

Trust Integrated Governance and Performance Report

September 2026
Month 3 (June) & Month 4 (July) 2026

Trust balanced scorecard to July 2026

Outcomes	Threshold	June	July	Last four months trend
% of services with identified and agreed Patient reported outcome measures (<i>note 1</i>)		48.5%		
Number of MRSA cases in the last 12 months	0	0	0	Stable
Incidence of C.Difficile	0.06	0	2	Deteriorating
Regulation 28 prevention of future deaths orders	0	0	0	Stable
No Never Events recorded	0	0	0	Stable
% of safety incidents causing harm	6.5%	5.6%	7.6%	Deteriorating
% of patients waiting less than 18 weeks for their care	78.0%	73.0%	72.9%	Stable
% of people waiting over 52 weeks for care	0%	10.9%	10.6%	Improving
2 Hour Urgent Response standard	80.0%	79.3%	73.2%	Deteriorating
Evidence of patient involvement in PSII reviews is recorded	100%	100%	100%	Stable

People	Threshold	June	July	Last four months trend
Appraisal	92.0%	88.3%	88.1%	Stable
Mandatory Training	90.0%	94.7%	95.8%	Improving
Rolling sickness absence	5.5%	5.8%	6.0%	Deteriorating
Monthly sickness absence	5.5%	5.9%	5.9%	Deteriorating
Rolling turnover	12.0%	8.4%	8.2%	Improving
Stability index	87.0%	90.7%	90.8%	Improving

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Note 1: These findings remain provisional and should be interpreted cautiously pending completion of the proposed Trustwide PROMs questionnaire.

Patient and service users	Threshold	25/26	June	July	Last four months trend
Service users who provide feedback, report that the service they received was good or very good.	90.0%	95.2%	93.7%	93.3%	Deteriorating
Service users who provide feedback report that they are treated with respect and dignity.	90.0%	95.4%	95.8%	94.0%	Deteriorating
Number of patients/service users we get feedback from		3578	3235	4171	Improving
Complainant dissatisfaction	<10.0%	5.83%	0%	7.1%	Deteriorating
Statutory safeguarding review actions complete	100%		100%	No reviews in period	Stable
Statutory rapid reviews and information sharing requests completed	100%		No reviews in period	100%	Stable
Statutory Duty of Candours completed within timescale	100%		87.5%	82.6%	Deteriorating

Finance and resources	Threshold	25/26	June	July	Last four months trend
Variance to annual financial plan (YTD)	+/- 1%		0.1%	-2.5%	Deteriorating
Proportion of efficiencies delivered on a recurring basis (YTD)	90.0%		70.5%	55.8%	Deteriorating
Agency and Bank expenditure - within national target level for Trust (YTD)	£9.5m		£2.2m	£3.1m	Stable
Reduction of 'significant/high risk' backlog maintenance in our estate from £9m to £5m during the year	£5m		£8.8m	£8.6m	Improving
Cash cover	4 weeks		6 weeks	6 weeks	Stable
Productivity - increase from previous quarter*	+0.25%		2025/26 M12* NCHC +6.6% CCS +2.1%		Improving

* National productivity reporting is four months in arrears.

Key matters & escalation reports from the Service Assurance Committees and emerging issues

Ambulatory Service Assurance Committee - Key matters & escalations report

Outcomes
Concerns
Cambridgeshire and Peterborough Special Care Dentistry – 4 individuals currently waiting above 52+ weeks. Demand continues to exceed capacity. Recurrent funding still required to address longer term needs for both issues. Discussions continue with Commissioner.
Minor Oral Surgery – all locations. Due to unprecedented increase in referrals, agreed with Commissioner to pause new referrals from April 2026. Service anticipates being able to open up for these again within the next 2 months.
MSK services – days to first appointment for urgent referrals – average of 27 days against target of 14 days. 72.8% of patients seen within 18 weeks against a national target of 78%.
Good practice
iCaSH – 2 working day access – achieved 100% in July 2026.
Board action: For noting, no action
People
Concerns
MSK services – appraisal compliance below target is being actively managed.
Dental services – rolling sickness absence 6.4% against a target of 5.5%. iCaSH rolling sickness – 5.9% against target of 5.5%. All being appropriately managed. Violence and aggressive incidents continue in Peterborough. Plans in place to support staff – funding for permanent security presence being explored.
Good practice
Dental services - 3 members of staff graduated from Chrysalis leadership development programme.
NOW MSK – Staff story – apprenticeship journey shared.
Board action: For noting, no action
Dynamic Health – Substantial assurance; NOW MSK; iCaSH and Dental Services - Reasonable assurance

Patient and service users
Concerns
iCaSH – overall improvements being seen in reduction of Long-Acting Reversible Contraception (LARC) waits, however, 11 week wait in Norwich, and 6-7 week wait in Kings Lynn against a threshold of below 4 weeks.
Good practice
MSK services – patient portal is creating a secure digital front door for services, which supports self-management, safer triage and improved patient experience. Early results suggest many patients are successfully managing symptoms without requiring further intervention. 96.65% good/very good friends and family feedback.
Dental services – improved domiciliary referral pathway in Suffolk to enable patients to be seen quicker
iCaSH – learning from complaints and feedback is being converted into action to improve the patient experience and service delivery
Board action: For noting, no action
Finance and resources
Concerns
Good practice
GIRFT funding secured for both Dynamic Health and NOW MSK services £229,000 and £226,000 respectively. This funding will be used to eliminate 18+ week waiters across both MSK services by March 2027.
Dental services – West Northants Oral Health contract awarded from 1 September 2026.
Board action: For noting, no action

Outcomes
Concerns
Good practice
236 Friends and Family Responses received in July with a positivity score of 99%
2-hour urgent response – achieved 94.3% in July 2026 – against a stretch target of 80%.
Board action – for noting, no action

People
Concerns
Rolling sickness absence rate for July 2026 – 6.3% against target of 5.5%. Majority attributable to long term absence and being actively managed.
Good practice
Appraisal compliance in July 2026 – 96% - significantly exceeding 92% Trust target.
Board action – for noting, no action
Luton & Bedfordshire Adults – Substantial assurance

Patient and service users
Concerns
Virtual ward occupancy – 56% in July in South Bedfordshire and 80% in North Bedfordshire - against an aspirational maximum occupancy threshold of 80%. Improvement actions in place.
% of incidents completed in timeframe – 35.4% against threshold of 85% - target changed from 30 days to 10 days. Achieved 75% within 30 days. Actions agreed to improve performance.
Good practice
Bedfordshire remains the highest performing area in the East of England for the number of completed stack calls from the Ambulance Trust. Positively impacting on ambulance response times as well as total ambulances presenting at accident and emergency departments.
Unscheduled Care Co-ordination Hub shortlisted for HSJ award - recognising our strong collaborative approach.
Board action – for noting, no action

Finance and resources – nothing to escalate in any areas
Concerns
Good practice
Good performance against agreed efficiencies and budget for 2026/7.
Board action

Children and Young People Service Assurance Committee - Key matters & escalations report

Outcomes
Concerns
Starfish continue to review low and no harm incidents relating to medication. Complaint responses- 70% of complaints are overdue and not meeting Trust target.
Good practice
There have been nine moderate harms reported over the last 2 years in Luton and Bedfordshire audiology (children having sub-optimal sound access due to a delay in assessment) an action plan was put in place by the service leading to an improved position and no incidents being reported on the last reporting period.
Board action
People
Concerns
Monthly absence rates are still challenging across all localities and some services are below target on appraisals.
Good practice
Sickness absence is being managed well across the services with HR colleagues, alongside measuring the impacts of absence on service provision over winter.
Board action - Morale in some teams is a risk- particularly in NDS

Children and Young People – Reasonable Assurance

Patient and service users
Concerns
NDS waits are still long, but a better position with the improvement plan and trajectory in place. There are challenges in meeting the targets in the healthy child pathway around ante-natal and Integrated health reviews
Good practice
Presentation from the Norfolk children's continence team was well received. They have had a good impact in reducing DNA's and seeing children in more appropriate settings, improving compliance and ensuring all aspects of the child's life are considered Dietetics and Cambridgeshire 52 week waits continue to improve . The team have worked hard to reduce there for 80 in April to 17 in July.
Board action
The committee discussed the need for a sustainable funding model to continue the NDS recovery work.
Finance and resources
Concerns
Overspend at month 4 of £1.0m predominantly due to spend on the NDS recovery programme.
There is a risk that the NDS recovery programme may need to be paused or slowed during by Oct/Nov if a funding source is not identified, as the Trust cannot continue to absorb the costs of the programme for the full year.
Good practice
The first tranche of NCD funding for Norfolk has been agreed at 750K Vacancies are being recruited to.
Board action

Norfolk Adults Service Assurance Committee - Key Matters & Escalations Report

Outcomes
Concerns The continued focus on pressure ulcer concerns has prompted a rapid result including a business case and 12 week sprint to support improvement.
Good practice The leg ulcer element of the tissue viability business case is expected to release community nursing capacity and positively improve leg ulcer performance over the next six to nine months. The specialist tissue-viability component is expected to improve quality prevention more gradually over the next nine to twelve months. Wheelchair recovery trajectory remains on track to eliminate 52 week waits by mid-January and Speech and Language Therapy waits are close to compliance.
Board action – note the improvement actions currently underway

People
Concerns Workforce capacity continues as the principal constraint to sustainable improvements. Concerns noted in relation to staff morale and understanding the quick wins to support staff. The risks to temporary staffing levels through winter both in terms of bank and agency to help manage community-nursing demand
Good practice Implementation of the agreed business case to improve staffing levels
Board action – to monitor the implementation of the plans to improve staffing levels

Norfolk Adults – Partial Assurance

Patient and service users
Concerns Community nursing and therapy remains a major priority and whilst reported allocation rate was 96% in the period, a large number of people still aren’t receiving nursing visit on an average day. Demand for Urgent Care Response continues to increase as well as seasonal annual leave pressures both of which impact performance
Good practice Demand and capacity modelling is being used to identify staffing risks and understand variations between localities. The Committee discussed ‘a day in the life of’ – this was a patient who was unallocated, looking at what this meant for them and their care.
Good progress on the section 42 improvement action plan
Board action – note the action in place to continue to focus on reducing unallocated visits and attention on Section 42 actions

Finance and resources
Concerns Financial pressures continue and unlikely to reach financial balance in the next financial year and sustainability more likely over the next three-year period. Additional costs for Tissue Viability & Leg Ulcer workforce is only funded in-year due to non-recurrent slippage elsewhere in the Trust. A sustainable funding source is required. Beech ward – gaps in funding from the Norfolk and Norwich hospital Trust of the staffing model compared to complexity of patients which means this is currently being reviewed
Good practice Identification of transformation costs and benefits to inform financial sustainability for planning purposes ahead of April 2027 going forwards.
Board action – to note the need for a three-year financial plan by December 2026

Board-level forward look/horizon scanning

Emerging Issue	Potential Impact	Timeframe	Mitigation / Response
Funding of waiting list reduction initiatives	The proposed 24-month NDS waiting list recovery programme has an estimated cost of £6.4m, of which only £0.7m has been secured to date. While some costs have been absorbed to date through non-recurrent savings and the release of balance sheet provisions; this approach is only sustainable until Oct/Nov 26. Without confirmation of further funding, the Trust will need to reassess affordability and may need to slow the pace of the NDS recovery programme or find a formal mechanism to fund using past year surpluses – in line with advanced foundation trust status freedoms.	2026 - 2028	Funding decisions are expected in October on: £2.9m ICB funding for the Norfolk NDS £0.4m through national GRTF funding opportunities - Alternative funding options, including cash reserves and prior-year surpluses, continued to be explored with NHS England, following confirmation of Advanced Foundation Trust status which provides greater flexibility to support future funding option (<i>see Chief executive report</i>)
Local Government Review changes	The Government has paused/cancelled the decisions previously made on local government re-organisation and will not announce changes in Cambridgeshire and Peterborough. Whilst this reduces current anxiety, it is unknown if this is a long-term cancellation or will be re-introduced in this Parliamentary cycle	Immediate	❖ Refocus work with Norfolk, Cambridgeshire and Peterborough upper tier Councils on service change, moving away from impact of structural change ❖ Increase pace of agreeing neighbourhood boundaries and alignment with Primary Care Networks and existing local government boundaries
Implementation of integrated neighbourhoods	Need to agree partnerships and professional/clinical population leadership approaches over the coming four months. Both Integrated Care Boards seeking new joint arrangements to be live for April 1st 2027 – therefore alignment with partners is crucial.	Now – March 2027	Using the population focus of those living with mild, moderate or severe frailty: ❖ Develop partnerships within each place area for the footprint of the Trust ❖ Board development time in October to share thinking; understand impact and hear directly from ICB colleague leading this work ❖ Prepare teams for a greater inter-organisational approach to support our local populations

Spotlight reports



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Areas of Concern: 52-week waits Trustwide

Background/Context:

Service	Number of Waiters	18 Week compliance	Maximum wait (weeks)	Profile of waiting times			
				18+ Week Waiters	30+ Week Waiters	48+ Week Waiters	52+ Week Waiters
Norfolk Neurodevelopmental Service	2770	5.2%	208.0	2627	2546	2327	2262
Beds Neurodevelopmental Service	2011	8.7%	167.4	1836	1650	1483	1475
Luton Neurodevelopmental Service	1987	10.9%	166.4	1771	1538	1319	1308
Cambs Neurodevelopmental Service	1941	17.3%	128.0	1605	1347	1059	1037
Norfolk Wheelchair Service	717	60.3%	75.4	285	179	TBC	65
Luton Paediatric Audiology	1472	73.4%	86.6	391	155	35	24
Cambs Paediatric Dietetics	435	66.0%	112.3	148	72	25	17
Beds Paediatric Speech and Language Therapy	921	73.6%	71.3	243	96	5	4
Norfolk Community Paediatrics	759	73.5%	85.7	201	10	1	1
Cambs Dental GA (Peterborough)	173	50.3%	60.0	86	50	7	4
Cambs Dental SCD and DOM	1235	59.8%	53.0	496	147	22	1

Compliance with over 18 week and 52 week waiting time targets continues to be impacted by Neurodevelopmental Services (NDS) across the geographies.

Children & Young People Neurodevelopmental Service

- See slide 11 for detailed spotlight

Luton Paediatric Audiology

- The number of children waiting for an initial appointment has reduced by 631 in the past 12 months. Improvements have been achieved by increased clinical capacity (insourcing provider), introduction of ‘choose and book’ processes, new testing facilities have been installed in Bedford and Luton expanding estate capacity for appointments and co-production of a parent questionnaire with the National Deaf Children’s Society for all long waiters (this is helping to identify clinical risk in the waiting lists and expedition of appointments).
- The service has been accepted onto the NHS Elect Improvement Collaborative – focus on reducing risks in the waiting list. The ICB are considering a request for non-recurrent funding to reduce the waiting list to under 6 weeks.

Cambridgeshire Paediatric Dietetics

- The 52-week waiting position continues to improve (80 children in April to 17 children at the end of July 2026), anticipated zero 52-week breaches by April 2027.

Bedfordshire Paediatric Speech and Language Therapy

- The 4 over 52-week waiters have appointments booked. The number of children breaching 18 weeks has increased and is associated with Luton Local Authority ceasing funding for mainstream schools. A paper has been submitted to the council for consideration of re-procurement.

Norfolk Wheelchair Service

- See slide 13 for detailed spotlight

Norfolk Community Paediatric Service

- Reporting indicates one breach – referral is a data quality issue (not a genuine 52-week breach) and has now been resolved.

Dental Service

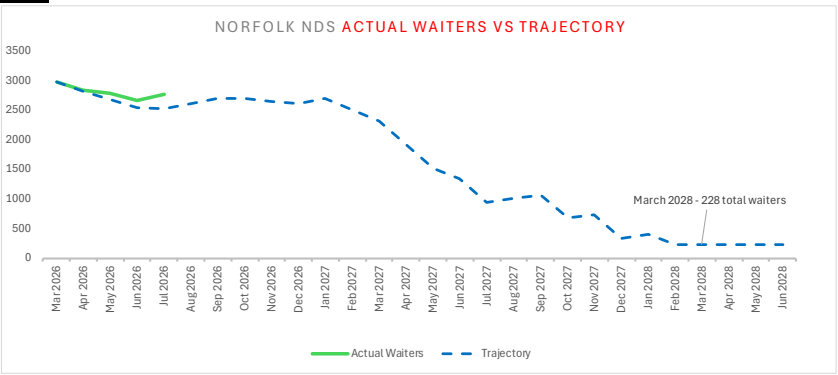
- Management actions include weekly tracking of patients, prioritisation by waiting time and clinical urgency, active waiting list validation, and the funding of additional General Anaesthetic theatre lists

Areas of Concern: Children & Young People Neuro Developmental service – 52-week waits

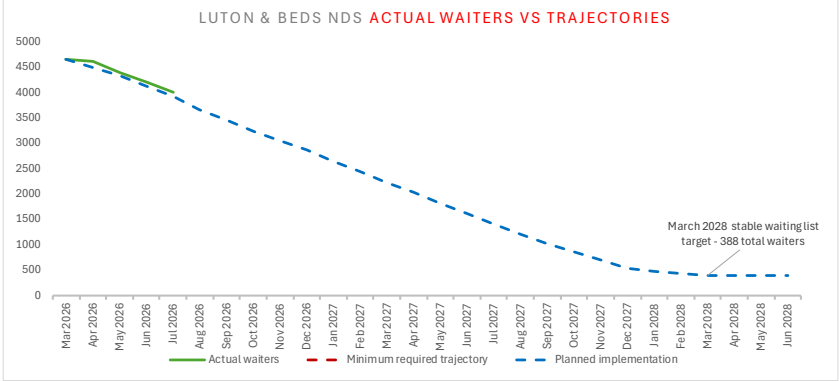
Understanding the Performance:

Month Ending **31/07/2026**

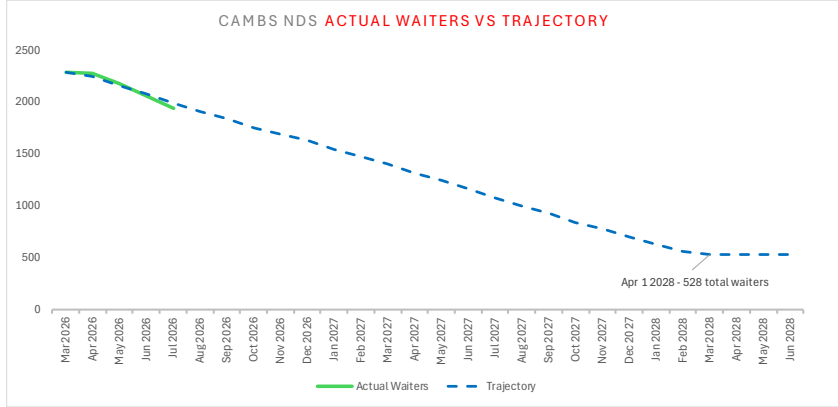
Norfolk NDS	
Actual Children Waiting	2770
Planned position	2533
Variance	+237



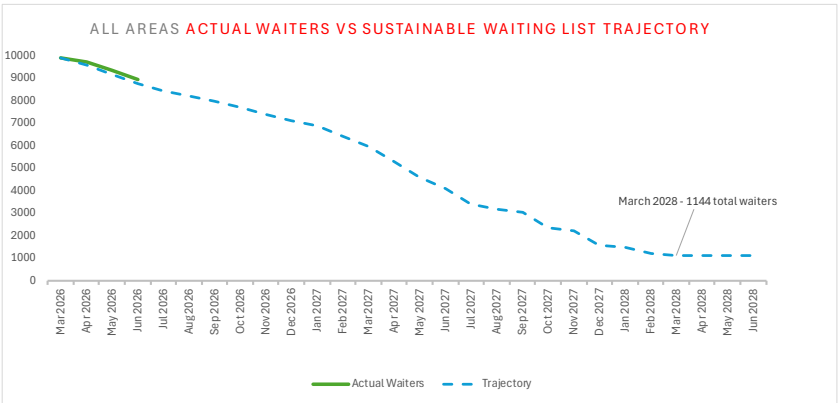
Luton & Beds NDS	
Actual children waiting	3998
Planned position	3918
Variance	+80



Cambridgeshire NDS	
Actual Children Waiting	1941
Planned position	1990
Variance	-49



Combined NDS	
Actual Children Waiting	8709
Planned position	8441
Variance	+268



Exceptions:

Bedfordshire and Luton:

- Variance between actual performance and the trajectory has reduced by 14 CYP in the past month.
- With support from Pertemps (as per recovery modelling) the service is on track to be at trajectory by the end of September 2026.

Norfolk:

Recovery against trajectory was initially delayed by an issue with the digital questionnaire provider. The position has been further impacted by higher than expected demand for follow-up appointments. The pace of transition to a new streamlined pathway has been in balance with efforts to maintain staff wellbeing and morale in the face of change. Additional insourced clinical capacity has been requested from Pertemps to ensure return to trajectory by October 2026.

Intervention/Actions (SMART):

What are we doing about it?

Progress this month:

- Delivering Phase 2 of the Neuro Developmental service waiting list recovery programme.
- In parallel, finalising the design stage of Phase 3, a sustainable to ensure waits are within 18 weeks.
- The Neuro Developmental service Skill Mix assessment and diagnostic pathway demonstrated it delivered safe, high-quality assessments, increased diagnostic capacity, and built confidence among staff and families in a new skill-mix model.

Planned Activity within the next period:

- Maintain high levels of clinical activity with a view to meeting trajectory expectations across all geographies by October 2026.
- Following the 'Experts at Hand' funding decisions, work will progress to implement new clinical models.
- Begin to test new ways of working planned within the sustainable Neuro Developmental service model.
- Finalise the new contract with our insourcing provider to provide additional clinical capacity until March 2028.

Anticipated Impact and Time scale for Improvement:

What do we think the actions will cause to happen?

- Phase 2 recovery programme will run until 31 March 2028
- Phase 3 (will) be planned to deliver sustainable high-quality offer to keep waits below 18 weeks.

Patient Safety and Experience:

- Complaint themes in Norfolk and Waveney include ND waiting times and poor communication, parental disagreement with Neuro Developmental assessment outcome, and short turnaround for schools to provide information to support Neuro Developmental assessment.
- Parental confidence that this child's needs will be met without a diagnosis

Workforce and Financial Context:

Workforce

- There has been an increase in absence in Norfolk, the scale of change and new ways of working may be contributing to this.

Finance:

- The Neuro Developmental service recovery programme is being funded at risk, and the Trust will need to explore other income or efficiencies to fund this. The board have committed to hit the Neuro Developmental service target, which would cost an estimated £3 million, to be reviewed at quarter 1.
- At present anticipated spend for Neuro Developmental service recovery is aligned to costs accrued thus far. Additional income from the Norfolk ICB is supporting this position.

Current & Potential / Anticipated Risks:

What are the risks/issues? What impact could they have? Why is this important

- There is a risk that as our waiting lists decrease, demand increases within local systems with more timely service offers
- There is a risk associated with the scalability of each place-based Early Awareness pilot due to differing council area priorities
- There is a risk during phase 2 recovery that each NDS service does not meet the required volume of in-house/skill-mix capacity. This may result in the need for additional insourcing capacity and increased cost
- There is a risk the volume of sustained clinical activity required for the NDS recovery may impact staff morale.
- We are recruiting a skill-mix team in Cambridgeshire, when recurrent funding has not yet been secured

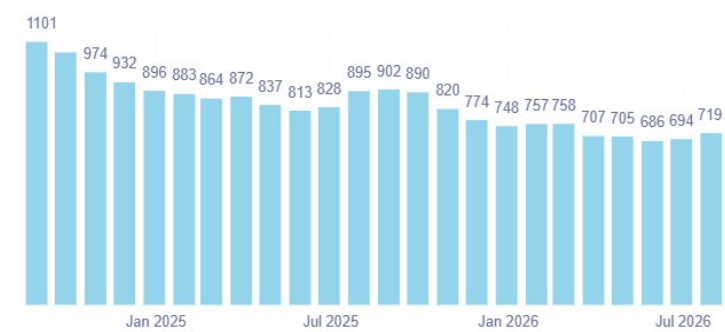
Recovery Dependencies: *What is the recovery dependant on, what is the direction of travel, what is forecast position in the next 3–6 months, how confident in the trajectory are we?*

- Additional non-recurrent funding this year has not been received across the Central East footprint.
- The Trust is exploring sources of funding and submitting business cases to the ICB for funding
- Recovery will require close monitoring of data, including referral numbers, outcomes and feedback.
- Collaborative working with partner organisations is a shared risk.

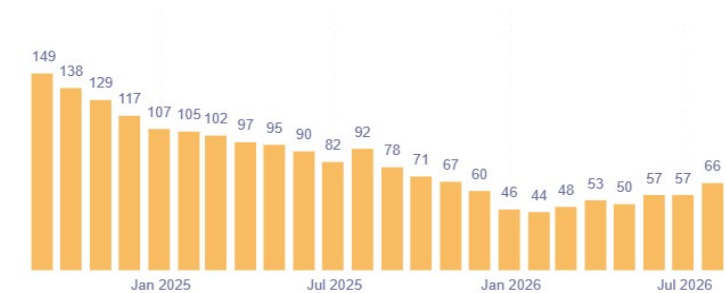
Background/Context/Understanding the Performance:

- The Wheelchair Assessment Service has been improving waiting times through a planned and resourced recovery plan for the last year
- In line with predicted seasonal demand, referrals significantly increased in June and July (205 referrals in July, 2-year monthly average has been 146, 40% increase)
- Due the increase in demand over the last two months, the waiting list has increased by 25 totalling 719 (694 in June). This mirrors increases of demand in summer, increasing waits in subsequent Aug, Sept and Oct months as seen in the 2025 data
- Demand is expected to return to lower levels from September, the service is still on course to provide an 18-week service (78% MTP threshold) after a long-term recovery plan by mid-2027 (see slide 36). The service requires a maximum of 450 waiters to be able to offer a consistent 18-week pathway.
- The 52-week waiters within the service are not reducing at the same rate as the total waiters – illustrated in the graph.
- There are 66 x 52-wk waiters, rising by 9.
- This is effectively due to the service prioritising Clinical need over waiting time.
- The majority of the 52-wk waiters are Priority 3 (lowest priority), any Priority 1 or 2 referral will be seen first, regardless of waiting time.

WC - Number of Waiters



WC - Number of 52wk Waiters



Workforce and Financial Context:

Workforce:

- 2 experienced registered clinicians from a team of 4 registered clinicians are currently on maternity leave and the service doesn't anticipate their return in 2026
- Service has recruited additional unregistered staff to support with less complex prescriptions and handover of equipment (commenced Jan 2026)

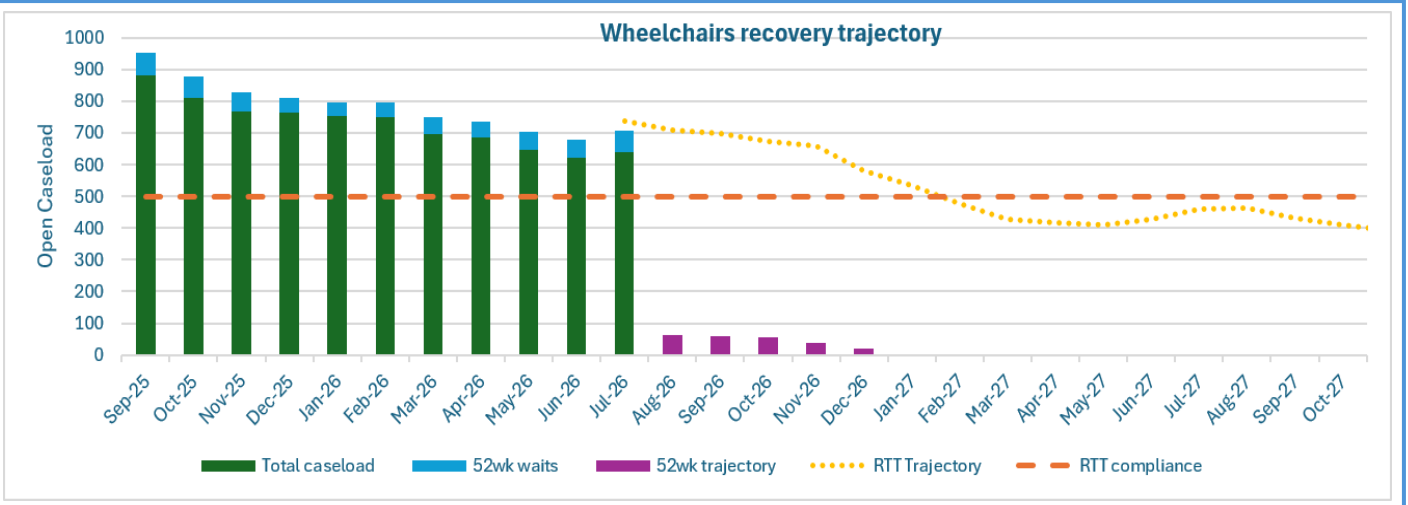
Finance:

- The service is managed within budget and uses allocated transformation funding for additional equipment. The major financial risk relates to the long-term sustainable service model. A group is now focussed on developing options for this alongside the current recovery plans. This will become a greater focus into 2027/28.

Patient Safety and Experience:

- Prescribed equipment may no longer meet patient needs if the wait for the handover of chair and specialised seating is excessive.
- To manage the current high caseload, the service continues to prioritise patients based on Clinical need.
- Safety netting for urgent patients (commenced 2023) There are three priority categories: P1 patients are significantly unsafe and there is no way to mitigate their risk. P2 is a patient that is deteriorating or at risk of deterioration, but can be kept safe (i.e., developing pressure sores, falls that can be mitigated, neurodegenerative conditions with poor prognosis). P3 are routine patients).
- Patient complaints have significantly reduced over the last two years
- The average waiting time to receive equipment is 22-weeks – this is reducing gradually from 31-weeks in 2024.

Areas of Concern: Norfolk Wheelchairs service – 52-week waits



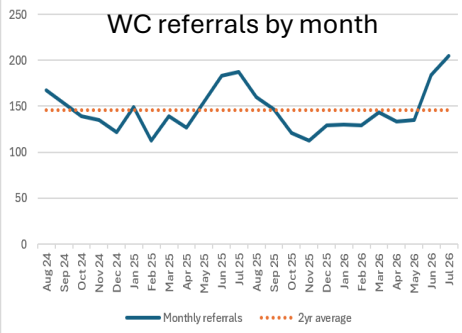
- 52-week waiters increased by 9 in July to 66 in total.
- Overall caseload increased by 25 in July (696 to 719)
- 193 discharged in month
- 18 x 52-week waiters were discharged, and 27 new waiters breached 52 weeks
- This has delayed the previous trajectory by one month – Jan-27 now the forecast clearance.
- 26 are awaiting Wheelchair Handover.
- 41 waiters are due to breach 52-weeks at the end of August

- ### Intervention/Actions (SMART):
- The service arranged a focused clinic week in July, 52-week waiters were prioritised for appointments by longest wait.
 - As the overall waiters continue to reduce, approaching a sustainable level – there is a planned review taking place regarding an operating model to then manage an 18-week pathway efficiently, i.e. booking appointments, ordering stock at the appropriate time.
 - Work is underway to develop a new Waiting List BI dashboard for the service with the Data Innovation team.
 - Chair-in-a-day pathway has been successfully implemented (commenced May 2026)
 - Direct Issue of wheelchairs has reduced the need for non-complex patients to be assessed by a clinician. (commenced Jan 2025)
 - Increasing the flow of patient through the Direct Issue pathway by reviewing the current algorithms within the self-referral form planned (by September 2026)
 - **Anticipated Position next month: Approx 160 discharges are expected in August.**

Current & Potential / Anticipated Risks:

What are the risks/issues? What impact could they have?
Why is this important

- **Senior clinician resilience** is particularly fragile due to maternity leave so any further absence would have an effect, and this trajectory would be impacted.
- **Seasonal demand** – there is usually a peak in summer months as shown in the graph.



The 'WC referrals by month' chart shows 'Monthly referrals' as a blue line and the '2yr average' as a red dotted line. The y-axis ranges from 0 to 250. The x-axis spans from Aug-24 to Jul-26. The monthly referrals show a clear seasonal pattern with peaks in summer months (e.g., Jul-25, Jul-26) and troughs in winter months (e.g., Jan-25, Jan-26).

Anticipated Impact and Time scale for Improvement:

What do we think the actions will cause to happen?

6-7 months to clear the 52-week waits while the overall waiters continues to reduce..

Despite the service having capacity for around 160 discharges a month, around 25% of 52-week waiters are Priority 3 which means any Priority 1 or 2 which is referred is prioritised to be seen first. This is why the 52-week waits are reducing at a slower rate than the overall waiters which has reduced from 850 to 700 in the last 12-months.

Recovery Dependencies:

What is the recovery dependant on, what is the direction of travel, what is forecast position in the next 3–6 months, how confident in the trajectory are we?

Expecting small reductions in 52-week waits over the next 3-6 months due to –

- Volume of current waiters due to turn 52-weeks
- Demand increases in summer months, which in turn increases the prioritised P1/P2 referrals.

Confidence level of planned mitigations assessed as **Reasonable assurance dependent on maintaining current staffing capacity.**

Areas of Concern: Incidents reported by degree of harm

Understanding the Performance:

What is the data telling us?

Norfolk Adults reported 1034 patient safety incidents, compared with 311 in all other services.

92 patient safety incidents were reported across the Trust at moderate harm or above.

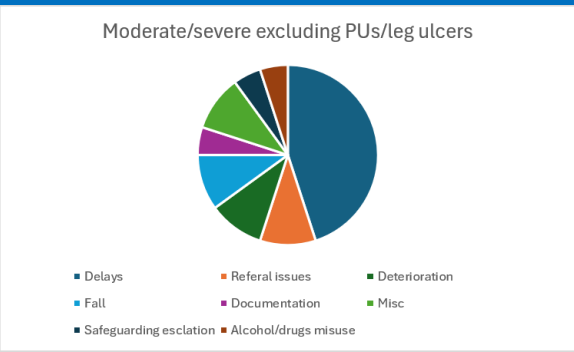
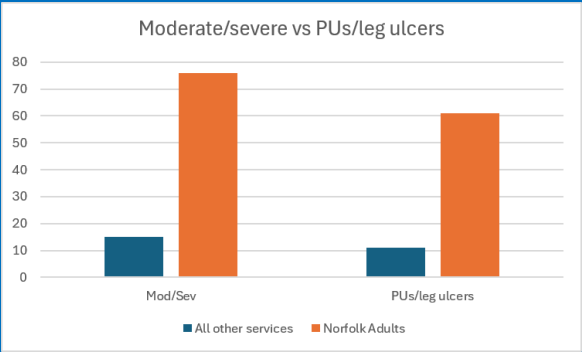
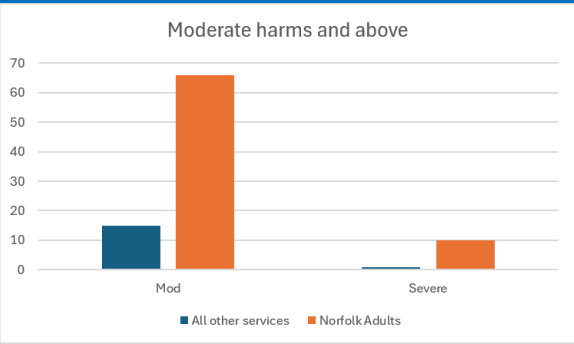
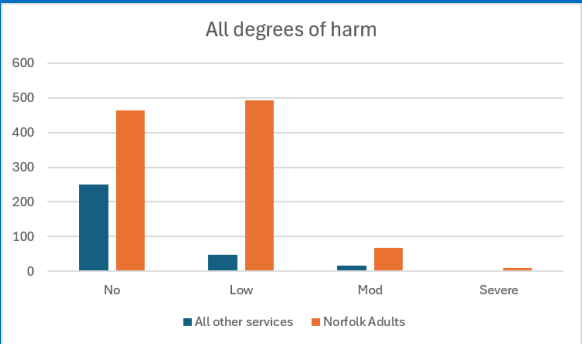
The data does not suggest a significant difference in harm profiles across the different services in the trust.

- The data highlight an increase in the number of reported incidents across Norfolk Adults; however, this is as a result of refined reporting conventions and scrutiny since 1 July 2026, with a greater proportion of incidents now being coded as attributable to the Trust, and more pressure ulcers being coded as moderate/severe following categorisation changes.
- Across the Trust, pressure/leg ulcers account for 71.6% and 90.9% of moderate and severe harm incidents respectively.
- In Norfolk Adults, 7 of the remaining 15 moderate harm and above incidents related to delays in visits owing to capacity.
- In all other services 2 of the remaining 5 moderate and above incidents related to delays in visits owing to capacity in Bedfordshire and Luton Audiology and Nutrition and Dietetics services.

Current & Potential Risks:

What are the risks? What impact could they have? Why is this important?

- There is a risk of harm to patients within Norfolk Adults due to ongoing capacity and operational challenges as a result of delays to visits.
- There is a risk of continued high incidences of harm as a result of increased waiting times in Audiology and Nutrition and Dietetics services.
- Both risks above are currently on the Trust Risk Register.



Intervention/Actions:

- Central oversight of incidents will continue, as will scrutiny of all incidents at twice-weekly safety huddles.
- The two Datix systems will align in late September; the first phase will move all existing users onto the legacy CCS Datix (called EEC Datix) in September with a second phase to move to the new-look Datix platform following this in Oct-Nov. Work is underway to ensure that the codes used to categorise incidents are aligned and relevant to all trust services.
- Supportive recovery plans are in process for both Audiology and Nutrition and Dietetics services, with a trajectory identified for recovery of the waiting lists.
- Additional information on pressure ulcers can be found within the pressure ulcer slide.

Anticipated Impact and Time scale for Improvement:

- Targeted actions are in progress within Audiology Services and the Bedfordshire and Luton Nutrition and Dietetics Service where waiting list pressures persist. This includes waiting list reduction initiatives and the application of prioritisation matrices within Audiology, alongside service transformation work within Bedfordshire and Luton Nutrition and Dietetics to improve patient access and experience.
- There is continued central oversight and strengthened Trust wide safety and incident reporting structures with a single Datix system in use. Benefits are anticipated within 3–6 months and longer-term as the unified Datix approach becomes embedded.

Recovery Dependencies:

- Clear safety governance processes across the Trust that support the consistent application of incident grading, attribution and incident reviews across all services.
- Identification and review of harm as a result of waiting through the Trust harm review process to identify risks for patients waiting for care, and to ensure appropriate oversight and service transformation is in place.
- Increased confidence in the quality and consistency of incident reporting across the trust.
- Engagement with staff to support the changes.

Understanding the Performance:Current & Potential / Anticipated Risks:

What is the data telling us?

The Trust has strengthened antimicrobial stewardship (AMS) arrangements during 2025/26, supporting safe antimicrobial use and reducing the risk of antimicrobial resistance. Oversight has been provided through Medicines Safety & Optimisation and Infection Prevention & Control governance structures and alignment with national Antimicrobial Resistance (AMR) priorities.

The Trust Board approved a Trust-wide AMR Call to Action and agreed three organisational priorities:

- Safer fluoroquinolone prescribing
- Optimised antimicrobial use in Virtual Ward
- Enhanced prescriber education and training

NPSA Alert - Inadvertent recording of penicillin allergy as penicillamine allergy (Nov 25)

- Working through action plan in conjunction with ICB and acute trusts
- Updates to SystmOne to address the issue have been adopted by all services.
- All services with independent electronic Clinical Record/Prescribing systems have been reviewed and no further action

Audit Standard (Target)	CCS	NCHC
Indication Documented (100%)	100%	100%
Allergy status Documentation (100%)	96%*	93%
No missed doses (100%)	N/A	97%
Training compliance (90%)	93%	N/A
Minimal broad-spectrum prescribing (<10%)	N/A	3%

*Q2 Luton Adults fell to 45% implemented action plan improved compliance

What are the risks? What impact could they have?

Why is this important

- Antimicrobial resistance remains a significant national patient safety threat and requires continued focus on appropriate prescribing and use of antibiotics.
- Audit findings identified opportunities to strengthen:
 - Allergy documentation
 - Review of microbiology results
 - Management of long-term prophylactic antimicrobial prescribing.
- Digital limitations continue to restrict antimicrobial reporting and surveillance capabilities pending future ePMA development.

Intervention/Actions:Anticipated Impact and Time scale for Improvement:Recovery Dependencies:

What are we doing about it?

- Implementing the Trust-wide AMR Call to Action Programme.
- Developing safer fluoroquinolone prescribing processes in line with MHRA statements, including patient information resources and prescribing guidance in both iCaSH and wider trust.
- Developing Virtual Ward antimicrobial guidance and governance arrangements to support safe use of IV antimicrobials in community settings, including potential roll out to our inpatient units.
- Continuing antimicrobial audits using the NHS England national stewardship audit methodology to enable benchmarking.
- Delivering antimicrobial stewardship education through prescribing forums, workforce development programmes and awareness campaigns.
- Pharmacist with AMS responsibilities accepted onto British Society for Antimicrobial Chemotherapy Leadership to Embed Antimicrobial Stewardship into Practice programme.
- Membership of antimicrobial stewardship groups across both new Integrated Care Boards, contributing to system-wide approach.

What do we think the actions will cause to happen?

- Continued improvement in prescribing quality, documentation and stewardship compliance.
- Improved patient awareness and safer shared decision-making regarding antimicrobial treatment choices.
- Stronger governance and consistency of antimicrobial use within Virtual Ward services.
- Enhanced organisational capability through targeted prescriber training and antimicrobial leadership development.
- Significant improvement in reporting and surveillance anticipated following implementation of ePMA which is expected within **24 months**
- Delivery of all NPSA alert actions remains on track for completion by **November 2026**

What is the recovery dependant on?

- Continued clinical engagement from prescribers, pharmacists and operational teams.
- Progression of digital pharmacy and ePMA programmes to improve antimicrobial data, reporting and surveillance capability.
- Ongoing collaboration with Integrated Care Boards and wider system antimicrobial stewardship networks.
- Sustained pharmacy workforce capacity to support audit, education and stewardship activities.

Area of Concern: Norfolk Adults Pressure Ulcer Assurance and Recovery Programme

Background/Context:

The 12-week Pressure Ulcer Assurance and Recovery Programme has strengthened clinical oversight, enhanced governance arrangements and informed the redesign of Tissue Viability services.

Key achievements include completion of a comprehensive risk review, implementation of a pressure ulcer assurance dashboard, enhanced review processes for high-risk patients, and commencement of recruitment to a redesigned Tissue Viability Nursing model.

The programme has improved visibility of pressure ulcer risks across Norfolk Adults and established a stronger foundation for sustainable improvement in wound care services.

Ongoing challenges remain in managing service demand, visit deferrals and workforce pressures, which continue to impact patient care delivery.

Intervention/Actions (SMART):

- Initial data deep dive – completed
- Full risk and issue analysis to be completed- completed
- Scope increased to cover all wound care
- Local review of all category 4 pressure ulcers- completed
- Rapid review of skin integrity operating model and TVN business case- completed (see slides 24-26)
- Design, build and implementation of assurance dashboard- completed
- Implement new PU categorisation and Purpose T- completed (see slide 23)
- Review and align reporting across the Trust - in progress, due October 2026

Anticipated Impact and Time scale for Improvement:

- All high-risk patients identified and monitored.
- No unknown Category 3 or 4 patients.
- Clinical standard set of PU at Cat 2 determined as high risk has escalation point to prevent deterioration
- Reduced waiting times for specialist review.
- Reliability measures consistently achieved.
- New Tissue Viability model implemented.
- Evidence of reduced severe harm.
- Clear assurance narrative available for Board and external regulators.

Time scale for Improvement: 12 weeks

Categorisation will be to National Standards and alignment of incident reporting across Luton and Norfolk – By October 2026

Current & Potential / Anticipated Risks:

Issue 3964 (see slide 5) - Inability to consistently provide safe and effective wound management within Norfolk Adults Community Services (3- Moderate)

Patient Safety and Experience Impact:

- Deteriorating wounds
- risk of infection
- admission to acute
- risk of death
- delayed healing
- reduced independence and de-conditioning
- pain

Reputational Impact:

- Coronial action
- Safeguarding
- CQC investigation
- Legal action/ claims
- Media
- System working
- Investment opportunities

Staff Impact:

- Poor morale and impacts on wellbeing resulting in increased absence
- Lack of job satisfaction impacting on recruitment and retention rates

Financial Impact:

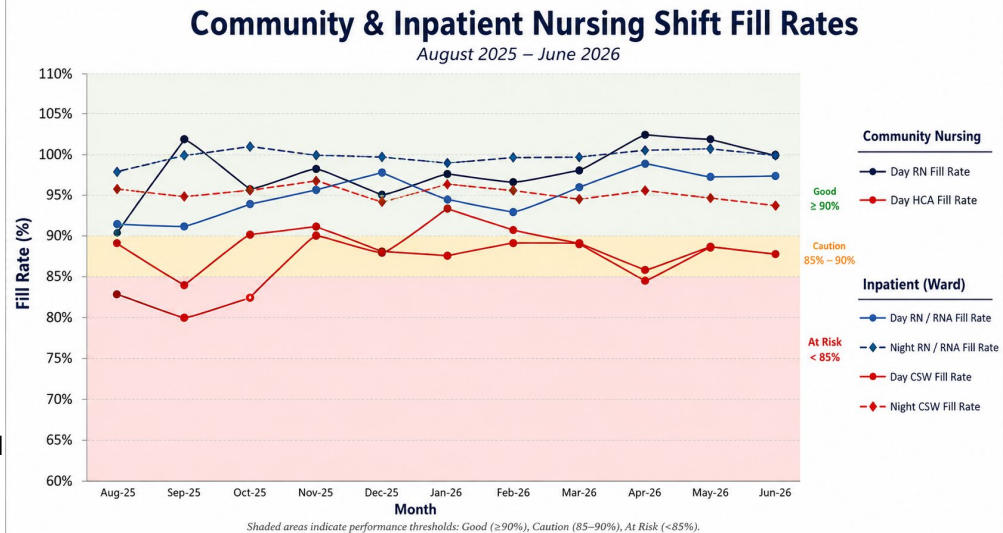
- Over establishment cost pressure to manage demand
- Risk of claims against the trust

The Issue owner is Corwen Hull. Anticipated closure date is 11/06/27 in line with implementation of TVN model. Reasonable assurance is provided against this issue.

Areas of Concern: Norfolk Safer staffing

Background/Context/Understanding the Performance: *What is happening, What is the data telling us? Use a visual to help illustrate the issue.*

- Inpatient Registered Nurse staffing remains strong: 98.4% day / 100.5% night shift fill rates.
- Care Support Worker fill is the main pressure: 87.8% day / 95.4% night shift fill rates.
- Norfolk Community Registered Nurse fill is generally strong, but Healthcare Assistant (Healthcare Assistant/Care Support Worker) availability is materially lower.
- Pineheath is the key inpatient outlier due to additional duties requested for temporary additional beds and enhanced observations: Care Support Worker 76.4% day / 84.2% night.
- Enhanced observations are increasing demand beyond establishment on rehabilitation wards.



Patient Safety Context:

What is the impact on patient safety, clinical effectiveness etc?

- No staffing-related incidents were reported.
- Daily Safe Staffing Escalation Group review, redeployment, management support and Enhanced Support Team resource are mitigating shortfalls.
- Increased enhanced-observation demand creates pressure on Care Support Worker capacity and could increase clinical risk if mitigations are unavailable.

Workforce and Financial Context:

What is the workforce context in relation to the issue/service? What is the financial context in relation to the issue/service?

Patient Experience Context:

What is the impact on patient experience?

- Teams are maintaining care through cross-cover and Registered Nurses undertaking Care Support Worker visits where required.
- Uneven staffing can delay community visits and increase waiting lists, particularly where triage workload is passed to clinical teams.

Outcomes/Equality Impact: *What is the impact on outcomes etc? Does the issue disproportionately affect protected groups, are inequalities widening?*

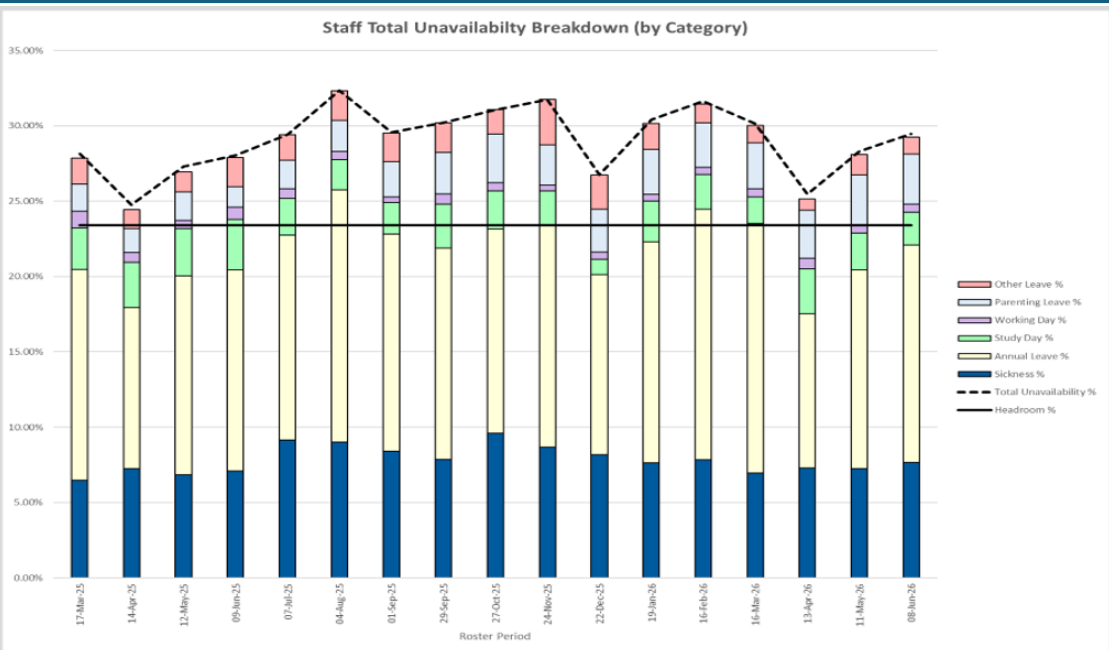
- The report does not identify a specific protected-group impact or widening inequality.
- A project is underway to align rostering practice across the whole trust, (Bedfordshire Adults and Children's Community Nursing) and align rostering templates with the budgets. This will allow reporting on shift fill rates to be meaningful and consistent in identifying areas of concern.
- Further benchmarking and a consistent dashboard would strengthen oversight of staffing ratios against clinical demand.

Workforce:

- Unregistered vacancies are the greatest workforce instability.
- Care Support Worker recruitment is resource-intensive; managers want a central recruitment and sponsorship approach.
- Staff are working additional hours where Temporary Worker Service uptake is low, creating fatigue/wellbeing risk.
- Roster approval generally meets 42-day standard, but local outliers and annual-leave patterns remain.

Finance:

- June inpatient Temporary Worker Service cost was £202.5k; overall fill was 80.7%.
- Registered Nurse cover for Care Support Worker work provides safety assurance but is costly.
- Better substantive headroom and central Care Support Worker recruitment should reduce temporary staffing reliance.



Intervention/Actions (SMART):
What are we doing about it?

Progress this month:

- Additional substantive headroom confirmed for some inpatient wards.
- Central Care Support Worker recruitment approach progressing.
- West Place (Norfolk) Temporary Worker Service Care Support Worker paid induction showed moderate success.
- Pineheath ward being supported by Foxley ward; enhanced-observation patients' cohort-managed.

Planned Activity next month:

- Agree central recruitment/sponsorship approach.
- Align eRoster/Electronic Staff Record/Temporary Worker Service role profiles.
- Review merged Trust wide rostering and templates.
- Trial Team Based Rostering on Pine Cottage ward.
- Explore inclusion of triage activity and Luton data.

Confidence level of planned mitigations (Substantial, Reasonable, Partial, Minimal)

Reasonable – mitigations are working and no staffing-related incidents were reported, but Care Support Worker availability and demand pressures remain.

Current & Potential / Anticipated Risks:
What are the risks/issues? What impact could they have? Why is this important

- Persistent Care Support Worker/Healthcare Assistant shortfalls, particularly Pineheath and rehabilitation wards.
- Enhanced-observation demand may exceed funded establishment and drive temporary staffing use.
- School-holiday annual leave concentration creates predictable pressure.
- Low Temporary Worker Service capacity/profile mismatches reduce bank fulfilment.
- Community establishment may not reflect current clinical demand.
- Inconsistent sponsorship/recruitment practice risks losing substantive staff.

Anticipated Impact and Time scale for Improvement:
What do we think the actions will cause to happen?

- Increase substantive Care Support Worker capacity and reduce bank/agency reliance.
 - Improve staffing alignment with acuity and enhanced-observation demand.
 - Reduce avoidable additional duties and improve roster efficiency.
 - Protect staff wellbeing by reducing reliance on additional hours.
 - Strengthen consistency and transparency of safer staffing assurance across community and inpatient services.
- Time scale for Improvement:**
- 3–6 months for recruitment, rostering and establishment changes to improve staffing resilience; ongoing monitoring required.

Recovery Dependencies: What is the recovery dependant on, what is the direction of travel, what is forecast position in the next 3–6 months, how confident in the trajectory are we?

- Central Care Support Worker recruitment and onboarding.
- Improved Temporary Worker Service/Bank capacity and role matching.
- Consistent eRoster practice following system merge.
- Establishment reviews aligned to acuity and enhanced observation demand.
- Better annual-leave distribution (as shown in total unavailability graph) and roster efficiency.
- BI dashboard triangulating staffing, acuity and quality.
- Direction of travel: Registered Nurse stability is improving; support-worker pressure remains. Assurance should strengthen over 3–6 months if recruitment, roster and establishment actions are delivered.

Outcomes & Patient & Service Users domain overview



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Outcomes & Patient & Service Users Metrics: Overview and analysis

Formal Complaint Response Times	April	May	June	July	Total
Number of complaints acknowledged within 3 working days	14/15	11/13	13/15	20/21	58/64
Percentage of complaints acknowledged within 3 working days	93.3%	84.6%	86.7%	95.2%	90.6%
Number of standard complaint responses sent within a timeframe	8/12	5/11	7/12	11/18	31/53
Percentage of standard complaint responses sent within a timeframe	66.7%	45.5%	58.3%	61.1%	58.5%
Number of complex complaint responses sent within the timeframe	0/3	0/2	2/3	0/3	2/11
Percentage of complex complaint responses sent within the timeframe	0.0%	0.0%	66.7%	0.0%	18.2%
Average number of working days to respond to standard complaints	34.6	34.6	36.8	36.6	36.2
Average number of working days to respond to complex complaints	55.0	50.5	28.7	45.7	45.7

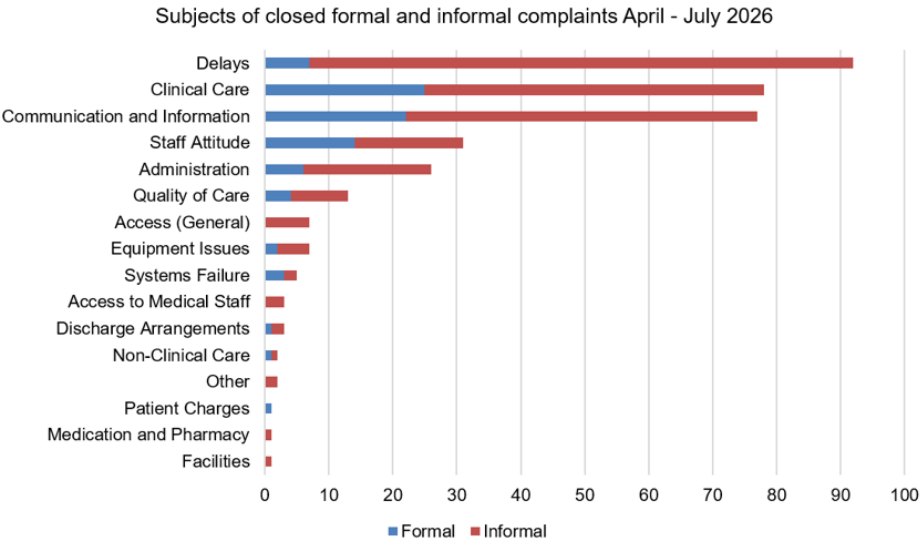
Our responsiveness to complaints:

Delays have been due to the number of complaints received relative to the PALS team capacity to draft and quality assure letters following the Trust merge and resulting introduction of new processes to ensure the consistency and quality of investigations and response letters.

From 1 July 2026 target complaint response times changed to 40 working days for standard complaint and 45 for complex complaints.

Understanding the subject of complaints:

What is the data telling us?
The most frequently occurring subjects of Formal Complaints are Clinical Care (25), Communication and Information (22) and Staff Attitude (14).
In Informal Complaints the most frequently occurring subjects are Delays (85), Communication and Information (55) and Clinical Care (53).



What are complainants telling us about their experience?

- In **Bedfordshire and Luton Children’s Services** parents are raising complaints about delays in care being provided by Community Paediatrics.
 - Service users in **Norfolk Adult Services** are concerned about clinical care and communication from District Nursing, Community Nursing and Therapy services, concerns about delays have also been raised in these services.
 - In **Norfolk and Waveney Children’s Services** parents are concerned about delays in Community Paediatrics and Neurodevelopmental Services.
 - Parents in **Cambridgeshire and Peterborough Children’s Services** are concerned about the delays and the care provided in Community Paediatrics.
 - In **Dental Services** complaints raised are about the dissatisfaction and errors in clinical care provided and cancellation of appointments.
 - Service users of **MSK Services** are concerned about delays in diagnosis and treatment, they are also concerned about the clinical care received being inadequate or insufficient.
 - In **iCaSH Services** complaints are about a variety of issues related to communication and information.
 - In **Bedfordshire and Luton Adult Services** there were no themes in complaints.
- Where there is learning identified this is recorded on Datix along with Actions which are logged and tracked on the Action Module. Trust wide learning is shared in internal communications and in team meetings.

Outcomes & Patient & Service Users Metrics: Overview and analysis

Friends and Family Test Feedback	% Very good and good	% Poor and very poor	Total responses	FFT Response Rate
Ambulatory Care	97.16%	1.58%	4190	6.74%
Bedfordshire and Luton Children	98.16%	0.68%	1032	2.71%
Bedfordshire and Luton Adult	98.43%	0.13%	764	10.60%
Cambridgeshire and Peterborough Children	87.35%	2.81%	1067	3.80%
Norfolk and Waveney Children	86.32%	2.18%	2157	6.07%
Norfolk Adults	97.15%	0.74%	1088	2.48%
Trustwide	94.07%	1.54%	10298	4.79%

Respect and Dignity Feedback Score	95.5%
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Friends and Family Test

Between April and July 2026, more than 10,000 responses were received through the Friends and Family Test. Across the four-month period, 94.07% of service users rated the service they received as good or very good, while 95.5% reported being treated with respect and dignity. In June and July respectively, the proportion rating services as good or very good was 93.7% and 93.3%, while 95.8% and 94.0% reported being treated with respect and dignity.

Children’s Services in Cambridgeshire and Peterborough and Norfolk and Waveney did not meet the Trust target of 90% for positive Feedback. Review of the data shows that this is due to the number of neutral responses to the FFT question (neither good nor poor and don’t know) from young people accessing services from the Mental Health Support Teams. This is a known issue that has been reviewed previously. Assurance can be provided that the feedback comments associated with these responses have been reviewed and shared with the services, no concerns were identified. Mental Health Support Teams provide input to groups of young people in schools, the young people do not choose to attend and the feedback is reflective of this.

The overall FFT response rate, calculated based on the number of unique contacts in the period, is 4.79%.

People domain overview

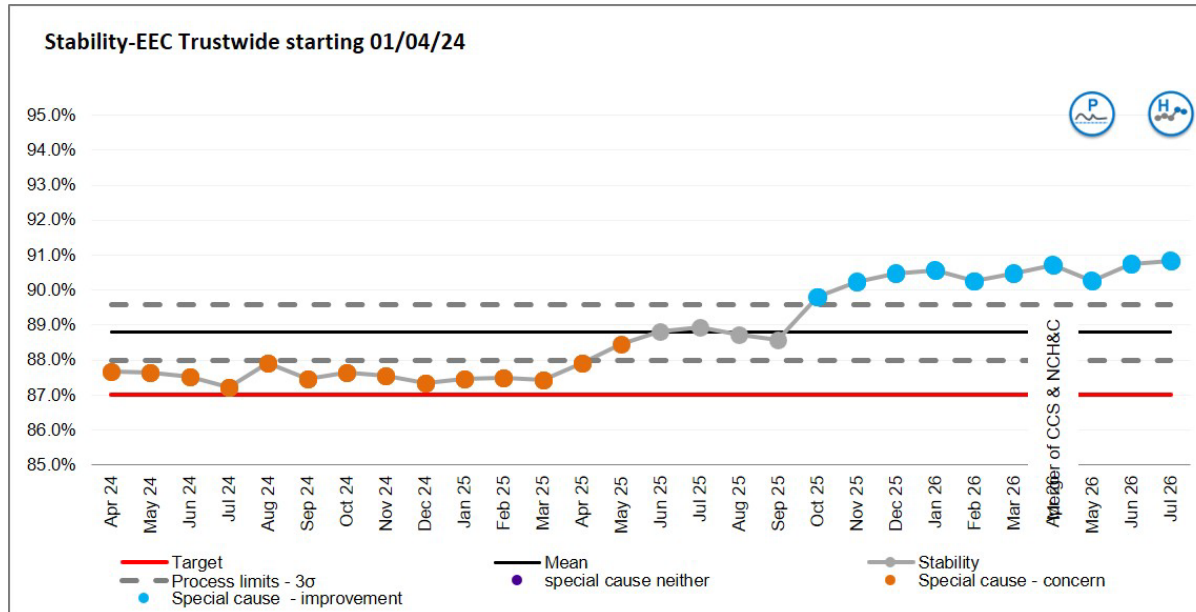
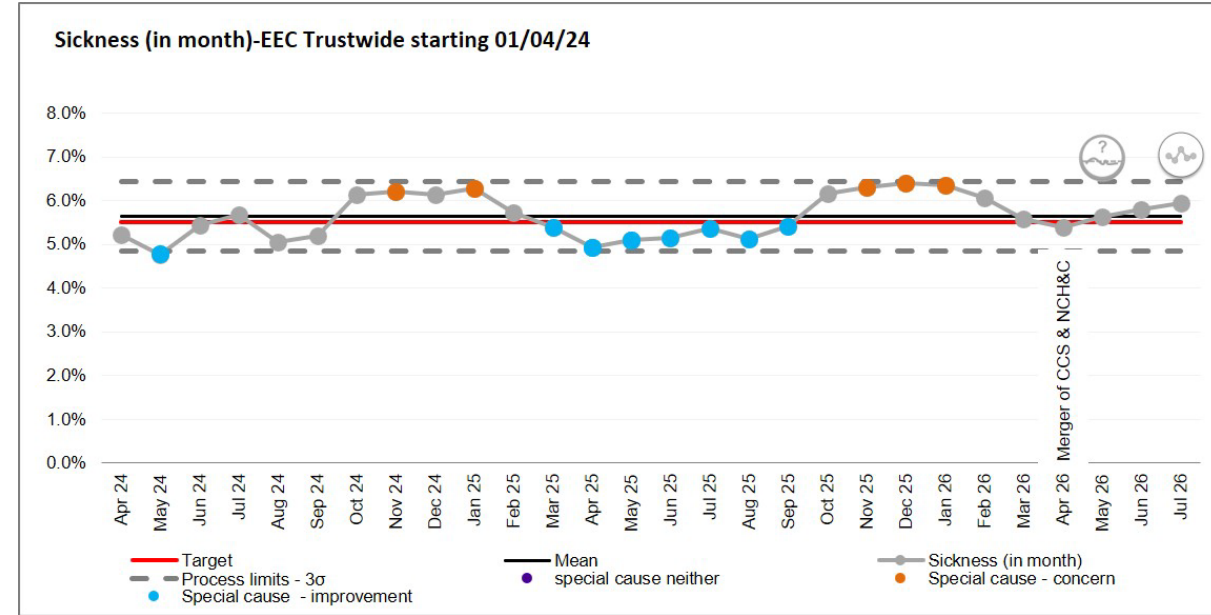


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People Metrics: Overview and analysis

Sickness

- The 12-month cumulative rolling rate (June 2026 – 5.8%, July 2026 – 6.0%) remains above the Trust rolling target of 5.5%.
- Monthly Trustwide rate for June 2026 was 5.9% and for July 2026 was 5.9%.
- The Trustwide sickness rate has 3.4% was attributed to long term sickness and 2.5 % short term sickness absence. Luton & Beds Adults had the highest sickness rate (7.9%) and Support Services the lowest (2.5%). The top reason anxiety/stress/depression/other psychiatric illnesses; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- The Trust monthly sickness rate is above the April 2026 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.4 %.



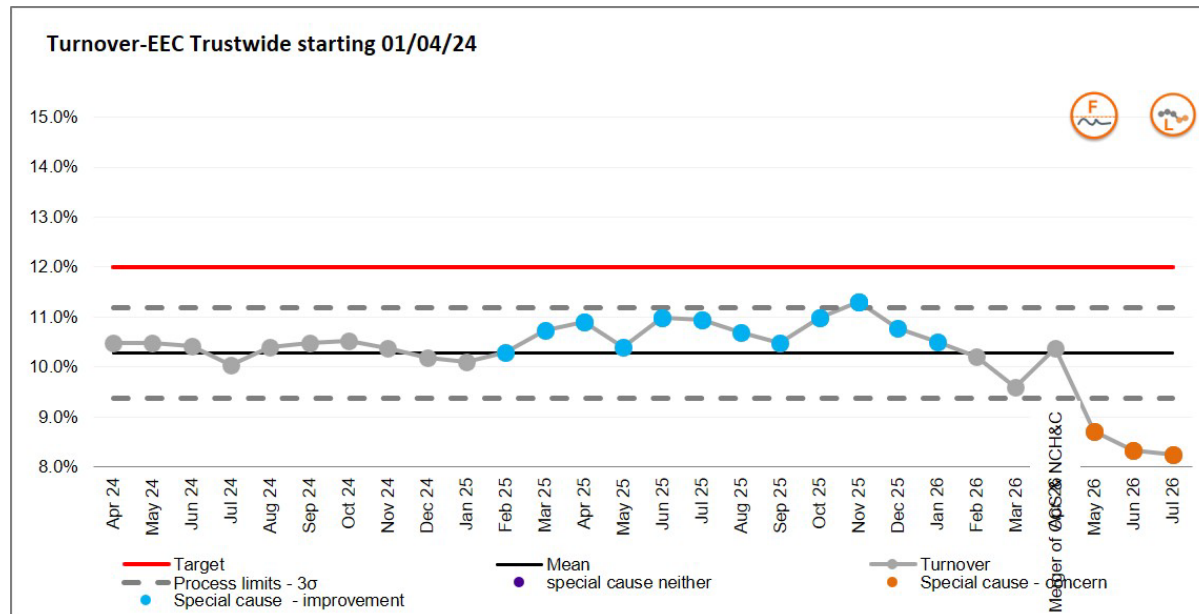
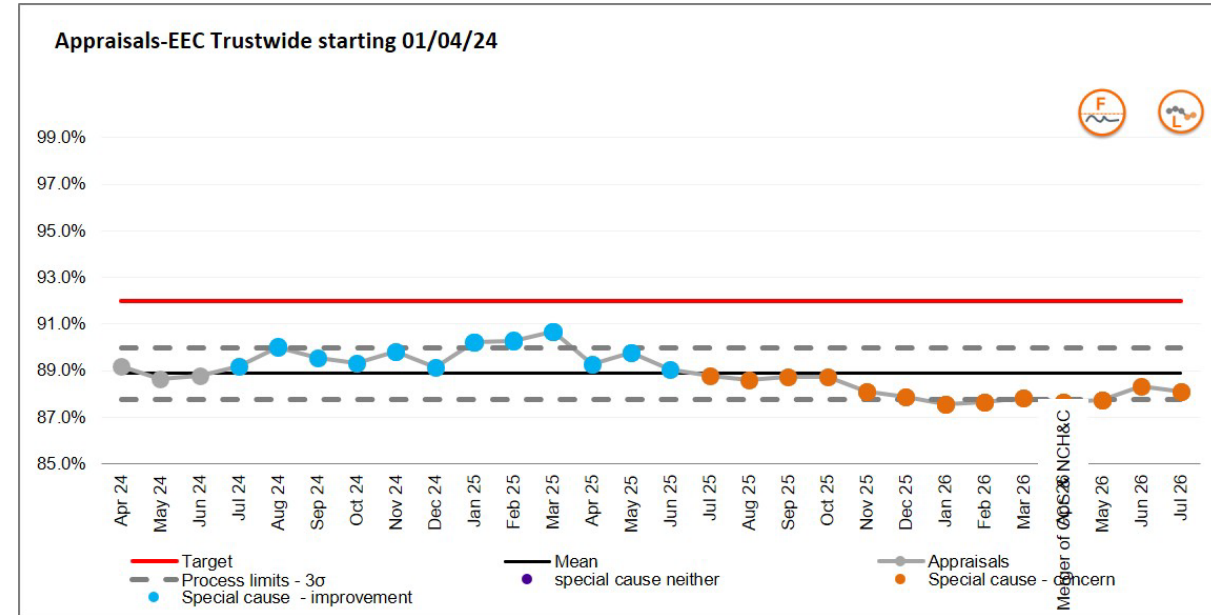
Stability

- The chart (left) shows the monthly stability rate (percentage of staff employed over 1 year) – June 2026 – 90.8%, July 2026 – 90.8%, against the Trust target of 87%. This compares favourably to a stability rate of 89.4% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, May 2026).
- Stability rates for the Trust are based on the permanent workforce (i.e.: those on a fixed-term contract of less than one year are excluded).

People Metrics: Overview and analysis

Appraisals

- The chart shows the percentage of available employees with a current (i.e., within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- The Trust wide Appraisal rate for June 2026 – 88.3% and July 2026 – 88.1%, is below target of 92% for 2026/27.
- Support Services has the lowest rate (73.7%). On investigation this low compliance rate looks as though it is due to under reporting, not compliance. Managers have been reminded of the importance of updating ESR with new appraisal dates. Luton & Beds Adults have the highest rate (96%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.



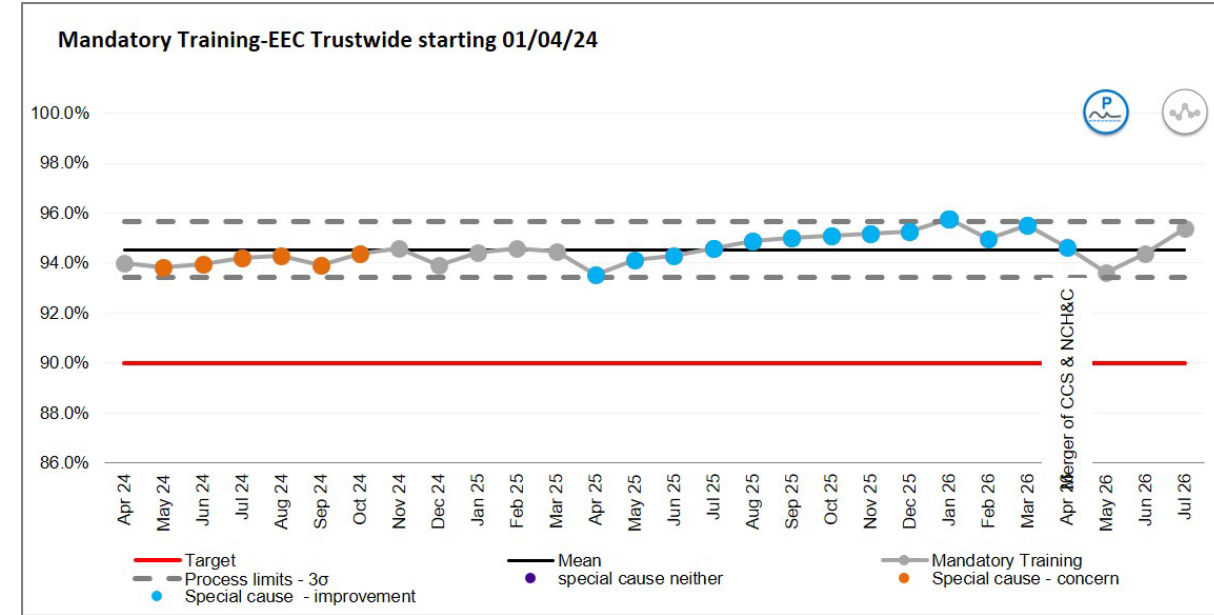
Turnover

- The chart shows monthly Turnover rates for the Trust which are based on the “Permanent” workforce (i.e., those employed on a current fixed term contract of less than one year are excluded). Leavers for the following reasons are also excluded: end of a fixed term contract, mutually agreed resignation scheme and employee transfers.
- The Trust’s rolling year turnover rate is currently 8.2% (June 2026 – 8.3%, July 2026 – 8.24%) compared to an annual average leaver rate for community provider Trusts of 11% (Source: NHS Digital Workforce Statistics – April 2026, based on “all Leavers” and “total Workforce”).
- Luton and Beds Adults currently has the highest rolling year turnover rate at 9.3%, with Norfolk Children’s having the lowest at 6.5%.

People Metrics: Overview and analysis

Mandatory Training

- The chart shows monthly mandatory training rates for the Trust which are based on the substantive workforce. Staff who are within their first 3 months of employment are excluded along with staff on long term sickness, maternity or paternal leave.
- The Trust wide mandatory training rate in June 2026 – 94.6%, July 2026 – 95%, exceeds target of 92% for 2026/27.
- Employees, for whom a non-compliant date is held in ESR, are contacted by the ESR/OLM Team and encouraged to complete their compliance.



Finance domain overview



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Financial Performance – YTD July 2026

Statement of comprehensive income £'000	Plan YTD	Actual YTD	Variance YTD	Plan Full year
Statement of comprehensive income				
Income	118,326	118,777	450	372,026
Pay	(84,899)	(86,344)	(1,445)	(268,390)
Non-Pay	(34,963)	(34,397)	566	(100,058)
Non-operating	(1,489)	(1,205)	284	(4,466)
Accounting surplus / (deficit)	(3,024)	(3,168)	(145)	(888)
Accounting performance adjustments	298	372	74	888
Adjusted financial surplus / (deficit)	(2,726)	(2,796)	(70)	0
Temporary staff expenditure				
Agency spend	567	499	68	1,700
Bank spend	2,586	2,548	38	7,824
Balance sheet				
£'000	Plan Month end	Actual Month end	Variance Month end	Plan Full Year
Operating cashflow				
Cash at bank	49,746	40,091	(9,655)	45,666
Number of months of operating cash cover	1.7	1.4	(0.3)	1.0
Capital expenditure				
Total capital expenditure	1,482	2,350	868	13,805
BPPC				
By Number	95.0%	93.9%	-1.1%	95.0%
By Value	95.0%	96.0%	1.0%	95.0%

Headlines

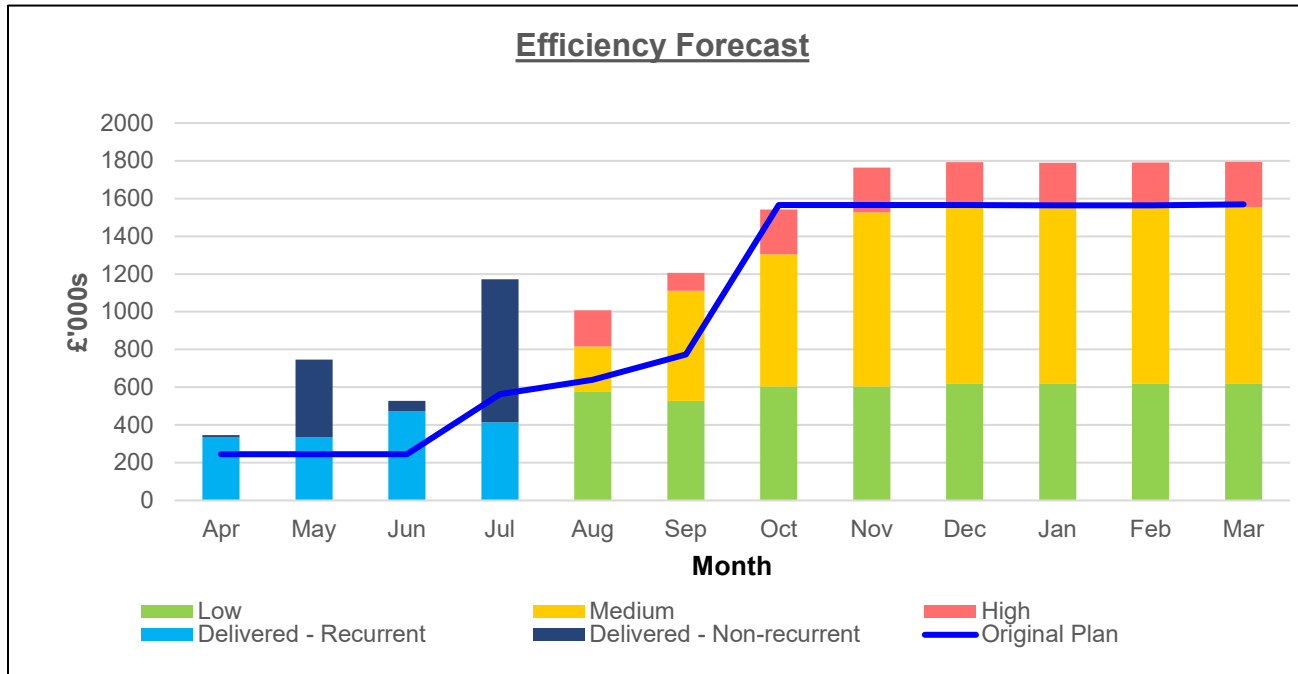
Financial performance is **broadly in line with plan** - £70k (2.6%) adverse variance year to date.

The forecast remains on track to deliver a breakeven position for the full year.

Key points:

- Unbudgeted spend of **£0.7m** YTD has been incurred on children's and young person's **Neurodevelopment Service long-wait initiative**. Funding has been confirmed for £0.8m in the Norfolk region only, and we're awaiting permission to use cash reserves from NHSE.
- Cost pressures remain of **£0.8m** YTD in **Norfolk Adults** (2.5%) driven by higher staffing costs in community nursing teams, particularly in North Place (£0.4m). Delivery of efficiency savings remains a challenge, as spend is redirected to safe staffing and demand (£0.5m).
- **Temporary staffing** spend YTD was £3.0m (3.5% of total pay), **£0.1m under budget** driven by bank spend to fill staff shortages.
- **Cash cover** remains **within target at £40.1m** and 6 weeks
- **Capital** is **£0.8m overspent** to date, driven by project timing phasing, but is forecast to be on plan by year end.

Efficiency Focus – YTD July 2026



- The Trust's efficiency plan for 2026/27 was **£12.1m**, however additional cost pressures have resulted in this increasing to **£15.5m**.
- Efficiency delivery is **£2.8m** year to date, **£1.5m ahead of plan**. However, only 22% of the annual target has been delivered despite a third of the year having passed, highlighting a back-loaded plan. We are accelerating delivery to reduce this risk.
- Of efficiencies delivered year to date, **56% are recurrent**. While this exceeds plan in absolute terms, it remains below the 90% recurrent target. A recovery plan is being developed during September.