

Council of Governors PUBLIC - 16 July 2026

Thursday 16 July 2026, 14:00 - 15:00

NNUH Boardroom

Agenda

14:00 - 14:00	Agenda 0 min  01 - NNUH CoG in Public 16 July 2026 Agenda iw.pdf (2 pages)
14:00 - 14:00	1. Welcome and Apologies 0 min <i>Information</i>
14:00 - 14:00	2. Declarations of Interest 0 min <i>Susan Putters</i>
14:00 - 14:00	3. Minutes of the Previous Meeting 0 min <i>Decision</i> <i>Susan Putters</i>  3 Council of Governors Public minutes April 2026.pdf (6 pages)
14:00 - 14:00	4. Action log and matters arising not covered by other agenda items 0 min <i>Discussion</i> <i>Susan Putters</i>
14:00 - 14:00	5. Associate Chair's Report including role of Link NEDS 0 min <i>Discussion</i> <i>Susan Putters, Nikki Gray, Marcus Bailey</i>
14:00 - 14:00	6. Group Chief Executive Report 0 min <i>Discussion</i>  6 Group CEO CoG Report - NNUH.pdf (9 pages)
14:00 - 14:00	7. Executive Managing Directors Report including Group Integrated Performance Report and Group Finance Report 0 min <i>Discussion</i>  07 - Governors topics Jun 2026.pdf (9 pages)  7.1 - Group IPR May 26.pdf (83 pages)  7.2 - Group Finance Report M2.pdf (12 pages)
14:00 - 14:00	8. Lead Governors Report including working group updates 0 min <i>Discussion</i> <i>Elaine Bailey</i>

14:00 - 14:00 **9. Governance Update**

0 min

Discussion *Ian Walker*

-  9.0 - Council of Governors in public - Governance report July 2026.pdf (6 pages)
 -  9.1 - Appendix 3 Group Risk Assurance Committee - Chair's report iw.pdf (3 pages)
 -  9.2 - Appendix 3 Group Audit Committees in Common - Chair's report iw.pdf (2 pages)
 -  9.3 - Appendix 3 Group Research, Innovation and Education Committee - Chair's report iw.pdf (3 pages)
 -  9.4 - Appendix 4 Group Nomination and Remuneration Committees in Common - Chair's report iw.pdf (2 pages)
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14:00 - 14:00 **10. Any Other Business**

0 min

Discussion *Susan Putters*

14:00 - 14:00 **11. Date of the Next Meeting**

0 min

to be confirmed

14:00 - 14:00 **12. Close of the Meeting**

0 min

Council of Governors of Norfolk and Norwich University Hospitals NHS Foundation Trust

Meeting in public on 16 July 2026 at 14:00 in the NNUH Boardroom and via videoconference

AGENDA					
Time	No.	Item	Purpose	Paper attached	Lead
14.00	1.	Welcome and apologies			Susan Putters, NNUH Associate Chair
	2.	Declarations of interest Those present to declare any actual, potential or perceived interests relating to items on the agenda	For information		Susan Putters
	3.	Minutes of the previous meeting To approve the Minutes of the meeting held on 21 April 2026	For decision	Yes	Susan Putters
	4.	Action log and matters arising not covered by other agenda items	For discussion	Yes	Susan Putters
14.10	5.	Associate Chair's report including role of Link NEDs	For discussion	Verbal	Susan Putters, Nikki Gray, Marcus Bailey
14.25	6.	Group Chief Executive's report	For discussion	Yes	Shane Gordon, Executive Managing Director
14.40	7.	Executive Managing Director's report <i>Group Integrated Performance Report and Group Finance report attached</i>	For discussion	Yes	Shane Gordon
15.10	8.	Lead Governor's report <i>Including Governor Working Group updates</i>	For discussion	Yes	Elaine Bailey, Lead Governor

15.30	9.	Governance update	For discussion	Yes	Ian Walker, Group Director of Governance
15.40	10.	Any other business			Susan Putters
	11.	Date of the next meeting To be confirmed	For information		
15.45	12.	Close of meeting			

MINUTES OF COUNCIL OF GOVERNORS' MEETING

HELD ON 21 APRIL 2026 AT 11.00 IN THE NNUH BOARDROOM AND VIA MS TEAMS

Present:	Mrs S Collier	Group Non-Executive Director (Chair of meeting)
	Mr D Roberts	Interim Group Chair
	Mrs S Asghar	Staff Governor - Volunteers/Contracted
	Mrs E Bailey	Public Governor - North Norfolk, Lead Governor
	Cllr C Baxter	Public Governor - Rest of England
	Mrs E Betts	Public Governor - Breckland
	Mrs C Cubelo	Staff Governor - Nursing and Midwifery
	Mrs M Frost	Staff Governor - Clinical Support
	Mrs I Grote	Public Governor - Great Yarmouth/Waveney
	Mr C Hind	Public Governor - South Norfolk, Deputy Lead Governor
	Mrs C Hainey	Staff Governor – Nursing and Midwifery
	Mr K May	Public Governor - Broadland
	Cllr A Thomas	Partnership Governor, Norfolk County Council
In attendance:	Prof L Dwyer	Group Chief Executive
	Dr S Gordon	Executive Managing Director, NNUH
	Mr I Walker	Interim Group Director of Governance
	Dr W Van't Hoff	Group Non-Executive Director
	Mr D Moncur	Former Public Governor
	Mrs A Cook	Former Public Governor
	Dr B Fleming	Former Public Governor
	Miss C Cooke	Assistant (minutes)

26/01 **APOLOGIES**

Received from: Mrs C Edwards, Public Governor- North Norfolk; Mrs G Lynch, Staff Governor – Admin and Clerical; Dr D Eperescu, Former Public Governor

26/02 **DECLARATIONS OF INTEREST**

No conflicts of interest were declared in relation to matters for consideration by the Council.

26/03 **MINUTES OF PREVIOUS MEETING HELD ON 24 APRIL 2025**

The minutes of the meeting held on 24 July 2025 were agreed as a true record for signing by the Chair subject to minor amendments to the attendance list.

26/04 **ACTION LOG AND MATTERS ARISING**

The Council reviewed the action log and agreed to updates as documented at the end of these minutes.

Sally Collier opened the meeting by acknowledging that this was the first formal meeting of the NNUH Council of Governors for many months. She recognised that this was a time of very significant change at national, regional and local level: nationally: with the abolition of

NHS England, the significant downsizing and restructuring of the ICBs and forthcoming legislative changes to implement aspects of the NHS 10 Year Plan, including in relation to the role of Governors; regionally, with the reorganisation of ICB boundaries and the forthcoming changes to local government structures; and locally, with the establishment and implementation of the Group and Group governance arrangements.

This posed a number of challenges but also some significant opportunities, and Group Non-Executive Directors (NEDs) were keen to work with Governors to put the Group and Trusts in the best possible place to realise these.

She recognised that during this period of change over the past nine months, as the Group was established and new working arrangements were being embedded, there had been a lack of clarity and direction about the role of the Councils of Governors. Formal meetings had not taken place, governor elections had been paused, and there had been a shift from three sets of Trust NEDs to one set of Group NEDs. This had been an extremely unsettling and frustrating period for Governors and Sally Collier apologised for this. She thanked all governors, and in particular Elaine Bailey as Lead Governor and Chris Hind as Deputy Lead Governor, for their ongoing support through this period. And she extended particular thanks to those governors whose terms of office had recently come to an end: Annie Cook, Daniel Eperescu, Bruce Fleming and Derek Moncur.

It was recognised that Governors had continued to meet informally and had started to form a positive relationship with the Executive Managing Director and the NNUH leadership team.

Following this meeting, and with a revised Constitution in place, governor elections would take place across all three Trusts to fill as many as possible of the multiple governor vacancies which were currently being held. New governors would receive an induction programme and a regular rhythm of formal Council meetings and other sessions would be agreed at Trust and Group level, including to establish more effective relationships with Group NEDs.

26/05 **GROUP CHIEF EXECUTIVE'S REPORT**

The Group Chief Executive began by highlighting system changes, including the establishment of the NHS Norfolk and Suffolk Integrated Care Board, and the East of England Community Health and Care NHS Trust (formed by a merger of Norfolk Community health and Care NHS Trust and Cambridgeshire Community Services NHS Trust).

Recent workshops had focused on defining the Group's and Trusts' roles within neighbourhoods and the acute clinical strategy. The Group was giving consideration to which services should be networked and which should be provided once, with a focus on major trauma and mechanical thrombectomy.

The integration of a digital roadmap, separate from the Electronic Patient Record (EPR), would be a key enabler for future service delivery. The Group was considering how technology would shape the built environment and asset utilisation.

One Recovery was a programme comprising seven workstreams, including Urgent and Emergency Care, Outpatients, Elective Care, 18,000 Voices and World Class Basics.

The Group Chief Executive congratulated all three Trusts on delivering their financial targets and achieving a small surplus in 2025/26. While such financial stability enabled more responsive decision-making, the scale of the financial challenge in 2026/27 should not be underestimated.

Concerns were addressed regarding the NHS Staff Survey results, particularly in relation to advocacy and staff recommending the organisation as a place to work. Mandated actions

through 18,000 Voices included the Vanderbilt Professional Accountability programme and expanded 'Gemba' leadership visits to improve engagement and address issues in real time.

The Group Chief Executive updated attendees on the implementation of the Group structure. Substantive recruitment was underway for a Group Chief People Officer, with an interim due to start in post shortly.

Following a pause and a process to appoint a delivery partner, the EPR programme had a revised go-live date of May 2027.

A query was raised by a governor regarding the potential impact of 18,000 Voices on the Freedom to Speak Up service. The Group Chief Executive confirmed that the Freedom to Speak Up service would continue to play an important role. However, work to strengthen staff engagement and accountability might over time reduce the number of cases which staff felt the need to raise via Freedom to Speak Up.

A governor noted a potential impact on Children and Adults social care from bringing together the Norfolk and Suffolk ICBs into one organisation. It would be important to ensure that there was no loss of continuity and focus in terms of safeguarding work. The Group Chief Executive emphasised that the Group and the Trusts would continue to work closely with all partners.

26/06 **EXECUTIVE MANAGING DIRECTOR'S REPORT**

The NNUH Executive Managing Director presented the report, noting a number of recent and forthcoming changes in NNUH leadership positions.

Emergency Department 4-hour performance had exceeded 83% in March 2026, placing the Trust in the top 20 nationally. 12-hour waiting time performance had improved and ambulance handover times were now among the best in the region.

The Trust had consistently achieved the 28-day Faster Diagnosis Standard for cancer since July 2025, with 62-day cancer waiting time performance at its best for several years. In terms of elective care, there had been a reduction in 80-week and 52-week waits, aided by a national 'Sprint' initiative and administrative staff efforts.

The Trust had recently celebrated 10 years of robotic surgery and was now operating one of the largest multi-specialty robotic units in the country. Additional investment had enabled the installation of a dedicated simulation console for training.

As a national pilot site for Martha's Rule, its introduction had contributed to saving nearly 100 lives in the first year.

In its first year, the Community Diagnostics Centre (CDC) had performed almost 120,000 diagnostic procedures, with plans to expand community-based pathways.

A governor queried the performance of the Norfolk and Norwich Orthopaedic Centre (NaNOC) and the current waiting list for orthopaedics. The Executive Managing Director confirmed that the Trust was aware of the need for better utilisation of the space and further optimisation and capital development would aid improvement across the hospital.

A governor asked whether the Sprint had helped to reduce elective waiting times. It was noted that the Trust had used the private sector for some patients but that was not always possible for complex cases.

A governor highlighted that they had been made aware of downtime issues with MRI scanners. The Executive Managing Director noted that he was not aware of any ongoing issues, and that any problems had not affected capacity. He agreed to look into this further.

The governor also raised that sometimes patients received letters stating their appointment as being at one location but, on arrival, finding that it was at another location on the campus which made them late. The Executive Managing Director asked for the details of these patient experiences to enable a review to take place.

In response to a question, it was explained that the CDC did not currently allow direct referrals from the community and that referrals were made via a Consultant. In future, there was scope to change this as part of work on neighbourhood health pathways.

A governor suggested that the Executive Managing Director might visit staff breakout areas to hold some informal question and answer sessions with teams, for example in theatres. The Executive Managing Director agreed that this would be worth pursuing and would look for opportunities to make this happen.

A governor thanked the Executive Managing Director for his work to visit teams and be more visible to staff.

25/07 **LEAD GOVERNOR'S REPORT**

Elaine Bailey, Lead Governor, began by recognising that this was a period of unprecedented change, which had been acknowledged and embraced by Governors. With new leadership in place at NNUH, there had been improved opportunities for Governors to provide feedback.

The Lead Governor thanked the Interim Group Director of Governance for his work and support in getting Council of Governors' meetings back up and running and working with the Lead Governors to plan for governor elections and future working arrangements.

However, she raised significant concerns about the lack of visibility of the Group Chair and NEDs under the new Group model, given the ongoing statutory responsibility of governors to hold the NEDs to account for the performance of the Board.

She also noted that there was a need to be able to raise issues via a formal route and emphasised the importance of patient and staff engagement.

There was also a need to run elections as soon as possible to fill current governor vacancies, and for governors to work more collaboratively across the three Trusts.

Sally Collier thanked the Lead Governor for the report and agreed with the concerns raised which aligned with comments she had made at the start of the meeting. She noted that additional Group NEDs and Associate NEDs were currently being recruited and this should assist with NED visibility and engagement across the three Trusts.

25/08 **TRUST CONSTITUTION, STANDING ORDERS OF THE COUNCIL OF GOVERNORS AND GOVERNANCE UPDATE**

The Interim Group Director of Governance noted that the concerns raised during the meeting had been recognised and confirmed that the Group are committed to working with the Councils of Governors to improve the situation. In that regard, he had worked closely with the Lead Governors to revise the Trust Constitutions and Standing Orders of the Councils of Governors to enable governor elections to proceed.

The revised Constitution had been aligned across the three Trusts in line with the NHS Model Constitution. It had been approved by the Group Board on 1 April 2026 and the approval of the Council of Governors was now being sought, together with the approval of the Standing Orders.

The paper also provided an update on the implementation of the Group governance framework. It was agreed that an update on the risk-based assurance approach and the Group Board Assurance Framework would be provided at a future meeting.

The Council of Governors:

- Approved the revised Trust Constitution.
- Approved the revised Standing Orders of the Council of Governors.
- Noted the update on the Group governance framework.

25/09 **ANY OTHER BUSINESS**

The good work of the Jenny Lind Children’s Hospital Youth Forum Team, which had worked over the past year to put in place a dedicated adolescent bay within Buxton Ward, was highlighted. This would now be a space for 11-to 16-year-olds. They had done phenomenal work to ensure this had happened.

25/10 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Council of Governors was to be confirmed.

Signed by the Chair: Date:

Confirmed as a true record by the Council on

Decisions taken:

26/03 Minutes of the previous meeting	The minutes of the meeting held on 24.07.2025 were agreed as a true record for signing by the Chair.
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Action Points Arising:

Action		Action Owner
25/005 - EPR programme update	Governors asked when would be the optimum time to bring the software for the Council to see. Mr Prosser Snelling agreed he would come back with a demo presentation as soon as the build has been completed with PAS. 21/04/2026: IW gave an update on the revised profile for the EPR programme. It was agreed to close the action and that governors would receive an update in due course as the programme progressed. Action Closed	
26/04 – Appointment letters	Shane Gordon to investigate why some appointment letters or confirmations noted one location but on arrival patients found that the appointments were in a different building or location. Further investigation of specific instances required to be able to undertake a review.	Shane Gordon
26/04 – MRI scanners	Shane Gordon to investigate reported instances of MRI scanner downtime.	Shane Gordon
26/04 – Group Board Assurance Framework	Update on the risk-based assurance model and the Group Board Assurance Framework to be brought to a future meeting. <i>Update:</i> proposed for autumn 2026 following election of new governors.	Ian Walker

Report to the Norfolk and Norwich University Hospitals NHS Foundation Trust Council of Governors: 16 July 2026

Agenda item number	6		
Title	Group Chief Executive's Report		
Author(s)	Professor Lesley Dwyer, Group Chief Executive		
Executive sponsor	Professor Lesley Dwyer, Group Chief Executive		
Purpose of report	For decision ☐	For discussion ☒	For information ☐

Executive summary

Strategic Progress

One Strategy has established a shared strategic direction for the Norfolk and Waveney University Hospitals Group, aligning our hospitals, services and major programmes around a future model of neighbourhood health and more sustainable acute care. Over the coming months, work will focus on agreeing a phased implementation roadmap with partners, identifying the changes required to improve quality, access and sustainability of care, and ensuring the Group is positioned to realise the opportunities afforded through working together at scale.

One Recovery

- One Recovery governance is established, with six programmes mobilised; delivery risks reflect early-stage capacity and Cost Improvement Programme (CIP) constraints, with mitigations and performance monitoring now in development.
- The updated NHS Oversight Framework for 2026/27 was published in mid-June 2026. It includes changes to the quality domains, continued financial override arrangements, and a stronger emphasis on data quality measures.

Council of Governors

- Governor elections launched on 8 June across all three Trusts to fill public and staff vacancies, supporting strong community representation and accountability through the Councils of Governors.

Corporate Services Transformation

- Phase 1 of Corporate Services Transformation was completed on 1 April 2026. Phase 2 will now take a design-led approach, supported by an independent Gateway review to assess confidence in delivery and to draw on learning from other systems that have successfully integrated corporate services.

'Collectively Curious' – Developing our Research, Innovation and Education Strategy

- An independent review has identified priorities to support the Group's ambition for a University Hospital System, with work now underway to strengthen partnership working, leadership, governance and delivery across research, innovation and education.

National Maternity and Neonatal Investigation

- Baroness Amos' National Maternity and Neonatal Investigation examined services across 12 NHS trusts, including The Queen Elizabeth Hospital King's Lynn, drawing on the experiences of families and staff. The final report published in late June highlights national themes around communication, listening to women and families, responding to concerns, and providing support following traumatic experiences. While recognising the professionalism, compassion and dedication of maternity staff, it identifies areas where further improvement is needed. QEH has made significant progress through investment in staffing, triage, governance and facilities, but remains committed to learning from the findings and continuing to improve the quality, safety and experience of maternity care.

National and Regional Context

- Resident doctors have voted in favour of accepting the Government's revised offer. However, in a ballot of BMA Consultants in England, 76% have said that they would be willing to take industrial action, providing a mandate for potential strike action over the next 12 months.
- The Norfolk and Suffolk system has responded to the Chief Executive of NHS England's letter of 1 April 2026, supporting a stronger strategic commissioning model and calling for national enablers, including financial and capital reform, to support neighbourhood care and acute transformation.
- Integrated Care Board discussions reinforced the importance of neighbourhood working, transformation and financial recovery for the Group's One Strategy and future acute operating model.

Recommendations

The Council of Governors is asked to note the report.

Alignment to Board Assurance Framework risk(s)	All
Previously considered by	n/a
Any background papers in Admin Control Reading Room	n/a

Norfolk and Waveney University Hospitals Group

Council of Governors: 16 July 2026

Group Chief Executive's Report

1. Introduction and background

This report updates the Council of Governors on recent Group developments and should be read alongside the separate report from the Trust's Executive Managing Director which will be provided at the meeting.

Group and Trust Developments

2. One Strategy

One Strategy has established a shared strategic direction for the Norfolk and Waveney University Hospitals Group, aligning our hospitals, services and major programmes around a future model of neighbourhood health and more sustainable acute care. The work completed to date demonstrates the scale of the challenge facing our hospitals over the coming decade and the extent to which current models of care, estate and service configuration will not remain sustainable without significant change.

The emerging direction is clear: more care will need to be delivered through neighbourhood and digitally-enabled models, with our hospitals increasingly focused on the complex, specialist and acute care that can only be delivered within hospital settings. Delivering this will require closer partnership working across providers and a more integrated Group approach to clinical services, workforce, digital and infrastructure planning.

To support this transition, work is now underway to ensure that the Group's major programmes, including the New Hospital Programme, neighbourhood development, digital roadmap and Electronic Patient Record, are aligned to a single strategic direction and future operating model. A new Transformation Design Authority and supporting Board governance arrangements are being established to provide oversight of these programmes, strengthen strategic coordination and support decision-making across the Group.

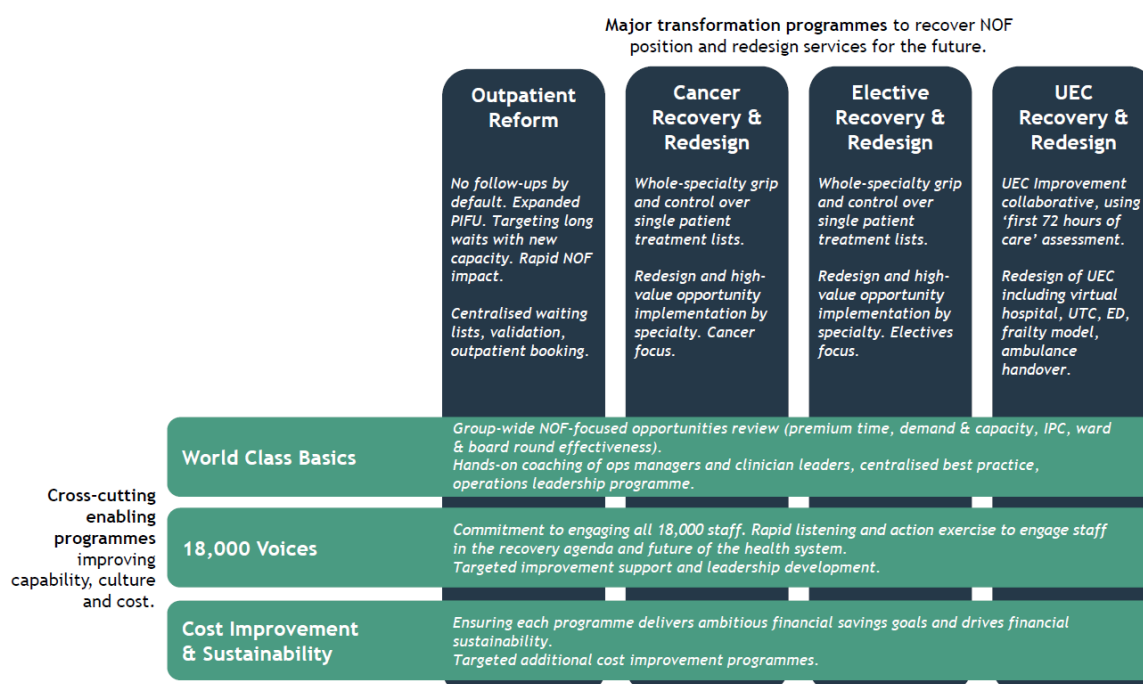
Over the coming months, work will focus on agreeing a phased implementation roadmap with partners, identifying the changes required to improve quality, access and sustainability of care, and ensuring the Group is positioned to realise the opportunities afforded through working together at scale.

3. One Recovery

The One Recovery Oversight Group is now in place and meeting regularly, and programme plans continue to develop.

Six of the seven programmes are now fully established, with key enablers in place, including programme roles, Key Performance Indicators (KPIs), digital requirements and initial milestones.

One Recovery Plan: Resolving our NOF Position



However, six programmes are currently rated as at risk, primarily reflecting the early stage of mobilisation rather than a fundamental failure of delivery. The principal concerns are limited Business Intelligence (BI) and transformation capacity across several programmes, digital resource constraints, and the pace at which CIP plans are maturing.

These delivery risks are being addressed through active recruitment and longer-term plans to strengthen Digital and BI capability through One Digital and external support.

Monitoring of performance against plan, and of the impact on NHS Oversight Framework (NOF) metrics, is being developed.

NOF segmentation, 2025/26 Q4

Quarter 4 2025/26 NOF ratings were published in mid-June.

The Queen Elizabeth Hospital King's Lynn (QEH) remains in Segment 4 and continues to be ranked 133 out of 134 providers nationally. James Paget University Hospital (JPUH) also remains in Segment 4 and is ranked 131, down four places from 127 in Q3. The Norfolk and Norwich University Hospital (NNUH) remains in Segment 3 and improved from 91 in Q3 to 76 in Q4.

NHS Oversight Framework 2026/27

A national webinar on the NHS Oversight Framework for 2026/27 was attended in April by the Group Chief Delivery Officer. The revised framework was published in mid-June and separates quality into three domains: effectiveness, experience and safety, with contextual metrics no longer scored.

The current financial override will remain for 2026/27, although this is expected to be retired in future, and a separate quality override will not be introduced.

The webinar also confirmed that segmentation will continue to draw on nationally published datasets, with data quality measures strengthened through inclusion of Data Quality Maturity Index (DQMI) indicators.

Quarter 1 2026/27 ratings are due in August alongside technical guidance on metric methodology and thresholds.

4. Governor elections

The Governor elections launched on 8 June across all three foundation trusts within the Group to fill a large number of current and forthcoming vacancies among both public and staff governors.

Governors play a key role in holding the Board to account through the Non-Executive Directors, helping to shape future strategy and providing an important link between our hospitals and the communities they serve. I would like to thank all our governors for the significant time and effort they give to our hospitals.

The Group Director of Governance will provide an update on the election process at the Council of Governors' meeting.

5. Corporate Services Transformation

Phase 1 of the Corporate Services Transformation Programme completed on 1 April 2026, with Digital, Finance and Communications services transferred into a single employing entity. This provides a stronger foundation for reducing duplication, simplifying management arrangements and improving efficiency across the Group.

Following learning from Phase 1, Phase 2 will take a design-led approach, with services redesigned first to support safe and effective transfer at the right point rather than moving existing arrangements unchanged. This phase will cover Transformation and Emergency Preparedness, Resilience and Response (EPRR), Clinical Digital Leadership, Estates and Facilities, Corporate Governance and Human Resources.

I have asked that a rapid independent Gateway review be undertaken to assess the impact of Phase 1 and inform delivery of Phase 2 to ensure that lessons have been learned and that we consider the progress of other systems.

Phase 2 is planned to conclude by 31 October 2026. Key risks relating to timetable, staff engagement and final confirmation of roles continue to be mitigated.

6. 'Collectively Curious' – Developing our Research, Innovation and Education Strategy

Our ambition is to establish a University Hospital System for Norfolk and Waveney, embedding research, innovation and education as core components of how we deliver care, develop our staff and improve outcomes for our

population. To support this, I commissioned an independent review (“Collectively Curious”) to assess our current position and identify the steps required to deliver against this ambition.

The review identified three major areas of focus. First, the need to define clearer strategic strengths and areas of differentiation for the Group, particularly around gut health, nutrition, microbiome science, genomics and translational research linked to the unique capabilities of the Norwich Research Park. Second, the need to strengthen partnership working across the Group, particularly with UEA and our research park partners, to better translate research and innovation into improvements in patient care. Third, the need for a more coordinated Group-wide operating model for research, innovation and education, with clearer leadership, governance and delivery arrangements.

Following a presentation by Dr Liz Sutton to the Research, Innovation and Education Committee, work closely aligned to the One Strategy is now underway to implement these recommendations and strengthen research capacity, capability and infrastructure across the Group. This includes establishing clearer Group-wide leadership and delivery arrangements, embedding research and innovation more consistently within clinical care, and supporting the development of a more curious, innovative and research-active organisational culture in which learning, improvement and collaboration are central to how we work.

7. National Maternity and Neonatal Investigation

The final report of the National Maternity and Neonatal Investigation, led by Baroness Amos, was published at the end of June. The investigation examined maternity and neonatal services across 12 NHS trusts in England, including The Queen Elizabeth Hospital King’s Lynn. Each trust has a local report, which together contribute to a wider national picture to support improvement across maternity services in the NHS.

The report draws on the experiences of families and staff. Some families described very difficult experiences, including where they did not feel listened to, where communication could have been clearer, and where support following complex or traumatic experiences did not feel as strong as it should have been. We are sorry for the distress described by those families and recognise the emotional and lasting impact these experiences can have.

The findings reflect themes seen nationally and reinforce the importance of listening to women and families, taking concerns seriously, and acting on them consistently. The report also acknowledges the commitment, professionalism and compassion of staff, and the safe care that is provided every day.

At QEH, we have made important improvements in recent years, including strengthening triage, investing in staffing, enhancing governance arrangements and improving facilities. However, this report, alongside the recently-published Ockenden review (into maternity services at Nottingham University Hospitals NHS Trust), shows that there is more for us to do, and we are committed to rising to that challenge. Our ongoing focus is on strengthening how we listen to

families, communicate clearly, escalate concerns promptly and provide consistent support, particularly following complex or traumatic experiences.

8. Group structure

Since the previous Council of Governors' meeting, Emma-Jayne Perez Chies has been appointed as Interim Group Chief People Officer and started in mid-April 2026. A formal competitive process has been undertaken to appoint to the role on a substantive basis and the outcome will be communicated shortly.

Ben White commenced in the role of Group Director of Communications and Engagement on 11 May 2026.

Michelle Arrowsmith left her role as Executive Managing Director of QEH during June 2026. Jo Segasby, Group Chief Delivery officer, has taken on the role of Acting Executive Managing Director of QEH.

National and Regional Developments

9. Secretary of State for Health and Social Care

Following his appointment in May 2026, the new Secretary of State for Health and Social Care wrote to NHS and Social Care staff thanking them for their contribution, recognising progress in reducing waiting lists and improving earlier cancer diagnosis. He set out his priorities, including further reducing waiting times, accelerating innovation and delivering the 10-Year Health Plan, with technology, digitisation and Artificial Intelligence (AI) identified as key enablers of service improvement and productivity.

10. Industrial Action

A further four days of industrial action by Resident Doctors in England which had been scheduled from 15 to 19 June 2026 was postponed following a revised offer from the Government. As Governors will be aware, British Medical Association (BMA) Resident Doctors subsequently voted in favour of the offer, ending the protracted period of industrial action.

However, it was announced on 6 July 2026 that in a ballot of BMA Consultants in England, 76% have said that they would be willing to take industrial action, providing a mandate for potential strike action over the next 12 months.

A separate ballot of specialist, associate specialist and specialty (SAS) doctors fell short of the legal turnout threshold, despite a majority of these who took part voting in favour of industrial action.

11. Chief Executive of NHS England's letter and system response

On 1 April 2026, the Chief Executive of NHS England wrote to systems setting out the next steps on planning and priorities for 2026/27. The letter acknowledged progress during 2025/26 and asked each Integrated Care Board, working with local partners, to submit a single system-wide response covering four areas: development of strategic commissioning over the next

three years, neighbourhood care, changes to financial flows or payment systems, and further national action to accelerate local change.

In response, Norfolk and Suffolk Integrated Care Board, with system partners including the Norfolk and Waveney University Hospitals Group, submitted a joint letter on 15 May 2026. It sets out an ambition for a more strategic, neighbourhood-focused model of commissioning and care, supported by population health management, prevention, outcomes-based commissioning and closer partnership working. Of particular relevance to providers, it calls for financial and capital reforms to better support “left shift” investment, neighbourhood models of care and local flexibility, while recognising the role of acute transformation, including the Group’s One Strategy, in enabling this shift.

12. University Hospitals Association

The Group is a member of the University Hospitals Association (UHA). The Chief Executive of NHS England attended the recent executive meeting and discussed the role of university hospitals in supporting improvement, innovation and workforce reform, with particular emphasis on enabling progress while avoiding unnecessary central processes and inflexible national targets.

Discussion also highlighted the contribution of university hospital partnerships and wider system organisations to research, innovation, workforce development and service improvement.

Following the meeting, the UHA Secretariat was asked to prepare a short letter to the Chief Executive of NHS England summarising the discussion. The Group has been invited to contribute to this correspondence, which is being facilitated through the Group’s Research, Innovation and Education Committee. The letter will draw on our emerging Research, Innovation and Education Strategy and set out the key shifts we intend to make to establish a culture of curiosity.

13. NHS Norfolk and Suffolk Integrated Care Board (ICB)

I represent the Group as a partner member of the ICB Board and attended the most recent meeting in May 2026. The Board received a detailed update on neighbourhood working across Norfolk and Waveney, confirming this as a core strategic direction for the system to shift care closer to home, strengthen prevention and reduce fragmentation across services. This has direct relevance for the Group’s One Strategy and future acute operating model, given the link between neighbourhood development, reduced acute demand, redesigned pathways and the long-term sustainability of hospital services.

The ICB’s integrated performance report identified continued improvement in elective recovery, cancer faster diagnosis and some outpatient measures, although diagnostic capacity, urgent and emergency care pressures, ambulance handover delays and variation across pathways remain significant challenges.

The ICB’s 2026/27 budget was approved on a breakeven basis, with a requirement to deliver over £100 million of efficiencies. The Board recognised

the continued importance of aligning financial recovery with service transformation and system performance improvement.

Other issues of note included the system commitment to end adult inappropriate out-of-area mental health placements by March 2028, ongoing oversight of patients placed at St Andrew's Healthcare, and interim arrangements for the new ICB's Board Assurance Framework and committee structures.

The Board also received the Norfolk and Waveney Research and Innovation annual report, which highlighted nationally recognised work to strengthen research participation, primary care research capability and innovation adoption across the system, with relevance to future service development and academic partnership opportunities for the Group.

14. Recommendations

The Council of Governors is asked to note the report.

Governors' topics

With Executive MD Dr Shane Gordon

Waiting lists & Continuity of care

- PIFU
- Virtual ward
- Regular calls from specialist teams to check in on patients
- Priority given to cancer patients, the most urgent and longest waiting patients.
- Weekend and evening clinics
- Treatment available at other trusts where available

Operational Resilience

- The Trust has a Heatwave Response Plan that has identified triggers and actions for managing extreme heat including actions to support both patients and staff.
- Key areas such as ED, Critical Care and theatres have been equipped with air-conditioning. The rest of the Hospital has limitations on provision of permanent air-conditioning so we have placed portable aircon units in the areas that experience the most extreme temperatures and provided over 1000 fans to all areas of the Hospital for staff and patients
- Following the recent hot weather the Heatwave Plan has been re-written to include regular distribution of water and ice lollies to patients alongside all the standard NHSE advice to staff and patient.
- In the longer term, we have commissioned an independent Dynamic Thermal Modelling assessment to determine how we can provide an enhanced response as temperatures are predicted to rise in the future.
- The three trusts collaborate on all aspects of UEC performance improvement via the One Recovery Programme.
- The three Trusts work with the East of England Ambulance Service to permanently allow the ambulance service to enact “intelligent conveyancing “ when one or more hospitals are under pressure.
- The three Site Operations team also regularly provide temporary diverts to each other for short periods to assist with delays.
- In the future the Clinical Strategy will allow service redesign of UEC delivery across the Group

Group collaboration

- The NNUH has assisted the QEH General Surgery Recovery and is now the temporary provider of the clinical delivery at both sites. The collaboration has been implemented with minimal levels of bureaucracy, and the Group model has allowed a positive and swift intervention that may not have been possible as standalone organisations.
- We have also created a single Audiology team to help recover Paediatric Audiology performance at QEH. Again, a single clinical and operational leadership team are working together across both sites to resolve a waiting list issue that may have been difficult to replicate in the absence of the Group model.
- Changes and benefits are provided at the weekly project meetings on specific interventions such as the QEH General Surgery and via jointly agreed comms messages at both sites.
- The One Recovery programme has meetings attended by all three trusts for each of the programmes and each Charter has metrics assigned to achieve the desired outcomes. Ultimately each programme reports into the Oversight Meeting and there are regular updates provided by the Comms team

Reducing CIP Requirements

- NHS funding arrangements require annual efficiency savings; NNUH's 2026/27 target is 5%, driven by national and local financial pressures.
- Focus on sustainable, recurring efficiencies to reduce reliance on one-off savings.
- Strong cost control through rigorous business cases, budget management and accountability processes.

Managing Risks

- All CIP schemes undergo Clinical Quality Impact Assessment and review by the Medical Director and Chief Nurse before implementation.
- Risks to patient safety, staff wellbeing and service sustainability are monitored through the Performance Accountability Framework.
- Multidisciplinary reviews balance financial delivery with quality, workforce and operational priorities.

Sustainability & Green Plan

- Group opportunity for energy and waste management. Additional expertise and resource required to deliver at the pace needed.
- Colleagues meet regularly to share best practice. The corporate Group restructure could further formalise this in terms of collaboration.
- Air-sourced heat pumps planned for this year, plus solar farm.
- Net zero travel needs more attention if we are to achieve reduced demand, greener modes of transport and deliver electrification for all.
- Operational adaptation risk. Humid heat more prevalent – requires a longer-term resilience approach in a changing political landscape.

Workforce Resilience

- Each year the Trust devises a workforce plan that is submitted to NHS E. This projects our substantive, bank and agency staff usage over the year after the completion of the business planning process.
- The projected plan for this year ensured that the National requirements to reduce bank and agency were outlined to be achieved by the end of March 2027.
- In line with these projections our current agency spend for month one and month two is inline with our projections at 12 FTE for each month. There has been an increase in in agency for month 3 due to service requirements within maternity and an increased need in nursing.
- In line with these projections for our current bank workers is for month one and month two, is slightly above at 678 FTE against a plan of 621, this is a reduction on last month of 693 FTE. The areas of bank spend is within nursing, midwifery and medical workforce.
- Actions to reduce this spend are being discussed at the People and Culture Management Group in July to ensure effective actions are put in place to continue with the decrease whilst ensuring safer staffing for our clinical areas.

Staff engagement & Improvement

- Leadership Programme in development in response to staff survey results. Aligned with Group programmes (18k voices, Gemba, Leaders Within)
- Expanding our monthly staff briefing and Q&A sessions by adding in fortnightly question only sessions. First one due w/c 27 July
- Leadership visibility: Leadership lunches once a month with team in staff canteen to talk to anyone. Inaugural session held 8 July.
- Vibrant intranet forums with staff able to create new talking points about any issue
- Relaunch of staff networks to bring consistency and improve efficacy
- **Proposals being developed:**
 - Programme of leadership team visits to areas identified as needing support or which have best practice to share
 - Live with the Leadership/Shane – Teams online session
 - Dedicated training for care group leads

- Strengthen scrutiny, oversight and performance monitoring of perinatal services through the monthly HLT Lead Perinatal Resilience meeting.
- Commission and oversee an independent Birthrate Plus review to ensure workforce establishments are evidence-based and aligned to demand.
- Moss Safety Thermometer drill completed.
- Regional 60 Steps review completed, with high-level feedback aligned to current action plans.
- Develop and evaluate estate options for maternity triage, DAU, HDU, and NICU capacity and configuration.
- Review governance structures to strengthen accountability, decision-making and escalation.
- Deliver the maternity improvement programme, incorporating AMOS, Donna Ockenden and Mackey 10-point plan recommendations.
- Monitor delivery through Ward-to-Board governance and HLT Perinatal Resilience Forum oversight.
- Escalate progress, risks and assurance through the Norfolk and Waveney University Hospitals Group.
- Report against defined metrics and quality indicators to provide assurance on safety, quality, workforce and service improvement.

Group Integrated Performance Report

May-26



The Group Integrated Performance Report provides the Group with an consolidated focus on key performance indicators across the domains of:

Safe and Effective Care

People and Culture

Access and Flow

Productivity and Efficiency

The report is designed to enable the board to consider a range of metrics across each of the three Group hospitals to provide assurance and context for performance against nationally monitored standards. The presentation of data in the pack is designed to allow a review of performance for each individual site, but also across the three hospitals – to enable consideration of any themes, actions or areas of best practice to inform improvement across the Group.

Performance is measured using Statistical Process (SPC) charts to identify whether individual metrics are meeting target, performing within expected ranges and whether the trend is stable, improving or declining. Where SPC charts are not the appropriate way to display the data, alternative charts have been included. A summary of the symbols used in the report and what they represent is shown below, and a more detailed matrix can be found at the end of the report.

Compliance



Target being met



Target not met



No target

Variation



Common cause



Special cause of
concerning nature



Special cause of
improving nature

Assurance



Inconsistent
achievement of
target



Consistent
achievement of
target



Consistent
failure of
target

Escalation Status



Assure
Performing as
expected



Advise
Ongoing monitoring/
negative assurance



Alert
Attention required/ not
performing as expected



James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H			
L		8	5
W	5	21	7
H	1	2	
L			

Domain Assurance Level	✓ Safe and Effective Care	!
	👤 People and Culture	👁️
	⚙️ Access and Flow	!
	💰 Productivity and Efficiency	👁️



Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H			
L	1	6	1
W	4	24	7
H		1	1
L			

Domain Assurance Level	✓ Safe and Effective Care	!
	👤 People and Culture	👁️
	⚙️ Access and Flow	!
	💰 Productivity and Efficiency	👁️



The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H			
L		8	
W	4	26	2
H		2	1
L			

Domain Assurance Level	✓ Safe and Effective Care	!
	👤 People and Culture	!
	⚙️ Access and Flow	!
	💰 Productivity and Efficiency	👁️



Annual Metrics

CQC Safe Domain Rating

 James Paget University Hospitals NHS Foundation Trust	Are services Safe?	Requires improvement
 Norfolk and Norwich University Hospitals NHS Foundation Trust	Are services Safe?	Requires improvement
 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Are services Safe?	Requires improvement

Inpatient Satisfaction

 James Paget University Hospitals NHS Foundation Trust	2024 Inpatient Satisfaction Overall experience		Patient Response ⓘ 8.3 / 10	Compared with other trusts ⓘ About the same
 Norfolk and Norwich University Hospitals NHS Foundation Trust	2024 Inpatient Satisfaction Overall experience		Patient Response ⓘ 8.0 / 10	Compared with other trusts ⓘ About the same
 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	2024 Inpatient Satisfaction Overall experience		Patient Response ⓘ 7.8 / 10	Compared with other trusts ⓘ About the same



Staff Survey - We are Safe and Healthy

  People Promise We are safe and healthy National - 6.07	 James Paget University Hospitals NHS Foundation Trust	5.83
	 Norfolk and Norwich University Hospitals NHS Foundation Trust	5.69
	 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	5.75

Staff Survey - Engagement Score

 National - 6.74	 James Paget University Hospitals NHS Foundation Trust	6.59
	 Norfolk and Norwich University Hospitals NHS Foundation Trust	6.17
	 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	6.17

Staff Survey - Raising Concerns

  People Promise We each have a voice that counts National - 6.30	 James Paget University Hospitals NHS Foundation Trust	6.09
	 Norfolk and Norwich University Hospitals NHS Foundation Trust	5.76
	 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	5.43



Annual Metrics

Maternity Survey 2025

James Paget
University Hospitals
NHS Foundation Trust

▼ Labour and birth	Patient Response ⓘ Not available	
▼ Staff caring for you	Patient Response ⓘ 8.1 / 10	Compared with other trusts ⓘ About the same
▼ Care in hospital after the birth	Patient Response ⓘ 7.0 / 10	Compared with other trusts ⓘ About the same

Norfolk and Norwich
University Hospitals
NHS Foundation Trust

▼ Labour and birth	Patient Response ⓘ 8.2 / 10	Compared with other trusts ⓘ About the same
▼ Staff caring for you	Patient Response ⓘ 8.6 / 10	Compared with other trusts ⓘ About the same
▼ Care in hospital after the birth	Patient Response ⓘ 7.5 / 10	Compared with other trusts ⓘ About the same

The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

▼ Labour and birth	Patient Response ⓘ Not available	
▼ Staff caring for you	Patient Response ⓘ 8.7 / 10	Compared with other trusts ⓘ About the same
▼ Care in hospital after the birth	Patient Response ⓘ 7.6 / 10	Compared with other trusts ⓘ About the same

2025 | National Education and Training Survey

Overall Experience

James Paget
University Hospitals
NHS Foundation Trust

65.9%

Norfolk and Norwich
University Hospitals
NHS Foundation Trust

73.2%

The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

74.0%

Safe and Effective Care Domain Metrics



Metric Summary Matrix - Safe and Effective Care

	P	?	F
H			
L			
	FFT MRSA PSII	CDiff CHPPD EColi Falls Readm RN Fill Rate	Complaints Pr. Ulcers
H	Av Disch Delay	SHMI	
L			

Safe and Effective Care Assurance

SHMI	
FFT Score	
MRSA	
CDiff	
Ecoli	
Average number of days between planned and actual discharge date	
Readmission Rate	
Complaints Received	
Pressure Ulcers	
Registered Nurse Fill Rate	
Care Hour Per Patient Day (CHPPD)	
Falls	
PSII Number	



	P	?	F
H		SHMI	
L			
	RN Fill Rate PSII	CDiff MRSA CHPPD EColi Falls FFT	Av Disch Delay Pr. Ulcers Readm
H			Complaints
L			

Safe and Effective Care Assurance

SHMI	
FFT Score	
MRSA	
CDiff	
Ecoli	
Average number of days between planned and actual discharge date	
Readmission Rate	
Complaints Received	
Pressure Ulcers	
Registered Nurse Fill Rate	
Care Hour Per Patient Day (CHPPD)	
Falls	



	P	?	F
H		CHPPD	
L			
	MRSA PSII	CDiff Falls EColi FFT Pr. Ulcers RN Fill Rate	
H		SHMI	Complaints
L			

Safe and Effective Care Assurance

SHMI	
FFT Score	
MRSA	
CDiff	
Ecoli	
Complaints Received	
Pressure Ulcers	
Registered Nurse Fill Rate	
Care Hour Per Patient Day (CHPPD)	
Falls	
PSII Number	



Safe and Effective Care Domain Summary

May-26



	James Paget						Norfolk and Norwich						Queen Elizabeth					
Metric	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
SHMI	Dec-25	1.18	1.17	✓	⚠	?	Dec-25	1.18	1.16	✓	⚠	?	Dec-25	1.18	1.23	✗	⚠	?
MRSA	May-26	0	0	✓	⚠	P	May-26	0	1	✗	⚠	?	May-26	0	0	✓	⚠	P
CDiff	May-26	3	2	✓	⚠	?	May-26	8	7	✓	⚠	?	May-26	4	3	✓	⚠	?
Ecoli	May-26	0	4	✗	⚠	?	May-26	0	8	✗	⚠	?	May-26	0	8	✗	⚠	?
Average number of days between planned and actual discharge date	May-26	2	6	✗	⚠	F	May-26	2	6	✗	⚠	F						
Readmission Rate	Apr-26	10.0%	12.34%	✗	⚠	?	Apr-26	10.0%	13.09%	✗	⚠	F						

Group Summary

The Group will continue to monitor mortality performance through its established governance structures, ensuring delivery of site-specific improvement plans, whilst facilitating the sharing of learning and best practice across organisations by Q4 26/27. Focus will be maintained on SHMI improvement trajectories , including the impact of data quality, clinical coding, diagnostic category reviews, and EPR-enabled improvements.

The Group is working with the QEH who are not yet reporting metrics on the average number of days between planned and actual discharge date, while readmission rate reporting is also being reviewed by Q2 26/27. This work will provide greater consistency in performance reporting, enable robust Group-wide oversight of improvement actions, and support sustained improvements in discharge processes and patient outcomes.

Safe and Effective Care Domain Summary

May-26



	James Paget						Norfolk and Norwich						Queen Elizabeth					
Metric	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
FFT Score	May-26	95.0%	97.78%	✓	📊	📊	May-26	95.0%	90.85%	✗	📊	?	May-26	95.0%	91.07%	✗	📊	?
Complaints Received	May-26	0	10	✗	📊	📊	May-26	0	125	✗	📊	📊	May-26	0	48	✗	📊	📊
Pressure Ulcers	May-26	0	15.00	✗	📊	📊	May-26	0	40.00	✗	📊	📊	May-26	0	2.00	✗	📊	?
Registered Nurse Fill Rate	May-26	90.0%	88.01%	✗	📊	?	May-26	90.0%	96.67%	✓	📊	📊	May-26	90.0%	89.45%	✗	📊	?
Care Hour Per Patient Day (CHPPD)	May-26	8.00	8.27	✓	📊	?	May-26	8.00	7.64	✗	📊	?	May-26	8.00	7.71	✗	📊	?
Falls	May-26	67	51	✓	📊	?	May-26	187	164	✓	📊	?	May-26	54	66	✗	📊	?
PSII Number	May-26	0	0	✓	📊	📊	May-26	0	0	✓	📊	📊	May-26	0	0	✓	📊	📊

Group Summary

The Group is supporting NNUH in the development of Patient Safety Incident Investigation reporting to ensure consistent performance monitoring across all Trusts by Q2 26/27. This will enable comprehensive Group-wide oversight, support the identification and share of learning, and provide assurance that improvement actions are delivering sustained enhancements in patient safety and outcomes.

A Group-wide pressure ulcer deep dive has highlighted variation in reporting and data quality, limiting the ability to fully assess risk and performance across the Group. Task and finish groups have been established to improve data quality, standardise reporting, and strengthen assurance processes by Q2 26/27. The resulting improvement programme focuses on consistent assessment and grading, enhanced clinical documentation, workforce training and competency, operational resilience in high-risk areas, and delivery of a shared “Keep Moving” prevention campaign. This coordinated approach will support improved oversight, clearer understanding of risk tolerance, and sustained reductions in avoidable pressure ulcer harm.



JPUH Safe and Effective Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

SHMI: SHMI death rate for the reporting period is within target at 1.17 and stays within the “as expected” indicator range.

MRSA: There were no cases of either MRSA or MSSA Bacteremia reported. Last case Jan 2025.

CDiff: There were 2 COHA C.Diff cases in May. In terms of E.Coli there were 2 HOHA and 2 COHA.

Ecoli: there was 1 Klebsiella HOHA and 0 COHA. There were 0 cases of MSSA healthcare associated infection in May.

Average number of days between planned and actual discharge date: The average number of days did not meet the target of two in May with an actual average of six days. This remains consistent with the pervious reporting period.

Readmission rate: The readmission rate did not meet the target with a rate of 12.34%. This is an increase from the last reporting period with an increase of 1.86%.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	SHMI	Dec-25	1.18	1.17			
	MRSA	May-26	0	0			
	CDiff	May-26	3	2			
	Ecoli	May-26	0	4			
	Average number of days between planned and actual discharge date	May-26	2	6			
	Readmission Rate	Apr-26	10.0%	12.34%			

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Ensuring the Medical Examiner service selects the correct tick box when a Structured Judgement Review is required. Review cases where ‘significant concerns’ have been recorded without clear detail. Introduce an agreed process for early identification and escalation of potential concerns following patient deaths. Communicate the appointment of the new Learning from Deaths lead.

RCAs continue to be undertaken for all Cdiff cases, early isolation is a theme and key area for continued improvement. There is an active gram -ve reduction workstream which identifies themes from audits and alert organism reviews. All cases are reviewed externally and determined whether these are avoidable or unavoidable.

The LoS reduction program starting to show signs of improvement continues because of improved processes e.g. criteria led discharge, enhanced capacity within the case manager staff group- from 1st April 2026 every ward was assigned a case manager. Discussions have commenced with external stakeholders to support discharge of certain patient groups within the N&W system.

Improvement Trajectory

Mortality – the Structured Judgement Review (SJR) process is working effectively with a trajectory to increase the review rate to at least 10% of deaths via SJR. Month on month increases are being achieved. It is expected that the MRSA target will continue to be met.

We have not received our annual ceiling rates but expect these to be 10% less than last year. Therefore, the trust are committed to meeting that trajectory. The previous E.coli annual ceiling was 41, pseudomonas ceiling 7 and C.diff 25 cases. All actions continue to reduce the risk of Hospital Onset Healthcare Associated cases.

LOS target is 10 with a 0.5 day reduction monthly until we reach 10



JPUH Safe and Effective Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Complaints: Nine complaints were received in month, of which 100% were acknowledged within three working days. 18 complaints responses were due in May, of which 14 were complex and four non-complex 0% of complex complaints were completed within 60 working days. 100% of non-complex complaints were completed within 45 working days. 22.2% of all complaints were completed within 60 working days. 28 complaint responses were completed and sent in May that were due between February and June 2026.

Falls per 1000 Bed Days: Target were achieved this month. Overall incidence of falls decreased to 3.6/1000 bed days. There were 51 falls in the clinical divisions. Two patients experienced moderate harm or above because of a fall.

Pressure Ulcers: There were no hospital acquired category 3 pressure ulcers ,however there were 7 hospital acquired category 2 pressure ulcers within the reporting period.

Registered Nurse & HCA Shift Fill: RN fill for day and night shifts was just below 90% at 88.01%.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
✓	FFT Score	May-26	95.0%	97.78%	✓	📈	📊
!	Complaints Received	May-26	0	10	✗	📈	📊
!	Pressure Ulcers	May-26	0	15.00	✗	📈	📊
👁️	Registered Nurse Fill Rate	May-26	90.0%	88.01%	✗	📈	?
👁️	Care Hour Per Patient Day (CHPPD)	May-26	8.00	8.27	✓	📈	?
👁️	Falls	May-26	67	51	✓	📈	?
✓	PSII Number	May-26	0	0	✓	📈	📊

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Falls: Rollout and evaluation of assistive technology, including the bide programme across ward areas, is progressing, with data analysis informing next steps. Post-fall investigation processes continue to be reviewed to improve the quality and consistency of data capture. Risk assessment tools and post-fall questionnaires are under active review to ensure they remain fit for purpose. Alignment with the updated NICE falls guidance has been confirmed. Clinical engagement through the corporate falls team continues, with ongoing support provided directly within ward environments.

Pressure Ulcers: Recruitment for the central treatment suite team has been completed, with some staff commencing in late June.

The first group meeting is taking place in early June, marking a key milestone in establishing group management

National pressure ulcer categorisation has changed; the roll out is happening from late May, photographs on Q:safe will support staff to appropriately categorise. Purpose T will roll out in July. Exploration is underway of digital solutions to support categorisation. Group actions from the deep dive have been embedded into the pressure ulcer action plan; ward level work continues from the corporate team.

Improvement Trajectory

The improvement trajectory for pressure ulcer improvement aligns to the Quality Priority which is a 5% year on year reduction.

The improvement trajectory for falls is 5%. We are translating the percentage into a number to make this more relatable to ward staff and give them a tangible improvement target.

It is the intention to reach at least 90% registered shift fill monthly. Improvements in roster management, absence management, vacancy management and the previously noted LOS of stay reductions are key contributors to increasing the shift fill and management of escalation beds.



NNUH Safe and Effective Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

SHMI for the reporting period January 2025 - December 2025 is 1.1635, which whilst remaining within the NHS as expected banding demonstrates an increasing trend in the value away from Trust target. Sepsis remains the highest of the 10 diagnosis groups banded by SHMI as an outlier. HSMR+ shows a slight month on month from 119.94 to 118.15. Crude mortality continues to decrease and is reported in April at 1.5%, the joint lowest illustrated since June 2024.

NNUH reported 1 hospital acquired MRSA bacteraemia in May 26 and are at 3 in year to date. Threshold targets are still to be confirmed. The NNUH reported 7 cases of C.difficile in May; 3 hospital onset healthcare associated and 4 community-onset.. There has been 8 reported Trust apportioned e-coli cases in April, and 4 community-onset healthcare associated e-coli cases. Year to date there has been 23 cases of e coli.

The re-admissions rate remains above the Trust target, however the actual score is consistent demonstrating common cause variation.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Guist ward commenced supportive measures 30/01/2026, due to 5 x HAI C. diff toxin and 3 HAI toxin genes, ended 14/05/2026.

NICU ward commenced supportive measures 29/04/2026, due to 3 E. coli ESBL, ended 28/05/2026.

CCC ward commenced supportive measures 26/05/2026, due to 2 E. coli ESBL, ongoing.

Heydon ward commenced supportive measures 26/05/2026, due to 2 HAI C. diff, ongoing.

The Trust are still awaiting threshold targets for IP&C metrics for 2026/27.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	SHMI	Dec-25	1.18	1.16			
	MRSA	May-26	0	1			
	CDiff	May-26	8	7			
	Ecoli	May-26	0	8			
	Average number of days between planned and actual discharge date	May-26	2	6			
	Readmission Rate	Apr-26	10.0%	13.09%			

Improvement Trajectory

Comments:

NNUH SHMI Target is 1.00. 1.17 would be 'higher than expected', and we believe is based on historical NNUH performance data.

NNUH has set an ambition within 2026/27 quality priorities to reduce SHMI value to 110 by March 2027, and further to 95 by March 2029 following EPR implementation.



NNUH Safe and Effective Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

4082 Friends and Family Test (FFT) responses in May 2026 - 90.8% FFT score. 66 Compliments received Trust wide. Top 5 themes: Support provided by staff, Care Received, Attitude of staff, Care and dignity provided and Treatment. 81 complaints were received in May, but 125 reported as historic reports retrospectively added onto InPhase within the reporting month.

RN/M fill rates were 96.8% days and 99.9% nights. HCSW fill rates were 83.2% days and 102.7% nights, reflecting enhanced observation demand, patient dependency and operational pressures. A total of 1,144 red flags were raised, mainly relating to HCSW shortfall.

Hospital acquired pressure ulcer incidence per 1000 bed days in May is reported at 1.3. There were 48 reported pressure ulcers in April, with 29 reported at G2, and 19 G3.

The NNUH reported 164 total falls, which represents 5.2 falls per 1000 bed days. There were 4 falls with moderate or above harm, this is a reduction month on month and demonstratable common cause variation.

Improvement plans in place

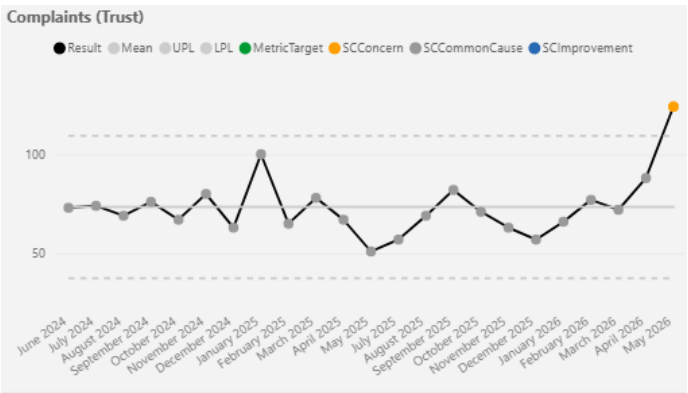
Key actions being undertaken to improve performance or mitigate risk

Falls Learning and Governance Group has excellent engagement across the care Groups with actions being identified and worked on at ward and care group level. This is driving compliance with falls, bed rails and enhanced observation training as well as compliance with testing for postural hypotension. The Falls Steering Group is proposing to change the meeting schedule to bi monthly to improve attendance due to competing priorities. Collaboration with EEAST is planned to interrogate community falls data. Night shift staffing and training access to be reviewed in relation to injurious falls.

Trust wide survey on the future strategy for patient engagement completed which was sent to staff, patients and volunteers. Thematic analysis completed and results will feed into Patient Engagement Experience Group (PEEG). The new engagement project will enhance across the Trust how we use FFT to provide meaningful change.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	FFT Score	May-26	95.0%	90.85%			
	Complaints Received	May-26	0	125			
	Pressure Ulcers	May-26	0	40.00			
	Registered Nurse Fill Rate	May-26	90.0%	96.67%			
	Care Hour Per Patient Day (CHPPD)	May-26	8.00	7.64			
	Falls	May-26	187	164			

Improvement Trajectory



The complaints and inphase team are reviewing the data reporting fields to ensure complaints received in month are reported accurately .



QEH Safe and Effective Domain Summary

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

SHMI – continues to follow an improvement trajectory as non elective coding backlog addressed. In latest data release the SHMI has further reduced to 1.15, returning to the within the ‘as expected’ banding.

MRSA
In May 2026 the Trust had 0 cases, YTD the Trust has had 0 cases.

CDiff
In May 2026 the Trust had 2 HOHA and 1 COHA cases. YTD total at the end of May 2026 was 7 cases.

Ecoli
The Trust 4 Cat 1 and 4 Cat 2 in May. YTD the Trust has had a total of 12 cases.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

SHMI – Our focus is now moving from addressing coding backlog to interrogation of diagnostic categories, informed by improved data quality. From this we will create an updated improvement plan.

MRSA
Enhanced hand hygiene compliance, strict infection control protocols, screening and surveillance measures, staff education and antibiotic stewardship.

CDiff
Swarms completed within 72 hours and any learning identified on the ward/dept is immediately cascaded to relevant teams. This is then followed up via the Datix reporting system. Also, Daily ward visits and enhanced IPC and domestic support for areas in PII/outbreak situation, to advise and provide support with education and required standards.

Ecoli
E. coli cases reviewed under surveillance with Microbiologist and Infection Control Team and MSSA Swarms completed, and learnings reported via the datix system.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	SHMI	Dec-25	1.17	1.23			
	MRSA	Apr-26	0	0			
	CDiff	Apr-26	4	4			
	Ecoli	Apr-26	0	4			

Improvement Trajectory

CDiff
Daily ward visits ensure adherence to cleaning standards and provides hands on guidance to staff and supports compliance with infection control protocols.

Ecoli
E. coli surveillance under the guidance of the microbiologist and the IPCT ensures timely identification of trends, sources and areas for intervention.



QEH Safe and Effective Domain Summary

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

FFT Score
Inpatient/Day Case – Patient satisfaction has increased slightly from 96.82% to 97.96%
A&E - Patient satisfaction in A&E saw a slight declined from 69.75% to 69.49%
Outpatients - - The overall patient satisfaction score for Outpatients has slightly decreased from 93.35% to 92.93%

Complaints
Complaints increased slightly in May from 46 to 48 (45% higher than May 2025), with one reopened case bringing the total to 49.

Pressure Ulcers
During May there was only 2 HAPU, 1 of which was associated with lapses in care.

Registered Nurse Fill Rate
April 2026 performance was 92.47% (mean 88.47%),

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	FFT Score	Apr-26	95.0%	91.39%			
	Complaints Received	Apr-26	0	46			
	Pressure Ulcers	Apr-26	0	2.00			
	Registered Nurse Fill Rate	Mar-26	90.0%	90.79%			
	Care Hour Per Patient Day (CHPPD)	Mar-26	8.00	7.58			
	Falls	Apr-26	54	61			
	PSII Number	Apr-26	0	0			

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

FFT Score
With the support for the FFT coordinator and volunteers, we aim to Increase patient participation and survey completion rates through interaction and engagement with staff and patients.

Complaints
The Complaints Team continues to work with Divisions to address their remaining overdue complaints. Going forward, all complaint handlers are being contacted at days 7-9 of the process to confirm the investigation is on track. At this point, any lack of engagement or potential delays will be highlighted to the DLT and Deputy Chief Nurse. If no progress is made by day 15, this will be escalated to the Chief Nurse and Medical Director for intervention and support.

Pressure Ulcers
The TVN team will be engaging with the patient safety team to undertake a SWARM approach, following a HAPU incident. As the HAPU recorded in March was not associated with lapses in care, this has not taken place as yet.

Registered Nurse Fill Rate
Targeted actions continue to address CHPPD shortfall and support safer staffing.

Improvement Trajectory

FFT Score
The actions are expected to increase staff and patient engagement, resulting in a greater volume of meaningful feedback being received. The teams can use the data to inform targeted improvement initiatives.

Complaints
Earlier identification of challenges in submitting a timely response should enable DLTs to address and provide support to the investigating officer, which in turn should improve performance.

Pressure Ulcers
Updated mandatory training is now live Trust-wide, reinforcing national guidance on pressure ulcer assessment, prevention and management.



QEH Safe and Effective Domain Summary

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Falls
Falls remained consistent between March (60) and April (61) with no significant variation. During April there was only one fall-related injury (Pubic Ramus fracture), which was managed conservatively without surgical intervention.

PSII
There were no PSII's commissioned in April 2026.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Falls
The revised ED Falls Bundle has been implemented across access areas, supported by simulation sessions, education days and mandatory training. The Falls Team undertake daily clinical visits, respond to all falls and provide targeted prevention training. Enhanced Care Badges are being piloted in three areas and expanded further. The team continues to support reconditioning work, develop the Safe Sight improvement project and progress the 2026-27 Falls Strategy.

PSII
All incidents, regardless of harm level, are reviewed at divisional incident huddles. Incidents meeting local or national PSII criteria are escalated to the Safety Incident Review Forum for multidisciplinary discussion and determination of the appropriate learning response.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	FFT Score	Apr-26	95.0%	91.39%			
	Complaints Received	Apr-26	0	46			
	Pressure Ulcers	Apr-26	0	2.00			
	Registered Nurse Fill Rate	Mar-26	90.0%	90.79%			
	Care Hour Per Patient Day (CHPPD)	Mar-26	8.00	7.58			
	Falls	Apr-26	54	61			
	PSII Number	Apr-26	0	0			

Improvement Trajectory

Falls
These actions will strengthen staff awareness of Enhanced Care, reinforce adherence to Trust policy and improve early risk identification and falls assessment quality.

PSII
By identifying common themes and risks across incidents, it drives system-wide improvement through coordinated learning and action. This approach ensures that improvements address underlying system issues rather than isolated events, resulting in safer, more reliable practices across the organisation.

QEH Safe and Effective Domain Summary

May-26



Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

SHMI – continues to follow an improvement trajectory as non elective coding backlog addressed. In latest data release the SHMI has further reduced to 1.15, returning to the within the ‘as expected’ banding.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

SHMI – Our focus is now moving from addressing coding backlog to interrogation of diagnostic categories, informed by improved data quality. From this we will create an updated improvement plan.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	SHMI	Dec-25	1.18	1.23			
	MRSA	May-26	0	0			
	CDiff	May-26	4	3			
	Ecoli	May-26	0	8			

Improvement Trajectory



Metric Summary Matrix - Safe and Effective Care - Maternity

	P	?	F
H		Still Births	
L			
	1:1 Care MNSI	Complaints (Mat) FFT (Mat) MW Fill Rate NICU Preterm	
H			
L			

Safe and Effective Care Assurance

Still Birth Rate
Midwifery Fill Rate
Preterm Birth Rate
Maternity FFT
Complaints Received - Maternity
MNSI
1:1 Care
Unplanned Admissions to NICU



	P	?	F
H			
L			
	1:1 Care MNSI	Complaints (Mat) FFT (Mat) NICU Preterm Still Births MW Fill Rate	
H			
L			

Safe and Effective Care Assurance

Still Birth Rate
Midwifery Fill Rate
Preterm Birth Rate
Maternity FFT
Complaints Received - Maternity
MNSI
1:1 Care
Unplanned Admissions to NICU



	P	?	F
H		MW Fill Rate	
L			
	1:1 Care MNSI	Complaints (Mat) FFT (Mat) Preterm	
H			
L		Still Births	

Safe and Effective Care Assurance

Still Birth Rate
Midwifery Fill Rate
Preterm Birth Rate
Maternity FFT
Complaints Received - Maternity
MNSI
1:1 Care



Safe and Effective Care Domain Summary - Maternity

May-26



Metric	James Paget						Norfolk and Norwich						Queen Elizabeth					
	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
Still Birth Rate	May-26	3.5%	0.00%	✓	⚠️	?	May-26	3.5%	0.00%	✓	⚠️	?	Apr-26	3.5%	3.53%	✗	⚠️	?
Midwifery Fill Rate	May-26	90.0%	87.25%	✗	⚠️	?	May-26	90.0%	83.43%	✗	⚠️	?	May-26	90.0%	87.07%	✗	⚠️	?
Preterm Birth Rate	May-26	6.0%	8.33%	✗	⚠️	?	May-26	6.0%	7.18%	✗	⚠️	?	Apr-26	6.0%	8.33%	✗	⚠️	?
Maternity FFT	May-26	95.0%	96.15%	✓	⚠️	?	May-26	95.0%	87.50%	✗	⚠️	?	May-26	95.0%	96.26%	✓	⚠️	?
Complaints Received - Maternity	May-26	0	1	✗	⚠️	?	May-26	0	7	✗	⚠️	?	May-26	0	3	✗	⚠️	?
MNSI	May-26	0	0	✓	⚠️	Ⓟ	May-26	0	0	✓	⚠️	Ⓟ	Apr-26	0	0	✓	⚠️	Ⓟ
1:1 Care	May-26	97.0%	100.00%	✓	⚠️	Ⓟ	May-26	97.0%	98.93%	✓	⚠️	Ⓟ	Apr-26	97.0%	100.00%	✓	⚠️	Ⓟ
Unplanned Admissions to NICU	May-26	0	12	✗	⚠️	?	May-26	0	8	✗	⚠️	?						

Group Summary

The Group will continue to monitor maternity performance through its established governance structures, ensuring delivery of workforce and quality improvement plans whilst facilitating the sharing of learning and best practice across organisations by Q4 2026/27. Focus will be maintained on safer staffing, training compliance, sickness absence, maternity leave, and recruitment trajectories, alongside the impact of key improvement initiatives including pre-term birth prevention, ATAIN reviews, the OASI Care Bundle refresh, postpartum haemorrhage reduction measures, and enhanced maternity reporting and dashboard development.

A Safer Staffing Task and Finish Group will be established by early Q2 2026/27 to strengthen oversight, standardise approach, and support sustained workforce resilience and safe service delivery. Progress will continue to be monitored through established governance arrangements to provide assurance that improvements in safety, quality, and patient outcomes are being achieved and sustained.



JPUH Safe and Effective Domain Summary - Maternity

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

There were 12 preterm admissions 11 were born at JPUH and 1 was repatriated from tertiary center for ongoing care. Only 1 baby had known risk factors and was appropriately managed. No right place of birth exceptions.

We had a high ATAIN rate of unplanned term admissions to NNU. None were for thermoregulation concerns., and all Elective LSCS were after 39/40 to reduce the risk.

Fill rate reduced-vacancies in staffing at present

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

On-going public health work for prevention of pre-term birth. Work with Neighbourhoods, and case holding for most vulnerable women by Eden Team. Compliant with all elements of Saving babies Lives Care Bundle 3.

Weekly review of ATAIN by the MDT. Deep dive into categorisation in progress, and links made with Barts healthcare re a possible research project. Education to staff re optimisation and early skin to skin and breast feed in theatre.

Recruitment in progress to vacant positions

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Still Birth Rate	May-26	3.5%	0.00%			
	Midwifery Fill Rate	May-26	90.0%	87.25%			
	Preterm Birth Rate	May-26	6.0%	8.33%			
	Maternity FFT	May-26	95.0%	96.15%			
	Complaints Received - Maternity	May-26	0	1			
	MNSI	May-26	0	0			
	1:1 Care	May-26	97.0%	100.00%			
	Unplanned Admissions to NICU	May-26	0	12			

Improvement Trajectory

Monthly reporting and oversight of Pre –term birth. Continue monitoring of compliance with SBLCB3

Atain deep dive will be presented to EMIG in July 2026
Weekly ATAIN MDT reviews continue.

Staffing recruitment in progress.



NNUH Safe and Effective Domain Summary - Maternity

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

402 babies were delivered by 395 mothers in May 26. No stillbirth were reported. One neonatal death is reported in May; a 28-week gestation baby with foetal hydrops and severe bilateral pleural effusions, care was reorientated at <4 hours of life due his deteriorating clinical condition despite maximum intensive care. Another baby that was born at another hospital in another country (Kurdistan/Iraq) arrived deceased; a service user presented to NNUH, stating that she had just arrived in the country and her baby had died the day before in Iraq – this was reported via safeguarding.

Whilst midwifery fill rate is reported at 83.43%, below Trust target, the 1:1 care in labour rate remains above Trust target and is reported at 98.93% in May.

The number of unplanned admissions to NICU has reduced in May (8 from 24 in April) and is currently demonstrating common cause variation. 3rd & 4th degree tears is within normal limits, PPH rates are higher than average and QI work continues to improve/reduce the occurrence of bleeds over 1.5L and management of these. 6 babies were born before arrival.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

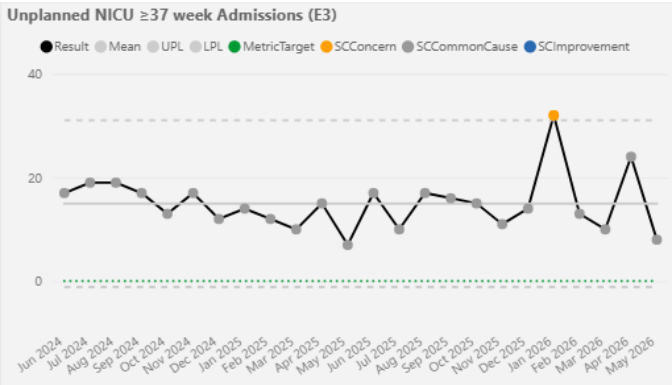
QI work is to be undertaken with a refresher on the OASI bundle which looks at actions to reduce tears, particularly in theatre with the use of warm compresses.

New drug , Carbetocin approved and introduced for use in PPH as caesarean section as of June 2026. This is expected to improve our PPH rates.

Work continues between Maternity and Power BI team to develop an improved reporting dashboard on NNUH PowerBI.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
👁️	Still Birth Rate	May-26	3.5%	0.00%	✅	📈	🔍
👁️	Midwifery Fill Rate	May-26	90.0%	83.43%	❌	📉	🔍
👁️	Preterm Birth Rate	May-26	6.0%	7.18%	❌	📈	🔍
👁️	Maternity FFT	May-26	95.0%	87.50%	❌	📈	🔍
👁️	Complaints Received - Maternity	May-26	0	7	❌	📈	🔍
✅	MNSI	May-26	0	0	✅	📈	🔍
✅	1:1 Care	May-26	97.0%	98.93%	✅	📈	🔍
👁️	Unplanned Admissions to NICU	May-26	0	8	❌	📈	🔍

Improvement Trajectory



QEH Safe and Effective Domain Summary - Maternity

Apr-26



Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Still Birth Rate
There have been 2 stillbirths in April but overall remains below the national average.

Maternity FFT Score
Participation rates remain above the 15% target across all areas except Birth Services, which fell from 21.09% to 10.29% and should continue to be monitored. Overall satisfaction remains very positive, with most patients rating care as Good or Very Good.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Still Birth Rate	Mar-26	3.5%	0.24%			
	Midwifery Fill Rate	Mar-26	90.0%	86.99%			
	Preterm Birth Rate	Mar-26	6.0%	5.34%			
	Maternity FFT	Apr-26	95.0%	94.50%			
	Complaints Received - Maternity	Apr-26	0	6			
	MNSI	Apr-26	0	0			
	1:1 Care	Mar-26	97.0%	100.00%			

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Still Birth Rate
All stillbirths are reviewed through our multidisciplinary (MDT) governance pathways. They are then discussed at the Trust Serious Incident Review panel for oversight and agreement on any immediate actions and learning to be taken.

Maternity FFT Score
With the support for the FFT coordinator and volunteers, we aim to Increase patient participation and survey completion rates through interaction and engagement with staff and patients.

Improvement Trajectory

Maternity FFT Score
The actions are expected to increase staff and patient engagement, resulting in a greater volume of meaningful feedback being received. The teams can use the data to inform targeted improvement initiatives.

People and Culture Domain Metrics



Metric Summary Matrix - People and Culture

May-26



NHS
James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H L		Appraisal	Sickness
H L	Training	Turnover	



People and Culture



Sickness Rate
Turnover Rate
Mandatory Training
Non Medical Appraisal



NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H L	Training	Turnover	
		Appraisal Sickness	
H L			



People and Culture



Sickness Rate
Turnover Rate
Mandatory Training
Non Medical Appraisal



NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H L		Appraisal Training	
		Turnover	Sickness
H L			



People and Culture



Sickness Rate
Turnover Rate
Mandatory Training
Non Medical Appraisal





People and Culture Domain Summary

Metric	James Paget						Norfolk and Norwich						Queen Elizabeth					
	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
Sickness Rate	May-26	4.6%	5.63%				May-26	4.2%	4.29%				May-26	4.5%	5.19%			
Turnover Rate	May-26	10.0%	7.22%				May-26	10.0%	6.54%				May-26	10.0%	10.25%			
Mandatory Training	May-26	90.0%	91.36%				May-26	90.0%	92.99%				May-26	90.0%	80.42%			
Non Medical Appraisal	May-26	85.0%	90.13%				May-26	85.0%	87.42%				May-26	85.0%	81.00%			

Group Summary

Sickness absence is moving in the right direction for the first time as a Group. Whilst all three Trusts remain above their target, the trajectory has shifted: QEH reduced by over half a percentage point to 5.19% (from 5.72%), JPUH came down to 5.6% (from 5.68%) with the monthly rate at 4.8%, and NNUH held steady at 4.3% while bringing long-term absence down from 2.8% to 2.1% over the quarter. This is early-stage improvement, not yet sustained, and seasonal effects cannot be ruled out but it suggests the structured improvement plans are beginning to land.

The compliance picture is still split. JPUH and NNUH remain within target on training, appraisal and turnover. QEH remains the outlier, and appraisal there dipped significantly in May after support was withdrawn — a reminder that improvement gains are fragile without sustained investment in management capability. We will work with the QEH leadership team to ensure compliance improves significantly. NNUH appraisal has also slipped from 90% to 87.4%, still within target but worth watching. This reinforces the case for the Group-wide approach to attendance management, manager training and consistent assurance that are now underway.

The three strategic programmes reported last month — sickness absence strategy, policy harmonisation, and EDI response — continue on track.



JPUH People and Culture Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- **Total annualised sickness absence**, a driver for temporary staffing demand, continues to show an improving trend at 5.6%, with the monthly rate at 4.8%. The Sickness Reduction Delivery Group is progressing work through an approved action plan and Divisional oversight is providing robust visibility and accountability for the management of cases.
- **Retention** performance is strong overall, the low voluntary turnover rate at 4.2% is a challenge given the need to reduce workforce growth. May data continues to show raised levels in Admin and Clerical turnover, the highest of all staff groups at 8.25% a slight reduction from April at 8.35%. Low turnover may also be impacting sickness rates.
- **Mandatory training** performance remains above target at 91.4%
- **Appraisal** performance above target at 90.1%. Continued monitoring of performance required through the Divisional Performance Meetings and Hospital Management Group.

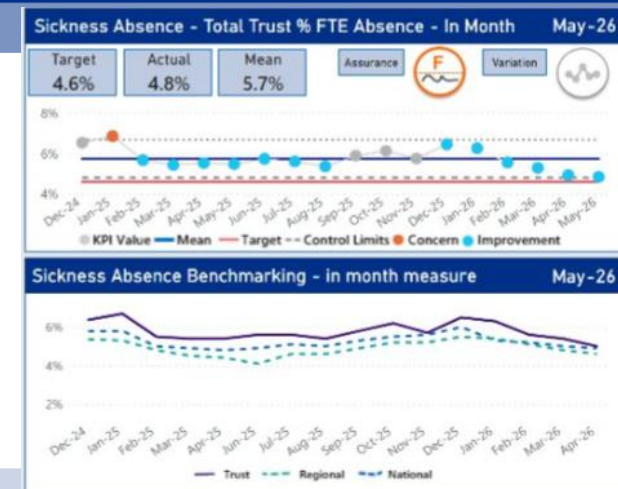
Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

- Sickness Reduction Working Group running with operational and clinical engagement
- Comprehensive program of training and coaching from HRBP Team.
- Focus on quality return to work conversations and reporting for assurance and oversight
- Review of absence KPIs and improved data visibility for line managers supporting timely local action
- New essential E-learning training launched and increased coaching offer for managers promoted
- Focus on-line manager accountability – including launch of a line manager annual objective for absence.
- Continue to promote Wellbeing Fundamentals and preventative approaches to absence with wellbeing improvement plans, regular wellbeing conversations
- Develop and implement Staff Wellbeing Plan, including Relaunch Wellbeing Champions Network.
- Performance monitored through Divisional Performance Meetings and FIRMS to support local accountability
- HR Advisors priority focus on supporting the management of long and short-term sickness.
- Development of case management system to get oversight of active case management

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
👁️	Sickness Rate	May-26	4.6%	5.63%	❌	📈	🔴 F
👁️	Turnover Rate	May-26	10.0%	7.22%	✅	📉	🟡 ?
👁️	Mandatory Training	May-26	90.0%	91.36%	✅	📉	🟢 P
👁️	Non Medical Appraisal	May-26	85.0%	90.13%	✅	📈	🟡 ?

Improvement Trajectory





NNUH People and Culture Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

All four metrics are monitored through monthly Delivery Oversight Meetings and the People and Culture Management Group.

Monthly sickness absence rate for May is reported at 4.3%, slightly above target. The annualised sickness rate remains flat at 4.7%. The monthly sickness rate is constructed of 1.1% short term, 1.1% medium term and 2.1% long term absences. Monthly short term absence has decreased from 1.3% in February to 1.0% in May and monthly long-term absence has decreased from 2.8% in February to 2.1% in May.

Non-medical appraisals has reduced to 87.42% from 90% in April, within target. Trajectories are in place for each Care Group. Mandatory training for all staff groups combined is 92.99%. This has remained consistently above 90% target. The turnover rate is 6.54% and remains within the target.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

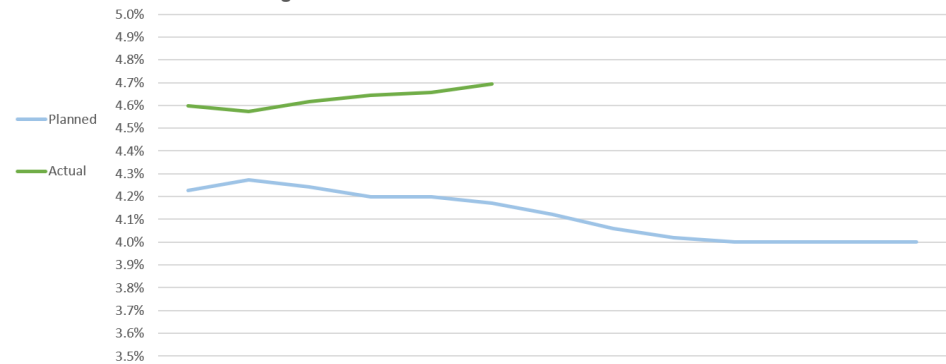
Sickness performance against trajectories is monitored through the Care Group Delivery Oversight Meetings and the People and Culture Management Group. Trajectories have targets in line with the Medium-Term Plan and the NHS 10 Year Plan for the new financial year, to enable a staggered reduction in absence.

Current sickness absence actions are HR clinics and Business Partner support for all Care Groups. These focus on getting back to basics and on a reduction on long term absence. New wellbeing initiatives for May include Virtual Support Hub, Occupational Health Management Referral Training, Sleep Workshop and the introduction of two new toolkits Balancing Work and Health and Life.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Sickness Rate	May-26	4.2%	4.29%			
	Turnover Rate	May-26	10.0%	6.54%			
	Mandatory Training	May-26	90.0%	92.99%			
	Non Medical Appraisal	May-26	85.0%	87.42%			

Improvement Trajectory

Planned vs Actual 12mth rolling Sickness Absence





QEH People and Culture Domain Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Sickness absence reduced by over 0.5% to 5.19%. This still represents a nearly 0.5% increase on the May 2025 position.

Non-medical appraisal performance dipped significantly in May following the reduction in support provisions implemented in the appraisal recovery programme.

Turnover and mandatory training remained almost unchanged from April

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Sickness absence is reducing, new approaches to OH referrals, return to work and early supportive engagement may be beginning to impact, however additional months of improvement are needed to rule out seasonal changes.

Putting back in interventions to put appraisal compliance back in to ensure appraisals return to improving compliance month on month.

Mandatory training provision around some bottleneck topics such as fire training, conflict resolution and safeguarding have additional capacity available from May.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Sickness Rate	May-26	4.5%	5.19%			
	Turnover Rate	May-26	10.0%	10.25%			
	Mandatory Training	May-26	90.0%	80.42%			
	Non Medical Appraisal	May-26	85.0%	81.00%			

Improvement Trajectory

Non medical appraisals are expected to improve in June as additional support is provided.

Sickness absence is expected to drop again in June, partly due to seasonal factors and partly due to the impact of improvement management practices beginning to embed.

Access and Flow Domain Metrics



Metric Summary Matrix - Access and Flow - Elective Care

May-26



NHS
James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H L		1st Appt <18 RTT Incomp <18	52+ Waits 65+ Waits Paed PTL Size
		Diagnostics	Clearance PTL Size
H L			

Access and Flow



- Total PTL Size
- RTT Incomplete Within 18 weeks
- 65+ Week Waits
- 52+ Week Performance
- First Attendance Within 18 Weeks
- 6 Week Diagnostics
- Under 18s elective waiting list size
- Estimated clearance times



NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H L		1st Appt <18 Paed PTL Size PTL Size RTT Incomp <18	52+ Waits 65+ Waits
		Diagnostics	
H L			

Access and Flow



- Total PTL Size
- RTT Incomplete Within 18 weeks
- 65+ Week Waits
- 52+ Week Performance
- First Attendance Within 18 Weeks
- 6 Week Diagnostics
- Under 18s elective waiting list size



NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H L		52+ Waits PTL Size RTT Incomp <18	
		1st Appt <18 65+ Waits Diagnostics	
H L			

Access and Flow



- Total PTL Size
- RTT Incomplete Within 18 weeks
- 65+ Week Waits
- 52+ Week Performance
- First Attendance Within 18 Weeks
- 6 Week Diagnostics



Access and Flow Domain Summary - Elective Care

May-26



	James Paget						Norfolk and Norwich						Queen Elizabeth					
Metric	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
Total PTL Size	May-26	31,784	32,812	✗	📉	🔴F	May-26	81,265	68,502	✓	📈	🟢?	May-26	24,963	25,600	✗	📉	🟢?
RTT Incomplete Within 18 weeks	May-26	58.2%	57.95%	✗	📈	🟢?	May-26	92.0%	60.23%	✗	📈	🟢?	May-26	92.0%	61.49%	✗	📈	🟢?
65+ Week Waits	May-26	0	104	✗	📈	🔴F	May-26	0	268	✗	📉	🔴F	May-26	0	1	✗	📉	🟢?
52+ Week Performance	May-26	3.9%	3.62%	✓	📈	🔴F	May-26	2.2%	3.21%	✗	📈	🔴F	May-26	1.5%	1.68%	✗	📈	🟢?
First Attendance Within 18 Weeks	May-26	64.0%	65.93%	✓	📈	🟢?	May-26	64.0%	73.29%	✓	📈	🟢?	May-26	64.0%	63.87%	✗	📉	🟢?
6 Week Diagnostics	May-26	82.6%	66.87%	✗	📉	🟢?	May-26	95.0%	75.35%	✗	📉	🟢?	Apr-26	95.0%	64.04%	✗	📉	🟢?
Under 18s elective waiting list size	May-26	2,615	2,897	✗	📈	🔴F	May-26	8,368	7,213	✓	📈	🟢?						
Estimated clearance times	May-26	18	25	✗	📉	🔴F												

Group Summary

Elective/access recovery is broadly tracking to plan with some key areas of challenge remaining across the Group. JPUH And QEH benchmark in the bottom quartile with NNUH maintaining a more positive position all be it with a large % of patients waiting over 52 weeks. T&O impacting on number of patients waiting over 65 weeks, long term solutions to increase capacity are being worked through in the meantime mutual aid support is being put in place with regional support.

JPUH are on plan for 52 weeks but continue to have patients waiting over 65 weeks, mainly in ENT. ENT remains a focus for One Recovery with targeted support in place to realise some quick wins and reduce patient waiting times. Diagnostic performance is under review with MRI insourcing under consideration.

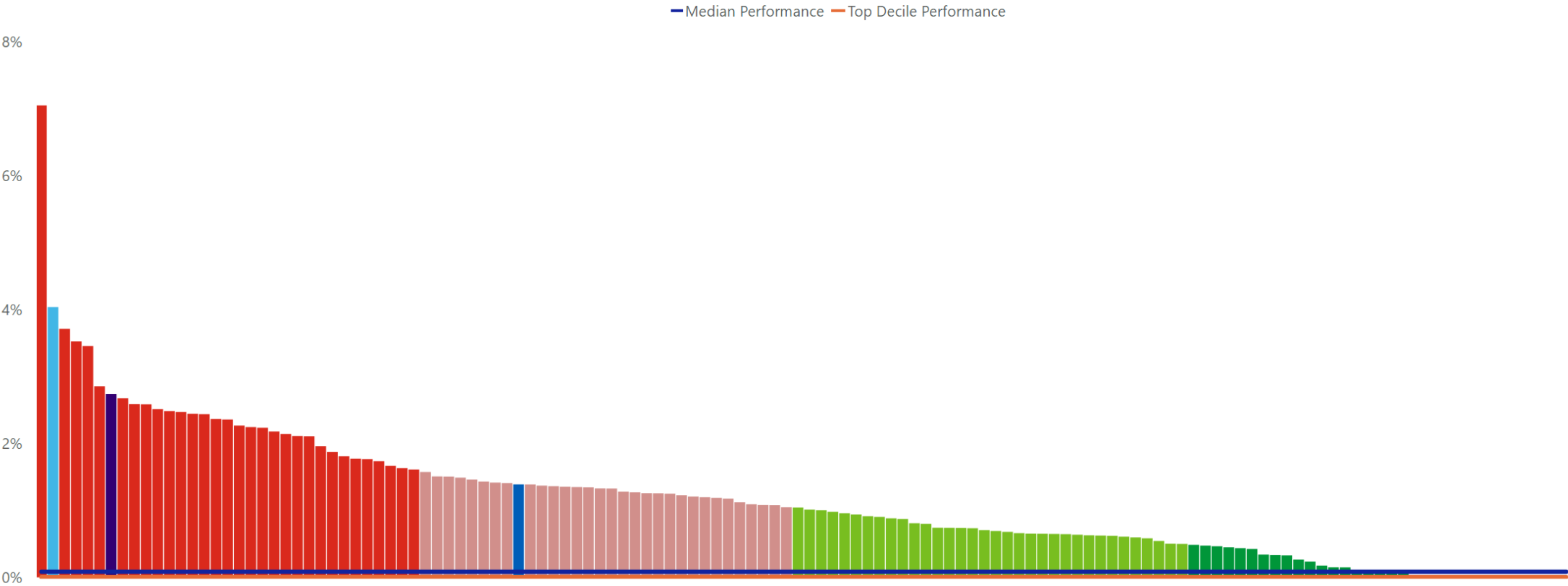
Plans in place at QEH to get back to plan by July with targeted productivity opportunities and activity increases.

Benchmarking

Apr-26



RTT 52+ Weeks



Current Performance	
JPUH	4.04%
NNUH	2.74%
QEH	1.39%
0.03%	Top Decile
1.04%	Median

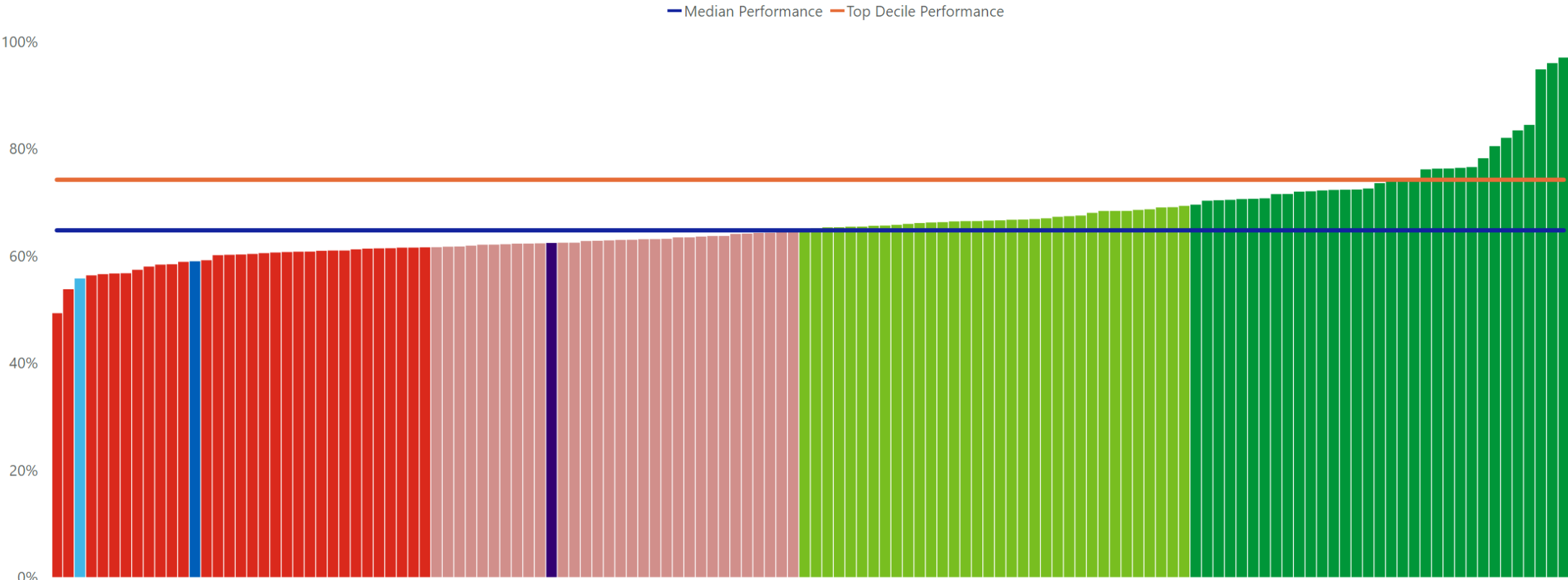
Metric Name	Percentage of patients waiting over 52 weeks
Basis	End of period
Description	Of the total elective (RTT) waiting list, the percentage of patients who have been waiting more than 52 weeks.
Purpose	This metric allows us to track delivery of the 2025/26 priority to reduce 52 week waits to below 1%.

Benchmarking

Apr-26



RTT Within 18 Weeks



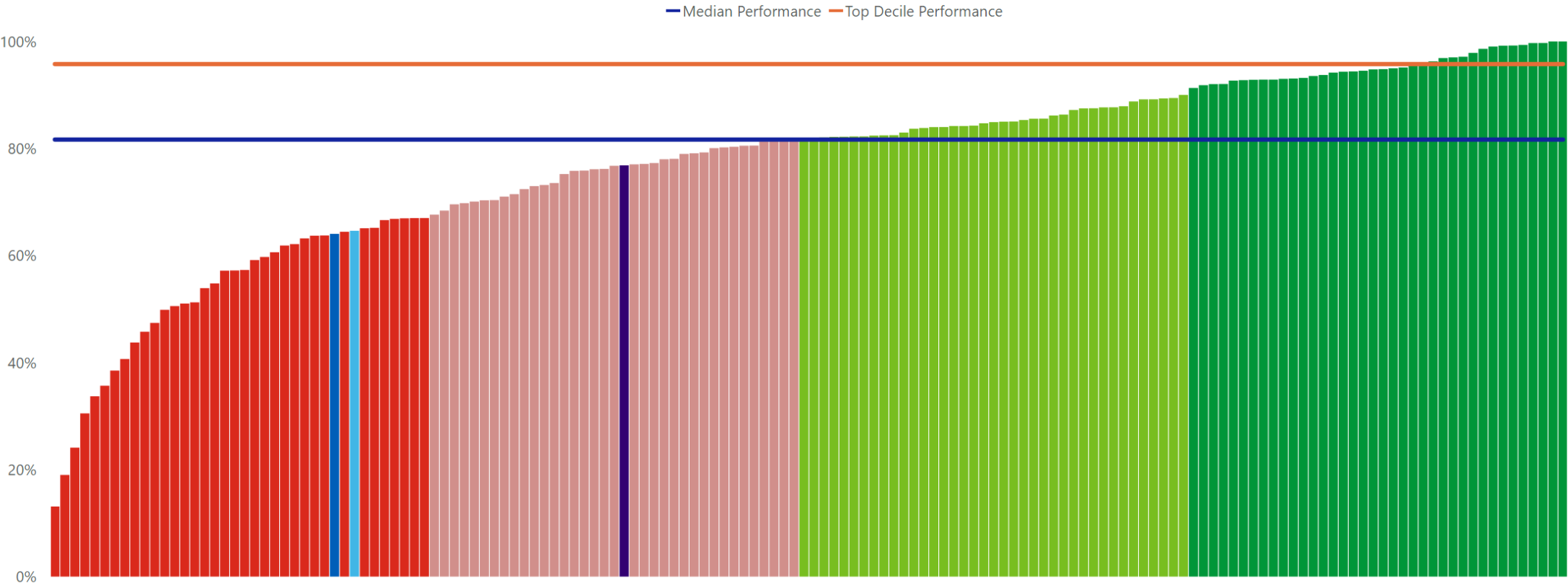
Current Performance

JPUH	55.76%	
NNUH	62.39%	
QEH	58.97%	
74.19%	Top Decile	
64.73%	Median	

Metric Name	Percentage of patients waiting less than 18 weeks
Basis	End of period
Description	Of the total elective (RTT) waiting list, the number of patients who have been waiting less than 18 weeks.
Purpose	This allows absolute 18 week performance to be tracked to allow for direct performance comparisons on delivering the standard.



6 Week Diagnostics



Current Performance

JPUH
64.62%

NNUH
76.85%

QEH
64.05%

95.76%
Top Decile

81.65%
Median

Metric Name Percentage of patients waiting less than 6 weeks for a diagnostic test

Basis End of period

Description Of the total number of eligible diagnostic appointments undertaken in the month, the percentage of patients who were seen within 6 weeks.

Purpose This metric ensures that patients are receiving their diagnostic tests within 6 weeks to ensure delivery of the 18 week standard.



JPUH Access and Flow Summary - Elective Care

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- **RTT:** performance for incomplete pathways has closed the gap from April and is now 0.25 pp behind plan with a mitigation to get back on plan for June at 59.2%. 18 week performance is showing special cause improvement. Incomplete PTL size remains variable to plan with actions to get back on plan by end of July
- **65ww+ waits:** 104 patients waiting in excess of 65 weeks of which 75% are ENT or Paeds ENT. Sustainable clearance plans for all specialities except ENT, with dates for Gastro (July), Neuro (March 2027) and Cardiology (July) behind plan
- **52ww+ performance:** was on plan for May noting this is the element of JPUH plan which was non compliant with the national ambition to elimination 52 week waiters
- **Under 18s elective waiting list size:** continues on a reducing trajectory with a plan to eliminate 52 ww by 31 March 2027 in line with approved business case
- **DM01 performance:** MRI having most significant impact on DM01 performance with MRI demand being driven by additional elective activities in Q4 and increased referrals from Primary Care

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

- **Insourcing programmes extended:**
 - Weekend theatre activity extended
 - POA and theatres staffing support ongoing with plan for new service model going live 1 August 2026
- **Diagnostic capacity expansion:**
 - NOUS insourcing – delivering return to standard by end of Q2
 - MRI: Two locum radiographers recruited delivering additional 240 scans/month (both now in post), working up plans for additional MRI capacity which is likely to require investment
- **Weekly governance:** RAP meetings, long wait meetings, targeted specialty support for challenged areas (ENT, Neuro, Urology, Gastro), weekly COO escalation meetings
- **Additional approach to validation to bring PTL back on plan**
- **Theatre Programme Management Group** delivering improvements in late starts and utilisation
- **One Recovery Delivery Groups**

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
!	Total PTL Size	May-26	31,784	32,812	×		
👁	RTT Incomplete Within 18 weeks	May-26	58.2%	57.95%	×		
👁	65+ Week Waits	May-26	0	104	×		
👁	52+ Week Performance	May-26	3.9%	3.62%	✓		
👁	First Attendance Within 18 Weeks	May-26	64.0%	65.93%	✓		
👁	6 Week Diagnostics	May-26	82.6%	66.87%	×		
👁	Under 18s elective waiting list size	May-26	2,615	2,897	×		
!	Estimated clearance times	May-26	18	25	×		

Improvement Trajectory





NNUH Access and Flow Summary - Elective Care

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

The final RTT waiting list position was 68,585 at the end of April, increasing by 1,460 patients from March. In May, the position improved to 68,316, a reduction of 269 patients, although still 4,669 above plan. May 18-week performance was 62.6%, 0.3% below plan, while 52-week performance was 2.6% against a plan of 2.4%, with 1,831 patients waiting over 52 weeks compared to a plan of 1,500. Delivery has remained constrained by the residual impact of the Easter and Bank Holidays, the conclusion of the Outpatient Sprint, and Industrial Action, all of which reduced available activity. The remaining variance is concentrated in long-wait cohorts requiring diagnostic, outpatients, pre-operative assessment or theatre capacity.

There were 135 patients breaching 65 weeks in May, with T&O remaining the highest risk specialty due to the complexity and clinical acuity of the remaining cohort, including spinal and ASA 4 patients requiring specialist peri-operative support.

DM01 performance was 75.4% in May 2026, 4.6% below plan but 4.1% higher than May 2025. Improvements were seen across several exam types, including CT and MRI, which achieved their second highest monthly performance in the last three years. Colonoscopy recorded its third-highest monthly performance in the last 2 years. However, overall Trust performance was impacted by increased referrals due to the RTT Elective Sprint, higher sickness absence, and and continuing demand exceeding capacity in Echo.

Histology 10d 2ww performance improved to 41.0% in May, its highest level in the last four months. Excluding Skin, performance reached 60.0%. Significant backlog clearance was achieved, with the Skin backlog over 10 days falling to its lowest level in 2026, supported by routine outsourcing.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Elective

- Targeted validation of open RTT pathways to remove duplicates, completed pathways and patients no longer requiring treatment.
- Review of specialty-level capacity and demand to identify gaps and maximise core capacity.
- Use of additional sessions, locum support, insourcing, and independent sector capacity where available and clinically appropriate.
- Review of OP productivity opportunities, including clinic template utilisation, DNA reduction, PIFU and follow-up management.
- Escalation of specialties showing material deterioration through care group performance meetings and Trust elective governance.
- Targeted recovery plan is in place for T&O, as the Trust's highest area of risk across Electives.

DM01

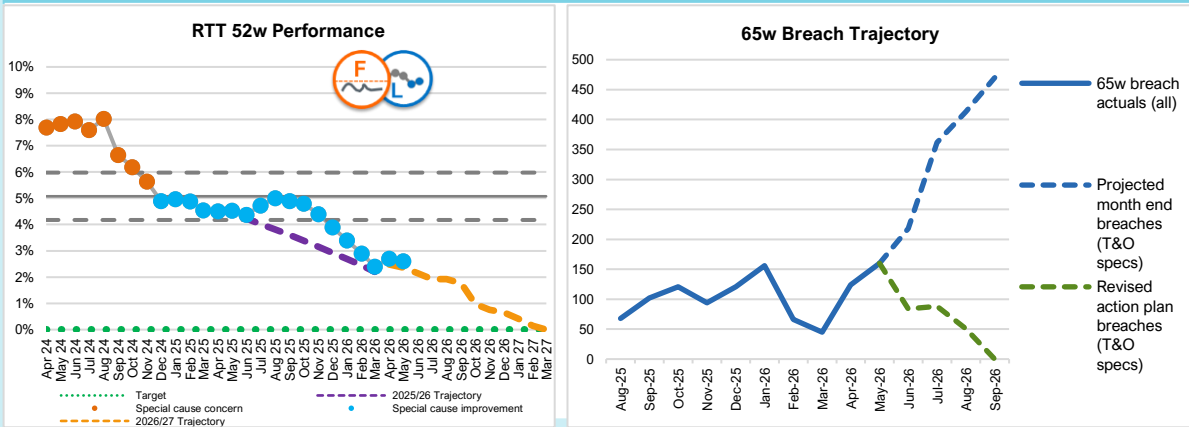
NOUS – Agency cover (x2) in place. Additional lists from Sonographers, Resident Doctors, and Consultants.
Echo – Use of mutual aid from West Suffolk. New Echo machine agreed to expand capacity. Waiting list validation and review of waiting lists by the end of June.

Histology

- Continued outsourcing – increased in May from 200 to 400 cases per week will be extended through June and July.
- Demand and capacity plan (with additional interventions to bolster capacity identified) is forecast to reduce total backlog to appropriate levels by the end of July.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Total PTL Size	May-26	81,265	68,502			
	RTT Incomplete Within 18 weeks	May-26	92.0%	60.23%			
	65+ Week Waits	May-26	0	268			
	52+ Week Performance	May-26	2.2%	3.21%			
	First Attendance Within 18 Weeks	May-26	64.0%	73.29%			
	6 Week Diagnostics	May-26	95.0%	75.35%			
	Under 18s elective waiting list size	May-26	8,368	7,213			

Improvement Trajectory



QEH Access and Flow Summary - Elective Care

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

RTT 18-week performance closed at 61.49%, continued improvement in this area. Aiming to return to 18-week plan by end of June26.

Waiting list and 52ww broadly stable with modest reductions, although overall size remains above plan. Expectation to return to plan by end of July26.

Performance remains constrained by delivery variability across specialties, with inconsistent clinic utilisation, booking practices and pathway management impacting output

Core productivity remains below required level, with opportunity across clinic templates, utilisation, DNA management and follow-up conversion

DMO1 trust is ahead of plan other than Audiology.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Delivery aligned to **One Recovery (Elective and Outpatients)**,
Robust activity planning and tracking now embedded, with weekly COO/DoF oversight and clear divisional accountability

Continued focus on sustained delivery, including additional funded capacity and continued focused insourcing where required

Productivity improvement central, including template optimisation, improved utilisation, increased PIFU and reduced DNAs

Validation and booking processes strengthening, with centralisation of booking and improved data quality supporting recovery

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Total PTL Size	May-26	24,963	25,600			
	RTT Incomplete Within 18 weeks	May-26	92.0%	61.49%			
	65+ Week Waits	May-26	0	1			
	52+ Week Performance	May-26	1.5%	1.68%			
	First Attendance Within 18 Weeks	May-26	64.0%	63.87%			
	6 Week Diagnostics	Apr-26	95.0%	64.04%			

Improvement Trajectories

Trajectory	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Waiting List	24,349	23,924	23,499	23,074	22,649	22,224
Above 52ww	194	169	147	127	110	93
RTT 18w %	62.76%	63.25%	63.77%	64.30%	64.85%	65.43%
1st O/P %	67.21%	68.07%	68.95%	69.87%	70.81%	71.79%
DMO1%	71.95%	72.59%	73.24%	73.91%	74.60%	75.31%



NHS
James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H L			
		62 Day FDS	
H L			

Access and Flow



28 Day Faster Diagnosis



Cancer 62 Day Treatment



NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H L			
		62 Day FDS	
H L			

Access and Flow



28 Day Faster Diagnosis



Cancer 62 Day Treatment



NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H L			
		62 Day FDS	
H L			

Access and Flow



28 Day Faster Diagnosis



Cancer 62 Day Treatment





Access and Flow Domain Summary - Cancer

May-26

Metric
28 Day Faster Diagnosis
Cancer 62 Day Treatment

James Paget						
Date	Target	Actual	Compliance	Variation	Assurance	
Apr-26	78.0%	71.03%	⊗	📉	🔍	
Apr-26	78.0%	68.02%	⊗	📉	🔍	

Norfolk and Norwich						
Date	Target	Actual	Compliance	Variation	Assurance	
May-26	75.0%	78.93%	✅	📈	🔍	
May-26	85.0%	57.20%	⊗	📉	🔍	

Queen Elizabeth						
Date	Target	Actual	Compliance	Variation	Assurance	
Apr-26	75.0%	62.73%	⊗	📉	🔍	
Apr-26	85.0%	50.77%	⊗	📉	🔍	

Group Summary

Cancer performance remains off track for all three trusts although NNUH are on plan for 28 day FDS. One Recovery work programme has been reviewed to ensure the areas included are going to deliver the require improvements with further scrutiny of individual trust plans being included.

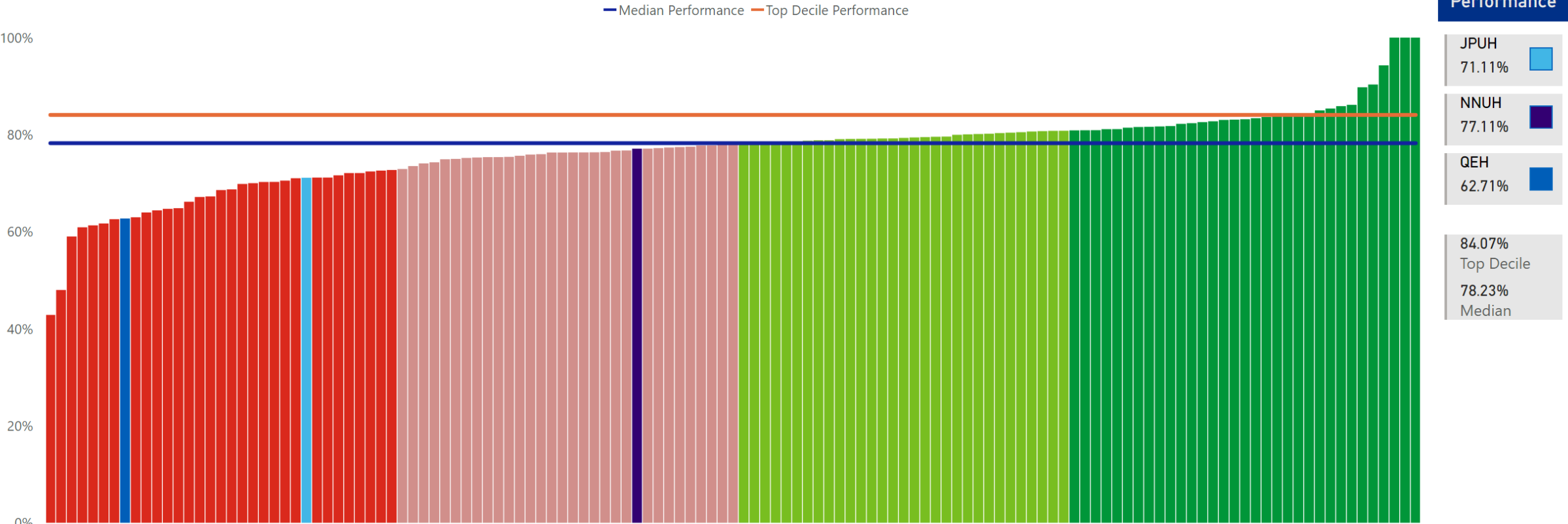
Ongoing rollout of telederm to increase volume of referrals utilising this pathway across all the three trusts and cancer 36 tool on track for delivery in Q3. Histopathaology is showing some signs of recovery but this remains fragile and a significant contributory to performance across the Group.

Benchmarking

Apr-26



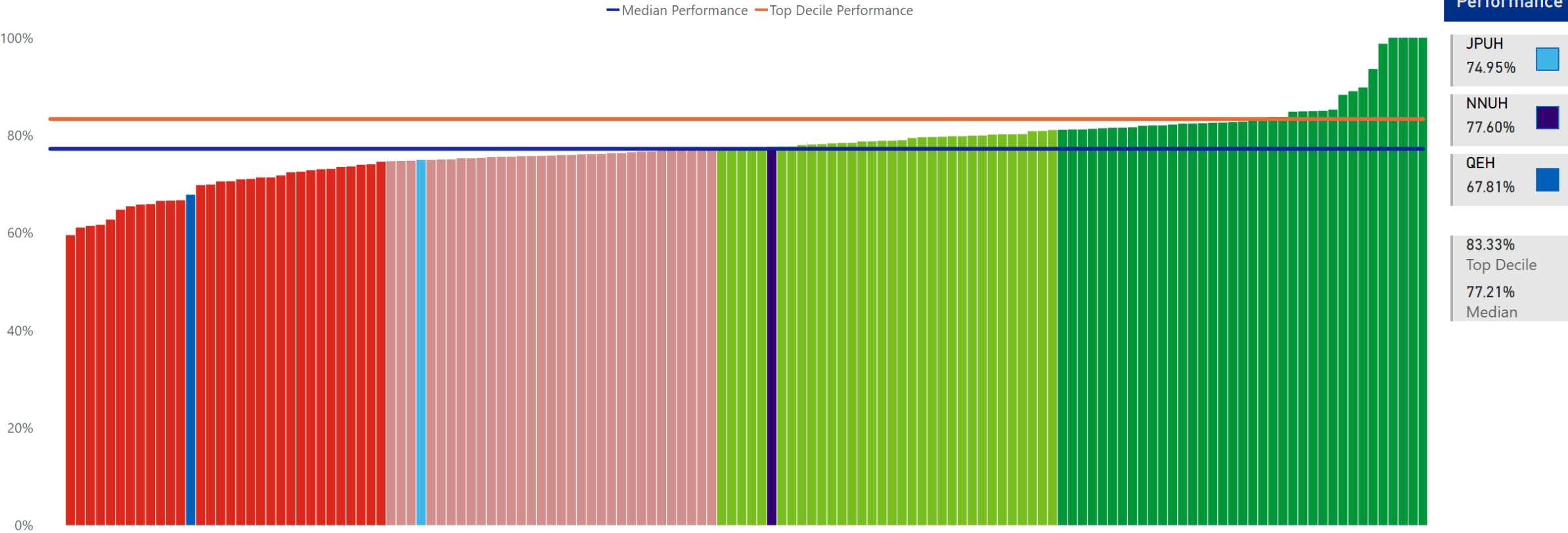
Cancer 28 Day FDS - Current



Metric Name	Percentage of urgent cancer referrals to receive a definitive diagnosis within four weeks.
Basis	End of Period
Description	Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat (FDS clock stops) within 28 days following an urgent cancer referral.
Purpose	This measures the percentage of patients seen in a timely way following urgent cancer referral.



Cancer 28 Day FDS - Rolling 12 Months



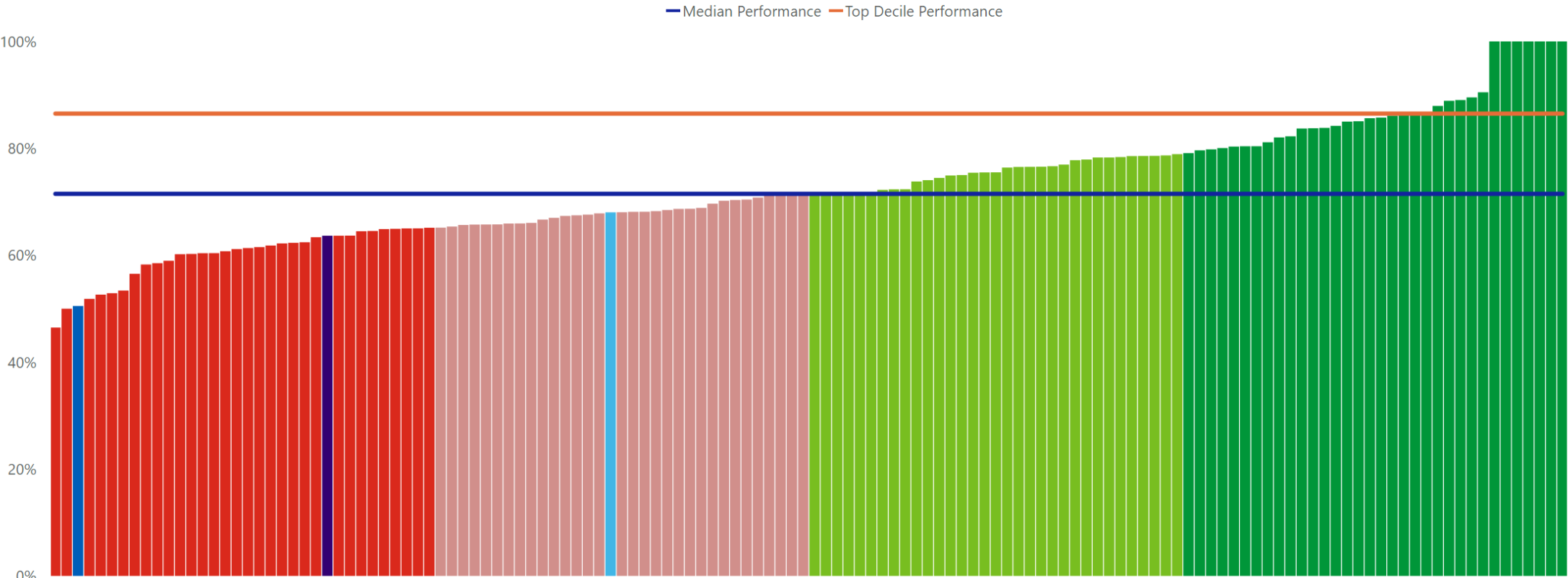
Metric Name	Percentage of urgent cancer referrals to receive a definitive diagnosis within four weeks.
Basis	Rolling 12-month
Description	Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat (FDS clock stops) within 28 days following an urgent cancer referral.
Purpose	This measures the percentage of patients seen in a timely way following urgent cancer referral.

Benchmarking

Apr-26



Cancer 62 Day Treatment - Current



Current Performance

JPUH	68.02%	
NNUH	63.65%	
QEH	50.51%	
86.50%	Top Decile	
71.49%	Median	

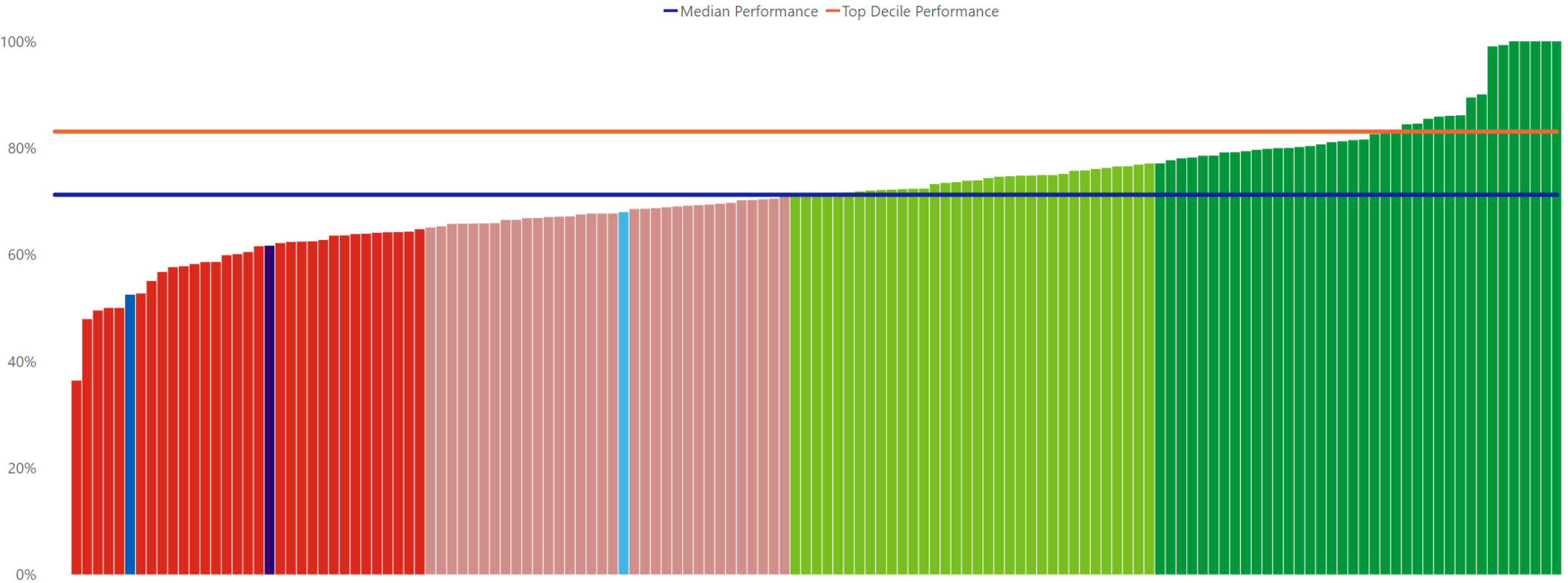
Metric Name	Percentage of patients treated for cancer within 62 days of referral
Basis	End of period.
Description	Percentage of patients receiving a first treatment for cancer within 62 days following an urgent referral.
Purpose	This measures the percentage of patients beginning treatment in a timely way following urgent cancer referral.

Benchmarking

Apr-26



Cancer 62 Day Treatment - Rolling 12 Months



Current Performance	
JPUH	67.97%
NNUH	61.67%
QEH	52.48%
83.07%	Top Decile
71.23%	Median

Metric Name	Percentage of patients treated for cancer within 62 days of referral
Basis	Rolling 12-month
Description	Percentage of patients receiving a first treatment for cancer within 62 days following an urgent referral.
Purpose	This measures the percentage of patients beginning treatment in a timely way following urgent cancer referral.



JPUH Access and Flow Summary - Cancer

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- The Trust did not meet the plan of 78% for **28-day performance** in April but performance is improving into June noting May remains unvalidated.
- 62 Day performance improved** was behind the national standard target of 70% and under our trust target.
- The **62-day backlog** decreased in April from 125 to 114. In May this has reduced to 110. New cancer admin staff trained and tracking delays reduced. Skin remains a focus. Improved focus on closing delayed pathways and reviewing tip'ins. Reviews of cancer data team duties, breach audits and report accuracy are underway.

Improvement plans in place

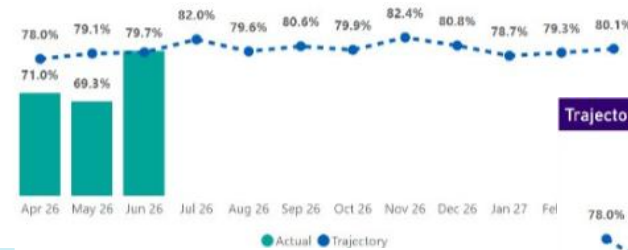
Key actions being undertaken to improve performance or mitigate risk

- Gynaecology:** Targeted work to reduce backlog of clinical reviews began in December. 71% reduction in breaches due to clinical reviews from Dec to Jan. A further 55% reduction from Jan to March. USB pathway now LIVE/STT for Outpatient Hysteroscopy to improve 28FDS and 62D metrics
- Skin (Telederm):** Tele-derm GO LIVE 27/04. Activity will start at 5 referrals for 2 weeks, increasing to 10 and then 18 within a 1 PA session
- Urology:** increased weekday capacity for flexi cystoscopy/locum to run extra weekly list from mid-April (Additional 10 patients)/alliance funding allocated for 26/27 to implement nurse led diagnostics (LA template biopsies), locum commenced extra weekday lists in April
- Head and Neck:** Introducing nurse led 2WW triage – SOP in development
- Digital:** Developing plans with FDP to implement Cancer 360 across the group/this will also incorporate upgrade to Somerset V26.1 in year/develop and improve e-derma across group including AI tools to improve capability

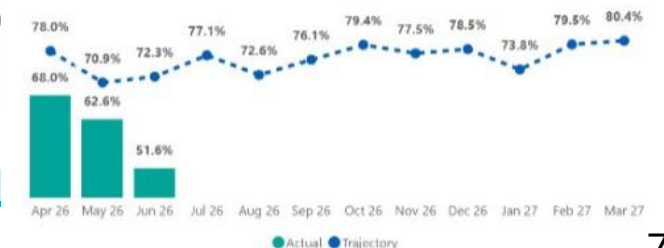
Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
👁️	28 Day Faster Diagnosis	Apr-26	78.0%	71.03%	❌	📉	?
👁️	Cancer 62 Day Treatment	Apr-26	78.0%	68.02%	❌	📉	?

Improvement Trajectory

Trajectory vs Actual Performance (Validated and Unvalidated Position)



Trajectory vs Actual Performance (Validated and Unvalidated Position)





NNUH Access and Flow Summary - Cancer

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Confirmed Faster Diagnosis Standard (FDS) performance for April was 77.1%, 2.9% below plan and the national target. Forecasted May performance is 82.0%, which is 2.0% above both plan and the national standard. The reduction in April performance was mainly driven by reductions across Breast, Lower GI, and Gynaecology pathways. Breast performance was affected by reduced April 1-stop capacity; Lower GI was impacted by the bank holidays and Industrial Action (IA); and Gynaecology performance was constrained by diagnostic capacity issues, particularly GAH. Recovery actions are in place for these pathways (outlined below), and May performance is forecast to return above plan.

Confirmed 62-day performance for April was 63.7%, 6.6% below plan but an improvement of 8.3% compared to April 2025. Forecast May performance is 68.0%, 1.9% below plan, but an improvement of 4.3% compared to April, due to the ongoing effects of IA from April and confirmed Cancer FDS performance of 45.3% in April, compared with a six-month average of 70% in the months prior to this.

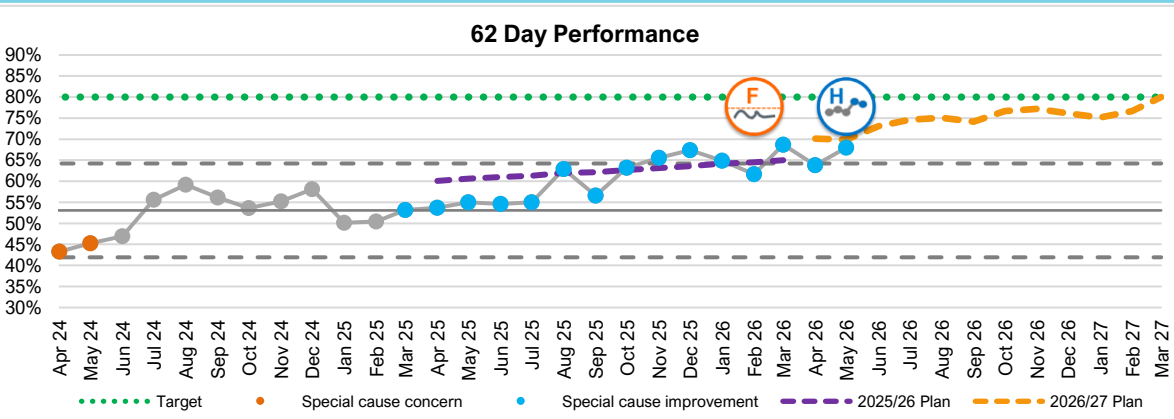
Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

- Skin – firebreak weeks, including “see and treat” from April-September. Investigating AI and community Telederm.
- Head and Neck – one-stop clinics commencing from 13th July.
- Gynaecology – Maximising OPH and 1-stop clinics for treatment.
- Urology – Prostate pathway mapping and transformation, including demand and capacity. Maintaining additional evening and weekend triage and diagnostic capacity.
- Investment in extended working days and Saturday working in Radiotherapy
- Cancer 360 and expansion of Telederm.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
👁️	28 Day Faster Diagnosis	May-26	75.0%	78.93%	✅	📈	❓
👁️	Cancer 62 Day Treatment	May-26	85.0%	57.20%	❌	📈	❓

Improvement Trajectory





QEH Access and Flow Summary - Cancer

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

The 28 day Faster Diagnostic Standard has decreased in April at 62.71% from 70.35% in March. Performance is expected to significantly improve in May.

There was a drop in performance against the 62-day General Cancer Standard in April with performance at 50.76% from 56.5% in March

The principle focus in the immediacy is to reduce the 62 day backlog and to improve performance against the 28 day FDS standard.
Histopathology delays remain a concern with delays across most tumour sites with significant delays continuing in Dermatology and Urology

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	28 Day Faster Diagnosis	Apr-26	75.0%	62.73%			
	Cancer 62 Day Treatment	Apr-26	85.0%	50.77%			

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

The group wide cancer one-recovery plan has now commenced targeting the Urology, Dermatology and Gynaecology pathways. Focus work will be on digital applications to support the services including the Cancer 360 tool

As part of this year's national programme and with support from the ICB the Trust are continuing work to implement best practice timed pathways across multiple tumour sites. This includes the Telederm software to supporting the Dermatology service which is now live and providing additional needed outpatient capacity.

Improvement Trajectory

	Feb	Mar	Aprl	May
28 Day FDS	72.9%	69.9%	62.7%	69.8%
62 Day RTT	52.7%	56.5%	50.8%	53.6%
31 Day DTT	95.7%	98.6%	96.2%	91.0%

Metric Summary Matrix - Access and Flow - UEC

May-26



NHS
James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H L		4hr ED NE LoS	
		12hr ED %	Handover >30 Handover >45 Handover >45%
H L			

Access and Flow



- ED 4 Hour Performance
- ED 12 Hours in Department %
- Ambulance Handovers Over 30 Minutes
- Ambulance Handovers Over 45 Minutes
- Ambulance Handovers Over 45 Minutes %
- Non Elective LoS



NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H L			
		12hr ED % 4hr ED	Handover >30 Handover >45 Handover >45%
H L			

Access and Flow



- ED 4 Hour Performance
- ED 12 Hours in Department %
- Ambulance Handovers Over 30 Minutes
- Ambulance Handovers Over 45 Minutes
- Ambulance Handovers Over 45 Minutes %



NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H L		4hr ED	
		12hr ED % Handover >45 Handover >45% NE LoS	Handover >30
H L			

Access and Flow



- ED 4 Hour Performance
- ED 12 Hours in Department %
- Ambulance Handovers Over 30 Minutes
- Ambulance Handovers Over 45 Minutes
- Ambulance Handovers Over 45 Minutes %
- Non Elective LoS





Access and Flow Domain Summary - UEC

May-26

	James Paget						Norfolk and Norwich						Queen Elizabeth					
Metric	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
ED 4 Hour Performance	May-26	76.0%	72.04%	✗			May-26	78.0%	81.47%	✓			May-26	78.0%	64.24%	✗		
ED 12 Hours in Department %	May-26	7.9%	6.60%	✓			May-26	4.0%	4.59%	✗			May-26	12.1%	14.28%	✗		
Ambulance Handovers Over 30 Minutes	May-26	0	651	✗			May-26	0	1,583	✗			May-26	0	813	✗		
Ambulance Handovers Over 45 Minutes	May-26	0	488	✗			May-26	0	1,101	✗			May-26	0	590	✗		
Ambulance Handovers Over 45 Minutes %	May-26	0.0%	23.87%	✗			May-26	0.0%	32.37%	✗			May-26	0.0%	30.46%	✗		
Non Elective LoS	May-26	10	10.70	✗									May-26	10	10.19	✗		

Group Summary

UEC performance remains pressured, with 4-hour and ambulance handover metrics the main areas of risk. Recovery is focused on One Recovery UEC plans and world class basics-LOS reduction via ward rounds and criteria led discharge.

JPUH: May 4-hour performance improved to 72.04%, but record attendances and 43-minute average ambulance handovers continue to constrain delivery.

NNUH: Combined 4-hour performance was 81.5%, slightly below plan; 12-hour waits and ambulance handovers worsened amid the highest attendances in at least six years.

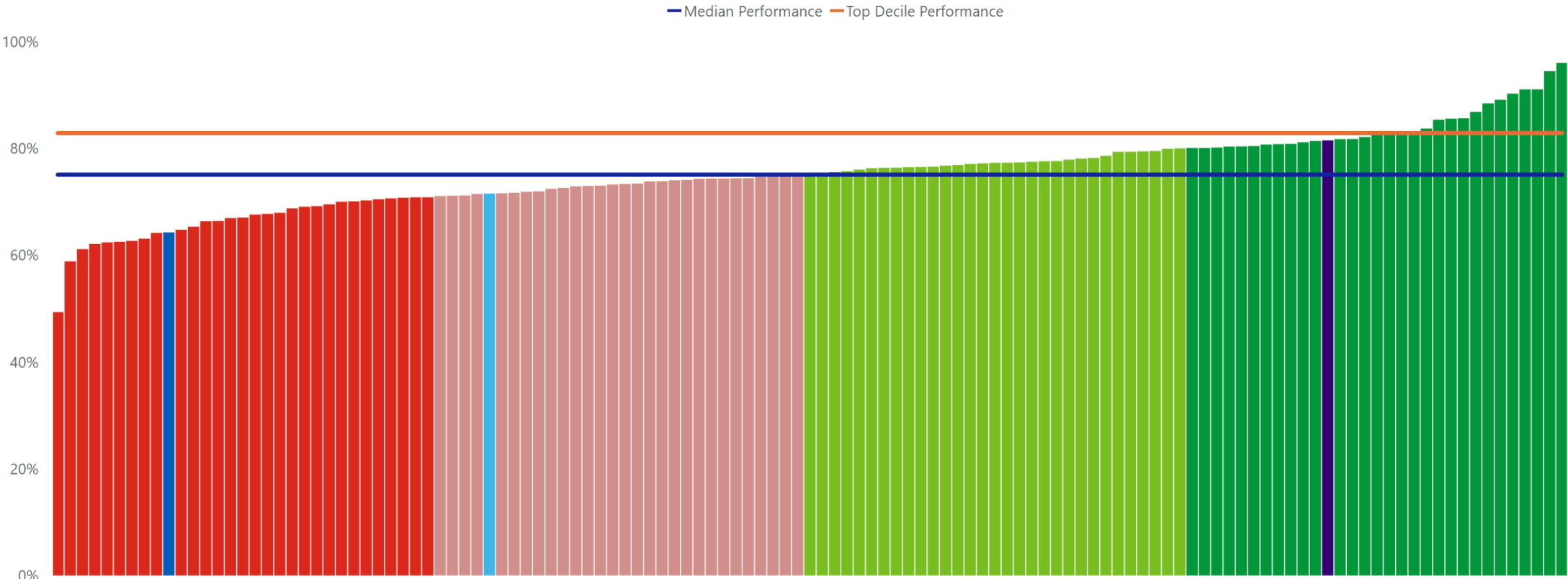
QEH: has seen a reduction in performance with a focus on implementing the revised acute medical model with associated changes in workforce approach. Tactical actions to improve flow across the hospital and ambulance handover delays are being put in place.

Benchmarking

May-26



ED 4 Hours - Current



Current Performance

JPUH	71.51%	
NNUH	81.47%	
QEH	64.24%	
82.82%	Top Decile	
75.06%	Median	

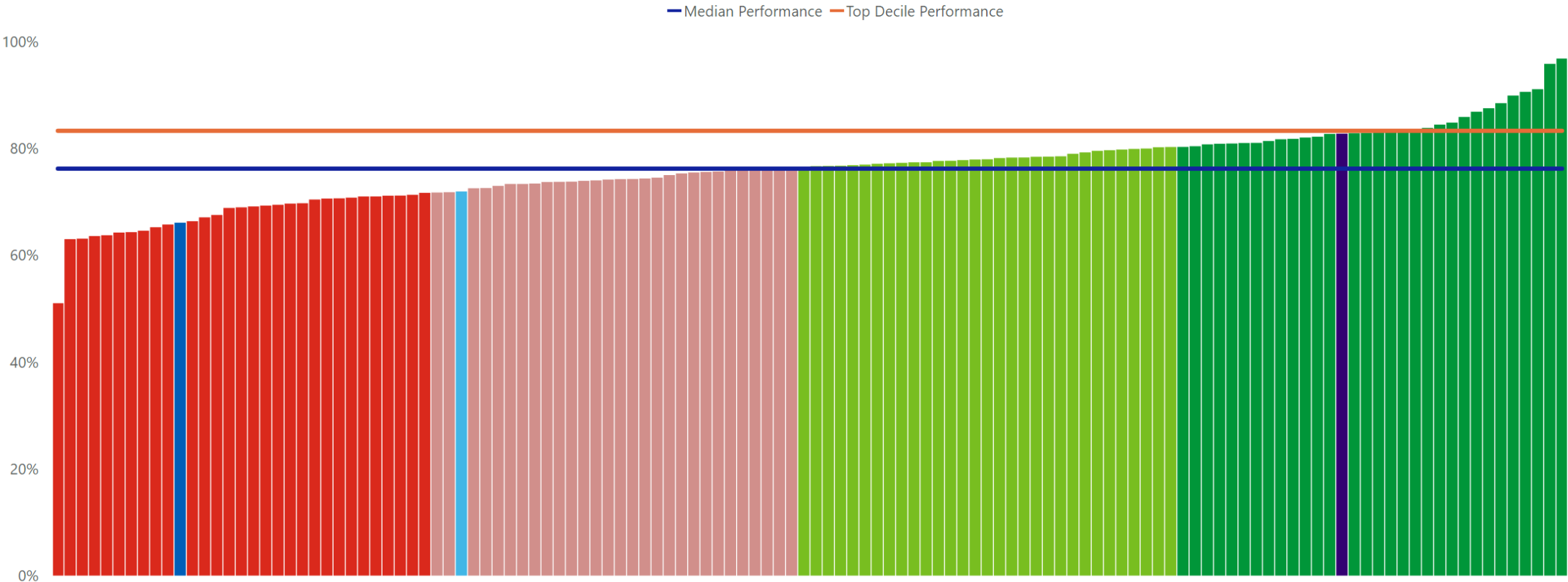
Metric Name	Percentage of emergency department attendances admitted, transferred or discharged within four hours
Basis	End of Period.
Description	Percentage of emergency department attendances managed within 4 hours
Purpose	This measures performance against the NHS constitutional pledge and is a key metric for showing pressure on the urgent and emergency care system.

Benchmarking

May-26



ED 4 Hours - Rolling 3 Months



Current Performance

JPUH	71.91%	
NNUH	82.74%	
QEH	66.06%	
83.25%	Top Decile	
76.17%	Median	

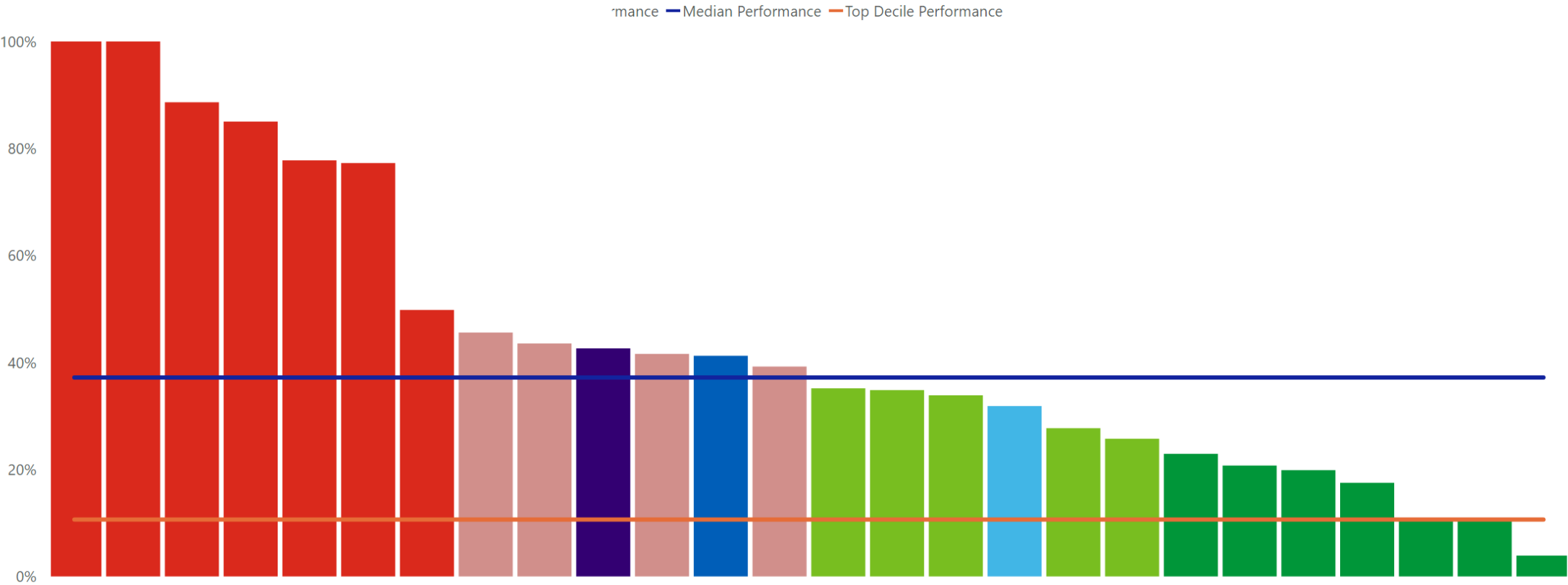
Metric Name	Percentage of emergency department attendances admitted, transferred or discharged within four hours
Basis	Rolling 3-month
Description	Percentage of emergency department attendances managed within 4 hours
Purpose	This measures performance against the NHS constitutional pledge and is a key metric for showing pressure on the urgent and emergency care system. In order to account for the different mechanisms of delivering urgent care, an acute trust footprint has been developed which apportions some or all of the lower acuity activity from surrounding type 3 providers to acute trusts. This takes into account redirection of lower acuity patients to a more appropriate setting.

Benchmarking

May-26



Ambulance Handovers - 30 Minutes Current



Current Performance

JPUH
31.85%

NNUH
42.63%

QEH
41.25%

10.62%
Top Decile
37.20%
Median

Metric Name Percentage of ambulance handovers completed in over 30 minutes
Basis End of Period
Description Percentage of ambulance handovers completed outside of 30 minutes within the East of England
Purpose This measures performance against the NHS constitutional pledge and is a key metric for showing pressure on the urgent and emergency care system.



JPUH Access and Flow Summary - UEC

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- May **4 hour performance** was 72.04% (+1.96%), and non-admitted performance at 206 minutes.
- Attendances are higher than projected for the third month in a row, with 10,070 attendances in May, the highest ever recorded. This ongoing high level of activity impacts the ability to see and discharge within the 78% standard.
- Ambulance handovers** declined to 43 minutes (+13 from target). A total of 488 ambulances waited more than 45minutes.
- The **average time in ED** for admitted patients remained high at 571 minutes . Mental health delays were stable in May, with 43 patients waiting over 12hours
- 12 hours in ED** met the plan for May
- 4 hour performance and non elective LOS showing special cause improvement**
- Detailed improvement trajectories shared in OSM Pack**

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Extended GPFD hours for Type 3 patients – Will require contract amendments to add additional cost to their contract.

Senior clinical staffing review ongoing across Acute Medicine and ED to strengthen DTA management and senior presence across SDEC, ED and AMU. 2x ED consultant posts approved in addition.

With the successful appointment of two ED consultants, we aim to extend on-site consultant cover and strengthen senior decision-making for both admitted and non-admitted patients until midnight.

Green means go and streamlined handovers to ward to support flow.

UTC programme board and SDEC T&F group ongoing. SDEC working group to support pathway improvements initiated.

“Fit to Sit” ambulance offloads to be led by the RATS nurse to improve handover times. Supported by ECIST.

Length of Stay project ongoing, led by COO

Mental health ED action plan in collaboration with NSFT to support reduction of risk whilst patients have extended ED stays.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	ED 4 Hour Performance	May-26	76.0%	72.04%			
	ED 12 Hours in Department %	May-26	7.9%	6.60%			
	Ambulance Handovers Over 30 Minutes	May-26	0	651			
	Ambulance Handovers Over 45 Minutes	May-26	0	488			
	Ambulance Handovers Over 45 Minutes %	May-26	0.0%	23.87%			
	Non Elective LoS	May-26	10	10.70			

Improvement Trajectory

15 Minute Handovers	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27
Ambulance Arrivals	1949														
Offloaded within 15 mins	652														
Predicted Arrivals	2011	1882	1923	1947	1761	1860	1852	1842	1846	1642	1788	1845	2068	1918	1954
Target	38%	48%	58%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
Patients needed to offload to achieve	764	903	1115	1266	1145	1209	1204	1197	1200	1067	1162	1200	1344	1247	1270
Actual Performance	33%														

45 Minute Handovers	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27
Ambulance Arrivals	1949														
Offloaded within 45 mins	1461														
Predicted Arrivals	2011	1882	1923	1947	1761	1860	1852	1842	1846	1642	1788	1845	2068	1918	1954
Target	70%	80%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Patients needed to offload to achieve	1408	1505	1730	1947	1761	1860	1852	1842	1846	1642	1788	1845	2068	1918	1954
Actual Performance	75%														



NNUH Access and Flow Summary - UEC

Apr-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

Combined 4-hour performance in May was 81.5%, 0.7% below plan, and 0.5% below the 2026/27 national target. Type 1 performance was 70.5%, 0.5% below plan, although still higher than in 7 of the previous 9 months. 12-hour performance deteriorated to 4.7%, 0.8% above plan and worse than March and April performance. Ambulance handover performance also declined, with delays over 45 minutes increasing to 31.4% in May, up from 20.8% in April and 21.8% above plan. Average handover time increased to 46 minutes, 23 minutes above plan and 14 minutes longer than in April.

The deterioration in performance compared with March and April was driven by exceptionally high demand, with May recording the highest monthly attendances in at least six years. Demand was concentrated in the late afternoon and early evening, with increased walk-in activity and ambulance batching. Performance was further impacted by two bank holidays and half-term (1st May, 50 additional patients admitted through Medicine than normal leading into the bank holiday). Increase in discharges from the Tuesday was not sufficient to address increase in pre and weekend admissions. Later day discharges reduced bed availability during peak demand periods, while lower discharge rates for P1-3 patients over bank holidays and half-term reflected capacity pressures in community care.

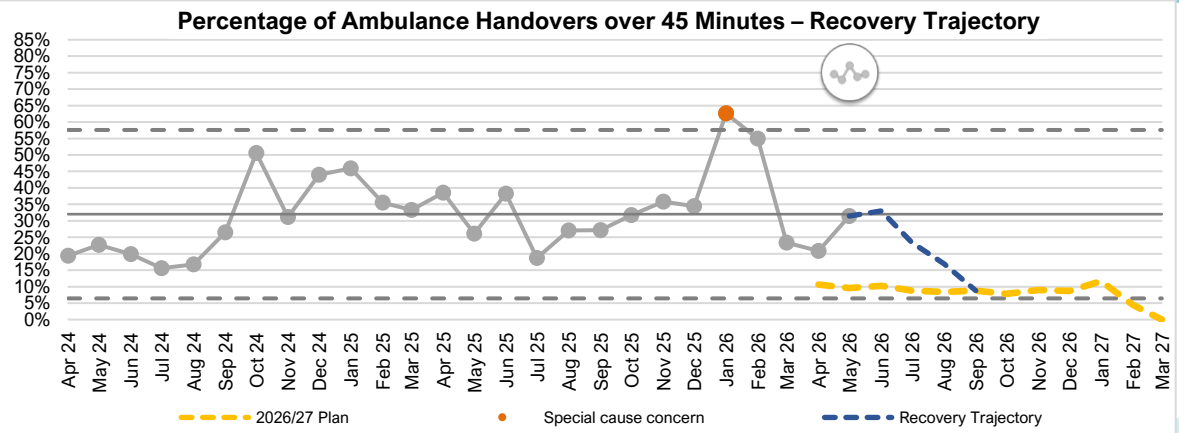
Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

- One Recovery Plan – UEC Recovery and Redesign, including local recovery frailty, patient flow, ambulance offloads, and 4- and 12-hour performance.
- Revised ambulance offload recovery plan and trajectory.
- Twice weekly over 14 days length of stay reviews.
- Weekly enhanced discharge focus
- Audit of Red2Green process.
- Reviewing the fit to sit ambulance arrivals.
- Increase use of admission avoidance pathways, including SDECs (Frailty, Medical and Surgical) and referral via ED to Virtual Ward and Older People's Ambulatory Care (OPAC).

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
👁️	ED 4 Hour Performance	May-26	78.0%	81.47%	✅	📈	🔍
👁️	ED 12 Hours in Department %	May-26	4.0%	4.59%	❌	📈	🔍
❗	Ambulance Handovers Over 30 Minutes	May-26	0	1,583	❌	📈	🔍
❗	Ambulance Handovers Over 45 Minutes	May-26	0	1,101	❌	📈	🔍
❗	Ambulance Handovers Over 45 Minutes %	May-26	0.0%	32.37%	❌	📈	🔍

Improvement Trajectory





QEH Access and Flow Summary - UEC

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- 4-hour performance (all types) reduced to 64.2% in May (66.6% April), with Type 1 performance falling to 57.2% (58.5% April), driven primarily by admitted pathway pressures
- 12-hour waits increased to 1,023 patients (14.3%), above trajectory (949; 13.8%), reflecting deterioration in patient flow and increased exit block
- Demand remained broadly stable, with 8,582 ED attendances and no significant increase in Type 1 activity, confirming performance deterioration was primarily flow-driven rather than demand-driven
- Ambulance handover performance deteriorated significantly, with mean handover time increasing to c.52 minutes and >45 minute handovers rising to 590 (30.5%) compared to 196 (10.6%) in April
- Admitted pathway performance reduced to 31.4% (34.4% April), reflecting ongoing challenges within Acute Medicine, inpatient flow and discharge processes

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Retained (now BAU):

- * Front door: enhanced RAT, senior decision-making, chaired offload process and strengthened flow control arrangements
- * Site flow: twice-daily operational huddles, executive-supported Board Rounds and Operational Support Rounds embedded
- * Decision grip: continued focus on real-time escalation, Today's Work Today methodology and reduction of process variation

Current recovery actions:

- Full reset of the Acute Medical operating model and consultant job plans underway to improve assessment, post-take review and patient flow
- GIRFT-supported Acute Medicine redesign programme mobilised to support sustainable improvement in admitted pathway performance
- Strengthened operational grip through enhanced escalation processes, daily performance review and discharge focus
- Delivery of One Recovery UEC programme across Recovery, Redesign, Frailty, Virtual Hospital and Ambulance workstreams

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	ED 4 Hour Performance	May-26	78.0%	64.24%			
	ED 12 Hours in Department %	May-26	12.1%	14.28%			
	Ambulance Handovers Over 30 Minutes	May-26	0	813			
	Ambulance Handovers Over 45 Minutes	May-26	0	590			
	Ambulance Handovers Over 45 Minutes %	May-26	0.0%	30.46%			
	Non Elective LoS	May-26	10	10.19			

Improvement Trajectory

Next phase:

- Implementation of revised Acute Medical model and workforce arrangements
- Further development of UTC and front-door redesign programme
- Tactical focus on reducing 12-hour waits and ambulance handover delays through improved inpatient flow and discharge performance - this is the most significant area patient experience and NOF related improvement

Productivity and Efficiency Domain Metrics



JPUH Metric Summary Matrix - Productivity and Efficiency

May-26



NHS
James Paget
University Hospitals
NHS Foundation Trust

	P	?	F
H L		Imp. Prod	
		Agency Cap % Bank Cap % Eff. Plan Eff. Plan YTD Plan Sur/Def YTD Sur/Def	
H L			



Productivity and Efficiency



Implied Productivity
Planned surplus/deficit
YTD Surplus/deficit
Variance to Agency Spend Cap %
Variance to Bank Spend Cap %
Efficiency Plan £000
Efficiency Plan YTD £000



NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

	P	?	F
H L			
	Imp. Prod	Agency Cap % Bank Cap % Eff. Plan Eff. Plan YTD Plan Sur/Def YTD Sur/Def	
H L			



Productivity and Efficiency



Implied Productivity
Planned surplus/deficit
YTD Surplus/deficit
Variance to Agency Spend Cap %
Variance to Bank Spend Cap %
Efficiency Plan £000
Efficiency Plan YTD £000



NHS
The Queen Elizabeth
Hospital King's Lynn
NHS Foundation Trust

	P	?	F
H L			
		Agency Cap % Bank Cap % Eff. Plan Eff. Plan YTD Imp. Prod Plan Sur/Def YTD Sur/Def	
H L			



Productivity and Efficiency



Implied Productivity
Planned surplus/deficit
YTD Surplus/deficit
Variance to Agency Spend Cap %
Variance to Bank Spend Cap %
Efficiency Plan £000
Efficiency Plan YTD £000



Productivity and Efficiency Domain Summary

May-26



	James Paget						Norfolk and Norwich						Queen Elizabeth					
Metric	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance	Date	Target	Actual	Compliance	Variation	Assurance
Implied Productivity	Jan-26	3	2.50	✓	⚡	?	Jan-26	3	3.80	✓	⚡	⚡	Jan-26	3	-2.30	✗	⚡	?
Planned surplus/deficit	May-26	-1,480	-1,482	✗	⚡	?	May-26	-2,469	-2,457	✓	⚡	?	May-26	-2,338	-3,010	✗	⚡	?
YTD Surplus/deficit	May-26	-2,929	-2,920	✓	⚡	?	May-26	-5,133	-5,093	✓	⚡	?	May-26	-4,469	-5,703	✗	⚡	?
Variance to Agency Spend Cap %	May-26	0.0%	-15.14%	✓	⚡	?	May-26	0.0%	-38.73%	✓	⚡	?	May-26	0.0%	17.13%	✗	⚡	?
Variance to Bank Spend Cap %	May-26	0.0%	-0.97%	✓	⚡	?	May-26	0.0%	5.62%	✗	⚡	?	May-26	0.0%	1.31%	✗	⚡	?
Efficiency Plan £000	May-26	821	989	✓	⚡	?	May-26	2,004	1,708	✗	⚡	?	May-26	636	496	✗	⚡	?
Efficiency Plan YTD £000	May-26	1,480	1,748	✓	⚡	?	May-26	4,009	2,968	✗	⚡	?	May-26	1,217	732	✗	⚡	?

Group Summary

The Group reported a £6.8m deficit in April, which is £0.6m adverse to the planned £6.2m deficit. The net adverse variance all relates to QEH and in the main is linked to the under-delivery of planned efficiencies, however there was an increase in variable pay expenditure (bank and agency) of c£0.5m compared to the previous financial year. An urgent action to review the controls in this area is in place to address the increase in expenditure.

Income performance in April was adverse by £1.8m, driven primarily by activity shortfalls across the Group with NNUH: £1.1m adverse and QEH: £0.7m adverse. This reflects lower than planned activity levels, which is a key financial risk given the reliance on activity-based income delivery.

Apart from the variable pay at QEH, financial performance pressures are linked to industrial action (£0.4m impact) and ongoing workforce constraints, including reliance on bank and agency staff. These pressures align with wider risks on delivering workforce efficiency and agency reduction targets.

Non-pay performance shows a favourable timing position of c. £0.8m, due to delayed utilisation of service development and investment funding. This represents a non-recurrent benefit, with underlying expenditure pressures remaining.

Despite the Month 1 variance, the full year forecast remains breakeven, in line with the submitted financial plan.



JPUH Productivity and Efficiency Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

May position is a £1.5m deficit on a control total basis which is in line with Plan. This takes the YTD deficit to £2.9m which is also in line with Plan

The Month 2 position returned a £1.48m deficit, materially in line with Plan. CIP achieved in Month 2 was £0.99m against the planned £0.82m, meaning a £0.2m positive variance to plan, with some offset in pay and non-pay, in particular drugs spend. YTD CIP delivery is £0.3m ahead of Plan

Both Agency and Bank spend continue to run below the target spend cap. However, there is cost pressure in relation to medical agency spend and nursing bank spend, both of which are forecast to reduce as the year progresses.

Cash remained broadly in line with Plan at c£38.3m whilst YTD Capital spend was £4.9m lower than Plan, with £4.4m due to delays in nationally funded programmes (Future Paget Programme). The expectation is to fully utilise the Trust Capital budget in year.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Whilst YTD delivery remains in line with Plan, there is acknowledgement that there is a stepped change in delivery expected from July-26, largely attributed to increased CIP delivery.

During May the following progress was made in underpinning delivery of the Financial Plan

- Deep dive into Red Rated schemes in order to progress through to delivery
- Revenue assurance exercise to ensure that all income due is received
- M2 CIP delivery ahead of Plan (£0.2m)
- Red rated schemes reduced by £0.7m to £5.7m with focus on PID/QIA progress
- Weighted outlook improved from £15.0m to £15.3m
- Teams tasked with a line-by-line review of opportunities, with a target to improve Trust YTD run rate performance by £0.5m/month by end Q2

CIP underpinning continues to be an area of focus, noting that c25% of scheme value remains Red rated and risked position is highlighting a £7m delivery risk

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Implied Productivity	Jan-26	3	2.50			
	Planned surplus/deficit	May-26	-1,480	-1,482			
	YTD Surplus/deficit	May-26	-2,929	-2,920			
	Variance to Agency Spend Cap %	May-26	0.0%	-15.14%			
	Variance to Bank Spend Cap %	May-26	0.0%	-0.97%			
	Efficiency Plan £000	May-26	821	989			
	Efficiency Plan YTD £000	May-26	1,480	1,748			

Improvement Trajectory

The Trust is aiming to carry forward and maintain the momentum seen through the exit of 25/26 and the start of 26/27

Areas of specific focus

- Overall Bank spend continues to show a reduction; however, Nursing bank spend is trending higher than Plan as a consequence of increasing shift fill rates during April and May. Follow up reviews scheduled to assess enablers to reduce nurse bank spend (i.e. sickness reduction and substantive recruitment). Review of effective roster management also underway.
- Medical Agency is also trending ahead of Plan with work underway with the operational divisions to determine opportunities to reduce without jeopardising delivery (noting that Medical agency spend reduced in Month 2 following the Industrial Action related spend seen in Month 1)
- Review of drugs and estates maintenance spend to address overspend and operate within full year budget

Work is also underway to determine what management decisions are required between now and July in order to hit the reduced spend run rate assumed in Plan.



NNUH Productivity and Efficiency Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

The Trust has delivered a £5.1m deficit at Month 2, which is in line with plan. Under performance of variable activity (£1.5m), overspend on drugs (£0.6m) and unidentified CIP (£0.3m) are offset by circa £1.7m relating to delayed utilisation of service development and investment funding, interest income of £0.4m favourable due to higher opening cash balances, and operational pay underspend of £0.3m. Within the YTD position, the impact of April industrial action is estimated to be c.£0.8m.

Forecast remains on plan at M2 albeit with high risk relating to: (1) CIP delivery, with £24.1m of schemes yet to pass CQIA and move into delivery, and (2) variable income performance, with £9.0m at risk based on YTD run rate.

Bank spend is £0.4m adverse to NHSE cap YTD, however this is offset by lower than planned agency and substantive costs; overall pay expenditure is £1.7m underspent YTD. Bank spend M2 was £0.3m lower than M1.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

Elective activity underperformance key drivers are industrial action (multiple specialties), equipment/estate downtime (Ophthalmology), and T&O productivity improvements yet to deliver. Actions are in place to support full recovery through planned rephasing of lost cases later in the year and productivity interventions overseen by Patient Value group (COO led). Learnings from May's elective hub optimisation (GIRFT) exercise are also expected to support improvement.

CIP development remains a key priority for Exec SROs with focused planning ongoing in relation to Trust wide interventions: LoS / inpatient bed plan, medical workforce productivity, theatre productivity. Care Group BAU CIP is progressing with a successful 'FIP Friday' event in May followed up with focused accountability conversations held during June. Actions underway are expected to support closure of the planning gap by the end of Q1.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
✓	Implied Productivity	Jan-26	3	3.80	✓	📈	📊
👁️	Planned surplus/deficit	May-26	-2,469	-2,457	✓	📈	?
👁️	YTD Surplus/deficit	May-26	-5,133	-5,093	✓	📈	?
👁️	Variance to Agency Spend Cap %	May-26	0.0%	-38.73%	✓	📈	?
👁️	Variance to Bank Spend Cap %	May-26	0.0%	5.62%	✗	📈	?
👁️	Efficiency Plan £000	May-26	2,004	1,708	✗	📈	?
👁️	Efficiency Plan YTD £000	May-26	4,009	2,968	✗	📈	?

Improvement Trajectory

CIP planning gap targeted to be materially closed by the end of Q1.

Bank spend has reduced in month and is expected to be compliant with target by year end, as substantive vacancies are filled.



QEH Productivity and Efficiency Summary

May-26

Performance and Areas of concern

Notes on factors current and emerging factors affecting reported performance

- Although productivity continues to be negative, this has improved by a further 0.5% in May, to -2.3%. This is a significant improvement on productivity from May 2025, which was -9.8%. The reduction in the coding backlog has contributed to this.
- YTD deficit of £3.0m is £1.2m adverse to plan. This is mainly due to overspends on the use of temporary staff, under-delivery of efficiencies, and under-delivery of activity leading to lower than planned clinical income.
- The CIP plan is not yet fully identified and is a significant risk for 26/27. Failure to deliver the financial plan, including CIP and activity delivery will significantly affect the Trust cash position, which is communicated and understood across the Trust.
- The May 2026 cash balance was above plan; this was primarily due to late receipt of PDC funding received in March 2026 and not yet paid to suppliers. However, cash is forecast to run below appetite in autumn 2026.

Improvement plans in place

Key actions being undertaken to improve performance or mitigate risk

- Clinical coding backlog has been cleared in line with expected timeline. Additional clinical coding support remains in place to continue to manage the demand until a Group clinical coding structure is in place, which is expected to address the capacity gap.
- 26/27 CIP plan is expected to target recurrent efficiencies and improved productivity to support the return to financial sustainability with less reliance on non recurrent benefits. The focus remains on full identification of the £27m CIP target with the expectation that the majority of schemes will target recurrent, cash releasing efficiencies.
- Financial recovery meetings in place with senior leadership team and Divisions to drive forward the development of CIP schemes to close the gap on unidentified CIP. Divisional workshops in place for the next 2 weeks to drive the rapid identification of efficiency schemes, alongside increased grip and control measures on pay and non pay and a continued drive on activity performance to meet plan.
- Bi-weekly cash committee in place, led by EMD, to manage and track cash position. Development of possible mitigations in train with Group support.
- A Director of Improvement and Recovery has started at the Trust to drive the identification and delivery of the CIP plan at pace. Medical workplans have been identified as a particular area of focus.
- The NHSE checklist has been reviewed and actions from this are in train to support financial recovery.
- Weekly activity recovery meetings in place, led by the COO and DoF, to monitor and drive improved activity performance and productivity. Planned insourcing to support capacity gaps has been initiated and has reduced the activity gap to plan in May.

Status	Metric	Period	Target	Actual	Compliance	Variation	Assurance
	Implied Productivity	Jan-26	3	-2.30			
	Planned surplus/deficit	May-26	-2,338	-3,010			
	YTD Surplus/deficit	May-26	-4,469	-5,703			
	Variance to Agency Spend Cap %	May-26	0.0%	17.13%			
	Variance to Bank Spend Cap %	May-26	0.0%	1.31%			
	Efficiency Plan £000	May-26	636	496			
	Efficiency Plan YTD £000	May-26	1,217	732			

Improvement Trajectory

Appendices



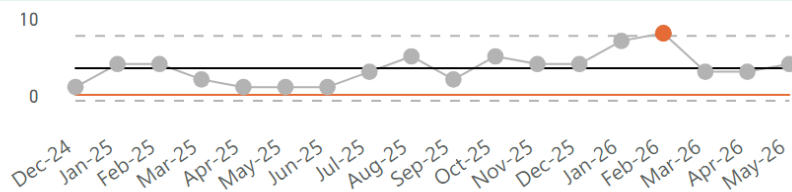
Safe and Effective Care Domain Appendix - E-Coli, MRSA, CDiff

May-26



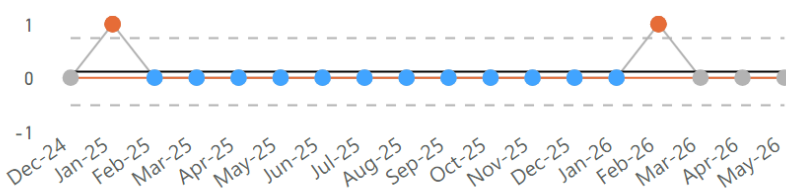
JPUH - Ecoli

4



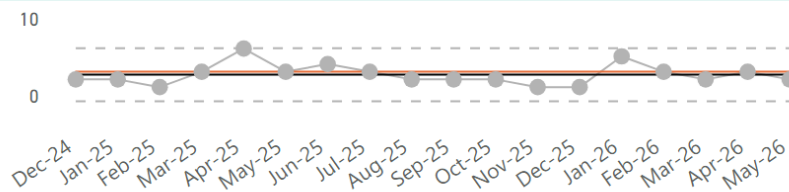
JPUH - MRSA

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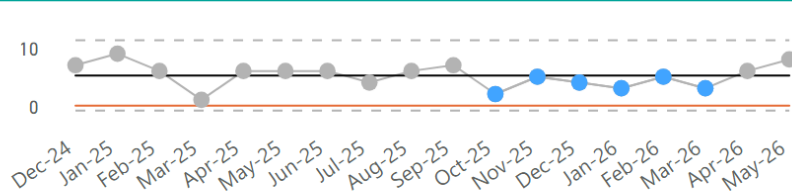
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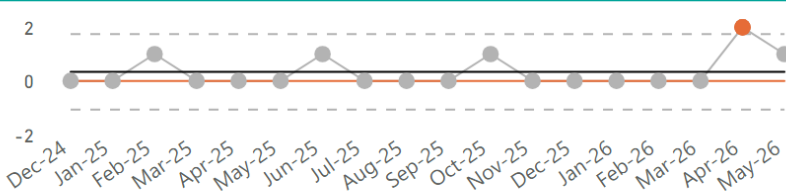
NNUH - Ecoli

8



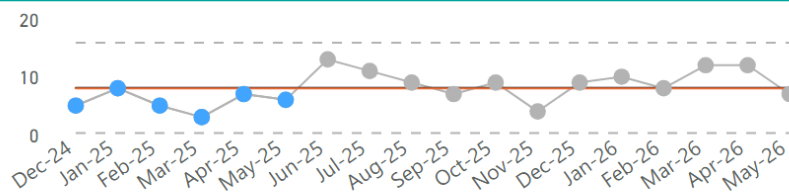
NNUH - MRSA

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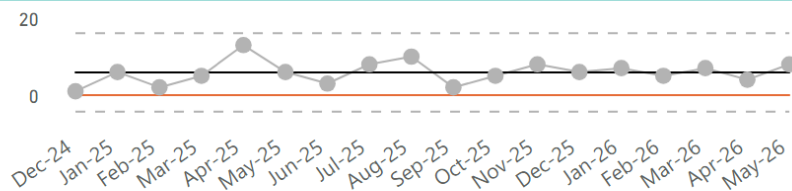
NNUH - CDiff

7



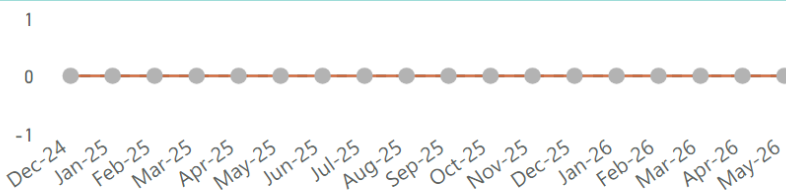
QEH - Ecoli

8



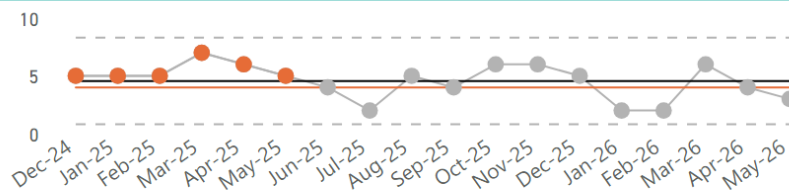
QEH - MRSA

0



QEH - CDiff

3



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	4	✗	📉	?	👁️
NNUH	0	8	✗	📉	?	👁️
QEH	0	8	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	0	✓	📉	P	✓
NNUH	0	1	✗	📉	?	👁️
QEH	0	0	✓	📉	P	✓

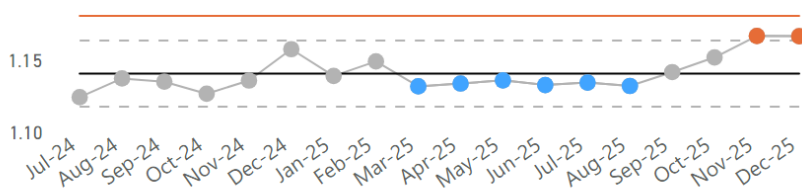
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	3	2	✓	📉	?	👁️
NNUH	8	7	✓	📉	?	👁️
QEH	4	3	✓	📉	?	👁️

Safe and Effective Care Domain Appendix - SHMI, FFT, Complaints Received

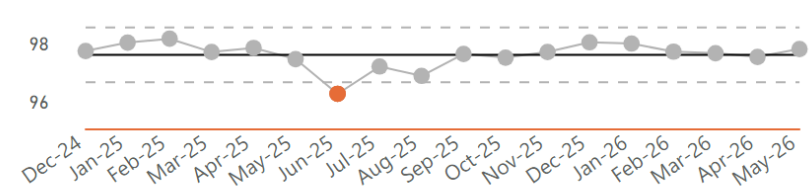
May-26



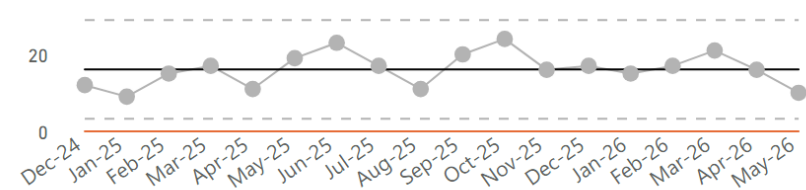
JPUH - SHMI 1.17



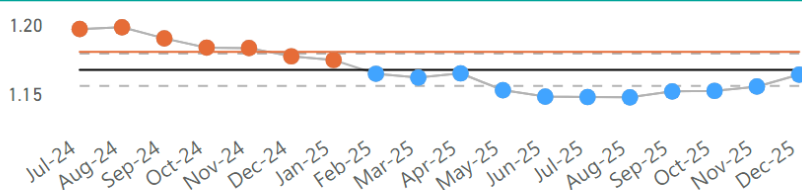
JPUH - FFT Score 97.78%



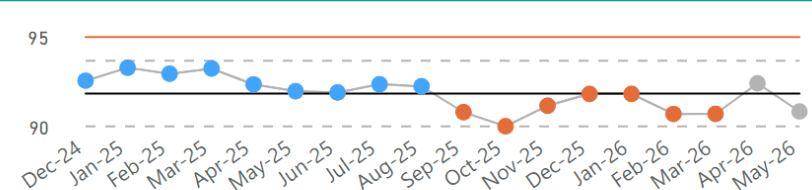
JPUH - Complaints Received 10



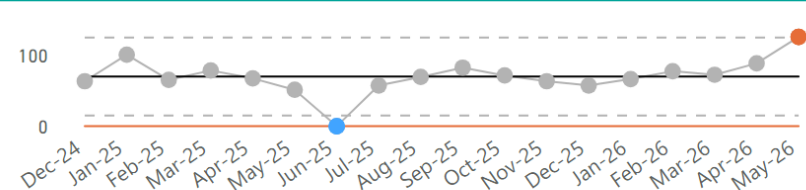
NNUH - SHMI 1.16



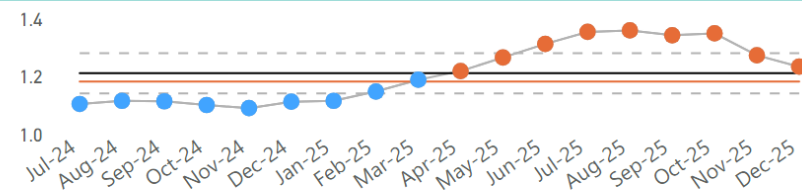
NNUH - FFT Score 90.85%



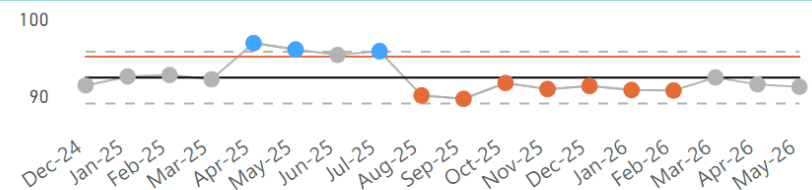
NNUH - Complaints Received 125



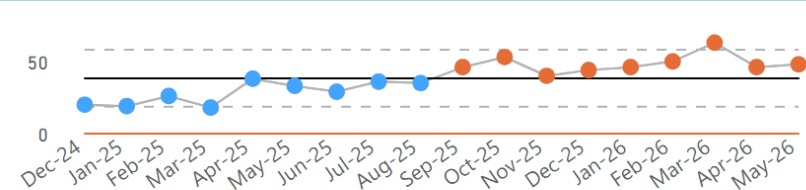
QEH - SHMI 1.23



QEH - FFT Score 91.07%



QEH - Complaints Received 48



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	1.18	1.17	✓	H	?	👁️
NNUH	1.18	1.16	✓	H	?	👁️
QEH	1.18	1.23	✗	H	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	95.0%	97.78%	✓	📉	P	✅
NNUH	95.0%	90.85%	✗	📉	?	👁️
QEH	95.0%	91.07%	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	10	✗	📉	F	❗
NNUH	0	125	✗	H	F	❗
QEH	0	48	✗	H	F	❗

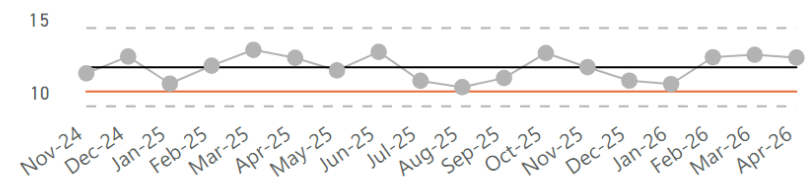
Safe and Effective Care Domain Appendix - Readmission Rate, CHPPD & Discharge Delay

May-26



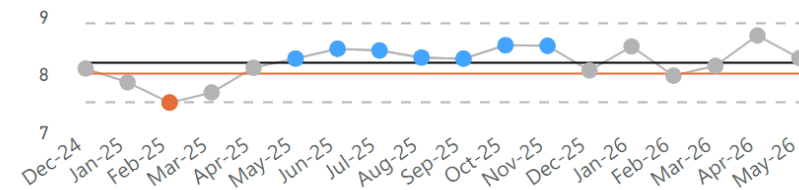
JPUH - Readmission Rate

12.34%

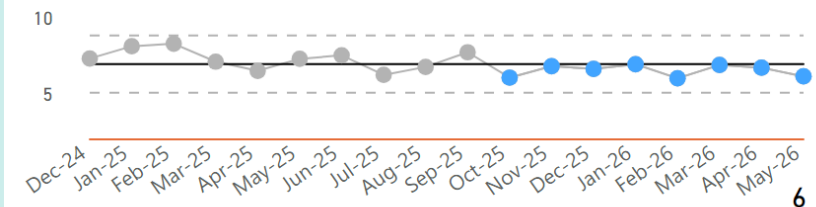


JPUH - Care Hour Per Patient Day (CHPPD)

8.27

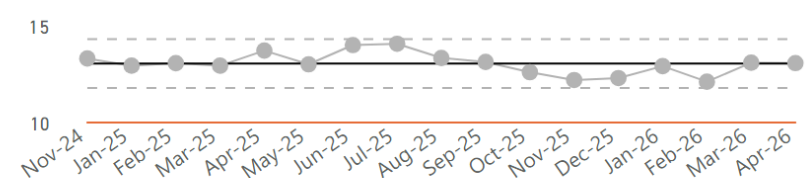


JPUH - Average number of days between planned and actual discharge date



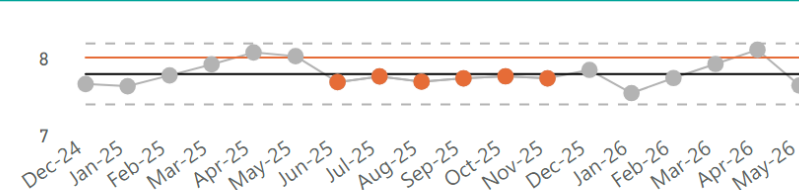
NNUH - Readmission Rate

13.09%

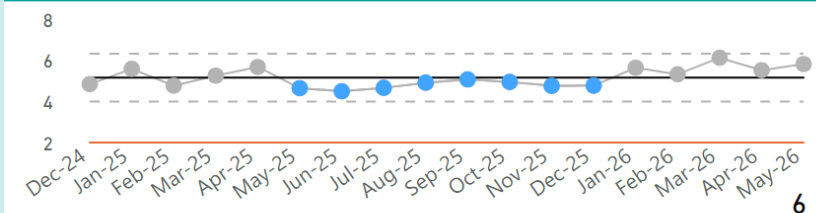


NNUH - Care Hour Per Patient Day (CHPPD)

7.64



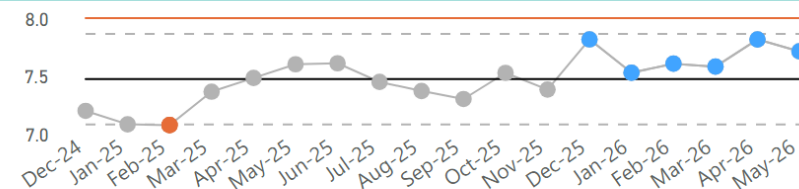
NNUH - Average number of days between planned and actual discharge date



-

QEH - Care Hour Per Patient Day (CHPPD)

7.71



-

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	10.0%	12.34%	✗	📉	?	👁️
NNUH	10.0%	13.09%	✗	📉	F	!

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	8.00	8.27	✓	📉	?	👁️
NNUH	8.00	7.64	✗	📉	?	👁️
QEH	8.00	7.71	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	2	6	✗	📈	F	👁️
NNUH	2	6	✗	📉	F	!

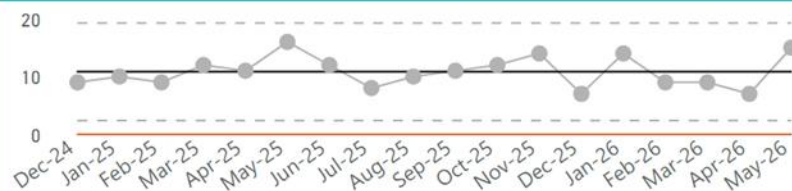
Safe and Effective Care Domain Appendix - Pressure Ulcers, Falls and RN Fill

May-26



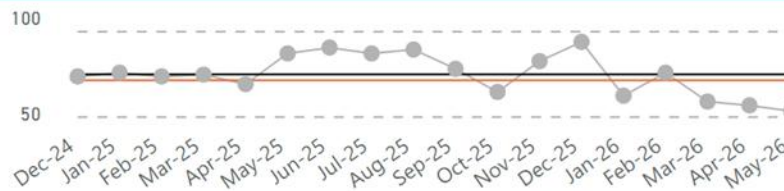
JPUH - Pressure Ulcers

15.00



JPUH - Falls

51



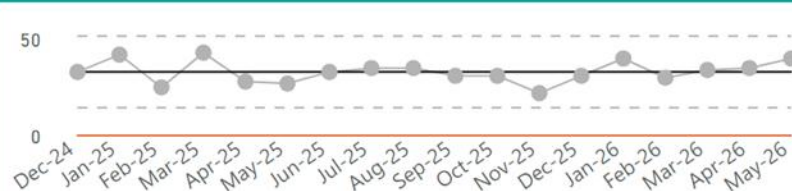
JPUH - Registered Nurse Fill Rate

88.01%



NNUH - Pressure Ulcers

40.00



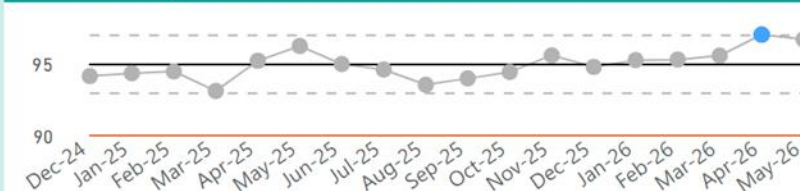
NNUH - Falls

164



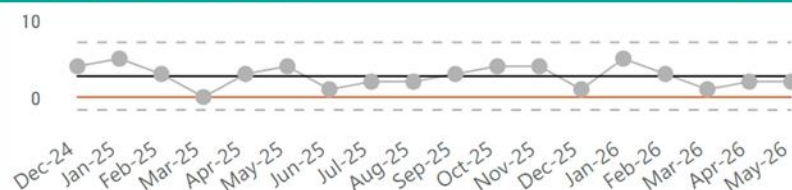
NNUH - Registered Nurse Fill Rate

96.67%



QEH - Pressure Ulcers

2.00



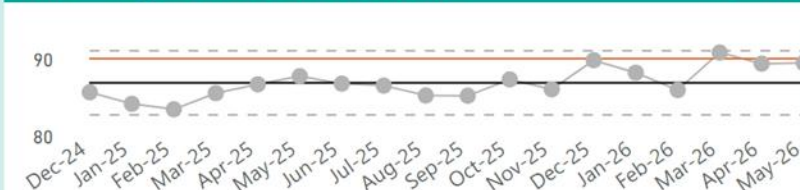
QEH - Falls

66



QEH - Registered Nurse Fill Rate

89.45%



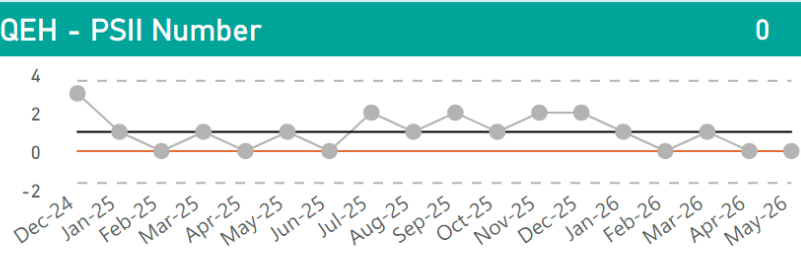
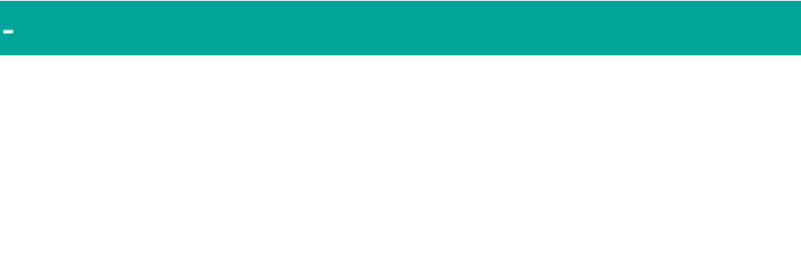
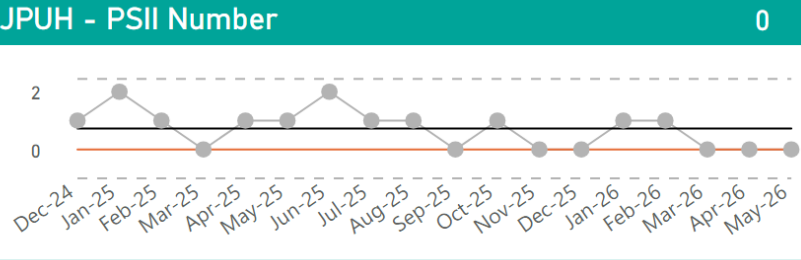
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	15.00	✗	📉	🚩	❗
NNUH	0	40.00	✗	📉	🚩	❗
QEH	0	2.00	✗	📉	🚩	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	67	51	✓	📉	🚩	👁️
NNUH	187	164	✓	📉	🚩	👁️
QEH	54	66	✗	📉	🚩	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	90.0%	88.01%	✗	📉	🚩	👁️
NNUH	90.0%	96.67%	✓	📉	🚩	✅
QEH	90.0%	89.45%	✗	📉	🚩	👁️

Safe and Effective Care Domain Appendix - PSII

May-26



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	0				
QEH	0	0				

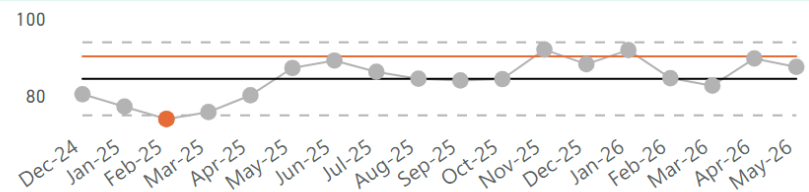
Safe and Effective Care Domain Appendix - Midwifery Fill Rate, Stillbirth Rate, Preterm Birth Rate

May-26



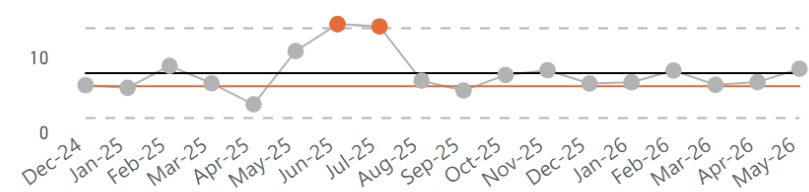
JPUH - Midwifery Fill Rate

87.25%



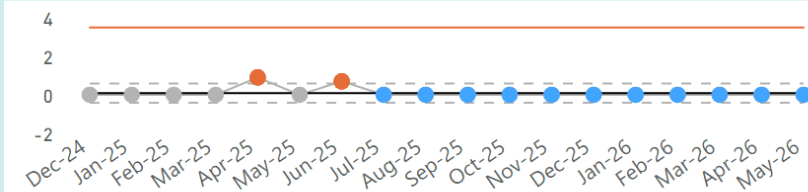
JPUH - Preterm Birth Rate

8.33%



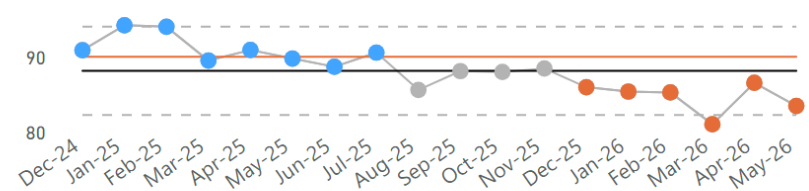
JPUH - Still Birth Rate

0.00%



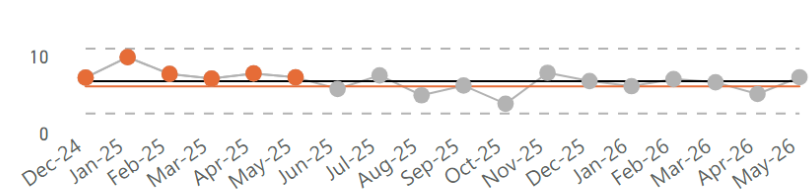
NNUH - Midwifery Fill Rate

83.43%



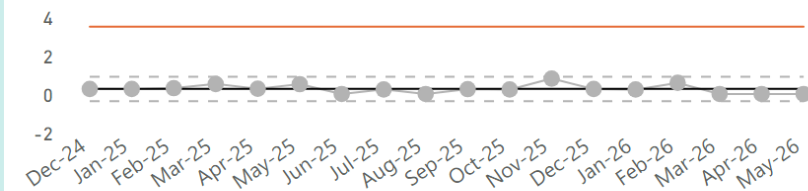
NNUH - Preterm Birth Rate

7.18%



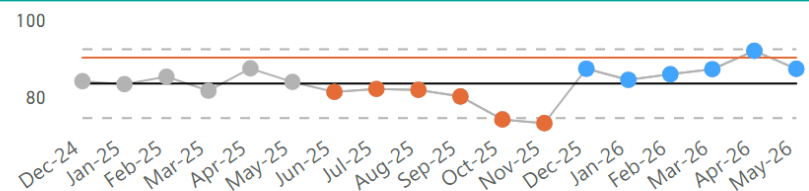
NNUH - Still Birth Rate

0.00%



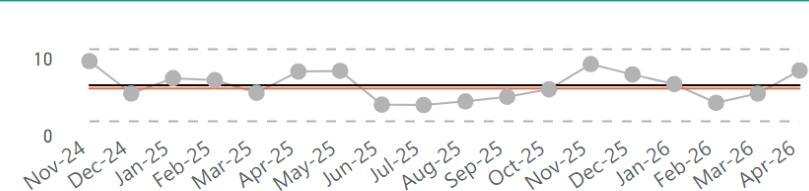
QEH - Midwifery Fill Rate

87.07%



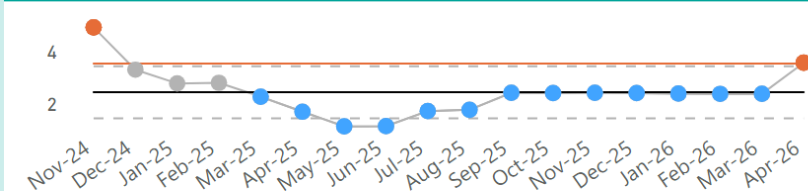
QEH - Preterm Birth Rate

8.33%



QEH - Still Birth Rate

3.53%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	90.0%	87.25%	✗	📉	?	👁️
NNUH	90.0%	83.43%	✗	📉	?	👁️
QEH	90.0%	87.07%	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	6.0%	8.33%	✗	📉	?	👁️
NNUH	6.0%	7.18%	✗	📉	?	👁️
QEH	6.0%	8.33%	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	3.5%	0.00%	✓	📈	?	👁️
NNUH	3.5%	0.00%	✓	📈	?	👁️
QEH	3.5%	3.53%	✗	📉	?	👁️

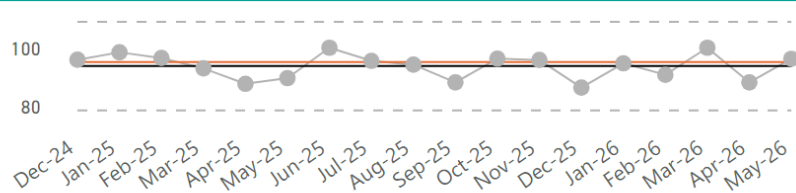


Safe and Effective Care Domain Appendix - FFT (Maternity) and Complaints (Maternity)

May-26

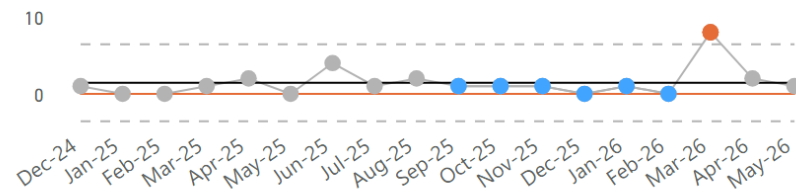
JPUH - Maternity FFT

96.15%



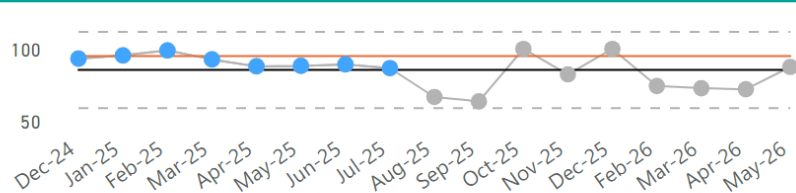
JPUH - Complaints Received - Maternity

1



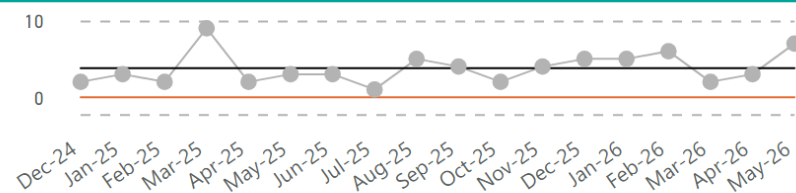
NNUH - Maternity FFT

87.50%



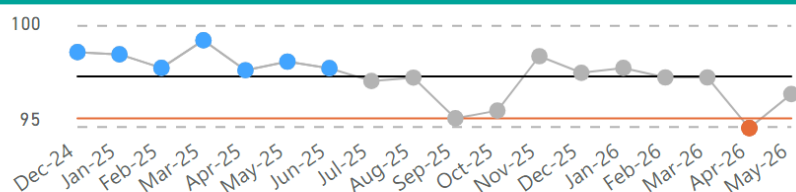
NNUH - Complaints Received - Maternity

7



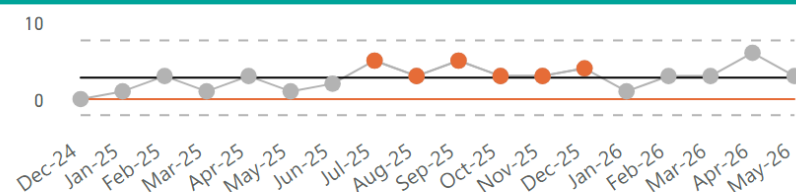
QEH - Maternity FFT

96.26%



QEH - Complaints Received - Maternity

3



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	95.0%	96.15%	✓	⚡	?	👁️
NNUH	95.0%	87.50%	✗	⚡	?	👁️
QEH	95.0%	96.26%	✓	⚡	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	1	✗	⚡	?	👁️
NNUH	0	7	✗	⚡	?	👁️
QEH	0	3	✗	⚡	?	👁️

Safe and Effective Care Domain Appendix - One to One Care, MNSI and Unplanned NICU Admissions

May-26



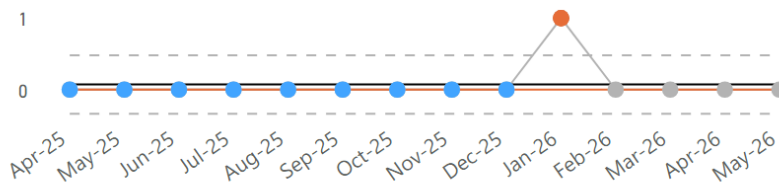
JPUH - 1:1 Care

100.00%



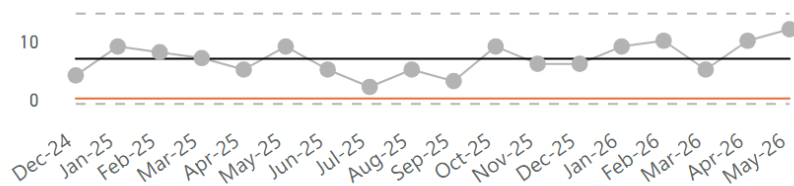
JPUH - MNSI

0



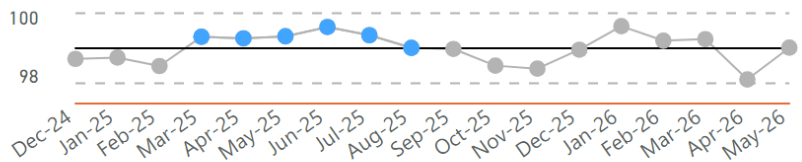
JPUH - Unplanned Admissions to NICU

12



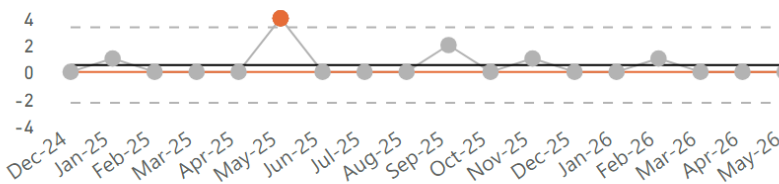
NNUH - 1:1 Care

98.93%



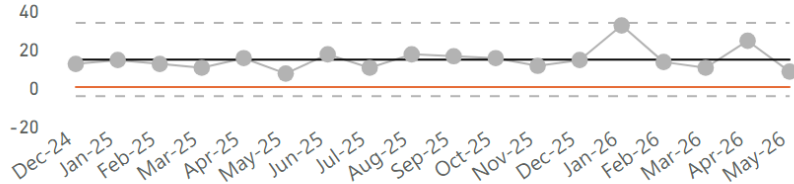
NNUH - MNSI

0



NNUH - Unplanned Admissions to NICU

8



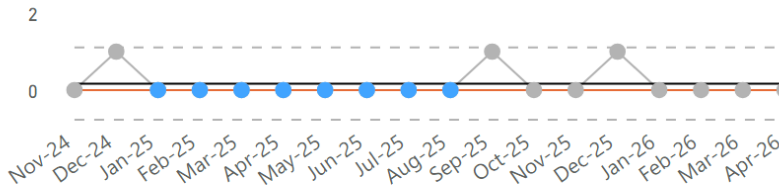
QEH - 1:1 Care

100.00%



QEH - MNSI

0



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	97.0%	100.00%	✓	📉	📊	📌
NNUH	97.0%	98.93%	✓	📉	📊	📌
QEH	97.0%	100.00%	✓	📉	📊	📌

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	0	✓	📉	📊	📌
NNUH	0	0	✓	📉	📊	📌
QEH	0	0	✓	📉	📊	📌

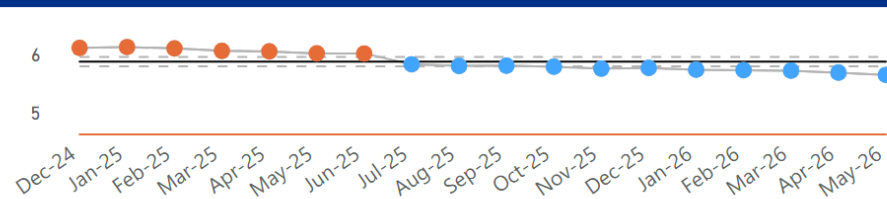
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	12	✗	📉	📊	📌
NNUH	0	8	✗	📉	📊	📌

People and Culture Domain Appendix - Sickness and Turnover

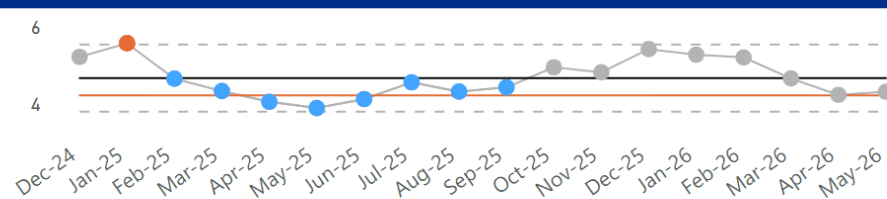
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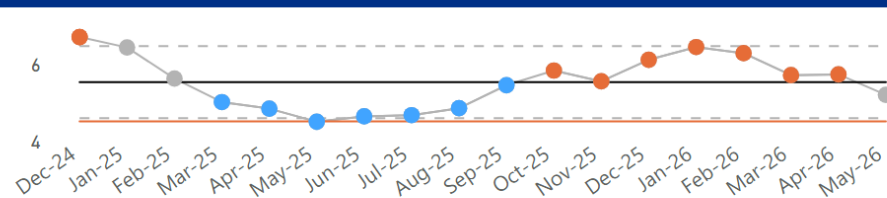
JPUH - Sickness Rate 5.63%



NNUH - Sickness Rate 4.29%

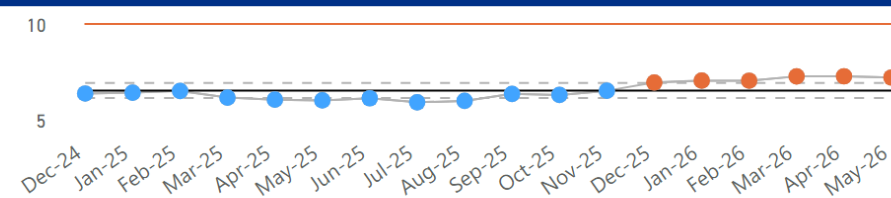


QEH - Sickness Rate 5.19%

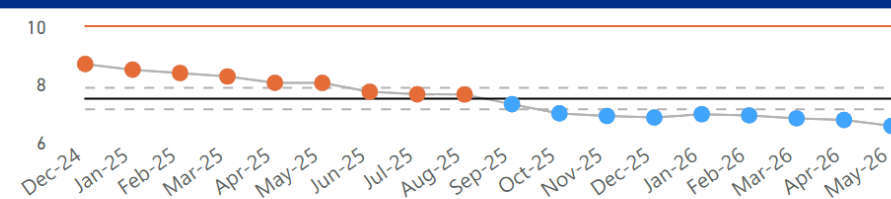


Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	4.6%	5.63%	❌	📉	🔴F	👁️
NNUH	4.2%	4.29%	❌	📉	🟡?	👁️
QEH	4.5%	5.19%	❌	📉	🔴F	🚨

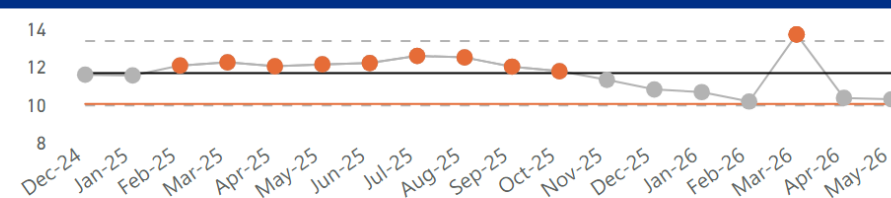
JPUH - Turnover Rate 7.22%



NNUH - Turnover Rate 6.54%



QEH - Turnover Rate 10.25%



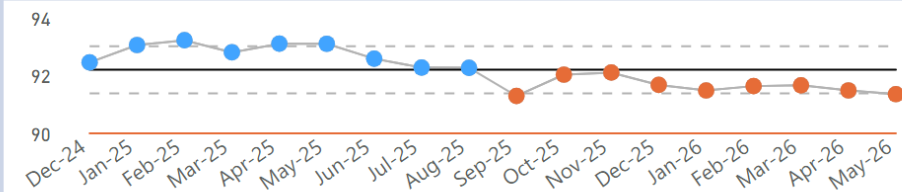
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	10.0%	7.22%	✅	📉	🟡?	👁️
NNUH	10.0%	6.54%	✅	📉	🟡?	👁️
QEH	10.0%	10.25%	❌	📉	🟡?	👁️

People and Culture Domain Appendix - Mandatory Training and Appraisals

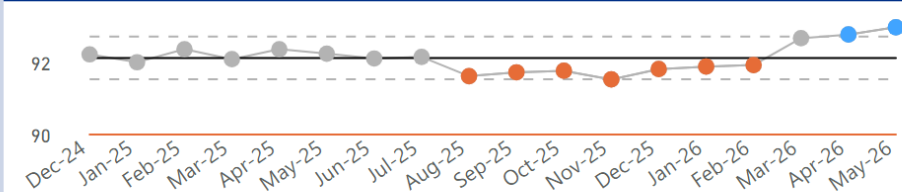
May-26



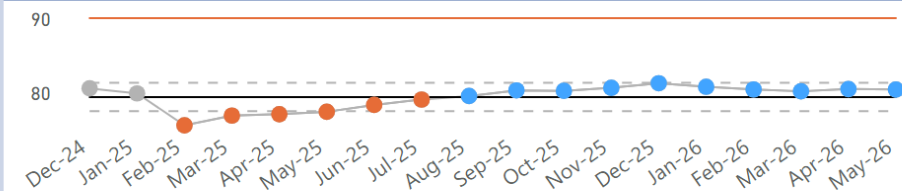
JPUH - Mandatory Training 91.36%



NNUH - Mandatory Training 92.99%

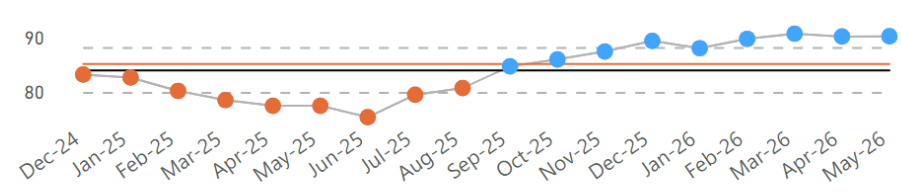


QEH - Mandatory Training 80.42%

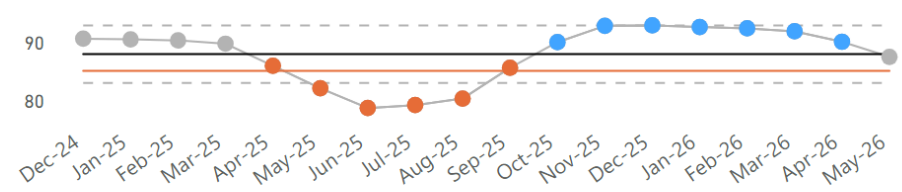


Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	90.0%	91.36%	✓	📉	📊	👁️
NNUH	90.0%	92.99%	✓	📈	📊	👁️
QEH	90.0%	80.42%	✗	📉	📊	👁️

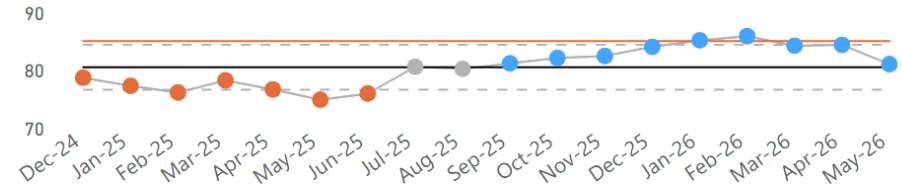
JPUH - Non Medical Appraisal 90.13%



NNUH - Non Medical Appraisal 87.42%



QEH - Non Medical Appraisal 81.00%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	85.0%	90.13%	✓	📈	📊	👁️
NNUH	85.0%	87.42%	✓	📈	📊	👁️
QEH	85.0%	81.00%	✗	📉	📊	👁️

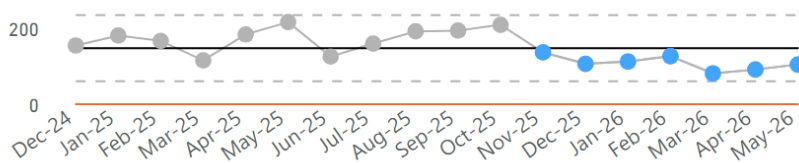


Access and Flow Domain Appendix - RTT

May-26

JPUH - 65+ Week Waits

104



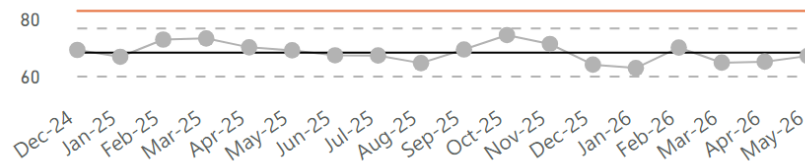
JPUH - 52+ Week Performance

3.62%



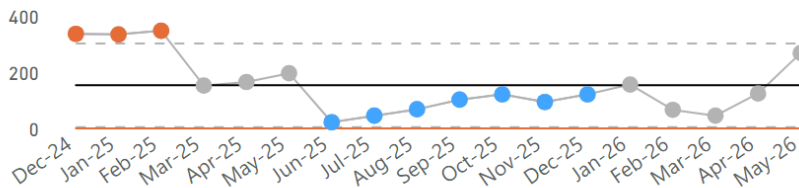
JPUH - 6 Week Diagnostics

66.87%



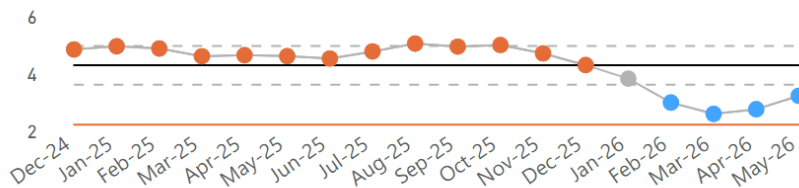
NNUH - 65+ Week Waits

268



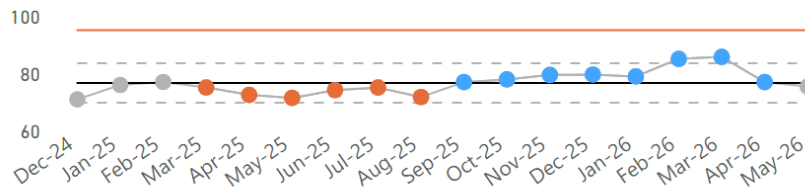
NNUH - 52+ Week Performance

3.21%



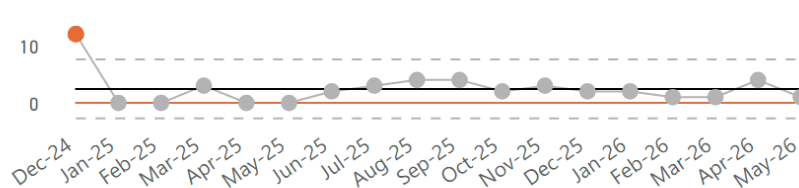
NNUH - 6 Week Diagnostics

75.35%



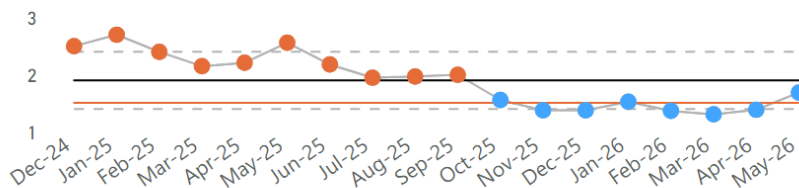
QEH - 65+ Week Waits

1



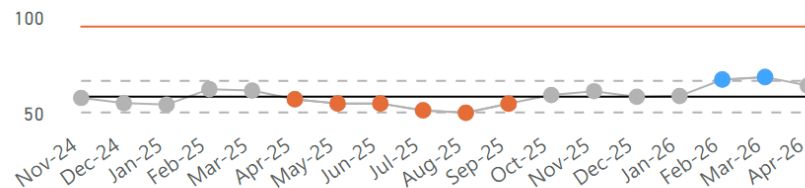
QEH - 52+ Week Performance

1.68%



QEH - 6 Week Diagnostics

64.04%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	104	✗	📉	🔴F	👁️
NNUH	0	268	✗	📉	🔴F	🚨
QEH	0	1	✗	📉	🔴?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	3.9%	3.62%	✅	📉	🔴F	👁️
NNUH	2.2%	3.21%	✗	📉	🔴F	👁️
QEH	1.5%	1.68%	✗	📉	🔴?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	82.6%	66.87%	✗	📉	🔴?	👁️
NNUH	95.0%	75.35%	✗	📉	🔴?	👁️
QEH	95.0%	64.04%	✗	📉	🔴?	👁️

Access and Flow Domain Appendix - RTT

May-26



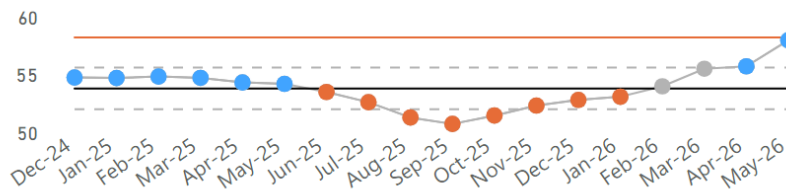
JPUH - Total PTL Size

32,812



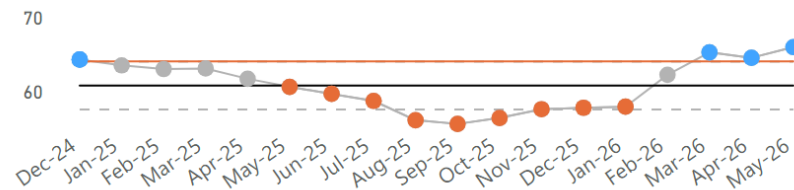
JPUH - RTT Incomplete Within 18 weeks

57.95%



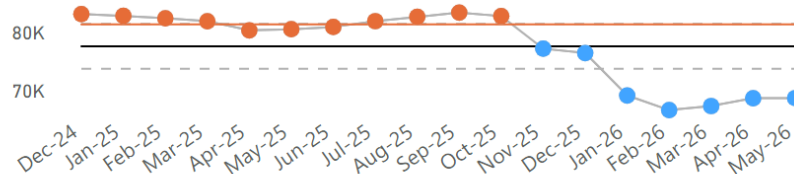
JPUH - First Attendance Within 18 Weeks

65.93%



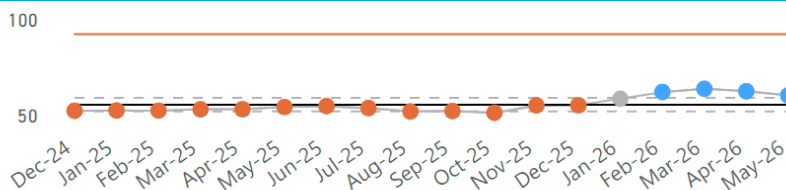
NNUH - Total PTL Size

68,502



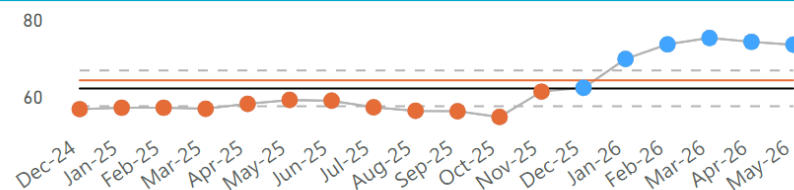
NNUH - RTT Incomplete Within 18 weeks

60.23%



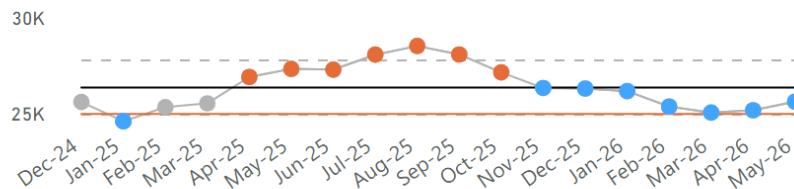
NNUH - First Attendance Within 18 Weeks

73.29%



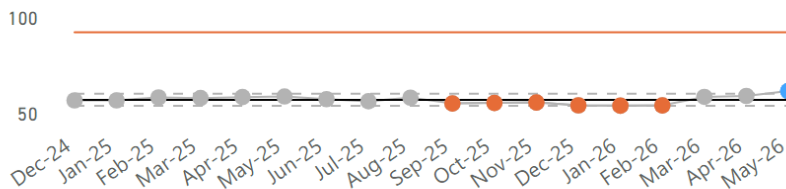
QEH - Total PTL Size

25,600



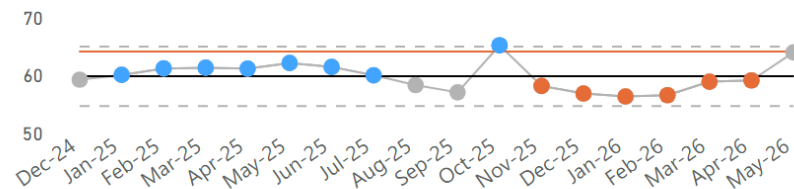
QEH - RTT Incomplete Within 18 weeks

61.49%



QEH - First Attendance Within 18 Weeks

63.87%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	31,784	32,812	✗	📉	🔴	🚨
NNUH	81,265	68,502	✓	📈	🟢	👁️
QEH	24,963	25,600	✗	📉	🔴	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	58.2%	57.95%	✗	📉	🔴	👁️
NNUH	92.0%	60.23%	✗	📉	🔴	👁️
QEH	92.0%	61.49%	✗	📉	🔴	👁️

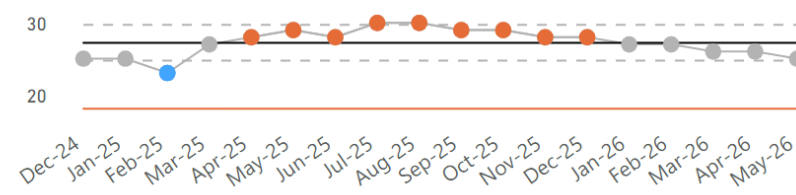
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	64.0%	65.93%	✓	📈	🟢	👁️
NNUH	64.0%	73.29%	✓	📈	🟢	👁️
QEH	64.0%	63.87%	✗	📉	🔴	👁️

Access and Flow Domain Appendix - Clearance Times

May-26



JPUH - Estimated clearance times 25

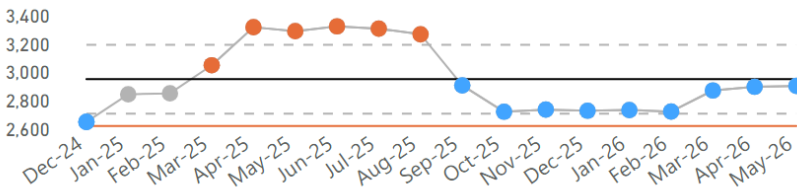


-

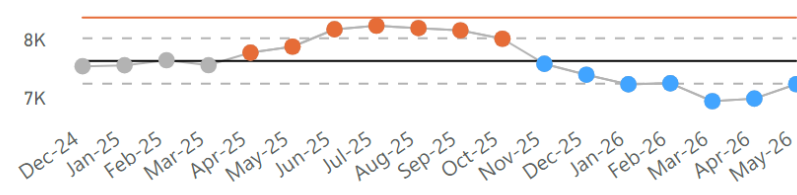
-

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	18	25				

JPUH - Under 18s elective waiting list size 2,897



NNUH - Under 18s elective waiting list size 7,213



-

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	2,615	2,897				
NNUH	8,368	7,213				

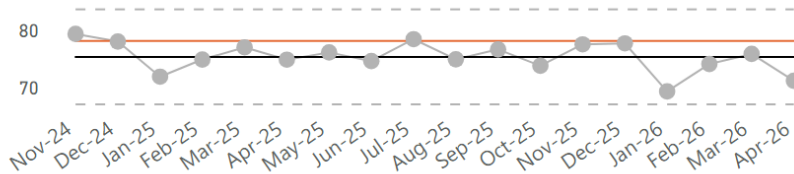
Access and Flow Domain Appendix - Cancer

May-26



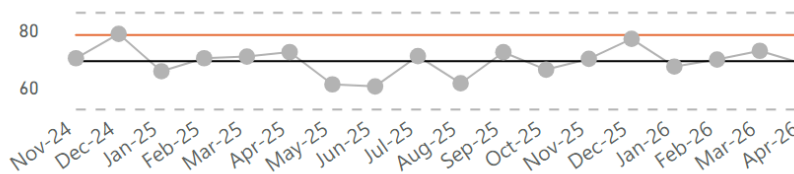
JPUH - 28 Day Faster Diagnosis

71.03%



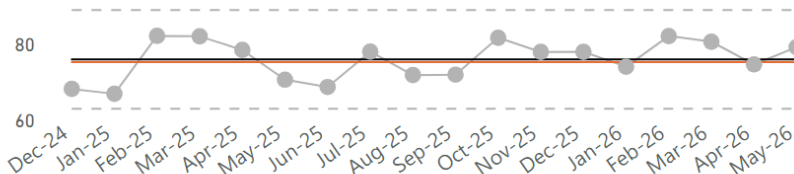
JPUH - Cancer 62 Day Treatment

68.02%



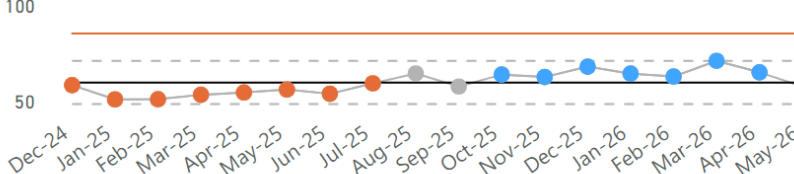
NNUH - 28 Day Faster Diagnosis

78.93%



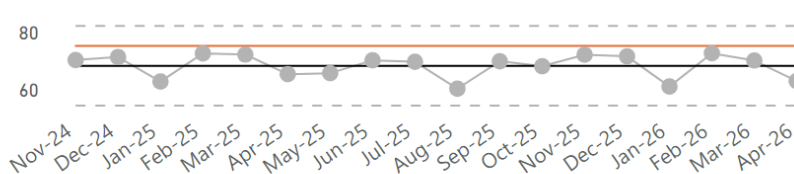
NNUH - Cancer 62 Day Treatment

57.20%



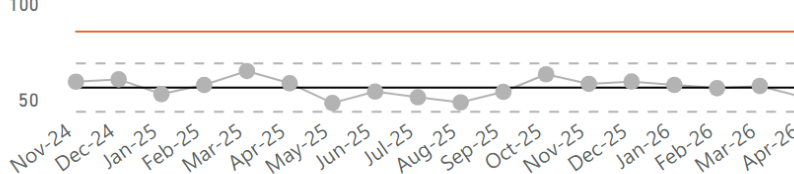
QEH - 28 Day Faster Diagnosis

62.73%



QEH - Cancer 62 Day Treatment

50.77%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	78.0%	71.03%	❌	📉	🔍	👁️
NNUH	75.0%	78.93%	✅	📈	🔍	👁️
QEH	75.0%	62.73%	❌	📉	🔍	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	78.0%	68.02%	❌	📉	🔍	👁️
NNUH	85.0%	57.20%	❌	📉	🔍	👁️
QEH	85.0%	50.77%	❌	📉	🔍	👁️

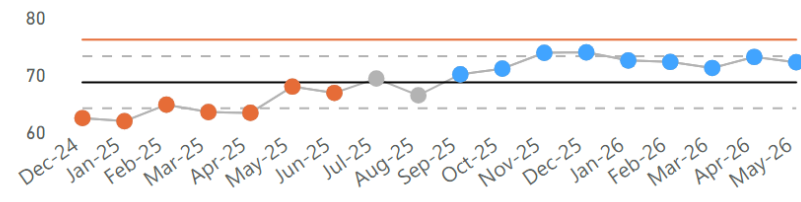
Access and Flow Domain Appendix - UEC

May-26



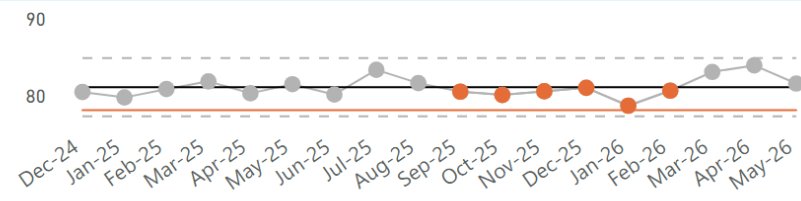
JPUH - ED 4 Hour Performance

72.04%



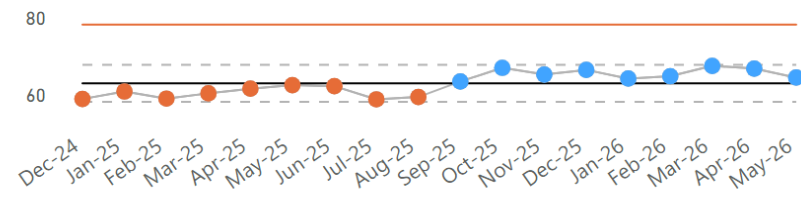
NNUH - ED 4 Hour Performance

81.47%



QEH - ED 4 Hour Performance

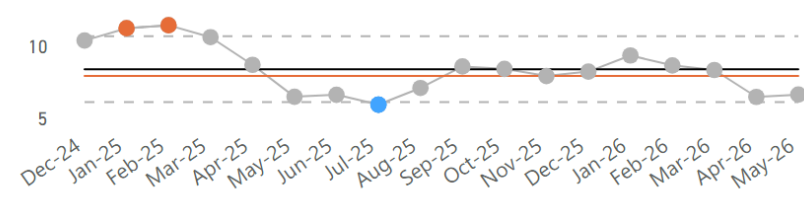
64.24%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	76.0%	72.04%				
NNUH	78.0%	81.47%				
QEH	78.0%	64.24%				

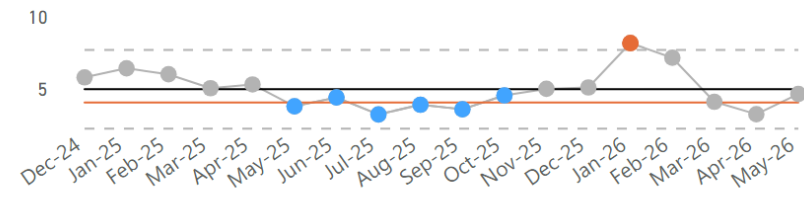
JPUH - ED 12 Hours in Department %

6.60%



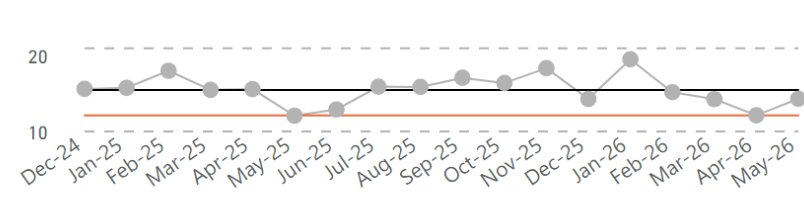
NNUH - ED 12 Hours in Department %

4.59%



QEH - ED 12 Hours in Department %

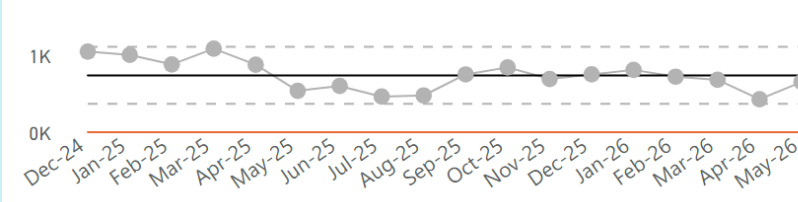
14.28%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	7.9%	6.60%				
NNUH	4.0%	4.59%				
QEH	12.1%	14.28%				

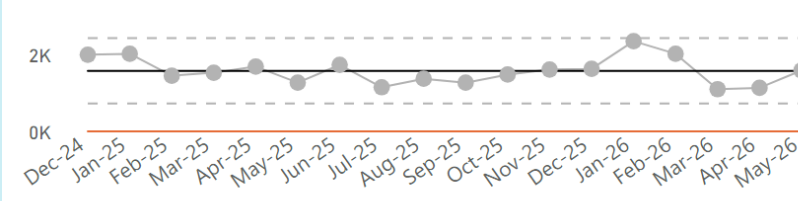
JPUH - Ambulance Handovers Over 30 Minutes

651



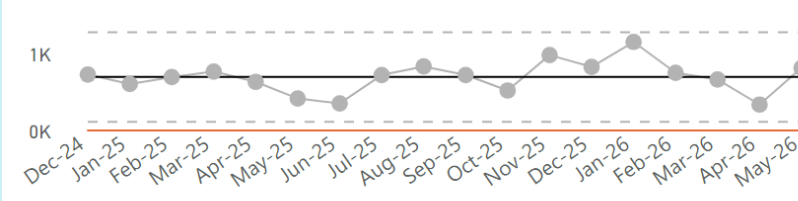
NNUH - Ambulance Handovers Over 30 Minutes

1,583



QEH - Ambulance Handovers Over 30 Minutes

813



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	651				
NNUH	0	1,583				
QEH	0	813				

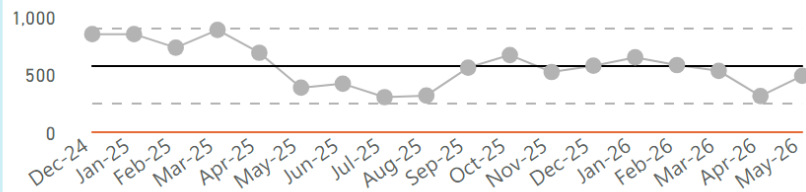
Access and Flow Domain Appendix - UEC

May-26



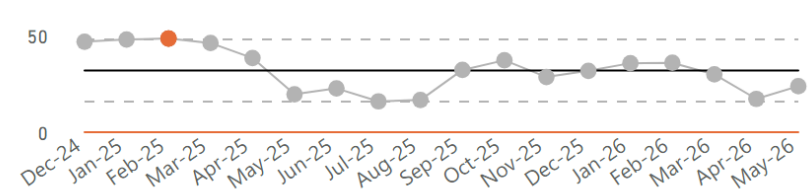
JPUH - Ambulance Handovers Over 45 Minutes

488



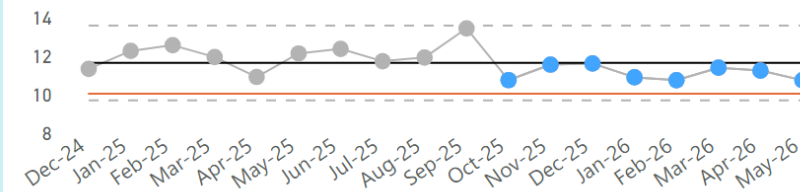
JPUH - Ambulance Handovers Over 45 Minutes %

23.87%



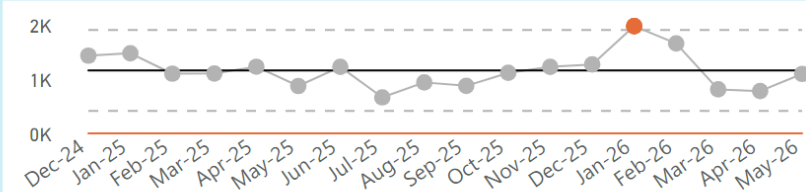
JPUH - Non Elective LoS

10.70



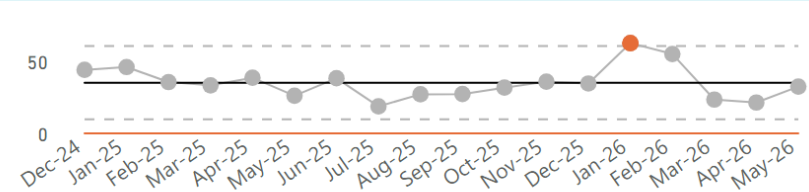
NNUH - Ambulance Handovers Over 45 Minutes

1,101



NNUH - Ambulance Handovers Over 45 Minutes %

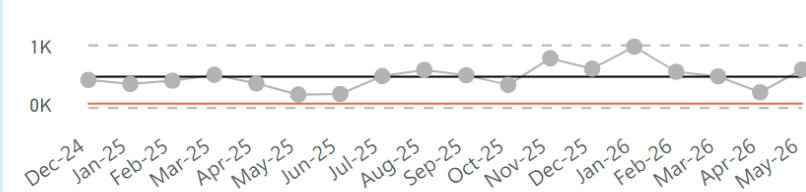
32.37%



-

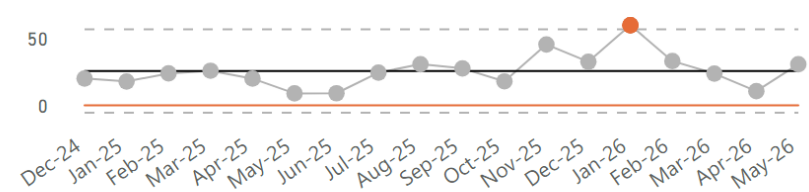
QEH - Ambulance Handovers Over 45 Minutes

590



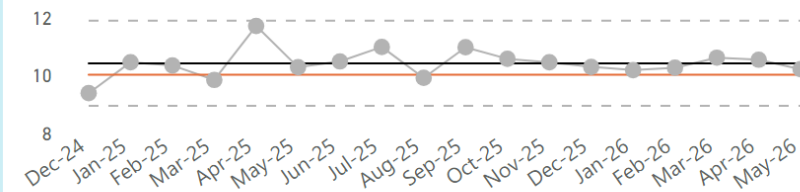
QEH - Ambulance Handovers Over 45 Minutes %

30.46%



QEH - Non Elective LoS

10.19



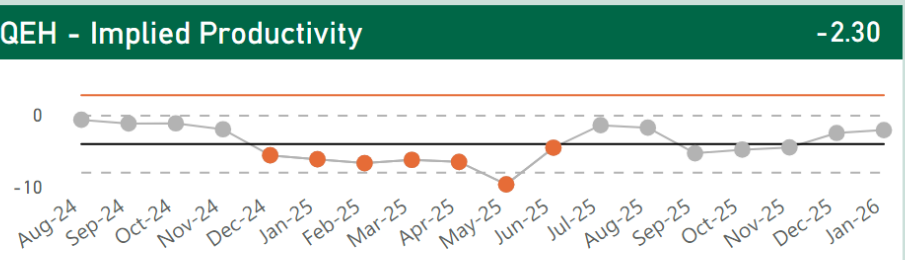
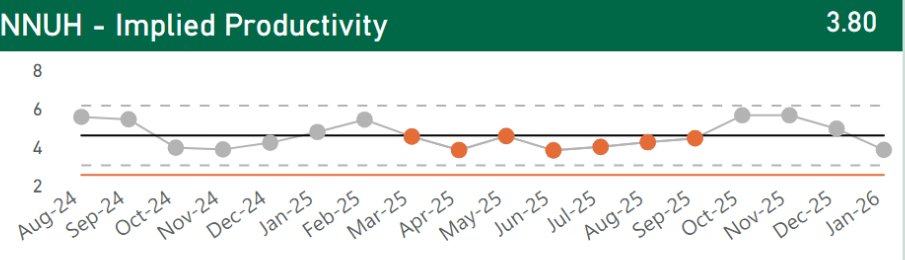
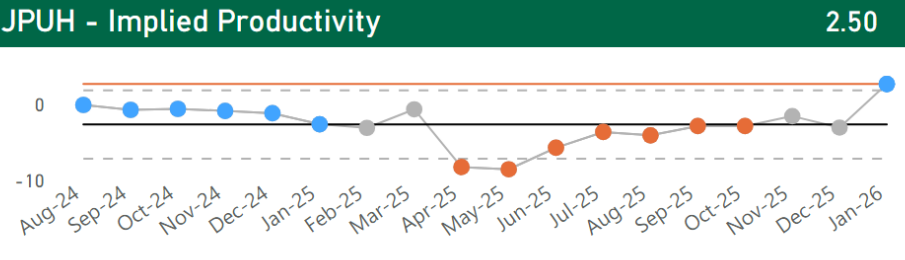
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0	488	✗	📉	🔴	🚨
NNUH	0	1,101	✗	📉	🔴	🚨
QEH	0	590	✗	📉	🔴	🚨

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0.0%	23.87%	✗	📉	🔴	🚨
NNUH	0.0%	32.37%	✗	📉	🔴	🚨
QEH	0.0%	30.46%	✗	📉	🔴	🚨

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	10	10.70	✗	📉	🔴	🚨
QEH	10	10.19	✗	📉	🔴	🚨

Productivity and Efficiency Domain Appendix

Jan-26



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	3	2.50				
NNUH	3	3.80				
QEH	3	-2.30				

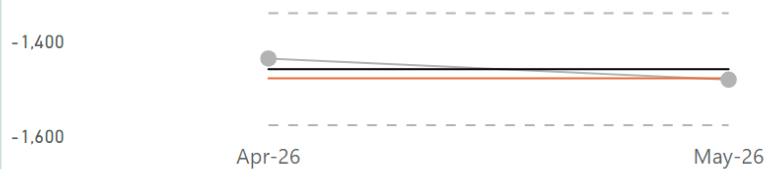
Productivity and Efficiency Domain Appendix

May-26



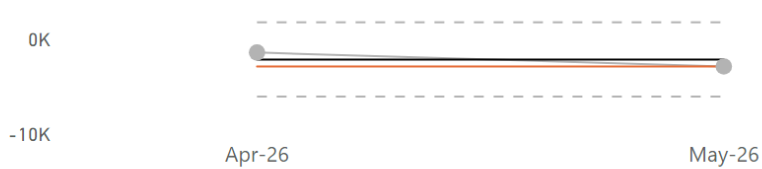
JPUH - Planned surplus/deficit

-1,482



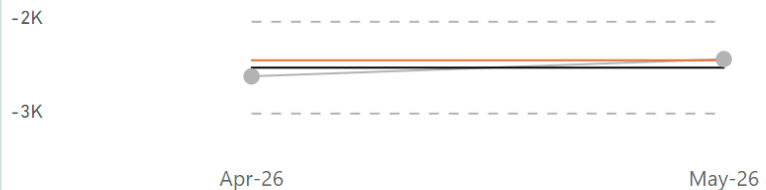
JPUH - YTD Surplus/deficit

-2,920



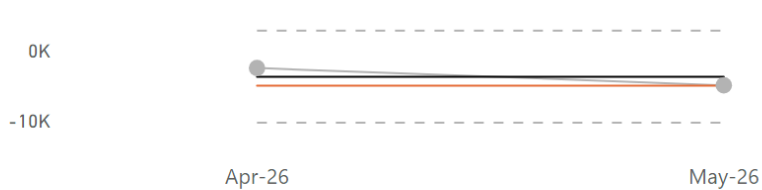
NNUH - Planned surplus/deficit

-2,457



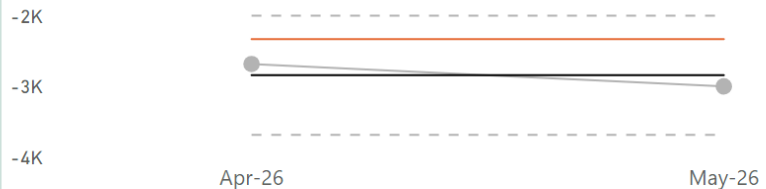
NNUH - YTD Surplus/deficit

-5,093



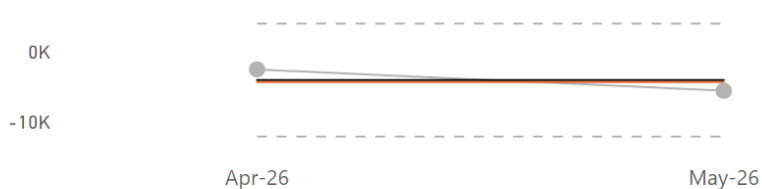
QEH - Planned surplus/deficit

-3,010



QEH - YTD Surplus/deficit

-5,703



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	-1,480	-1,482	✗	📉	?	👁️
NNUH	-2,469	-2,457	✓	📉	?	👁️
QEH	-2,338	-3,010	✗	📉	?	👁️

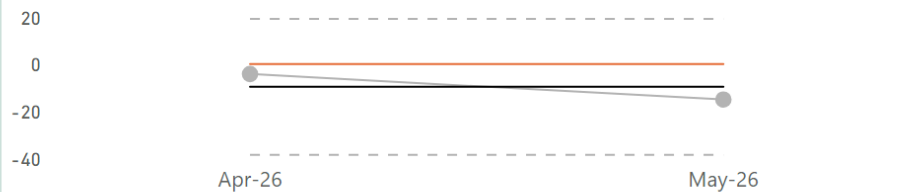
Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	-2,929	-2,920	✓	📉	?	👁️
NNUH	-5,133	-5,093	✓	📉	?	👁️
QEH	-4,469	-5,703	✗	📉	?	👁️

Productivity and Efficiency Domain Appendix

May-26



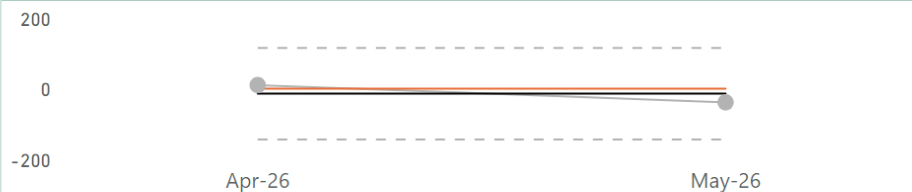
JPUH - Variance to Agency Spend Cap % -15.14%



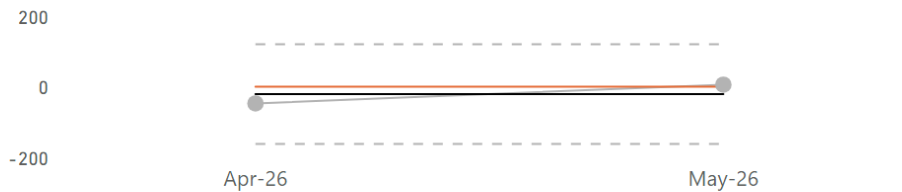
JPUH - Variance to Bank Spend Cap % -0.97%



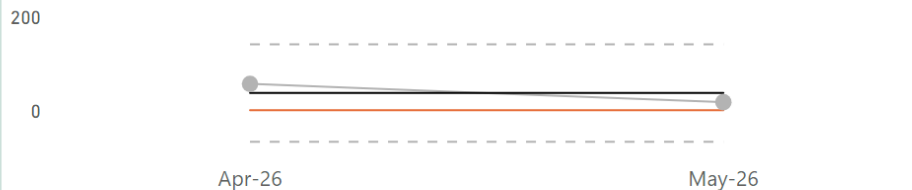
NNUH - Variance to Agency Spend Cap % -38.73%



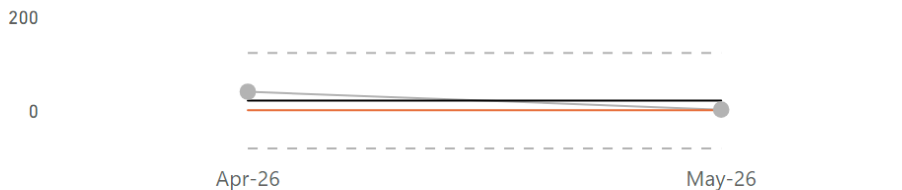
NNUH - Variance to Bank Spend Cap % 5.62%



QEH - Variance to Agency Spend Cap % 17.13%



QEH - Variance to Bank Spend Cap % 1.31%



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0.0%	-15.14%	✓	📉	?	👁️
NNUH	0.0%	-38.73%	✓	📉	?	👁️
QEH	0.0%	17.13%	✗	📈	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	0.0%	-0.97%	✓	📉	?	👁️
NNUH	0.0%	5.62%	✗	📈	?	👁️
QEH	0.0%	1.31%	✗	📈	?	👁️

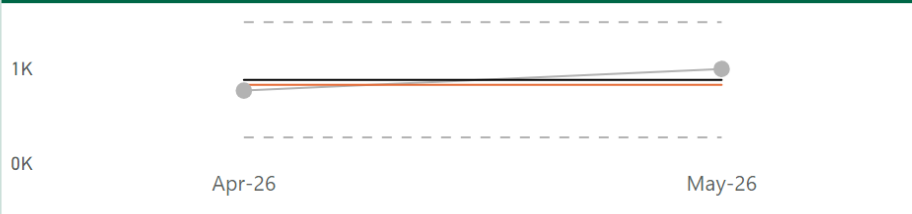


Productivity and Efficiency Domain Appendix

May-26

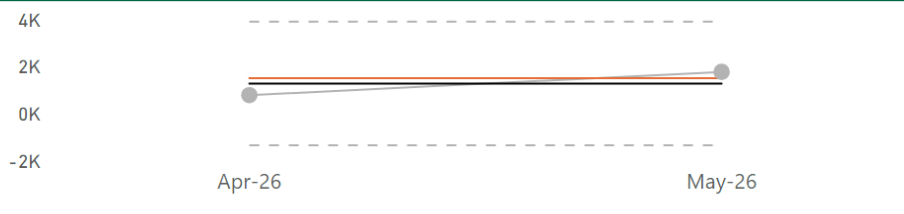
JPUH - Efficiency Plan £000

989



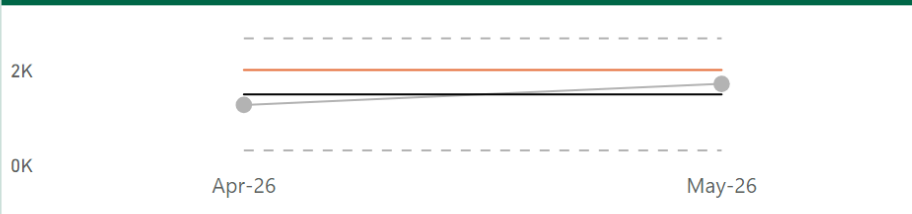
JPUH - Efficiency Plan YTD £000

1,748



NNUH - Efficiency Plan £000

1,708



NNUH - Efficiency Plan YTD £000

2,968



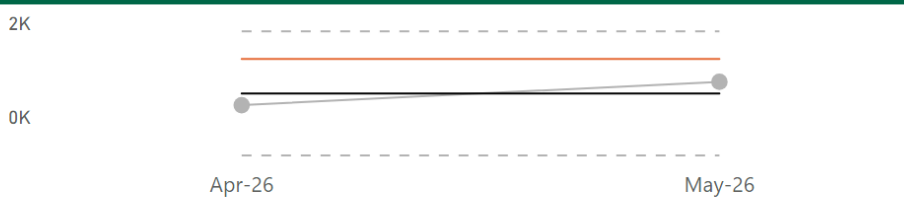
QEH - Efficiency Plan £000

496



QEH - Efficiency Plan YTD £000

732



Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	821	989	✓	📉	?	👁️
NNUH	2,004	1,708	✗	📉	?	👁️
QEH	636	496	✗	📉	?	👁️

Site	Target	Actual	Compliance	Variation	Assurance	Status
JPUH	1,480	1,748	✓	📉	?	👁️
NNUH	4,009	2,968	✗	📉	?	👁️
QEH	1,217	732	✗	📉	?	👁️



Icon Descriptions

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.



Understanding the Matrix

Assurance				
Variation/Performance				
		Excellent - This metric is improving. - Your aim is high numbers and you have some. - You are consistently achieving the target because the current range of performance is above the target. Celebrate and Learn	Average - This metric is improving. - Your aim is high numbers and you have some. - Your target lies within the process limits so we know that the target may or may not be achieved. Investigate and Understand	Concerning - This metric is improving. - Your aim is high numbers and you have some. - HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. Celebrate but Take Action
		Excellent - This metric is improving. - Your aim is low numbers and you have some. - You are consistently achieving the target because the current range of performance is below the target. Celebrate and Learn	Average - This metric is improving. - Your aim is low numbers and you have some. - Your target lies within the process limits so we know that the target may or may not be achieved. Investigate and Understand	Concerning - This metric is improving. - Your aim is low numbers and you have some. - HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. Celebrate but Take Action
		Good - This metric is currently not changing significantly. - It shows the level of natural variation you can expect to see. - HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. Celebrate and Understand	Average - This metric is currently not changing significantly. - It shows the level of natural variation you can expect to see. - Your target lies within the process limits so we know that the target may or may not be achieved. Investigate and Understand	Concerning - This metric is currently not changing significantly. - It shows the level of natural variation you can expect to see. - HOWEVER your target lies outside the current process limits and the target will not be achieved without change. Investigate and Take Action
		Concerning - This metric is deteriorating. - Your aim is low numbers and you have some high numbers. - HOWEVER you are consistently achieving the target because the current range of performance is below the target. Investigate and Understand	Concerning - This metric is deteriorating. - Your aim is low numbers and you have some high numbers. - Your target lies within the process limits so we know that the target may or may not be missed. Investigate and Take Action	Very Concerning - This metric is deteriorating. - Your aim is low numbers and you have some high numbers. - Your target lies below the current process limits so we know that the target will not be achieved without change. Investigate and Take Action
		Concerning - This metric is deteriorating. - Your aim is high numbers and you have some low numbers. - HOWEVER you are consistently achieving the target because the current range of performance is above the target. Investigate and Understand	Concerning - This metric is deteriorating. - Your aim is high numbers and you have some low numbers. - Your target lies within the process limits so we know that the target may or may not be missed. Investigate and Take Action	Very Concerning - This metric is deteriorating. - Your aim is high numbers and you have some low numbers. - Your target lies above the current process limits so we know that the target will not be achieved without change. Investigate and Take Action

Norfolk and Waveney University Hospitals Group

Group Finance Report May 2026

18 June 2026

Marcus Thorman, Group Chief Finance Officer

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Contents

This report sets out the Group’s financial performance and forms part of the Group’s performance reporting suite.
The report has been structured to provide the reader with an overview of the Group’s financial performance using the following framework.

1.0	Executive Summary/Dashboard	Page 3-4
2.0	Operational Performance	Page 5-8
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1. Executive Summary

Financial Performance

Year to date the Group has reported a £13.7m deficit, which is £1.2m adverse to the planned £12.5m deficit. The net adverse variance all relates to QEH and in the main is linked to the under-delivery of planned efficiencies and overspends in variable pay expenditure (bank and agency). An urgent action to review the controls in this area is in place to address the increase in expenditure.

Income performance is adverse by £2.5m year to date, driven primarily by activity shortfalls across the Group with NNUH: £1.5m adverse and QEH: £1.0m adverse. This reflects lower than planned activity levels, which is a key financial risk given the reliance on activity-based income delivery.

Apart from the variable pay at QEH, financial performance pressures are linked to: industrial action (£0.4m impact) and ongoing workforce constraints, including reliance on bank and agency staff. These pressures align with wider risks on delivering workforce efficiency and agency reduction targets.

Non-pay performance shows an adverse variance of £2.9m however this is largely driven by income backed Research and Development and Cancer Alliance expenditure.

Despite the year to date variance, the full year forecast remains breakeven, in line with the submitted financial plan.

Productivity and Efficiency

On the CIP year-to-date performance there was £5.5m delivered vs £6.7m plan; £1.2m adverse variance.

The overall programme position is £62.2m of schemes approved (Gateway 2) meaning a £39.9m shortfall against the £102.1m full-year CIP requirement. The key issues relate to insufficient recurrent schemes identified and mobilised, particularly at NNUH and QEH. JPUH has identified 100% of its CIP requirement.

CIP delivery represents the primary financial risk to achieving the breakeven plan. Early year to date underperformance and a significant pipeline gap indicate a requirement for urgent recovery actions.

Cash and Capital

There is still clarification required on the source of funds of some nationally funded capital schemes which means the schemes are currently forecasting an overspend. Clarification on these schemes are being worked through with the Regional team.

For cash the closing position in month was £169.7m, £84.8m favourable to plan, cash has increased by £7.0m since April as result of working capital movements at NNUH. While liquidity is currently favourable, structural risks remain in-year if financial performance deteriorates, particularly at QEH based on the deficit support funding.

Risks

- CIP Delivery Risk: high reliance on CIP to deliver financial balance; significant proportion of schemes remain high risk; shift from over £80m delivery in 2025/26 to identification challenge in 2026/27
- Financial Performance Risk: plans assume delivery of breakeven position; underperformance in months 1 and 2 indicates early trajectory risk.
- Workforce Risk (Bank/Agency): further reductions increasingly difficult; dependent on reducing sickness and escalation capacity
- Cash Risk: ongoing cash fragility at QEH, requiring targeted management; risk to continued cash support if financial plan not delivered
- Capital Risk: year to date delivery behind significantly behind plan, risk to in year delivery as programmes are further delayed

1. Executive Dashboard

May position is a £7.0m deficit on a control total basis, £0.7m adverse to the planned £6.3m deficit.

The net adverse variance all relates to QEH and in the main is linked to the under-delivery of planned efficiencies.

Year to date position is a £13.7m deficit on a control total basis, which is £1.2m adverse to the planned £12.5m deficit.

The net adverse variance all relates to QEH and in the main is linked to the under-delivery of planned efficiencies and overspends in variable pay expenditure (bank and agency).

Forecast Outturn: Forecast outturn for the year remains breakeven, no change from the breakeven submitted plan.

Cash: Cash held on 31st May was £169.7m, £84.9m favourable to the planned £84.9m.

Capital Expenditure: Year-to-date capital spend is £11.5m, £26.5m behind the planned spend of £38.0m.

CIP: Year-to-date CIP delivery is £5.5m against a budgeted plan of £6.7m, an adverse variance of £1.2m, comprised of an adverse planning variance of £0.9m and an adverse performance variance of £0.3m. As at 5th Jun 2026, the programme consists of £62.2m of Gateway 2 approved schemes. This is £39.9m adverse to the planned £102.1m full year CIP requirement.

Activity: Value-based activity performance for May was adverse by £2.5m, driven by adverse activity performance at NNUH (£1.5m) and QEH (£1.0m)

	Plan	In Month Actual	Variance	Year To Date Plan	Actual	Variance
SOCi						
	£m	£m	£m	£m	£m	£m
Clinical Income	120.4	121.2	0.8	241.6	243.4	1.9
Other Income	18.7	19.1	0.3	36.0	36.2	0.2
TOTAL INCOME	139.2	140.2	1.1	277.5	279.6	2.1
Pay	(92.9)	(92.8)	0.2	(185.8)	(185.8)	(0.0)
Non Pay	(40.0)	(42.2)	(2.2)	(78.7)	(81.2)	(2.6)
Drugs (Net Expenditure)	(4.6)	(4.8)	(0.2)	(10.1)	(11.5)	(1.4)
TOTAL EXPENDITURE	(137.6)	(139.8)	(2.2)	(274.5)	(278.5)	(3.9)
Non Opex	(7.8)	(7.4)	0.4	(15.5)	(14.8)	0.7
Control Total Surplus / (Deficit)	(6.3)	(7.0)	(0.7)	(12.5)	(13.7)	(1.2)
Statutory Surplus / (Deficit)	(5.4)	(6.0)	(0.6)	(10.7)	(11.8)	(1.1)
Other Financial Metrics						
	£m	£m	£m	£m	£m	£m
Cash at Bank (before support funding)	84.9	169.7	84.9	84.9	169.7	84.8
Capital Programme Expenditure	19.4	6.6	(12.8)	38.0	11.5	(26.5)
CIP Delivery	3.4	3.2	(0.2)	6.7	5.5	(1.2)
Aligned Payment Incentive (API) contract performance	64.3	63.4	(0.9)	129.4	126.9	(2.5)

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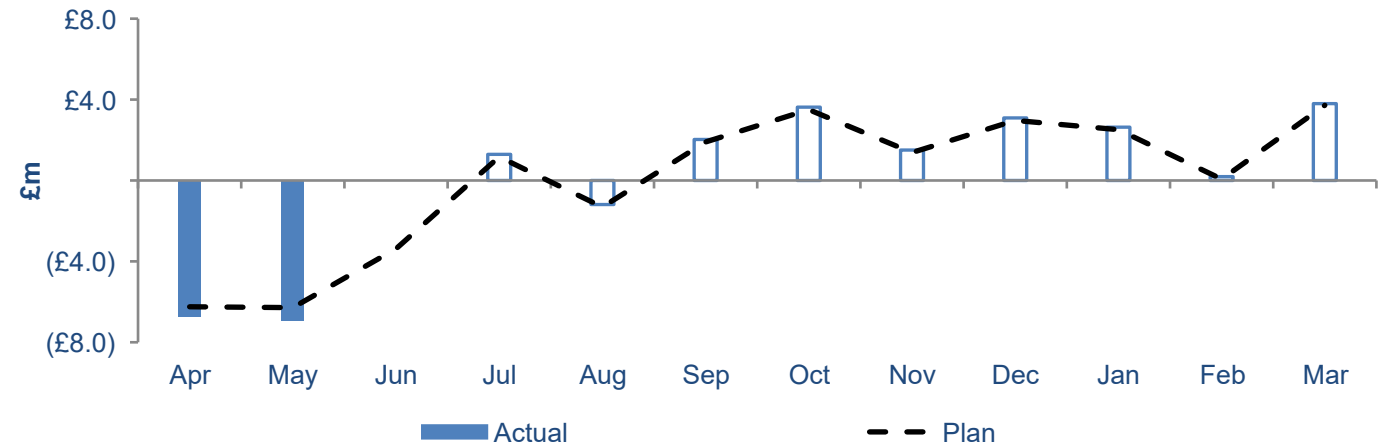
2.1 Financial Performance – Run Rate

May position is a £7.0m deficit on a control total basis, a £0.2m deterioration to the April deficit of £6.7m.

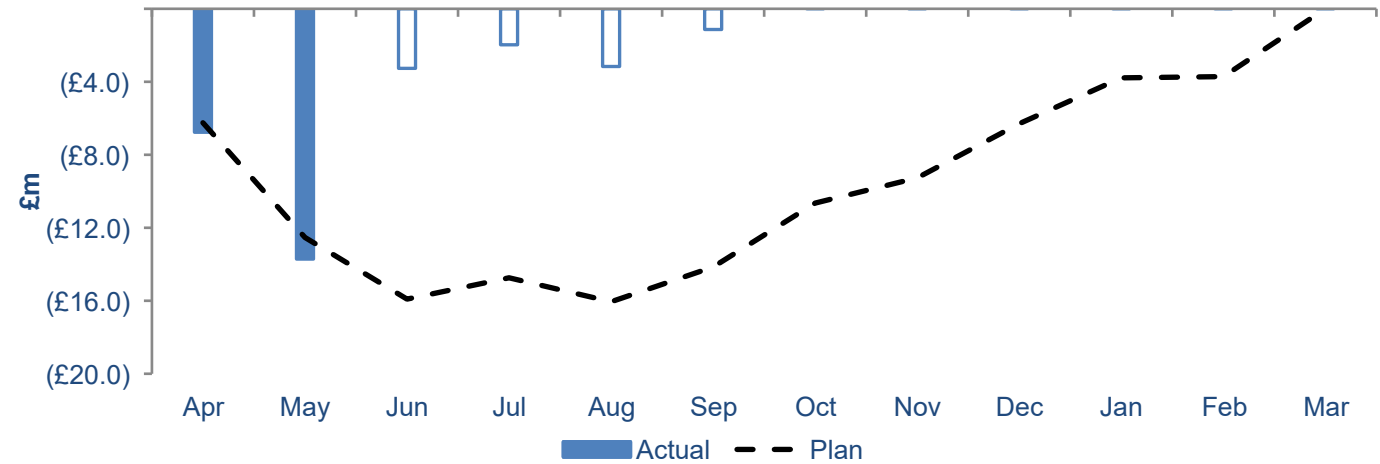
The adverse movement is driven by a £0.3m increase in deficit at QEH as a result of an increase spend in non pay.

Forecast Outturn: Forecast outturn for the year remains breakeven, no change from the breakeven submitted plan. This requires an average monthly surplus of £1.4m per month, a favourable swing of £8.3m.

Monthly Actual/Forecast Surplus/(Deficit) v Plan



Cumulative Actual/Forecast Surplus/(Deficit) v Plan



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2.2 Financial Performance - SOCI

Year to date position is a £12.5m deficit on a control total basis, which is £1.2m adverse to the planned £13.7m deficit.

May-26	In Month			YTD			FOT		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Clinical Income	120.4	121.2	0.8	241.6	243.4	1.9	1,465.8	1,465.8	0.0
NT Drugs Income	9.7	8.9	(0.8)	18.4	17.3	(1.1)	117.9	117.9	0.0
Total Clinical Income	130.1	130.1	(0.0)	259.9	260.7	0.8	1,583.7	1,583.7	0.0
Other Income Incl. Non NHS Clinical Income	18.7	19.1	0.3	36.0	36.2	0.2	215.6	215.6	0.0
Total Operating Income	148.9	149.2	0.3	295.9	296.9	1.0	1,799.3	1,799.3	0.0
Substantive	(87.9)	(84.3)	3.6	(175.9)	(168.4)	7.4	(1,028.7)	(1,028.7)	0.0
Bank	(3.0)	(6.6)	(3.6)	(6.0)	(13.7)	(7.7)	(30.3)	(30.3)	0.0
Agency	(0.9)	(0.9)	(0.0)	(1.7)	(1.9)	(0.2)	(9.2)	(9.2)	0.0
Other Employee Expenses	(1.1)	(0.9)	0.2	(2.2)	(1.6)	0.5	(11.9)	(11.9)	0.0
Total Employee Expenses	(92.9)	(92.8)	0.2	(185.8)	(185.8)	(0.0)	(1,080.2)	(1,080.2)	0.0
Drugs Costs	(14.3)	(13.8)	0.6	(28.5)	(28.8)	(0.3)	(171.4)	(171.4)	0.0
Clinical Supplies	(14.1)	(15.2)	(1.1)	(28.2)	(29.8)	(1.6)	(173.8)	(173.8)	0.0
Non Clinical Supplies	(22.7)	(23.7)	(1.0)	(44.0)	(45.0)	(1.0)	(241.0)	(241.0)	0.0
PFI	(3.2)	(3.2)	(0.0)	(6.4)	(6.4)	(0.0)	(37.3)	(37.3)	0.0
Total Expenditure Excl. Employee Expenses	(54.4)	(55.9)	(1.6)	(107.2)	(110.0)	(2.9)	(623.4)	(623.4)	0.0
Total Operating Expenditure	(147.3)	(148.7)	(1.4)	(292.9)	(295.8)	(2.9)	(1,703.5)	(1,703.5)	0.0
Total Operating Surplus/(Deficit)	1.6	0.5	(1.1)	3.0	1.1	(1.9)	95.7	95.7	0.0
Total Non Operating Expenditure	(6.7)	(6.2)	0.4	(13.2)	(12.5)	0.7	(81.4)	(81.4)	0.0
Adjust PFI revenue costs to UK GAAP basis	(1.2)	(1.2)	(0.0)	(2.3)	(2.4)	(0.1)	(14.4)	(14.4)	0.0
Control Total Surplus/(Deficit)	(6.3)	(7.0)	(0.7)	(12.5)	(13.7)	(1.2)	(0.1)	(0.1)	0.0
Control Total Adjustments									
Donated/Peppercorn lease Income & Equipment	(0.0)	0.1	0.1	(0.1)	0.2	0.2	(1.0)	(1.0)	0.0
Donated/ Peppercorn lease Assets Dep'n	(0.2)	(0.3)	(0.1)	(0.4)	(0.6)	(0.1)	0.2	0.2	0.0
Adjust PFI revenue costs to UK GAAP basis	1.2	1.2	0.0	2.3	2.4	0.1	14.4	14.4	0.0
Statutory Surplus / (Deficit)	(5.4)	(6.0)	(0.6)	(10.7)	(11.8)	(1.1)	13.5	13.5	0.0

2.3 Financial Performance – Trust Performance

Year to Date	JPUH			NNUH			QEH		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Total Operating Income	58.9	59.7	0.9	182.2	182.3	0.0	54.9	54.9	0.0
Total Employee Expenses	(39.9)	(40.6)	(0.8)	(107.2)	(105.5)	1.7	(38.6)	(39.6)	(1.0)
Total Expenditure Excl. Employee Expenses	(21.6)	(21.7)	(0.1)	(65.4)	(67.7)	(2.3)	(20.1)	(20.6)	(0.5)
Total Operating Expenditure	(61.5)	(62.3)	(0.8)	(172.6)	(173.3)	(0.6)	(58.7)	(60.2)	(1.5)
Total Operating Surplus/(Deficit)	(2.6)	(2.6)	0.1	9.6	9.0	(0.5)	(3.9)	(5.3)	(1.4)
Total Non Operating Expenditure	(0.3)	(0.4)	(0.1)	(12.3)	(11.7)	0.6	(0.6)	(0.4)	0.2
Adjust PFI revenue costs to UK GAAP basis	0.0	0.0	0.0	(2.3)	(2.4)	(0.1)	0.0	0.0	0.0
Control Total Surplus/(Deficit)	(2.9)	(2.9)	0.0	(5.1)	(5.1)	0.0	(4.5)	(5.7)	(1.2)
Statutory Surplus / (Deficit)	(3.0)	(3.0)	0.0	(3.2)	(2.9)	(0.2)	(4.5)	(5.9)	(1.3)
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Cash at Bank (before support funding)	14.3	36.3	22.0	55.9	111.0	55.1	14.7	22.4	7.7
Capital Programme Expenditure	8.4	3.5	(4.9)	7.9	3.0	(4.9)	21.7	5.0	(16.7)
CIP Delivery	1.5	1.7	0.3	4.0	3.0	(1.0)	1.2	0.7	(0.5)
Aligned Payment Incentive (API) contract performance	36.0	36.0	0.0	82.7	81.2	(1.5)	10.7	9.7	(1.0)
The trust is performing in line with plan YTD at month 2. The YTD position includes overspends on both substantive and bank pay, as well as overspends on drugs and group costs. These are currently offset by underspends across agency spend and other areas of non-pay, including depreciation due to timing of capital spend. The YTD position continues to include a £0.3m income accrual to cover the impact of the industrial action from month 1, in anticipation of national funding to support this. FOT remains on plan. Under performance of variable activity of £1.5m, net drugs expenditure of £0.6m and unidentified CIP of £0.3m are offset by circa £1.7m relating to the delayed utilisation of service development and investment funding and interest income of £0.4m favourable due to higher opening cash balances. Care Group pay is £0.3m underspent (£0.6m underspent excluding the costs associated with Industrial Action). The impact of the industrial action is estimated to be c. £0.8m, of which £0.5m relates to activity and £0.3m relates to additional pay expenditure. The year-to-date position is a deficit of £5.7m, which is £1.2m adverse to a planned deficit of £4.5m. This is mainly due to overspends on the use of temporary staff, under-delivery of efficiencies, and under-delivery of activity leading to lower than planned clinical income.									

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3. CIP

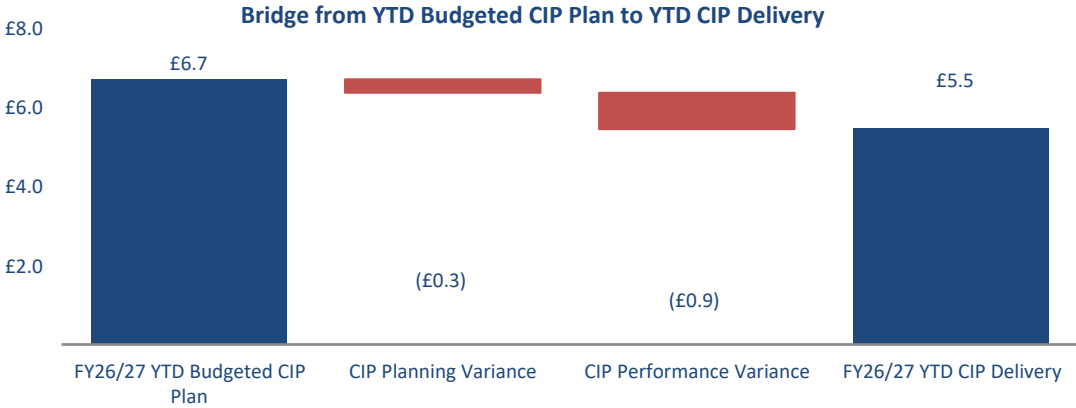
Full Year CIP delivery is £5.5m against a budgeted plan of £6.7m, an adverse variance of £1.2m, comprised of an adverse planning variance of £0.9m and an adverse performance variance of £0.3m. As at 5th Jun 2026, the programme consists of £62.2m of Gateway 2 approved schemes. This is £39.9m adverse to the planned £102.1m full year CIP requirement.

FY26/27 CIP Programme Delivery

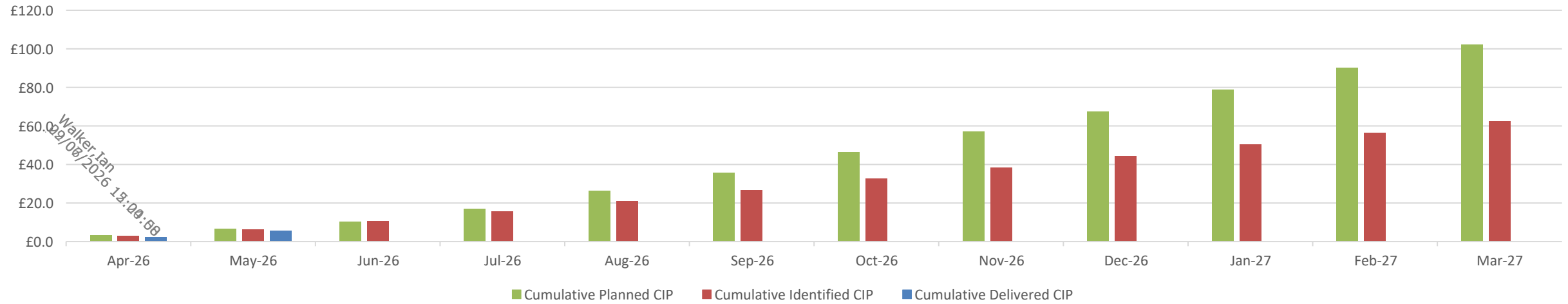
Year to date the Group has delivered £5.5m of CIPs against a budgeted plan of £6.7m, an adverse variance of £1.2m, comprised of (see bridge):

- An adverse planning variance of £0.9m; and
- An adverse performance variance of £0.3m.

As at 5th Jun 2026, the programme consists of £62.2m of Gateway 2 approved schemes. This is £39.9m adverse to the planned £102.1m full year CIP requirement. This has arisen as a result of insufficient recurrent schemes being identified and progressed through Gateways for implementation and delivery at NNUH & QEH. JPUH have identified 100% of planned CIP for 2026/27.

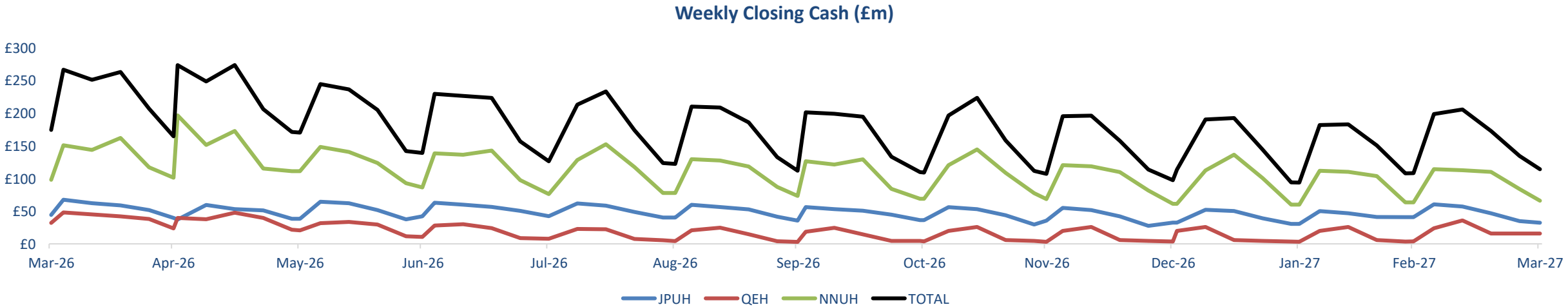


FY 26/27 Planned Delivery Profile



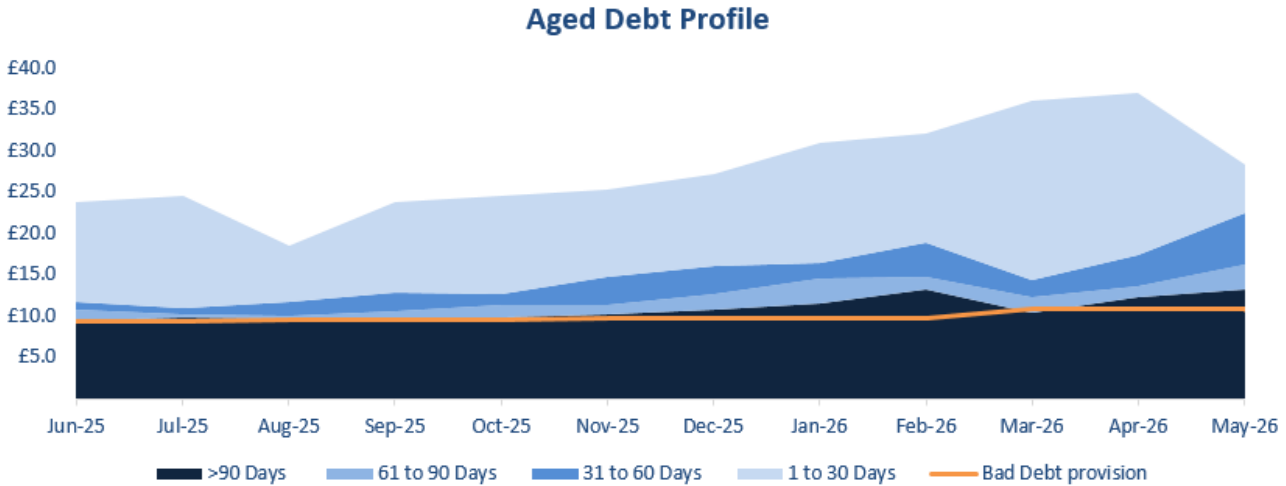
4. Cash

Cash held on 31st May was £169.8m, £84.9m favourable to the planned £84.9m. **Cash balances have decreased since the start of the year by £4.1m driven by timings in cashflow seen at QEH relating to capital.**



Aged Debtors: Debtors on 30th April were £32.3m, £12.2m lower than April 2026 driven by timing of invoice payments at NNUH. £14.7m is over 90 days. Of the Non-NHS debt greater than 90 days £2.5m relates to an ongoing legal dispute. The Trusts continue to focus on resolving these debts and a bad debt provision of £10.9m is being held.

Debtors by type	Total Debt			Debt > 90 days		
	Mar-26 £m	Apr-26 £m	May-26 £m	Mar-26 £m	Apr-26 £m	May-26 £m
NHS	29.9	33.9	22.9	5.6	6.8	8.1
Non NHS	10.3	9.6	9.4	6.6	6.7	6.5
Total	40.2	43.5	32.3	12.2	13.6	14.7



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5. Statement of Financial Position

The Statement of Financial Position at the end of May has decreased by £10.1m compared to the opening balance.

	JPUH			NNUH			QEH			N&W GROUP		
	Mar-26 £m	May-26 £m	YTD Movement £m	Mar-26 £m	May-26 £m	YTD Movement £m	Mar-26 £m	May-26 £m	YTD Movement £m	Mar-26 £m	May-26 £m	YTD Movement £m
Property, plant and equipment	169.5	170.9	1.4	444.7	443.7	(1.0)	176.8	179.9	3.1	791.0	794.5	3.5
Right of use assets - leased assets	2.1	2.0	(0.1)	44.5	42.9	(1.6)	4.1	3.9	(0.2)	50.7	48.8	(1.9)
Receivables: due from DHSC group bodies	0.0	0.0	0.0	3.1	2.9	(0.2)	0.0	0.0	0.0	3.1	2.9	(0.2)
Receivables: due from non-DHSC bodies	0.5	0.4	(0.0)	53.0	54.0	1.0	0.5	0.5	0.0	54.0	54.9	1.0
Total non-current assets	172.1	173.3	1.2	545.3	543.5	(1.8)	181.4	184.3	2.9	898.8	901.1	2.3
Inventories	3.6	3.4	(0.2)	20.2	20.7	0.5	3.3	3.5	0.2	27.1	27.6	0.5
Receivables: due from DHSC group bodies	8.6	8.4	(0.2)	28.3	25.3	(3.0)	2.8	3.5	0.7	39.7	37.2	(2.5)
Receivables: due from non-DHSC group bodies	7.8	7.6	(0.2)	32.5	32.0	(0.5)	6.1	6.0	(0.1)	46.4	45.6	(0.8)
Assets held for sale	0.7	0.7	0.0	0.0	0.0	0.0						
Cash and cash equivalents	44.3	36.3	(8.0)	96.4	106.0	9.6	32.0	22.4	(9.6)	172.7	164.7	(8.0)
Total current assets	64.9	56.3	(8.6)	177.4	184.0	6.6	44.2	35.4	(8.8)	286.5	275.7	(10.8)
Trade and other payables: capital	(15.2)	(9.6)	5.6	(23.0)	(17.6)	5.4	(7.6)	(3.6)	4.0	(45.8)	(30.8)	15.0
Trade and other payables: non-capital	(33.3)	(32.0)	1.3	(125.2)	(138.3)	(13.1)	(49.1)	(48.6)	0.5	(207.6)	(218.9)	(11.3)
Borrowings - PFI	0.0	0.0	0.0	(20.5)	(20.5)	0.0	0.0	0.0	0.0	(20.5)	(20.5)	0.0
Borrowings: leases current	(0.8)	(0.7)	0.1	(8.4)	(8.2)	0.2	(0.2)	(0.2)	0.0	(9.4)	(9.1)	0.3
Current provisions	(0.3)	(0.3)	0.0	(3.9)	(3.9)	0.0	(0.2)	(0.2)	0.0	(4.4)	(4.4)	0.0
Deferred Income	(8.4)	(11.3)	(2.8)	(28.3)	(31.4)	(3.1)	(1.5)	(4.4)	(2.9)	(38.2)	(47.1)	(8.8)
Total current liabilities	(58.0)	(54.0)	4.1	(209.3)	(219.9)	(10.6)	(58.6)	(57.0)	1.6	(325.9)	(330.9)	(4.9)
Total assets less current liabilities	179.0	175.7	(3.3)	513.4	507.6	(5.8)	167.0	162.7	(4.3)	859.4	846.0	(13.4)
Borrowings - PFI	0.0	0.0	0.0	(346.6)	(344.9)	1.7	0.0	0.0	0.0	(346.6)	(344.9)	1.7
Borrowings: leases non-current	(1.0)	(0.7)	0.3	(28.1)	(27.0)	1.1	(3.9)	(3.8)	0.1	(33.0)	(31.5)	1.5
Provisions	(0.7)	(0.7)	(0.0)	(3.4)	(3.4)	0.0	(1.4)	(1.4)	0.0	(5.5)	(5.5)	(0.0)
Deferred Income	0.0	0.0	0.0	(1.0)	(0.9)	0.1	0.0	0.0	0.0	(1.0)	(0.9)	0.1
Total non-current liabilities	(1.7)	(1.4)	0.3	(379.1)	(376.2)	2.9	(5.3)	(5.2)	0.1	(386.1)	(382.8)	3.3
Total assets employed	177.4	174.4	(3.0)	134.3	131.4	(2.9)	161.7	157.5	(4.2)	473.4	463.3	(10.1)
Financed by												
Public dividend capital	256.0	256.0	0.0	412.1	412.1	0.0	440.8	442.6	1.8	1,108.9	1,110.7	1.8
Retained Earnings (Accumulated Losses)	(80.9)	(83.9)	(3.0)	(312.6)	(315.0)	(2.4)	(282.2)	(288.2)	(6.0)	(675.7)	(687.1)	(11.4)
Revaluation reserve	2.2	2.2	(0.0)	34.8	34.3	(0.5)	3.1	3.1	0.0	40.1	39.6	(0.5)
Total Taxpayers' and others' equity	177.4	174.4	(3.0)	134.3	131.4	(2.9)	161.7	157.5	(4.2)	473.4	463.3	(10.1)

6. Capital

Month 2 forecast outturn for Total CDEL is a £2.7m underspend compared to the plan, all of which relates to nationally funded programmes. These variances needs to be agreed with NHSE as assumptions have changed since plan submission. Once agreed these needs to be reflected in the revised plan.

System CDEL (excluding donations) forecasted to be in line with the plan across all 3 sites.

Nationally funded programmes £3m underspend: On EPR programme NNUH and JPUH are forecasting to spend £10.0m and £1.2m more than original plan, respectively. The remaining forecasted overspends are driven by centrally funded schemes that were approved following on from the final plan submission. It includes £1.2m for Bowl cancer screening (NNUH), £0.3m for Hologic Panther (NNUH) and £2.1m for BLM – Estates Safety Fund (JPUH). These are offset by £17.0m forecasted underspent on NHP as a result of the ACS programme (£6m) and the NHP UKPN enabling works plan which has been revised following detailed designs (£10.1m). Further work is required to align in-year plan changes to provide assurance that FOT aligns to NHSE expectations.

Month 01 FOT		Revised Plan				FOT				FOTVariance			
		JPUH	NNUH	QEH	N&WUHG	JPUH	NNUH	QEH	N&WUHG	JPUH	NNUH	QEH	N&WUHG
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Internally Funded	Owned	10,802	11,529	10,695	33,026	10,761	11,554	10,695	33,009	41	(24)	0	17
	Right to use Asset	44	15,425	140	15,609	85	15,421	140	15,646	(41)	3	0	(37)
	Other Adjustments: grants/donations/peppercorn leases	200	5,277	460	5,937	200	5,633	460	6,293	0	(356)	0	(356)
	Disposals	651	0	0	651	651	(24)	0	627	0	24	0	24
Total System CDEL		11,697	32,231	11,295	55,223	11,697	32,585	11,295	55,577	0	(354)	0	(353)
Nationally Funded Schemes	Front Line Digitisation	0	2,460	2,114	4,574	1,212	12,449	2,114	15,775	(1,212)	(9,989)	0	(11,201)
	NHP	37,122	0	61,147	98,269	37,122	0	44,152	81,274	0	0	16,995	16,995
	RAAC Plank	17,467	0	25,400	42,867	17,467	0	25,400	42,867	0	0	0	0
	UEC	10,000	7,366	3,892	21,258	10,000	7,366	3,892	21,258	0	0	0	0
	Elective Recovery	0	27,750	0	27,750	0	27,750	0	27,750	0	0	0	0
	Diagnostics	0	6,610	113	6,723	0	7,255	113	7,368	0	(645)	0	(645)
	Estates Safety	0	886	2,604	3,490	2,111	886	2,604	5,601	(2,111)	0	0	(2,111)
	Other	0	0	0	0	0	0	0	0	0	0	0	0
Total Nationally Funded		64,589	45,072	95,270	204,931	67,912	55,705	78,275	201,892	(3,323)	(10,633)	16,995	3,039
Total CDEL		76,286	77,303	106,565	260,154	79,609	88,290	89,570	257,469	(3,323)	(10,987)	16,995	2,686

Plan values reflect revised plan including in-year funding changes notified by NHSE where apparent from Trust reporting. In-year plan changes are not consistently reported and there may be variation to internal Board reported plan values until this is standardised across the Group. Variances will not therefore reconcile to NHSE reporting.

7. Risk

Principal Risk 4: Financial sustainability - if a credible financial sustainability plan is not delivered, then regulatory action may ensue, autonomy may diminish, and the Group's capacity to provide appropriate care will be at risk. *Risk score C5+L4+CE3=12*

Risks to in-year delivery

Risk	Metric	Consequence	Likelihood	Control Effectiveness	Total
1	Risk of not delivering breakeven financial plan in 2026/27	5	4	3	12
2	Risk of not delivering efficiency targets in line with the plan in 2026/27	5	4	4	13
3	Risk of not delivering the NHSE bank and agency controls in 2026/27	4	4	3	11
4	Risks of failing to deliver a CDEL compliant capital programme	5	3	3	11

Commentary:

- The key risk is relating to delivery of CIP in 2026/27. Having delivered over £80m in 2025/26 the focus has changed to identification and delivery of the CIP in year.
- Financial Performance: the plans for 2026/27 were approved by NHSE in March with “close down” letters sent out by Region. The Trusts have set ambitious breakeven plans to deliver the reduction in deficit support monies. The CIP plans are the driver for delivery of the overall financial performance and there is still a large proportion in the high-risk category and will require constant monitoring to deliver the overall plan in year. This is a key part of the One Recovery programme for the Trusts in 2026/27.
 - Bank/Agency rate reduction: The reductions become much harder in 2026/27 for agency as there are only a small number of hard to recruit roles that are now using agency. Bank reductions are reliant on reducing sickness levels across all Trusts as well as reducing the need for escalation space.
 - Cash: this continues to be an issue with QEH due to the precarious cash position and a cash committee has been set up chaired by the EMD to support the ongoing management of the position. Despite the reduction in deficit support money in 2026/27 there is still a significant amount of cash support for QEH and JPUH, which if the financial plan is not delivered then the quarterly cash is at risk.

Actions:

- Continued focus on identifying recurrent and non recurrent CIPs to deliver the 2026/27 financial plans.
- Continuation of the controls on the use of temporary staffing, with a focus on medical staffing.
- Ongoing discussions with NHSE on the revenue position to ensure the cash position does not deteriorate.

Report to Norfolk and Norwich University NHS FT Council of Governors in public 16th July 2026

Title:	Lead Governors Report
Author:	Elaine Bailey (LG) and Chris Hind (DLG)
Purpose	This report provides an overview of Governor activity since the previous Council of Governors meeting (April 2026) and highlights matters requiring governor awareness, discussion and/or assurance.

1. Lead and Deputy Lead Governor Activity

During the reporting period, the Lead +/- Deputy Lead Governor have:

- Held meetings with the Trust Chair
- Met with the Executive Managing Director
- Met with Group Non-Executive Directors (GNED)
- Met with members of the NNUH Senior Leadership Team
- Liaised with the Interim Group Director of Governance
- Engaged with NWUHG colleagues and Lead Governors from both within and outside the Group
- Participated in joint meetings with JPUH and QEH Lead Governors
- Responded to enquiries and concerns raised by governors.
- Represented the Council of Governors at internal and external meetings where appropriate including participation within the NNUH Charity Committee and NNUH PEEG
- Together with JPUH and QEH, participated in GNED selection and appointment process
- Participated in Group People Officer and Group Chief Nurse selection processes
-

2. Council of Governors Activity

During the reporting period, governors have:

- Approved the nomination of recently appointed Group NEDs and Associate GNEDs
- Reviewed and provided feedback on revised NNUH Constitution
- Participated in Working Groups (**see Appendix I for output**)
- Continued with designate Link roles with Cromer Hospital and Jenny Lind Hospital
- Engaged with members, patients, public and staff through internal and community events and providing feedback
- Via the EMD's leadership, signed off a Standard Operating Policy for reporting feedback
- Raised the governor profile and awareness of pending governor elections
- Supported the work of NNUH Charity, including fund raising activities

3. Stakeholder Engagement

Over the reporting period, governors have engaged extensively with patients, members, staff and the wider community, including GPs, community healthcare teams, voluntary and community groups and Patient Participation Groups (PPGs). These conversations have provided valuable insight into patient experiences and service delivery, enabling governors to share rich feedback with the Trust and highlight opportunities to improve services and patient outcomes.

4. Summary of Feedback Themes

Exceptional patient experience despite sustained pressures

Patients continue to provide overwhelmingly positive feedback regarding the quality of care received at NNUH. There is consistent praise for the kindness, professionalism and compassion of staff, with many patients recognising the considerable pressures under which services continue to operate.

Pride in service achievements

There is considerable pride amongst staff regarding the Trust's elevated NOF status, which is seen as recognition of the high standards of care and multidisciplinary teamwork delivered by NNUH.

Managing patients on prolonged waiting lists

Patients and staff continue to highlight concerns regarding continuity of care for patients awaiting treatment over extended periods. There is increasing concern that waiting list management is missing proactive communication, mechanisms to identify deterioration and clear arrangements regarding clinical oversight and responsibility.

Understanding the benefits of Group collaboration

Staff acknowledge the strategic rationale for Group working but continue to seek greater understanding of how the arrangements are delivering tangible benefits for frontline services. There is awareness of examples where NNUH has supported neighbouring organisations, including surgical services at QEH, but staff are questioning the extent to which collaboration across the Group is improving operational resilience and patient care.

Staff voice and organisational change

Staff remain committed to improving services and continue to put forward ideas and suggestions. There is an ongoing perception that suggestions do not always result in visible action or feedback. Combined with ongoing organisational change and the creation of additional Group and executive appointments, some staff report change fatigue and seek greater clarity regarding how these developments will benefit patients and frontline teams. There is also ongoing uncertainty re ongoing services reviews and implications on job safety

Financial sustainability and delivery of efficiency programmes

Staff and governors recognise the significant financial challenges facing the Trust and understand the need to deliver efficiencies and financial recovery plans. There is increasing interest in understanding the work being undertaken to reduce the scale of Cost Improvement Programmes (CIPs) and mitigate associated risks to patient care, staff wellbeing and organisational resilience. There is also interest in understanding how financial pressures within individual organisations may impact the wider Group, particularly where services and workforce arrangements are increasingly interdependent.

Sustainability and delivery of the Green Plan

There is also a perception that the scale of ambition and pace of change required to support the Trust's Green Plan may not currently be matched by sufficient dedicated resource and implementation capacity. There is interest in understanding how sustainability initiatives are being prioritised, resourced and embedded both at Trust and Group level.

Workforce resilience and temporary staffing

Questions continue to be raised regarding the increasing use of Bank and Agency staff, particularly given the previous reduction in reliance on temporary staffing. Staff are seeking assurance that workforce pressures are being proactively addressed and that increasing dependency on temporary staffing does not create unintended risks to continuity of and quality of care or financial sustainability.

Operational resilience and environmental pressures

Recent periods of high temperatures have generated concerns regarding the resilience of the estate, patient comfort and staff wellbeing, particularly within older parts of the hospital estate. Staff governors have sought reassurance that contingency arrangements are sufficient should periods of extreme weather become more frequent. Also that environmental changes are considered within strategic planning

Co-production and patient partnership

Feedback from patients and public includes a real desire to be actively involved in shaping services. Are there plans to strengthen real-time feedback mechanisms and broaden patient and public involvement in service redesign and future developments?

5. Assurance and Governance

Key areas where governors have sought or received assurance, include:

- Quality and patient safety
- Workforce and staff wellbeing
- Financial sustainability
- Operational performance
- Estates, Sustainability and New Hospital Programme
- Patient and public involvement/co-production opportunities

See **Appendix II** for recently forwarded requests for assurance

6. Current Challenges

The Council of Governors continues to face a number of significant challenges that are limiting its ability to fully discharge its statutory responsibilities.

Governors remain concerned about the mechanisms through which assurance is being obtained from the Group Non-Executive Directors, particularly as governance arrangements continue to evolve. There is a shared desire to ensure that the Council receives timely, meaningful assurance that enables governors to fulfil their role effectively.

The Council also continues to operate with very limited administrative support. Since changes to the local governance support arrangements, communication channels between the Trust and governors have become increasingly restricted. Governors are no longer routinely receiving performance information, key updates or details of opportunities to support Trust activities, community engagement and other internal and external events.

The Council is currently heavily reliant on the Interim Group Director of Governance for advice, coordination and support. While this support is greatly valued, it is neither sustainable nor sufficient to meet the needs of an active Council, particularly with the prospect of up to 12 newly elected governors joining following the August elections. Consideration will need to be given to how governors will be inducted, supported and developed to ensure they can contribute effectively from the outset.

These challenges present an opportunity to review how the Council of Governors is supported, ensuring it has the resources, information and governance arrangements necessary to make a meaningful contribution to the Trust and the wider Group.

7. Looking Forward

Key priorities over the coming quarter will include:

- Support newly elected governors
- Continue development of governor working groups
- Strengthen governor assurance arrangements
- Raise the profile of our staff and public governors
- Strengthen collaboration with our fellow governors across the Group
- Improve communication and information sharing
- Support implementation of Group governance arrangements
- Continue engagement with members, patients and staff

The Council of Governors is asked to note the contents of this report, comment on the updates provided, identify any additional areas where assurance or further work is required and highlight any priorities they would wish the Council to progress in the future.

Council of Governors

Working Group Update

April to July 2026

Council of Governors
Working Group Update
April to July 2026

Executive Dashboard
Page 2

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Governance <i>Ensuring the Council of Governors operates effectively through robust assurance, good governance and continuous development.</i>	Public & Patient Engagement <i>Championing the patient voice through engagement, assurance and quality improvement activities.</i>	Staff <i>Providing an independent voice for staff by listening, recognising excellence and representing workforce concerns.</i>	Membership & Charity <i>Strengthening relationships with members, volunteers and the wider community to support the Trust beyond clinical care.</i>
Achievements 1. Constitution review 2. Assurance improvements 3. East Anglian Network 4. New Governor induction	Achievements 1. 3x AoE Patient Audits 2. 4x Care Assurance Visits 3. Customer Care Meetings 4. 1x Patient Ward Visit	Achievements 1. Monthly Meet the Governors 2. DAISY Award Panel 3. Staff voice and wellbeing	Achievements 1. Committee representation 2. Norfolk Show 3. Dementia Fayre 4. Carol Services planning
Page 6	Page 7	Page 8	Page 9

Key Achievements

Ongoing

Staff Voice & Governance

Monthly staff engagement, DAISY Award participation and governance improvements continued to ensure staff voices and robust assurance remain central to Trust decision-making

10+

Patient Engagement Events

Providing independent assurance through AoE audits, Care Assurance Visits, Customer Care meetings and ward visits.

4+

Community & Charity Events

Governors supported major community and charity initiatives, increasing visibility of the Council while promoting membership and charitable activities.

Examples of Governor Contributions

Attending PEEG Meetings



Providing staff with positive feedback

“ Thank you for this notice I do appreciate it. I am proud to know that I have provided care for patients and made a difference, I will continue to thrive to do so...Thank you again, Maisie McAdam.

Working on improving Customer Care



Looking Ahead

Priority	Focus	Activity
Governor Development	2026 Elections	Deliver induction and development for newly elected governors, ensuring they are equipped to fulfil their statutory role from day one.
Engagement	Governor Pop-Up Events	Increase governor participation in patient, member and community engagement activities to broaden representation and strengthen local partnerships.
Winter Programme	Services	Support delivery of the 2026 Christmas Carol Services at Norwich Cathedral and Cromer Parish Church alongside ongoing Hospital Charity initiatives.

Governance

Key Highlights : Strengthening Assurance

- Continued review of governance arrangements for the Council of Governors
- Supported work reviewing the revised **NNUH Constitution**
- Improved governor information and assurance processes
- Continued collaboration through the **East Anglian Lead Governors' Network** to share learning and best practice

Preparing for the future

- 1 Planning has begun for the induction and development of governors elected following the August elections

Public and Patient Engagement

Our focus has been listening to patients, carers and communities to help improve services and patient experience.

Highlights

- Supported **Accreditation of Excellence (AoE)** audits and **Care Assurance** visits
- Contributed to the Trust's **Customer Care** programme and patient experience initiatives
- Gathered patient and public feedback to help inform quality improvement

What we're hearing

- × Opportunities to improve communication
- ✓ Positive care experiences
- ✓ Compassionate, person-centred care

Priorities

1. Increasing governor visibility at engagement
2. Strengthen links with community partners
3. Ensure patient feedback is captured

Staff

Keeping staff voices heard

- Monthly Meet the Governors sessions continue to provide dedicated opportunities for staff discussion
- Staff governors have maintained regular informal engagement across clinical and non-clinical teams
- Staff feedback continues to be represented through Council and governance meetings

What Staff Told Us

1. Workforce pressures
2. Communication between departments
3. Staff wellbeing
4. Career development
5. Operational pressures

Celebrating our people

Staff governors have joined the DAISY Award review panel, recognising exceptional compassionate care across the Trust.

Looking ahead

Continue extending staff engagement and feedback opportunities

Membership & Charity

Membership

- Recruitment activity has been affected following the resignation of the Membership Secretary, making it difficult to maintain a consistent governor link.
- Re-establishing this relationship remains a priority to strengthen membership recruitment and engagement.

Hospital Charity & Events

- Governor representation is established on the Hospital Charity Committee and supporting activities at the Norfolk Show and the Dementia Fayre
- Governors are now helping plan the 2026 Christmas Carol Services at the Norwich Cathedral and Cromer Parish Church

Appendix II Assurances Currently Sought

Waiting Lists and Continuity of Care

- What assurance can be provided that patients waiting extended periods for treatment are receiving appropriate clinical oversight and opportunities for reassessment should their condition change?
- What arrangements are in place to proactively identify and support patients whose health deteriorates whilst awaiting treatment?

Operational Resilience

- What assurance can be provided regarding the Trust's preparedness for periods of extreme hot weather, including arrangements for patient comfort, staff wellbeing and service continuity?
- In light of continuing ambulance handover challenges at NNUH, are there opportunities for collaborative approaches across the Group that could support patient flow and operational resilience?

Group Collaboration

- What examples can be shared to demonstrate how Group arrangements are enabling the three trusts to support one another operationally and clinically?
- How are the benefits of Group working and organisational changes being measured and communicated to frontline staff?

Financial Sustainability

- What work is being undertaken to reduce the level of Cost Improvement Programmes required at NNUH and across the wider Group, and what assurances can be provided that associated risks are being effectively identified and mitigated?
- How are the risks arising from CIP delivery being assessed in relation to patient safety, staff wellbeing and service sustainability?

Sustainability and the Green Plan

- What assurance can be provided that there is sufficient resource, capacity and expertise to deliver the Trust's Green Plan and wider sustainability ambitions?
- How are sustainability priorities being supported and coordinated across the Group, and what opportunities exist for collaborative working and shared learning?
- How are environmental sustainability and net zero ambitions being embedded into the planning and design of future hospital developments?

Workforce Resilience

- What factors have contributed to the apparent increase in the use of Bank and Agency staff, and is this trend being observed across particular services or professional groups?
- What assurance can be provided that reliance on temporary staffing is not creating additional workforce, financial or quality risks?
- What actions are being taken to restore the previous trajectory of reducing dependence on Bank and Agency staffing and strengthening substantive workforce resilience?

Staff Engagement and Improvement

- How does the Trust ensure that staff suggestions and ideas are considered, progressed and fed back upon?
- What mechanisms are in place to demonstrate that staff contributions lead to meaningful improvement?

Co-production and Future Developments

- How does the Trust intend to strengthen co-production with patients, carers and communities in the design of future services?
- How can governors best support in this regard?

Report to Norfolk and Norwich University Hospitals NHS Foundation Trust Council of Governors in public: 16 July 2026

Agenda item number	9		
Title	Governance update		
Author(s)	Ian Walker, Interim Group Director of Governance		
Executive sponsor	Ian Walker, Interim Group Director of Governance		
Purpose of report	For decision ☐	For discussion ☒	For information ☐

Executive summary

This paper provides an update on implementation of the Group governance arrangements across NNUH, QEH and JPUH, including Governor elections, Governor engagement and development, and the evolving role of Group Non-Executive Directors (NEDs).

The Governor elections have generated strong interest, with 82 nominations received for 41 public and staff governor vacancies across the three Trusts. Most constituencies are therefore contested, with only three vacancies currently expected to remain unfilled. Balloting will commence on 20 July 2026, with results anticipated in mid-August.

Planning is underway for a comprehensive induction programme for newly-elected governors, combining Group-wide and Trust-specific elements. Discussions are also continuing on a forward programme of Council of Governors meetings, with increased opportunities for joint engagement across the Group. A joint governor event is planned for September 2026 to support induction and update on the Group's clinical strategy.

The establishment of the Group Strategy, Technology, Investments and Partnerships (STIP) Committee completes implementation of the governance framework agreed under the Provider Collaboration Agreement. An effectiveness review of the Group governance arrangements will be undertaken in the autumn.

Following the appointment of additional Group NEDs and Associate NEDs, strengthened Trust-specific Associate Chair and Link NED arrangements have been introduced to enhance engagement with governors, improve local insight and strengthen assurance to the Group Board. Committee and NED responsibilities remain under review as proposals are developed for a proposed Group Quality and Outcomes Committee.

Recommendations

The Council of Governors is asked to note the governance update.

Alignment to Board Assurance Framework risk(s)	BAF Principal Risk 14 (corporate governance)
Previously considered by	n/a
Any background papers in Admin Control Reading Room	No

Norfolk and Waveney University Hospitals Group

Norfolk and Norwich University Hospitals NHS Foundation Trust Council of Governors in public: 16 July 2026 Governance update

1. Introduction and background

- 1.1 This report to the Council of Governors provides an update on a number of Group governance issues including the status of the current Governor elections, Governor induction and future meetings, the implementation of the Group governance structure and the roles and responsibilities of Group Non-Executive Directors.

2. Governor elections

- 2.1 As governors are aware, the Group has commenced the process of elections to fill current public and staff governor vacancies (and vacancies scheduled to arise before the end of the calendar year) across the three Trusts.
- 2.2 Nominations closed on 1 July 2026 and the table below summarises the number of nominations received by Trust and by constituency.

NNUH Public Governor vacancies		Noms
Breckland	2	3
Broadland	2	6
Gt Yarmouth/Waveney	1	2
North Norfolk	1	2
Norwich	3	10
South Norfolk	2	9
West Norfolk	1	0
Total	12	32
NNUH Staff Governors vacancies		Noms
Admin & Clerical	1	5
Nursing & Midwifery	1	5
Contracted Staff & Volunteers	1	1
Medical	1	0
Total	4	11

QEH Public Governor vacancies		Noms
West Norfolk	6	7
Cambridgeshire/Fenland	2	1
South East Lincolnshire	1	1
Breckland, N Norfolk & Rest of England	1	4
Total	10	13
QEH Staff Governors vacancies		Noms
Clinical	2	8
Non-clinical	2	3
Total	4	11
JPUH Public Governor vacancies		Noms
Norfolk, Suffolk & Whole of England	10	14
Total	10	14
JPUH Staff Governor vacancies		Noms
All Staff	1	1
Total	1	1

- 2.3 There has been very strong interest in the Governor roles, with 82 nominees across the three Trusts for 41 seats, and the majority of constituencies being contested. At this stage, there are only three governor seats which will not be filled – two at NNUH and one at QEH.
- 2.4 The full list of candidates has been published. Ballot packs will be issued and the polls will open on 20 July 2026. Polls close on 10 August 2026 at 17.00 and the results should be announced later that week.
- 2.5 We are currently giving thought with the Lead Governors to the induction programme for what will be a large number of new governors. This will be a combination of joint induction across the three Trusts and Trust-specific local induction. We will look to existing governors to help support new colleagues in coming into these roles.

3. Governor meetings

- 3.1 Discussions are continuing with Lead Governors to establish a forward schedule of meetings of the Councils of Governors, with more of the meetings taking place jointly across the three Councils.
- 3.2 A joint meeting will shortly be scheduled for September 2026, aligned with the new governor induction programme, to provide an opportunity for current and new governors from the three Trusts to meet each other and to be updated on the Group's clinical strategy.

4. Group governance framework

- 4.1 An update on the implementation of the Group governance framework was provided at the last Council of Governors' meeting.
- 4.2 Since then, and as signalled in that paper, a sub-committee of the Group Board with a focus on strategy and partnerships has been established – the Group Strategy, Technology, Investments and Partnerships (STIP) Committee; and all three Trusts' Charitable Funds Committees have held quarterly meetings. The Group governance structure is set out at Appendix 1.
- 4.3 The establishment of STIP completes the implementation of the Group governance framework as set out in the October 2025 Provider Collaboration Agreement. Work will continue to embed the Group governance arrangements and an external review of the Group Governance arrangements will take place in autumn 2026 to assess their effectiveness and whether any amendments are required.
- 4.4 Since the previous meeting, and the appointment of three additional Group NEDs and two Group Associate NEDs (as approved by all three Councils of Governors), the Group Chair has supplemented the governance arrangements by aligning NEDs to each of three Trusts within the Group. While not delegating any authority from the Group Board, this will enable the three NEDs aligned to each Trust (one of whom will be the 'Associate Chair' for that Trust) to be able to gain a more in-depth understanding of Trust-specific issues and risks and feed these into the Group Board discussions.

4.5 The key roles and responsibilities of the Associate Chair and Link NEDs aligned to each Trust are as follows:

- Work with and support Governors in patient, community and staff engagement activities.
- Develop an effective relationship with Governors, including the Lead Governor.
- Deputise for the Group Chair in chairing the Council of Governors and attend Council of Governors' meetings.
- Contribute to Group Board oversight and assurance on the Trust's operational performance, finance and clinical quality.
- Chair the Charitable Funds Committee.
- Ensure that there is a programme of NED visits to services/wards/departments/etc. (as part of ensuring effective Board to Ward governance).
- Represent NEDs at Trust/site events (e.g. staff awards)

4.6 The current allocation of Group NEDs and Group Associate NEDs to Board sub-committees and Link NED roles is set out at Appendix 2. It should be noted, however, that this is currently under review following the appointment of the additional Group NEDs and Group Associate NEDs to ensure an appropriate balance of roles and responsibilities. In addition, it will take account of the proposed establishment of an additional sub-committee of the Group Board with a focus on Quality and Outcomes.

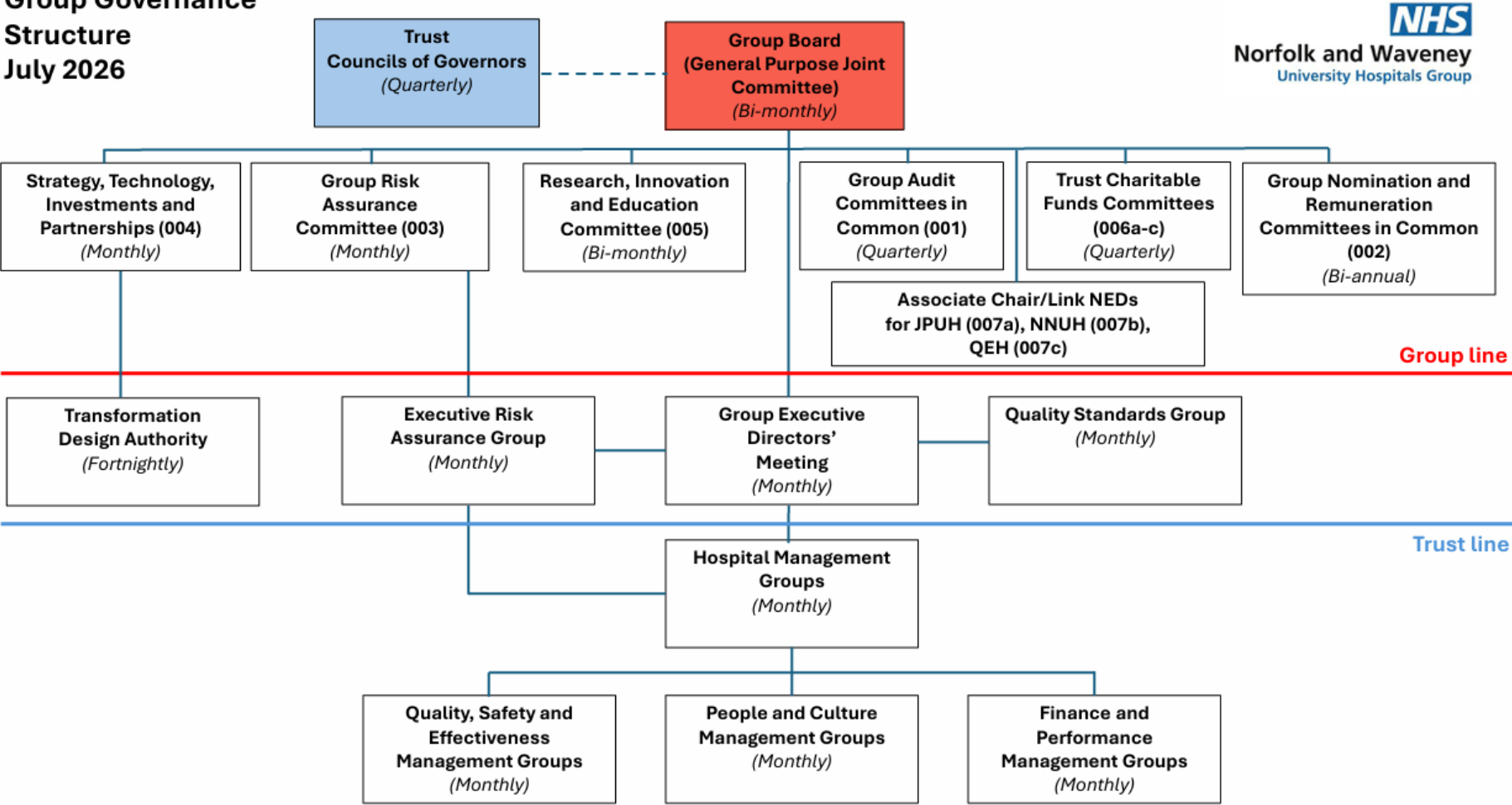
4.7 The Group NED chair of each Board sub-committee provides a report from its meeting to the meeting of the Group Board. These are published as part of the Board papers on the Group website. Copies of the most recent reports from the Group Risk Assurance Committee, the Group Audit Committees in Common, the Group Nomination and Remuneration Committees in Common and the Group Research, Innovation and Education Committee are attached at Appendix 3.

5. Recommendations

5.1 The Council of Governors is asked to note the governance update.

Appendix 1: Group Governance Structure, July 2026

**Group Governance
Structure
July 2026**



Appendix 2: Group NED roles and responsibilities

Board committee	Membership	
Group Audit Committees in Common (001)	Stephen Javes (Chair) Jo Churchill Nikki Gray	
Group Nomination and Remuneration Committees in Common (002)	Sally Collier (Chair) Philip Baker Nikki Gray	
Group Risk Assurance Committee (003)	Nikki Gray (Chair) Sally Collier William Van't Hoff	
Strategy, Technology, Investments and Partnerships Committee (004)	Andy McKechnie(Chair) Jack Bowman Sally Collier	Tanvir Alam Marcus Bailey
Group Research, Innovation and Education Committee (005)	Philip Baker (Chair) Jack Bowman William Van't Hoff	
JPUH Charitable Funds Committee (006a) NNUH Charitable Funds Committee (006b) QEH Charitable Funds Committee (006c)	Sally Collier (Chair) Susan Putters (Chair) Tanvir Alam (Chair)	

Trust/Specific role	NEDs	
James Paget University Hospitals NHS Foundation Trust (007a)	Stephen Javes (Associate Chair, JPUH) Gee Cook Sally Collier	
Norfolk and Norwich University Hospitals NHS Foundation Trust (007b)	Susan Putters (Associate Chair, NNUH) Nikki Gray Marcus Bailey	
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (007c)	Tanvir Alam (Associate Chair, QEH) Andy McKechnie William Van't Hoff	
NED Perinatal Safety Champion (across all three Trusts)	Jo Churchill	
Maintaining High Professional Standards (MHPS)	Sally Collier	
Freedom to Speak Up	William Van't Hoff	
Group matters – shared services, technology	David Roberts Jack Bowman	Phil Baker Andy McKechnie
10-Point Plan to improve Resident Doctors' lives	Tanvir Alam	

Report to the Group Board in public: 3 June 2026

Agenda item number	8.1		
Title	Group Risk Assurance Committee – Chair’s report		
Author(s)	Nikki Gray, Committee Chair and Group Non-Executive Director		
Executive sponsor	Not applicable		
Purpose of report	For decision ☐	For discussion ☐	For information ☒

Executive summary

The Group governance structure includes a Group Risk Assurance Committee which meets monthly.

The attached report summarises the key areas of discussion at the Committee’s latest meeting which was held on 28 May 2026.

Recommendations

The Group Board is asked to note the report of the Group Risk Assurance Committee meeting held on 28 May 2026.

Alignment to Board Assurance Framework risk(s)	All BAF Principal Risks
Previously considered by	Not applicable
Any background papers in Admin Control Reading Room	No

**Chair's Report from the Group Risk Assurance Committee (GRAC):
28 May 2026**

Matters for Board consideration

1. Following a review by GRAC members and the Interim Group Director of Governance, the agenda had been “re-set” to ensure a more rigorous focus on risk, associated activity and assurance levels, rather than being led by standing agenda items. Feedback at the end of the meeting suggested that the conversation had shifted to being more risk-focused. However, I still have concerns that we should retain focus on review of the Integrated Performance Report (IPR) and the finance report.
2. Many of the discussions and two of the deep-dives related to matters of Quality and Safety (Q&S); however, this domain was not considered in the round and the need, or otherwise, for a separate Q&S Committee requires urgent consideration, albeit acknowledging that the work of the Quality Standards Group needs to be given time to develop and embed.
3. The Executive Risk Assurance Group (ERAG) Chair's report provided a concise summary of matters discussed and highlighted 10 specific matters for the attention of GRAC. The Committee **took reassurance** from the Group Chief Executive, who confirmed that for all other significant risks, **ERAG was assured** that actions are identified and underway to manage/mitigate these. We need to consider how the 10 matters highlighted by ERAG are formally either closed down or carried forward in subsequent GRACs.
4. The risk summary document lists 42 Principal and significant risks with a risk score ≥ 12 . From scrutiny of other papers, there are an additional 8 risks scoring ≥ 12 , 2 from NNUH, 2 from the One Recovery Programme and 4 from the cyber paper. Furthermore, 8 emerging risks have been identified and consideration was given to include Pharmacy, Endoscopy and Ophthalmology from QEH. This potentially amounts to 61 risks with a score of ≥ 12 . The Group Board is asked to note the enormity and complexity of the significant risk landscape.
5. Whilst discussed several times, cross-cutting/Group-wide risks still need to be better identified and documented. Some examples are currently included as “emerging risks” which will need to be formally risk assessed and included in risk registers accordingly.
6. The Committee noted that, while not a specific agenda item, financial matters were discussed by each of the three Executive Managing Directors and elsewhere throughout the meeting. Delivery of the Cost Improvement Programme (CIP) remains a Group-wide risk and I wonder whether it should be specifically documented to ensure scrutiny is maintained? This could be another example of a cross-cutting risk.

7. The Committee noted the continuing development of the Group Board Assurance Framework and **were assured** that the understanding, measurement and actions associated with Principal Risks is becoming increasingly transparent and better understood.
8. Three deep dives were undertaken: PR1 (quality standards variation), PR3 (access, flow and productivity) and PR8 (cyber security and information governance). On cyber security, it was noted that a risk trajectory has been documented and an updated strategy has been developed which will need to be reviewed through the new Strategy, Technology, Investments and Partnerships (STIP) Committee. The key actions and their associated timeframes to deliver the risk trajectory will need to be set out clearly in the PR8 risk on the BAF.

The Group Board is asked to:

- Note the work of the GRAC and that we continue to actively explore improvements.
- Note the scale and complexity of significant risks.
- Implement the STIP at pace.
- Conclude whether a separate Q&S Committee is required.

Nikki Gray
Committee Chair

Report to the Group Board in public: 3 June 2026

Agenda item number	8.2		
Title	Group Audit Committees in Common – Chair’s report		
Author(s)	Stephen Javes, Committee Chair and Group Non-Executive Director		
Executive sponsor	Not applicable		
Purpose of report	For decision ☐	For discussion ☐	For information ☒

Executive summary

The Group governance structure includes a Group Audit Committees in Common which meets four times per year (with an additional meeting on the Annual Report and Accounts).

The attached report summarises the key areas of discussion at the Committee’s latest meeting which was held on 28 April 2026.

Recommendations

The Group Board is asked to note the report of the Group Audit Committees in Common meeting held on 28 April 2026.

Alignment to Board Assurance Framework risk(s)	All BAF Principal Risks
Previously considered by	Not applicable
Any background papers in Admin Control Reading Room	No

Chair's Report from the Group Audit Committees in Common: 28 April 2026

The Committee received reports covering:

1. External Audit: there was reasonable assurance that all three audits were on plan.
2. Internal Audit: partial assurance and see alerts below.
3. Counter Fraud: reasonable assurance and an alert.
4. Declarations of Interest processes: partial assurance with plan to be fully assured in place.
5. Quarterly waivers: partial assurance with assurance that revised processes and an improved report will be in place for the June 2026 meeting.
6. Annual accounts and Annual Governance Statement: reasonable assurance.
7. Terms of Reference: reasonable assurance.

Alerts:

1. All three Trusts received partial assurance regarding sickness management. It was therefore agreed that the three Human Resources Directors, together with the newly-appointed Interim Group Chief People Officer, should review best practice across the Trusts in order to harmonise processes and seek improvement in performance and that they should attend the autumn meeting to outline the work undertaken and progress.
2. There are concerns that the final internal audit report for the Queen Elizabeth Hospital will only provide partial assurance and this may therefore impact on the Annual Governance Statement and Value for Money report.
3. There are some concerns that the last three internal audit reports at the James Paget were partial assurance. However, it was noted that two of these were requested by the hospital due to internal concerns and as such this should be seen as a positive.

Advice

1. There was concern that one fraud investigation at Queen Elizabeth Hospital was still ongoing after a year. It was agreed that the Group Chief Executive would review the case and ensure all appropriate actions are being and will be taken.

Stephen Javes
Committee Chair

Report to the Group Board in public: 3 June 2026

Agenda item number	8.3		
Title	Group Research, Innovation and Education Committee – Chair's report		
Author(s)	Philip Baker, Committee Chair and Group Non-Executive Director		
Executive sponsor	Not applicable		
Purpose of report	For decision ☐	For discussion ☐	For information ☒

Executive summary

The Group governance structure includes a Board-level Research, Innovation and Education Committee, reflecting the central importance of research, innovation and education to the Group's strategic ambitions including as a University Hospital System.

The attached report summarises the key areas of discussion at the Committee's meetings held on 28 April and 22 May 2026.

Recommendations

The Group Board is asked to note the report of the Group Research, Innovation and Education Committee meetings held on 28 April and 22 May 2026.

Alignment to Board Assurance Framework risk(s)	BAF Principal Risk 16
Previously considered by	Not applicable
Any background papers in Admin Control Reading Room	No

Chair's Report from the Group Research, Innovation and Education Committee: 28 April and 22 May 2026

The Group Research, Innovation and Education (RIE) Committee has met twice since the last Group Board meeting on 1 April 2026 (28 April and 22 May 2026). This more frequent cadence was put in place to maintain momentum in developing and establishing reporting structures and supporting the development of the recommendations report developed by Dr Liz Sutton concerning a Group-wide model for RIE across the Group.

These meetings focused principally on:

- Establishment of the first integrated Group-level research and education dashboards and reporting arrangements.
- Receipt and discussion of the emerging “Collectively Curious” report and recommendations regarding the future RIE Target Operating Model.
- Consideration of the Group’s external strategic positioning and future development trajectory.

Across the two meetings, the Committee recognised progress in moving from three largely sovereign approaches to research and education towards a more integrated Group model, while also identifying substantial variation in organisational maturity, reporting, infrastructure, workforce arrangements and strategic alignment across the three Trusts.

The focus on establishing a shared “dashboard” style reporting channels into the Committee was in response to the need to establish clearer Group-wide reporting channels, baseline metrics and oversight arrangements for research and education, which did not previously exist in any mature format. The Committee’s focus has been on developing consistent reporting methodologies, benchmarking and organisational health metrics capable of supporting strategic decision-making and future performance management at Group level to support it in discharging its duties.

Across the meetings, the Committee also received, provided feedback on and discussed the emerging “Collectively Curious” report, which set out recommendations regarding how the Group should structure itself to support its longer-term ambitions for RIE. The report sets out the need to move from fragmented local arrangements towards a clearer Group-wide vision, strategy and operating model, with stronger Group-level leadership for strategy, partnerships, infrastructure and external positioning, whilst retaining site-level operational delivery and local strengths. The full, final report reflecting this feedback will be received by the Group Chief Executive and inform the future development plan for RIE.

Through the Committee’s meetings, particular emphasis has been placed on the need to fully integrate RIE within future care models and clinical operations, rather than continuing to treat these as adjunct activities. The Committee also identified research nursing and wider research delivery infrastructure as key enabling functions requiring more coordinated Group-wide leadership and workforce planning. Alignment and integration with the One Strategy will be key to realising this.

The Committee will next meet on 18 June 2026 and then on 19 August 2026 from which point it will move to a bi-monthly cadence to year end. The June meeting will be a development session in response to the “Collectively Curious” report with a subsection of the Committee. This meeting will focus on development of a single shared RIE strategy and implementation roadmap, and proposals regarding future leadership, governance and delivery structures aligned to the Group’s wider One Strategy programme and ambition to establish a University Hospital System.

Philip Baker
Committee Chair

Report to the Group Board in public: 3 June 2026

Agenda item number	8.4		
Title	Group Nomination and Remuneration Committees in Common – Chair's report		
Author(s)	Sally Collier, Committee Chair and Group Non-Executive Director		
Executive sponsor	Not applicable		
Purpose of report	For decision ☐	For discussion ☐	For information ☒

Executive summary

The Group governance structure includes a Group Nomination and Remuneration Committees in Common which meets twice per year (with additional meetings as required).

The attached report summarises the key areas of discussion at the Committee's meeting which was held on 29 April 2026.

Recommendations

The Group Board is asked to note the report of the Group Nomination and Remuneration Committees in Common meeting held on 29 April 2026.

Alignment to Board Assurance Framework risk(s)	BAF Principal Risk 14 (corporate governance)
Previously considered by	Not applicable
Any background papers in Admin Control Reading Room	No

Chair's Report from the Group Nomination and Remuneration Committees in Common: 29 April 2026

At its meeting on 29 April 2026, the Committee discussed the following matters:

- Group approach to Very Senior Manager (VSM) pay: the Committee endorsed a consistent, compliant approach to VSM pay across all three Trusts, with VSM salaries set in accordance with the NHS England VSM Pay Framework.
- Group Executive and other VSM roles: the Committee reviewed and discussed the current position in relation to the remuneration and terms and conditions of Group Executives and other VSM roles at Group/Trust level.
- Termination and/or settlement payments: in accordance with its terms of reference, the Committee received details of any termination and/or settlement payments made by the Trusts.
- Group Executive objective setting: the Committee received a report from the Group Chief Executive on the process for setting objectives and reviewing the performance of Group Executives.
- In addition, the Committee discussed specific issues relating to individuals within its remit.

Sally Collier
Committee Chair