



Patients



Performance



People



Productivity



Partnerships

Annual Members' Meeting 2025/26

Monday 5 October 2026 - Sir Tom Finney Room, The County Ground - Leyland
2pm – 4pm



Vice-Chair's Welcome

Adrian Leather, Vice-Chair



Agenda

Item	Time	Encl.	Presenter
Welcome and Introduction	2.30pm	Verbal	Adrian Leather, Vice-Chair
Annual Review 2025/26	2.35pm	Presentation	Sarah Morrison, Deputy Chief Executive and Chief Nursing Officer
Annual Accounts 2025/26	2.45pm	Presentation	Craig Carter, Chief Finance Officer
Council Overview - Governors	3pm	Presentation	Graham Robinson – Lead Governor
Q&A Session	3.15pm	Verbal	Silas Nicholls, Chief Executive
The theme for this year's Annual Members Meeting is 'The NHS Left Shift: Moving Care Closer to Home and Reducing Time Spent Waiting'			
Keynote Presentation - Moving care closer to home	3.30pm	Presentation	Claire Granato, Chief Allied Health Professional Leasa Fish, Consultant Physiotherapist
Keynote Presentation – Improving waiting times for patients	3.45pm	Presentation	Katie Foster-Greenwood, Chief Operating Officer
Session Close	4pm	Verbal	Silas Nicholls, Chief Executive Adrian Leather, Vice-Chair



Annual Review 2025/26 Overview

Sarah Morrison, Deputy Chief Executive and Chief Nursing Officer

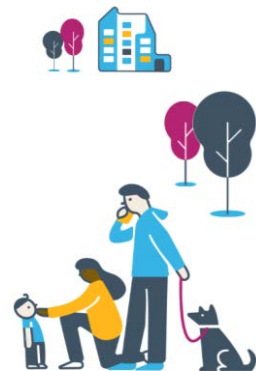
Successful Developments

24/7 Thrombectomy



Royal Preston Hospital (RPH) now provides a full 24/7 mechanical thrombectomy service, delivering round-the-clock, life-saving treatment for stroke patients across Lancashire and South Cumbria.

New Hospital Land



In March 2026, we completed the purchase of the final section of land on the proposed site for the replacement for RPH

Helipad Refurbishment



RPH was pleased to see a thorough refurbishment of its helipad following a £720,000 upgrade funded entirely by the HELP Appeal – the UK's only charity dedicated to supporting NHS helipad infrastructure.

1000th Robotic Prostatectomy

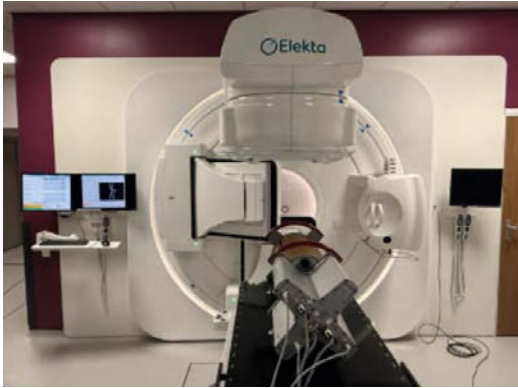


We reached a major milestone in April 2025 after completing our 1,000th robotic-assisted prostatectomy using the advanced da Vinci Xi system at Chorley and South Ribble Hospital.



Successful Developments

Rosemere Funds New LINAC for Radiotherapy



We saw the introduction of a new state-of-the-art linear accelerator (LINAC) at the Rosemere Cancer Centre, funded through a share of a £70m government investment.

TAMIS Procedure for Rectal Cancer



We became the first centre in the region - and one of only seven in the UK - to introduce robotic TAMIS (Transanal Minimally Invasive Surgery), a pioneering technique for treating early rectal cancer and complex polyps.

Lead Provider of Pathology



We launched the new single Lancashire and South Cumbria Pathology Network provided by Lancashire Teaching Hospitals Trust from 1 April 2026.

Days Kept Away From Home



In January 2026, we began our medicine reconfiguration work in line with the Trust's new Days Kept Away from Home (DKAFH) initiative



Challenges

- Urgent and Emergency Care (UEC) pathways and experiences
- Challenging financial savings targets
- Elective treatment recovery targets and cancer performance
- Waiting times for diagnostics
- Industrial action
- Ageing infrastructure and estate, particularly at RPH



Our approach

Single
Improvement
Plan

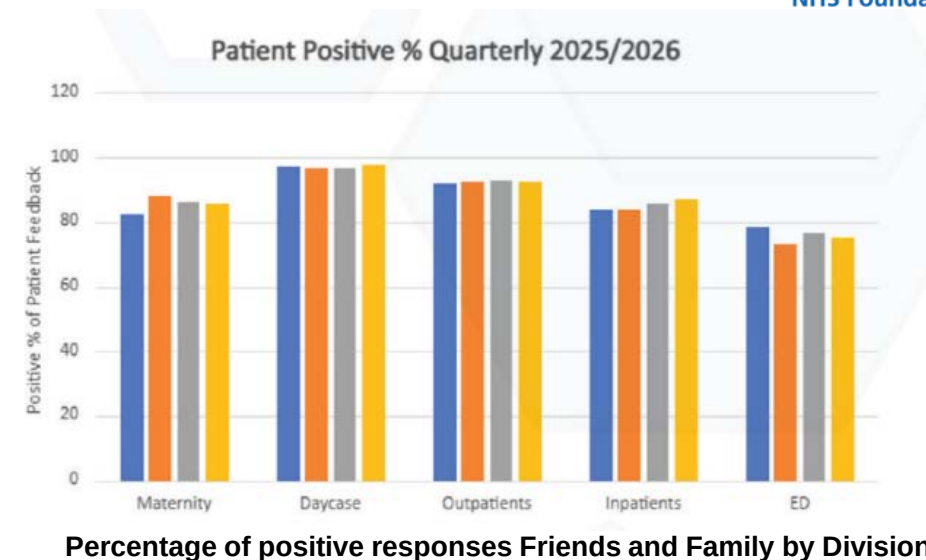
Financial
Recovery
Programme

Strengthened
system
working

Clinical
Transformation

Our priorities

- Celebrate what we do well - **8,230** compliments and thank you's received
- Focus on the emergency pathway - introduce a new approach
- Build and maintain strong stakeholder engagement
- Listen and learn from experiences - increase the ability to hear feedback from protected minority groups
- Reduce the number of complaints, slight increase this year following 2 sustained years of reduction
- Increase the volunteering workforce available at LTH



Year	Complaints Received	Increase/Reduction
2023-24	355	-132
2024-25	325	-30
2025-26	329	+4

Our Colleagues – Staff Survey



2025	7.12	7.28	5.83	5.87	6.51	6.60	6.04	6.07	5.54	5.57	6.19	6.22	6.71	6.75
2024	7.15	7.21	5.90	5.92	6.60	6.67	6.03	6.09	5.53	5.64	6.18	6.24	6.75	6.74
2023	7.30	7.24	6.06	5.94	6.77	6.70	6.25	6.08	5.66	5.62	6.42	6.20	6.86	6.75



2025	6.49	6.74	5.68	5.84
2024	6.63	6.84	5.72	5.93
2023	6.91	6.91	6.02	5.90

- 4,271 colleagues completed the anonymous survey (45.1%) – a significant improvement on 2024-25 (39%)
- The 2025 results indicate relative stabilisation following a period of decline.
- We will continue to prioritise the themes and areas of concern through our corporate level ten point action plan.



Education & Research

Education

- Top regional training compliance for rotational doctors
- Practice Based Pathway for Nursing continues to grow
- Stronger advanced practice career pathways and supervision
- Unified clinical education framework across the Trust
- Mandatory training above national requirements
- More apprenticeships, clinical and non-clinical
- Widening participation opening NHS careers to young people

Research

- Only NIHR Clinical Research Facility in Lancashire and South Cumbria
- Continued investment in research capacity, supporting university hospital ambitions
- Research and innovation embedded as a core strategic objective
- Advanced technologies adopted to improve patient outcomes
- Strengthened Board oversight via the Education, Training and Research Committee
- Deeper university and academic partnerships

Social Value

- The Trust has strengthened its role as an **anchor institution** through a refreshed **Social Value Strategy** that aims to improve the lives of both colleagues and local communities.
- By focusing on **workforce inclusion, career development, widening participation, social mobility and partnerships** with education providers, the Trust is using its scale and influence to support local economic growth, reduce inequalities and create opportunities for people across Lancashire and South Cumbria.
- Social value is increasingly being embedded into how the organisation recruits, develops talent, procures services and supports the wider health and wealth of its population.



Raised £943,000 in 2025/26

SAFE Centre Garden



Companies come together to create garden haven at Lancashire SAFE Centre

Children's Art



Young patients on Children's Ward expressing themselves in words and drawings on their chaity donated end of bed bed-boards!

Medical Device on Critical Care



RPH Critical Care Unit were gifted a new handheld Doppler by a grateful patient who made a donation of £1,159.66

Pain Reduction Using Ultrasound



All Botox treatment at RPH will now be ultrasound guided for improved efficacy, safety and patient comfort thanks to two new portable butterfly ultrasound machines at a cost of £14,000

Raised £1.2m in 2025/26

Bladder Scanner in Urology



Men suffering from Lower Urinary Tract Symptoms have a new ally in a highly specialised mobile bladder scanner at Chorley and South Ribble Hospital Urology thanks to over £11,000 funds donated by the Farleys Foundation

BCON Specialist Radiotherapy



Of the UK's 62 specialist cancer treatment centres, in January Rosemere Cancer Centre became just the sixth able to offer Bladder Carbogen and Nicotinamide (BCON) radiotherapy thanks to charitable donations

Less Invasive Breast Treatment



Patients from Preston and Chorley, who would have been admitted into theatre for surgery to remove suspicious breast lesions and small breast tumours, may now be able to be treated on an outpatient basis thanks to new equipment bought for the Central Lancashire Breast Unit

Vein-Finding Ultrasound in Research Facility



A vein-finding ultrasound scanner will help the team at the Royal Preston Hospital-based Lancashire Clinical Research Facility recruit, retain and treat cancer patients who have volunteered to take part in clinical trials of experimental and new medicines.



Working Collaboratively

One LSC
Together

NHS
Lancashire and
South Cumbria
Integrated Care Board





Financial Review 2025/2026

Presented by Craig Carter, Chief Financial Officer



Statement of 2025/26 Comprehensive Income

	2025/26	2024/25	Movement	
	£m	£m	£m	%
Operating income from patient care	815.8	779.5	36.3	4.7%
Other operating income	127.6	87.0	40.6	46.7%
Operating expenses	-970.2	-916.0	-54.2	5.9%
Operating surplus/(deficit) from operations	-26.8	-49.5	22.7	-45.9%
Finance income	1.5	2.6	-1.1	-42.3%
Finance expenses	-0.9	-1.2	0.3	-25.0%
PDC dividends payable	-10.3	-9.6	-0.7	7.3%
Net finance costs	-9.7	-8.2	-1.5	18.3%
Other gains/(losses)	-0.1	0.0	-0.1	
Deficit for the year	-36.6	-57.7	21.1	-36.6%

The statutory accounts report an improved position in 25/26, with the trusts deficit moving from £57.7m in 24/25 to £36.6m.

This is predominately driven by recurrent delivery of the waste reduction target.



Adjusted Financial Performance 2025/26

Adjusted financial performance

Deficit for the year
Add back income and expenditure impairments
Add back losses on transfers by absorption
Remove net donated income
Remove DHSC centrally procured inventories (donated)
Revised trading surplus / (deficit)

2025/26	2024/25
£000	£000
(36,461)	(57,712)
24,436	21,491
	0
(1,630)	(24)
	0
(13,655)	(36,245)

The statutory accounts include items of income and expenditure which are outside the control of the trust and therefore the figures are adjusted for NHS performance reporting. This is referred to as the **control total** and the figure is agreed with NHSE.

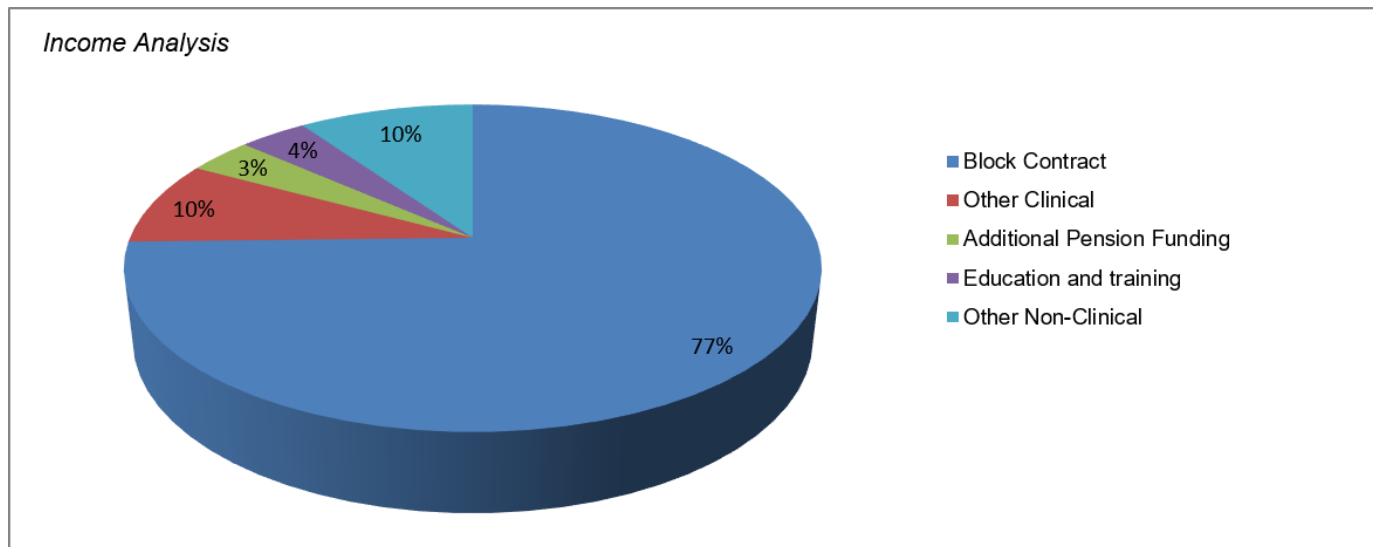
This can be seen on the table opposite.

In 25/26 the trusts control total was amended to reflect; the waste recovery plan target not being delivered, financial consequences of industrial action and pay awards above original plan.



Whole Time Equivalent (WTE) and Pay Cost by Staff Group

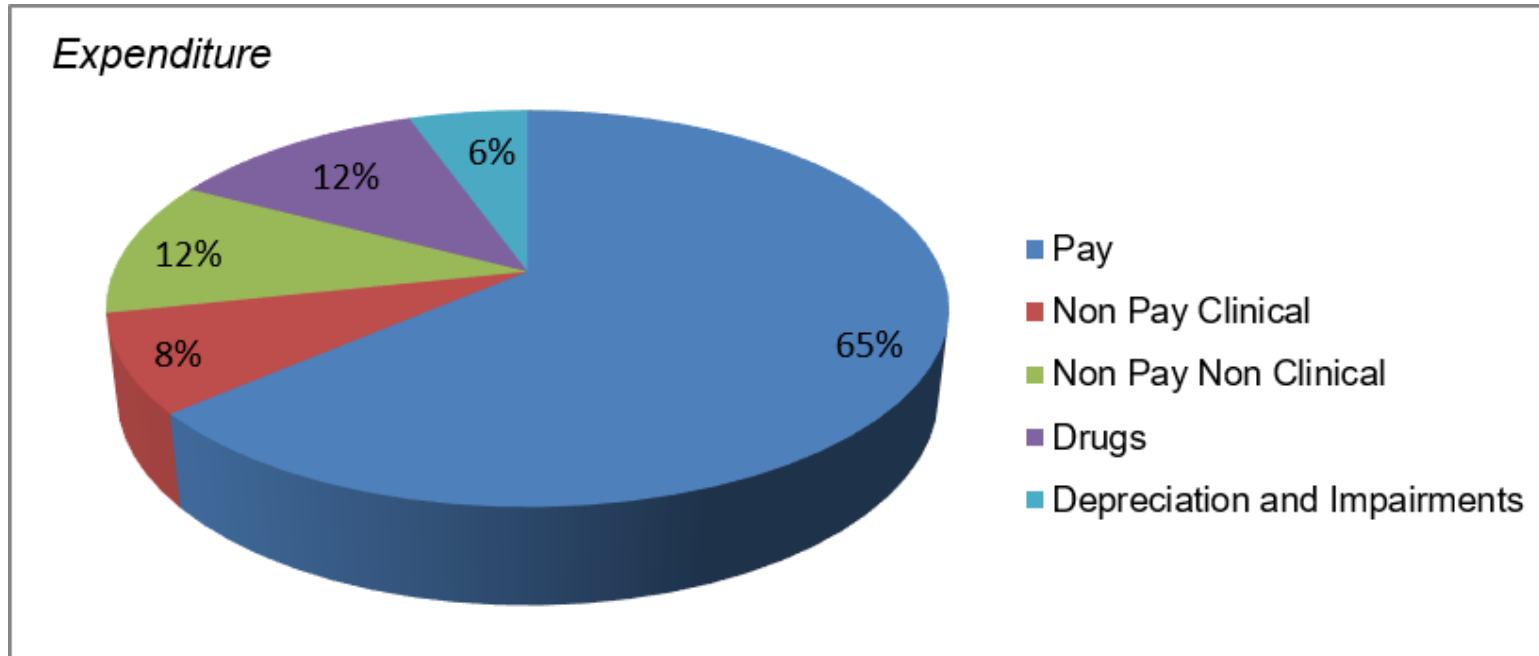
Staff Group	2025-26		2024-25		Movement 2024-25 to 2025-26		
	WTE	Pay £m	WTE	Pay £m	WTE	WTE %	Pay £m
Medical and Dental	1,219	175.54	1,207	168.29	12	1%	7.25
Nursing and Midwifery	2,787	211.43	2,885	209.14	-98	-3%	2.29
Clinical support roles	3,102	92.37	3,267	84.02	-164	-5%	8.35
Admin, Managerial Estate & Ancillary	2,283	104.80	2,405	102.43	-122	-5%	2.37
Total	9,391	584.14	9,764	563.88	-373	0	20
Additional Pension contributions		33.75		34.30			
Total		617.89		598.18			



Income category	£000
Block Contract	704,051
Other Clinical	78,575
Additional Pension Funding	33,751
Education and training	35,475
Other Non-Clinical	91,617
	943,469

- Operating income for 2025/26 was £943m compared to £867m in 2024/25

Expenditure 2025-26



Expenditure Category	£000
Pay	617,894
Non Pay Clinical	77,462
Non Pay Non Clinical	107,133
Drugs	114,581
Depreciation and Impairments	53,102
	970,172

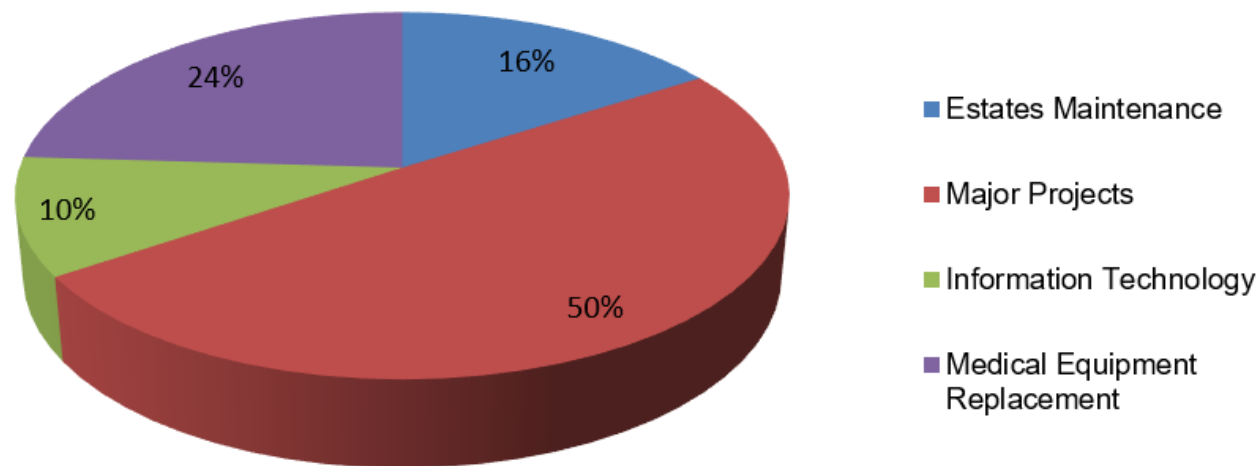
- Operating expenditure for 2025/26 was £970m compared to £916m in 2024/25

Capital Expenditure 2025-26

Capital expenditure for the year was £59m

The same as in 2024/25

Capital Expenditure



* Major projects include NHP £19.0m, Ward and Theatre refurbishment £3.6m, Decarbonisation £1.9m and Histopathology £2.4m.

** Medical equipment includes £5.5m for 2 Linac replacements, £1.2m for a CT replacement, and £7.6m on replacement of lower value equipment.



Council Overview

Presented by Graham Robinson – Lead Governor

Appointed Governors



Michelle Brown



Lou Jackson



Daniel Matchett



Suleman Sarwar

Public Governors



Pav Akhtar



Takhsin Akhtar



George Bailey



Susan Bailey



Linda Bracewell



Sheila Brennan



Darrell Brooks



Phil Curwen



Ian Facer



Graham Fullarton



Angela Kos



Terry Lindsay



Zulekha Mushtaq



Carole Oldcorn



Enid Povey



Graham Robinson



Christine Turner



Tim Young

Staff Governors



Sheila Beale



Sonia Connell



Ian Linacre



George-Adrian Rata



Tom Ramsay





Care Closer to Home, Helping People Stay Well

Claire Granato – Chief Allied Health Professional (LTH)

Leasa Fish – Consultant Physiotherapist (LSCFT)

What Does “Care Closer to Home” Mean?

"Many people tell us they would prefer to receive care at home or closer to where they live whenever it is safe and appropriate."



Our aim is simple:

- Helping people stay well for longer
- Providing support earlier
- Offering more care in local communities and at home
- Reducing unnecessary hospital visits
- Making sure hospital care is available when it is most needed



To make this successful we need to work closely and collaboratively with partner organisations in Central Lancashire

Right Care, in the Right Place, at the Right Time

Staying healthy and preventing illness



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graph TD; A[Staying healthy and preventing illness] --> B[Early support when problems start]; B --> C[Local community services]; C --> D[Specialist support closer to home]; D --> E[Hospital care only when needed];
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Early support when problems start

Local community services

Specialist support closer to home

Hospital care only when needed

Supporting Older People to Live Well



Why Change is Needed?

- More people are living longer
- More people are living with long-term health conditions
- Hospitals are busier than ever
- Hospitals are designed for acute and specialist care, many people waiting in hospital require other services such as rehabilitation, social care, long-term condition support – which are best delivered in the community
- We need services to work better together

Neighbourhoods – Working Together in Local Communities

A 'neighbourhood' is a local population of around 30,000–50,000 people where health, social care, community, voluntary and hospital services work together as one team to support local residents.

They enable care closer to home.



More than a geographical area... a way of organising services around people who live there



Joined up services, closer to home



A more personalised approach



Strong partnerships with a shared purpose

What Does a Neighbourhood Team Include?

Local people. Local services. Working together.



What Benefits Could Local People See?

**Faster access to
support**

**Prevention and
wellbeing
services**

**More care
delivered at
home**

**Fewer avoidable
hospital visits**

**Reduced health
inequalities**

**Better health
outcomes**

**More hospital
capacity for
those needing it**

**Being
seen/treated as
a whole person**

**Improved
experience**

What Are We Focusing on This Year?

Broadoaks Child Development Centre

- Co-locating more services
- Improved facilities



Hospice at Home



- More people's preferred place of death is home or the hospice

Frailty

- NHS England's improvement collaborative
- Central Lancashire partnership working



Health and Leisure



- Physiotherapy pilots
- Shared spaces for the future
- Prevention and well being focus

2026 Annual Members Meeting

Less Waiting, More Healthy Days

Lancashire Teaching Hospitals NHS Foundation Trust



How We Are Doing

The headlines on waiting times and care – September 2025 to August 2026

THE HEADLINES	72.6%	60,489	82.9%	75.5%
	seen and treated in A&E within 4 hours	people waiting for planned treatment	told their cancer result within 28 days	had their test within 6 weeks



A&E Urgent care

+3.5% Seen in A&E within 4 hours

69.1% Sept 25 to 72.6% Aug 26

+10.4% Admitted to a bed within 4 hours

35.1% Sept 25 to 45.5% Aug 26

28.1% Waited over 12 hours for a bed

down from 39.8% in Sept 25

45.3% Treated same day, no overnight stay

up from 38.7% in Sept 25



WAITING Planned treatment

-4,090 Fewer people on the waiting list

64,579 July 25 to 60,489 July 26

362 People waiting more than a year

down from 2,035 in July 25

58.9% Treated within 18 weeks

up from 54.5% in July 25

The waiting list is getting smaller, very long waits are falling fast and more people are treated within 18 weeks.



CANCER Tests and treatment

82.9% Cancer result within 28 days

up from 79.9% in July 25

75.0% Cancer treatment within 62 days

up from 67.4% in July 25

89.4% Treatment within 31 days

July 26 – on track for 94% by Dec 26

Cancer care keeps improving year on year, with treatment within 31 days heading for 94% by December 2026.



TESTS Scans and tests

75.5% Tests done within 6 weeks

up from 47.4% in Dec 24 (Aug 26)

Improvement by test

69.0% Colonoscopy

67.5% Flexible sigmoidoscopy

64.5% Gastroscopy

62.8% Echo

40.2% Sleep studies

WHAT MAKES THIS POSSIBLE

- ✓ Clear leadership and priorities
- ✓ Always improving quality
- ✓ Better use of data and technology
- ✓ Listening to patients and colleagues
- ✓ Kindness, respect and teamwork

WHAT IT MEANS

Better care • Shorter waits • Answers sooner • Stronger local partnerships

WHEN YOU NEED US URGENTLY – A&E

SEEN SOONER • DECISIONS FASTER • HOME QUICKER

A&E has got steadily better for 18 months, and the biggest difference is for people who need a hospital bed.

1

SEEN WITHIN 4 HOURS
69.1% up to 72.6% in a year

2

ADMITTED WITHIN 4 HOURS
35.1% up to 45.5% in a year

3

LONG WAITS FOR A BED
39.8% down to 28.1% in a year

4

SAME-DAY TREATMENT
38.7% up to 45.3% same-day

WHAT WE HAVE CHANGED

More people are seen within four hours, and long waits for a bed have fallen from 39.8% to 28.1%. That comes from more same-day treatment, sending you to the right team as soon as you arrive, and moving people through the hospital more smoothly.

WHAT IT MEANS Shorter waits • Fewer long waits for a bed • More same-day care • A bed sooner when you need one

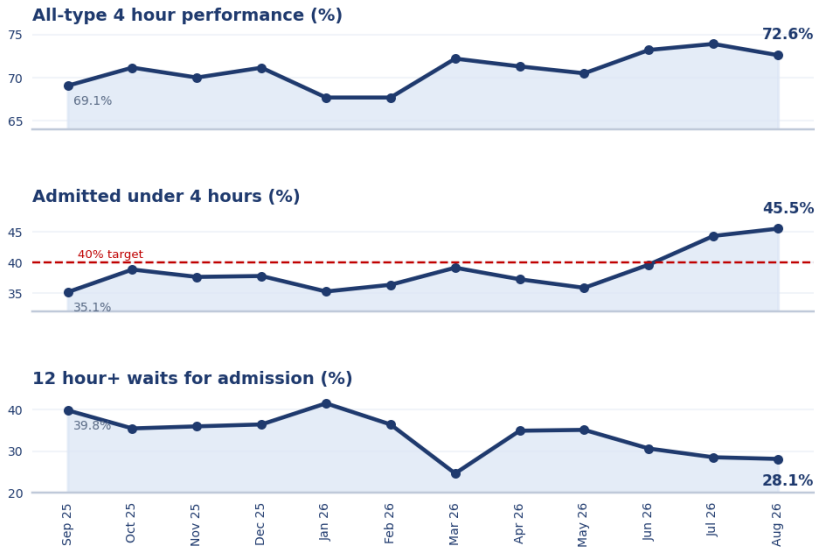
SAME-DAY EMERGENCY CARE Nearly half of urgent patients now go home the same day.

THE RIGHT TEAM, FIRST TIME You go to the right team as soon as you arrive.

MOVING THROUGH THE HOSPITAL Fewer people waiting in a side room for a bed.

ARRIVING BY AMBULANCE 9 in 10 handed over to A&E within an hour.

HOW A&E WAITS HAVE CHANGED OVER 12 MONTHS



35.1% → 45.5%

More than four in ten people who need a bed are now admitted within four hours, up from around three in ten a year ago.

NEXT: MORE SAME-DAY CARE • FEWER 12 HOUR WAITS • FASTER AMBULANCE HANDOVERS • A STRONGER WINTER • NO MORE CARE IN CORRIDORS

EXTENDED EMERGENCY MEDICINE AMBULATORY CARE (EEMAC)

THE SINGLE FRONT DOOR FOR SAME DAY EMERGENCY CARE

EEMAC provides extended management by emergency medicine clinicians for adult patients who are unlikely to need an inpatient bed but require timely senior decision making and diagnostics.



Lancashire Teaching
Hospitals
NHS Foundation Trust



SAME DAY CARE

Discharge within
8 hours



SENIOR CLINICAL DECISION MAKING

By Emergency Medicine
clinicians



AVOIDING ADMISSION

Right care, right place,
first time



BETTER OUTCOMES

Improved patient
experience and flow

THE EEMAC PATIENT JOURNEY



RAT / INITIAL ASSESSMENT

Patient arrives via ED. Rapid Assessment & Triage (RAT) undertaken to identify patients suitable for EEMAC based on inclusion & exclusion criteria.

- Seen and assessed quickly
- EEMAC criteria applied



SENIOR DECISION MAKER REVIEW

Senior Emergency Medicine clinician reviews the patient, confirms suitability for EEMAC and agrees the initial plan.

- Senior clinical oversight
- Clear plan agreed



DIAGNOSTICS & TREATMENT

Patients receive investigations, diagnostics and treatment as required in the EEMAC unit.

- Timely diagnostics
- Treatment under ED clinicians



OBSERVATION & MONITORING

Patients are monitored and reviewed as needed to track progress and response to treatment.

- Ongoing monitoring
- Responsive reviews



DISCHARGE DECISION

Senior clinician confirms patient can be safely discharged within 8 hours of transfer to EEMAC.

- Safe same day discharge
- Admission avoided



EDD DOCUMENTED & PATIENT DISCHARGED

Expected Date of Discharge (EDD) documented. Discharge summary, advice and follow up arranged.

- Clear plan for patient
- Follow up in place

HOW WE IMPLEMENT EEMAC SUCCESSFULLY



Define the role and desired outcomes of EEMAC



Ensure a clear model of Emergency Medicine, purpose and direction of travel



Promote multidisciplinary collaboration across local service teams



Define clear patient pathways aligned to inclusion and exclusion criteria



Design the estate to optimise patient flow and comfort



Establish a dedicated staffing model with appropriate clinical leadership



Implement robust data recording and evaluate performance

CORE PRINCIPLES

- ✓ Adult patients only
- ✓ Expected discharge within 8 hours of transfer to EEMAC
- ✓ Managed by Emergency Medicine clinicians
- ✓ Aligned to Same Day Emergency Care (SDEC) principles
- ✓ Right care, right place, first time – avoiding unnecessary admission
- ✓ Senior clinical decision making at every stage
- ✓ Excellent patient experience and communication
- ✓ Robust data capture and continuous improvement

BENEFITS OF EEMAC



Improved patient experience and outcomes



Reduced waiting times in ED



Avoided admissions and better use of inpatient beds



Better flow across the hospital



Right care, right place, first time



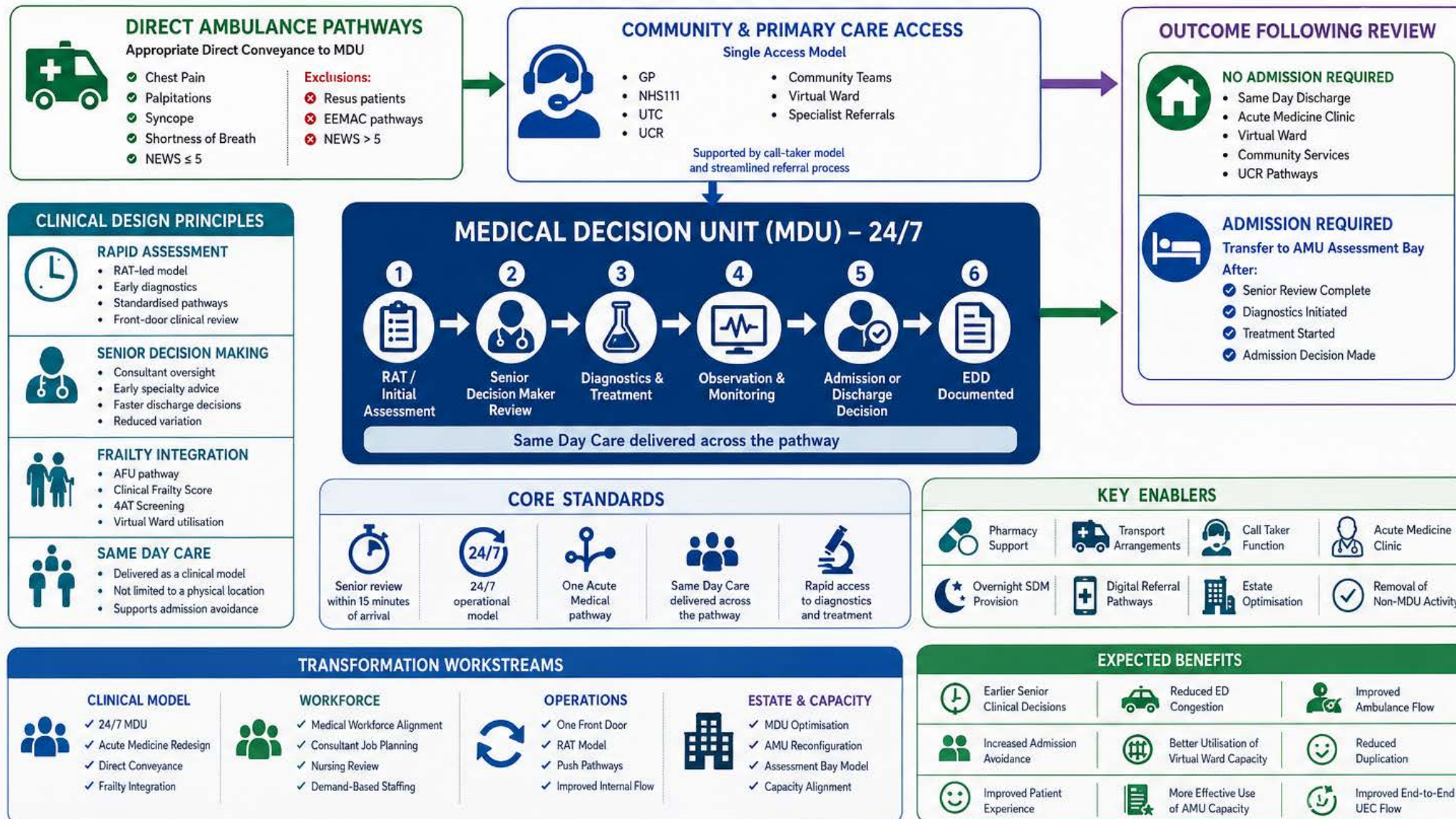
CARING FOR YOU,
CLOSE TO HOME

Improving Care Together

#RightCareRightPlace



THE SINGLE FRONT DOOR FOR ACUTE MEDICINE



BETTER CARE FOR OLDER PEOPLE (FRAILITY)

THE RIGHT CARE, FROM THE RIGHT PERSON, AT THE RIGHT TIME AND PLACE

Hospital, community and social care teams working as one, so older people are seen sooner and get home safely.

1

SPOTTED SOONER
Extra support spotted straight away

2

ONE TEAM, ONE PLAN
Hospital and community teams meet daily

3

HOME WHERE POSSIBLE
Staying at home when that is safer for you

4

LESS TIME IN A&E
Far fewer long waits before a bed

WHAT WE HAVE CHANGED

Central Lancashire is one of only seven places in the country chosen to develop better care for older people, working across hospitals, community services, social care and local charities.

WHAT IT MEANS Better care • More support closer to home • Fewer unnecessary hospital stays • Teams joined up around you

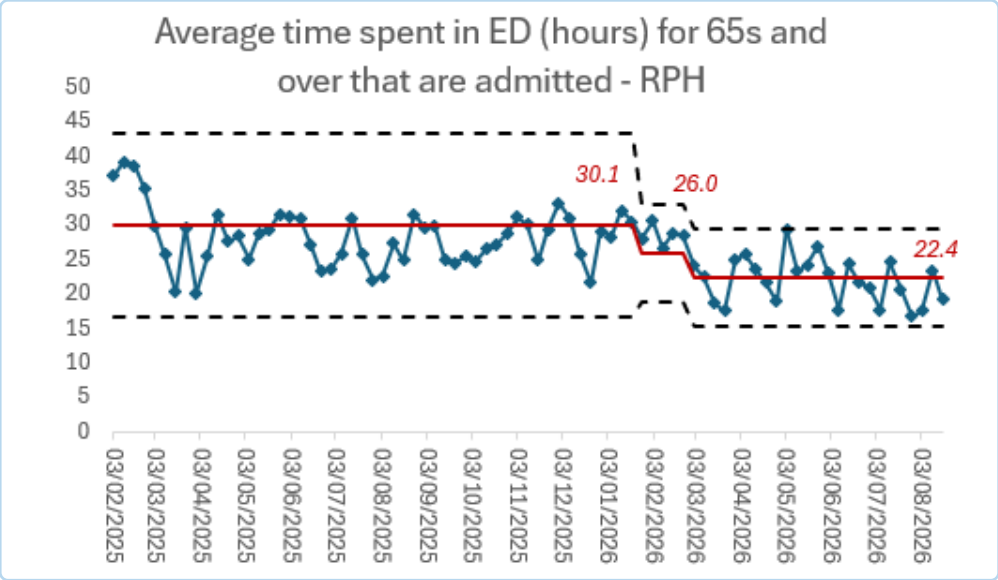
SPECIALIST UNIT FOR OLDER PEOPLE Expert assessment and quick decisions.

SPECIALIST TEAM IN A&E Early assessment and a plan to get you home.

A DAILY TEAM MEETING All services meet daily to sort out delays.

SUPPORT ONCE YOU ARE HOME Virtual ward and follow-up care at home.

TIME IN A&E FOR PATIENTS AGED 65 AND OVER



30.0 → 21.2 hours

People aged 65 and over now spend almost nine hours less in A&E before reaching a ward, with family beside them sooner.

YEAR 2: THE SAME APPROACH EVERYWHERE • MORE SPECIALIST ASSESSMENT • STRONGER CARE AT HOME • SHARED MEASURES ACROSS SERVICES

WAITING FOR PLANNED TREATMENT (REFERAL TO TREATMENT TIME or RTT)



Lancashire Teaching
Hospitals
NHS Foundation Trust

SHORTER LISTS • FAR FEWER LONG WAITS • MORE PEOPLE TREATED ON TIME

The waiting list has turned a corner, with the biggest fall in long waits for several years.

1

PEOPLE WAITING

64,579 down to 62,317

2

WAITING OVER A YEAR

2,158 down to 364 (-83%)

3

TREATED WITHIN 18 WEEKS

Up from 54.5% to 60.0%

4

SINCE THE PEAK

4,255 fewer since Jan 2026

WHAT WE HAVE CHANGED

The list peaked at 66,572 in January 2026 and has fallen to 62,317. Six in ten people are now treated within 18 weeks, the best since 2024.

WHAT IT MEANS

A shorter list • Nobody waiting over a year • More people treated within 18 weeks • Accurate, up-to-date lists



KEEPING LISTS ACCURATE

Checking every list so nobody is overlooked.



FOCUS ON THE LONGEST WAITS

Anyone nearing a year is reviewed every week.



BEST USE OF OPERATING THEATRES

More operations from the same theatre time.



APPOINTMENTS THAT SUIT YOU

Follow-up when you need it, not just routinely.

HOW WAITING HAS CHANGED

Waiting list size



18 week performance (%)



Patients waiting 52+ weeks



2,158 → 364

The number of people waiting more than a year has fallen by 83%, the biggest drop in long waits since the pandemic.

NEXT: KEEP THE LIST FALLING • END WAITS OVER A YEAR • TREAT 7 IN 10 WITHIN 18 WEEKS • MORE CAPACITY FOR OPERATIONS

CANCER CARE

TESTS SOONER • TREATMENT SOONER

Both national cancer standards have improved over 18 months and are now better than the national targets.

1

RESULT WITHIN 28 DAYS
Up from 79.9% to 82.9%

2

TREATMENT WITHIN 62 DAYS
Up from 67.4% to 75.0%

3

BETTER THAN TARGET
Above the 75% and 70% national standards

4

TREATMENT WITHIN 31 DAYS
Consistently above 90%

WHAT WE HAVE CHANGED

More than 8 in 10 people now find out whether they have cancer within 28 days, and three quarters start treatment within 62 days. It is our best sustained position for years.

WHAT IT MEANS Answers sooner • Fewer long waits • Straight to test • Treatment started earlier

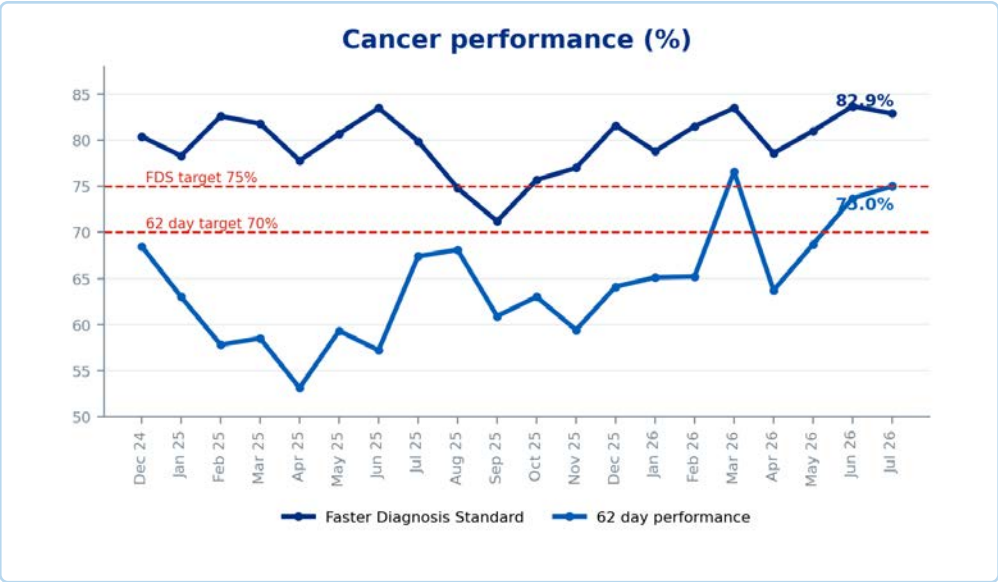
 **STRAIGHT TO TEST** Booked straight for your test, with no appointment first.

 **NOBODY LOST IN THE SYSTEM** Everyone's progress is checked every day.

 **MORE TESTS AVAILABLE** More scan and camera test appointments.

 **PROTECTED TREATMENT TIME** Surgery and cancer drug treatment kept protected.

HOW CANCER WAITS HAVE CHANGED



67.4% → 75.0%

Three quarters of people now start cancer treatment within 62 days, up from two thirds a year ago, when every day counts.

NEXT: KEEP RESULTS INSIDE 28 DAYS • STAY ABOVE THE 62 DAY STANDARD • REACH 94% TREATED WITHIN 31 DAYS • MORE STRAIGHT-TO-TEST

DIAGNOSTICS (DM01) SCANS AND TESTS

TESTS SOONER • RESULTS SOONER • ANSWERS SOONER

Waits for tests have improved six months in a row and are the shortest we have ever recorded.

1

TESTED WITHIN 6 WEEKS
47.4% up to 75.5% since Dec 24

2

IN THE LAST YEAR
Up from 59.3% to 75.5%

3

CAMERA TESTS
Bowel 69.0%, stomach 64.5%

4

HEART AND SLEEP TESTS
Heart 62.8%, sleep 40.2%

WHAT WE HAVE CHANGED

Three quarters of people now have their test within six weeks, up from under half in December 2024. Camera tests and heart scans have improved the most.

WHAT IT MEANS Your test within 6 weeks • More appointments • Longer opening hours • Tests closer to home

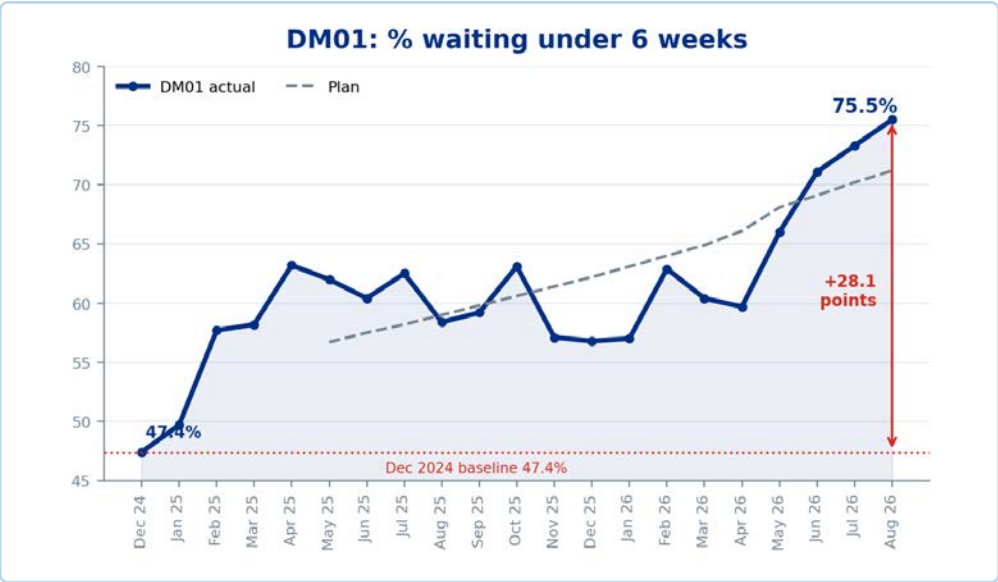
MORE CAMERA TESTS Lower bowel test waits improved by 67.5%.

MORE SCANS 96.4% of MRI scans now happen within six weeks.

HEART TESTS Waits for heart scans are much shorter.

SLEEP AND BREATHING TESTS Sleep study waits improved by 40.2%.

HOW TEST WAITS HAVE CHANGED



47.4% → 75.5%

28 more people in every 100 now get their test within six weeks compared with December 2024, so the anxious wait is shorter.

NEXT: HOLD ON TO THE GAINS • MORE TESTS CLOSER TO HOME • SHORTER WAITS FOR EVERY TEST • ALMOST EVERYONE SEEN WITHIN 6 WEEKS

ENDOSCOPY (CAMERA TESTS) HOW WE IMPROVED

CLOSE ATTENTION • INVESTMENT • A NEW WAY OF WORKING

A steady, deliberate effort turned our weakest test service into one of our strongest.

1

CLOSE ATTENTION

Every long wait checked every week

2

INVESTMENT

New rooms, equipment and staff

3

A NEW WAY OF WORKING

Appointments redesigned

4

THE RESULT

From 17.3% to 97.4% in 20 months

WHAT WE HAVE CHANGED

The turnaround came from close weekly attention, investing in more rooms, equipment and staff, and changing how the service works, all at the same time.

WHAT IT MEANS Your test sooner • Answers sooner • Less anxious waiting • Cancer found earlier



CLOSE WEEKLY ATTENTION Leaders review every long wait each week.



NEW ROOMS AND EQUIPMENT More places for tests to happen.

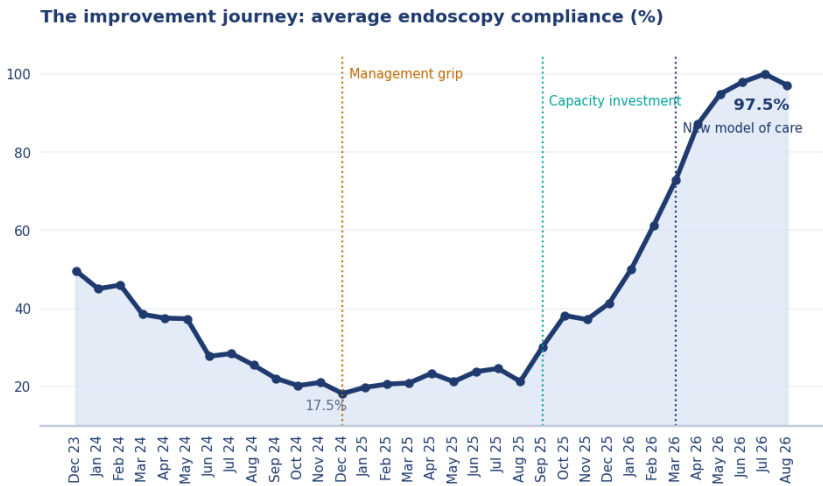


MORE APPOINTMENTS Extra lists, evenings and weekend staffing.



A NEW WAY OF WORKING Specialist nurses and straight-to-test booking.

FROM OUR WEAKEST SERVICE TO ONE OF OUR BEST



20 MONTHS

Camera tests went from around 17 in every 100 people seen on time in December 2024 to more than 97 in every 100 by August 2026.

NEXT: KEEP THE NEW WAY OF WORKING • HOLD THE EXTRA CAPACITY • KEEP CHECKING EVERY WEEK • SHARE WHAT WE HAVE LEARNED

ENDOSCOPY (CAMERA TESTS) – WHERE WE ARE NOW

FAR FEWER LONG WAITS • TESTS SOONER • ANSWERS SOONER

Camera tests have gone from our weakest area to almost everyone seen on time, in twenty months.

1

BOWEL CAMERA TEST
17.3% to 97.4% within 6 weeks

2

LOWER BOWEL TEST
20.5% to 97.0% within 6 weeks

3

STOMACH CAMERA TEST
16.8% to 97.0% within 6 weeks

4

LONG WAITS
Long waits 82.7% down to 2.6%

WHAT WE HAVE CHANGED

In December 2024, more than 8 in 10 people waited over six weeks for a camera test. Today it is fewer than 3 in every 100.

WHAT IT MEANS Almost no long waits • Keeping it that way • Cancer found earlier • Enough appointments for everyone

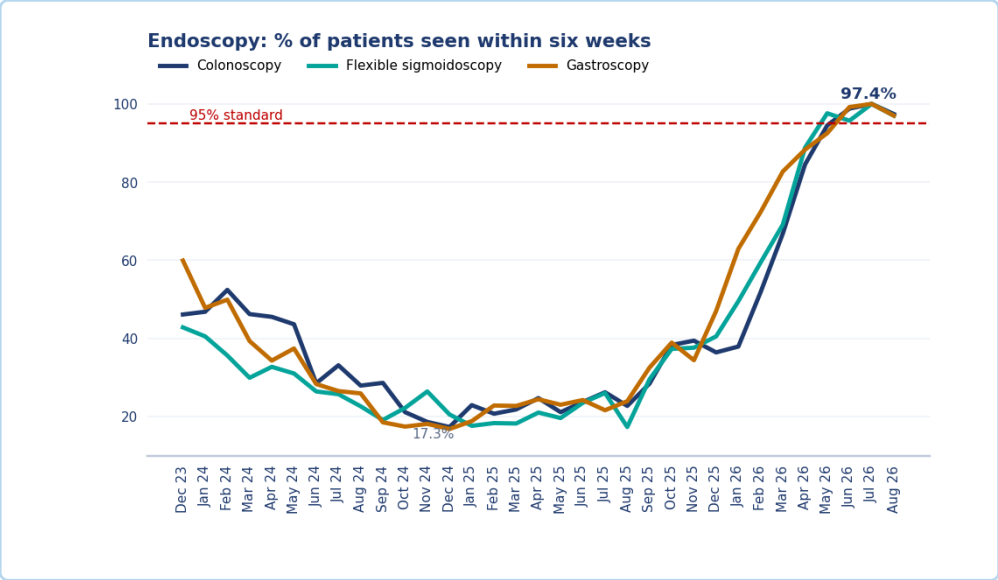
MORE APPOINTMENTS Extra lists, weekends and longer days.

EXTRA HELP BROUGHT IN More appointments arranged quickly.

QUALITY KEPT HIGH National quality standards held as we did more.

NOBODY FORGOTTEN Everyone waiting longest is checked weekly.

PEOPLE SEEN WITHIN SIX WEEKS



17.3% → 97.4%

Bowel camera test waits improved by 80 percentage points since December 2024, with the other camera tests close behind.

NEXT: KEEP ABOVE 97% • HOLD LONG WAITS NEAR ZERO • PROTECT CANCER TESTS • KEEP THE NEW WAY OF WORKING

What This Means for You and Your Family

Behind every number is a person home sooner, a family worry lifted, and ordinary days handed back where they should be.

1,673 fewer people waiting over a year

Around 150,000 days of pain, worry and lost normal life given back to local families.

8.8 hours less in A&E for older patients

Patients aged 65 and over now reach a ward far sooner, with family beside them.

28 more people in every 100 tested within six weeks

Answers arrive quicker, so the anxious wait to find out is much shorter.

Nearly 8 more in every 100 treated for cancer on time

Treatment within 62 days, when every single day counts most for patients and families.

Fewer days waiting. More days living.

Improving Care Together





THANK YOU !



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