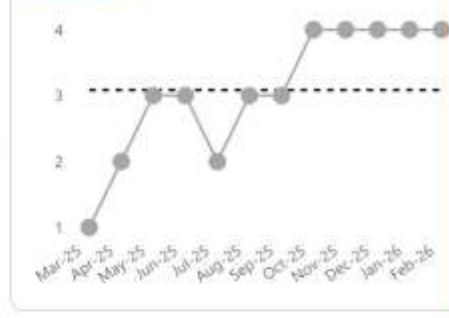
C.Difficile



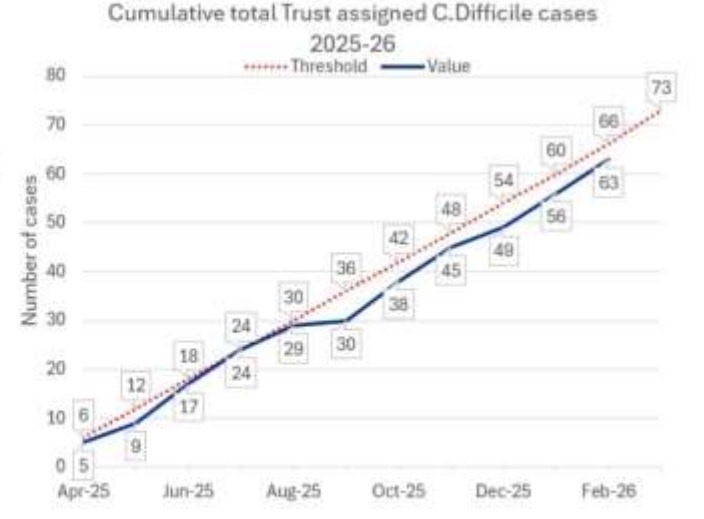
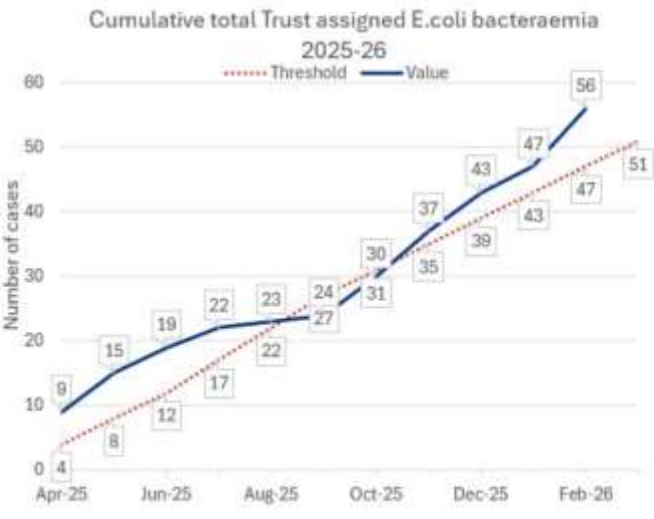
E-Coli



MRSA



Metric	Period	Value	Variation	Assurance	Target Benchmark
Infection Control: C.Difficile Cases	Feb-26	7	⊖	⊖	4
Infection Control: E-Coli Cases	Feb-26	9	⊖	⊖	0
Infection Control: MRSA Cases	Feb-26	0	⊖	⊖	0



The Trust has implemented new Sepsis reporting and the data shows internal metrics relating to patients who were diagnosed with Sepsis in their first Finished Consultant Episode (FCE), we then look back to the ED spell of those patients and see whether - upon a elevated NEWS score - that the correct sepsis protocols were followed:

- 1) Observations within an hour of arrival
- 2) Clinical assessment within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)
- 3) Antibiotics administered within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)

With Clinical Assessment being timed on antibiotics being prescribed, as only the appropriate staff can authorise the prescription.

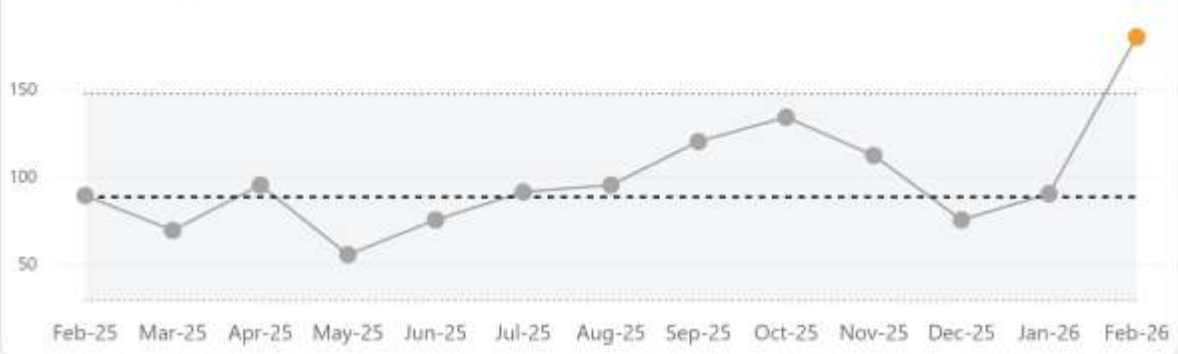
We expect the IPR metrics to develop as we review the roll out of the EPR solution.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Benchmarking compared to regional figure (AQ - July 25)
Observations carried out within 60 mins	91.7%	95.1%	96.4%	93.8%	100.0%	92.6%	94.1%	91.9%	88.9%	89.3%	91.80%
Clinical assessment compliance	85.4%	68.3%	60.7%	84.4%	86.7%	70.4%	85.3%	94.5%	70.3%	78.5%	60.50%
Antibiotic compliance	54.2%	56.1%	42.9%	65.6%	73.3%	59.3%	79.4%	70.3%	48.1%	57.1%	68.10%

Patient Feedback: Complaints Open At Month End



Patient Feedback: Concerns Open At Month End



Complaints: Patient Feedback: Complaints Opened

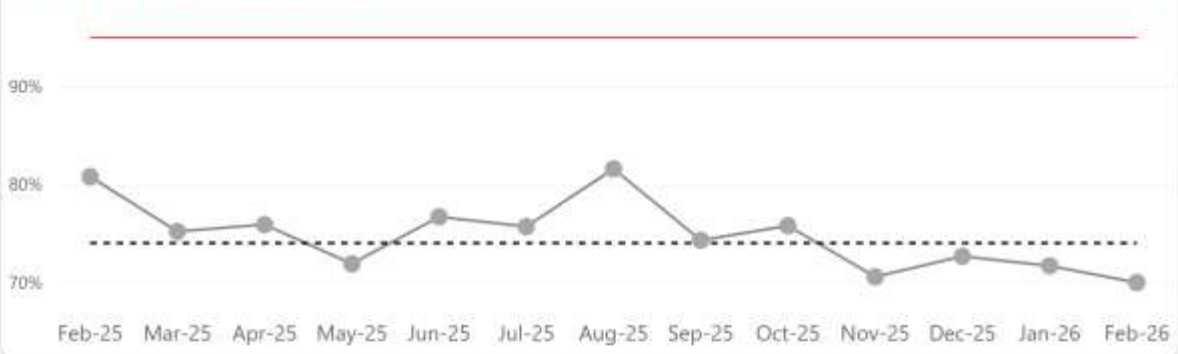


Patient Feedback: Concerns Opened In Month

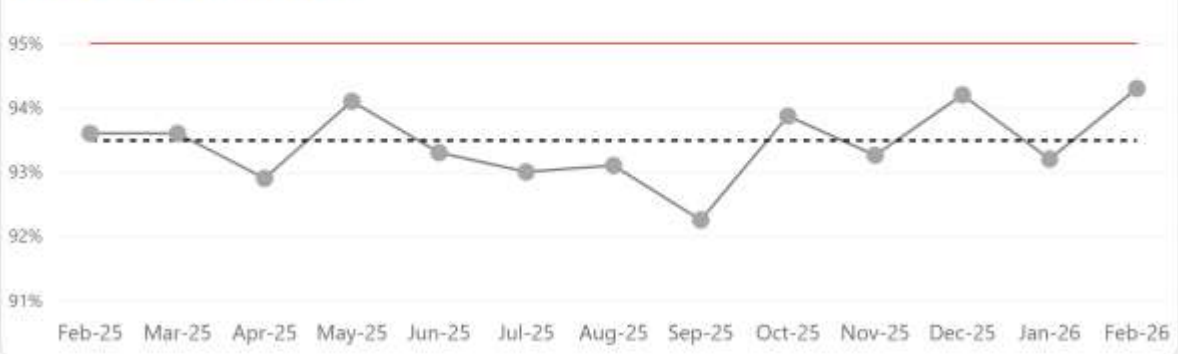


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Feb-26	24	🟡🟠		7	
Patient Feedback: Complaints Opened In Month	Feb-26	39	🟠🟡		40	
Patient Feedback: Concerns Open At Month End	Feb-26	180	🟠			
Patient Feedback: Concerns Opened In Month	Feb-26	338	🟡🟠		229	

FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Positive Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Feb-26	70.0%	⊖		95%	
FFT: IP Positive Rate	Feb-26	91.7%	⊖		95%	
FFT: OP Positive Rate	Feb-26	94.3%	⊖		95%	

FFT: A&E Response Rate



FFT: OP Response Rate



FFT: IP Response Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Response Rate	Feb-26	10.9%	🟡🟠	🟡🟠	13%	12%
FFT: IP Response Rate	Feb-26	17.3%	🟡🟠	🟡🟠	23%	21%
FFT: OP Response Rate	Feb-26	10.9%	🟡🟠	🟡🟠	13%	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	Feb-26	148	😊			
Live Births	Feb-26	151	😊			
Births in Co-located MLU	Feb-26	6	😊			
Neonatal Admissions of Term Babies	Feb-26	2	😊	😊	7	
Term Admission Rate	Feb-26	1.32%	😊	😊	4.8%	
Deliveries by Caesarean Section	Feb-26	74	😊	😊	70	
Sections Rate	Feb-26	50%	😊	😊	45%	
Number of Haemorrhages ≥1500 ml	Feb-26	5	😊			
PPH rate per 1000 births	Feb-26	33.8	😊	😊	30	
Number of 3rd/4th Degree Tears in Vaginal Births	Feb-26	0	😊			
Tears rate per 1000 births	Feb-26	0	😊	😊	28	
ITU Admissions	Feb-26	0	😊	😊	0	
Obstetric Unit - number of days the service has diverted on in reporting period	Feb-26	0	😊	😊	0	
Eclampsia	Feb-26	0	😊	😊	0	
Maternal Deaths	Feb-26	0	😊	😊	0	
Stillbirths	Feb-26	0	😊	😊	0	
Stillbirths rate per 1000 births	Feb-26	0	😊	😊	4	
Rolling 12 Month Stillbirths per 1000 births	Feb-26	2	😊			
Neonatal Deaths	Feb-26	0	😊	😊	0	
Neonatal Deaths born after 24 weeks	Feb-26	0	😊	😊	0	
Neonatal Deaths born before 24 weeks	Feb-26	0	😊	😊	0	
Coroner Reg 28 made directly to Trust	Feb-26	0	😊	😊	0	
All Neonatal Deaths (%)	Feb-26	0%	😊	😊	0%	
NN middle grade rota gaps (SHO)	Feb-26	0%	😊	😊	0%	
Service User Feedback: Number of Formal Complaints	Feb-26	1	😊	😊	1	
Progress in achievement of CNST (out of 10)	Feb-26	10	😊	😊	10	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Feb-26	0	😊	😊	0	

Maternity narrative

Overall Position

Maternity activity and safety remained stable throughout February, with performance indicators broadly within expected limits for the time of year. Activity levels were consistent with seasonal patterns, and no immediate safety concerns or emerging risks were identified.

Safety & Outcomes

There were no maternal deaths, neonatal deaths, or stillbirths reported in February.

Mortality indicators continue to remain low and stable, maintaining the strong performance seen over recent months.

Perinatal outcomes remain positive, with no signs of deterioration or unexpected variation.

Quality & Governance

Term neonatal admissions remained within normal variation and will continue to undergo routine multidisciplinary review to support shared learning and quality improvement.

No risks required escalation through governance structures.

Monitoring of key complications shows:

- Third- and fourth-degree tears: Rates remain below national averages and stable compared with previous months.
- PPH rate per 1000 births: Month-to-month fluctuation remained within expected limits with no concerning trends identified.

Forward Focus

The following areas remain under continued scrutiny and improvement oversight:

- Perineal trauma, including benchmarking against national datasets and review at local governance forums.
- Postpartum haemorrhage, with particular attention to the impact of revised drug for third stage management.
- After-action reviews for all moderate and above-threshold PPH events, ensuring learning is captured promptly and disseminated across the multidisciplinary team.

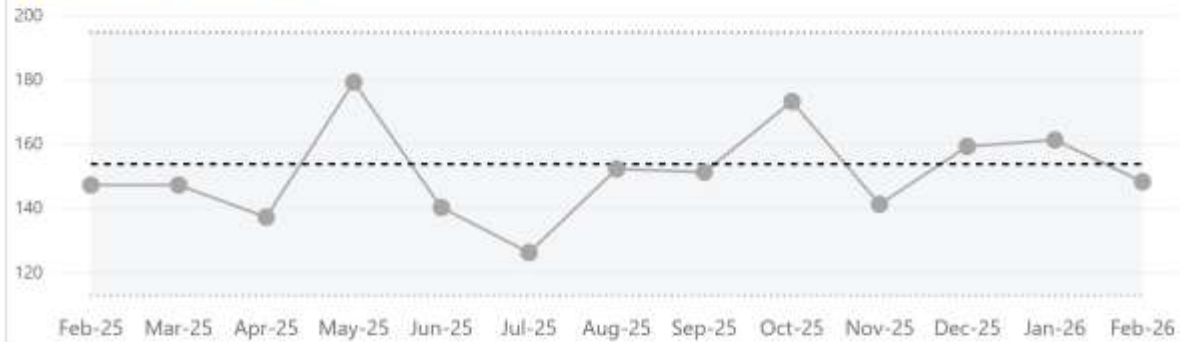
Assurance

Mortality, morbidity and incident review processes remain compliant with national standards, NHS England requirements, and professional guidance. Board assurance remains strong.

Live Births



Women Delivered



Neonatal Admissions of Term Babies



Term Admission Rate

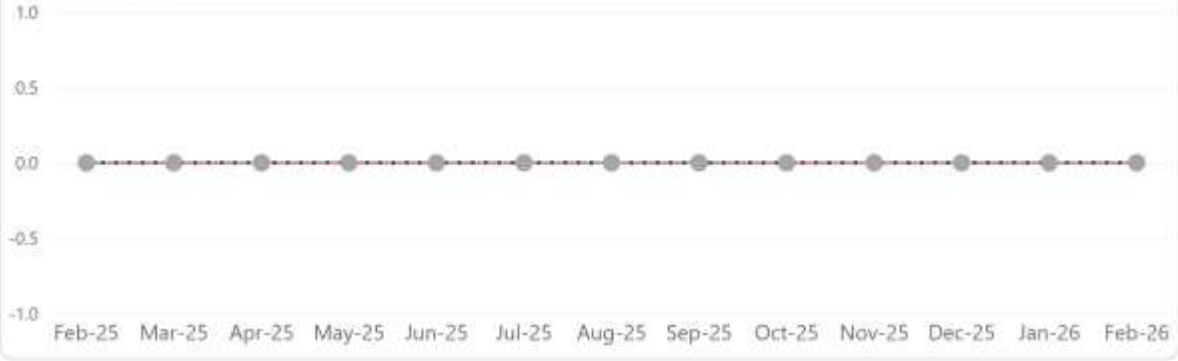


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Feb-26	148	☹️			
Term Admission Rate	Feb-26	1.32%	☹️	☹️	4.8%	
Neonatal Admissions of Term Babies	Feb-26	2	☹️	☹️	7	
Live Births	Feb-26	151	☹️			

Sections Rate



Eclampsia



PPH rate per 1000 births

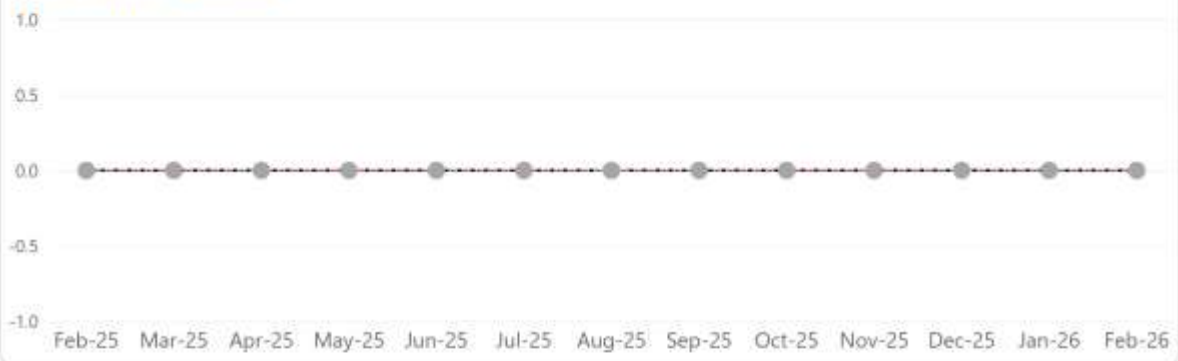


Tears rate per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Eclampsia	Feb-26	0	👍👍	🟢	0	0
PPH rate per 1000 births	Feb-26	33.8	👍👍	🟡	30	30
Sections Rate	Feb-26	50%	👍👍	🟡	45%	45%
Tears rate per 1000 births	Feb-26	0	👍👍	🟡	28	28

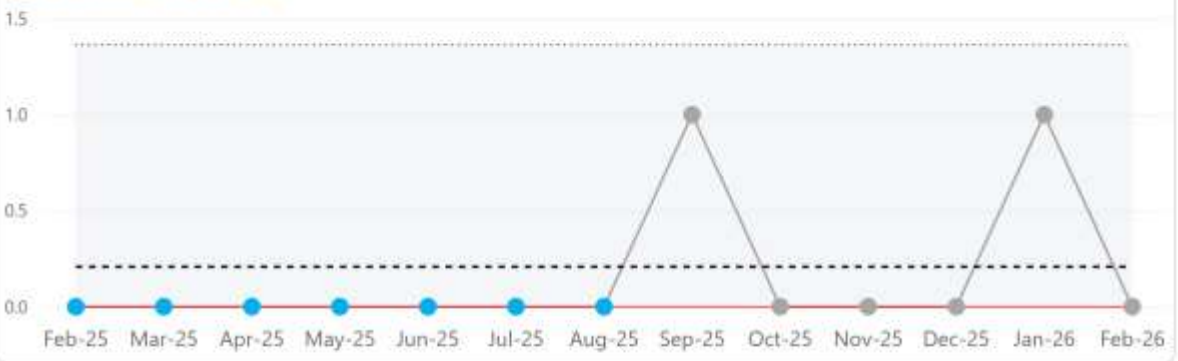
Maternal Deaths



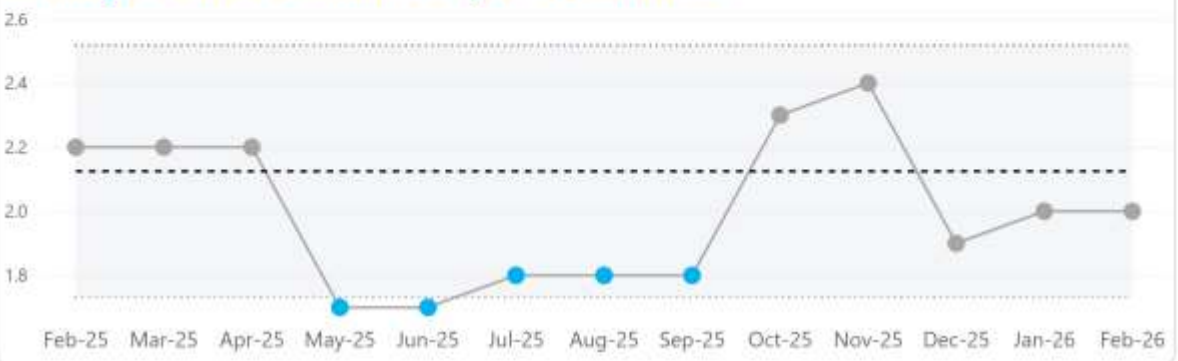
Stillbirths



Neonatal Deaths



Rolling 12 Month Stillbirths per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths	Feb-26	0	👍	👍	0	
Neonatal Deaths	Feb-26	0	👍	👍	0	
Rolling 12 Month Stillbirths per 1000 births	Feb-26	2	👍			
Stillbirths	Feb-26	0	👍	👍	0	
Stillbirths rate per 1000 births	Feb-26	0	👍	👍	4	

Highlights:

Turnover continues to be below the 10% target at 8.19%.

Sickness absence in February rose to 5.84% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance decreased to 90.00%.

Appraisal compliance maintained target compliance at 83.06% in February

Agency shifts for Nursing increased from last month with 78 shifts in February, with a large decrease of 184 compared with February 2025 – YTD Agency spend at 0.5% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month with 168 shifts and it was 66 more than the previous year – YTD Agency spend at 1.9% of the total medical pay bill.

Agency spend for YTD is £2,051K which is £1,910k less than the same period last year.

Areas Of Concern:

Sickness has increased with long-term absence reaching 3.42% 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	Feb-26	5.84%	📉	🟡	5%	Jun 25 4.9%
Staff Turnover Percentage	Feb-26	8.19%	📉	🟡	10%	

Sickness Narrative

Sickness absence in February rose to 5.84%, from 5.82% in January. The top 3 reasons for absence were: Stress & Anxiety, Cold, Cough & Flu and Gastrointestinal problems. This equates to 3,276.29 FTE days lost which is 48.8% of all Trust sickness absence. Stress and Anxiety absence accounts for 30.2% of all sickness absence.

Short Term Absence

- Short term accounts for 2.06% in February, down from 2.49% in January

Long Term Absence

- At 3.42% 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 October and requiring a clear approach to reduce. Absence through stress and anxiety remains a consistent issue.

Staff Turnover Narrative

At 8.19% for February the Trust Turnover rate has decreased and continues to trend below target since July 2023. The rate based on FTE is below target at 7.80%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 2 staff groups remaining above target: Admin & Clerical (12.33%) and Additional Clinical Services (10.09%).

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	9.96%
Additional Clinical Services	10.09%
Administrative and Clerical	12.33%
Allied Health Professionals	8.78%
Estates and Ancillary	7.13%
Healthcare Scientists	9.68%
Medical and Dental	6.19%
Nursing and Midwifery Registered	4.46%
Trust Rate	8.19%

Annual Appraisal Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Feb-26	83.1%	🟢🟡	🟢🟡	80%	
Mandatory Training Compliance	Feb-26	90%	🟢🟡	🟢🟡	90%	

Appraisals Narrative

Performance Issue: Appraisals on target (83.06%)

Appraisal compliance in February rose to 83.06%, 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.

Division	Appraisals	Local Induction	Mandatory Training
Corporate Non-Clinical	61.4%	77.8%	89.0%
Diagnostics & Clinical Support	82.0%	83.3%	91.0%
Estates & Facilities	77.1%	92.6%	78.5%
Finance & Performance	87.3%	100.0%	91.2%
IMT	90.5%	83.3%	94.9%
Nurse Management	78.5%	66.7%	90.0%
People Services	93.5%	100.0%	95.2%
Planned Care	83.8%	68.3%	89.9%
Therapies & Integrated Community Care	86.8%	89.2%	90.8%
Urgent Care	84.0%	75.8%	90.7%
Women & Children's	81.5%	97.1%	91.8%
Trust Total	83.06%	79.90%	90.00%

Mandatory Training Compliance



Competence Name	Compliance (%)
Equality, Diversity and Human Rights - 3 Years	92.74%
Fire Safety - 2 Years	93.32%
Health, Safety and Welfare - 3 Years	91.57%
Infection Prevention and Control - Level 1 - 3 Years	93.25%
Infection Prevention and Control - Level 2 - 1 Year	87.85%
Information Governance and Data Security - 1 Year	84.67%
Moving and Handling - Level 1 - 3 Years	94.63%
Moving and Handling - Level 2 - 2 Years	91.37%
NHS Conflict Resolution (England) - 3 Years	90.14%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	88.56%
Preventing Radicalisation - Prevent Awareness - 3 Years	93.24%
Resuscitation - Level 1 - 1 Year	77.56%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	85.56%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	90.10%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	85.28%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	91.17%
Safeguarding Adults - Level 1 - 3 Years	91.77%
Safeguarding Adults - Level 2 - 3 Years	92.25%
Safeguarding Children - Level 1 - 3 Years	92.49%
Safeguarding Children - Level 2 - 3 Years	91.17%
Safeguarding Children - Level 3 - 3 Years	91.34%

Mandatory Training Narrative

Performance issue: Mandatory Training Compliance on target (90.00%)

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 decrease down to 90% so remaining just on the 90% target. Despite the slight downward trend of the two months 9 out of 11 divisions remain over the 90% compliance target. Operational pressures have impacted on the ability to release staff to attend/undertake training

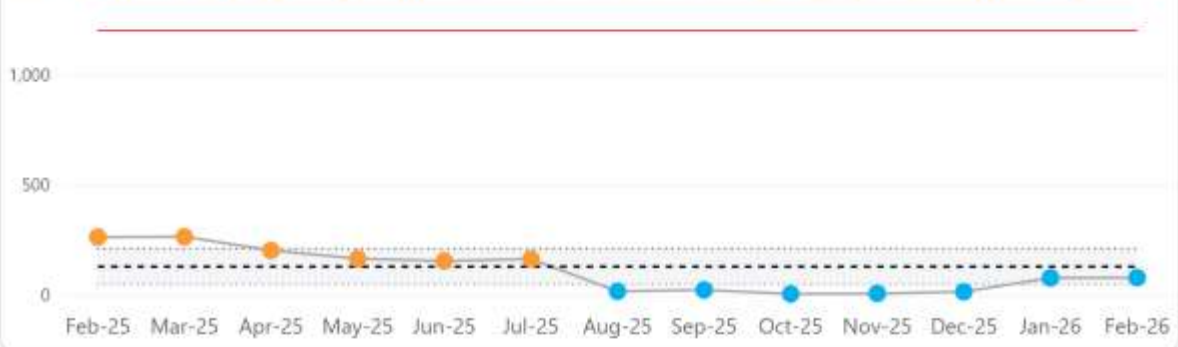
F2F training continues to be supported by E-learning where acceptable within the CSTF.

Planned Remedial Actions:

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

Targeted work remains 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



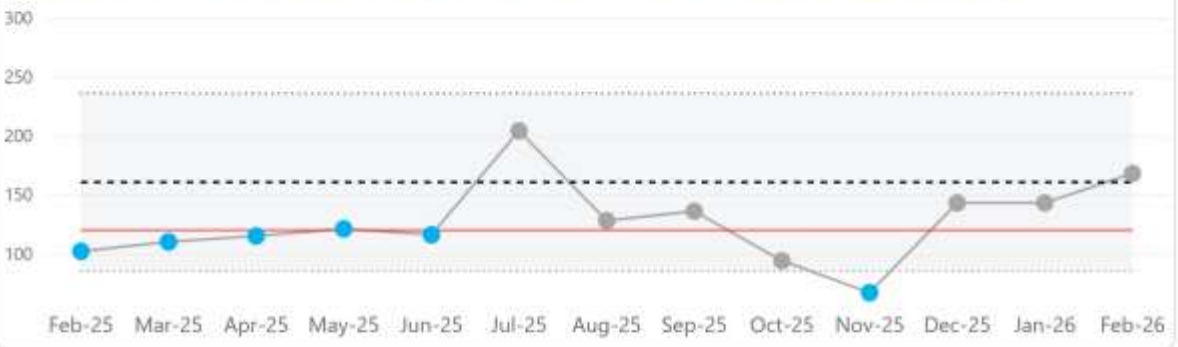
Cap Rates Narrative

Medical & Dental - Month 11 shows 168 Medical shifts. A difference of +24 from the previous year. 57 were above cap rates and 0 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 78 shifts were approved in month 11 and 0 were above cap. A difference of -184 from the previous year.

Other reduction in Agency - In month 11, 196 'Other' agency shifts were approved, an decrease of 51 on the previous year. 181 were above cap. Of these, 139 were HCAs, 0 were admin, 15 were Healthcare science and 42 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	Feb-26	168	⬇️ ⬆️	🟡 🟡	120	
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Feb-26	78	⬇️ ⬆️	🟢 🟢	1200	
Reduction in Agency Shifts over Cap Rates: Other	Feb-26	196	⬇️ ⬆️	🟢		

Medical Agency Spend



Nursing Agency Spend



Metric	Period	Value	Variation	Assurance	Target Benchmark
Medical Agency Spend	Feb-26	170000	📉		
Nursing Agency Spend	Feb-26	80618	📉		

Agency Spend Narrative

Medical Agency Spend - M11 is £250k, which is 1.9% of the total medical spend.

Agency nursing expenditure for M11 is £80.6k, which is 0.5% of total monthly nursing spend



Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	4.48
Of which Registered Midwife Vacancy WTE	0.00
Total Qualified AHP Vacancy WTE	8.96
Of which Qualified Physiotherapist Vacancy WTE	0.44
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	5.18
Qualified Orthoptics/Optics Vacancy WTE	0.01
Qualified Prosthodontics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	0.00
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	67.26
Of which Medical/Dental Consultant Vacancy WTE	23.98
Support to Clinical Staff Vacancy WTE	187.12
Of which Healthcare Assistant Band 2	0.00
Of which Healthcare Assistant Band 3	91.88
NHS Infrastructure Vacancy WTE	65.49
Registered Healthcare Scientists	1.56
Other Registered Scientific, Therapeutic and Technical Staff	12.09
Total Vacancies	266.91
Budgeted FTE Total	4695.69
Trust Vacancy Rate	5.68%

	19/20	20/21	21/22	22/23	23/24	24/25	25/26	Straight Line projection for year
Medical	2,186,354	2,092,691	2,184,540	2,549,357	2,172,943	2,547,072	1,474,306	1,608,333
Nursing	420,670	3,340,196	8,356,865	12,964,419	2,537,732	800,183	476,796	519,049
Scientific, Therapeutic & Technical	309,438	165,439	186,898	828,566	797,726	634,672	96,277	106,029
Admin & Clerical	58,632	151,110	642,783	1,000,308	516,838	146,785	6,079	6,641
TOTAL	2,975,094	6,755,413	11,371,094	17,962,721	6,027,228	4,188,712	2,051,496	2,237,952
Total Pay Bill	179,577,000	218,177,000	231,024,000	262,148,000	274,202,337	294,856,090	267,772,170	
Agency spend as a % of total Pay Bill	1.7%	2.6%	4.9%	6.3%	2.2%	1.4%	0.8%	

Staff Group	Agency Spend YTD to M11	Total Pay Group Spend YTD to M11	% Agency
	£000s	£000s	
Medical	1,474	76,464	1.9%
Nursing	476	103,028	0.5%
Scientific, Therapeutic & Technical	96	37,371	0.3%
Admin & Clerical	5	31,457	0.0%
Other	-	17,452	0.0%
TOTAL PAY	2,051	267,772	0.8%

Performance Issue

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at M10 is £2,051k, which is 0.7% of total pay spend. £3,983k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	12.09	9.13%
Additional Clinical Services	107.12	9.71%
Administrative and Clerical	0.00	0.00%
Allied Health Professionals	8.90	2.98%
Estates and Ancillary	65.49	9.68%
Healthcare Scientists	1.56	1.61%
Medical and Dental	67.26	10.09%
Nursing and Midwifery Registered	4.48	0.34%
Grand Total	266.91	5.68%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	The Trust reported a £14.9m YTD deficit against a planned deficit of £16.4m – a favourable variance of £1.5m this improvement is due to the trust receiving previously withheld deficit support funding
CIP	●	CIP is £10 million behind plan at Month 11 Only recurrent savings are being actioned
Capital Expenditure	●	Operational capital is in line with plan at month 11
Cash in bank - £'000	●	The Month 11 cash position is £19.7 million, a decrease of £8.3m from January 2025 Emergency revenue cash support was received in September, October, November and February. Further support has been requested for March and approved by NHSE.
Liquidity (days)	●	The Trust had the equivalent of 17 days cash in the bank
Better Payment Practice Code (number)	●	90.8% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	●	91.2% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights:

The month 11 (February) planned year to date deficit is £16.4 million against which the Trust reported a £14.9 million deficit and as such is £1.5 million favourable variance to plan, which is in line with M11 forecast assumptions. Deficit Support Funding (DSF) will now be received in full for the year, due to NHS England's confidence both in our in-year forecast and 26/27 plan submission. (to note there is an expectation that emergency cash funding received during the year will be repaid).

The Trust has been able to absorb the costs associated with resident doctor industrial action in July, November & December. Several non-recurrent benefits have been utilised to support the Trusts financial position. This includes the release of central provisions including 11 months of the annual leave accrual (made in 2024/25 accounts) equating to £1 million, higher than anticipated VAT rebate (which is cash backed) and vacancies across a number of areas.

Year to date CIP delivery is £10 million behind plan at month 11, with under delivery being mitigated by non-recurrent benefits (vacancies, 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 and financial sustainability.

Forward look

At month 11, 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 have been identified and implemented 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 non-recurrent benefits to support delivery of the financial plan.

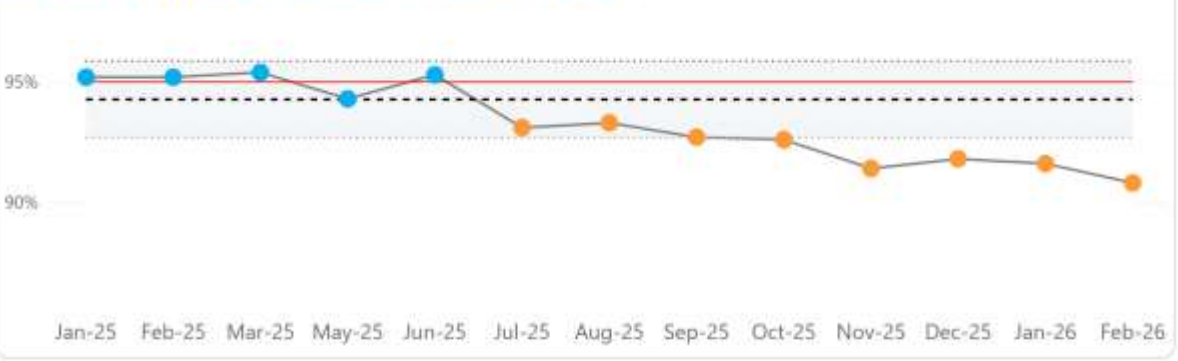
There are a number of risks around delivery of the financial plan:

- Contract issue with the ICB in relation to £3m funding to support delivery of RTT targets. Following negotiation with the ICB, the trust has received confirmation that £1.8m funding will be received as well as £1.2m of industrial action funding. The £1.8m is subject to the delivery of end of year elective performance delivery. The Trust is 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, this is tracked closely through EDG.
- Costs associated with potential requirements to deliver RTT further and faster, this is tracked closely through EDG.
- 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)	Feb-26	91.2%	📉	👍	95%	
Better Payment Practice Code (value)	Feb-26	90.8%	📉	👎	95%	