Surrey and Sussex Healthcare NHS Trust

August 2026 Integrated Performance and Quality Report
(reflecting August M5 2026 position)
Trust Board

Date: 15 October 2026
Agenda item: 2.3

Executive sponsor	Anouska Adamson-Parks, Chief of Strategy, Planning and Performance
Report authors	Sarah Burton, Chief Nurse; Alex Stamp, Chief Operating Officer; Dr Edward Cetti, Chief Medical Officer; Elizabeth Nyawade, Chief People and Culture Officer; David Cooper, Chief Finance Officer
Report discussed previously	Executive Committee

Action required		
Approval ( )	Discussion (🗹)	Assurance (🗹)

Purpose of report

The report provides an overview of the key indicators that the Trust Board uses to understand delivery of the organisations vision and strategy as well as constitutional standards, quality standards and those operating plan requirements as required by NHS England.

The Integrated Performance and Quality Report (IPQR) was updated for the new financial year 2026/27, introducing a new format with greater reliance on the statistical process control methodology, as well as a refreshed set of metrics, as discussed at the previous month Board and Board Sub-committee meetings. The new report reflects new operating plan requirements and SASH priorities for 2026/27.

Summary of key issues

Key messages
The following provides a high level of overview of performance as outlined in detail within the Integrated Performance Quality and Outcomes report for the reporting period.

Areas of notable good performance	Outlier areas
Deliver safe healthcare – Patient Safety	
Falls per 1000 bed days showing special cause	There were 2 Cat 3 but no Cat 4 pressure

improvement.	ulcers in August.
ED corridor care has come down July/August, albeit remaining high. *(note – new definition to be introduced in September will show higher reported levels)*	YTD C-Diff and e-Coli infections rates are above the target threshold.
Notable reduction in LoS in CDU/ED for Mental Health patients in August.	
Care hours per Patient Day for registered nursing and midwives maintained their levels.	Notable rise in complaints in August and drop in % responded within 60 days.
12 month neonatal death rate is below the target threshold.	Major PPH % showing special cause concern.
OASI performance back on an improvement trajectory after negative spike in July.	
Deliver safe healthcare – access and responsiveness	
ED 12 hour increased to 12.3% in August from 10.6% in July but is better than 12.6% plan for August.	ED 4-hour performance (Type 1) at 52.8% remains well below 61.2% trajectory. Mapped 4-hour ED performance dropped to 77.25 against plan of 81.6%.
Average ambulance handover time still above plan but now closer to plan, and has improved for second month in a row.	Same day emergency care (admissions at 0-day LoS) reduced slightly in August (42.2%) and remains below plan (44.6%).
Some improvement in Paed A&E performance (4 hour and 12 hour) although remains off target.	18 week RTT worsened in August at 64% (vs. 65.2% in July) and remains adverse to plan (67.3%).
	RTT PTL size stabilised in August (at 51,586) but remains adverse to 44,248 plan.
	RTT 52 weeks adverse to plan for August, reporting 2.53% against the 1% standard and 2.2% in June.
Cancer 31 days in July was 96.3% against a 94.1% operating plan	Cancer 62 days improved in July at to 70% but is adverse to 78.4% plan.
	Cancer FDS in June dropped to 77.7%, just below 80% plan.
	DM01 continued to improve in August to 25.9%, but remains adverse to 8.5% plan
Improve health outcomes	
SHMI mortality rate continues to be better than the national benchmark.	HSMR data from Dr Foster now available. Whilst on a downward trend, overall HSMR remains 'higher than expected'.
3 month improvement on 30-day readmission	New 7-day re-admission data showing special

position	cause concern.
NOF HSMR 'as expected' in the last 2 months.	
Be a valued partner	
Lower LoS for MH patients in ED / CDU.	ED attendances slightly higher than plan in August - first time since start of the financial year.
	NCTR occupancy showing special cause concern and significant worsening in August.
Great place to work	
The stability index for the Trust at 91.3% in August is an improvement and remains strong.	Sickness absence at 4.6% in M5 (set target 3.5%) is up compared to 4.5% in M4.
Turnover rate at 9.5% and vacancy rate at 6.5% in August remain below the set threshold of 12%.	Achievement reviews completion rate at 66.2% in M5 is down and below set target of 90%.
MAST completion rate at 88.8% in M5 is an improvement from 87% in M4 and remains below the set target of 90%.	Job planning completion rate (stage 3 sign off) in August improved but remains too low at 35.1%.
Be financially sustainable	
Income is £1m favourable year to date.	The YTD deficit is £10.5m with an adverse variance of £5.4m.
	CIP delivery is £6.77m year-to-date, £2.94m adverse to plan. The shortfall is concentrated within workforce optimisation, particularly establishment review and temporary staffing reduction initiatives.
	Capital expenditure is £2,6m year-to-date against a revised £30.74m programme. Delivery is heavily weighted towards the second half of the year

The IPQR is presented by strategic objective area under three headings:

Alert – those areas that are of concern and where escalation actions are required
Advise – areas where change is anticipated, or recovery actions are underway
Assure – areas of good practice or positive assurance that is noteworthy