APPENDIX 4

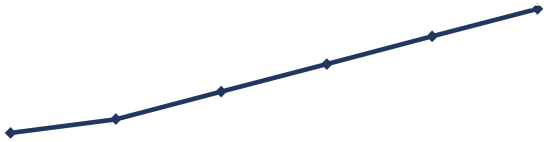
Exception Report - Action Plan

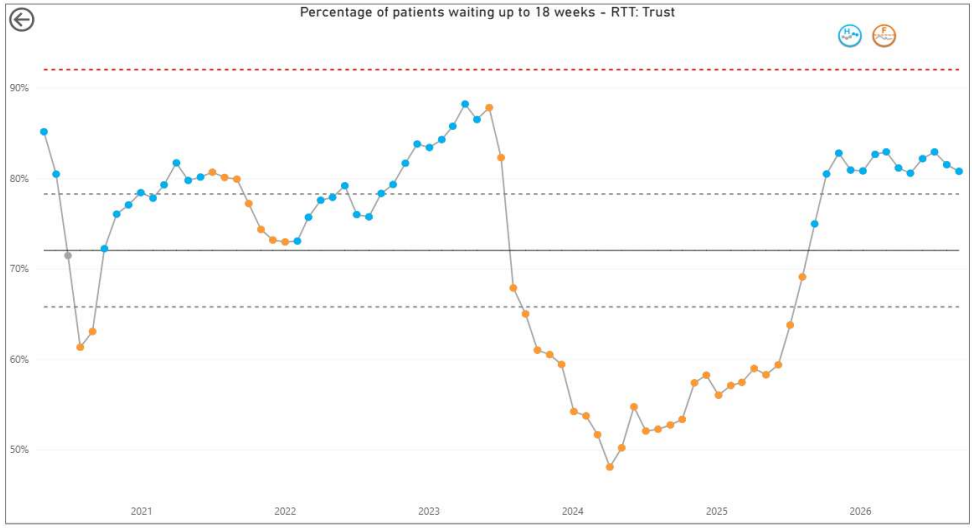
Percentage of Patients waiting up to 18 weeks - RTT

As at the end of the month, the percentage of patients that are still waiting for treatment and are within 18 weeks

KPI Description	Latest 6 months	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	YTD
RTT Incomplete Pathways	%	81.13%	80.56%	82.16%	82.91%	81.50%	80.76%*	80.76%*
	Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Trajectory	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
%	81.5%	82.0%	83.0%	84.0%	85.0%	86.0%





Reason for performance gap:	RTT performance remains below the national standard of 92%, with 80.76% of incomplete pathways within 18 weeks in August 2026. Performance remains flagged as improving variation and the Trust continues to perform strongly in comparison to the wider national recovery expectation, which seeks achievement of the 92% constitutional standard by March 2029. The Trust also achieved the national milestone of reducing waits above 65 weeks significantly earlier than many organisations, reaching this position by March 2026 as part of its planned recovery programme. Following improvement in May and June, performance deteriorated during July and August, resulting in August performance of 80.76%, which is 4.24 percentage points below the planned trajectory of 85.0%. Although the September milestone is unlikely to be achieved in full, teams are actively implementing a range of recovery actions to return performance to an upward trajectory. Focused work on validation, demand and capacity management, pathway productivity and waiting list reduction is underway. Performance is expected to improve incrementally over the coming months, with a dedicated workshop to re-evaluate the trajectory in line with the current planning round and options available to us across the Group. There is full confidence that we will continue to achieve ahead of the national March 2029 deadline, but local targets need reviewing. The current position for August reflects seasonal variation and the change in MSST waiting lists profile with an ongoing increase in level 2 physiotherapy demand. Detailed demand and capacity modelling was completed however due to the change in workforce demographics and clinical pathways repeating this exercise will further support improvement and recovery gain. The ongoing integration of therapy services provides assurance that there is a robust governance framework in place to support pathway redesign, improve utilisation of the existing workforce and deploy staffing resources more effectively across services. Another key remaining RTT risk relates to Oral Surgery. Whilst performance has shown early signs of improvement, recovery continues to be impacted by theatre availability and inconsistency of list provision within SaTH. Current contracted dental clinic activity remains insufficient to meet demand, resulting in an ongoing monthly shortfall in capacity. This risk is partially mitigated through additional activity delivered at RJAH and ad hoc sessions via SaTH; however, current modelling continues to identify an unresolved gap, which requires resolution through additional SaTH capacity if recovery is to remain on trajectory. Community Outpatients experienced capacity pressures over the summer due to aligned consultant annual leave across community and acute services. Despite efforts by SaTH to secure locum cover and provide additional ad hoc clinics, this was not always possible, and patient choice occasionally limited the uptake of alternative appointments. Joint PTL oversight ensured clinically urgent patients were prioritised and long waits managed equitably across organisations. Assurance has been received that consultant clinic activity will return to planned levels from September, supporting a return to an improving recovery trajectory. The recovery plans have been reviewed against the NHS England Community Health Services Waiting Times Action Checklist (May 2026) to ensure alignment with recognised best practice and that all key domains necessary to improve waiting times are being addressed.

	As part of the MSST pathway, SCHT clinic templates are to be reviewed and standardised. To maximise patient utilisation, the learning will be shared through the Integration of Therapies programme to align templates across MSST as a parallel service in SaTH.	Jun-26	Oct-26	Complete	**September 26 Update** This action has been completed and closed, having successfully increased clinic utilisation to 94.2%, demonstrating that available outpatient capacity is being used effectively. However, despite this improvement, RTT performance has not improved at the pace anticipated, indicating that clinic utilisation is no longer the primary constraint within the pathway. Further analysis has identified demand and capacity imbalance, particularly within Level 2 Physiotherapy provision, as the key factor impacting recovery. As a result, the focus of improvement activity has shifted towards increasing available clinical capacity and aligning resources across the Group through the Integration of Therapies Programme. In parallel, temporary workforce options are being scoped to stabilise performance in the short term and support recovery while longer term workforce and service model solutions are implemented. Closure of this action reflects successful delivery of its intended objective, with a revised and more targeted recovery plan now in place to address the factors directly affecting RTT performance. **August 26 Update** Assurance can be provided that SCHT Physiotherapy clinic utilisation has improved to 93.4% following the review and standardisation of clinic templates. Learning from this work is now being shared across the Group through the Integration of Therapies programme to support alignment of MSST clinic templates and productivity approaches across SCHT and SaTH. Cross-organisational visits have been completed, a Therapy Leadership Development Day completed in July has supported integration and shared ways of working, and a joint workshop is scheduled for September to bring MSST service leads together to align improvement plans and drive further standardisation, efficiency and patient access improvements across the pathway. **July 26 Update** Work has begun to review the templates across SATH/SCHT therapies to ensure alignment. With a slight improvement of 2% seen in clinic utilisation. Team looking at splitting admin team to focus on areas of responsibility in relation to therapy utilisation.
	Implement the Integration of Therapies Programme across the Group to align clinical pathways, optimise workforce deployment and address identified demand and capacity pressures, particularly within Level 2 Physiotherapy services. This will increase clinical capacity, support RTT recovery and reduce waiting times through a more flexible, sustainable workforce model. Temporary workforce solutions are also being explored to stabilise performance while longer-term service transformation is delivered	Sep-26	Mar-27	On Track	**New Action** Initial implementation activities are underway, including therapy workforce engagement workshops and ongoing recruitment to all substantive vacancies. To accelerate improvement and stabilise performance whilst the longer-term workforce redesign and integration programme progresses, a proposal will be submitted to Directors seeking approval for a three month temporary physiotherapy resource. This additional capacity is intended to support waiting list reduction, improve RTT performance and create headroom for the delivery of sustainable service transformation through the Integration of Therapies Programme.
	Roll out of T-PRO across Level 2 MSST Therapies across Group	Aug-26	Dec-26	On Track	**September 26 Update** Progress remains ongoing, with collaboration between the Rio team and DAST Service Manager to finalise a delivery approach. Whilst implementation has been impacted by RIO/ digital team capacity and competing priorities, solutions are being actively explored to support progression of the action during October 2026. **New Action** Working alongside the RIO and digital team to plan further roll out of T-Pro to support physio note taking with the aim of reducing required admin time and increasing clinical capacity.

Dental: Formalise agreed demand and capacity requirements with SaTH and secure recurrent theatre and elective hub capacity to support delivery of the RTT long-waits recovery trajectory and sustainable waiting list recovery.	Aug-26	Dec-26	On Track	**September 26 Update** Capacity was delivered during August for ad hoc theatre lists. SCHT and SaTH teams worked together to streamline the booking of patients resulting in better collaboration and understanding of requirements. Weekly meetings continue whilst the development of a sedation suite at PRH continues. **New Action** Weekly meetings with SaTH who are aware of requirement for an additional 8 slots a week. Ad hoc sessions provided through June and July to blitz long waits and plan is by end of Summer post theatre estates moves for SaTH to confirm regular capacity and dates.
Review and redesign of the ENT pathway to align with Community Outpatient demand, reduce waiting times, and support improved patient access. This programme will act as an early adopter for neighbourhood transformation, testing new models of integrated, community-based care	Aug-26	Oct-26	On Track	**September 26 Update** This workstream remains on track, with future patient lists continuing to be made available to support the transfer of appropriate patients to Community Outpatients, helping to maximise available capacity and improve patient experience. Following the success with ENT collaborative discussions have further progressed regarding the inclusion of Physiotherapy provision within this pathway, creating an opportunity to enhance service resilience, increase treatment capacity and support RTT recovery. The development of this pathway forms part of a broader approach to optimise resources, reduce waiting times across the Group. **New Action** 18 patients have been transferred from the Community Outpatients waiting list to the APCS pathway and reviewed by a GPwER, enabling assessment of alternative management options and reducing reliance on consultant-led pathways. Learning from these reviews will be used to maximise opportunities for further pathway redesign, including the development of a single point of access for ENT referrals.
GIRFT funding has been applied for to accelerate service transformation through digital innovation, enhanced clinical validation and pathway redesign, supporting improved waiting list management, increased productivity, better patient flow and more effective use of social prescribing all for MSST and community MSK .	Aug-26	Oct-26	On Track	**September 26 Update** Unfortunately MSST was not successful with the bid for the GIRFT funding. However the approach developed is still being implemented due to the potential impacts. Alternative funding streams are being identified for equipment and training. **New Action** System funding application submitted
Collaboration with SaTH through Group to improve and streamline access to diagnostics via the Community Diagnostic Centre (CDC), identifying pathway barriers, agreeing referral criteria, and implementing changes that increase timely access to diagnostic testing and support earlier diagnosis and treatment.	Aug-26	Dec-26	On Track	**September 26 Update** This workstream has progressed positively, with initial scoping work completed jointly with SaTH to identify opportunities to streamline access to diagnostics through the Community Diagnostic Centre (CDC). Key pathway opportunities and potential barriers have been identified, and work is now moving into the next phase of agreeing referral pathways, operational processes and access arrangements. **New Action** Focus is initially on radiology and pathology access, demand profiles shared with SaTH to understand options for access.

Author	Gemma McIver /Helen Cooper/Alex Critchell	**Date**	09/09/2026
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**Please note that the actual performance for the month is subject to change as the validation for the national submission continued at the time of updating the action plan*