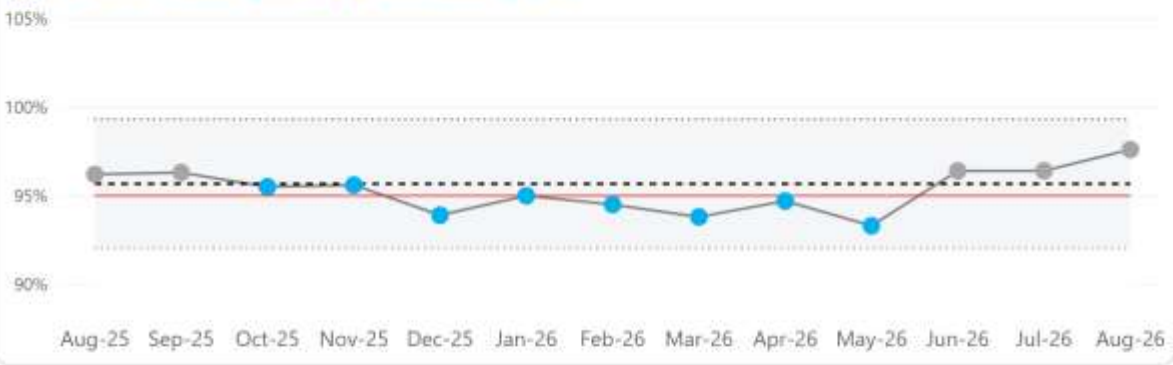


Fill rates: Registered Staffing (%)



Fill rates: Unregistered Staffing (%)



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Fill rates: Registered Staffing (%)	Aug-26	96.6%			95%	
Fill rates: Unregistered Staffing (%)	Aug-26	97.6%			95%	

Staffing level summary

100%	Exactly the number of staff planned for
Below 100%	Fewer staff than planned
Above 100%	More staff than planned

95% minimum required to ensure safe staffing
95-100 is the optimal balance.

Safer Staffing Levels - Aug 26

Ward Information			Staffing Rates						CHPPD					Falls		Skin Integrity	Medication	Safeguarding		Friends & Family		
Directorate	Ward	Occupancy	Total Reg	Total Unreg	Day Reg	Day Unreg	Night Reg	Night Unreg	Reg	Non-Reg	Actual	Planned	Nat Avg	Total	With Harm	HAPU	Admin Incs	Incidents	With Harm	Positive	Negative	Response
Urgent Care	Acute Medical Unit	50	98.44%	100.64%	89.91%	103.54%	114.13%	110.82%	4.4	4.3	8.7	8.5	9.7	8	0	2	6	2	0	96.45%	4.55%	14.57%
	Acute Stroke Unit	34	100.30%	100.36%	88.12%	92.96%	115.33%	105.24%	4.3	4.9	9.2	9.2		3	0	1	4	0	0	90.00%	10.00%	35.71%
	Ward 40	11	125.99%	96.70%	97.13%	100.07%	200.00%	93.65%	4.2	3.8	8.0	7.3	15.9	1	0	2	0	0	0	100.00%	0.00%	100.00%
	Ward 42	16	96.84%	96.42%	96.30%	97.83%	99.78%	94.53%	3.9	3.6	7.6	7.8	15.0	0	0	0	0	0	0	87.50%	6.25%	53.33%
	Ward 43 Meadows Ward	16	105.51%	94.37%	102.40%	95.55%	116.13%	93.22%	3.2	4.1	7.2	7.3	8.0	2	0	1	0	1	0	100.00%	0.00%	80.95%
	Ward 44	26	98.83%	102.76%	88.31%	101.71%	113.65%	103.32%	3.4	3.5	6.9	6.9	13.7	2	0	2	2	1	0	70.00%	20.00%	23.81%
	Ward 45 Palace	25	109.58%	103.70%	93.12%	100.05%	135.48%	105.65%	3.6	3.8	7.4	6.9	8.1	1	0	3	0	0	0	100.00%	0.00%	20.00%
	Ward 50	26	96.48%	99.61%	76.41%	96.77%	118.06%	100.88%	4.0	3.9	7.9	8.0	8.7	6	0	1	1	2	0	75.00%	25.00%	22.22%
	Ward 51	28	96.25%	96.15%	87.36%	99.27%	105.05%	94.74%	3.7	3.6	7.3	7.6	8.1	8	0	3	0	0	0	0.00%	0.00%	9.09%
	Cardiology Unit	16	87.35%	91.71%	80.01%	87.94%	105.39%	98.54%	4.3	4.0	8.3	9.3	8.3	1	0	1	0	0	0	95.65%	0.00%	60.53%
	Respiratory Unit	38	97.44%	97.07%	96.87%	96.11%	99.74%	95.91%	4.3	4.1	8.4	8.7	7.1	5	0	5	1	0	0	90.91%	9.09%	18.64%
	Modular	20	117.76%	113.93%	99.17%	100.00%	150.44%	126.47%	3.2	3.5	6.7	5.8	8.1	2	0	2	1	0	0	88.89%	0.00%	45.00%
Planned Care	Emergency Dept Team		93.40%	97.46%	81.03%	98.53%	98.83%	94.97%						12	0	1	14	13	0	73.22%	17.67%	13.17%
	Renal Unit (Care)		75.35%	71.83%	75.35%	100.00%	100.00%	71.83%						0	0	0	0	0	0			
	Renal Unit (Haematology Oncology Suite)		94.08%	90.88%	94.08%	100.00%	100.00%	90.88%						0	0	0	0	0	0			0.00%
	Ward 41	29	105.15%	97.46%	91.12%	97.87%	115.79%	97.28%	3.5	3.6	7.1	7.0	15.9	8	0	3	0	1	0	80.00%	0.00%	27.78%
	Ward 52	28	91.48%	96.68%	90.79%	98.97%	92.13%	95.43%	3.8	3.4	7.2	7.7	8.7	6	0	0	4	1	0	100.00%	0.00%	39.02%
	Ward 53	28	96.87%	95.65%	94.89%	100.00%	100.00%	92.72%	3.5	3.3	6.8	7.1	8.1	1	0	2	1	1	0	95.83%	0.00%	72.73%
TICC	Ward 54	28	94.63%	95.58%	90.88%	99.10%	100.86%	93.26%	2.9	2.8	5.7	6.0	9.1	2	1	1	0	0	0	76.00%	16.00%	18.94%
	Ward 56	28	111.22%	98.94%	97.18%	100.00%	145.16%	96.26%	3.7	4.0	7.8	7.5	6.2	0	0	1	3	0	0	75.00%	25.00%	13.79%
	Critical Care	15	87.80%	89.41%	87.18%	89.27%	97.20%	91.04%						1	0	1	5	1	0			
W&C	Bluebell Unit	24	111.48%	107.81%	93.26%	100.29%	133.70%	110.92%	3.0	3.3	6.3	5.7	8.1	1	0	2	0	0	0	94.44%	5.56%	90.00%
	EPH Stroke Rehab Unit Team	17	100.41%	96.64%	100.83%	100.15%	99.95%	95.38%	3.7	4.7	8.4	8.5	8.7	0	0	0	0	0	0	100.00%	0.00%	100.00%
	Poppy Unit	19	100.11%	95.24%	100.29%	100.00%	100.00%	93.54%	1.8	4.4	2.4	3.9	8.0	2	0	1	1	0	0			
	Maternity Suite		95.07%	91.63%	95.07%	91.63%	100.00%	100.00%	33.1	1.9	35.2	2.7	9.0	0	0	0	0	0	0			
	NNU		94.03%	100.00%	106.05%	100.00%	79.13%	100.00%	20.9	0.0	22.2	0.0	8.7	0	0	0	0	0	0			
	Ward 29 & 30 Childrens' Unit	22	94.00%	110.93%	94.80%	123.21%	93.05%	109.01%	2.4	0.7	2.6	0.7	8.3	0	0	0	0	1	0	81.82%	9.09%	18.64%

Registered Staffing Fill Rate Narrative

Each Ward area has a breakdown of their registered and unregistered staffing, as well as the breakdown of these figures for Day and Night. The Care Hours Per Patient Day (CHPPD) is also displayed, the national average is taken from the average CHPPD for the wards speciality.

FFT Breakdowns for positive, negative and response rate are also given. This is based on the patient's discharge ward, i.e. the last ward of treatment. Our average response rate for Inpatient FFT is 20%, so there can be some wards/areas that do not get many responses, you also see a few patients responding multiple times, so that shows for some of the EPH areas where the response rate is over 100%.

FFT is split into 6 options, very good, good, neither, poor, very poor and "don't know", for positive we look at very good and good, and negative is poor and very poor, thus you can see that some of the % do not total 100%.

The rates shown above are after mitigations have taken place as the information is taken directly from the roster.

VTE: Assessment Completed Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
VTE: 14 Hour Compliance	Aug-26	85.5%			95%	
VTE: Assessment Completed Compliance	Aug-26	94.8%			95%	

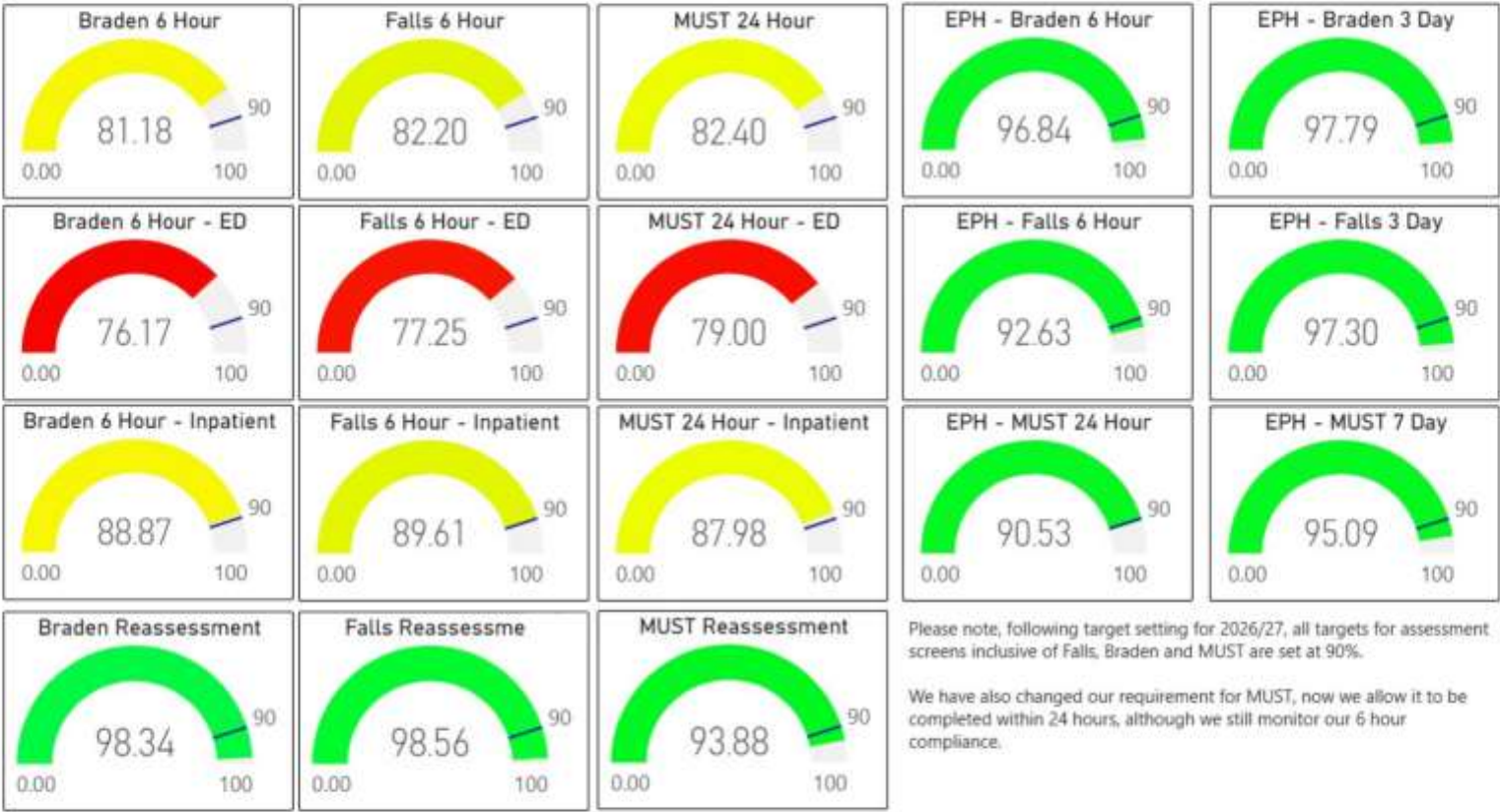
VTE: 14 Hour Compliance



VTE Compliance Narrative

VTE 14-hour risk assessment demonstrating a month-on-month improvement but not yet at National compliance target of 95%. Divisional action plan in place driving improvements and monitored through Quality Governance Group

Aug-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



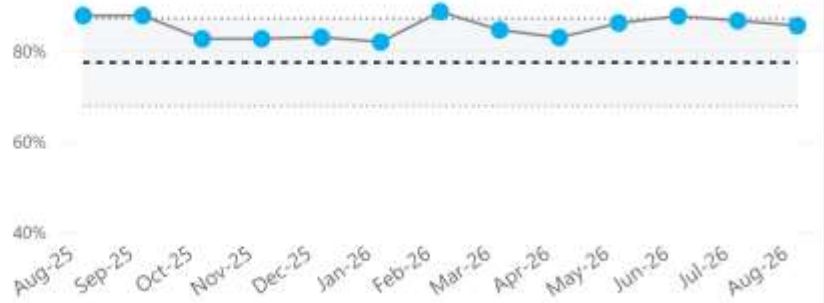
Overall MUST 24 hr compliance



ED MUST 24 hr Compliance



Inpatient MUST 24 hr compliance



Incidents: StEIS reported incidents (Excluding Never Events)



Incidents: Mixed sex accomodation incidents



Serious Incidents Narrative

To date in 2026/27 the Trust has reported 6 Patient Safety Incidents in total to StEIS.

Incidents: Never events



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: StEIS reported incidents (Excluding Never Events)	Aug-26	0			0	
Incidents: Never events	Aug-26	0			0	
Incidents: Mixed sex accomodation incidents	Aug-26	0			0	



Incidents: All incidents



Incidents: All incidents with moderate harm and above



Incidents: Medication incidents



Incidents: Medication incidents with harm

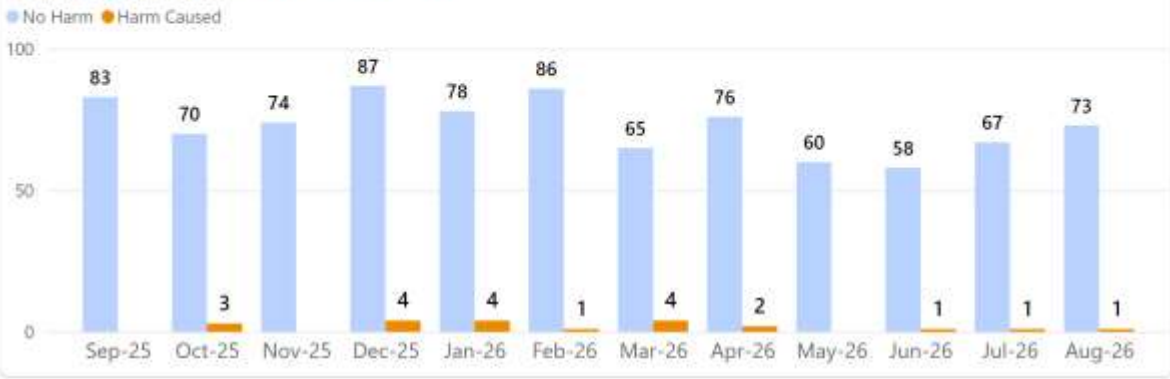


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: All incidents	Aug-26	1148	🟢🟡		1155	
Incidents: All incidents with moderate harm and above	Aug-26	73	🟢🟡		40	
Incidents: Medication incidents	Aug-26	118	🟢🟡		108	
Incidents: Medication incidents with harm	Aug-26	4	🟢🟡		0	

Falls: All - Inpatient Rate Per 1000 Bed Days



Falls Split By Harm Caused

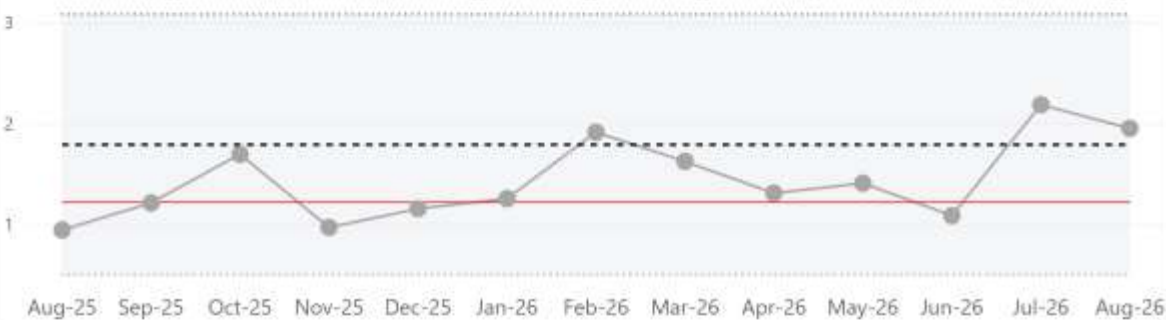


Falls: With Harm - Inpatient Rate Per 1000 Bed Days

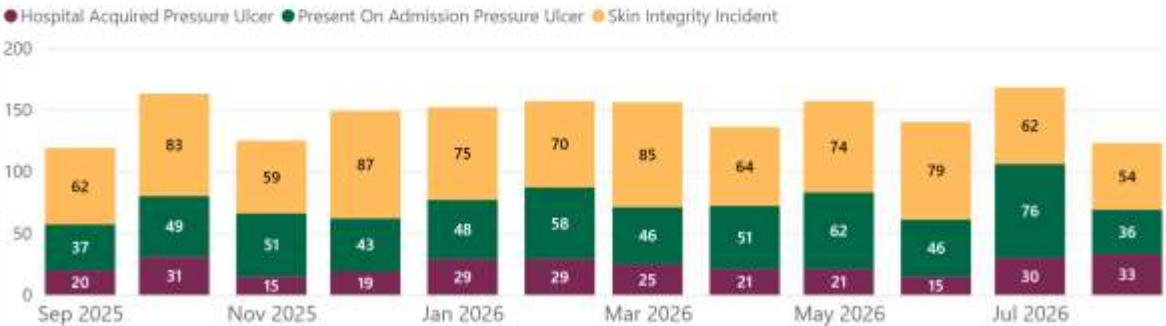


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Falls: All - Inpatient Rate Per 1000 Bed Days	Aug-26	4.44			4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Aug-26	0.177			0.1	

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	Aug-26	1.95			1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Aug-26	2.19				

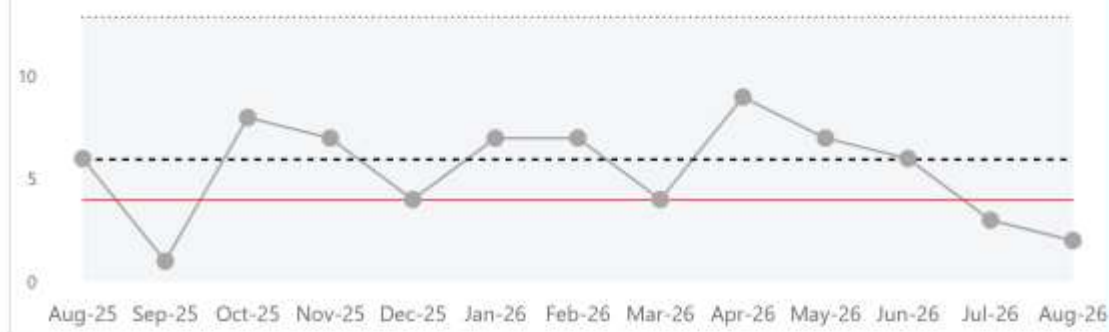
Pressure Ulcers Narrative

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.

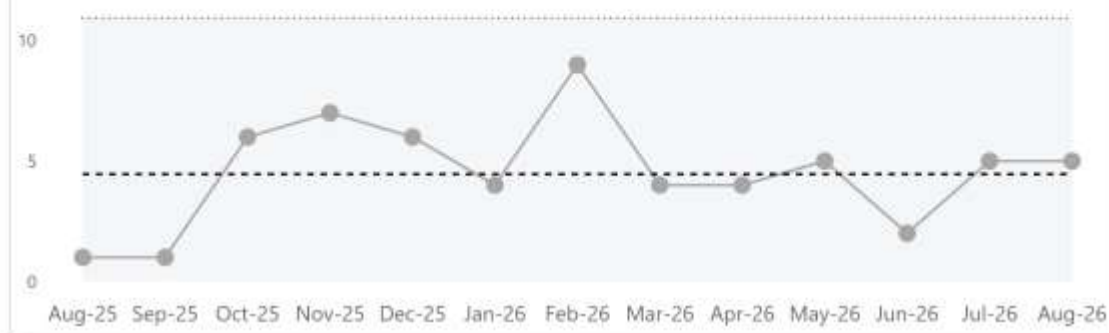
There is now a weekly review of Pressure Ulcers with a focus in the Emergency Department to ensure patients are receiving appropriate mattress types on admission to reduce the risk of pressure ulcer occurrence or deterioration of existing pressure ulcers. There is also a focus on undertaking skin inspection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

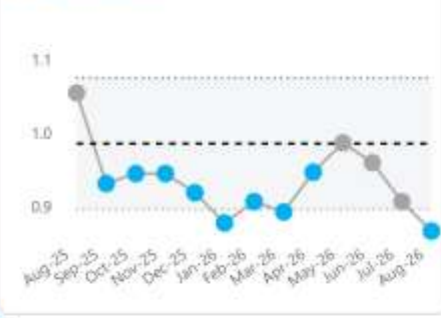


Infection Control: MRSA Cases



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)

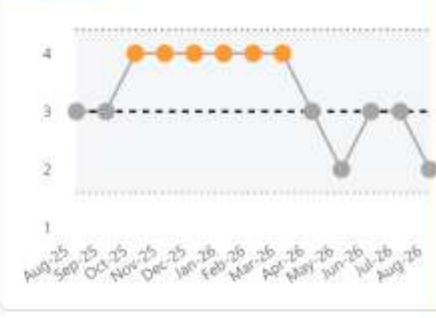
C.Difficile



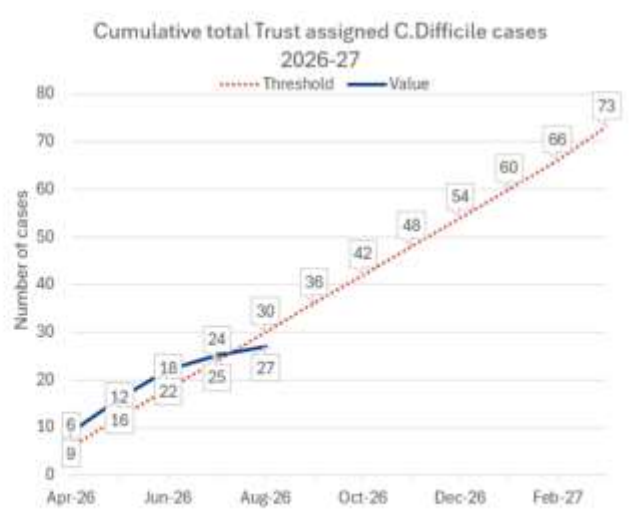
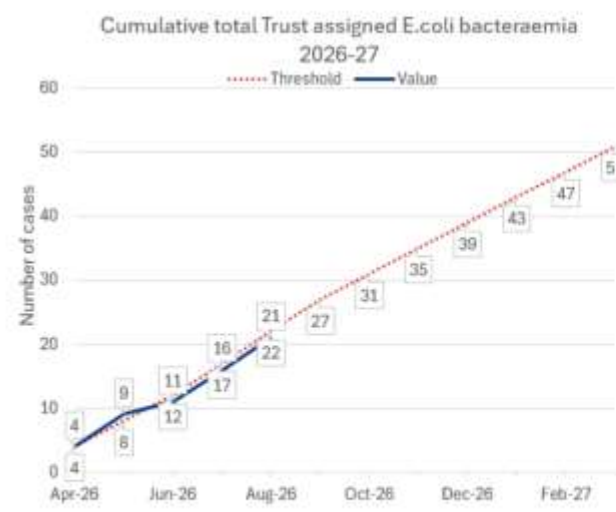
E-Coli



MRSA



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Infection Control: C.Difficile Cases	Aug-26	2			4	
Infection Control: E-Coli Cases	Aug-26	5				
Infection Control: MRSA Cases	Aug-26	0			0	



Sepsis Clinical Assessment Compliance



Sepsis 60 mins Observations Compliance (%)



Sepsis Antibiotics Compliance (%)



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sepsis Clinical Assessment Compliance	Jul-26	87.3%			95% Jul 25	60.50%
Sepsis Antibiotics Compliance (%)	Jul-26	72.2%			95% Jul 25	68.10%
Sepsis 60 mins Observations Compliance (%)	Jul-26	100.0%			95% Jul 25	91.80%

Sepsis Narrative

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:

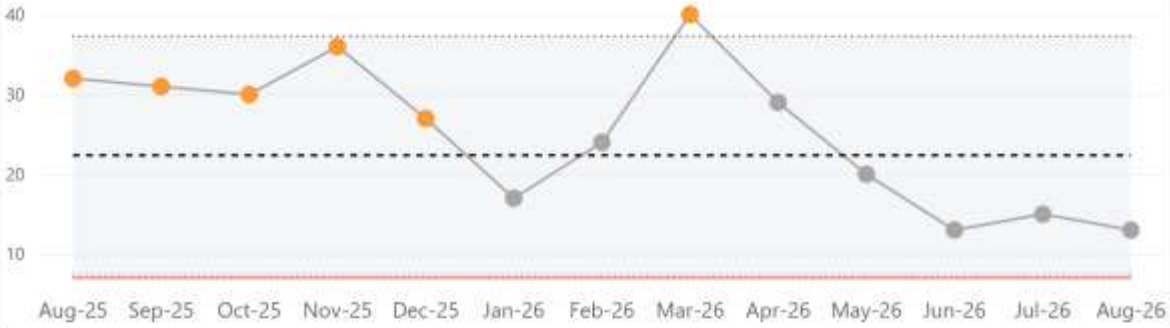
- 1) Observations within an hour of arrival
- 2) Clinical assessment within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)
- 3) Antibiotics administered within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)

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.



Patient Feedback: Complaints Open At Month End



Patient Feedback: Concerns Open At Month End



Complaints: Patient Feedback: Complaints Opened

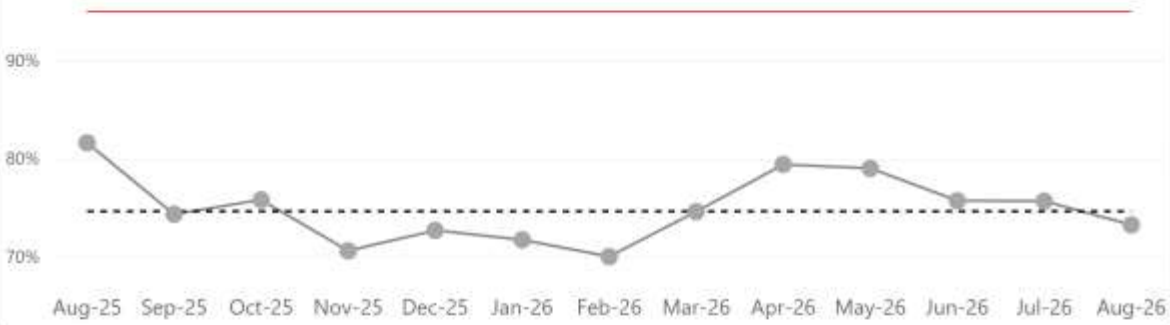


Patient Feedback: Concerns Opened In Month



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Aug-26	13			7	
Patient Feedback: Complaints Opened In Month	Aug-26	11			40	
Patient Feedback: Concerns Open At Month End	Aug-26	151				
Patient Feedback: Concerns Opened In Month	Aug-26	322			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	Aug-26	73.2%	⬇️		95%	
FFT: IP Positive Rate	Aug-26	92.1%	⬇️		95%	
FFT: OP Positive Rate	Aug-26	93.1%	⬇️		95%	

FFT Narrative

Friends and Family Test Improvements – successful transition to MEG – a new and improved platform for collecting Friends and family Test. QR codes for real-time completion with instant feedback. Text messages also in place.

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	Aug-26	13.2%			13%	
FFT: IP Response Rate	Aug-26	27.9%			23%	
FFT: OP Response Rate	Aug-26	15.0%			12%	

FFT Response Rate Narrative:

Friends and Family Test Improvements – successful transition to MEG – a new and improved platform for collecting Friends and family Test. QR codes for real-time completion with instant feedback. Text messages also in place.

Maternity Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Aug-26	195				
Live Births	Aug-26	200				
Births in Co-located MLU	Aug-26	15				
Neonatal Admissions of Term Babies	Aug-26	7			7	
Term Admission Rate	Aug-26	3.5%			4.8%	
Deliveries by Caesarean Section	Aug-26	96				
Deliveries by Caesarean Sections Rate	Aug-26	49.2%				
Number of Haemorrhages ≥1500 ml	Aug-26	11				
PPH rate per 1000 Deliveries	Aug-26	56.4			30	
Number of 3rd/4th Degree Tears in Vaginal Births	Aug-26	2				
Tears rate per 1000 Deliveries	Aug-26	10.3			28	
ITU Admissions	Aug-26	2			0	
Obstetric Unit - number of days the service has diverted on in reporting period	Aug-26	0			0	
Eclampsia	Aug-26	0			0	
Maternal Deaths (includes coincidental deaths)	Aug-26	1			0	
Stillbirths	Aug-26	0			0	
Stillbirths rate per 1000 births	Aug-26	0			4	
Rolling 12 Month Stillbirths per 1000 births	Aug-26	1				
Neonatal Deaths born after 24 weeks	Aug-26	0			0	
Neonatal Deaths born before 24 weeks	Aug-26	2			0	
Neonatal Deaths	Aug-26	2			0	
All Neonatal Deaths (%)	Aug-26	1.0%			0%	
Coroner Reg 28 made directly to Trust	Aug-26	0			0	
Service User Feedback: Number of Formal Complaints	Aug-26	0			1	
Progress in achievement of CNST (out of 10)	Aug-26	10			10	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Aug-26	0			0	

Maternity Narrative

Overall Position

- Maternity activity remained stable throughout August, with births and women delivered continuing to trend upwards.
- One maternal death reported however this was a coincidental death. **Coincidental Maternal Death:** Deaths from completely unrelated causes - such as road traffic accidents or homicides - that happen to occur during pregnancy or the recently pregnant period (MBRRACE-UK).
- Mortality indicators remained stable, with continued oversight through established governance processes.
- Term neonatal admissions remained within expected variation and continue to be monitored through routine performance review.
- No stillbirths reported during August.

Quality and Governance

- Caesarean section rates remained within expected variation.
- Third and fourth degree tear rates remained below benchmark levels.
- Postpartum haemorrhage rates remained within expected variation, with ongoing surveillance through established governance arrangements.
- No cases of eclampsia were reported during the month.
- Multidisciplinary review of maternity incidents, outcomes and learning continued throughout the reporting period to support quality improvement and patient safety

Board Assurance

- Governance, mortality and incident review processes remain compliant with national standards and internal requirements.
- Robust surveillance, audit and assurance arrangements continue to provide effective oversight of maternity safety and quality.
- No new risks required escalation through formal governance structures during the reporting period.
- Overall assurance remains positive, with key quality and safety indicators demonstrating sustained stability across maternity services during August.

Live Births



Women Delivered



Neonatal Admissions of Term Babies



Term Admission Rate



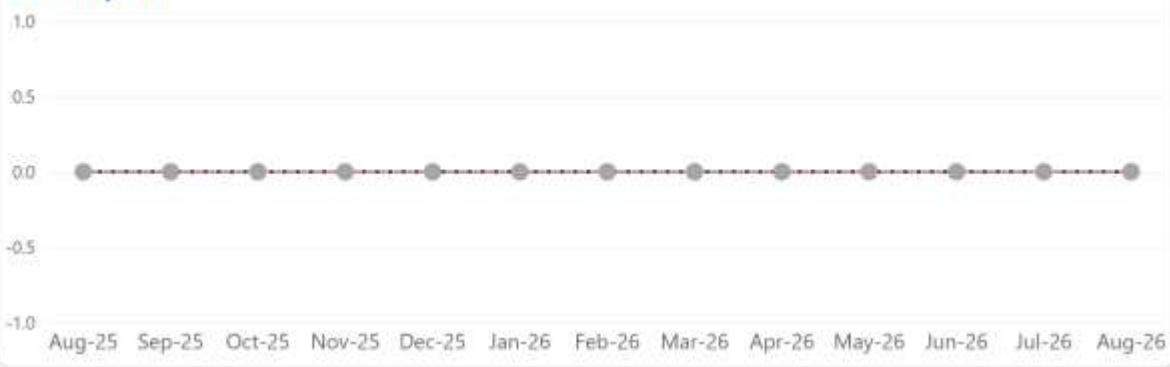
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Aug-26	195	😊			
Term Admission Rate	Aug-26	3.5%	😊	😊	4.8%	
Neonatal Admissions of Term Babies	Aug-26	7	😊	😊		7
Live Births	Aug-26	200	😊			



Deliveries by Caesarean Sections Rate



Eclampsia



PPH rate per 1000 Deliveries



Tears rate per 1000 Deliveries



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Deliveries by Caesarean Sections Rate	Aug-26	49.2%	🟡			
Eclampsia	Aug-26	0	🟡🟢		0	
PPH rate per 1000 Deliveries	Aug-26	56.4	🟡🟡		30	
Tears rate per 1000 Deliveries	Aug-26	10.3	🟡🟡		28	

Maternal Deaths (includes coincidental deaths)



Neonatal Deaths born after 24 weeks



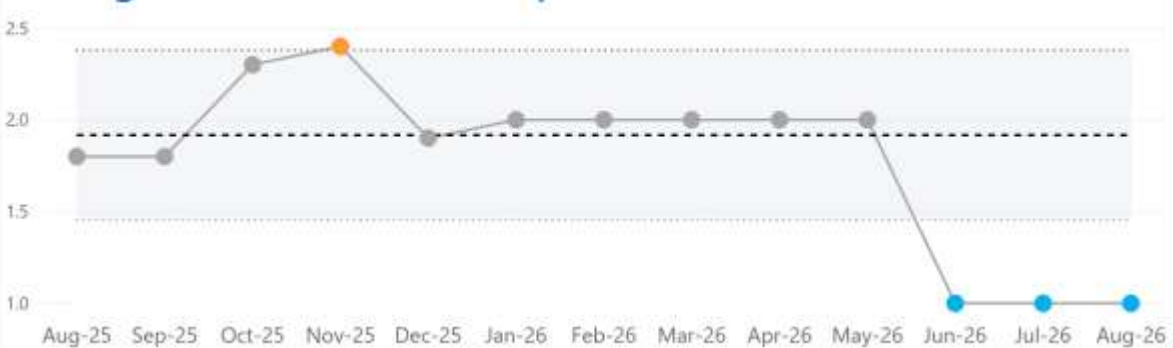
Stillbirths



Neonatal Deaths born before 24 weeks



Rolling 12 Month Stillbirths per 1000 births



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths (includes coincidental deaths)	Aug-26	1			0	
Neonatal Deaths born after 24 weeks	Aug-26	0			0	
Rolling 12 Month Stillbirths per 1000 births	Aug-26	1				
Stillbirths	Aug-26	0			0	
Stillbirths rate per 1000 births	Aug-26	0			4	

Highlights:

Turnover continues to be below the 10% target at 7.01%.

Sickness absence fell in-month to 5.42% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance decreased to 88.95%.

Appraisal rate is now below target compliance at 79.56%.

Agency shifts for Nursing decreased from last month with 10 shifts in-month, with a decrease of 6 compared with previous year – YTD Agency spend at 0.4% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month with 185 shifts and it was 57 more than the previous year – YTD Agency spend at 1.7% of the total medical pay bill.

Agency spend for YTD is £872K which is £178k less than the same period last year.

Areas Of Concern:

Sickness has increased and long-term absence remains high at 3.45% of all sickness.

Forward Look (With Actions):

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

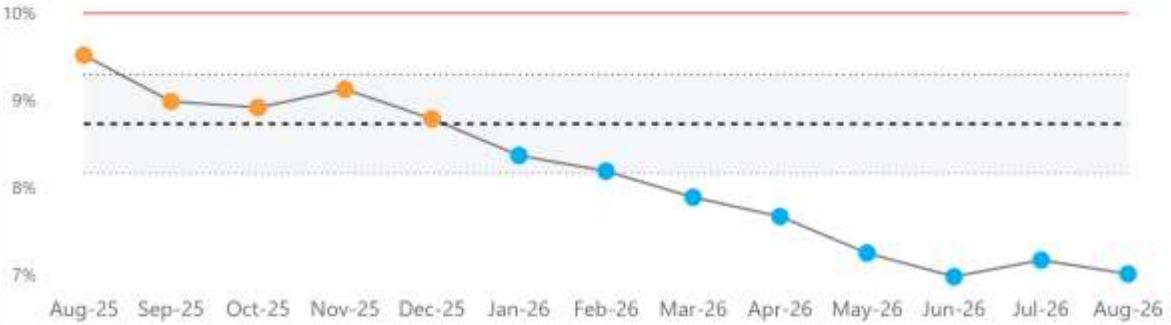
CIP and variable pay controls in progress to reduce pay costs.



Sickness Absence Rate



Staff Turnover Percentage



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sickness Absence Rate	Aug-26	5.4%			5%	Dec 25 5.9%
Staff Turnover Percentage	Aug-26	7.0%			10%	

Sickness Narrative

Sickness absence in August fell to 5.42%, from 5.64% in July. The top 3 reasons for absence were: Stress & Anxiety, Other musculoskeletal problems and Gastrointestinal problems. This equates to 4,328 FTE days lost which is 58.7% of all Trust sickness absence. Stress and Anxiety absence accounts for 38.00% of all sickness absence

Short Term Absence

- Short term accounts for 1.96% in August, down from 1.99 % in July

Long Term Absence

- At 3.45% Long Term remains high
- Stress and Anxiety continues to be the highest reason

Staff Turnover Narrative

At 7.01% for August the Trust Turnover rate has decreased and continues to trend below target since July 2023. The rate based on FTE is below target at 6.53%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There is only 1 staff group remaining above target: Admin & Clerical (11.80%)

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	8.54%
Additional Clinical Services	7.53%
Administrative and Clerical	11.80%
Allied Health Professionals	6.56%
Estates and Ancillary	8.60%
Healthcare Scientists	6.70%
Medical and Dental	3.74%
Nursing and Midwifery Registered	3.63%
Trust Rate	7.01%

Annual Appraisal Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Aug-26	79.6%			80%	
Mandatory Training Compliance	Aug-26	89.0%			90%	

Appraisals Narrative

Performance Issue: Appraisals below target (79.56%)

Appraisal compliance in August fell to 79.56%, falling below target.

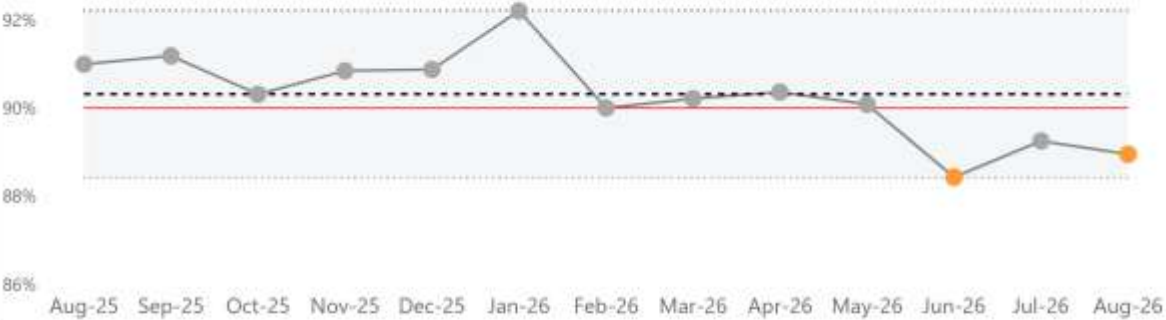
Further improvement will focus now on increasing compliance above 90%.

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.

Division	Appraisals	Mandatory Training
Corporate Non-Clinical	56.7%	92.5%
Diagnostics & Clinical Support	77.5%	89.8%
Estates & Facilities	76.0%	86.1%
Finance & Performance	89.5%	95.0%
IMT	81.8%	95.0%
Nurse Management	71.6%	89.7%
People Services	81.3%	94.3%
Planned Care	81.4%	89.0%
Therapies & Integrated Community Care	75.3%	87.7%
Urgent Care	83.8%	87.7%
Women & Children's	78.9%	91.5%
Trust Total	79.56%	88.95%

Mandatory Training Compliance



Competence Name	Compliance (%)
Conflict Resolution - Level 1	87.23%
Conflict Resolution - Level 2	30.89%
Equality, Diversity and Human Rights	95.14%
Fire Safety	93.40%
Health, Safety and Welfare	94.56%
Infection Prevention and Control - Level 1	95.22%
Infection Prevention and Control - Level 2	87.00%
Information Governance and Data Security	85.39%
Moving and Handling - Level 1	93.51%
Moving and Handling - Level 2	89.70%
Preventing Radicalisation - Basic Prevent Awareness	92.60%
Preventing Radicalisation - Prevent Awareness	93.47%
Resuscitation - Level 1	79.83%
Resuscitation - Level 2 - Adult Basic Life Support	85.10%
Resuscitation - Level 2 - Newborn Basic Life Support	93.14%
Resuscitation - Level 2 - Paediatric Basic Life Support	84.71%
Safeguarding Adults - Level 1	93.68%
Safeguarding Adults - Level 2	92.96%
Safeguarding Adults - Level 3	78.84%
Safeguarding Children - Level 1	94.70%
Safeguarding Children - Level 2	91.40%
Safeguarding Children - Level 3	79.79%

Mandatory Training Narrative

Performance Issue: Mandatory Training Compliance below target (88.95%)

Mandatory training compliance decreased in August by 0.3% to 88.95%, remaining slightly below the Trust target of 90%. This reduction was forecast following the introduction of improved Conflict Resolution Training and is on trajectory to meet compliance with Increased capacity made available over the coming months as part of a planned recovery of Trust wide mandatory Training. Improvement continues to be demonstrated in Resuscitation Level 2 compliance.

Planned Remedial Actions:

The focus continues to improve compliance on competencies below the 90% target, particularly Resuscitation, Information Governance, Infection Prevention and Control Level 2, and Safeguarding. Compliance is monitored monthly, with monthly team and individual compliance emails being issued to staff with compliance below 90%, and the escalation process remains in place where compliance continues to fall below the required standard.

Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery



Reduction in Agency Shifts over Cap Rates: Other



Cap Rates Narrative

Medical & Dental - Month 5 shows 185 Medical shifts. A difference of 57 from the previous year. 185 were above cap rates and 0 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 10 shifts were approved in month 5 and 0 were above cap. A difference of -6 from the previous year.

Other reduction in Agency - In month 5, 5 'Other' agency shifts were approved, a decrease of 111 on the previous year. 5 were above cap. Of these, all 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	Aug-26	185	🟡🟡		120	
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Aug-26	10	🟢🟢		45	
Reduction in Agency Shifts over Cap Rates: Other	Aug-26	5	🟡			

Medical Agency Spend



Nursing Agency Spend

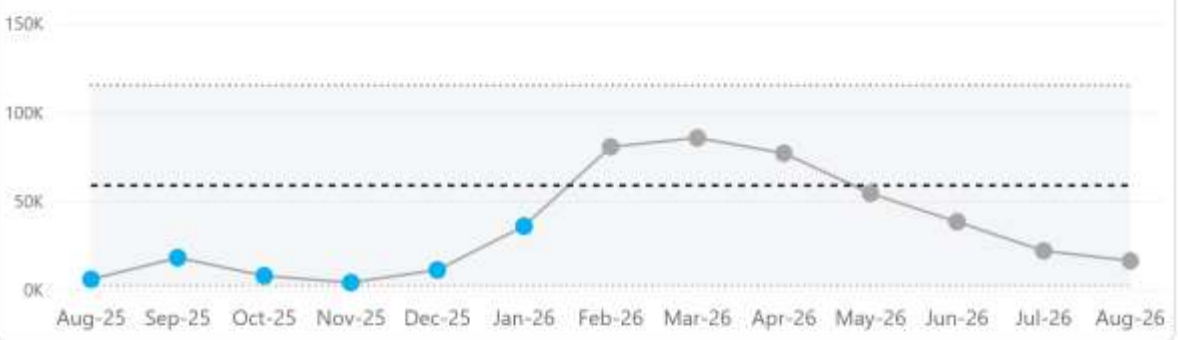


Table with 6 columns: Metric, Period, Value, Variation, Assurance, Target Benchmark. It lists Medical Agency Spend and Nursing Agency Spend for Aug-26.

Agency Spend Narrative

Medical Agency Spend - M5 is 115k, which is 1.5% of the total monthly medical spend.
Agency nursing expenditure for M5 is £16k, which is 0.2% of total monthly nursing spend



Table listing various staff categories and their corresponding WTE (Whole Time Equivalent) values, including Registered Nursing, Midwifery, and Health Visiting Staff.

Table with 4 columns: Staff Group, Agency Spend YTD to M5, Total Pay Group Spend YTD to M5, and % Agency. It breaks down agency spend by medical, nursing, and other staff groups.

Performance Issue
To not exceed £4.576m agency expenditure ceiling.
Total YTD Agency spend at M05 is £872k, which is 0.7% of total pay spend. £927k was spent in same period last year.

Table with 3 columns: Staff Group, Vacancy FTE, and Vacancy Rate. It provides vacancy rates for various clinical and support staff groups.



Highlights
In month surplus of £0.1m which is in line with plan. Year to date deficit of £5.3m (incl. £9.1m DSF funding) which is also in line with plan. There have been cost pressures that have had to be mitigated including industrial action (£527k) and under delivery of CIP (£3.4m). The overspends have been mitigated from non-recurrent benefits such as interest receivable, release of provisions and prior year income. NHSE have confirmed receipt of Q1 & Q2 DSF (annual DSF £21.9m). Receipt of Q3 DSF will be assessed based on Month 5 (August) position and forecast.

Actions to improve position
Continued focus on CIP identification and delivery with the target significantly increasing from Q2. Divisions have produced finance recovery plans to address CIP under performance. These have been presented to EDG and divisions will be monitored monthly against progress against these plans.

Forecast
The Trust are currently forecasting delivery of the financial plan with detailed work being undertaken on mitigations required to ensure delivery of the financial plan. The key risk to delivery of the financial plan relates to CIP performance, hence the requirement for the divisional financial recovery plans.



In month overspend of £0.1m (£30m vs £29.9m plan), with a YTD overspend of £0.3m (£151.3m vs £151m plan). The YTD adverse variance to plan is mainly driven by costs associated with covering April strike action (£0.5m costs YTD). With the in month pressure being predominantly bank driven due to August being a 5 week month for bank and further pressures being experienced in Urgent Care for 1:1 and unavailability cover in August. Monthly meetings are held with divisions (led by Deputy DOF) to discuss and review run rates, YTD and forecast financial positions. Corrective actions are agreed and monitored, including discussion of cost pressures. Finance recovery plans are also reviewed and discussed. It should be noted that internal flow efficiencies have been delivered by the organisation as evidenced by only a further 5 escalation beds being opened compared to last year and a reduction in instances of patients on corridors despite an increase of approximately 24 NC2R patients per day compared to the same period last year. Given the increase in NC2R patients, the efficiencies achieved has not resulted in cost reductions.



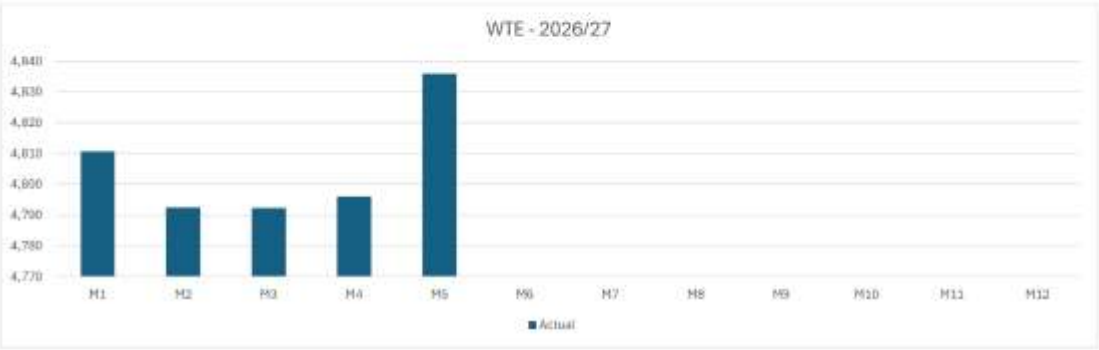
In month over performance of £0.9m (£35.1m compared to £34.2m). YTD overperformance of £2.6m (£174.9m compared to £172.3m plan). The over performance relates to increased interest receivable (£0.3m) and non-recurrent prior-year adjustment (£1.0m). Additional Welsh & English income due to increased Non elective & elective activity (£1m). Non recurrent Technical adjustments £0.4m. The income impact of activity lost as a result of industrial action has been mitigated. There is currently income over performance in relation to International Students (£0.1m) and RTA income (£0.1m) which is partially offsetting underperformance from commercial procurement, car parking & commercial procurement (£0.3m).

Additional Clinical income in relation to the shared microbiology service is offsetting additional expenditure (£0.3m)
Weekly activity and performance reviews are undertaken with divisions with Exec oversight with risks and recovery actions tracked

There are potential future income risks associated with receipt of deficit support funding and any consultant industrial action that may take place



Pay spend is £0.3m overspent in M5, with a YTD overspend of £0.7m (£127.9m vs £127.2m plan). Nursing is £0.3m overspent in month. YTD £0.8m (predominantly escalation costs), though August is a 5 week month for bank payments so c £0.2m additional. Further pressures being experienced in Urgent Care in relation to bank cover for 1:1 nursing and unavailability in August. Medical Pay is £0.1m overspent in month, YTD £0.5m, predominantly strike cover costs. In month movement mainly due to increased locum costs within T&O, Urology & General Surgery for both vacancies & sickness. There has also been some overlap in the resident doctors rotation. Both being offset by A&C underspends £0.5m. To note that Divisions are holding some A&C vacancies to facilitate CIP delivery against some schemes. There pressure relating to Band 2 to Band 3 arrears is £153k, where costs now exceed the provision made. Monthly meetings are held with divisions to review financial performance and agree actions to be taken to improve run rates.



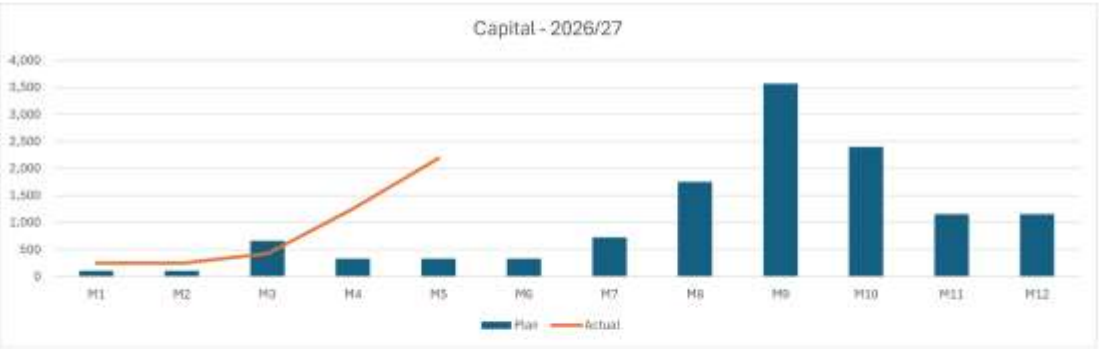
M5 WTE of 4,836, compared to 4,796 in M4, an increase of 40 WTE in month. The main increase is within bank of 29 wte, predominantly driven by August being a 5 week month for bank. Also pressures in Urgent Care regarding cover for 1:1s and increased unavailability in August. There is a substantive increase of 12 wte and we have seen some overlap in Aug relating to Resident doctors rotation that may account for this increase.



In month non-pay (excl central reserves) is underspent by £0.2m (£4.3m vs £4.5m plan), with a YTD underspend of £0.4m (£23.3m vs £23.7m plan). This is predominantly being driven by the benefit we are seeing against High Cost Drugs (HCD) of £0.4m YTD. Although there is an overall non-pay underspend, pressures are being seen in some areas. These include costs associated with insourcing £0.3m, which are partly offset by vacancies (and as such pay underspends) and/or activity overperformance. There are also pressures being experienced around diagnostic managed service contracts £451k overspend YTD (c £120k contribution from WUTH for the CWMS element), cleaning consumable costs £40k overspend YTD, laundry contract £45k overspend YTD, patient appliance contract £35k YTD and theatre loan kits £91k overspend YTD associated with the LLP work to support delivery of performance targets.

Actions to improve position

Monthly meetings are held with divisions (led by Deputy DOF) in which the financial position is discussed alongside monitoring and review of action plans to improve expenditure run rates. In addition to this a full review of managed service contracts is being undertaken by the DCSS division, procurement and finance to understand the drivers of the pressures and what actions can be taken to mitigate them. Weekly activity performance meetings are held in which activity and any required recovery plans are monitored. This meeting has Executive oversight.



Month 5 expenditure is £1,864k higher than plan (£2,192k vs £328k plan). YTD there is currently a overspend of £2,831k (£4,360k vs £1,529k plan). A number of projects that were scheduled to complete later in the year have completed by M5. A payment of over £1m was made for the Decarbonisation programme in M5. It is forecast that the full capital plan will be delivered in line with plan by the end of the year. Monthly capital management meetings are held, chaired by DOF with clinical and operational representation. In this meeting the capital plan is reviewed including monitoring progress against plan. Business cases for provisionally approved schemes are also presented and discussed to agree progression of the schemes.



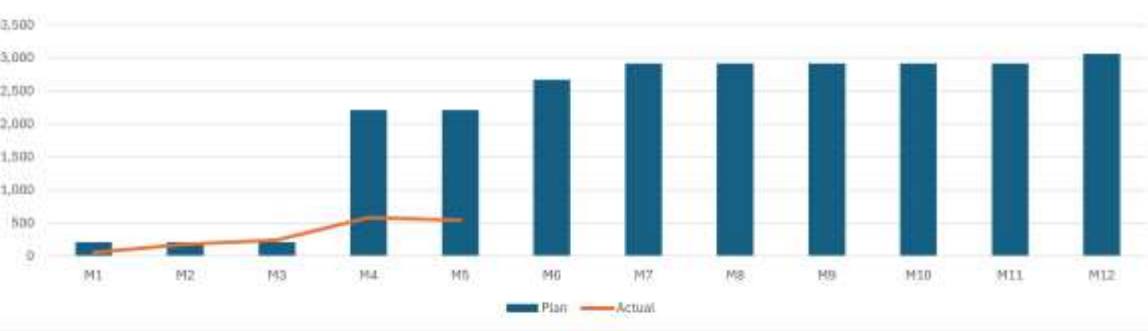
£22.5m cash balance at month 5, compared to a planned cash balance of £18.5m, £4.2m higher cash than planned (which is resulting in additional interest received). The higher level of cash relates to re-earned 25/26 deficit support funding received that had not been assumed within the plan. Emergency cash support received in 25/26 (due to non-receipt of DSF) is required to be paid back in December 2026. The Trust is a member of the NHSE Regional Cash Working Group, actively liaising with NHSE and other providers to manage cash. Currently no emergency cash support has been required and is not anticipated for 26/27, however this is subject to receipt of the full deficit support funding for 26/27. NHSE decide on funding of DSF quarterly based on CIP progression and confidence around delivery of the the financial plan. It should be noted that cash support will be required if DSF funding is not received, and if CIP does not deliver cash releasing savings (and as such reduce run rates).



Summary/ Highlights

KPI	RAG rating	Comments
I&E distance from target (cumulative)	Green	The Trust reported a balanced position against a planned deficit of £5.3m (incl. deficit support funding)
CIP	Red	CIP is £3.4m behind plan at month 5, which is offset by non-recurrent benefits (interest receivable, provisions release)
Capital expenditure	Green	The Trust is forecasting to fully deliver the full year capital plan, including Trust and nationally funded schemes
Cash in bank	Green	Month 5 cash position is £22.5m - higher than planned due to receipt of previously withheld 25/26 DSF cash (25/26 emergency cash support to be repaid Dec 2026)
Liquidity (days)	Green	The Trust has equivalent of 19 days cash in the bank
Better Payment Practice (number)	Red	89.6% of invoices (year to date) were paid within 30 days (compared to 95% national target). Processing issues have been addressed and in month performance has improved but will not be reflected in YTD position due to cumulative reporting
Better Payment Practice (value)	Red	90.3% of invoices (year to date) were paid within 30 days (compared to 95% national target). Processing issues have been addressed and in month performance has improved but will not be reflected in YTD position due to cumulative reporting

CIP - 2026/27



Summary

In month delivery of £545k against a planned delivery of £2,211k, an adverse variance of £1,666k
YTD delivery of £1,602k against a planned delivery of £5,045k, an under performance of £3,443k.

Weekly meetings are held with divisions with the Director of Transformation to undertake detailed reviews of CIP progress and ensure progress around delivery is maintained. These are in addition to the weekly CIP delivery group, chaired by the CEO. The structure of the group has been amended so that areas with high levels of unidentified CIP attend weekly with a focus on actions being taken to identify and deliver CIP.

Given the level of CIP under performance, all divisions have prepared financial recovery plans to identify mitigations on how their financial plans will be delivered. These have been presented to EDG and will be monitored to assess performance against these recovery plans.