Wye Valley NHS Trust Annual Report 2025/26

Contents

Chair's Welcome

It is my privilege to present the Annual Report for Wye Valley NHS Trust, reflecting on the period from 1 April 2025 to 31 March 2026.

During the last 12 months, the Trust has continued to serve the communities of Herefordshire and beyond with compassion, professionalism and determination.

This has been another challenging year for the NHS, yet one in which our staff members have consistently demonstrated unwavering commitment to delivering high-quality safe care for our patients.

Throughout the year, we have remained focused on our core purpose: improving the health and wellbeing of the people we serve. Demand for services has remained high across urgent, emergency and planned care, placing sustained pressure on our teams.

Against this backdrop, I am proud that the Trust has made important progress in improving access, enhancing patient experience and strengthening the safety and quality of our services.

Our urgent and emergency care teams have worked tirelessly to manage increasing attendances while maintaining patient safety and dignity. Despite ongoing pressures, the dedication of staff has enabled improvements in patient flow, alongside better coordination across the system.

Initiatives such as strengthened triage, improved discharge planning and closer collaboration with community services have contributed to better outcomes and a more responsive service.

Elective recovery has remained a priority. We understand the impact that long waits can have on patients and their families, and we have taken further steps to address this.

Through additional clinics, extended theatre sessions and redesigned care pathways, we have made progress in reducing waiting times in several specialties.

Central to this has been the continued impact of our Surgical Hub, which has enabled us to treat more patients efficiently in a dedicated environment, reduce cancellations and support timely, high-quality care.

This year has also seen significant progress in our capital programme. The development of the Wye Valley Community Diagnostic Centre represents a major investment in improving access to tests and investigations.

By providing more services closer to home, the centre supports earlier diagnosis, reduces waiting times and helps ease pressure on our acute hospital services.

Alongside the benefits of the Surgical Hub, this demonstrates how targeted investment in infrastructure is helping to transform care for our population.

Innovation continues to play an important role in how we improve services. We have expanded the use of digital technology to enhance both patient care and staff experience, including further development of electronic patient records and improved data sharing across organisations. The appropriate use of virtual consultations has also supported patients to access care more conveniently, while improving efficiency within services.

Partnership working remains central to our approach. As part of our Integrated Care System, we have strengthened collaboration with primary care, community services, local authorities and the voluntary sector.

Together, we are developing more integrated models of care that support people closer to home and address the wider determinants of health. This has been particularly important in improving discharge processes and reducing avoidable admissions, ensuring that patients receive care in the most appropriate setting.

We have also continued to work closely with regional and specialist providers to ensure timely access to complex care when required. These partnerships are essential in building a more resilient and sustainable healthcare system for Herefordshire and neighbouring communities.

It is important to acknowledge the challenges the Trust has faced over the past year. Workforce pressures, financial constraints and sustained demand have continued to test the resilience of our organisation. Industrial action has also had an impact, creating disruption and additional complexity for our teams. Despite this, staff have worked together with professionalism and determination to maintain safe services and minimise the impact on patients wherever possible.

These challenges highlight the importance of supporting our workforce. We remain committed to staff wellbeing, development and engagement, recognising that our people are the foundation of our success. We have continued to invest in initiatives that support physical and mental health, while also providing opportunities for learning and progression.

I would like to take this opportunity to extend my sincere thanks to all our staff - clinical and non-clinical. Whether delivering care directly or supporting essential services behind the scenes, your commitment, compassion and resilience have once again made an extraordinary difference.

In what has been another demanding year for the NHS, your dedication to providing excellent care has been truly remarkable.

Equally, our volunteers play a crucial role in creating a friendly, warm and welcoming environment and I want to take this opportunity to thank every one of them for their enthusiasm and kindness they show every day.

I would also like to thank our patients, carers and local communities for their continued support and understanding. We recognise that at times services have been under pressure, and we remain committed to improving access and experience in the year ahead.

Looking forward, we are clear about our priorities. We will continue to focus on reducing waiting times, improving urgent and emergency care performance, strengthening our workforce and delivering financial sustainability. We will also build on progress in digital transformation, capital investment and partnership working to ensure we are well placed to meet the evolving needs of our population.

Despite the ongoing challenges, I remain optimistic about the future of Wye Valley NHS Trust. The achievements of the past year demonstrate what can be accomplished by Team WVT, innovation and a shared commitment to patient care. By continuing to work together with our partners and communities, we will build on this progress and deliver further improvements for the people we serve.

In closing, I would like to thank my fellow Board members for their leadership and support throughout the year. Together, we remain committed to ensuring that Wye Valley NHS Trust provides safe, effective and compassionate care for all.

I'd also like to pay a special tribute to Russell Hardy, our previous Chairman, who stepped down earlier this year after ten years at the helm.

As a Trust, we extend our sincere thanks to Russell for the outstanding leadership and commitment he has shown over the past decade, guiding Wye Valley NHS Trust with vision, stability and dedication.

It's through his leadership that we are now able to build with confidence on the strong foundations he has laid for the future.

Frances Martin
Chair
Wye Valley NHS Trust

Performance Report

Performance Overview

The purpose of this section is to describe the Trust's purpose, its performance and the key risks to achievement of its objectives during the year.

Chief Executive Officer's Statement on Performance

2025/26 has been a year in which the Trust has maintained a clear and disciplined focus on quality, finance, operational performance and workforce. We have worked in a demanding environment characterised by sustained pressure on urgent and emergency care, ongoing financial constraint, high service demand and continued system complexity. Despite these challenges, the organisation has remained focused on delivering safe care, improving access for patients, strengthening productivity and building the foundations for longer-term sustainability. This has only been possible because of the commitment, professionalism and resilience shown by colleagues across all parts of the Trust.

We have seen meaningful progress in elective recovery, including improved waiting times, stronger theatre utilisation and continued benefit from protected elective capacity.

Cancer services have also delivered encouraging improvements, with progress across key pathways and stronger performance against national standards.

Diagnostic services have been enhanced through investment in additional capacity and pathway redesign, including the successful opening of the new Community Diagnostic Centre, a significant milestone for the Trust that will improve access, support earlier diagnosis and help reshape pathways for the future.

Alongside this, our quality agenda has remained central, with sustained attention to patient safety, reduction in unwarranted variation, stronger governance and a continued emphasis on learning and improvement across services. We have made progress against a number of our quality priorities during the year, including improvements in the timely administration of high-risk time-critical medicines, the development of safer inpatient diabetes pathways, strengthened approaches to nutrition and food quality, improvements in patient experience responsiveness and continued work to embed learning and quality improvement more consistently across the organisation.

Urgent and emergency care has remained our most significant operational challenge and one of the most important determinants of organisational performance, quality and financial sustainability. Throughout the year, high demand, delays in discharge, infection pressures and capacity constraints have continued to affect patient flow and the experience of care. We have therefore maintained strong focus on improving same day emergency care, reducing avoidable admissions, strengthening discharge arrangements and working more effectively with community and system partners. Our work through neighbourhood health and wider system transformation is particularly important in this context, as it supports a more preventative and joined-up model of care and is essential to improving both patient outcomes and the effective use of our resources.

Our workforce remains fundamental to the delivery of all our objectives. During 2025/26 we have continued to focus on recruitment, retention, staff wellbeing, leadership development and engagement, recognising that workforce stability is essential to quality, productivity and financial

improvement. Progress in reducing sickness absence, lowering agency usage in key areas, recruiting to a number of hard-to-fill roles and maintaining positive staff survey results provides evidence of increasing organisational resilience.

These gains are important not only because they support a more sustainable cost base, but also because they strengthen continuity, team effectiveness and the quality of care we provide. I would like to record my sincere thanks to all colleagues, volunteers and partners for their continued commitment to our patients and communities.

Financial performance has required strong grip, disciplined decision-making and a clear focus on delivery throughout the year. While the Trust has achieved a stronger position than initially anticipated, this has required continued attention to productivity, agency reduction, cost improvement and the management of operational risk. We remain realistic about the challenges that continue into 2026/27, particularly the need to secure recurrent efficiencies, improve urgent care flow, maintain workforce stability and deliver sustainable service models. Nevertheless, this year has shown that progress is possible when finance, operational performance, workforce and quality are managed in an integrated way. We end the year with a clearer sense of direction, confidence in our priorities and a strong commitment to continue improving care and outcomes for the population we serve.

Trust's Purpose and Activities

Wye Valley NHS Trust was established in 2011 and provides healthcare services at Hereford County Hospital in Hereford and at community hospitals in Ross-on-Wye, Leominster and Bromyard.

The Trust provides community and hospital care to a population of approximately 195,000 people in Herefordshire and a population of more than 40,000 people in mid-Powys, Wales.

The Trust has four clinical divisions: Surgical, Medical, Integrated Care and Clinical Support.

Vision, Mission and Values

Our mission, vision and values during 2025/26 were as follows:

Our vision is to improve the health and wellbeing of the people we serve in Herefordshire and the surrounding areas.

Our mission is to provide a quality of care we would want for ourselves, our families and friends.

Our values are embedded in the ways we work and are key components of our recruitment and staff appraisals processes.

Our Values

Compassion

We will support patients and ensure that they are cared for with compassion

Accountability

We will act with integrity, assuming responsibility for our actions and decisions

Respect

We will treat every individual in a non-judgemental manner, ensuring privacy, fairness and confidentiality

Excellence

We will challenge ourselves to do better and strive for excellence

During the year we engaged with our senior teams on developing a new Trust Strategy aligned to our refreshed mission and vision. As part of this, we reviewed our values and agreed that they were unchanged and would be maintained.

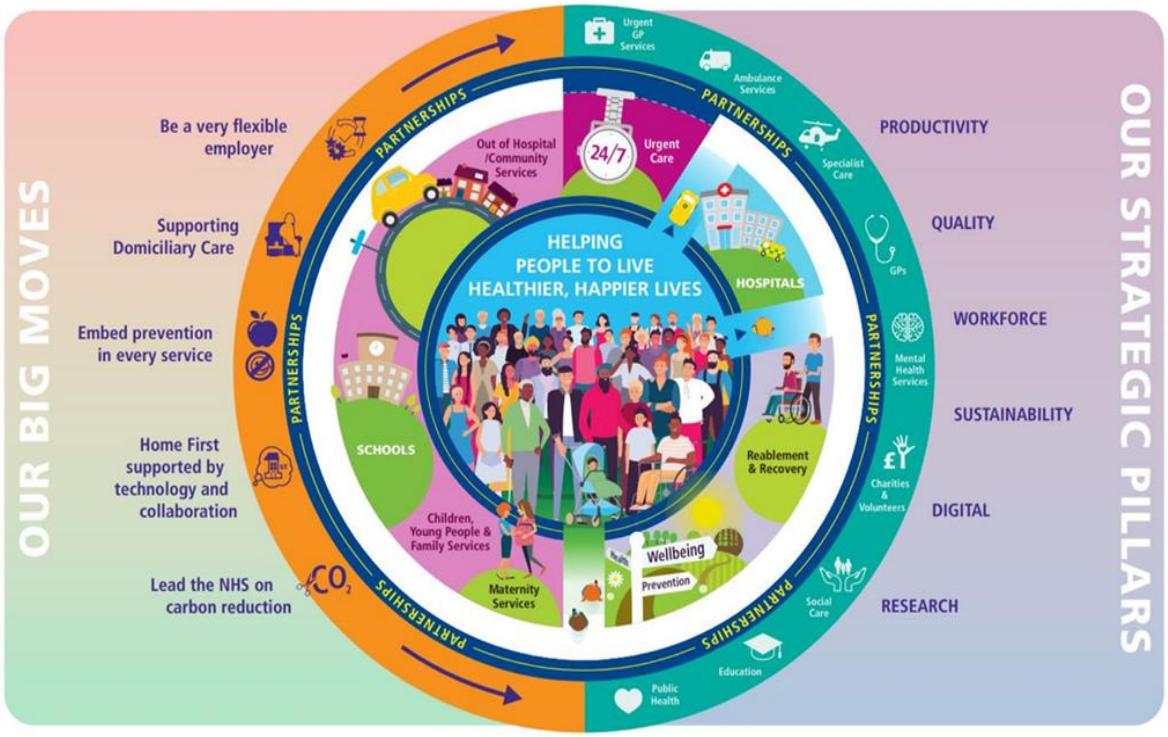
Integrated Care System

The Trust is part of the Herefordshire and Worcestershire Integrated Care System (ICS). The ICS is responsible for improving health outcomes for the local population, reducing health inequalities and supporting broader social and economic development. The Integrated Care Board does this through ensuring effective joined up working with local partners across health, social care, voluntary and community sectors and the allocation of NHS resources to ensure services are in place to deliver the jointly agreed ambitions.

Foundation Group

The Trust is part of a Foundation Group with South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust, with a single Chief Executive Officer and Chairman. All four organisations face similar challenges and have a common strategic vision for how these can be solved. The Foundation Group model retains the identity of each individual trust whilst strengthening the opportunities available to secure a sustainable future for local health services and providing a platform to share best practice and improve whole system patient pathways.

Shared Foundation Group Long Term Strategic Objectives and Big Moves



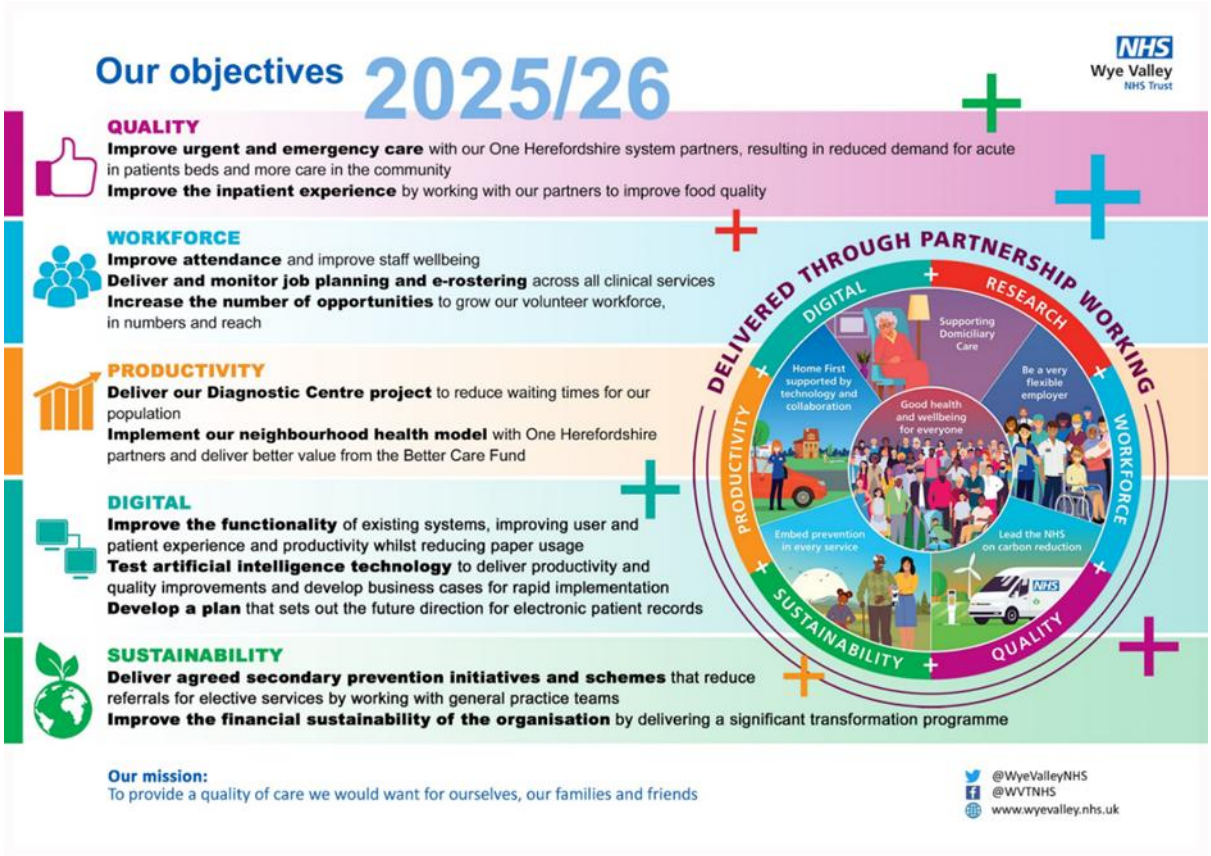
The Big Moves are underpinned by six Strategic Pillars:

- **Quality:** We will improve the experience, outcomes and safety of people accessing our services. We will embed a culture that is open to change and through Quality Priorities we will focus on improvement that will support people to live healthier, happier lives.

- **Workforce:** Our staff are our organisation. The retention, happiness and wellbeing of our workforce is essential. We want the Trust to continue to be an employer of choice, attracting the very best.
- **Productivity:** Making the best use of our limited resources and maximising the benefits of Foundation Group working will help us to be an efficient and effective organisation. We will respond to national programmes and develop a financial and operational strategy that makes us sustainable for future healthcare delivery.
- **Digital:** Digital solutions can enhance services and patient experience. We have an opportunity to use technology and data to transform care and experience for our staff.
- **Sustainability:** We recognise our environmental obligations and we are committed to minimising our impact on the local environment and helping to improve it.
- **Research:** We will create a culture which harnesses and supports research opportunities and improved access to clinical research.

Trust Objectives

Our Trust objectives are reviewed and updated every year.



Our new Trust Strategy was approved by the Board in April 2026, after the reporting year. The Strategy is based on the key areas requiring improvement, development and focus to achieve our vision.

Compassion • Accountability • Respect • Excellence

NHS Wye Valley NHS Trust

WHO WE ARE

Wye Valley is proud to offer compassionate hospital and community services, helping people live healthier lives. As an ambitious trust covering a wide geographical area, we are committed to delivering the best joined-up care in partnership with others.

WHY WE EXIST
OUR PURPOSE
To improve the wellbeing, independence and health of the people we serve.

WHAT WE DO EVERY DAY
OUR MISSION
We give everyone the quality of care we would want for ourselves, our families and friends.

WHERE WE WANT TO GET TO
OUR VISION
Together with our partners, we will shape the future of healthcare alongside our communities - ensuring everyone experiences outstanding, seamless care in our hospitals and closer to home.

Being a supportive employer
- Attracting and retaining great talent
- Developing and valuing people
- Promoting health and wellbeing
- Nurturing our caring, inclusive culture

Innovating to improve care
- Connecting patient records
- Maximising the benefits from our digital tools
- Putting data insight and research at the heart of change
- Adopting smarter, more efficient technologies

Strengthening our services
- Reforming urgent & emergency care
- Streamlining referral pathways with general practice
- Transforming outpatient services
- Improving surgery waiting times

Treating people in the right place
- Enhancing our community and prevention services with partners
- Optimising the role of community hospitals
- Collaborating on fragile pathways
- Co-ordinating out-of-county pathways

Delivering on our responsibilities
- Being an effective host for our One Herefordshire partnership
- Spending wisely within our means
- Transitioning our PFI services smoothly
- Contributing to a more sustainable Herefordshire

Performance Appraisal

The performance analysis below describes how the Trust performed in 2025/26 on key objectives, including delivery of financial plans, achievement of national and local operational performance targets and quality priorities.

Overall, the Trust's performance in 2025/26 was mixed. The Trust achieved or exceeded expectations in a number of areas, including delivery of an adjusted financial surplus in line with system expectations, significant progress in elective recovery, a reduction in long waits, continued improvement in cancer performance, delivery of the capital programme, compliance with the agency expenditure cap and positive workforce engagement measures.

However, the Trust did not fully achieve expectations in all areas, most notably within urgent and emergency care, where sustained demand, delays in discharge, workforce challenges, industrial action and estate constraints adversely affected patient flow and timely access to care. A number of quality and operational measures also remained below the required standard.

These risks and performance issues were actively managed through Board and committee oversight, the Board Assurance Framework and risk register, targeted recovery and improvement plans, support from NHS England and GIRFT (Getting it Right First Time) Team and partnership working across the system. Together, these actions have provided a clear basis for further improvement and risk reduction in 2026/27.

The report also provides an update on the Trust's progress in addressing health inequalities, a priority embedded throughout our strategies, plans and partnership working. There are examples of great work to both understand and address health inequalities and we have plans to improve the collection of equality data, particularly relating to ethnicity, so that we can focus our work where it is most needed.

Progress on implementing our three-year Green Plan is also described, showing a reduction in energy consumption per square metre, reduced waste and the reintroduction of recycling, and completion of Phase 1 of our Integrated Energy Service.

The principal risks to achievement of the Trust objectives were recorded in the Board Assurance Framework or as risks in the Trust's risk register as follows (more information can be found in the Annual Governance Statement later in this report):

Objective	Risk	Changes during the year
Quality	Failure to improve patient experience in response to patient feedback	Risk score reduced mid-year reflecting progress reflected in patient surveys and growth of volunteer workforce
	Failure to improve urgent and emergency care	Risk score remained very high throughout the year due to sustained challenges
Workforce	Failure to maintain a sustainable, available effective workforce, able to meet demand and patient need and deliver the highest quality services	Risk score reduced mid-year to reflect improved performance on KPIs.
Productivity	Failure to deliver financial plan and improve financial sustainability	Risk score reduced from very high to high at the close of the year, reflecting projected delivery of the financial plan. The future risk remained high, however.
Digital	Failure to deliver full digital strategy	No change to high score throughout year, reflecting steady progress.
	Successful cyber attack	The risk remained very high throughout the year, reflecting the constantly developing external threat.
Sustainability	Failure to implement an effective transfer of responsibilities and a fully functioning, well managed estate under the PFI contract expiry arrangements	Good progress made on the project but risk score unchanged during the year.

Going Concern

International Accounting Standard 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity. During 2025/26 the Trust's operations were fulfilled within the context of an annual financial plan. In 2025/26 the Trust delivered an adjusted surplus of £2.662m (£5.623m deficit in 2024/25). In the 2026/27 plan the Trust forecasts a breakeven position.

Management have carefully considered the principle of going concern. The Trust has agreed activity plans with its local commissioners for 2026/27. Services continue to be commissioned in the same manner as in prior years and there are no discontinued operations. The Trust's strategic partnership with the Foundation Group also continues to provide executive leadership and support to the Trust. Management has thus concluded that the Trust remains a going concern and the going concern basis has been adopted for the preparation of the accounts. Further details on going concern can be found within the disclosure within the financial statements.

Performance Analysis

This section provides a summary of how we measure and monitor performance and manage risk, and a detailed integrated performance analysis.

Measuring and Monitoring Performance

The Trust reports each month on a large dataset covering operations, quality, workforce and finance, which is consistent across the Foundation Group, enabling useful comparison and benchmarking. The dataset includes national targets set by NHS England, measures aligned to our annual Trust objectives and other data agreed by the Foundation Group trusts as key measures for Board oversight.

Performance is overseen by the Trust Board and a number of committees, including Quality Committee, Financial Recovery Board and Finance and Performance Executive Committees. Performance and progress on Key Performance Indicators (KPI) are reported in an Integrated Performance Report, including those set out in the NHS oversight framework.

The IPR comprises data and information about four main areas.

Key Performance Reporting	
Quality	Mortality
	Infections
	Patient Surveys
	Patient feedback
	Clinical incidents
Operations	Urgent care access
	Elective care access
	Cancer services
	Clinic and theatres utilisation (productivity)
Workforce	Sickness absence
	Turnover
	Vacancies and staffing levels
	Staff survey results
Finance	Delivery of financial plan
	Development and implementation of cost and productivity

Every quarter, this information is collated in a single report for the four trusts of the Foundation Group, which provides useful benchmarking and opportunities for shared learning. Where there is

benefit to joint working between the four trusts, this information is discussed by the four Boards together. Areas of Foundation Group focus in 2025/26 included:

- Outpatient services
- Urgent and emergency care impact on mortality and morbidity
- Safe staffing
- Operational planning for winter
- Equality and diversity
- Patient initiated follow-up
- Cancer services
- Home First initiatives

As well as using KPIs to measure performance against specific targets, they help identify areas of risk, provide assurance about how well risks are being managed or mitigated and inform our annual Trust objectives. This is reflected in our risk register and Board Assurance Framework.

Risk Profile

The Trust faced a range of challenges during the year which were assessed as risks to achievement of the Trust's strategic objectives and delivery of its key priorities. The basis of many of these risks is inherent within the wider NHS while others are particular to the Trust as an individual organisation. These challenges are expected to continue into 2026/27 and beyond, impacting the delivery of the Trust's operational performance improvement priorities. The Trust takes these into account when setting its annual strategic objectives. These include:

- Rurality. The Trust is one of seven across the NHS defined as "unavoidably small due to remoteness", in areas with distinctive health and care needs. These trusts are recognised as requiring additional funding to support these particular needs. In addition to this, many of the Trust's patients are resident in Powys, Wales, where the Trust has a lesser ability to influence successful discharge or to negotiate contractual funding to support provision of care. This issue affects the quality of care and both operational and financial performance.
- Increased demand in both numbers and acuity at the Trust's 'front door', linked to and helping to drive long waiting lists.
- Private Finance Initiative (PFI) funded hospital estate, which creates a current and future financial pressure. Ensuring an effective transfer of PFI responsibilities and a fully functioning, well managed estate will be a strategic priority for the Trust until 2029.
- Workforce pressures in some teams creating some 'fragile' services.
- Challenging financial, efficiency and productivity targets, which require careful balancing to ensure core service delivery alongside productivity and quality improvement.

The Trust Board considers its strategic and operational risks regularly through oversight of the Board Assurance Framework, Risk Register and reports from its committees.

More information on these risks is included within the Annual Governance Statement later in this report. Reference to how these risks impacted the Trust's performance during the year is included in the analysis below.

Financial Performance Analysis

Statutory basis

The Trust has fulfilled its responsibilities under the National Health Services Act 2006 for the preparation of the financial statements in accordance with the Department of Health and Social Care group accounting manual 2025 to 2026 (GAM) and the International Financial Reporting Standards which give a true and fair view in accordance therewith.

For 2025/26 the Trust's initial financial plan reflected a deficit of £25.9m. After recognition of non-recurrent national funding, this subsequently improved to a break-even plan for the year. Performance on elective activity remains resilient, securing a favourable position on our largest contract for Herefordshire & Worcestershire. During the year, cost pressures materialised through escalating operational pressures, including urgent and emergency care demand. This adversely impacted our capacity to fully deliver our cost and productivity improvement plan (CPIP). The CPIP shortfall was fully mitigated, albeit through non-recurrent resolution. Despite a challenging year, the Trust ended the financial year with a surplus of £2.7m.

Financial Break-even

In 2025/26, the Trust delivered an unadjusted surplus on the face of the statement of comprehensive income (SOCI) of £16,505k. Once technical adjustments are made to remove the impact of tangible asset revaluations, capital grants, depreciation charged on donated assets and the impact of IFRS16 on PFI accounting are accounted for this equates to an adjusted reported surplus of £2,662k. It is this adjusted measure against which NHS England (NHSE) assess performance.

The table below indicates the overall value of the deficit once technical adjustments are accounted for.

The Trust break-even duty is calculated based on the retained Surplus/(Deficit) for the year, adjusted for asset impairments and revaluations and the impact of depreciation on donated assets and capital grants received. The impact of re-measuring the Trust's PFI liability under IFRS 16 is also adjusted, along with a small impact relating to centrally held and issued inventory linked to COVID-19.

In 2025/26 the Trust reported an adjusted surplus of £2,662k which was in line with the forecast position agreed with the ICS.

	2025/26	2024/25
Adjusted financial performance (control total basis):	£000	£000
Surplus / (deficit) for the period per SOCI	16,505	(2,648)
Remove net impairments not scoring to the Departmental expenditure limit	(5,390)	7,021
Remove I&E impact of capital grants and donations	(165)	(2,319)
Remove impact of IFRS16 impact on IFRIC 12 schemes	(8,371)	(7,731)
Remove net impact of inventories received from DHSC group bodies for COVID response	83	54
Adjusted financial performance surplus / (deficit)	2,662	(5,623)

Prior to the Health and Care Act 2022 coming into force, we also had a statutory financial duty to achieve a break-even position on revenue and expenditure taking one year with another. However, the requirement is now to achieve financial duties set by NHS England. We continue to report on the break-even position and the table below shows the cumulative performance against the break-even duty for the last five years.

	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000
Break-even duty in-year financial performance	1,536	(6,512)	(13,239)	2,108	11,033
Break-even duty cumulative position	(136,282)	(142,794)	(156,033)	(153,925)	(142,892)
Operating income	304,155	330,289	361,927	393,523	421,370
Cumulative break-even position as a percentage of operating income	(44.8)%	(43.2)%	(43.1)%	(39.1)%	(33.9)%

NHS trusts also have non-statutory (administrative) duties to:

- Pay a public dividend capital (PDC) dividend to the Department of Health and Social Care (DHSC) each year. In 2025/26 we paid £3,088k (£2,774k in 2024/25).
- Meet the capital resource limit (CRL). Details of our performance is included in the Annual Accounts at note 35.
- Comply with the better payment practice code 178 for the payment of invoices. Details of our performance is included in the Annual Accounts at note 34.

In previous years NHS Trusts also had a statutory duty to manage within a pre-set external financing limit (EFL). This requirement ceased in 2024/25.

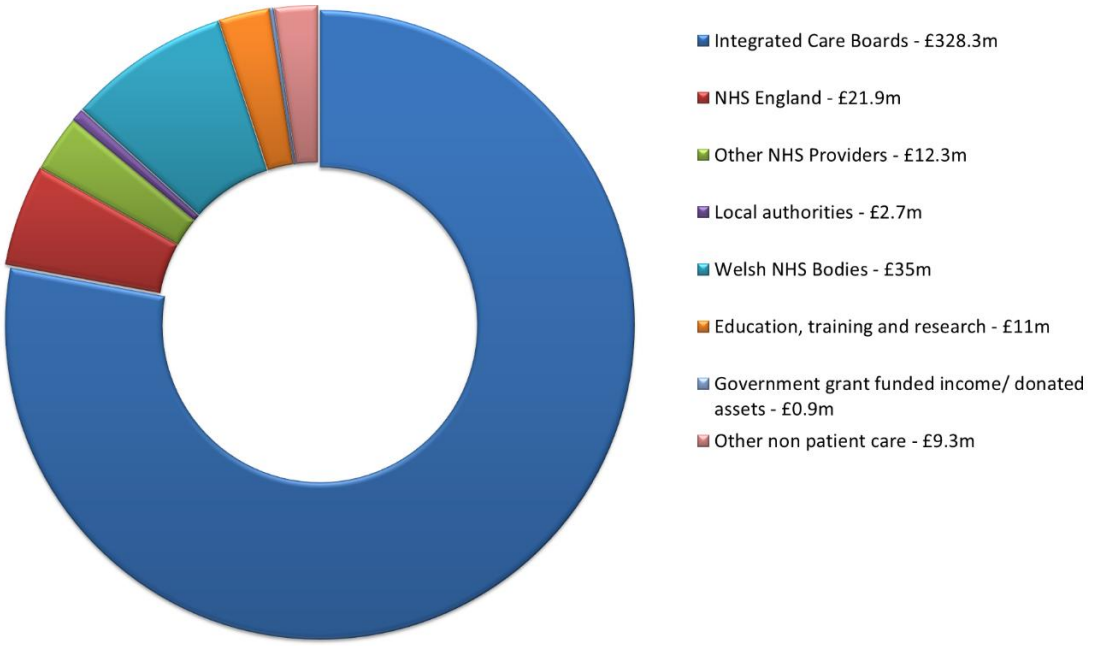
Cost productivity improvement programme (CPIP)

The Trust delivered £21.9m of savings from a broad range of best value for money, pay and non-pay saving initiatives. This was against a plan of £25.0m. As described above, operational pressures adversely impacted our ability to secure the level of savings targeted. £14.6m of the savings were delivered recurrently with a resulting benefit in future years.

Resources – Income and Expenditure

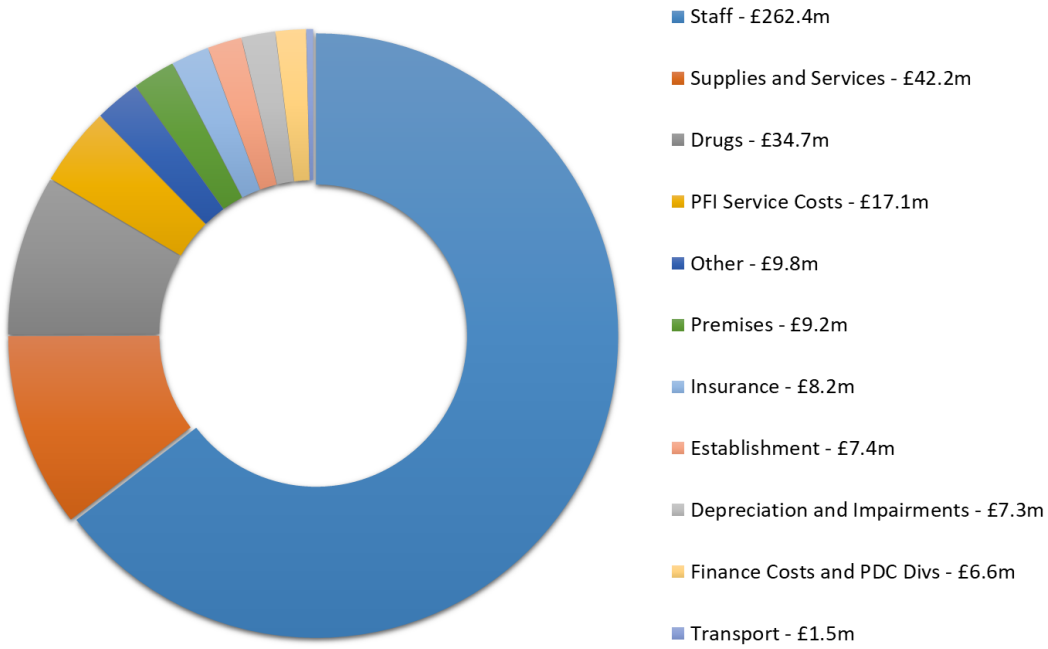
The Trust generated income of £421m during 2025/26. This includes income for patient care activities and other operating income as described in the Annual Accounts. The largest share of income is derived from Integrated Care Boards (ICBs). The primary source of income was from our host commissioner, NHS Herefordshire and Worcestershire ICB.

2025/26 Income Sources (£m)



Expenditure incurred in the year included salaries and wages paid to permanent and temporary staff, including those employed through agencies, totalling £262.4m. Total expenditure on goods and services amounted to £137.4m and finance costs plus PDC dividends totalled £6.6m.

2025/26 Annual Expenditure (£m)



Resources - Agency Expenditure

The national NHS Oversight Framework sets out an ultimate cap on agency expenditure equal to 3.2% of the total pay bill for the year. The Trust's actual agency expenditure in the year equated to 2.9% of the total pay costs and therefore came under the cap.

Resources - How the Trust spends its capital

The Trust spent £18.4m on capital investments during 2025/26. The most significant elements within the capital programme were as follows.

2025/26 Capital Expenditure	2025/26
	£k
Clinical Equipment	2,408
Estates Schemes	1,808
Community Diagnostic Centre	2,562
Decarbonisation funding -Solar	479
Digital (Systems and ICT)	1,594
Integrated Energy Scheme Phase 2	3,050
Modular Theatre	1,678
UEC Expansion	4,306
IFRS 16 Building Leases remeasurement	550
Total Capital Expenditure	**18,435**

Pension Liabilities

Within the annual accounts, ongoing employer pension contribution costs are included within employee costs (see notes 9 and 10 to the annual accounts for more detail).

Past and present employees are covered by the provisions of the NHS pension scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website.

Better payment practice code

The trade creditor payment policy of the NHS is to comply with both the Confederation of British Industry (CBI) prompt payment code and the government accounting rules. The Government accounting rules stipulate that, unless otherwise stated, all invoices should be paid within 30 days of receipt of goods or services. The Trust is measured against a 95 per cent compliance rate target in terms of both value and number of invoices.

The Trust's performance against the Better Payment Practice Code is detailed in note 34 to the annual accounts and for both NHS and non-NHS it improved in invoice value terms compared to 2024/25. In number terms there was a small deterioration. The Trust still achieved over 95 per cent against both measures.

Statement of disclosure for auditors

Each director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Operational Performance Analysis

NHS Oversight Framework

The NHS Oversight Framework is a new, one-year framework for 2025/26, which is supported by a set of national priorities and other metrics. Organisations' performance was assessed each quarter during 2025/26 to provide a segment score that determined the level of support or intervention needed by NHS England (NHSE) as follows:

Segment	Description
1	Consistently high performing across all domains, delivering against plans.
2	Good performance across most domains. Specific issues exist.
3	Off track in a range of domains or in financial deficit.
4	Significantly off-track in a range of domains.

All organisations in financial deficit or in receipt of deficit support are limited to a segment score of no greater than 3.

Each quarter, NHSE published data for each organisation, including performance against relevant metrics as well as segment, overall score and rank compared to other NHS trusts (total 134). The Trust's overarching performance each quarter was as follows.

Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Score	Segment	Rank	Score	Segment	Rank	Score	Segment	Rank	Score	Segment	Rank
2.43	3	76	2.34	3	66	2.15	3	42	2.02	3	46

As the Trust continued in financial deficit with deficit support during the year it was not possible to progress from segment 3 to 2. Due to improvements in other metrics the Trust's score improved over the course of the year (lower is better).

The Trust's performance in each domain was described as follows in the National Oversight Framework quarter 4 results:

Access to services	2 – Above average
Finance and productivity	2 – Above average
Effectiveness and experience	2 – Above average
Patient safety	2 – Above average
People and workforce	1 – High performing

National Priorities

The national priorities set for 2025/26 were supported by planning guidance which described how trusts and ICBs should work to achieve the defined measures of success.

Not all the priorities were previously measured in the same way by the Trust. Comparative data for previous years is provided where possible.

1. **Improve Accident and Emergency waiting times and ambulance response times**

This priority aligned with the Trust's strategic objectives and was a key area of focus during the year.

The national planning guidance sought to drive improvement through reducing avoidable ambulance dispatches and conveyances, reducing handover delays and improving and standardising urgent care at the front door of the hospital.

a) Percentage of emergency department attendances admitted, transferred or discharged within 4 hours in March 2026

2022/23	2023/24	2024/25	2025/26	Standard
55.6%	56.3%	66.1%	63.7%	78%

b) Percentage of emergency department attendances spending over 12 hours in the department

The 2025/26 National Priority for this measure was to improve on the previous year's performance, with an ambition to eliminate waits over 12 hours.

2022/23	2023/24	2024/25	2025/26
16.2%	12.2%	13.2%	12.3%

Urgent and emergency care remained a challenge throughout 2025/26, as reflected in the Board Assurance Framework, which scored the risk of failure to improve as very high. High Emergency Department (ED) demand and difficulties arranging discharge from wards for some patients who were ready to go home were consistent issues. This meant that managing new challenges such as high rates of infection, industrial action, severe weather, staffing issues and building works created significant pressures. The most concerning impact of this was the need to continue using temporary escalation spaces to admit patients who needed inpatient treatment and free up space in the Emergency Department. We know that this is a poor experience for all our patients as well as staff.

Key to solving this for the long-term is our work with our One Herefordshire Partners in delivering our Neighbourhood Health Programme which commenced in 2025 as part of the National Neighbourhood Health Implementation Programme. The programme is part of the national Ten Year Health Plan and focuses on shifting care closer to home, preventing illness and supporting people with complex needs through joined up services.

In the shorter term we are receiving support from the NHSE Getting it Right First Team (GIRFT) to identify high impact changes for 2026/27. These will include:

- Changing the way we use our expanded Same Day Emergency Care (SDEC) space to improve flow of patients arriving at the ED.
- Closer working with Single Point of Access and Hospital at Home services.
- Improving ward discharge processes across acute and community sites, including criteria-led discharge and increased digitisation.
- A new Model of Care for our Community Hospitals.
- Reviewing the capacity of our discharge to assess provision.
- Strategic alignment with Powys System UEC plans.

2. Reduce the time people wait for elective care

The national planning guidance required all providers to deliver this through increased activity levels, effective demand management, driving pathway reform and giving patients choice and control over their care.

The Trust's performance improved significantly over the course of the year, supported by:

- Improved theatre utilisation
- A new Elective Surgical Hub, which attained national GIRFT accreditation recognising achievement of standards in:
    - The patient pathway
    - Staff and training
    - Clinical governance and outcomes
    - Facilities and ring fencing
    - Utilisation and productivity

Further improvements will be sought through changes planned for 2026/27, including:

- Implementation of the Federated Data Platform
- Pre-operative Assessments through MyPreOp+, an online, digital platform and clinical portal, which will strengthen early screening, standardise assessment processes and enhance digital patient engagement leading to a reduction in unnecessary attendance and optimal preparation of patients for surgery.
- Improvements in UEC, as described above, which will lead to generally improved flow across services.

a. Percentage of patients waiting no longer than 18 weeks for elective treatment to 65% by March 2026, with a minimum 5% improvement on the previous year.

2023/24	2024/25	2025/26	Standard
54.5%	56.5%	67.8%	65%

b. Percentage of people waiting over 52 weeks for acute care

2023/24	2024/25	2025/26	Standard
4.1%	2.4%	0.7%	1.0%

3. Reduce the time people wait for elective cancer care

The national focus in 2025/26 was on systems working with Cancer Alliances to improve cancer waiting times by maximising care for low-risk patients in non-cancer settings and improving productivity in cancer pathways.

The Trust achieved significant improvements in 2024/25 despite a sustained increase in referrals. This continued in 2025/26 with, for example, an increase of 23.5% in January 2026 compared with the same period three years earlier. Skin and lung pathways experienced particularly notable growth.

Performance improved further during the year, with some specialities achieving particularly strong results, including Skin, Head and Neck and Breast. There were challenges in Gynaecology, however, and an improvement plan commenced in early 2026.

a. Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral

2023/24	2024/25	2025/26	Standard
56.3%	77.8%	81.6%	80%

b. Percentage of patients treated for cancer within 62 days of referral

2023/24	2024/25	2025/26	Standard
59.9%	70.8%	77.3%	75%

4. Effectiveness and Experience of Care

a) Mortality

The Trust closely monitors rates of mortality and learning from deaths and regularly reports to the Quality Committee and the Board. A key national measure is the Summary Hospital-level Mortality (SHMI), which is the ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die (based on average England figures), given the characteristics of the patients treated.

SHMI is reported each month on a rolling 12-month basis. Data takes time to be analysed nationally and at the time of reporting the most recent data available is for November 2025. Data is sensitive to changes such as coding and inpatient numbers at speciality level.

SHMI is monitored at both Trust and speciality level, which enables more detailed analysis.

The Trust also monitors the 'crude mortality rate' – the number of deaths and the percentage of deaths of all inpatient admissions and Emergency Department attendances, which helps identify any potential concerns more quickly.

This, together with detailed reviews of individual deaths, helps provide assurance regarding mortality levels at the Trust.

December 2024-November 2025	December 2023-November 2024	November 2022-October 2023
113.8	103.0	101.6
Within expected range	Within expected range	Within expected range

b) Care Quality Commission Inpatient Survey

The CQC's annual adult inpatient survey provides useful benchmarking information and a helpful opportunity to triangulate more data about the experience of patients that use our services. The results of the survey are presented to the Quality Committee so they can be considered alongside other information such as complaints, access data and patient feedback.

A key measure taken from the survey is the patient satisfaction rate. The most recent survey for which data is available was undertaken in 2024, the results of which were published in September 2025.

Metric	2022	2023	2024
Overall experience	8.0/10	7.9/10	8.0/10
Compared with other trusts	About the same	About the same	About the same

More information about how we are working to improve patient experience can be found in our annual Quality Account.

5. Patient Safety

a. Infection Prevention and Control

During the year, with support from NHSE the Trust made significant improvements in its cleanliness processes. NHSE monitoring reduced in September 2025 from enhanced to routine and in January 2026 we were able to demonstrate ongoing progress, particularly with estates maintenance works.

The rate of certain infections is monitored closely internally, by the Trust Board, Quality Committee and by NHSE.

Each of the following cases in 2025/26 were reviewed for learning and lessons were shared with clinical teams. The Trust also participates in the implementation of a regional strategy to minimise risks associated with healthcare acquired infections.

Metric	Standard	2025/26	2024/25	2023/24
Number of MRSA bacteraemia cases	0	3	1	1
Number of reportable C-Difficile infections (CDI)	38	45	61	37
E-Coli bacteraemia	36	46	46	52

b. Staff Survey Raising Concerns Sub-Score

The annual, national NHS Staff Survey provides valuable information not only about staff experience but also the effectiveness of our patient safety arrangements. This includes questions about staff raising concerns. The Trust's scores have gradually improved over the last three years.

Standard	2025	2024	2023
Out of 10	6.57	6.49	6.45

6. People and Workforce

a. Sickness Absence Rate

The Trust Board monitors the staff sickness absence rate closely throughout the year. We were close to achieving our target of 4% by March 2026 and our performance benchmarked well within the Foundation Group and nationally, as demonstrated in the NHS Oversight Framework .

Standard	2025/26	2024/25	2023/24
4%	4.3%	5%	4%

b. Staff Survey Engagement Theme Score

This important measure provides an indicator of how motivated, involved and committed staff feel, which links directly with the quality of care.

The Trust's engagement score was stable and continued the gradual improvement trajectory of the last three years, remaining well above the national average.

Standard	2025	2024	2023
Out of 10	7.07	7.03	7.02

Overall, the Trust's staff survey results for 2025 were relatively positive, with above average scores for each element and theme and improvements in several areas.

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents
We are compassionate and inclusive	7.45	1420	7.52	1980
We are recognised and rewarded	6.20	1422	6.23	1979
We each have a voice that counts	6.89	1402	6.93	1955
We are safe and healthy	6.21	1407	6.21	1957
We are always learning	5.84	1358	5.93	1906
We work flexibly	6.64	1413	6.58	1973
We are a team	6.96	1418	7.03	1973
Themes				
Staff Engagement	7.03	1421	7.07	1977
Morale	6.08	1422	6.13	1980

Continuing this improvement is a priority for the Trust and we are developing our strategies to:

- Attract and retain great talent
- Develop and value people
- Promote health and wellbeing
- Nurture our caring and inclusive culture.

More information about our workforce can be found in the Staff Report later in this document.

7. Other Performance Measures

The Trust Board monitors many measures of performance against targets and standards relevant to safety, patient experience, patient outcomes, productivity and patient flow. Some of the important measures, including national targets and those linked to Trust, ICB and Foundation Group strategies are as follows.

Measure	Standard	Trajectory	2025/26	2024/25	2023/24
Percentage of people waiting over 6 weeks for a diagnostic procedure or test	5%	↑	11.8%	21.4%	21.5%
Theatre utilisation	85%	↑	82.4%	82%	81.7%
Outpatient appointments not attended (did not attend - DNA - rate)	<4%	↓	5.7%	5.4%	6%

These will continue to be areas of focus in 2026/27:

- Continuing the improvements in diagnostic performance following the opening of our new Community Diagnostic Centre in 2026/27.
- Delivering an Outpatient Transformation Programme to reduce patient waiting times.
- Building additional theatre capacity to reduce patient waiting times.

Quality Priorities

Each year the Trust publishes a Quality Account which sets out progress on achieving our quality priorities and describes the new priorities we intend to measure the following year. Our progress on each priority is described below. More detail can be found in our Quality Account on our website.

Priority	Progress
Safety	
Timely VTE assessment	National 95% target met. Sustained reduction in hospital acquired VTE. More work to do to meet the national average performance, which is above target.
Diabetes inpatient safety improvement	Foot assessment standard operating procedure and education plan developed. My Diabetes Perioperative Passport launched to empower patients. Self-management and administration of insulin piloted. New hypoglycaemia care bundle launched.
Food safety and quality improvement	Improved snack provision. Malnutrition Universal Screening Tool (MUST) training, assessment dashboard and audit established. Meal service audit leading to continual improvement. Patient feedback collated and used to inform improvements.
Effective	
Timely high-risk time critical medication	Improved Parkinson's medication administration on time, reduced missed doses and ran awareness campaign. Maintained low doses of missed epilepsy medication. Launched Red Bags system to flag critical medications for prioritisation. Revised self-administration policy.
Ensure best possible transition care pathways from paediatric to adult services	Developed transition passport. Launched a transition alert on electronic patient record. Developed plans for coproduction with young people of a transition of healthcare strategy.
Caring Experience	
Grow volunteer workforce in numbers and reach	70+ volunteers. 1,000+ volunteer hours per month. Increased ward support. Worked with voluntary organisations as partners.
Improve responsiveness to patient experience data	Improved scores in inpatient and maternity surveys. Improved timeliness of response to formal complaints. Patient Engagement Group established and supporting a number of projects.

Quality Governance

Information about quality governance is included in the Annual Governance Statement in the Accountability Report later in this document.

Partnership Working

The Trust engaged as a key partner in the production of the ICB Joint Forward Plan.

The core areas of the plan align with the Trust's strategic priorities and objectives, for example a focus on left shift and prevention, reducing elective waits, and improving urgent and emergency care performance. These are reflected in our operational and financial plans against which performance is overseen by NHSE.

The Trust delivered its capital programme in accordance with the ICS capital resource plans and agreed allocations.

Forward Planning

Following reflections on the Trust's performance in 2025/26 and the degree of achievement of our 2025/26 strategic objectives, the Trust Board developed its strategic objectives for 2026/27, aligned with the new overarching Trust Strategy and taking into account known and anticipated risks, challenges and opportunities:

Being a supportive employer

- Develop and deliver a staff health and wellbeing programme
- Continue to reduce staff sickness levels

Innovating to improve care

- Continue to embed AI in our services to improve efficiency and reduce costs
- Deliver a business case for re-procuring an electronic patient record

Strengthening our services

- Improve our urgent and emergency care pathway, increasing our capacity and navigating away from ED
- Deliver an Outpatient Transformation Programme to reduce patient waiting times
- Build additional theatre capacity to reduce patient waiting times

Treating people in the right place

- Implement the Neighbourhood Health programme with our partners
- Develop a plan for the future of community hospital beds

Ensuring a sustainable future

- Improve our financial sustainability by delivering our transformation plans
- Develop a business case setting out the Trust's plan for the end of the PFI contract
- Deliver the final phase of Integrated Energy Scheme, reducing carbon emissions

Equality, Diversity and Inclusion as a Service Provider

As the main provider of healthcare services and one of the largest employers in Herefordshire, our aim is to deliver healthcare services that are appropriate to everyone's needs, taking account of differences in age, disability, race, ethnic or national origin, gender, religion, belief, sexual orientation, domestic circumstances, social and employment status or responsibilities as a carer.

The public sector equality duty requires us to consider how our decisions and policies impact people protected by the Equality Act. In order to meet this duty, all our business cases and policies require an equality impact assessment.

We work with the Herefordshire Community Partnership, a forum led by Healthwatch with the public, formal health and care services and voluntary and community sector organisations working in partnership to ensure that services are delivered in the best way possible.

We are engaged as part of the Integrated Care System (ICS) in the implementation of the ICS Healthcare Inequalities and Prevention Strategy 2025-30.

Internally, the provision of an interpreting service and accessible information helped support equality within and access to the Trust's services.

The Trust is also signed up to the Armed Services Covenant. This is a demonstration of the Trust's commitment to ensuring that service military personnel, military veterans and military families get the support and guidance they need when accessing healthcare or seeking a career in healthcare.

Tackling Health Inequalities

As Chief Executive, I recognise that tackling health inequalities is central to our purpose as an NHS Trust and to our responsibility to the population we serve. This report sets out the work we have undertaken during the year to better understand inequalities in access, experience and outcomes across our services, and the action we are taking in response. It demonstrates our commitment to using data, evidence and partnership working to identify where need is greatest, target improvement more effectively, and ensure that reducing inequalities is embedded in the way we plan and deliver care.

1. Understanding our population

Health inequalities are the avoidable, unfair and systematic differences in health outcomes across the population and between different groups within society. Healthcare inequalities relate specifically to differences in access to services, experiences of care and outcomes from healthcare.

Information from the 2021 census and from data collected by the Office for National Statistics tells us that in Herefordshire:

- The proportion of people in their early fifties and above is higher than the national average and the 65 and over age group has grown the fastest.
- The working age population and the number of children are both lower than the national average
- The population is growing but more slowly than the rest of England and Wales, and growth is driven by migration.
- Over half of households are considered deprived and two-fifths of residents live in the most rural areas of the county.
- 2.4% of people in 2021 identified with an LGB+ orientation and 0.4% indicated their gender identity was different from their sex registered at birth.
- In 2021 8.9% of the population identified themselves as being of an ethnicity other than 'white: British', which is very low compared to nationally. Of this group, more than half identified as 'white: other' origin. This does not include the Gypsy, Roma and Traveller community which is one of the most significant minority groups in Herefordshire.

2. Index of Multiple Deprivation (IMD)

The IMD 2025 is a composite measure of deprivation across small geographic areas in England. Herefordshire has, on average, relatively low levels of overall multiple deprivation. However, this varies across individual areas within the county from decile 1 (the most deprived) to decile 10 (the least deprived). Herefordshire is one of England's most rural counties and rural areas pose different types of challenges for the people who live there compared to urban areas. In rural areas, most common types of deprivation relate to housing and physical access to services such as healthcare.

3. The Trust's approach to addressing health inequalities

The Trust works to address health inequalities as follows:

- By contributing to delivery of the Herefordshire and Worcestershire ICS Healthcare Inequalities and Prevention Strategy.
- By working with our One Herefordshire partners on the delivery of our Neighbourhood Health Programme
- By working with partners to deliver the Herefordshire Health Inequalities, Prevention and Personalisation Strategy
- By embedding prevention and health inequalities schemes in our strategies, priorities and development plans.
- Through the work of Trust teams and specialist departments

a) Herefordshire and Worcestershire ICS Healthcare Inequalities and Prevention Strategy: Making it everyone's business

As a member of the ICS the Trust is contributing to the implementation of the strategy which follows NHS England's CORE20PLUS5 plan and is aligned to the NHS 10 Year Health Plan. This focuses on:

- The 20% of people living in the poorest areas
- Other groups who often have worse health
- Important health problems where we can make a difference

The full strategy can be found here: Tackling health inequalities :: Herefordshire and Worcestershire Integrated Care System

b) Herefordshire Neighbourhood Health Programme

In 2025/26, Herefordshire was selected as one of 43 areas in England to take part in the National Neighbourhood Health Implementation Programme (NNHIP), a major NHS initiative aimed at transforming how health and care services are delivered. This work builds on the strong foundations already in place through our One Herefordshire place-based partnership with Herefordshire Council, Herefordshire and Worcestershire Health and Care NHS Trust and Herefordshire General Practice.

The nine workstreams of the programme include Prevention and Health Inequalities. In 2026/27 this will focus on smoking cessation, falls prevention and increasing vaccination uptake across neighbourhoods.

c) Herefordshire Health Inequalities, Prevention and Personalisation Strategy

Emergency Department

Following on from the Trust's own health inequalities analysis of Emergency Department (ED) usage, in 2025/26, Healthwatch Herefordshire undertook a project to explore and better understand how and why members of the public access urgent care services, with a particular focus on the use of the ED. Healthwatch volunteers worked with Trust ED teams to engage with over 500 people, capturing a diverse range of experiences. The full report can be found here: Understanding-emergency-department-attendance-herefordshire

Key findings relating to health inequalities:

- Socio-economic factors may play a role in driving higher ED utilisation within communities with higher levels of deprivation.
- ED is becoming the default for people with chronic conditions such as childhood asthma.
- Individuals from more deprived backgrounds may be more likely to use ED as a first point of contact

- Older individuals were more likely to have been referred or advised to attend ED.

The report and these findings have provided valuable insight that will help the Trust develop and implement its urgent and emergency care improvement plans and will influence the direction of the Neighbourhood Health work.

Waiting Lists

In 2025/26 the Trust analysed inpatient and outpatient waiting lists from a health inequalities perspective. The analysis included 7,555 patients. The key findings were:

- There were no significant differences in a comparison between the Herefordshire population and the WVT waiting list in terms of deprivation.
- There was a similar distribution for the longest waiting times.
- Male/female split of the waiting list was similar to the national average for Herefordshire.
- Ethnicity data recording for patients on WVT waiting lists was very poor – 35% not stated

The Trust intends to introduce an outpatient check-in kiosk system in 2026/27 which will have a mandatory ethnicity recording field and should increase the quantity of ethnicity data collected. This will enable improved analysis to provide a better understanding of any differences or health inequalities that may exist.

d) Strategic Approach

Several of our strategic objectives and quality priorities seek to reduce health inequalities or are aligned with wider ICS or national health inequalities strategies.

Strategic Objectives 2026/27	
Strengthening our services Improve our urgent and emergency care pathway, increasing our capacity and navigating away from ED Deliver an Outpatient Transformation Programme to reduce patient waiting times	**Treating people in the right place** Implement the Neighbourhood Health programme with our partners Develop a plan for the future of community hospital beds
Research Priorities for 2026-27	**Quality Priorities for 2026/27**
Aligning Research with Local Health Needs Improving Access for Rural Populations	Diabetes safety Frailty assessment in ED Transition of care from paediatric to adult services

e) Examples of the Work of our Trust Teams

Across the Trust teams are involved in work to improve the quality of services for all our patients, including those who are the most vulnerable or at the highest risk of experiencing health inequalities. Examples include:

Enhancing the Patient Voice	**Supporting our patients and staff in times of need**
Patient Engagement Forum In 2025/26 we have been supporting the development of our Patient Engagement Forum (PEF) to strengthen the patient voice. The PEF has developed an Impact Statement and set out its goals: *Stronger patient voices are shaping better care, better environments, and better experiences across the Trust*. Goals: G*row our reach, create a more diverse membership and strengthen community links.*	**Domestic Abuse Support** The Trust has appointed a Lead for Domestic Abuse who is responsible for coordinating the Trust's response to domestic abuse and works with the Hospital Independent Domestic Violence Advisor (HIDVA) (employed by West Mercia Women's Aid) who provides independent advice and support for all patients and staff. The Lead for Domestic Abuse and HIDVA jointly deliver training across the Trust and raise awareness about domestic abuse to build staff confidence so that more victims are identified and receive the support that they need.
Acting as an Anchor Institution	**Supporting Patients in Hospital**
Care Leaver Programme The Trust has been participating in an ICS pilot scheme for young care leavers to get young people into vacancies, improve their life chances and enable them to live independently	**Dementia Support** The Trust has appointed a Dementia Lead who supports staff to provide the best care possible for people with dementia in hospital. This work includes: • Joint working with the Trust's Falls Lead • Staff training • Launching a 'This is me document' (produced by the Alzheimer's Society and the Royal College of Nursing) to support staff to care for patients with Dementia by building a better understanding of individuals.

4. Health Inequalities Data

The data below does not provide a clear indication of any health inequalities in isolation. The Trust plans to undertake more analysis during 2026/27 to support plans in this area. This will be assisted by our plans to improve the collection of data such as ethnicity from our patients.

Health Inequalities Data 2025/26

1. Operational Priorities

	Age			Sex		Ethnicity						Deprivation
	Under 18	**18-64**	**65 and over**	**Male**	**Female**	**Asian, Asian British or Asian Welsh**	**Black, Black British, Black Welsh, Caribbean or African**	**Mixed or multiple ethnic groups**	**White**	**Other ethnic group**	**Not known**	**IMD 6 to 10**
inequalities in percentage of people waiting 18 weeks or less for elective treatment	76.1%	65.2%	69.2%	68.7%	67.1%	65.4%	69.2%	61.8%	66.7%	74.6%	69.7%	68.7%
inequalities in percentage of people waiting over 52 weeks for elective treatment	0.2%	0.8%	0.6%	0.7%	0.7%	0%	0%	0.7%	0.7%	0%	0.7%	0.7%
inequalities in annual change in size of waiting list	-251	-630	-960	-798	-1043	-12	-8	-41	-1367	-17	-396	-1061
inequalities in percentage of people waiting over 18 weeks for community services	33.5%	5.2%	14.5%	21.3%	14%	0%	0%	20%	13.2%	5.9%	23.3%	
inequalities in percentage of people waiting over 52 weeks for community services	2.4%	0%	0.3%	1.2%	0.5%	0%	0%	2.9%	0.4%	0%	1.4%	
inequalities in percentage of people waiting over 104 weeks for community services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
inequalities in mean time in emergency department	163	305	521	364	370	259	243	352	405	349	391	

2. Core20PLUS5 (adults)

	Age			Sex		Ethnicity					
Maternity	**Under 18**	**18-64**	**65 and over**	**Male**	**Female**	**Asian, Asian British or Asian Welsh**	**Black, Black British, Black Welsh, Caribbean or African**	**Mixed or multiple ethnic groups**	**White**	**Other ethnic group**	**Not known**
inequalities in gestational age at booking	14	1509	0			95	43	35	1268	37	45
completeness of ethnicity data in the Maternity Service Date Set (MSDS)						5.5%	2.0%	2.3%	84.1%	2.1%	4.1%

3. Core20PLUS5 (Children and young people)

	Sex			Ethnicity				
Urgent, emergency and community care	**Male**	**Female**	**Asian, Asian British or Asian Welsh**	**Black, Black British, Black Welsh, Caribbean or African**	**Mixed or multiple ethnic groups**	**White**	**Other ethnic group**	**Not known**
inequalities in children and young people (CYP) emergency department attendances	11078	10478	156	28	177	8823	795	1390
inequalities in accessing specialist paediatric and multidisciplinary support for CYP in community settings	1059	579	3	1	11	537	3	1083

inequalities in percentages of CYP attending ED departments without admissions	9161	8273	128	23	149	7518	691	1144
inequalities in percentages of CYP admitted vs. redirected	1917	2205	28	5	28	1220	104	246

4. Data Quality

Ethnicity recording	**Admitted patients**	**ED attendance**	**Community services**	**Maternity Services**
percentage of records with blank or null codes for ethnicity	0%	0%	19.9%	0.5%
percentage of records with residual ethnic codes, including:				
• not stated	4.7%	41.8%	10.1%	2.4%
• not known	31.9%	0.3%	0%	0.8%
percentage of patient records with a valid, non-residual ethnicity code in data sets	63.3%	57.9%	70%	96.3%

Anti-corruption and anti-bribery

The Trust has in place effective arrangements to ensure a strong counter fraud and corruption culture exists across the organisation and to enable any concerns to be raised and appropriately investigated. These arrangements are underpinned by a dedicated local counter fraud specialist (LCFS) and a programme of counter fraud education and promotion. The fitness for purpose of these arrangements is overseen by the Audit Committee which has confirmed them as being effective and proportionate to the assessed risk of fraud.

The Trust employs RSM Risk Assurance Services LLP to provide a LCFS service. This service receives referrals about potential fraud and undertakes fraud investigations in addition to doing proactive work in relation to fraud in the NHS.

Environmental Matters

The Trust's Green Plan 2025-2028 outlines projects, schemes and activities which will lead the Trust over the next three years towards its target of net zero covering areas such as workforce and leadership, through to technical schemes aimed at reducing carbon emissions generated by the Trust's activity.

Although the Trust is relatively small compared with other NHS organisations, it is still a large consumer of natural resources and has a sizeable carbon footprint, contributing to the effects of climate change and its associated impacts.

As a healthcare provider, Wye Valley NHS Trust is committed to protecting the natural environment for the benefit of human health. As a leading anchor institution, we play an important role beyond the boundaries of our estate and need to lead the way in delivering the national and international targets.

All NHS organisations are required to have a Board-approved Green Plan. Furthermore, we are legally obliged to address climate change; the government has set a net zero carbon target by 2040. We have made improvements in many areas but they have not yet had the scale of impact that will be required in the future.

The Trust Green Plan is based on the following priority areas:

- Workforce and Leadership
- Net Zero Clinical Transformation
- Digital transformation
- Medicines
- Travel and transport
- Estates and facilities
- Supply chain and procurement
- Adaptation
- Food and nutrition
- Estates, energy and waste

The Green Plan 2025-28 can be found on the Trust's website.

Task force on climate-related financial disclosures (TCFD)

The Department of Health and Social Care Group Accounting Manual (GAM) has adopted a phased approach to incorporating TCFD recommended disclosures within sustainability reporting requirements for NHS bodies, based on HM Treasury guidance.

The Trust has aligned its disclosures to the TCFD framework, covering governance, strategy, risk management, and metrics and targets.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD, as these are calculated nationally by NHS England. Where relevant, supporting information is included within this report and the Trust's Green Plan.

The following sections set out how the Trust is managing climate-related risks and opportunities through its governance arrangements, strategic planning, risk management processes and performance monitoring.

A. Governance Pillar

Board oversight of climate-related issues

One of the Foundation Group Big Moves is to 'lead the NHS on carbon reduction', which includes climate resilience and adaptation. Delivery of this ambition is incorporated in the Trust's organisational plans and measured as part of annual objectives.

A joint report from the four trusts of the Foundation Group on progress in delivering their respective Green Plans is presented annually at a meeting of the Foundation Group Boards. This provides an opportunity for benchmarking and learning.

An update on this report, including the climate adaptation plan was presented to the Trust Board part way through the year.

The Chief Strategy and Planning Officer is the Board-level Sustainability Lead who oversees the resourcing and delivery of the Green Plan, which includes Climate Change Adaptation.

A Sustainability Group meets quarterly to review progress against the Green Plan and associated performance measures. The group also supports the sharing of best practice and encourages innovation and new ways of working, drawing on input from members, including PFI partners.

Compliance with the Green Plan, including climate change adaptation, is now included in the standard operating process for business cases utilising a sustainability impact assessment tool.

The Green Plan was published in July 2025 in line with NHS England guidance and sets out the Trust's approach to delivering its net zero and sustainability objectives.

B. Strategy Pillar

Climate-related risks and opportunities

The Trust has identified a range of climate-related risks and opportunities across the short, medium and long term, aligned to organisational planning cycles and delivery of the Green Plan.

In the short term, risks include the impact of extreme weather on service delivery and estates infrastructure, such as overheating of buildings, flooding and disruption to clinical services. There are also operational risks linked to supply chain resilience, including availability of clinical equipment and medicines.

In the medium to long term, risks relate to the scale of change required to meet NHS net zero targets, including the need for investment in estates, infrastructure and service redesign. There is also a risk of increased financial and operational pressure if action is delayed.

Alongside these risks, there are opportunities to improve efficiency and sustainability across the organisation. These include reducing emissions through more efficient use of energy and resources, delivering more sustainable models of care, and improving population health outcomes through reduced environmental impact.

Impact on the organisation

These risks and opportunities have an impact on how the Trust operates, plans and uses its resources.

From an operational perspective, extreme weather and climate-related events can affect the resilience of our estate and the continuity of services. These risks are considered as part of our business continuity and emergency preparedness arrangements.

From a strategic point of view, delivery of the Green Plan and progress towards NHS net zero targets are built into our organisational objectives and planning. This includes embedding sustainability into service transformation, procurement, estates planning and clinical pathways.

There are also financial considerations. Investment is needed to support decarbonisation and adaptation, but there are opportunities to reduce costs over time through more efficient use of resources and reduced waste.

Overall, the Trust is managing these risks and opportunities through its existing governance, risk management and programme structures, ensuring climate considerations are part of wider decision making rather than a separate activity.

C. Risk Management Pillar

Processes for identifying and assessing climate-related risks

The Trust's established risk management framework is used to assess climate-related risks. Assessment of climate-related risks is also described in the Trust's climate adaptation policy and plan (approved in 2024). A Climate Adaptation Working Group reviews these risks as part of business resilience under the Emergency Prevention, Preparedness and Response (EPPR) committee.

Risks include funding to achieve our objectives and the management of climate-related issues such as overheating of buildings and disruption caused by flooding or problems with supply of clinical equipment and medication.

The Trust is continuing to develop and refine a standard set of performance metrics and measures to support delivery of the Green Plan, with progress monitored through established reporting arrangements.

Processes for managing climate-related risks

Climate-related risks are included within the Trust risk register, which is overseen by the Executive Risk Management Committee to ensure appropriate mitigations, controls and plans are in place.

These risks are used to inform planning and prioritisation of actions within the Green Plan and wider organisational decision making.

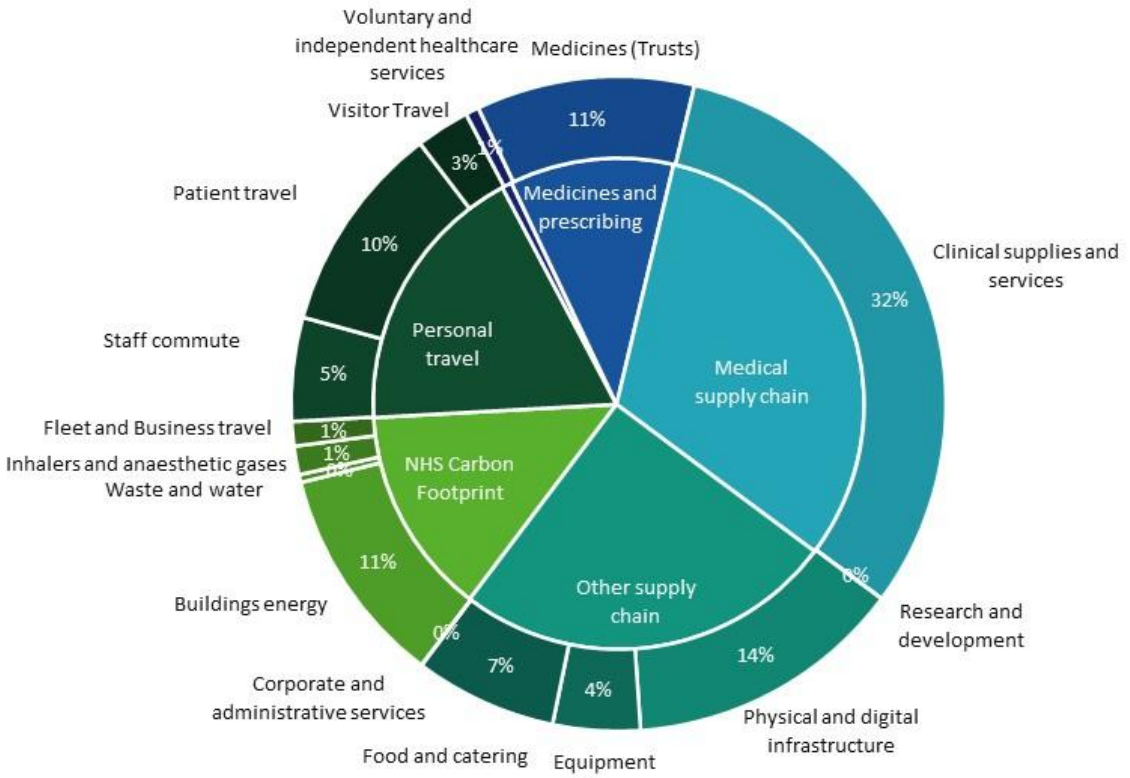
D. Metrics and target pillar

Carbon Footprint

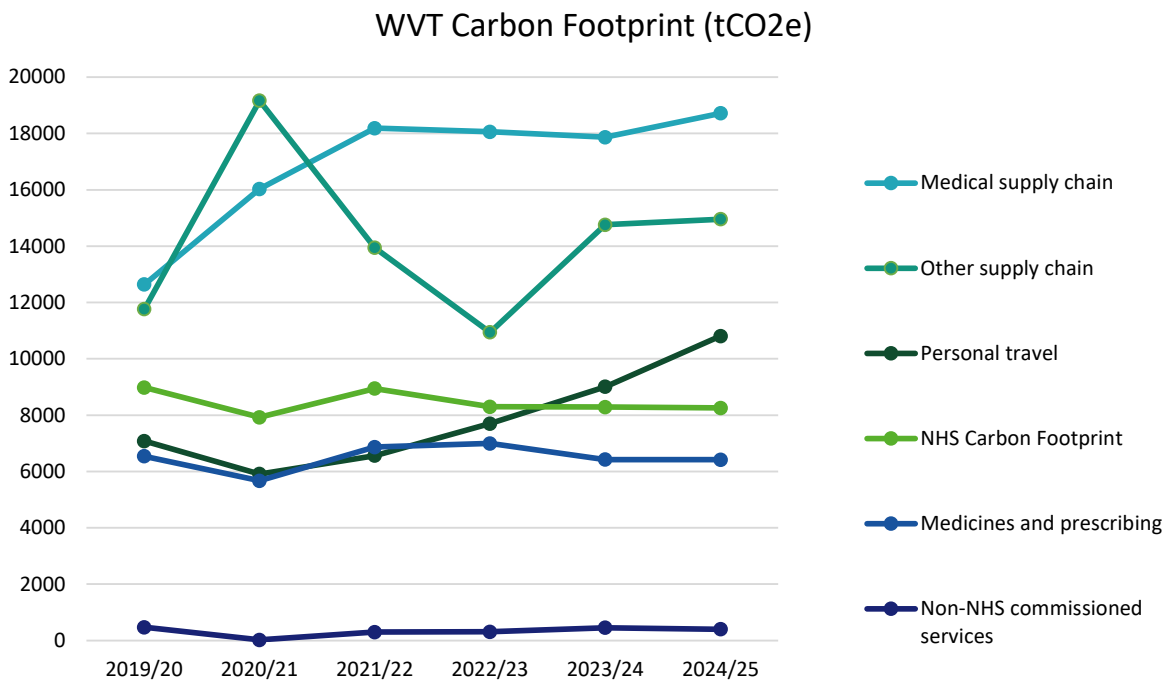
The NHS has set two main targets for achieving net zero emissions:

- Net zero by 2040 for emissions directly controlled by the NHS.
- Net zero by 2045 for emissions influenced by the NHS, with an ambition for an interim 80% reduction by 2036-2039.

These targets are part of the NHS's commitment to addressing climate change and improving health outcomes. The pie chart below shows the breakdown of the Trust's carbon footprint.

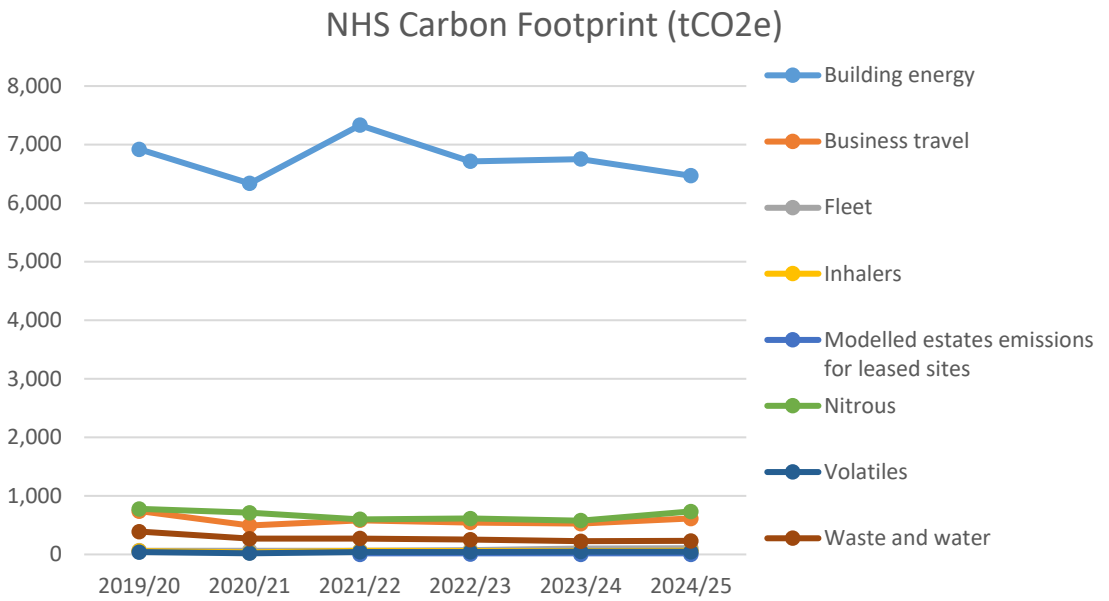


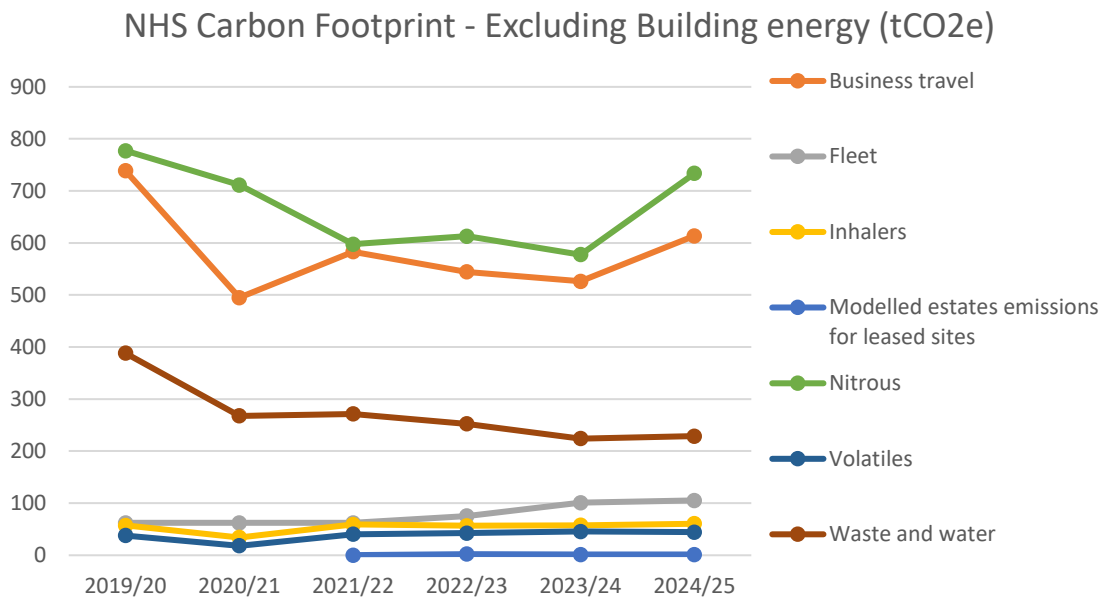
WVT Carbon Footprint – Time series



- NHS Carbon Footprint, Medicines and prescribing and non-NHS commissioned services have remained broadly static despite activity increases
- Personal travel has increased in line with increased activity levels (see below)
- Medical supply chain is the largest contributor but has remained broadly static in recent years (see below)
- There is large variation in 'Other' supply chain (see below)

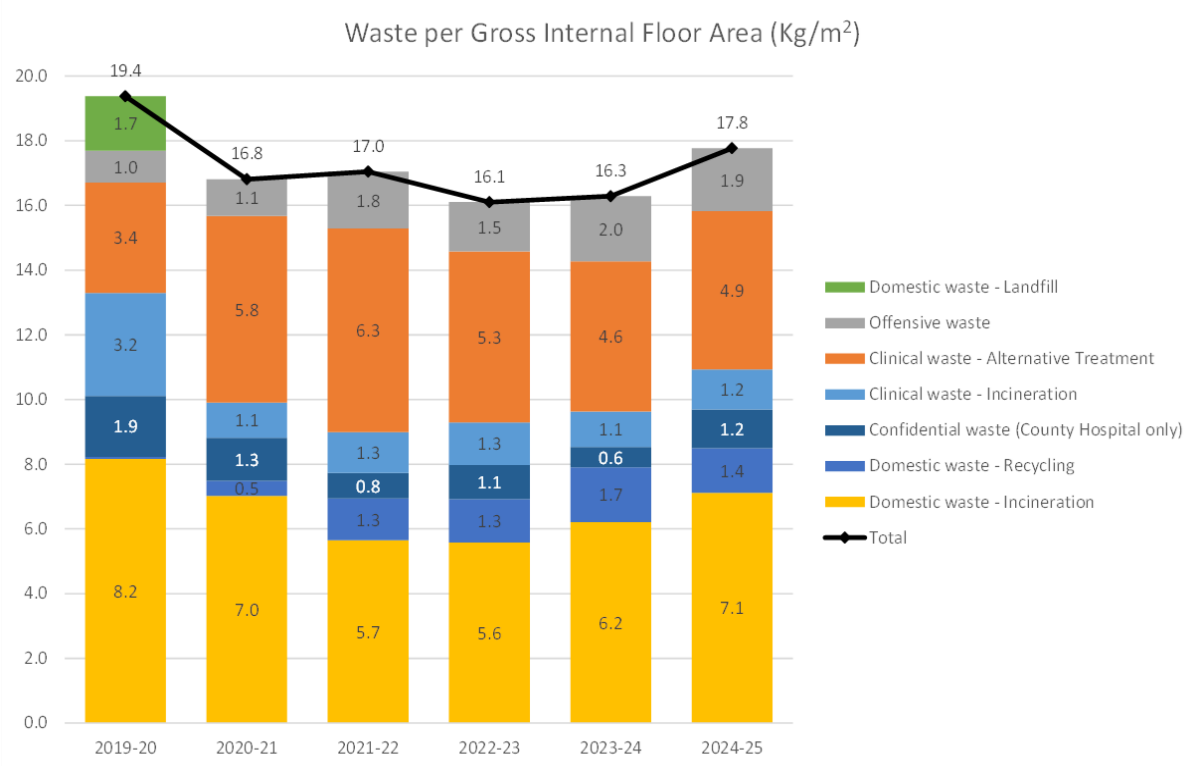
NHS Carbon Footprint





- Building energy looks fairly static but when overlaying the significant increases in gross internal floor area over recent years, this actually represents a significant decrease in energy consumption per square metre.
- The Trust continues the work to develop the Integrated Energy Service, with Phase 1 complete and Phase 2 expected to complete in the summer of 2026. This scheme will almost eradicate fossil-fuels from the County Hospital site.
- Business and Fleet travel has increased since Covid but not up to pre-Covid levels. The increase is in line with activity levels and is expected to increase further in the future as more activity is undertaken in the community in line with the “hospital to community” shift of NHS 10-year plan.
- The data is not, as yet, broken down by the type of vehicle fuel used (i.e. diesel, petrol, LEV or ULEV) but it is expected that in the future as there is a switch to lower emission vehicles overall emissions from travel will decrease. The Trust fleet will be fully ULEV from 2026.
- Water consumption remains static despite floor area increases and additional activity.

Waste



This chart currently excludes food waste as the data is incomplete but this will be measured in future years.

- Waste to landfill has been eliminated
- Clinical waste (incineration + alternative + offensive) has remained broadly static
- Other waste has increased in line with activity increases
- Recycling was introduced site-wide at the County Hospital in 2025/26 and this should increase in future years
- Waste reduction and recycling is a key focus of the clinical sustainability work in Theatres and Pre-Op.

Medicines and Anaesthetic Gases

The Trust was one of the first nationally to eliminate desflurane, one of the most harmful anaesthetic gases.

A programme of reducing nitrous oxide storage and then decommissioning nitrous oxide manifolds is underway. The Trust expects to move to bottled nitrous oxide exclusively in 2026/27. It is estimated that up to 99% of nitrous oxide supplied via manifolds is lost to the atmosphere, representing both inefficiency and a significant carbon impact; medical nitrous oxide is estimated to contribute up to 1% of global greenhouse gas.

Signed: **Chief Executive Officer**

Date: 23 June 2026

Accountability Report

Corporate Governance Report

Directors' Report and Corporate Governance Disclosures

The Trust Board comprises a Non-Executive Chairman, five other non-executive directors and five executive directors.

Non-voting members of the Board include associate non-executive directors and other executive directors.

Significant interests of all Board members can be found in the Board's Register of Interests, which is published annually on the Trust website: Register of Board Members' Interests

Non-Executive Directors during 2025/26 (voting Trust Board members)			
Name	**Title**	**Considered to be independent**	**Member of Audit Committee**
Russell Hardy MBE	Chairman	✓	×
Frances Martin	Non-Executive Director and Deputy Chair	✓	×
Nicola Twigg	Non-Executive Director	✓	✓
Ian James	Non-Executive Director	✓	✓
Grace Quantock	Non-Executive Director	✓	×
Sharon Hill	Non-Executive Director	✓	✓

Two Non-Executive Directors have served on the Trust Board for more than six years from the date of their first appointment.

- Russell Hardy MBE was appointed as Trust Chair on 1 November 2016. NHS England was satisfied that Russell remained independent during 2025/26 and his final term ended on 31 March 2026.
- Nicola Twigg was appointed as an Associate Non-Executive Director in February 2019 before appointment as a Non-Executive Director in February 2022. NHS England is satisfied that Nicola remains independent and her current term will end in August 2027.

At the end of the financial year the Chair, Russell Hardy ended his term and left the Trust and his wider role as Chair of the Foundation Group. Frances Martin was appointed as joint Interim Chair for the Trust and for the Trust's Foundation Group partner, Worcestershire Acute Hospitals NHS Trust from 1 April 2026.

Executive Directors during 2025/26 (voting Trust Board members)	
Stephen Collman	Acting Chief Executive Officer
Jane Ives	Managing Director
Sarah Shingler	Managing Director
Katie Osmond	Chief Finance Officer/Deputy Managing Director
Lucy Flanagan	Chief Nursing Officer
Juliana Chizomam Agwu	Chief Medical Officer

From 1 April 2025, Glen Burley, Chief Executive during the previous year, was seconded to a national role with NHSE, retaining his role as Foundation Group Chief Executive but stepping back temporarily from his role as Accountable Officer for the Trust. Stephen Collman, Managing Director at Worcestershire Acute NHS Trust (WAHT), was appointed Acting Chief Executive for both Wye Valley NHS Trust and WAHT for the duration of the Glen Burley's secondment.

Glen returned to his role as Chief Executive Officer on 1 April 2026 and Stephen Collman's role as Acting Chief Executive at the Trust ended.

Jane Ives retired from her role as Managing Director at the midpoint of the year and was replaced by Sarah Shingler from 1 October 2025.

On 12 January 2026 Katie Osmond was appointed interim Chief Finance Officer at WAHT and became joint Chief Finance Officer for both trusts.

Non-Voting Board Members during 2025/26	
Eleanor Bulmer	Associate Non-Executive Director
Kieran Lappin	Associate Non-Executive Director
Joanne Rouse	Associate Non-Executive Director
Geoffrey Etule	Chief People Officer
Alan Dawson	Chief Strategy and Planning Officer
Andrew Parker	Chief Operating Officer

Directors' Skills, Expertise and Experience

Russell Hardy MBE, Chair
Chair of Wye Valley NHS Trust since 2016. Experience in both NHS trusts and private companies including strategic development and leadership in large organisations,

Glen Burley, Group Chief Executive Officer
CEO of Wye Valley NHS Trust since 2016, led the creation of the Foundation Group. Expertise and experience in finance, operations, strategic leadership, extensive NHS career. As above, seconded during the reporting year to NHS England.

Frances Martin, Non-Executive Director and Deputy Chair
Career in senior leadership roles in health and social care, including acute, ambulance, community, and primary healthcare. Expertise in strategy, governance, organisational and personal development.

Sharon Hill, Non-Executive Director
Chartered Accountant. Experience in various roles including audit, finance, and risk management. Expertise in strategic initiatives, risk management, governance, collaborative teamwork.

Ian James, Non-Executive Director, Chair of Quality Committee
Experience in senior roles in local government, including director of adult social services, regional care and health improvement adviser. Expertise in partnership creation, service delivery improvement, digital program leadership.

Grace Quantock, Non-Executive Director, Chair of Charity Corporate Trustee Board
Psychotherapeutic counsellor, researcher, experienced board member across health, social care, and human rights. Expertise in digital service delivery, trauma-informed data delivery, patient wellbeing, workforce development.

Nicola Twigg, Non-Executive Director
Extensive experience in banking and finance. Expertise in risk management, financial strategies, customer experience, corporate governance.

Stephen Collman, Acting Chief Executive
Mental health nursing background. Previous roles within NHS in operational management and executive leadership. As above, held an acting role at the Trust for the reporting period only.

Sarah Shingler, Managing Director
Experienced in senior leadership roles. Expertise in nursing and quality, operations, transformation, and system change in acute, community and system settings.

Chizo Agwu, Chief Medical Officer
Consultant Paediatrician. Expertise in medical management, patient care improvement, clinical guidelines, medical education.

Lucy Flanagan, Chief Nursing Officer
Experienced senior nursing roles in various hospitals. Expertise in nursing leadership and strategic development.

Katie Osmond, Chief Finance Officer
Significant experience in senior finance roles within the NHS. Expertise in financial management, resource sustainability, team development.

Andy Parker, Chief Operating Officer
Extensive career in NHS and Ambulance Service Trusts. Expertise in operational management, emergency medical services, strategic planning.

Alan Dawson, Chief Strategy and Planning Officer
Experience in various senior planning and programme roles, former Registered Nurse. Expertise in strategy, planning, service improvement.

Geoffrey Etule, Chief People Officer
Extensive HR and OD experience in NHS, higher education, and hospice sector. Expertise in staff health and wellbeing, employee development, engagement.

Jo Rouse, Associate Non-Executive Director
Experience in higher education roles including strategic director of practice learning and inter-professional education. Expertise in educational opportunities, teaching and research excellence.

Eleanor Bulmer, Associate Non-Executive Director
Experience in senior healthcare roles including, National Trading Manager for Nuffield Health. Expertise in personalised care delivery, digital transformation, stakeholder collaboration.

Kieran Lappin, Associate Non-Executive Director
Experienced across 39 years in NHS, including multiple Finance Director posts. Expertise in financial management, healthcare administration, strategic leadership.

Board and Committee Meeting Attendance

Name, Title	Trust Board	Audit Committee	Quality Committee	Remuneration Committee
Russell Hardy MBE, Trust Chairman	9/9	n/a	n/a	2/3
Frances Martin, Non-Executive Director & Deputy Chair	11/12	n/a	11/12	3/3
Nicola Twigg, Non-Executive Director	11/12	5/5	10/12	2/3
Ian James, Non-Executive Director	11/12	4/5	11/12	2/3
Grace Quantock, Non-Executive Director	11/12	n/a	11/12	3/3
Sharon Hill, Non-Executive Director	9/12	3/5	12/12	1/3
Stephen Collman, Acting Chief Executive	11/12	n/a	n/a	n/a
Jane Ives, Managing Director	7/7	n/a	5/5	n/a
Sarah Shingler, Managing Director	4/5	n/a	4/6	n/a
Katie Osmond, Chief Finance Officer	12/12	5/5	n/a	n/a
Lucy Flanagan, Chief Nursing Officer	10/12	n/a	11/12	n/a

Juliana Chizomam Agwu, Chief Medical Officer	10/12	n/a	9/12	n/a
Eleanor Bulmer, Associate Non-Executive Director	9/12	2/5	9/12	3/3
Kieran Lappin, Associate Non-Executive Director	11/12	5/5	11/12	2/3
Joanne Rouse, Associate Non-Executive Director	10/12	4/5	3/12	2/3
Geoffrey Etule, Chief People Officer	12/12	n/a	n/a	n/a
Alan Dawson, Chief Strategy & Planning Officer	12/12	n/a	n/a	n/a
Andrew Parker, Chief Operating Officer	10/12	n/a	n/a	n/a

During the year, each quarter, the four Boards of the Foundation Group met together. In 2025/26, this included three formal Foundation Group Boards meetings, which are included in the above data. There were also two extraordinary Trust Board meetings which were held in private in June and October 2025.

Three Trust Board meetings a year were, by agreement, not attended by the Foundation Group joint Chairman but chaired by the Deputy Chair.

Audit Committee membership comprises Non-Executive Directors only. Associate Non-Executive Directors also attend meetings as advisory members. The Chief Finance Officer routinely attends all meetings of the Audit Committee. Other Executive Directors attend meetings of the Audit Committee by invitation.

Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report and of which the auditors are not aware and has taken “all the steps that he or she ought to have taken” to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Code of Governance Disclosures

Personal data related incidents

Two information governance incidents were reported to the Information Commissioner during the year. More information is provided in the Annual Governance Statement later in this document.

Partners

The Trust has a number of significant partnerships with governance arrangements formalised through established boards and committees of which the Trust or members of the Trust Board are represented.

- Integrated Care System: Integrated Care Board, committee and partnership meetings across the Herefordshire and Worcestershire system.
- One Herefordshire Partnership: One Herefordshire Board and Integrated Care Executive meetings.
- Health and Wellbeing Board.
- Foundation Group: quarterly shared Board meetings and a regular meeting of the Foundation Group Strategy Committee.
- PFI Partnership Board: formal partnership meeting with partners delivering the PFI hospital contract.

Other Stakeholders

Our most important stakeholders are our patients and their families and our staff. Information about how we have engaged and consulted with staff during the year is included in the Staff Report. Engagement with patients and our communities includes:

- A patient story at each of our Trust Board workshops.
- An active Patient Engagement Forum.
- Live streaming and published recording of Trust Board meetings.
- Friends and Family Test.
- PALS and Complaints.
- Volunteer support.
- Patient Reported Outcome Measures.

We also work in partnership with Healthwatch, which works with local communities on a range of engagement projects, including those connected with healthcare services.

Opportunities and risks to future sustainability

This information is included in the Performance Report and the Annual Governance Statement.

Activities to promote the wellbeing of the workforce

Information about how the Trust invests in and promotes the wellbeing of its workforce is included in the Staff Report.

Work of the Remuneration Committee

This information is included in the Remuneration Report.

Emergency Preparedness, Resilience and Response

Wye Valley NHS Trust is required to plan for and respond to a wide range of incidents and emergencies that may impact patient care or service continuity, in line with statutory duties under the Civil Contingencies Act 2004 and associated health legislation. This work is collectively referred to as Emergency Preparedness, Resilience and Response (EPRR).

The Trust is subject to an annual EPRR assurance process led by NHS England. In the most recent assessment, the Trust achieved full compliance in 56 of the 62 EPRR core standards, which was an improvement compared to the previous year, resulting in an overall rating of 'substantially compliant'. The remaining areas are all 'partially compliant' and relate to Business Continuity, Data Protection and Security Toolkit, Infectious Disease, and suppliers and providers resilience assurance. The Trust has no non-compliant standards.

An action plan is in place to address these partially compliant areas and is being monitored by the Emergency Planning Committee.

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust have been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:  **Chief Executive Officer**

Date: 23 June 2026

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

Signed on 23 June 2026 by:

Chief Executive Officer

Chief Finance Officer

Annual Governance Statement

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Wye Valley NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Wye Valley NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

As Accountable Officer, I have overall responsibility for risk management, including the maintenance of a Board Assurance Framework, which supports the identification of emerging and principal risks to achievement of the Trust's strategic objectives.

The Trust Board is responsible for approving the Risk Management Strategy and for considering the Trust's most significant operational risks alongside the Board Assurance Framework.

The Audit Committee's role is to review the effectiveness of the system of risk management.

Oversight of risk management is the responsibility of the Board's committees. This includes the Executive Risk Management Committee, which meets regularly to review all 'high' and 'very high' rated risks with the senior divisional leadership teams who have leadership responsibility for risk management within their own areas. Through this forum, leaders are also guided in relation to risk assessment, mitigation and recording.

Other committees are responsible for overseeing management of risks specific to their terms of reference, including Quality, Health and Safety, Information Governance and Emergency Planning.

Risk management guidance is available to staff on the Trust intranet, including the risk management framework and associated policy, and guidance on the use of the Trust Risk Register.

Support and advice are provided to staff by the Risk Team, led by the Associate Director of Corporate Governance, and the Quality and Safety Team with executive leadership from the Chief Nursing Officer.

The Freedom to Speak Up Guardian can also provide advice to staff by directing them to the most appropriate process, including incident and risk reporting, as well as the raising concerns process.

Staff are encouraged to share learning from incidents, good practice, transformation and Quality Improvement (QI) through a range of systems and processes, including:

- Reporting incidents and events of good care or excellence in practice on the local risk management system.
- Weekly staff huddles.
- Team newsletters.
- Safety in Sync Forum to share learning across the region with a positive blame free culture.
- Quality Matters newsletter.
- Safety Bites newsletter.
- We Share We Learn poster competition to showcase innovation.
- Annual Foundation Group improvement event.

4. The risk and control framework

The Trust's Risk Management Framework sets out the Trust's aim to promote:

- A risk awareness culture in which all risks are identified, assessed, understood and proactively managed.
- A way of working that ensures risk management is embedded in the Trust's culture and becomes an integral part of the Trust's objectives, plans, practices and management systems.

The Board recognises that to deliver the strategic objectives there is a need for robust systems and processes to support continuous improvement, enabling staff to integrate risk management into their daily activities wherever possible and supporting better decision making through a good understanding of risks and their likely impact.

This can be supported by an open and just culture where risks, accidents, mistakes and near misses are identified promptly and acted upon in a positive and constructive way. Staff are, therefore, encouraged and supported to share best practice in a way that creates a culture of learning and a drive to reduce future risk.

The Risk Management Framework sets out:

- The responsibilities for risk management of leaders, staff and committees.
- The risk assessment process using a likelihood and impact risk matrix.
- The processes for risk reporting, escalation and monitoring.
- Risk tolerance or appetite.

The Trust's Risk Appetite Statement makes clear the Board's expectations in relation to the category of risks and the level of such risk that is acceptable. The statement is based on the premise that the lower the risk appetite, the higher the levels of controls that must be put in place to manage the risk.

Risk appetite for each category of risk is assessed annually using the following matrix:

None, Avoid	Avoidance of risk and uncertainty is a key organisational objective
Low, Minimal	Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential
Moderate, Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
High, Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
Significant, Seek	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)
Significant, Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

The Trust Board annually reviews its risk appetite using this matrix in tandem with a review of the annual Trust strategic objectives. During 2025/26 the Trust's risk appetite was as follows:

Finance	Moderate, cautious
Regulation	High, open
People	Significant, seek
Quality	High, open
Reputation	High, open
Innovation	Significant, seek

Each risk is recorded on the Risk Register with a target risk score aligned to the risk appetite for the relevant risk category.

The Trust has in place a digital risk management system (Healthcare Guardian) which is used by staff to assess, record, monitor and report risks. New risks are reviewed at a divisional and executive level to ensure they are appropriately assessed and scored, with mitigations and controls properly described. Once agreed, risks are regularly monitored to ensure they are appropriately updated at a frequency in line with the Risk Management Policy. Risks are closed with executive approval based on assurance that the risk has been effectively controlled and the target risk score has been achieved. Risks may be designated 'accepted' where all possible controls have, for the time being, been put in place but a degree of risk remains. These risks are reviewed regularly to consider any changes in this status.

5. Quality Governance Arrangements

The Quality Committee oversees the Trust's quality governance arrangements on behalf of the Board. It sets an annual reporting schedule aligned to the quality framework and regulatory compliance requirements. The areas of Committee oversight during the year were:

Patient safety	Patient experience	Effectiveness
Patient Safety Committee	Patient Experience Committee	Clinical Effectiveness & Audit Committee
Safeguarding	Patient flow	Mortality & Learning from Deaths
Patient Safety Incident Framework	PLACE results	Research and development
Safe staffing	Patient survey results	National audit outcomes
Infection Prevention and Control		
General Quality		
Quality priority deep dives	Division/department deep dives	
Quality risk register	Perinatal safety and quality	
Ward accreditation	Quality impact assessment	

Through its broad oversight of the Trust's clinical services through a quality lens, the Quality Committee is able to identify and obtain assurance regarding any risks to compliance with Care Quality Commission (CQC) registration requirements.

The Health and Safety Committee oversees the management of risks to the health and safety of the Trust's estate and the people that use it, and compliance with relevant regulatory requirements, including those monitored by the CQC. Reports received during the year included the following.

Health, Safety and Wellbeing Committee Reporting 2025/26	
Health and Safety training	Security, Violence and Aggression
Occupational Health	Health and safety incidents, risks and audit
Division Health and Safety Reports	Fire Safety

CQC inspections and ratings for individual services since 2020 are as follows. As these did not include a whole-Trust or well-led inspection, the overall Trust rating has not changed.

Service	Location	Publication date	Rating
Urgent and Emergency	County Hospital	December 2023	Requires Improvement
Maternity	County Hospital	October 2023	Good
Medical Care	County Hospital	December 2022	Requires Improvement

The Quality Committee oversaw the implementation of action plans to improve the areas highlighted by the CQC reports.

The Quality Committee also oversees the selection and prioritisation of Quality Improvement (QI) schemes based on monitoring of quality risks and compliance issues and receives regular updates on progress in addressing these quality priorities.

6. Well-Led Framework

The last whole-Trust inspection by the CQC took place in 2020 and resulted in an overall rating of Requires Improvement. This included a rating of Requires Improvement for the well-led domain. The issues identified in 2020 were addressed, with improvements overseen by the Board and its committees.

The Trust last undertook an internal well-led board evaluation in December 2023, which indicated a well-functioning board.

During 2025/26, following a self-assessment exercise, the Trust's Provider Capability was rated green/amber by NHS England relating to the six domains of the Insightful Provider Board guidance.

Area of focus aligned with the well-led framework during the year included:

- Consultation on and a decision to retain the established Trust values.
- Development of new Trust mission, vision and strategy.
- Revision of our One Herefordshire Partnership governance arrangements with our regional partners to align with our Neighbourhood Health Programme.
- A review of executive risk management and compliance oversight.
- Established the new Board Assurance Framework process and format.
- Refreshed the Foundation Group governance arrangements to strengthen the opportunity for each Trust to fully benefit from the Group model.
- Reviewed the effectiveness of the Audit Committee with a particular focus on its impact on the Trust's governance and internal controls.
- Published a refreshed Green Plan for 2025-2028, outlining projects, schemes and activities to lead the Trust towards its target of net zero.

7. Risks to Data Security

The Information Governance Committee oversees information governance incidents, issues and risks, development and review of relevant policies and procedures, compliance with the Data Protection and Security Toolkit (DPST), including mandatory training rates, and compliance with other information governance standards, including the Freedom of Information Act and the General Data Protection Regulation (GDPR).

The Internal Auditor undertakes an annual review of the Trust's compliance with the DPST before submission of evidence each June to provide assurance to the Audit Committee and to ensure that gaps or issues with evidence or compliance are highlighted and addressed.

From 2024/25, the DSPT incorporates the National Cyber Security Centre's Cyber Assessment Framework (CAF), setting out CAF-aligned requirements. There is now, therefore, a greater emphasis on the Trust having robust cyber security measures in place to protect the data it holds. Our Fraud Risk Assessment identifies Cyber Fraud risk level as high.

The management of cyber security is a key strategic risk area for the Trust and is described in the Board Assurance Framework. The risk of a successful cyber-attack impacting the Trust's electronic systems is rated as 'Very High' reflecting the potential consequences for patient services and the likelihood of a successful attack due to the evolving nature of the external threat. The controls include technical controls implemented by the Trust's third-party IT provider and internal controls such as staff training and monitoring compliance with Trust policies.

8. Major Risks

The Trust Board, its committees and the Trust's Divisions regularly review the Trust's major risks, including strategic, corporate and operational. The Executive Risk Management Committee meets monthly to review all corporate, Trust-wide and divisional risk registers as follows:

- Monthly review of risks scored 15-25 (Very High).
- Quarterly divisional deep dive of all risks scored 12+ (high).

The major organisational risks are set out below. The impact of these risks and their management are described within the Performance Report earlier in this document

.Risk	Strategic (S) or Operational (O)	In-year (IY) or Future (F)	Management & mitigation	How outcomes will be assessed
Failure to improve urgent and emergency care	S, O	IY, F	Single Point of Access/Community Referral Hub Virtual Ward service Urgent Community Response service Discharge2Assess Service Primary care interface Falls Service Valuing Patients Time initiatives Monitoring of live patient flow data New Community Diagnostic Centre Engagement with out of region partners	Improved 4-hour emergency access standard Reduction in 12-hour emergency department waits Improved ambulance handover times Reduced GP referrals - routine and urgent Reduced acute admissions of patients aged over 65 Reduced time from discharge ready date to discharge date. Reduced admission to long-term residential care Reduced use of temporary escalation spaces.
Failure to deliver the financial plan and improve financial sustainability.	S, O	IY, F	Financial Recovery Board oversight Enhanced financial and vacancy controls Adoption of national financial controls and toolkits Divisional check and challenge meetings Enhanced controls of temporary staff usage Strengthened financial performance forecasting	Achievement of annual financial targets, including cost improvement and productivity. Resolution of Welsh parity issues. Improved external audit assessment of Value for Money Arrangements.
Failure to maintain a sustainable, available, effective and healthy workforce able to meet demand and patient need and deliver the highest quality services	S	IY, F	E-roster in all nursing areas Sickness absence management Freedom to Speak Up Guardian Recruitment and retention working groups Inclusion programme Electronic job planning Winter vaccine programme Occupational health service Staff wellbeing support and initiatives Staff networks	Achievement of targets for: • Sickness absence • Staff turnover • Staff vacancy • Completion of e-job plans Improved staff survey response rate Improved staff survey scores across all People Promises.
Failure to deliver the Digital Strategy	S, O	IY, F	Programme management structure AI Working Group Established use of electronic patient records Shared resource to fund future projects	Full implementation and benefits realisation of Digital Strategy in budget.

			Trust strategy aligned with ICB strategy	
A successful cyber-attack on the Trust's systems.	S	IY, F	IT partner cyber security arrangements and expertise Dual data centre architecture Business Continuity Plan for IT Services Annual penetration testing Annual table-top exercise Periodic phishing exercises Information Asset Register Monitoring of and response to national alerts Staff training and awareness raising	No successful cyber-attacks Minimal impact of any cyber attacks
Failure to implement an effective transfer of responsibilities and a fully functioning, well maintained estate under the Private Finance Initiative (PFI) expiry arrangements	S	F	PFI expiry project and assurance governance structure aligned with national guidance Dedicated project management resource Periodic Expiry Health Checks by National Infrastructure & Service Transformation Authority (NISTA) Joint Expiry Working Group (with PFI partners) Representative from IPA engaged with PFI Expiry Committee	Estate transferred to the Trust in a well-maintained condition. Estates and facilities services smoothly and effectively transferred.

9. Principal Risks to Compliance with the NHS Provider Licence

There are processes in place to identify and mitigate risks to compliance with the NHS provider licence. No major risks to compliance with the NHS provider licence section 4 (governance) have been identified. Potential risks to compliance are managed in the following ways.

Effective Governance Structures
The Trust has well-established governance structures in place, which mirror those of the other trusts in the foundation group. The effectiveness of the overall structure and of the individual components are regularly reviewed with oversight of the Audit Committee. These reviews take into account the most recent regulatory requirements and corporate governance requirements, including the Code of Governance for NHS Providers.
Responsibilities of Directors and Committees
The Remuneration Committee oversees the performance of the executive directors in delivering their responsibilities. Each committee of the Trust Board has approved terms of reference, setting out their responsibilities, which are regularly reviewed and updated.
Reporting lines and accountabilities
In 2025/26 we reviewed the reporting lines between some of the Board and executive committees by enhancing reporting from committees to Board, using an escalation and assurance report.
Timely and accurate information
Meetings of the Board and its committees are set at a frequency to ensure a timely flow of information that has been assessed for accuracy and analysed effectively. Where necessary, additional meetings of the Board or its committees are called.
Rigour of oversight
• The Foundation Group has agreed a standard dataset for regular reporting on performance to the prospective Trust Boards, which includes national, regional and local priorities and metrics covering quality, operational performance, workforce and finance in an Integrated Performance Report (IPR). • Each quarter a joint four-trust report is presented to the four Foundation Group Boards including performance information aligned with the individual IPRs to enable benchmarking analysis and learning. • Non-executive directors observe executive led finance and performance meetings with the divisions to enhance their knowledge and understanding of divisional level issues and the executive oversight. • During the reporting year the Board continued to use the Financial Recovery Board to oversee management of the risks relating to delivery of the annual financial targets.

10. Code of Governance

The Trust's governance arrangements comply with the provisions of the current Code of Governance for NHS Provider Trusts, which is modelled on the 2018 version of the UK Corporate Governance Code.

11. Governance and Strategy

The Trust's strategy is reviewed and refreshed each year to ensure a continual focus on the key strategic priorities for the Trust. The Board Assurance Framework is aligned to the refreshed strategic objectives and reviewed regularly by the Trust Board. A focus on delivery of the strategic objectives is embedded on the work of the Trust Board and its committees throughout the year, with programme boards established where necessary to oversee delivery of key strategies.

The Trust is also a partner in the development and delivery of strategies at a regional level, including production of the Joint Forward Plan for NHS Herefordshire and Worcestershire.

Governance arrangements relating to this work include:

- One Herefordshire Partnership Board.
- Integrated Care Oversight and Assurance Committee.
- One Herefordshire Health and Care Partnership Board

- Membership of the Integrated Care Board (ICB) and ICB Finance Committee

The Board Assurance Framework is also used to escalate to Board level strategic risks that emerge during the year through analysis of operational risks. The Board Assurance Framework is then used to inform the review of the strategic objectives at the year end and the development of new strategic objectives for the following year.

12. Embedded Risk Management

Risk management is embedded in the activity of the organisation in a range of ways, including:

- Regular reviews of the risk register within departments and divisions, with advice and guidance from the Risk Team.
- Appropriate escalation of risk through the governance structure to the Board.
- Annual review of the Trust's strategic objectives, using the Board Assurance Framework (BAF) and Risk Register to support decision making for future strategies.
- Use of the Risk Register and BAF to inform the development of an agreed annual Internal Audit Plan targeted at potential internal control issues.
- Setting annual quality priorities based on assessment of the highest risks to quality care through analysis of quality data.
- Oversight within the governance framework of the delivery of strategic objectives and quality improvement priorities based on assessment of risk.
- Openly encouraging incident reporting across the Trust relating to patient and staff safety and data security and ensuring guidance is available to staff on use of the incident reporting system.
- Established Quality Improvement processes to encourage the development of long-term solutions to quality issues and risks.
- Quality impact assessments undertaken on cost improvement projects and business cases.
- Equality Impact Assessments required for all business cases and policies.

13. Breakeven Duty

The Trust has a statutory duty to deliver a cumulative breakeven position over a five-year period. As described in the financial statements, this duty was not met over the three-year period ending 31 March 2026 as required under paragraph 2(1) of Schedule 5 of the National Health Service Act 2006. More detail on the Trust's financial performance in this respect can be found in the Performance Report within this document.

14. Workforce Standards

In 2018 NHS England published a 'Developing Workforce Safeguards' document to help trusts manage common workforce problems, with recommendations to support informed, safe and sustainable workforce decision making.

The Trust has adopted the recommendations into its processes as follows:

- Incorporating evidence-based tools, professional judgement and outcomes in safe staffing processes.
- Regular review of the nursing establishment and skill mix.
- Regular safe staffing reports (nursing and midwifery) presented to Quality Committee and Trust Board and published on the Trust website. This includes the planned and actual

number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

- Triangulation of workforce metrics with quality indicators and productivity measures.
- An annually updated workforce plan.
- Senior nursing staff review of staffing levels at every shift.
- Triangulation of data: review of staffing levels with other indicators of care quality to identify any correlation between staffing levels and the incidence of patient safety events.
- Reporting and investigation of incidents related to staffing levels.
- Reporting and escalation of workforce related risks.
- Oversight by the Education and Workforce Committee.

Each year the Audit Committee receives assurance on one or more areas of staffing governance or process. In 2025/26 assurance was received from the Internal Auditor on the Trust's processes for consultant job planning, which was rated reasonable assurance.

Through these processes, tools and sources of assurance, the Trust Board is assured that staffing governance processes are safe and sustainable.

15. Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

16. Register of Interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

17. NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

18. Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

19. Freedom to Speak Up

The Trust has well-established arrangements to support staff to raise concerns, including:

- A dedicated Freedom to Speak Up Guardian
- Over 80 Freedom to Speak Up Champions in departments across the Trust
- Regular Freedom to Speak Up reports to Trust Management Board and to Trust Board
- Mandatory Freedom to Speak Up training for all staff.

20. Fit and Proper Person Regulations

The Trust has designed its arrangements to comply with the Fit and Proper Person Regulations through alignment with the NHS England Fit and Proper Person Test Framework for Board Members published in 2023. This includes a policy, process and annual report to the Trust Board.

An independent review by the Trust's Internal Auditor in 2025/26 provided 'substantial assurance' that during 2024/25 the Fit and Proper Person Test was carried out in accordance with the Trust's policies and the NHSE framework.

21. Climate Change

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Green Plan for 2025-2028 has been published on the Trust's website: Green Plan.

22. Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust has a range of processes in place to monitor and improve the economic, efficient and effective use of resources, including:

- An annual cost and productivity improvement programme (CPIP). CPIP schemes are developed by each division and reviewed by the Executive Team to ensure the completion of an appropriate quality impact assessment before approval.
- The Finance and Performance Executive (F&PE) is a forum that oversees divisional performance each month across a range of financial operational performance, quality and workforce metrics, including delivery of the CPIP, the use of Model Hospital benchmarking data and key productivity measures.
- The Financial Recovery Board (FRB), which has membership comprising all Trust Board members, undertakes a monthly review of delivery of the CPIP and actions to achieve or recover performance on delivery of the financial plan. Divisional monthly CPIP check and challenge meetings support the FRB review, alongside the F&PE.
- An integrated performance report is presented at each meeting of the Trust Board providing data and analysis on key national, regional and local metrics, including productivity.
- A joint Foundation Group performance report is regularly presented to the four Boards of the Foundation Group providing parallel data and analysis on key performance metrics, including productivity measures, enabling comparison, benchmarking and learning.
- An annual review of an element of the Trust's key financial controls is included within the Internal Audit Plan.
- The Audit Committee receives regular assurance reports on financial governance matters, including single tender waivers, losses and special payments.
- The Trust Management Board reviews each business case to ensure proposals will achieve value for money before approval and undertakes evaluations of business case implementation to ensure delivery of planned benefits and value for money.
- Business cases that require Board approval under the Standing Financial Instructions are reviewed informally in detail by non-executive directors prior to submission to the Board to ensure that any queries, concerns or gaps are addressed before formal approval.
- An annual review is undertaken by the External Auditor of the Trust's processes to ensure delivery of Value for Money.

23. Information governance

Two serious information governance incidents during the year met the threshold for reporting to the Information Commissioner's Office (ICO).

One incident concerned an alleged unauthorised disclosure of information. The ICO was satisfied that the Trust had preventative measures in place to limit the likelihood of such incidents and that the action taken by the Trust was sufficient and no further action would be taken by the ICO.

The second incident also concerned an alleged unauthorised disclosure of information. No evidence was found that the disclosure had originated from the Trust, and the ICO confirmed that the breach notification obligation did not apply.

24. Data quality and governance

The Trust has dedicated data quality leads and informatics staff to regularly investigate, validate and quality assure operational performance and waiting time data. Their work is supported by operational business intelligence reporting tools that all staff can access and use for detailed analysis.

Data quality is overseen by the Data Quality Forum and PTL meeting, both of which are chaired by the Performance and Productivity Lead for Elective Care.

Any data quality issues relating to clinical records are highlighted to the Electronic Patient Record team for correcting through an established procedure.

There is a particular focus on the quality of elective waiting time data. This includes:

- Weekly review of waiting times and associated data quality.
- Validation of long waiters by the Patient Access Team.
- Daily PowerBI report for the full waiting list.
- Speciality reviews of relevant waiting lists.

Executive oversight of divisional performance provides an opportunity to triangulate and assess data and identify any areas requiring more detailed analysis or validation.

The Trust works with its foundation group partners to develop a consistent suite of performance metrics for inclusion in its Integrated Performance Report, which is reported each month to the Trust Board. This report includes a Data Quality Mark for key indicators to provide assurance as to the data quality of individual data.

During 2025/26, the Trust set up a Task and Finish Data Quality Group to identify and make improvements to some recurring data quality issues, particularly those impacting the effective management of waiting lists. This work will conclude in 2026/27.

The Trust also participated in the NHS Validation Sprint Programme, an intensive, data-cleansing initiative led by NHS England to tackle elective care backlogs. This has resulted in 5,300 data removals, ensuring improved waiting list accuracy and contributing to improved performance on elective waits.

Independent assurance regarding data quality has previously been provided by the Internal Auditor as follows. The Audit Committee received follow-up reports on the implementation of actions and was satisfied with progress made.

Data Quality: Venous Thromboembolism	2024/25	Partial assurance
Data Quality: Emergency Department Pathways	2024/25	Reasonable assurance

No reviews of data quality were undertaken by the Internal Auditor in 2025/26. In light of the additional work planned for 2025/26 as described above, the executive directors and the Audit

Committee agreed that there were other higher priority areas that required independent assurance. A data quality review has been included in the Internal Audit plan for 2026/27.

25. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Quality Committee and Executive Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board maintains oversight of the system of internal control through a framework of governance and assurance. This includes delegating assurance functions to Board committees and receiving direct assurance from the Executive Directors. Key elements of this framework are set out below.

a. Board Governance and Assurance Framework

Audit Committee
Responsible for providing assurance to the Board on the Trust's financial and internal controls and risk management systems, the integrity of the financial statements and the effectiveness of the internal audit function. This includes: • Agreeing an annual Internal Audit Plan that includes both core internal control matters and areas identified as high risk or high priority for improvement. • Agreeing an annual counter fraud plan that is both proactive in reviewing and establishing fraud controls, and reactive in responding to possible incidences of fraud. • Reviewing the Trust's governance framework and processes, including risk management and the Board Assurance Framework. • Reviewing the processes to ensure compliance with and effectiveness of policies including managing conflicts of interest and the Fit and Proper Person Test. • Agreeing with the External Auditor the nature and scope of the audit, receiving assurance from the External Auditor on the Annual Report and Accounts and monitoring progress of any improvements required. A review of the work and effectiveness of the Committee during the year has identified full compliance with the terms of reference, a good link between assurance mechanisms and risks to internal control and a positive impact on the strength of internal controls.
Quality Committee
Provides assurance to the Board on the adequacy of controls to ensure the provision of high quality and safe care. This includes: • Oversight of the delivery of quality improvement plans aligned with the priorities set out in the annual Quality Account. • Receiving regular reports from sub committees and groups focused on the core elements of quality – safety, effectiveness (including clinical audit) and patient experience. • Monitoring compliance in areas such as safeguarding and infection control. • Monitoring the quality of care provision within each Division. • Reviewing independent assurance on quality from regulatory and other review bodies. • Monitoring key quality metrics. • Reviewing the effectiveness of governance and assurance processes such as mortality review and Patient Safety Incident Response.

A review of the work and effectiveness of the Committee during the year has identified full compliance with the terms of reference and a broad and detailed oversight of risks to the delivery of high-quality services.
Remuneration Committee
Oversees the performance of the executive members of the Board and assesses the mix of skills required on the Board.
Integrated Care Oversight and Assurance Committee
Provides oversight of the discharge of the Trust's responsibilities set out in the Memorandum of Understanding (MOU) between the One Herefordshire Health and Care Partnership and Herefordshire and Worcestershire Integrated Care Board (ICB) regarding services coordinated by the Partnership.
Executive Risk Management Committee
Provides assurance to the Board regarding: • Appropriate oversight and management of moderate to serious risks by divisions and corporate departments. • Compliance with statutory health and safety responsibilities. During the year the Committee's terms of reference were reviewed and updated for 2026/27 to broaden its responsibilities for compliance to include information governance and emergency planning, resilience and response. From 2026/27 the Committee will be known as the Executive Risk and Compliance Committee.
PFI Expiry Committee
Provides assurance to the Board on the implementation of a compliant process to manage the expiry of the Private Finance Initiative (PFI) arrangements and associated contracts. This includes including identifying and managing future risks, obtaining and following independent advice and effecting a transfer of a well maintained estate and well managed estates and facilities service at expiry date.
Financial Recovery Board
Established during 2024/25 in response to below plan performance on delivering the financial plan, the forum was maintained during 2025/26 to support the delivery of a challenging financial plan. Receives assurance on: • Implementation of divisional cost and productivity improvement (CPIP) schemes. • Implementation of corporate/Trust-wide CPIP schemes, particularly reduction of temporary staff usage. • Identification of additional CPIP schemes or other measures to mitigate gaps or shortfalls in delivery of the overall financial plan. • Identification of CPIP schemes for the following year.
Foundation Group Boards
Each quarter the Trust Board met in parallel with the other three boards of the Foundation Group trusts. Regular reports include a focus on key performance measures across finance, operations, workforce and quality and enable comparisons and learning to be drawn. This provides additional assurance to the Board on the effectiveness of its own internal controls particularly in relation to the quality of data and the oversight and management of performance. From March 2026, the Foundation Group adopted a less formal approach, with its meetings replaced by a workshop style forum focused on exploring variations in performance between the four trusts, sharing best practice solutions and aligning strategy to the 10 Year Plan.

b. Executive Performance and Accountability Framework

Trust Management Board
Receives progress reports from subcommittees and programme boards. Reviews cases for investment in line with the Standing Financial Instructions and Scheme of Delegation Provides assurance to the Trust Board regarding the decision-making process and the value for money and quality impact assessments of each case requiring Board approval.
Finance and Performance Executive
Oversight of delivery by each Division (clinical and corporate) of key financial and operational performance targets and quality and workforce metrics. Observed by Non-Executive Trust Board members to gain direct assurance regarding performance management and accountability arrangements overseen by the executive directors.
Programme Boards

Responsible for overseeing delivery of key programmes of work, such as implementing major systems or major improvement plans.

The Audit Committee is the main source of assurance to the Board about the strength of its internal controls and the management of any internal control issues and gaps. During the year the Audit Committee considered assurance reports on the following topics:

Progress of Internal Audit Plan	Progress of Local Counter Fraud Specialist Plan
Internal Audit reviews	Counter Fraud assurance
Financial governance: single tender waivers, losses and special payments, cash position and governance.	Implementing of the Fit and Proper Person Test for Board members
Consultant job planning	Managing conflicts of interest
Board Assurance Framework	Contract management
Financial reporting risks	Committee effectiveness

The Committee undertook a detailed review of the draft financial statements for 2025/26 in April 2026. This included consideration of the going concern assessment and significant critical judgements.

c. Audit and Assurance

i. Counter Fraud

The Trust has appointed an independent Local Counter Fraud Specialist (LCFS), which sets an annual counter fraud work plan aligned to the NHS Counter Fraud Authority Functional Standards, provides regular progress reports to the Committee on its proactive and reactive work, assesses fraud risks and engages with staff to encourage the raising of concerns about potential or actual fraud.

During 2025/26 the counter fraud work plan included:

- Pre-employment checks review
- Conflicts of interest process review

Both reviews provided assurance of appropriate policies and controls, with low and medium priority recommendations.

Reactive counter fraud work included receipt of 13 referrals. No system weaknesses were identified through by the LCFS during the year associated with any fraud investigations completed during the year.

ii. Internal Audit

The independent Internal Auditor provides the Audit Committee with its key source of assurance on its internal controls. The Internal Audit Annual Plan sets out the reviews to be undertaken during the financial year. The plan comprises core reviews, which are key to the findings of the Head of Internal Audit's Opinion and include financial controls, governance and risk management, and risk-based reviews of areas where the Trust Board requires independent assurance regarding the strength of internal controls. The reviews within the plan are selected and prioritised based on an examination of the Board Assurance Framework and the Risk Register and consultation with Audit Committee members and the executive directors.

A rating is applied to each review together with recommendations for improvement, each with a priority level (low, medium or high).

Substantial assurance
Reasonable assurance
Partial assurance
Minimal assurance
Advisory/NHSE

A report of each review, together with a management response and action plan are presented to the Audit Committee for assurance. For each review during the year, the Audit Committee was assured that the recommendations were taken seriously by management and that the response and action plan were appropriate. Tracking of recommendations during the year provided assurance of timely implementation. The internal audit review ratings and the delivery of associated action plans are key sources of assurance for the Board Assurance Framework.

The outcome of the Internal Audit Plan for 2025/26 was as follows:

Review	Rating
Fit and Proper Person Test	Substantial assurance
Risk management and Board Assurance Framework	Substantial assurance
Community Services	Reasonable assurance
Theatre services productivity and utilisation	Reasonable assurance
Medical job planning	Reasonable assurance
Key financial controls: contract management	Partial assurance (draft)
Cyber Assessment Framework-aligned Data Security and Protection Toolkit (DPST)	Risk rating: Medium Confidence level: High

Implementation of the Internal Auditor's recommendations on each review is tracked regularly by the Audit Committee, with a particular focus on high priority recommendations.

The Head of Internal Audit has assured me in the Annual Opinion that, based on the work undertaken during the year, described above, that the Trust 'has an adequate and effective framework for risk management, governance and internal control'.

The Audit Committee considers the effectiveness and independence of the Internal Audit function annually. The Trust employs RSM Risk Assurance Services LLP as its internal auditor.

iii. External Audit

The External Auditor is Deloitte LLP. No non-audit services were provided by Deloitte during the year.

During 2024/25 the Trust participated in a joint Foundation Group procurement exercise for the appointment of an external auditor to each trust. Deloitte LLP was selected by the Auditor Panel for reappointment for a three-year contract from 2025/26 following a thorough assessment, which included effectiveness and independence.

Each year, alongside an opinion on the financial statements, the External Auditor undertakes an assessment of the Trust's arrangements for securing value for money, which includes opinions on governance and on financial sustainability. The report for 2024/25 concluded that there were three significant weaknesses. In 2025/25 the report concluded that two of these remained, both in relation to financial sustainability. Implementation of the recommendations will continue to be overseen by the Financial Recovery Board during 2026/27.

	Significant weaknesses		Recommendation
Type	**2024/25**	**2025/26**	
Financial Sustainability	Failure to achieve the duty to break even.	Failure to achieve the duty to break even.	Continue working with the ICB to address underlying funding issues.
	Under-achievement of the CPIP target.	Under-achievement of the CPIP target.	Hold divisions to account on delivery of savings and regularly review targets and plans.
Governance	NHS Oversight Framework assessed as level 3.	None	n/a

26. Conclusion

No significant internal control issues have been identified.

The system of internal control has been in place at the Trust for the year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts.

Signed:  **Chief Executive Officer**

Date: 23 June 2026

Remuneration and Staff Report

Remuneration Report

The purpose of this report is to provide transparency and accountability relating to the remuneration of the Trust's senior managers.

The following disclosures are made in accordance with the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

Pension related benefits have been calculated in line with the 2025/26 GAM.

Remuneration Policy for Directors

The Appointments and Remuneration Committee decides salaries of executive directors at the time of appointment. All executive director salaries are in line with the established pay ranges listed for small acute NHS trusts and foundation trusts. Salaries are reviewed annually by the Committee in line with these pay ranges and with any national guidance on pay awards to very senior managers.

No performance related pay, long-term performance related pay or bonuses were paid to the directors in 2025/26 or 2024/25.

The Trust's executive directors included the following joint roles, responsibility for whose remuneration was shared by the relevant organisations:

- Acting Chief Executive with Worcestershire Acute Hospitals NHS Trust (WAHT).
- Chief Finance Officer with WAHT.
- Foundation Group Chief Executive with the four trusts of the Foundation Group.

The Trust has complied with the Very Senior Managers Pay Framework. National approval was required and was granted in one case during the year.

Appointments and Remuneration Committee

The Appointments and Remuneration Committee met twice during the year and considered the following matters:

- Executive Director annual appraisals and objectives.
- Outcome of the annual Fit and Proper Person Test assessment
- Very Senior Manager (VSM) pay award
- VSM pay framework
- Appointment of the Acting Chief Executive
- Appointment of the Managing Director

The executive appointment process includes the following:

- Advertising.
- Stakeholder interviews.
- Final panel interview comprising executive and non-executive Board members plus an Integrated Care Board representative.
- Decision by the Appointments and Remuneration Committee.

Diversity within the Board, as within the workforce, is a priority for the Trust and part of Board appointment processes and succession planning. In order to achieve our vision 'to improve the

health and wellbeing of the people we serve in Herefordshire and the surrounding areas' we need a diversity of background, experience and perspective on our Board that reflects the diversity of our staff, patients and communities, to more effectively understand and address their needs, and to provide different viewpoints that challenge thinking.

Details about the diversity of our Board is included in the Staff Report below. This did not change during the year. More information about our approach to equality, diversity and inclusion can also be found in the Staff Report.

Succession Planning

The approach to succession planning and talent management is developed and overseen at Foundation Group level to share best practice, align processes and identify opportunities for joint development. This comprises the following:

<table>
<tr><td colspan="6">Talent Management</td></tr>
<tr><td>Attracting</td><td>Identifying</td><td>Developing</td><td>Engaging</td><td>Retaining</td><td>Deploying</td></tr>
<tr><td colspan="6">Critical Enablers</td></tr>
<tr><td>Inclusivity</td><td>Skilled support</td><td>Protected development</td><td>Pipeline visibility</td><td colspan="2">Alignment to demand</td></tr>
<tr><td colspan="6">Identifying readiness and Gaps through Performance Appraisal</td></tr>
<tr><td colspan="2">Ready Now</td><td colspan="2">Ready Soon</td><td colspan="2">Long-Term Ready</td></tr>
</table>

Chair and Non-Executive Director Remuneration

The Secretary of State for Health and Social Care sets the level of remuneration for non-executive directors of NHS trusts, including the chair. The Chair and the Non-Executive Directors do not receive a pension from the Trust.

Directors' Salaries and Allowances table (subject to audit)

Name	Title	Duration	2025/26						2024/25					
			Salary (bands of £5,000)	All taxable benefits (nearest £100)	Annual performance related bonus (bands of £5,000)	Long term performance related bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	All taxable benefits (nearest £100)	Annual performance related bonus (bands of £5,000)	Long term performance related bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
			£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
K Osmond	Chief Finance Officer (Note 5)		120-125				50-52.5	175-180	140-145				22.5-25	165-170
S Collman	Acting Managing Director (Note 4)	From 01-04-25	70-75				7.5-10	80-85						
S Shingler	Managing Director	From 08-09-25	95-100	5,200			47.5-50	150-155						
L Flanagan	Chief Nursing Officer		130-135				47.5-50	180-185	125-130				15-17.5	140-145
A Parker	Chief Operating Officer		125-130				50-52.5	180-185	125-130				92.5-95	215-220
G Burley	Chief Executive (Note 1)		25-30	1,600			5-7.5	35-40	55-60	1,600			5-7.5	65-70
J Ives	Managing Director	To 05-10-25	80-85	3,000			0	85-90	150-155	5,900			0	155-160
J Agwu	Chief Medical Officer (Note 2)		225-230				60-62.5	285-290	220-225				37.5-40	260-265
G Etule	Chief People Officer		125-130				15-17.5	140-145	120-125				30-32.5	150-155
A Dawson	Chief Strategy and Planning Officer		120-125				75-77.5	195-200	115-120				0	100-105
R Hardy	Chairman (Note 3)		15-20					15-20	15-20					15-20
N Twigg	Non Executive Director		10-15					10-15	10-15					10-15
F Martin	Non Executive Director (Deputy Chair)		20-25					20-25	20-25					20-25
G Quantock	Non Executive Director		10-15					10-15	10-15					10-15
I James	Non Executive Director		10-15					10-15	10-15					10-15
E Bulmer	Associate Non Executive Director		10-15					10-15	10-15					10-15
S Hill	Non Executive Director		10-15					10-15	10-15					10-15
K Lappin	Associate Non Executive Director		10-15					10-15	10-15					10-15
J Rouse	Associate Non Executive Director		10-15					10-15	10-15					10-15

Note 1. Glen Burley is seconded from South Warwickshire NHS Foundation Trust (SWFT) on a shared appointment with SWFT and George Eliot NHS Trust for a proportion of his time and the remuneration identified reflects this. G Burley's secondment covers both 2025/26 and 2024/25 and his full salary was within the range £295-300k (2024/25 £285-290k).

Note 2. J Agwu's remuneration includes £27,264 payable for her role as a Consultant Paediatrician in Diabetes and Endocrinology. Management allowance payments are also included within their salary value as well as Clinical Excellence Awards of £36,192 (2024/25 £36,192).

Note 3. R Hardy is seconded from South Warwickshire NHS Foundation Trust (SWFT) on a shared appointment with SWFT and George Eliot NHS Trust for a proportion of his time and the remuneration identified reflects this. R Hardy's secondment covers both 2025/26 and 2024/25 and his full salary was within the range £85-90k (2024/25 £85-90k).

Note 4. S Collman was seconded from Worcestershire Acute Hospital Trust in the Financial Year 2025/26 for a proportion of time and the remuneration identified reflects this. WVT pays £91k covering salary, pension and employers NI. S Collman's full salary for 2025/26 was within the range £235-240k and the full pension is reported in Worcestershire Acute Hospital Trust's remuneration report.

Note 5. K Osmond is on secondment to Worcestershire Acute Hospital Trust on a shared appointment for a proportion of time from 12th January 2026. The remuneration included in the table above reflects the costs for WVT. Remuneration relating to the additional responsibilities undertaken at WAHT have been recharged and is therefore excluded from this table. K Osmond's full salary was within the range £155-160k. Pension benefits have not been apportioned and therefore the table above includes the full pension entitlement.

Pensions table (subject to audit)

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2026 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2026 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2025 £000	Employer's contribution to stakeholder pension £000	Notes
J Ives	Managing Director	0	0	0	0	0	0	0		Opted out NHS Pensions in Jun 2023.Left 5/10/25
S Shingler	Managing Director	0-2.5	0-2.5	0-5	0-5	44	18	0		New starter 8/9/25
K Osmond	Chief Finance Officer	2.5-5	0-2.5	45-50	110-115	951	43	874		
L Flanagan	Chief Nursing Officer	2.5-5	0-2.5	50-55	130-135	1,240	58	1,146		
G Etule	Chief People Officer	0-2.5	0	30-35	35-40	617	29	562		
A Dawson	Chief Strategy and Planning Officer	2.5-5	5-7.5	50-55	125-130	1,184	84	1,065		
A Parker	Chief Operating Officer	2.5-5	0-2.5	55-60	140-145	1,260	56	1,168		
J Agwu	Medical Director	2.5-5	0-2.5	85-90	210-215	231	0	1,989		

Note 1. J Ives did not make any contributions into the NHS Pension Scheme in 2025/26.

Note 2. Katie Osmond is under a shared appointment with Worcestershire Acute NHS Trust since 12th January 2026. Pension benefits have not been apportioned and therefore include the full pension benefits.

Note 3. J Agwu – Greenbury Detail states Member is over NRA in the existing scheme therefore a CETV calculation is not applicable.

Note 4. S Collman is under a shared appointment with Worcester Acute NHS Trust - the Pension Benefits will be recorded within the Annual Report of Worcester Acute.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant on 31 March 2026. HM Treasury published updated guidance on 25 March 2026; this guidance will be used in the calculation of 2025 to 26 CETV figures.

Payments to past directors

During 2025/26 (as in the previous three years), no payments were made to past directors, including payment or compensation for early retirement or loss of office.

Exit Packages (subject to audit)

This information is subject to audit.

There were no compulsory redundancies during 2025/26 (as in the past three years).

There were three other exit packages. None of these packages included special payments. There were no exit packages in 2024/25.

Exit package cost band	Total number of exit packages	Total cost of exit packages £000
<£10,000	0	0
£10,000 - £25,000	2	25
£25,001 - £50,000	1	46
£50,001 - £100,000	0	0
£100,001 - £150,000	0	0
£150,001 - £200,000	0	0
>£200,000	0	0
Total	**3**	**71**

Fair pay disclosures

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

The purpose of the ratios is to demonstrate the range of remuneration within the Trust by expressing the remuneration of the highest paid director as a multiple of the remuneration of the median, 25th and 75th percentiles.

Total remuneration includes salary, benefits-in-kind and severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.
The remuneration calculation also covers staff engaged on a bank and agency basis as well as substantive posts. In addition to regular salaries, some staff receive additional remuneration relating to the delivery of activity outside their contracts such as the delivery of waiting list initiatives.

The information contained within the pay ratio calculation is consistent with the Trust's pay, reward and progression policies applied to its employees.

The following information is subject to audit.

Pay Ratio Table

	25th Percentile	Median	75th Percentile
2025/26	7.7	5.9	4.4
2024/25	8.2	6.0	4.6

Total Remuneration Table

	2025/26	2024/25
Highest paid director	227,500	222,500
Minimum	14,763	12,514
Median	38,708	37,338
75th Percentile	51,661	48,895
25th Percentile	29,676	27,023
Average remuneration	46,820	44,367

*The method for calculating the minimum remuneration has been updated for 2025/26 to refine the annualised calculation, ensuring the impact of salaries paid for part of a month are not included. 2024/25 has been restated to reflect this change resulting in the minimum increasing from £622 to £12,514.

The reduction in pay ratios across all percentiles in 2025/2026 reflects a modest but consistent narrowing of pay differentials within the organisation. This was influenced by the NHS pay award for 2025/26 which has had a greater impact on lower pay bands.

The highest paid director remuneration in 2025/26 is £227,500 using mid-point of banding. The remuneration for the highest paid director in 2024/25 was £222,500 using the annualised calculation approach resulting in a small increase of 2.25% between years.

Average remuneration has increased in 2025/26 by 5.53% (2024/25 increase of 3.30%).

The total remuneration has been disclosed within the fair pay calculations; this is the same as the salary component, meaning these have not been split out.

Salaries paid by the Trust on a full-time equivalent basis, varied between £15k and £287k per annum compared to £13k and £288k in 2024/25.

In 2025/26, 12 staff received remuneration in excess of the highest paid director based on payment received in the year (2024/25 – 10 as reported).

Staff Report

People Dashboard

Key people data for 2025/26 on 31 March 2026:

Metric	Staff				Senior Managers*			
Numbers (headcount)	4,508				16			
Gender numbers	Male	924	Female	3,584	Male	7	Female	9
Gender Percentage	Male	20.5%	Female	79.5%	Male	44%	Female	56%
Turnover	7.92%				n/a			
Staff Survey engagement score	7.07				n/a			

**Senior Managers are defined as board members, both voting and non-voting*

Staff numbers and costs (subject to audit)

Staff Costs	2024/25			2025/26		
	Permanent	Other	Total	Permanent	Other	Total
	£000	£000	£000	£000	£000	£000
Salaries and wages	182,953	262	**183,215**	195,871	76	**195,947**
Social security costs	18,264	0	**18,264**	24,058		**24,058**
Apprenticeship levy	958	0	**958**	954		**954**
Employer's contributions to NHS pension scheme	33,738	0	**33,738**	36,221		**36,221**
Temporary staff		12,087	**12,087**		7,914	**7,914**
Total staff costs	**235,913**	**12,349**	**248,262**	**257,104**	**7,990**	**265,094**
Of which						
Costs capitalised as part of assets	897	353	**1,250**	780	328	**1,108**
Total staff costs charged to revenue	**235,016**	**11,996**	**247,012**	**256,324**	**7,662**	**263,986**

Average number of employees (WTE basis)	2024/25			2025/26		
	Permanent	Other	Total	Permanent	Other	Total
Medical and dental	245	243	**488**	257	261	**518**
Administration and estates	837	49	**886**	832	29	**861**
Healthcare assistants and other support staff	718	170	**888**	724	136	**860**
Nursing, midwifery and health visiting staff	1,095	139	**1,234**	1,159	103	**1,262**
Nursing, midwifery and health visiting learners	1	1	**2**	0	2	**2**
Scientific, therapeutic and technical staff	411	30	**441**	425	24	**449**
Healthcare science staff	76	4	**80**	87	7	**94**
Total average numbers	**3,383**	**636**	**4,019**	**3,484**	**562**	**4,046**
Of which:						

Number of employees (WTE) engaged on capital projects	13	5	**18**	9	3	**12**

The average Whole Time Equivalent (WTE) number of staff overall increased by 1% from 4,019 in 2024/2025 to 4,046 in 2025/26. This included an increase of almost 3% of permanent staff and a decrease of other staff (temporary) by 11.6% in line with our temporary staff reduction plans.

Total staff costs increased by £17m from £247m in 2024/25 to £264m in 2025/26.

Both the WTE increase and increases in national pay awards were key drivers of the rise in staff costs.

Workforce profile

Average headcount

	2024/25	2025/26
	Total Number	**Total Number**
Medical and Dental	471	513
Estates and Ancillary	145	135
Administration and Clerical	952	884
Nursing and Midwifery registered	1395	1384
Healthcare Scientists	98	109
Allied Health Professionals	420	412
Additional Clinical Services	937	929
Students	0	0
Add Prof Scientific and Technical	156	142
Total	**4,574**	**4,508**

Workforce Gender

	2024/25		2025/26	
	Number	**%**	**Number**	**%**
Female	3683	80.52	3584	79.5
Male	891	19.48	924	20.5
Total	**4574**	**100**	**4,508**	**100**

Workforce Ethnicity

	2024/25		2025/26	
	Number	**%**	**Number**	**%**
White - British	3269	71.47	3129	69.41
White - Irish	21	0.46	18	0.40
White - Any other White background	148	3.24	157	3.48
Mixed - White & Black Caribbean	12	0.26	13	0.29
Mixed - White & Black African	19	0.42	16	0.35
Mixed - White & Asian	24	0.52	26	0.58
Mixed - Any other mixed background	4	0.09	8	0.18
Asian or Asian British - Indian	523	11.43	544	12.07
Asian or Asian British - Pakistani	54	1.18	65	1.44
Asian or Asian British - Bangladeshi	32	0.70	29	0.64
Asian or Asian British - Any other Asian background	126	2.75	137	3.04
Black or Black British - Caribbean	5	0.11	6	0.13
Black or Black British - African	134	2.93	146	3.24
Black or Black British- Any other Black background	4	0.09	6	0.13
Chinese	19	0.42	16	0.35
Any Other Ethnic Group	100	2.19	115	2.55
Not Stated	80	1.75	77	1.71
Total	**4574**	**100**	**4508**	**100**

The diversity of our workforce slightly increased compared to the previous year, with 29% of our staff now from non-white-British backgrounds. This reflects a greater diversity than the local community based on the 2021 Herefordshire census.

We continue to strive to achieve a Trust Board which reflects the diversity of our workforce, with the percentage of non-white-British members at 12%.

Sickness Absence

	Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
	Average FTE*	**Adjusted FTE days lost to Cabinet Office definitions**	**FTE-Days Available**	**FTE-Days Lost to Sickness Absence**	**Average Sick Days per FTE**
2023/24	3,394	38,140	1,238,815	61,871	11.2
2024/25	3,631	41,686	1,325,139	67,624	11.5
2025/26	3,754	41,772	1,370,091	67,763	11.1

**Full Time Equivalent*

Staff turnover

The Trust's staff turnover data is captured as part of NHS workforce statistics; this is an official NHS England statistics publication complying with the UK Statistics Authority's Code of Practice. The staff turnover percentage for 2025/26 was 7.9%, an improvement on the previous year (8.9%).

Equality, Diversity and Inclusion

As the main provider of healthcare services and one of the largest employers in Herefordshire, the Trust aims to deliver healthcare services that are appropriate to everyone's needs, taking account of differences in age, disability, race, ethnic or national origin, gender, religion, belief or sexual orientation.

The Trust aims to recruit and retain a workforce that represents the rich diversity of the NHS at all levels. We have a framework of policies and processes in place to support us to achieve this.

Policies	Training	People
Equality & Diversity Flexible Working Freedom to Speak Up Reasonable Adjustments	Recruitment and selection training Mandatory EDI training Freedom to Speak Up training: Speak Up, Listen Up, Follow Up	Cultural Champions Freedom to Speak Up Guardian Staff Networks
Objectives and Commitments	**Reporting and Action Plans**	**Collaboration**
Board member annual EDI objective Inclusive Leadership Pledge	Gender Pay Gap WRES WDES EDS 22 High Impact Improvement Actions	Foundation Group: benchmarking, shared learning, collaboration Integrated Care System: Culture and Inclusion Strategy 2024-29

High Impact Improvement Plan

The NHS High Impact Equality Diversity and Inclusion (EDI) Improvement plan sets out targeted actions to address the direct and indirect prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The EDI Improvement Plan supports the long-term Workforce Plan by improving the culture of workplaces and the experiences of the workforce.

To support the achievement of strategic EDI outcomes for patients and employees, NHS trusts are expected to do the following:

- Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010
- Improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

The Trust's progress on these areas is as follows:

Board leadership	Fair and inclusive recruitment	Pay gaps
• Annual EDI objective for every Board member • The Trust is acting as anchor organisation working with partners to address inequalities.	• Recruitment and selection training including EDI. • Essential criteria interview guarantee scheme for disabled staff – Disability Confident Committed • Cultural ambassadors to help ensure recruitment and disciplinary processes are fair	• Gender Pay Gap action plan in progress • Developing an action plan to address race and disability pay gaps
Health inequalities in the workforce	**Programme for international staff**	**Address bullying, discrimination, harassment, physical violence**
• 9 People Promise work-streams • Staff Survey actions • Leadership & management development programmes • Inclusive leadership pledge	• On-boarding programme • Pastoral Care • Staff networks • International staff charter	• FTSU Guardian • Over 120 FTSU Champions • Mandated FTSU training for all staff • Sexual safety policy & charter

Gender Pay Gap

The gender pay gap is the difference between the average pay of men and women in an organisation.

Any employer with 250 or more employees on a specific date each year must report their gender pay gap data.

The Trust collaborated with its Foundation Group partners in 2025/26 on joint analysis of the gender pay gap for each trust, a set of common improvement actions and a joint annual report presented in public to a Foundation Group Boards meeting. For the Trust, the report showed a relatively positive position as follows:

- A higher proportion of female employees in each pay quartile other than the lowest quartile compared to the proportion of female to male employees overall.
- An improvement in the mean pay gap of 8.14%.
- An improvement in the median pay gap of 10.5%.

This reflects the national picture, as well as the picture across the foundation group.

Although improvements have been made, the Trust still has a gender pay gap and robust improvement actions are therefore important. For the period 2025-2028 the four Foundation Group trusts have agreed common actions in the following themes, which encapsulate not only the gender pay gap but also the broader issue of gender equality in the workplace. The Trust will engage with its Women's Network on the implementation of these actions and the identification of additional actions. A progress report will be presented annually to the Board:

- Building our reputation as a model employer
- Recruitment and retention processes
- Parental, adoption and carers leave policies
- Wellbeing and retention
- Supporting female staff

- Tackling sexism, misogyny and sexual misconduct in the workplace
- Data analysis.

Support for staff with disabilities

The Trust is a 'Disability Confident Committed Employer' that values the contribution of all staff and is committed to being inclusive and accessible to all.

Accessibility for our staff helps ensure that we attract and retain the most talented people to contribute to service delivery. This starts when someone is considering applying for a role with the Trust.

Support for colleagues with disabilities and long-term conditions include:

- Reasonable Adjustments Policy
- Flexible Working Policy through which people with a disability or long-term condition may request flexible working as part of their reasonable adjustments.
- Recruitment and Selection Guidance, which includes:
    - Requirement to interview under the Disability Confident Committed scheme all applicants who meet the essential criteria for a role.
    - Provision of reasonable adjustments at interview.
    - All interview panels must include at least one member who is up to date with their equality and diversity training and/or have attended the recruitment and selection training course within the last three years.
- Sickness Absence Policy and toolkit including:
    - Recognising that staff with a disability or long-term condition may have more frequent sickness absence, managers may use their discretion to adjust triggers for action due to sickness absence.
    - If an employee becomes disabled during their employment, the Trust will make reasonable adjustments to enable the employee to continue working, which may include adjustments to the physical environment, equipment, responsibilities, working practices and hours of work.
    - Rehabilitation, treatment or assessment as appropriate
- Recruitment and selection training, which includes shortlisting, interviewing and appointing candidates fairly.
- A Health Passport to help staff manage their health at work and remove obstacles in communicating their condition.
- Webinars providing guidance to managers on recruiting, supporting and retaining staff with disabilities.
- Reasonable Adjustments section on staff intranet containing links to relevant policies, guidance and information.
- Health and wellbeing offer (see below).

- Staff Disability Network

Staff Wellbeing

In addition to the support described in the section above, support for staff wellbeing includes:

- Occupational health service
- Counselling Service
- Health@Work
- Staff vaccinations
- Mental Health First Aiders
- Health and wellbeing areas on the staff intranet, including links to internal and external guidance, support and resources.
- Employee Assistance Programme (EAP) - available 24/7
- Nature Connection Project
- Staff Recognition: Going the Extra Mile (GEM) awards and Chairman's annual award.
- Staff roadshow showcasing support and benefits available.
- Cost of Living support
- Freedom to Speak Up Guardian and Champions
- Staff networks

Employee consultation and participation

The Trust engages regularly with its staff through a number of means, including:

- Direct all-staff email on important, urgent topics
- Weekly newsletter, Trust Talk
- Monthly Execs Live - opportunity for staff to connect directly with the executive team and have their questions answered in real time
- Monthly Senior Leaders Brief
- Quarterly Foundation Group Leaders Brief
- Open Door – Chat with an Exec
- Staff Friends and Family Test
- Rumour Mill
- Request for feedback from new staff after a settling in period
- Trust Board meetings and Annual General Meeting held virtually, streamed live and published as a recording.
- Trust Board member engagement through:
    - Informal visits to wards and departments
    - Structured safety or quality visits to wards and departments
    - Maternity and Neonatal Safety Champion arrangements

In 2025/26 we also engaged with staff and leaders on:

- Trust values
- Trust vision and strategy
- Workforce changes and restructuring

An important way in which the Trust engages and consults with its staff is through the staff networks.

Staff Networks

Black, Asian, Minority Ethnic (BAME) Network

Aims to improve the working lives of BAME staff and ensure a positive working experience for all. The Network will endeavour to enhance the quality of service to BAME communities by assisting the Trust in delivering better services for all and supporting the implementation of NHS and other national equality requirements such as the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2).

LGBT+ Network

A network consisting of WVT staff from the LGBT+ community and allies. The group is open to any employee at WVT who wishes to play a positive part in this important area in driving forward the equality, diversity and inclusion agenda at WVT.

Disability Network

Committed to ensuring equality for people with a disability who work at the Trust and that those who may be disadvantaged have access to the right tools in order to access the same, fair opportunities as their colleagues.

We want to make a genuine difference to the lives of people with a disability at the Trust, whether their disability is visible or not.

International and Overseas Staff Network

We understand that coming to a new country and culture and new way of working can provide many challenges to our overseas and international colleagues, and we want, and need to make every effort to support those who have travelled to the UK and then to Hereford to work, to settle in, to grow, develop and achieve their goals within the Trust.

Women's Network

Established to reflect issues faced by women working in the NHS, including gender pay gap, menopause, pregnancy, baby loss and sexual safety

Health and safety at work

The most significant risks to the non-clinical safety of our patients, staff and visitors are monitored by our Health and Safety Committee. The Committee reports regularly to the Executive Risk Management Committee to provide assurance about what is being done to ensure our environment and practices are as safe and secure as they can be.

During 2025/26 the key health and safety matters considered by the Health, Safety and Wellbeing Committee were:

- Health and Safety risks and incidents
- Fire and electrical safety
- Water safety
- Incidents of verbal and physical aggression toward staff
- Incidents of sharps injuries
- Training levels
- RIDDOR reports
- Use of the Occupational Health Service

Human capital management

Retention

Retaining our staff is a key priority for the Trust. We aim to achieve this by supporting our staff to stay safe, well, happy and fulfilled at work through:

- Our health and wellbeing offer.
- Engagement and communication.
- Training, education and career development, including apprenticeships.

Career Development

The Trust has an online Education Hub, which was launched with the vision of promoting multi-professional education accessible to all staff, from our most junior students to our most experienced leaders.

The Trust supports a wide range of programmes for formal academic training as well as career development opportunities including management and leadership programmes.

We work collaboratively with key partners and stakeholders to ensure staff have access to a range of providers and a diverse portfolio of courses.

The Trust has an Education Strategy and an Education Prospectus which sets out a wide range of training and development opportunities for all staff.

Trade Union Relationships

In the NHS, 'staff Side' is a term for the interface between various trade unions and recognised professional bodies. These bodies have locally accredited representatives who together are termed 'Staff Side'. The role of Staff Side is to ensure a collective approach to issues such as terms and conditions of employment and advice and guidance from the various unions and organisations. They consider concerns raised by staff members and consult and negotiate with Trust managers through the Joint Negotiating Consulting Committee (JNCC), where Staff Side and management come together to discuss matters.

Staff Side plays a vital role in looking after employee interests and has an excellent working relationship with the Trust.

Consultancy expenditure

The Trust spent £1k on consultancy during 2025/26 compared to £17k in the previous year. This equates to 0.0002 per cent of the Trust's turnover in 2025/26.

Off-payroll arrangements

Off payroll engagements relate to individuals employed by the Trust but not remunerated via the organisations payroll function. Typically, this would relate to self-employed individuals or those contracted via agencies. The Department of Health and Social Care requires NHS bodies to report any off-payroll engagements as of 31 March 2026, for more than £245 per day, a threshold set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Off Payroll Engagements	**31 March 2026**	**31 March 2025**
Number of existing off-payroll engagements	33	42
Of which, the number that have existed, at the time of reporting:		
For less than one year	20	25
For between one and two years	6	9
For between two and three years	3	3
For between three and for years	1	0
For four or more years	3	5

For all new off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day:

New off-payroll engagements for more than £245 per day	**2025/26**	**2024/25**
Number of temporary off-payroll workers engaged	91	115
Of which:		
Number not subject to off-payroll legislation	0	0
Number subject to off-payroll legislation and determined as in scope of IR35	90	113
Number subject to off-payroll legislation and determined as out of scope of IR35	1	2
Number of engagements reassessed for compliance or assurance purposes during the year	90	107
Of which, number of engagements that saw a change to IR35 status following review	0	0

The 91 engagements reported above all relate to individuals contracted to work for the Trust via employment agencies and therefore the Trust have not been required to introduce contractual clauses.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026.

	2025/26	**2024/25**
Number of off-payroll engagements of board members and/or senior officers with significant financial responsibility during the year.	0	0
Total number of individuals on payroll and off payroll that have been deemed board members or senior officials with significant financial responsibility during the year	11	11

Signed:  **Chief Executive Officer**

Date: 23 June 2026