



Committee Report

Report from:	Resources Committee
Date of meeting:	17 February 2026
Chair:	Helen Grantham

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> - Elective RTT - a committee focussed review was undertaken on RTT performance. The Trust continued to experience significant operational pressures and RTT performance had been impacted by increased GP referrals, diagnostic constraints, delayed capital builds and validation activities linked to EPR readiness. Following agreement with NHSE revised trajectories had been agreed for TWL, the proportion of patients waiting more than 18 weeks for and those waiting over 52 weeks for treatment (see ASSURE below on revised trajectories) - True North metrics – while there was significant focus and activity being undertaken, 5 out of the 6 True North metrics with a monthly trajectory were off track - Cancer Progress Report – performance against FDS and 62-day standard remains off trajectory (with the 31-day treatment standard trajectory being achieved). See ASSURE below for update on plans for significant improvement to March 2026
ASSURE
<ul style="list-style-type: none"> - Elective RTT <ul style="list-style-type: none"> o Revised trajectories had been agreed with NHSE o Additional funding and support (including targeted support for key specialities with the longest waiting lists) had been put in place to support recovery actions and plans were in place to meet the revised trajectories up to the end of the 25/26 year. o RTT performance is being monitored through daily tracking, weekly recovery plans, and monthly oversight, with fortnightly review meetings with NHS England o A draft three-year RTT recovery plan is due in March, aiming to set a sustainable route back to constitutional standards o The Executive were asked to provide a breakdown of RTT and total waiting list by individual specialty in future reports to enhance visibility and monitoring. - Colleague Survey Results and Update on 2025/26 action plan: <ul style="list-style-type: none"> o initial results from 2025 colleague survey were provided – covering response rate and key response areas – results were currently embargoed o a narrative and RAG rated update was also provided on delivery against actions identified following the 2024 colleague survey o a discussion took place on culture, leadership development and expectations, accountability as well as the importance of staff engagement and well-being and colleagues feeling confident to raise concerns and that action would be taken in response. o the process for developing the action plan following the latest survey results was highlighted and the involvement of colleague networks, trade unions, and staff governors noted o Key elements to support culture change were discussed encompassing consistent and visible leadership, colleague involvement and engagement and open communication. Implementation of a continuous quality improvement methodology was considered to be an important step, and the Trust was awaiting approval from NHSE to progress



- **2025/2026 Financial Plan** – an update was provided on the revised financial plan as agreed by the Board and presented to the ICB and NHSE. The Finance Director was confident of delivery of the revised plan and this was supported by information provided to the Committee on recovery action plans and the approach relating to accountability for and tracking of delivery, with weekly updates and monthly financial tracking. The position relating to cash forecasts and current and forecast capital position was also reviewed.
- **Cancer performance** – a paper was presented covering current performance against trajectory for the three key standards relating to cancer – FDS, 62 day wait and treatment within 31 days. The stabilisation in diagnostics (below trajectory in January but a small improvement on prior month) and improvements in CT and MRI turnaround times and in first outpatient appointments for key cancer specialities were noted. Action plans for the most challenged tumour sites were shared along with the expected impact on performance against standards along with the support being provided by partners, additional financial support secured and the improvements being made in data and visibility of the patient tracking list. A robust governance framework was also shared to monitor delivery. While the planned trajectories for FDS and 62 day wait standards were not expected to be delivered by Q4, the plans being implemented were expected to result in significant improvement of these standards while achieving performance of the 31-day treatment standard.
- The regular **Nursing Safer Staffing Report** was presented and it was noted that the Trust continued to meet the national requirements for safer staffing reporting, although for the December period had seen some significant workforce fragility particularly with non-registered staffing, leading to an increase in red flags and reduced fill rates, due to unprecedented levels of sickness absence and increased vacancies. A number of mitigations were discussed, which were overseen by the Eroster Assurance and Efficiency Group. Active recruitment campaigns were ongoing to close gaps in non-registered workforce.
- **Digital** – The Committee received a Chair’s report from the Digital Committee, which was noted and the COO provided a verbal update on Nervecentre implementation covering training, readiness and risk management.
- A paper was presented on **Emergency Preparedness, Resilience and Response Core Standards Annual Assurance – Action Plan Progress**. Good progress continued to be made on actions and it is expected that when the next annual assurance plan is submitted the grading will have improved to substantial compliance. A further progress report will be considered by the Committee in May 2026.

ADVISE

- **Financial reporting** – the Committee requested that for 2026/27 a revised approach be taken to reporting on financial performance and the identification and prioritisation of cost improvement projects, their phasing and how progress/risk to delivery would be tracked and reported to the committee. This would be followed up with the Finance Director
- A discussion took place on the increase in **sickness levels** across the Trust and the Committee was advised a paper will be presented at the next Resources Committee providing the range of measures to reduce absence by 0.4% as detailed in the plan.
- While below target (95%), **children and young person’s emergency care standard** was improving (currently at 87.7% for January)

RISKS DISCUSSED AND NEW RISKS IDENTIFIED