

Foundation Group Boards

Wed 05 February 2025, 13:30 - 16:40

via Microsoft Teams

Agenda

1. Apologies for Absence


Neil Cook (Chief Finance Officer WAHT, Jo Kirwan deputising), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Julian Berlet deputising), Simon Page (Vice Chair SWFT) and Grace Quantock (NED WVT).

2. Declarations of Interest

13:30 - 13:35 *Russell Hardy*

3. Minutes of the Meeting held on 6 November 2024

13:35 - 13:40 *Russell Hardy*

 Agenda Item 3 - Minutes of the Meeting held on 6 November 2024.pdf (15 pages)

4. Matters Arising and Actions Update Report

13:40 - 13:45 *Russell Hardy*

 Agenda Item 4 - Matters Arising and Actions Update Report.pdf (1 pages)

5. Overview of Big Moves and Key Discussions from the Foundation Group Boards Workshop

13:45 - 13:50 *Russell Hardy / Glen Burley*

6. Performance Review and Updates

6.1. Foundation Group Performance Report

13:50 - 14:15 *Managing Directors*

 Agenda Item 6.1 - Foundation Group Performance Report.pdf (30 pages)

6.2. Diagnostics Deep Dive

14:15 - 14:30 *Chief Operating Officers / Chief Medical Officers*

 Agenda Item 6.2 - Diagnostics Deep Dive.pdf (13 pages)

6.3. Emergency Department Benchmarking

14:30 - 14:45 *Chief Operating Officers / Chief Finance Officers*

 Agenda Item 6.3 - ED Benchmarking.pdf (9 pages)

6.4. Equality, Diversity and Inclusion Update

14:45 - 15:00 *Chief People Officers*

📄 Agenda Item 6.4 - EDI Update.pdf (12 pages)

7. Items for Approval

7.1. Foundation Group Boards Schedule of Business for Approval

15:00 - 15:05 *Russell Hardy*

📄 Agenda Item 7.1 - FGB SoB for Approval.pdf (3 pages)

7.2. Annual Review of Board Committee Terms of Reference

15:05 - 15:10 *Sarah Collett / Gwenny Scott*

📄 Agenda Item 7.2 - Annual Review of Board Committee ToR.pdf (19 pages)

8. Items for Information

8.1. Foundation Group Strategy Committee Report from the Meeting on the 17 December 2024

15:10 - 15:15 *Russell Hardy*

📄 Agenda Item 8.1 - FGSC Report from the 17 December 2024.pdf (5 pages)

9. Any Other Business

15:15 - 15:20

10. Questions from Members of the Public and SWFT Governors

15:20 - 15:30 *Sarah Collett / Gwenny Scott*

Adjournment to Discuss Matters of a Confidential Nature

11. Apologies for Absence

Neil Cook (Chief Finance Officer WAHT, Jo Kirwan deputising), Simone Jordan (NED GEH), David Moon (Group Strategic Financial Advisor), Jo Newton (Chief Strategy Officer WAHT, Julian Berlet deputising), Simon Page (Vice Chair SWFT) and Grace Quantock (NED WVT).

12. Declarations of Interest

15:45 - 15:50 *Russell Hardy*

13. Confidential Minutes of the Meeting held on 6 November 2024

15:50 - 15:55 *Russell Hardy*

14. Confidential Matters Arising and Actions Update Report

15:55 - 16:00 *Russell Hardy*

📄 Agenda Item 14 - Confidential Matters Arising and Actions Update Report.pdf (1 pages)

15. Confidential Items for Approval

15.1. Appointment of External Auditors

16:00 - 16:30 *Robert White / Nicola Twigg / Colin Horwath*

📄 Agenda Item 15.1 - Appointment of External Auditors.pdf (5 pages)

16. Confidential Items for Information

16.1. Foundation Group Strategy Committee Minutes from the Meeting held on 16 July 2024

16:30 - 16:35 *Russell Hardy*

📄 Agenda Item 16.1 - FGSC Minutes from the 16 July 2024.pdf (14 pages)

17. Any Other Confidential Business

16:35 - 16:40

18. Date and Time of the Next Meeting

The next Foundation Group Boards meeting will be held on Wednesday 7 May 2025 at 13:30 via Microsoft Teams.

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

**Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 6 November 2024 at 1.30pm via Microsoft Teams**

GEH, SWFT, WAHT and WVT make up the Foundation Group. Every quarter they meet in parallel for a joint Boards meeting. It is important to note that each Board is acting in accordance with its Standing Orders.

Present:

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Acting Chief Medical Officer WAHT (present from Minute 24.086)
Glen Burley	(GB)	Group Chief Executive
Stephen Collman	(SC)	Managing Director WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Acting Managing Director SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Sharon Hill	(SH)	NED WVT
Julie Houlder	(JH)	NED and Vice Chair GEH
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Jennie Bannon	(JBa)	Acting Chief Strategy Officer SWFT
Rebecca Bourne	(RB)	Head of Communications WAHT
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT

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In attendance (continued)

John Burnett	(JBU)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Jack Foster	(JF)	Associate Chief Operating Officer SWFT (deputising for Chief Operating Officer SWFT)
Oli Hiscoe	(OH)	ANED SWFT
Emma King	(EK)	Deputy Director of Estates and Facilities WAHT (deputising for Chief Strategy Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for Chief Finance Officer WVT)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH/SWFT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gweny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Sue Sinclair	(SSi)	ANED WAHT (present from Minute 24.085)
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

There were four SWFT Governors also in attendance.

MINUTE
24.079

APOLOGIES FOR ABSENCE

Apologies for absence were received from: Fiona Burton, Chief Nursing Officer SWFT; Tony Bramley, NED WAHT; Adam Carson, Managing Director SWFT; Richard Haynes, Director of Communications WAHT; Lucy Flanagan, Chief Nursing Officer WVT; Harkamal Heran, Chief Operating Officer SWFT; Simone Jordan, NED GEH; Helen Lancaster, Chief Operating Officer WAHT; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor, Dame Julie Moore, NED WAHT; Alex Moran, ANED WAHT; Jo Newton, Chief Strategy Officer WAHT; and Katie Osmond, Chief Finance Officer WVT.

ACTION

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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<u>MINUTE</u>		<u>ACTION</u>
	<p><u>Resolved</u> – that the position be noted.</p>	
24.080	<p><u>DECLARATIONS OF INTEREST</u></p> <p>The Acting Chief Nursing Officer for SWFT declared that she was married to a Consultant Anaesthetist at SWFT.</p> <p>The Chief Finance Officer for SWFT declared that she had recently been appointed as Chair of the Management Board for 360 Assurance which was the Trust's Internal Audit Service.</p> <p>Simon Murphy, NED and Deputy Chair WAHT, declared that he had been appointed as a Trustee of the Regional Advisory Board in the West Midlands for the Canal and River Trust.</p> <p>Bharti Patel, AED SWFT, declared that she recently accepted a role as NED for Castleman Healthcare Limited.</p> <p>The Group Chair declared that he had stepped down as Chair of Cherished UK.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.081	<p><u>PUBLIC MINUTES OF THE MEETING HELD ON 7 AUGUST 2024</u></p> <p><u>Resolved</u> – that the public Minutes of the Foundation Group Boards meeting held on 7 August 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.</p>	
24.082	<p><u>MATTERS ARISING AND ACTIONS UPDATE REPORT</u></p>	
24.082.01	<p><u>Foundation Group Performance Report (Minutes 23.058, 23.080.01, 24.007.02, 24.035.01 and 24.061.01 refers)</u></p> <p>The Managing Director for GEH informed the Foundation Group Boards that GEH had completed an audit on data collection to understand why GEH were showing as outliers for Cancer diagnoses from Emergency Department (ED) attendance. The report had identified that there was an inaccuracy in the GEH data collection process. This led to a revised process being implemented and the subsequent outcomes would be monitored through the GEH Cancer Board as a standing assurance item and would go quarterly through their Operational Quality and Safety Group and the Trust's Quality Assurance Committee.</p> <p><u>Resolved</u> – that the position be noted.</p>	
24.083	<p><u>OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP</u></p>	

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The Group Chair provided an overview of the key discussions at the Foundation Group Boards Workshop earlier that day, focusing particularly on the Foundation Groups 'Big Moves' on Carbon Reduction and Home First. There were also sessions on Sustainability, led by Richard Spencer from E-On Energy Solutions, and Su Rollason the Chief Finance Officer at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), where she shared a presentation on the learnings from their Electronic Patient Records (EPR) system.

Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.

24.084

FOUNDATION GROUP PERFORMANCE REPORT

The Managing Director for WVT provided an overview of WVT's performance. She explained that the Trust's area of concern remained around the congestion within ED, however there was also challenges with Productivity. The Trust had made good progress with the utilisation of outpatient clinics, which had gone from under 80% to 90%, however Patient Initiated Follow Ups (PIFU) remained challenged. The Managing Director for WVT explained that at the end of November 2024, there was going to be a significant change to the Trust's EPR which would result in more specialities being able to offer PIFU and therefore improvement in this area. The Managing Director for WVT informed the Foundation Group Boards that Theatre productivity had improved, with the Trust hitting 80% utilisation, however more importantly the cases per list had also improved from 3.2 patients per list on average to 3.8 patients per list on average. She highlighted that the number of patients waiting over 52-weeks for surgery had halved in the last twelve months and was on track to half again by the end of 2024/25 to five-hundred patients. It was important to note that this was still a lot of patients, however was a significant improvement. The Managing Director for WVT explained that WVT had seen some solid performance around Cancer, with September 2024 data showing the Trust at 78% for both the 62-day pathways and the 28-day Faster Diagnosis Standard (FDS). She highlighted that WVT Cancer 62-day pathways used to be 85%, however was now only 70% whilst everything continued to recover from Covid-19. WVT was well above the 70% target for 2024/25 and would now continue to aim to get back 85%.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive assured the Foundation Group Boards that he and the Managing Director for WVT had discussed the increase in Elective capacity and the use of WVT's core capacity through fewer cancellations which had been making a big impact on reducing the waiting list. He explained that hopefully there would come a point in the future that a point of equilibrium be reached, which would then lead to the reduction of independent sector usage. The Deputy Chief Finance Officer for WVT, added that she had also started

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having conversations with the Integrated Care Board (ICB) about utilisation and the development of a 2–3-year programme to move away from independent sector usage.

The Acting Managing Director for SWFT presented SWFT performance data to the Foundation Group Boards. She highlighted that SWFT's 52-week waits were steadily reducing, however it was important to note the Orthodontics challenges that the Trust continued to face. The Acting Managing Director for SWFT explained that the Trust was working with the ICB and the West Midlands Commissioning Unit to identify alternative Orthodontics providers, and a regional review was about to commence for the service as more medium to long term plans were needed. She highlighted that the Trust had also informed Healthwatch to ensure that they understood the position and could inform any residence who might speak to them. The Acting Managing Director for SWFT informed the Foundation Group Boards that SWFT's Cancer performance continued to be a challenge, especially around 62-day targets, however the 28-day FDS and the 31-day target were on track to be met. She continued that SWFT had done further improvement work around Urology and Gynaecology pathways and therefore expected additional improvement in the targets through November 2024 and December 2024. The Acting Managing Director for SWFT noted that Pathology Services and Diagnostics continued to be the Trust's main concerns. She concluded by celebrating Theatres utilisation, which had hit 86.4%, ranking SWFT fifth nationally. The Acting Managing Director expressed her thanks to Nicola Mills, General Manager for the Elective Division, for the work she had done on Theatre utilisation.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive recommended that the Diagnostic wait times that were linked to Pathology be discussed in more detail at SWFT Board of Directors in December 2024. He also informed the Foundation Group Boards that he had reached out to Professor Tim Briggs, National Lead for Elective Recovery, who had put the Trust in touch with the National Dental Lead for Getting it Right First Time (GiRFT), to see if there was anything he could do to help with an Orthodontics solution.

SG

Paul Capener (ANED GEH) noted the significant improvement in late starts in Theatres and queried whether there was any learning that could be shared across the Foundation Group. The Acting Managing Director for SWFT explained that the team responsible for overseeing that improvement would be presenting at SWFT Improvement Board, and she would share the invitation to that session to the wider Foundation Group.

SG

The Managing Director for GEH presented an overview of GEH's performance to the Foundation Group Boards. She started by explaining that ED four-hour standard remains at 74.6%, however what we did see in September 2024 was that there was a slight increase in the twelve-hour decision to admit delay. The

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Managing Director for GEH also informed the Foundation Group Boards that ambulance turnaround time had also increased. She explained that later in the meeting there would be a report on the use of temporary escalation spaces (Minute 24.085 refers) and she emphasised the importance of the report to help with the flow through ED. The Managing Director for GEH provided an update on GEH's Cancer performance, with the 28-day FDS being at 76.7% with the Trust continuing to aim for 80% or above. She highlighted GEH's improvement around 62-day performance, going from bottom in the region, to now being sixth. The Managing Director for GEH added that another area of improvement included the Trust successfully achieving no patients waiting longer than 65-weeks for treatment, which was a target that had to be achieved by September 2024. The Managing Director for GEH gave an overview on Elective performance, highlighting those inpatient operations being at 175% in comparison to 2019/20. She explained that the Trust was behind on their day cases at 95% but that was in part due to focusing on clearing the patients waiting longer than 65-weeks. GEH was at 109% on outpatients first appointments which continued to improve, and Theatre productivity had dipped but this was due to flooding in two of the Trust's new theatres. The Managing Director for GEH concluded by explaining that GEH was looking into their Referral to Treatment (RTT) performance to try and understand why waiting lists were not reducing despite more operations being delivered. She added that RTT was likely to become a national area of interest in the future as well.

The Managing Director for WAHT presented WAHT's performance, highlighting ED being the Trust's biggest area of concern. He continued that ambulance handover delays, and admission delays was a focus area, however part of this was an impact of the work taking place in ED. The Managing Director for WAHT explained that one of his biggest concerns was the Trust's long length of stay (LoS) for patients over 21-days. This was currently sitting at 150 patients, whereas previously it was fifty and related to patients mainly Medically Fit for Discharge (MFFD). The Chief Nursing Officer for WAHT and Acting Chief Medical Officer for WAHT were working with the system to try and reduce this. The Managing Director for WAHT highlighted the improvement that WAHT had made around Cancer performance and the Trust was hoping to be removed from the tiering arrangements in place as a result of that work. He also noted the RTT and Productivity improvements that had been made, with the Trust running at around 125% and the teams had also been following a 'right site, right surgery' methodology, however driving those improvements was the maximising of the Alexandra and Kidderminster Hospital sites. The Managing Director for WAHT concluded by highlighting the financial figures on insourcing, which was significant, and the Trust had also been able to illuminate most of their insourcing work.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive appreciated the Managing Director for WAHT addressing the Trust's long LoS concern, however he also noted that the short

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LoS presented a potential opportunity to use the Same Day Emergency Care (SDEC) areas more for shorter stay patients to clear some of the ward areas. The Managing Director for WAHT explained that the Trust recently bought the SDECs together and they were starting to push them on their acuity, and as part of the Winter Plan they should hopefully start to free up some of those spaces. The Chief Nursing Officer for WAHT added that the Acting Chief Operating Officer for WAHT was going to reach out to the Clinical Leads across the Foundation Group for advice on SDEC, especially Surgical Leads, due to the push back experienced at WAHT.

Frances Martin (NED and Vice Chair WVT) emphasised the importance of patients not being in an acute setting if they could be in less clinical settings. This was for several reasons including flow, but also was better for patients.

The Group Chair took the time to thank WAHT colleagues and express how impressed he was with the pace of progress and improvements that they had achieved. He emphasised how quickly with the right leadership, challenged organisations could turn things around.

Resolved – that

- A) the Foundation Group Performance Report be received and noted;**
- B) the Acting Managing Director for SWFT ensure that SWFT’s Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024, and**
- C) the Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.**

SG

SG

24.085

WINTER PREPAREDNESS UPDATE AND USE OF TEMPORARY ESCALATION SPACES (TES)

The Group Chair highlighted to the public the importance of flow throughout the hospital. He explained that if Trusts were experiencing bed blocking with long LoS because patients were unable to get home or into a more appropriate setting, it resulted in ED becoming congested. He continued that this congestion had resulted in Trusts having to open surge capacity which could be in locations not equipped for patient care.

The Chief Operating Officer for WVT introduced the Winter Preparedness element of the presentation. He explained that ED attendances were always considered as part of the Foundation Group’s winter plans. Looking back on data it showed a year-on-year increase in ED activity levels, and this was predicted to increase again in the 2024/25 winter months. The Chief Operating for WVT explained that whilst it was natural to see an increase during winter months, what had been happening over the past few winters was that the activity was remaining high post winter throughout the year, and then increasing again the following winter. He continued that the overall plan for winter was to

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improve patient flow, reduce demand on hospital inpatient capacity, work collaboratively with partners to maximise their input in the safer management of patients and improve the pre 8am decision to admits (DTAs) waiting for a bed.

The Chief Operating Officer for WVT provided an overview of the different elements that would enable the Trusts to deliver the overall winter plan, this included reviewing site capacity processes, site capacity digitalisation at SWFT, adopt the SAFER patient flow as part of board rounds, ensuring a criteria led discharge focus, developing a Frailty SDEC, introducing new Virtual Wards, promoting and continuing Call before Convey with West Midlands Ambulance Service (WMAS), improve Discharge to Assess (D2A), and ensure a single point of access was in place.

The Chief Operating Officer for WVT informed the Foundation Group Boards of the pathway challenges that were being faced heading into winter 2024/25. He explained that Emergency activity continued to be challenged, however there was also an increase in acuity. MFFD patients in inpatient beds continued to be a problem as well as community capacity transparency. The Chief Operating Officer for WVT added that it was important to note most Trusts were heading into winter with a demoralised workforce, with most teams not having had a break from pressures since before Covid-19 which understandably was having an effect on staff morale. The Chief Operating Officer for WVT informed the Foundation Group Boards that there was also a specific risk around the 45-minute rapid ambulance offload requirements, so there was a need to ensure ED and escalation processes were in place.

The Chief Operating Officer for WVT concluded by presenting what had been put in place for each Trust, including a point prevalence audit to ensure the right patient was in the right bed, and also looking at learning across the system to inform plans going forward. All plans also included the aim to reduce the need for TES as much as possible.

The Chief Nursing Officer for GEH provided the Foundation Group Boards with the presentation on TES across the Foundation Group. She explained that the Foundation Group's priority was to reduce the amount of TES and corridor care. The Chief Nursing Officer for GEH explained that over the past few years there had been a large increase in demand and the requirement to use every space possible, which had resulted in sub-optimal care, and this had been depicted in the media and on television shows such as Dispatches. In response to that, NHS England (NHSE) set out principles for providing safe and good quality care in TES, however TES should not be normalised and not counted as standard practice. The Chief Nursing Officer for GEH emphasised that TES were not the same as escalation beds, which were planned and had the designated resource areas, equipment and were used generally during winter demands. The Chief Nursing Officer for GEH presented the six principles to the Foundation Group Boards in relation to TES to ensure patient safety and patient experience were met. These included assessment of risk, escalation, quality of

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care, raising concerns, data collection and measuring harm, and de-escalation. She assured the Foundation Group Boards that all Trusts within the Foundation Group pulled together everything in place against each of the principles to support staff and offer assurance that the quality of care in TES was being monitored.

The Chief Operating Officer for GEH concluded the presentation by presenting the potential other implications of using TES. This included financial impact due to an increase in demand on staff, which subsequently effected staff morale, retention and sickness, therefore increasing Bank and Agency costs. The Chief Operating Officer for GEH also highlighted the pressures on quality and safety and psychological implications on staff that TES could cause. He explained that following winter, the Trusts would be facing the result of the increased demand, this would mean additional pressures would remain including Elective Recovery and the risks of not meeting financial targets.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive thanked the Chief Operating Officers and Chief Nursing Officers for a comprehensive report. He explained that it was good to see the shared ownership of risk and flow, and how well that was being managed. The Group Chief Executive added that the 45-minute protocol would bring another level of judgement against risk, so it was important to be mindful to not allow all that risk to be around the front door but looked at as a system.

The Managing Director for GEH expressed that the presentation was built around the guidance that was sent out for the use of TES, which was imperative to keep patients safe when they were not in the right spaces for care. She explained that one of the recommendations was for Board members to understand and talk to patients about the delays they were facing within the Emergency pathway, and she encouraged Board colleagues to do this. In terms of the 45-minute handover protocol for ambulances, she expressed how Trusts were experiencing extremely overcrowded EDs and were then having to take additional patients into that setting which was really ratcheting up the level of risk of the ED. She added that the focus had to be on pathway Zero to ensure patients that could go home without support were being discharged. She emphasised that improvement in flow out of the hospital was imperative.

Sarah Raistrick (NED GEH) echoed the importance of not allowing TES to become business as usual, and noted the need to keep Primary Care Network (PCN) colleagues up to date with the position Trusts were in.

The Group Chief Executive highlighted that it would be interesting to do financial benchmarking across the Foundation Groups EDs. He explained that ED teams had been increased to accommodate patients waiting longer in A&E departments, however he queried whether that funding could be used for admission avoidance or improved discharges.

**COOs/C
NOs/CF
Os**

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The Group Chair took the time to thank all front-line staff for working through incredibly challenged times. He also apologised to patients who were experiencing unacceptable delays.

Resolved – that

- A) the Winter Preparedness Update and Use of TES be received and noted, and**
- B) the Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around ED benchmarking across the Foundation Group.**

**COOs/
CNOs/
CFOs**

24.086

DEEP DIVE INTO WORKFORCE PRODUCTIVITY

The Chief People Officer for WAHT informed the Foundation Group Boards that the data set the Chief People Officers looked into spanned back eighteen months. One of the key focus areas was the reduction in agency spend, which had improved in comparison to eighteen months ago, however there was a significant improvement that was still needed to achieve anywhere near the level of reduction that systems needed to get to which was 3.2%. The Chief People Officer for WAHT explained that the West Midlands had developed a Medical Agency Cluster which was made up of a group of organisations working together to tackle some of the rate cards and agency rates, especially around medical locums. The Chief People Officer for WAHT explained that it was pleasing to see a slight decline in turnover over the past eighteen months, meaning less staff were leaving. The NHS Long-Term Workforce Plan provided a rough overview of suspected pressures that Trusts could face in the coming years. It recommended that Trusts should be moving towards the 7.4% - 8.2% rate of turnover, and therefore work needed to continue to take place into the flexible options. The Chief People Officer for WAHT added that vacancy rates had also improved, however this had not necessarily aligned to the reduction in temporary staffing due to the increase in demand and extra capacity that had to be created. One of the main contributing factors to that temporary staffing cost was staff sickness, and this had not really improved the way Trusts would have hoped over the past eighteen months, with psychiatric illnesses now being one of the main reasons for absence. The Chief People Officer for WAHT explained that NHS time to hire looked fairly lengthy, however the NHS had a set of standards and requirements that had to be completed and could not be compromised despite potential delays the checks could cause.

The Chief People Officer for WAHT explained that WAHT had seen a reduction in agency spend especially around nursing agency spend, and the Trust was now focusing on medical agency reduction. She added that the Trust had recently decided to invest further into the Occupational Health resource, to try and support improved wellbeing and attendance, recognising the change in demand.

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

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The Interim Chief People Officer for GEH/SWFT presented the GEH themes, achievements and actions. She highlighted that one of the things GEH was proud of was the work they had done to reduce agency usage, with no off-framework agency usage in over eighteen months. She explained that there had also been a continuous reduction in staff turnover, but this remained higher than the other Trusts within the Foundation Group and work was being completed to improve this. The Interim Chief People Officer for GEH/SWFT added that GEH's overall vacancy rates had reduced, with successful recruitment into key posts such as Ophthalmology and Paediatrics. Sickness rates remained above the target but was comparable nationally for sickness. The Interim Chief People Officer for GEH/SWFT explained that GEH had implemented a regional agency rate card for medical staff, and were working with NHS Professionals to stop all agency usage above the price cap. She acknowledged that GEH's time to hire was longer in comparison to other Trusts within the Foundation Group and this was in the process of being reviewed to try and reduce this.

The Interim Chief People Officer for GEH/SWFT presented the SWFT themes, achievements and actions. There had been a continuous reduction in turnover which was well below the target, agency spend had also significantly reduced from previous years, but was still above the NHSE ceiling of 3.2%. Sickness absence remained an area of concern at SWFT and the Trust was in the process of reviewing the Sickness Absence Management Policy as this had not been reviewed since before Covid-19. The Interim Chief People Officer for GEH/SWFT explained that similarly to GEH, SWFT had introduced the agency rate card for medical staff, had a People Promise Manager action plan to promote flexible working and work was taking place to benchmark and review internal bank rates for all staff groups.

The Chief People Officer for WVT presented the WVT themes, achievements and actions. He explained that WVT was taking similar actions to WAHT, GEH and SWFT to continue driving down agency spend, improving vacancy rates and reducing staff turnover. In relation to agency spend, the Chief Medical Officer for WVT and Chief Nursing Officer for WVT were running agency reduction programmes alongside the Chief People Officers. He added that WVT would be taking part in a national story focusing on sickness within the NHS, this would be commencing in January 2025 and last twelve months. The Chief People Officer for WVT informed the Foundation Group Boards that the Trust was conducting reviews of its Key Performance Indicators (KPIs), taking learning from SWFT and also ensuring they aligned to NHS wider KPIs. On top of this, staff engagement work was taking place, especially around the Freedom to Speak up agenda.

The Group Chair invited questions and perspectives and of particular note were the following points.

The Group Chief Executive thanked the Chief People Officers for an informative presentation, and the work they were all doing to push the NHS Staff Survey in

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the background. He expressed that it felt like Nurse agency reduction had made improvement, but that there was a need to focus on the medical reduction. The Group Chief Executive also noted that a lot of work was being done around improving staff support, but felt there could be a group opportunity to further strengthen that.

Resolved – that the **Deep Dive into Workforce Productivity** be received and noted.

24.087

GENDER PAY GAP UPDATE

The Interim Chief People Officer for GEH/SWFT informed the Foundation Group Boards that all NHS Trusts were required to publish an annual Gender Pay Gap report, and this was based on the pay indicator set out by the Government's Equalities Office. She explained that out of all four Trust's in the Foundation Group, the workforce was predominantly female, with just over 80% however when broken down by pay quartile, for most Trusts females were generally in the lower quartile compared to the upper quartile. This meant that women were more likely to be employed in the lower banding roles opposed to those higher banded positions. The Interim Chief People Officer for GEH/SWFT continued that when looking at the mean figure, overall men earned a higher percentage of pay than women. It was important to note that the report was not an equal pay report. This meant that the data was not suggesting men were receiving the same rate of pay for doing the same role, however it did indicate that men were more likely to be in the higher paid positions.

The Interim Chief People Officer for GEH/SWFT explained the actions being put in place at GEH to address the gender pay gap included developing the leadership programme encouraging more women to attend to progress into senior roles, developing the levelling up programme to support international nurse recruits into more senior roles and working with staff networks to promote opportunities available for all colleagues. She explained that at SWFT the pay gap was closing but work was still needed, this included working with staff networks and international nurses and promoting flexible working opportunities. The Chief People Officer for WAHT presented the actions put in place at WAHT which included promoting flexible working offers, apprenticeships and including career conversations as part of annual development reviews. The Chief People Officer for WVT echoed the other actions taking place across the Foundation Group including working with Integrated Care System (ICS) partners on launching an online platform for coaching and mentoring opportunities, improving recruitment practices through gender diverse recruitment and would also start to report on the gender pay gap in consideration of equality.

Resolved – that the **Gender Pay Gap Update** be received and noted.

24.088

FOUNDATION GROUP BOARDS 2025/26 CALENDAR OF MEETINGS FOR APPROVAL

**GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
WYE VALLEY NHS TRUST (WVT)**

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The Group Chair presented this report for approval. There were no comments or questions raised.

Resolved – that the Foundation Group Boards 2025/26 Calendar of Meetings be approved and ratified.

24.089

ANY OTHER BUSINESS

No further business was discussed.

Resolved – that the position be noted.

24.090

QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS

24.090.01

Question from a SWFT Public Governor (West Stratford and Borders)

The following question was submitted by the Public Governor in advance of the meeting:

'Whilst mention has been made of Intelligent Conveyancing, there is no mention of the risk associated with the implementation of the 45-minute protocol. How is it intended to mitigate this risk?'

The Associate Chief Operating Officer for SWFT explained that it represented a large risk for SWFT and other members of the Foundation Group, however the performance turnaround was 30-minutes which therefore already mitigated some of that risk. In terms of mitigations, this had been discussed in detailed throughout this meeting as part of flow, because if a Trust had flow right then it should have the capacity to off-load the ambulances. He added that these risks were also discussed on a daily basis at the Trust's operational calls, including using the escalation spaces.

Resolved – that the position be noted.

24.090.02

Question from a SWFT Public Governor (West Stratford and Borders)

The following question was submitted by the Public Governor in advance of the meeting:

'With Covid-19 still circulating in the community, what is the prevalence of Long Covid in the community and how is this being addressed?'

The Associate Chief Operating Officer explained that he had reached out to Duncan Vernon, Public Health Consultant, regarding prevalence. There was not much in place within the community at the moment, however at SWFT the Trust continued to run a bi-weekly post Covid-19 Multi-disciplinary Team (MDT), where they could then access a range of professionals to provide the support they needed. Referrals had reduced significantly into that team since

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	<p>2021/22; however, the team were doing a lot of work around educational training with PCNs to ensure the referral pathway was known and offered to patients within the community.</p> <p><u>Resolved</u> – that the position be noted.</p>	
<p>24.090.03</p>	<p><u>Question from WAHT Patient Forum</u></p> <p>The following question was submitted by the member of Patient Forum in advance of the meeting:</p> <p><i>‘Why is the information on the TV screens in Worcestershire Acute Hospital Emergency Department waiting room not up to date and not giving real information? There are three columns, one for General Practitioner wait times, one for waiting room times and the third one is blank. What is it for? During, a 7-hour wait the waiting room column was static at 16 patients only changing to 15 patients at the end of 7-hours despite more patients arriving in the waiting room.’</i></p> <p>The Chief Technology Officer for WAHT assured the Foundation Group Boards that they had checked the screens and they were accurate, however it could have been that the data was delayed, or people in the waiting rooms were people with patients or patients waiting to be admitted.</p> <p><u>Resolved</u> – that the position be noted.</p>	
<p>24.090.04</p>	<p><u>Question from a Member of the Public</u></p> <p>A member of public had submitted a detailed question in advance of the meeting around WAHT’s complaints system, complaints policy, whether the quality of service to complainants had been compromised and whether the Trust complied with NHS Complaints Standards Summary of Expectations 2022.</p> <p>The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024.</p> <p><u>Resolved</u> – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Boad meeting in December 2024.</p>	<p>GS</p> <p>GS</p>
<p>24.090.05</p>	<p><u>Question from a Member of the Public</u></p> <p>A member of public had submitted a detailed question in advance of the meeting around WAHT’s mortality data, Learning from Deaths policy and the</p>	

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<u>MINUTE</u>		<u>ACTION</u>
	report of such information to the WAHT public Board meeting on a quarterly basis.	
	The Group Chair agreed that due to the nature of this question, it was more appropriate to be handled under the Freedom of Information process and also discussed in more detail at the WAHT Trust Board meeting in December 2024.	GS
	<u>Resolved</u> – that the Associate Director of Corporate Governance/Company Secretary WAHT/WVT ensure the question be handled under the Freedom of Information process and discussed in more detail at the WAHT Trust Board meeting in December 2024.	GS
24.091	<u>ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE</u>	
24.092	<u>CONFIDENTIAL APOLOGIES FOR ABSENCE</u>	
24.093	<u>CONFIDENTIAL DECLARATIONS OF INTEREST</u>	
24.094	<u>CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 AUGUST 2024</u>	
24.095	<u>CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT</u>	
24.096	<u>ANY OTHER CONFIDENTIAL BUSINESS</u>	
24.097	<u>DATE AND TIME OF NEXT MEETING</u>	
	The next Foundation Group Boards meeting would be held on 5 February 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair)
Russell Hardy

Date: 5 February 2025

**SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST
 GEORGE ELIOT HOSPITAL NHS TRUST
 WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
 WYE VALLEY NHS TRUST**

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 5 FEBRUARY 2025

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.085 (06.11.24) Winter Preparedness Update and Use of Temporary Escalation Spaces	The Chief Operating Officers, Chief Nursing Officers and Chief Finance Officers do a piece of work around Emergency Department (ED) benchmarking across the Foundation Group.	Chief Strategy Officers / Chief Nursing Officers / Chief Finance Officers	Completed – on the February 2025 agenda.
ACTIONS IN PROGRESS			
24.084 (06.11.24) Foundation Group Performance Report	The Acting Managing Director for SWFT ensure that SWFT’s Diagnostic Wait Times that related to Pathology be discussed in more detail at the SWFT Board of Directors in December 2024. The Acting Managing Director for SWFT ensure the SWFT Improvement Board meeting information be shared with the wider Foundation Group, for the session on Theatre start time improvements.	S Gilkes S Gilkes	To be included in the Integrated Performance Report.
24.090.04/24.090.05 Questions from Members of the Public and SWFT Governors	The Associate Director of Corporate Governance/Company Secretary for WAHT/WVT ensure the questions from the members of the public relating to WAHT complaints policy and WAHT mortality data reporting be discussed at WAHT Trust Board in December 2024.	G Scott	
REPORTS SCHEDULED FOR FUTURE MEETINGS			



**South Warwickshire
University**
NHS Foundation Trust



**Worcestershire
Acute Hospitals**
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	6.1
Date of Meeting	5 February 2025		
Title of Report	Foundation Group Performance Report		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Vidhya Sumesh, Group Business Information Specialist		
Lead Executive Director:	Catherine Free, Managing Director - George Eliot Hospital NHS Trust (GEH), Adam Carson, Managing Director - South Warwickshire University NHS Foundation Trust (SWFT), Stephen Collman, Managing Director - Worcestershire Acute Hospitals NHS Trust (WAHT), and Jane Ives, Managing Director – Wye Valley NHS Trust (WVT)		
1. Purpose of the Report	Assurance and oversight of Group Performance		
2. Recommendations	The Foundation Group Boards are invited to review this report as assurance.		
3. Executive Assurance	This report provides group, regional and national benchmarking on six key areas of performance. A narrative has been provided by each organisation for the key areas benchmarked.		

Foundation Group Performance Overview

Wye Valley NHS Trust (WVT)

South Warwickshire University NHS Foundation Trust (SWFT)

George Eliot Hospital NHS Trust (GEH)

Worcestershire Acute Hospitals NHS Trust (WAH)

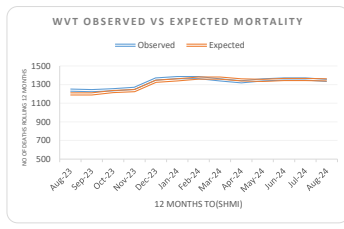
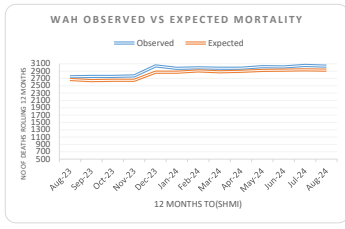
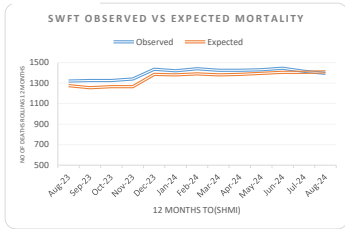
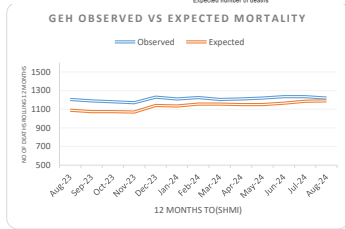
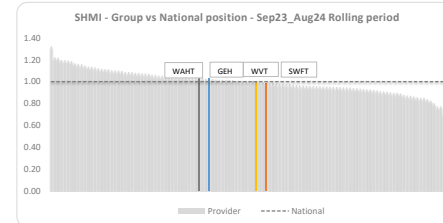
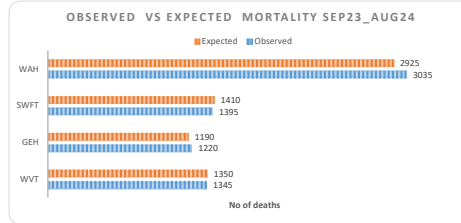
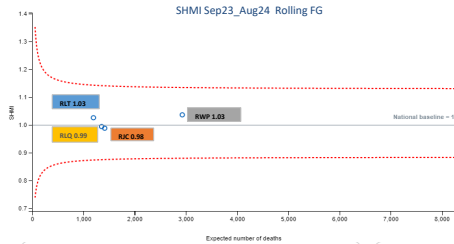
Indicator	Standard	Latest Data		Benchmark		Latest Data				Current Month				Year to Date				Trend - Dec 2019 to date				DQ Mark			
		Month	Year	Month	Year	Current	Year	Trend	DQ	Current	Year	Trend	DQ	Current	Year	Trend	DQ	Current	Year	Trend	DQ	Current	Year	Trend	DQ
Urgent and emergency care	ED 4 hour standard	78%	Dec-24	National	71.0%	Dec-24	63.4%	66.6%			Dec-24	60.7%	70.5%			Dec-24	68.2%	73.4%			Dec-24	53.0%	63.8%		
	Ambulance Handovers < 30 mins (%)	98%				Dec-24	49.4%	63.6%			Dec-24	54.9%	86.1%			Dec-24	43.9%	58.2%			Dec-24	42.1%	58%		
	Ambulance Handovers < 60 mins (%)	100%				Dec-24	69.1%	80.8%			Dec-24	55.7%	92.6%			Dec-24	74.3%	87.3%			Dec-24	61.7%	73.1%		
	Same Day Emergency Care (0 LOS Emergency adult admissions)	>40%				Dec-24	46.5%	46.2%			Dec-24	43.1%	42.1%			Dec-24	47.5%	42.9%			Dec-24	15.0%	31.1%		
	General and Acute (G&A) Occupancy(Adult)	< 92%	Dec-24	National	94.3%	Dec-24	98.8%	100.0%			Dec-24	98.4%	96.1%			Dec-24	99.3%	97.3%			Dec-24	93.4%	95.0%		
Midlands	66.3%																								
MFFD	% of occupied beds considered fit for discharge	5%				Dec-24	15%				Dec-24	18%				Dec-24	16%				Dec-24	12%			
Mortality	Summary Hospital -level Mortality Indicator (SHMI)	<1	Sep 2023 to Aug 2024	National	1.0	Sep 2023 to Aug 2024	Within expected range	0.995			Dec-24	Within expected range	0.9888			Dec-24	Within expected range	1.0266			Dec-24	Within expected range	1.0370		
Work force	Staff Sickness	3.5%	Aug-24	National	4.7%	Dec-24	6.2%				Dec-24	6.2%			N/A	Dec-24	6.5%				Dec-24	5.9%			
Midlands	5.1%																								
Cancer	Cancer 62 days Combined (new standard from Oct 23)	85%	Nov-24	National	69.4%	Nov-24	73.4%	70.7%			Nov-24	65.2%	62.0%			Nov-24	66.3%	63.5%			Nov-24	60.3%	66.3%		
	28 day referral to diagnosis confirmation to patients	77%	Nov-24	National	77.4%	Nov-24	79.3%				Nov-24	84.2%				Nov-24	68.7%				Nov-24	77.6%			
RTT	Referral to Treatment (RTT) 52 week waiters (English only)	0				Dec-24	764				Dec-24	623				Dec-24	452				Dec-24	1178			
	RTT 65 week plus waiters (English Only)	0				Dec-24	34				Dec-24	51				Dec-24	14				Dec-24	40			
	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	92%	Nov-24	National	58.2%	Nov-24	55.1%				Nov-24	64.4%				Nov-24	58.4%				Nov-24	55.5%			
Theatres	Theatre Utilisation (Capped)	85%	Dec-24	National	80.0%	Dec-24	80.9%	78.9%			Dec-24	85.1%	83.4%			Dec-24	76.7%	78.6%			Dec-24	81.6%	83%		
	Theatre Utilisation (Uncapped)	85%	Dec-24	National	83.0%	Dec-24	85.2%	82.5%			Dec-24	86.9%	85.5%			Dec-24	80.1%	81.5%			Dec-24	84.4%	86%		
Outpatients	PIFU Rate	5%				Dec-24	4.6%	4.3%			Dec-24	6.0%	5.1%			Dec-24	3.6%	3.2%			Dec-24	4.8%	5.0%		
	DNA rate	<4%				Dec-24	6.4%	6.5%			Dec-24	6.4%	5.6%			Dec-24	7.1%	6.4%			Dec-24	5.3%	5%		
	Slot Utilisation	90%				Dec-24	87.8%	88.4%			Dec-24	87.4%	86.8%			Dec-24	82.9%	88.7%			Dec-24	88.2%	89.3%		
	% of OP appointments First or (Fup+procedure)	46%				Dec-24	46.8%	44.0%			Dec-24	39.1%	42.5%			Dec-24	41.5%	39.9%			Dec-24	45.7%	44.9%		
ERF	Total ERF %					Dec-24	127.9%				Dec-24	110.0%				Dec-24	121.3%				Dec-24	121.0%			
	OP First (%)					Dec-24	114.4%				Dec-24	112.0%				Dec-24	115.3%				Dec-24	143.0%			
	OP Procedure (%)					Dec-24	152.8%				Dec-24	76.0%				Dec-24	137.3%				Dec-24	126.0%			
	Daycase (%)					Dec-24	128.2%				Dec-24	117.0%				Dec-24	109.8%				Dec-24	125.0%			
	Elective (%)					Dec-24	129.2%				Dec-24	119.0%				Dec-24	139.5%				Dec-24	88.0%			

Foundation Group Key Metrics



Summary Hospital-level Mortality Indicator (SHMI) - rolling 12 month positions

Trust	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
GEH	1.11	1.11	1.13	1.11	1.10	1.08	1.07	1.07	1.08	1.10	1.13	1.18	1.11	1.11	1.10	1.09	1.08	1.06	1.06	1.05	1.06	1.06	1.06	1.04	1.03
SWFT	1.05	1.05	1.07	1.04	1.04	1.04	1.03	1.02	1.02	1.02	1.02	1.03	1.04	1.05	1.05	1.06	1.03	1.03	1.03	1.03	1.02	1.02	1.03	1.01	0.99
WAH	1.05	1.04	1.04	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.04	1.04	1.03	1.04	1.04	1.05	1.06	1.04	1.03	1.04	1.03	1.03	1.03	1.04	1.04
WVT	1.21	1.04	1.03	1.03	1.04	1.01	1.02	1.02	1.02	1.01	1.01	1.03	1.03	1.03	1.02	1.02	1.02	1.02	1.00	0.98	0.98	1.00	1.00	1.00	0.99



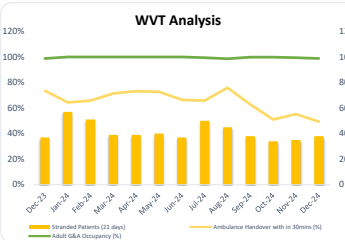
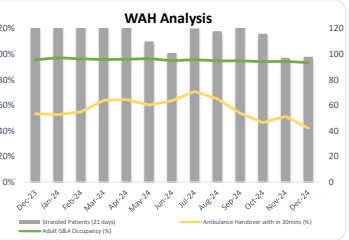
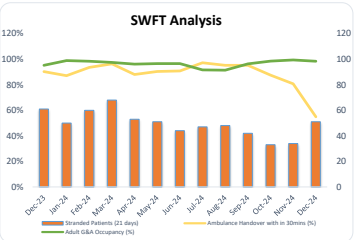
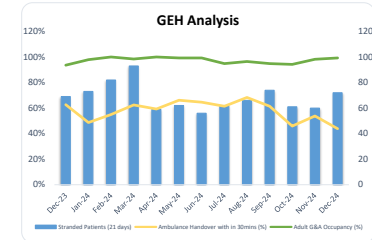
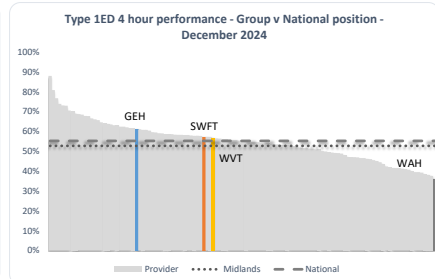
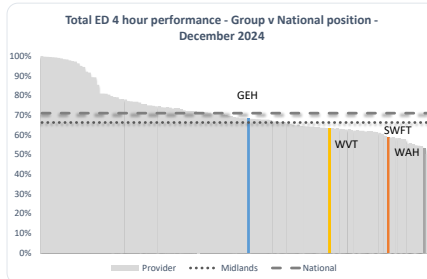
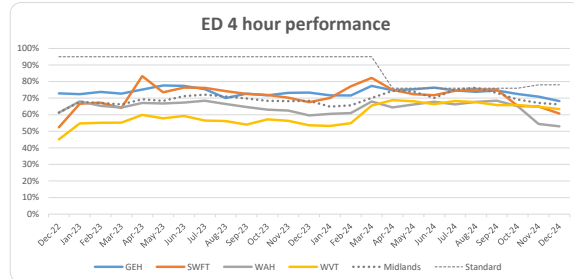
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>The latest 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) - Hospital Episode Statistics (HES) based - from October 2023 to September 2024 shows Wye Valley NHS Trust at an encouraging 98.3. The NHS England SHMI, which is for the period of September 2023 to August 2024, is reporting at 99. Both measures are now reporting under the national average for expected levels of mortality. The latest crude mortality rate for December 2024 was 1.52% for all admissions, which equates to 92 deaths. An overall positive quarter for our key mortality outlier groups, with the latest figures (October 2023 to September 2024) showing the majority of outlier groups are reporting at expected levels of mortality.</p> <p>Heart Failure (HF) – The latest quarter has continued to report the positive downward trend we have observed over the past 12 months, with the latest SHMI now reporting at 94. Over the past 18 months, there has been significant improvement work undertaken to improve our local HF pathway, where the impact appears to be reflected in the SHMI.</p> <p>Fracture Neck of Femur (#NOF) – An encouraging reduction of 6 points in the latest 12 month SHMI, which now sits at 121. A continued focus on the implementation of the fast track femoral fracture pathway, including the ‘#NOF Bleep’ and a pre-alert from West Midlands Ambulance Service (WMAS), which aims to be in place by February.</p> <p>Sepsis – A small increase in the 12 month rolling SHMI to 115. A presentation by the sepsis lead will be in the February meeting for Learning from Deaths. The presentation will outline the findings from the SJR’s, including the Sepsis Six compliance and the actions taken to address recurring issues.</p> <p>Stroke – A minor reduction in the latest 12 month rolling SHMI, which currently sits just above the national average at 102.</p> <p>Medical Examiner Service – The rollout of the service across the County has so far been very successful, with all deaths receiving an in-depth scrutiny from a Medical Examiner. In addition, the service has managed to achieve 100% of all bereaved families speaking with a Medical Examiner to discuss the care of their loved one and any concerns they may have had. During December 2024, the Medical Examiner Service supported 232 deaths from across the county.</p> <p>Perinatal Mortality – The latest 12-month rolling (December 2023–November 2024) extended perinatal mortality remains at 6.73 per 1000 live births. The latest stillbirth rate is 5.51 per 1000 live births for the same 12 month period. All cases have received an in-depth review with the findings and actions presented at the December Learning from Deaths Committee.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The SHMI is within the expected range when compared to England for the latest period (Aug 23-July 24 (published Dec 24)). However, due to changes in Hospital Standardised Mortality Ratio (HSMR) methodology, HSMR is now an outlier at 118.8 for the latest period (Sept 23–Aug 24 (published Dec 24)). Please note: HSMR is now referred to as HSMR+. There have been various changes to the methodology, including the removal of palliative care coding, a reduction of the 56 diagnosis to 41 diagnoses, a change in the co-morbidity indicator from Charlson to Elkhäuser, and the introduction of a frailty score. The Trust is working with the Clinical Coding Team, Communications Team, and Mortality Leads to outline the changes to HSMR and highlight the importance of quality patient documentation. An action plan is in place that is being monitored through the Mortality and Deteriorating Patients Group. We anticipate that HSMR+ will persist as an outlier in the upcoming months. In December, there were 57 deaths in primary care and 85 in the hospital. The Medical Examiner Service is very busy; however, the Medical Examiner team continues to work alongside the General Practitioners (GPs) to ensure the process continues to be smooth and efficient.</p> <p>The Trust continues to be represented at the regional Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) Governance Group, and a joint LeDeR review is in progress between GEH and University Hospitals Coventry & Warwickshire (UHCW) to review and share learning following the death of a patient with learning disabilities. We will share the outcomes at the Mortality Deteriorating Patient Group (MDPG) and distribute them to all governance coordinators for review and discussion at Directorate Governance Meetings.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>This report covers the period September 2023 to August 2024, inclusive. The national quarterly SHMI value has remained within national control limits and stands at 0.99, with the previous reporting period value being 1.01, so a steady improvement from the high point seen in November 2023. This means that the actual mortality rate at SWFT is now below the expected rate, and so this is an excellent position to be in. The Mortality Surveillance Committee (MSC) continues to monitor this value and continues to initiate any deep-dives where needed. The coding team continues to work very closely with the clinical team to improve the depth of coding and quality of in-patient clinical coding. Audits are ongoing to establish if there are any care issues involved in our outlier conditions. Audits are presented at the Deteriorating Patient Group. No care issues have been identified thus far. Our benchmarking partner, CHKS continues to monitor any trends in mortality rates, which allows us to act quickly to investigate.</p> <p>The in-house mortality dashboard is up and running, and is undergoing some slight revisions following go-live. This will allow information to be pulled from the database of mortality reviews and inform greater learning from deaths. We are also looking at other software options, such as InPhase, for a more dynamic approach to mortality. All deaths at SWFT are now reviewed by either the Coroner or by the Medical Examiner team. Scrutiny around the avoidability of deaths is essential to ensure good quality of patient care. Any deaths where care concerns have been raised are thoroughly investigated by the patient safety team and brought back to the Significant Events Committee, then the MSC to assess avoidability and then to the Clinical Governance Committee (CGC).</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Our ‘official’ SHMI for the 12 months to August 2024 is 1.04 and continues to be as ‘as expected’. For context, our SHMI has vacillated between 1.03 and 1.04 since December 2020 and has been described as ‘as expected’ since September 2019. Despite the recent changes in the model, the gap between expected and observed deaths (at trust level) has not worsened. If anything, the gap between our SHMI and the upper control limit for the model has increased (i.e. we are even more ‘comfortable’ within the confines of the model).</p> <p>Of the ten Clinical Classifications Software (CCS) diagnostic groups with their own SHMI, all are described as ‘as expected’. This is all against the background of being increasingly busier.</p> <p>Elective recovery has increased this aspect of the SHMI spells to 78% of pre-pandemic activity (previously reported at 74%) and non-elective spells are currently at 103% of pre-pandemic activity. The result being that, overall, activity is now consistently above pre-pandemic levels.</p> <p>Whilst both Worcestershire Royal Hospital (WRH) and the Alexandra Hospital (ALX) sites have ‘as expected’ SHMIs, the ALX continues to have a higher SHMI than WRH (1.12 vs 1.0). Whilst this was exacerbated by the methodological changes earlier this year, it has not subsequently worsened. This difference between our two main sites, along with out-of-hospital deaths (within 30 days of discharge), has been subject to detailed analysis (inc. clinical oversight/scrutiny) with no immediate causes of concern identified. It is likely that the site differences in SHMI reflect different services between the two sites (eg. hot/cold) and, more importantly, local population differences. These differences reveal limitations of the model itself rather than material changes in mortality.</p>

Foundation Group Key Metrics



Emergency Department (ED) 4 hour Performance

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD
GEH	72.9%	72.4%	73.8%	72.7%	75.2%	77.7%	77.4%	75.4%	70.0%	72.7%	71.7%	73.2%	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%	73.4%
SWFT	52.4%	66.6%	67.3%	64.1%	83.3%	73.5%	76.4%	76.2%	74.2%	72.6%	71.9%	70.3%	67.6%	70.1%	77.2%	82.2%	75.0%	72.4%	71.8%	74.5%	75.1%	75.3%	65.3%	65.0%	60.7%	70.5%
WAH	61.2%	68.1%	65.4%	64.3%	67.1%	66.7%	67.3%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.2%	67.8%	68.5%	65.1%	68.5%	65.1%	54.4%	53.0%	63.8%
WVT	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	59.3%	56.5%	56.2%	54.0%	57.2%	56.3%	53.6%	53.2%	54.9%	65.5%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	65.8%	64.8%	63.4%	66.6%



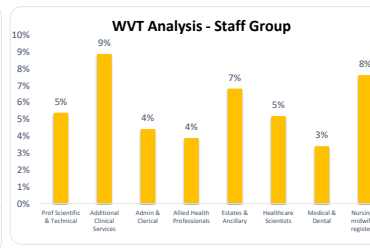
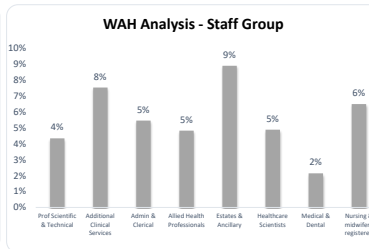
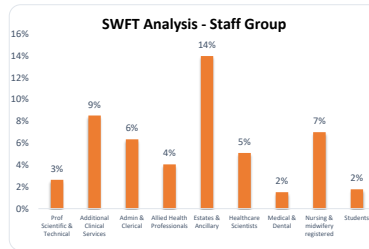
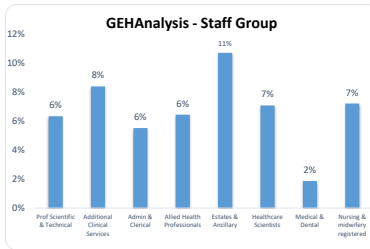
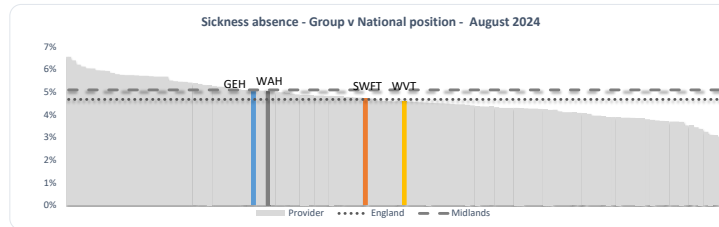
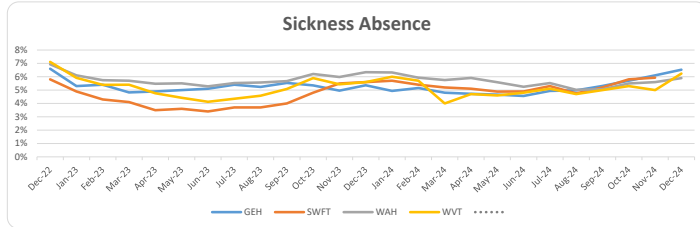
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>December saw the start of significant winter pressures with the increase in Flu A, Flu B, Covid and Respiratory Syncytial Virus (RSV) increasing our Type 1 Emergency Department (ED) attendances by almost 400 more patients than December 2023. ED patient flow was hindered by the increased requirement for isolation in the department, along with higher acuity, challenges with higher >0 length of stay admissions and our ability to isolate and cohort on the wards. In order to support flow, we introduced lateral flow testing for both types of Flu and Covid at the end of the month, facilitating quicker decision making about treatment plans, isolation and cohorting.</p> <p>During December, our minors Emergency Access Standard was 91% in 4 hours and our paediatric performance was 96%. Our new minor illnesses service in ED saw a total of 313 patients streamed to them via our front door nurse navigation, discharging 276 home or to their GP. We also saw an increase in patients being navigated to off-site out-of-hours Primary Care Services.</p> <p>Ambulance referrals to our Community Referral Hub for Urgent Community Response (UCR) increased in the month to the highest volume we have seen, with 385 being referred, of which 0 of those patients were admitted to the acute. Out of the 385 referrals, 249 were received via the ambulance control, and 136 were received via telephone via clinical conversations with paramedics on scene. A significant improvement from previous months. Of the 385 referrals, 177 referrals were rejected, the reasoning being head injury/falls/ trauma, which is aligned to the exclusion criteria.</p> <p>However, despite these changes and new ways of working, our ED remained congested pre and post the festive period and the level of patients in Temporary Escalation Spaces (TES) in our ED and across our wards remains exceptionally high, resulting in a critical incident being called in January 2025.</p> <p>As a result of our full acute and community hospitals and a congested ED, we saw an increase in ambulance handover delays, with 28%, 485 ambulances, waiting over 1 hour. This is not a position we accept, and our focus is to reduce these delays back to normal positive levels of handover delays.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>4-Hour Performance</p> <p>GEH Emergency Department (ED) attendances have remained significantly high in quarter 3(Q3) 2024/25, with an almost 8% increase compared to Q3 2023/24. December 2024 and November 2024 were the two months with the highest attendance in the adult emergency department. In addition to increased demand and high bed occupancy across the Trust, we have unfortunately experienced prolonged lengths of stay within the department, with many patients staying over 12 hours and a rise in 12-hour trolley waits. We are taking further actions across the trust to support improvements in this situation and our overall performance.</p> <p>Ambulance Performance</p> <p>High attendances and limited flow from the ED have created a more challenging situation for ambulance services. The ED continues to implement internal escalation measures, triage all patients awaiting handover, and optimise the use of ambulatory pathways to ensure patient safety both in the hospital and in the community.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>4 Hour Performance – Q3 Performance for SWFT has seen a downward trend largely associated with the continued growth in activity and continued demand of over 300 patients per day peaking at 389 on one day this quarter. Out-of-area numbers continue to also rise, both as walk in's and via ambulance. Conversion rate remains stable. There has also been a rise in the over 90s attending the department with a sustained rise in emergency surgical and paediatric patients similar to previous quarters. Community teams continue to stream category 3/4 ambulances away from the acute site into community care and SWFT supported a PDSA week with Frailty Consultants supporting the Urgent Community Response (UCR) teams to widen the scope of this with a project plan for continued new workstreams to support admission avoidance.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Caveat on November and December data - this may not reflect fully the actual performance as we implemented a new ED electronic patient record on November 5th 2024 and staff have been getting used to new processes and technology, whilst trying to meet unprecedented demand.</p> <p>During December, we have seen the highest volume in a decade, of patients admitted to hospital who are flu positive and days when attendances peaked beyond anything previously seen; this placed significant pressures on bed capacity and isolation room usage, and limited hospital flow. We have had to declare some internal critical incidents as a result.</p> <p>Compared to Q3 2023/24 there has been a growth of 3,400 more attendance through the Emergency Departments (Type 1) with a similar volume of additional breaches. The non-referred, non-admitted performance had been increasing month on month prior to November, but there was a decline reported for November and December (-13-16%), likely to be linked to the new system implementation and significant work at WRH ED on the floor which impacted the ED footprint. January 2025 to date has shown signs of recovery to previous levels. However, there is still more improvement to do for these patients.</p> <p>The growth in attendances is being driven by walk-ins with the ambulance conveyances are comparable to 2023/24 volumes. The number of ambulances with a handover of 45 minutes or more remains higher than we would want, with 50% of all conveyances beyond the target time. However, in January 2025, we commenced a pilot called 'ambulance pilotstop', where non-alert ambulances have a rapid triage on the ambulance as they enter the WRH site and where possible, an immediate redirection to Same Day Emergency Care (SDEC) rather than ED. Early analysis of this pilot has shown improvements in ambulance delays.</p> <p>The Single Point of Access (SPA) for GPs and WMAS category 2/3 is still embedding and 35% of the SDEC attendances are direct referrals from SPA. The overall conversion of all SDEC attendances to inpatient remains between 12 - 13%.</p> <p>Other improvements being piloted in December 2024/January 2025 to improve the Emergency Access Standard (EAS) performance are more senior middle grade cover overnight and extended SDEC opening hours. Early indications are that there are green shoots of improvement.</p>

Foundation Group Key Metrics



Sickness Absence All Staff Groups

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	6.6%	5.3%	5.4%	4.8%	4.9%	5.0%	5.1%	5.4%	5.2%	5.5%	5.4%	5.0%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%
SWFT	5.8%	4.9%	4.3%	4.1%	3.5%	3.6%	3.4%	3.7%	3.7%	4.0%	4.8%	5.5%	5.6%	5.7%	5.4%	5.2%	5.1%	4.9%	4.9%	5.3%	4.8%	5.2%	5.8%	5.9%	6.2%
WAH	6.9%	6.1%	5.7%	5.7%	5.5%	5.5%	5.3%	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%
WVT	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%	4.1%	4.3%	4.6%	5.1%	5.9%	5.4%	5.6%	6.0%	5.7%	4.0%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%



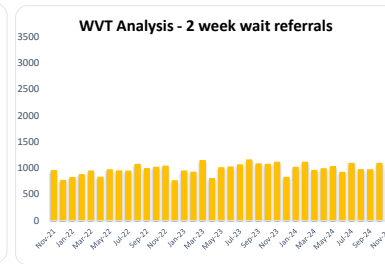
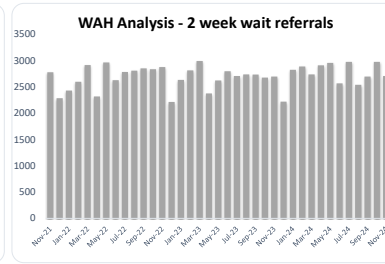
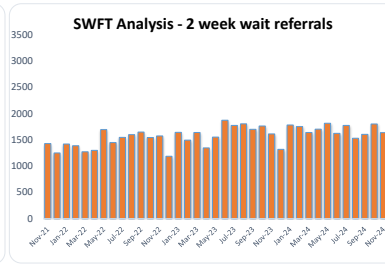
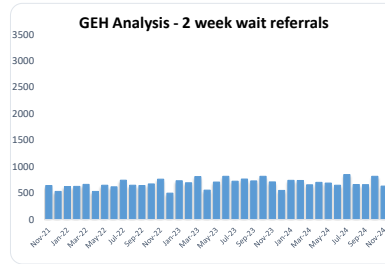
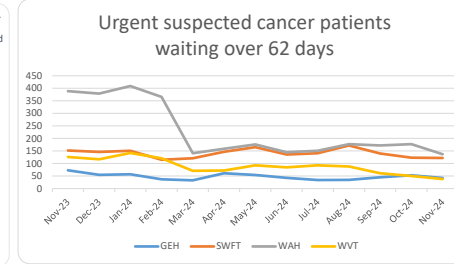
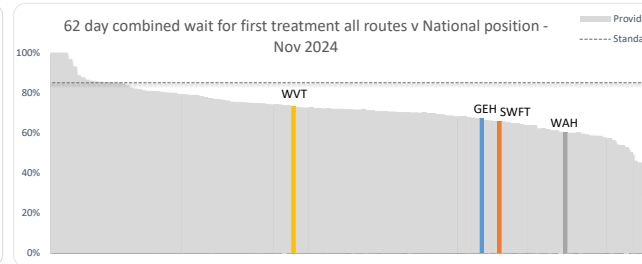
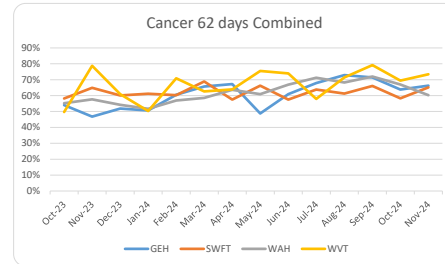
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>With the prevalence of very high flu virus rates over the past few weeks across the NHS, the overall sickness at trust level has increased to 6.2%. We have also seen an increase in mental health conditions, musculoskeletal (MSK) and gastro-related illness. At Finance and Performance (F&PE) meetings, divisions will continue to present comprehensive data on sickness absence, which includes heat maps, costs, number of reviews and % of return-to-work interviews conducted. These reports are important to show concrete actions being taken to manage sickness absence effectively across WVT.</p> <p>Human resources (HR) teams continue to sensitively support the management of long-and short-term sickness absence, and considerable work continues to be done to enhance the wellbeing staff support offer, including fast-track occupational health referrals, wellbeing training, and more psychological and team-based wellbeing support for staff. The wide range of health & wellbeing initiatives (mental health support, employee assistance programme, NHS apps and support lines, face-to-face counselling, clinical psychology) are still in place for staff. The effective management of absence will remain a key priority area for HR and line managers over the coming year. Case-by-case reviews are undertaken by HR Business Partners (HRBPs) and Occupational Health (OH) for all long-term sickness absence and short-term absence cases of concern to ensure the absence process is being managed appropriately. The HR team is also following NHS England's (NHSE) Improving Attendance Toolkit, in managing sickness absence. Other key actions being taken to reduce sickness absence include the following:</p> <ul style="list-style-type: none"> • Offering flu jabs through the OH team and peer vaccinators • Offering free NHS health checks onsite to all staff through Taurus Healthcare • Absence management refresher training for all line managers • HR teams reviewing cases where staff are experiencing the highest levels of absence to ensure appropriate management actions are being taken • Ensuring all staff above the trigger points for action have a management plan in place 	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>Sickness absence remains above the trust target of 4% and has continued to increase in the winter months. The main driver has been in both long- and short-term absence with managers working closely with People and Workforce colleagues to focus on the management of absence with interventions and plans in place to support and expedite their return to work as necessary. We are currently conducting a review of the occupational health provider, focusing on enhancing service provision to facilitate interventions.</p> <p>Sickness absence in Estates & Facilities remains a concern. Due to the manual aspects of these roles, identifying alternative duties to support an early return to work can be challenging. With support from a new senior manager in the post and some dedicated People & Workforce support, the trust is hoping to see some improved attendance and a speedier return to work due to proactive absence management.</p> <p>Staff wellbeing continues to be a priority area for the trust, and ongoing workstreams with our system partners continue to be developed to ensure offerings and interventions provided are based on need.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The sickness absence rate for the trust increased to 6% for November 2024 and remains above the trust target of 3.8%. This change is driven by an increase in short-term sickness absence, which accounts for 2.99% of all absence, with long-term accounting for 3.01%. The top three reasons for sickness absence are anxiety/stress/depression/other psychiatric illnesses (30.66% of absences), cough, cold, flu (15.51%) and other musculoskeletal (8.15%), which account for 54.32% of total absences.</p> <p>Reducing sickness absence across the organisation remains a key focus with revised absence management policy due to be implemented that incorporates elements of best practices and strengthens the support to both staff and managers, allowing for earlier intervention, as well as undertaking deep dives to understand any absence trends for areas with high absence rates.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Monthly sickness absence has increased by 0.28% to 5.90%, which is 0.44% better than last year. In four divisions, absence due to stress is over 30%: Women's and Children's, Corporate, Digital, and Urgent Care. Long-term sickness has increased in December 2024 to a high of 3.06%, with estate and ancillary very high at 6.93% and worsening. Our sickness has improved when benchmarked against the regional position for Prof and Tech, Healthcare Assistants (HCAs) and Allied Health Professionals (AHPs).</p>

Foundation Group Key Metrics



Cancer - Cancer 62 days Combined (new standard from Oct 23)

Trust	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
GEH	54.0%	46.8%	51.9%	50.7%	60.5%	65.8%	67.3%	48.8%	60.9%	67.9%	72.9%	71.4%	63.8%	66.3%
SWFT	58.2%	64.9%	60.1%	61.2%	60.3%	68.9%	57.5%	66.3%	57.5%	63.8%	61.3%	66.1%	58.3%	65.2%
WAH	55.2%	57.7%	54.2%	51.7%	56.9%	58.6%	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%
WVT	49.7%	78.8%	60.9%	50.3%	70.9%	62.6%	63.9%	75.5%	74.0%	57.9%	71.4%	79.2%	69.4%	73.4%



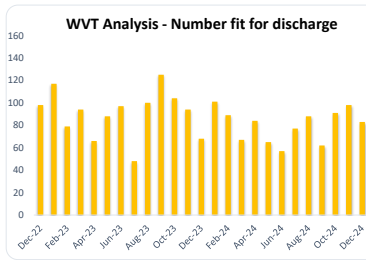
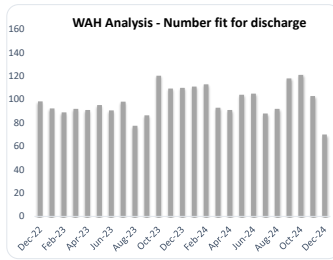
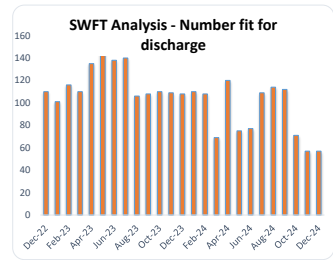
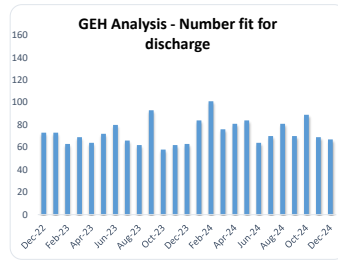
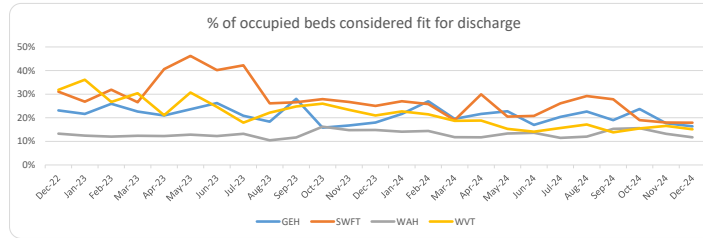
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>The trust reported a 62-day performance of 73.4%. The recently implemented validation process continues to be utilised to ensure all breaches are scrutinised, with any causes of breaches collated to be incorporated into the cancer action plan. Delays have been identified at pre-op, and as a result, an action plan has been drafted to address the delays. Utilisation of the daily pre-op slots ring-fenced for cancer patients is currently under utilised and therefore communications have been circulated to encourage specialities to use them, and the utilisation report has now been incorporated in the weekly cancer Patient Tracking List (PTL) to monitor and improve visibility. 62-day breaches continue to occur in pathways requiring surgery and therefore will be the focus for attention moving forward.</p> <p>Improvements</p> <p>Gynaecology workshop – The first workshop was very well attended and fostered some great discussions regarding the current issues. The action plan has identified 20 actions for key stakeholders to address deadlines scheduled up until February. Meetings with key teams are ongoing with a plan to schedule regular working group meetings to maintain traction addressing each action.</p> <p>Concerns</p> <p>Breast capacity issues are a concern, and as a result has seen a delay in patients receiving their first appointment with the speciality. This has been driven by sickness, annual leave, and a vacant post. A locum has now joined the team and two further locums are due to join in February. The speciality has been working hard to prioritise patients and maximise use of clinics, which to date has ensured Breast continues to meet the Faster Diagnosis Standard (FDS) target; however, further capacity issues have impacted December and January.</p>	<p>George Eliot Hospital NHS Trust GEH</p> <p>Our performance for the 62-day treatment metric has slightly improved compared to the previous month, with trust overall performance for November 2024 at 66.3%. For the month, gynaecology, haematology, and Upper GI all achieved 100% for their patients. Breast performance dropped to 43%, which was mainly due to increased referrals and limited capacity, and this is linked to October being Breast Cancer Awareness Month. There continue to be delays at the Pathology laboratory due to staff shortages that increased the waiting time, particularly in Upper GI for some biopsies to be reported; therefore, a definitive diagnosis could not be given to some patients, and therefore a treatment plan could not be organised. As a trust, we are continuing with actions to improve our position in all tumour sites with an aim to achieve above 65%. Delays to pathology will continue to impact performance, although a weekly escalation meeting with SWFT should mitigate some of these delays.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>SWFT's performance (based upon the inclusion of unvalidated December data) for Q3 has seen improvements in our 62 day performance. From a 62 day performance, although we have seen a good improvement over November, which is expected to be built upon in December, our performance over Q3 is some way off the national standard of 85%. The main challenged areas remain urology (however, they have seen significant improvements over Q3), breast (who are having significant challenges with the scheduling of theatres due to difficulties in wire placements at University Hospitals Coventry & Warwickshire-UHCW) and gynaecology (challenges in scheduling patients for diagnostics resulting in lengthy pathways).</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>The Trust's unvalidated position for 62 days cancer waiting time performance in Nov-24 is 60.3%, with recorded 134 breaches and 338 patients treated. Those patients waiting longer than 62 days (cancer backlog) continue to be reviewed and monitored daily. Quarterly trajectories have been confirmed at the speciality level in order to achieve the cancer standard at the trust level (for all pathways, not just urgent suspected, which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September (which was not achieved) (Latest data: three specialities are currently meeting the Cancer Standard). 565 patients were recorded as receiving first or subsequent treatment after the decision to treat in Nov 24; 80% were treated within 31 days. This is linked to addressing a backlog of skin patients who required their first treatment. 31-day performance for non-surgical modalities is compliant with the 96% standard; however, surgical performance is below the expected level, so the focus is on actions to improve 31-day compliance alongside the timeliness of first treatments from decision to treat.</p>

Foundation Group Key Metrics



% of occupied beds considered fit for discharge

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	23.1%	21.6%	25.9%	22.6%	21.0%	23.6%	26.2%	20.8%	18.3%	28.0%	15.8%	16.7%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%
SWFT	31.1%	26.8%	31.9%	26.6%	40.6%	46.2%	40.2%	42.2%	26.1%	26.6%	27.9%	26.7%	25.0%	27.0%	25.8%	19.0%	29.9%	20.5%	20.8%	26.1%	29.2%	27.8%	18.0%	17.9%	
WAH	13.3%	12.4%	12.0%	12.4%	12.3%	12.8%	12.2%	13.2%	10.4%	11.6%	16.2%	14.7%	14.8%	14.1%	14.4%	11.8%	11.7%	13.3%	13.6%	11.5%	12.0%	15.3%	15.6%	13.2%	11.7%
WVT	31.8%	36.1%	26.7%	30.4%	21.1%	30.7%	24.6%	17.9%	22.2%	24.8%	26.0%	23.3%	21.0%	22.7%	21.4%	18.7%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	15.5%	16.6%	15.1%



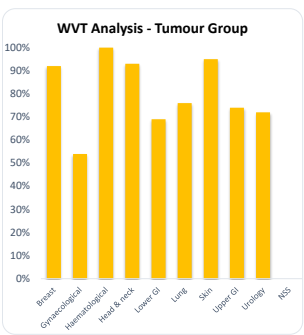
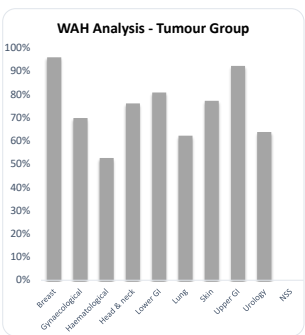
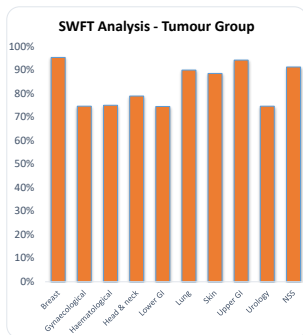
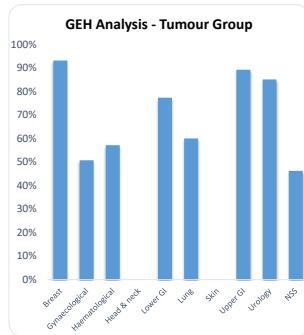
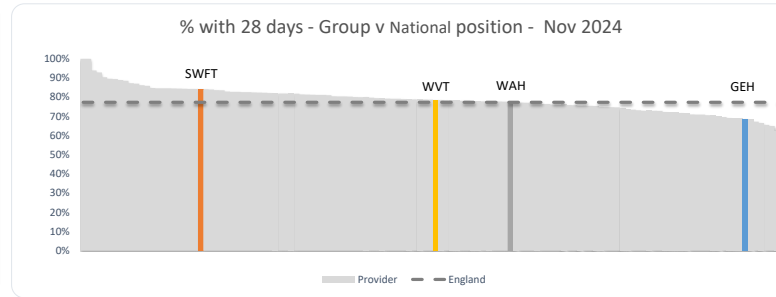
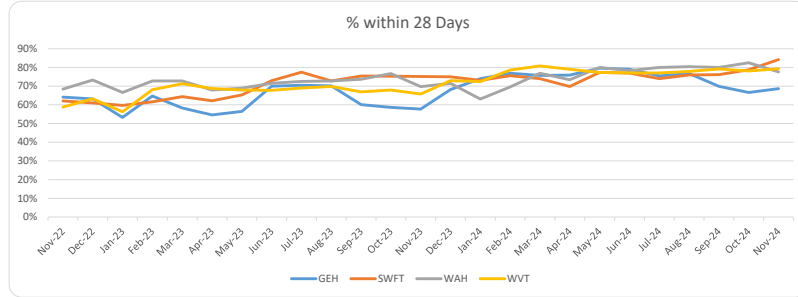
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Virtual Wards (VW) increased its capacity to undertake a cohort of surgical beds, and we now increased utilisation of our frailty and acute medicine beds during December 2024, along with continued sustained high levels of occupancy, remains a key objective. We have been delayed in increasing the capacity of our Intravenous Outpatient Parenteral Antimicrobial Therapy through the use of Fofusars due to a number of issues, including the lack of supply until the end of January 2025. A task and finish group has been established to review the governance processes ready for implementation on receipt of supply.</p> <p>Our Urgent Community Response (UCR) and VW team have been in reach with ED and the acute wards to promote the use of the new Community Referral Hub (CRH), including awareness sessions and joining Ward Board Rounds and twice-daily ED huddles.</p> <p>The UCR bridging team referrals and the team's caseload have increased, and we have seen a reduction in the number of bed days lost to patients waiting for discharge for Herefordshire. Our delays for Pathway 1 discharges in Herefordshire are considerably lower than the delays we saw last year with a more timely response from the time the patient is medically fit for discharge. Our concerns remain around the Pathway 2 and 3 capacity in Herefordshire, which is being addressed through revised commissioning of Discharge to Access bedded capacity with the Local Authority and the Integrated Care Board.</p> <p>Powys delays also remain a concern for both adult social care and Powys Health and although there are plans to ring-fence Pathway 2 capacity for WVT and we have seen increased social worker support for assessments across Herefordshire, the timeliness remains a challenge.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>In December 2024, 16.3% (less than the last report) of patients in the trust's beds did not meet the requirements to live there. Most of these patients were on pathways 1-3 and were waiting for placements or packages of care. The trust persists in hosting Multi-Agency Discharge Events (MADEs) and conducts daily system collaborative complex meetings, culminating in an afternoon call to discuss daily actions and patient outcomes. Work continues across the system to address all actions from the system collaborative event (SCDP Programme). The SCDP has a Senior Responsible Officer (SRO) and meets fortnightly to track progress on deliverables and assurance. The top three key priorities include rehab provision, fracture pathway, and choice policy. The actions and outcomes from a recent Department of Health and Social Care (DOHSC) visit, which occurred on 24/4/24, also directly link to this group.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>A continued decrease in the Medically Fit for Discharge (MFFD) numbers was seen during Q3 of 2024/25, largely due to retraining of the ward teams around the meanings of Criteria to Reside (CTR) and the implementation of a digital site office where CTR is displayed for each patient, along with a CTR team working 7 days undertaking twice daily updates with the clinical teams. This data (CTR) has also been audited for validity since go live in November 2024 and is at 88% accuracy with 96% completion compared to pre-go-live of 61% accuracy and only 68% completion.</p> <p>This is part of the winter discharge work SWFT has implemented with monthly focus on topics such as October CTR, November Remember Simple Discharge Facts and December Home for Christmas campaign with roadshows out to the ward areas supporting the discharge process and also in public areas with leaflets showing how relatives and friends can help the teams when their relative / friend is ready to go home. This is run alongside the routine battle rhythm of twice-weekly whole-trust stranded patient reviews with action plans chased daily and weekly out-of-area made events with the associated Integrated Care Boards (ICBs).</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>The number of beds occupied by patients who have been confirmed as MFFD requires improvement. On average, 15% of our General and Acute (G&A) bed base is occupied by patients who no longer require an acute bed; however, from mid-Nov to the end of December 2024, the volume of patients within the hospital who were MFFD decreased, and the occupancy levels increased. Understanding whether this is a reduction in the data capture of MFFD data or a higher case mix (related to the flu infections) is being analysed currently. The January data shows an increase back to previous levels. This is being investigated.</p> <p>Last time we reported how the Patient Flow Programme has been streamlined to focus on reducing the length of stay. For long length of stays (over 21 days), we have seen an average monthly reduction of 20 patients (from an average of 64 to 44 since October).</p> <p>Other initiatives that are being developed to support discharging are as follows: VW, Volunteer Discharge Response Team, Site management Improvement Programme - trialling more real-time information direct from wards.</p>

Foundation Group Key Metrics



28 Day Faster Diagnosis Standard (FDS)

Trust	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
GEH	64.1%	63.2%	53.3%	64.7%	58.3%	54.6%	56.5%	70.0%	70.5%	70.1%	60.1%	58.6%	57.7%	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%
SWFT	62.1%	61.0%	59.7%	61.6%	64.4%	62.2%	65.3%	73.0%	77.4%	72.8%	75%	75.31%	75.13%	75.0%	73.1%	75.6%	74.0%	69.8%	77.4%	77.0%	74.0%	76.0%	76.1%	78.8%	84.2%
WAH	68.4%	73.3%	66.6%	72.8%	72.8%	68.0%	68.9%	71.6%	72.5%	72.8%	74%	76.68%	69.71%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.0%	80.4%	80.0%	82.5%	77.6%
WVT	59%	63%	56%	68%	71%	69%	68%	68%	69%	70%	67%	68%	65.8%	72.9%	72.4%	78.6%	80.8%	79.0%	77.3%	77.1%	77.0%	77.8%	79.2%	78.1%	79.3%



RAG (Red-Amber-Green) rating versus England

Tumour Group	WVT	GEH	SWFT	WAH	England
Breast	92.0%	93.1%	95.3%	95.9%	91.7%
Gynaecological	54.0%	50.7%	74.6%	69.8%	66.8%
Haematological	100%	57.1%	75.0%	52.6%	59.3%
Head & neck	93.0%	N/A	78.9%	76.1%	75.0%
Lower GI	69.0%	77.3%	74.5%	80.8%	64.3%
Lung	76.0%	60.0%	90.0%	62.2%	79.9%
Skin	95.0%	N/A	88.5%	77.2%	84.5%
Upper GI	74.0%	89.2%	94.2%	92.2%	76.8%
Urology	72.0%	85.1%	74.6%	63.8%	64.7%

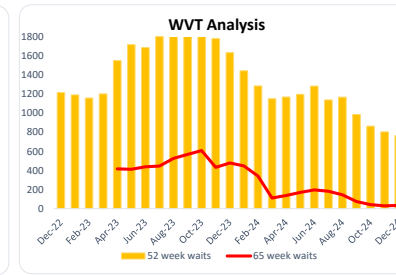
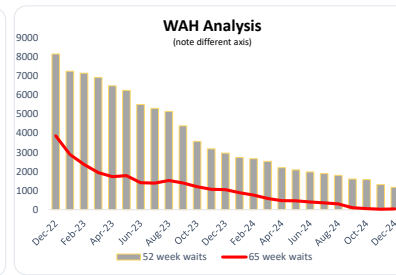
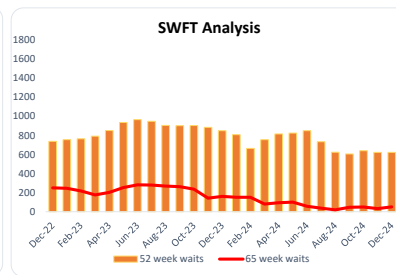
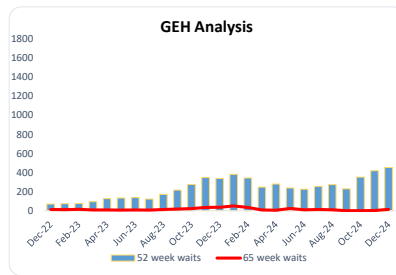
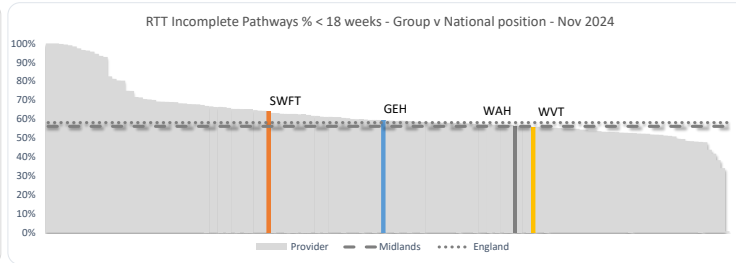
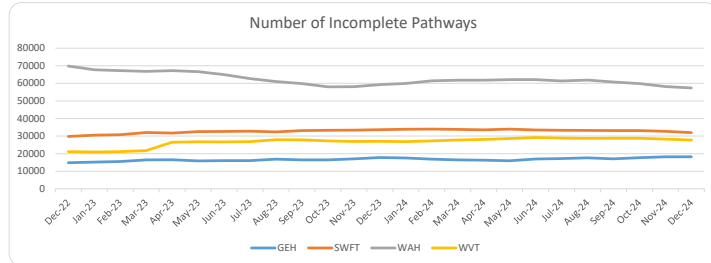
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Referrals As of the end of November, referrals were 4.1% up on the same time last year and 16.9% higher when compared to the same time 3 years ago. Noticeable increases have been seen in gynaecology, reporting a 9.4% increase against the last year, and Breast, reporting an increase of 4.8%. Although small numbers, Lung is reporting a 21.7% increase against the same time last year. Colorectal continues to see a decrease, at 17.7% as of the end of November, which is attributed to the implementation of the Faecal Immunochemical Testing (FIT) pathway used to stratify patients from primary care.</p> <p>28 Day Faster Diagnosis Standard (FDS) The trust continues to meet the Faster Diagnosis Target (FDS) in November with a reported position of 79.3%. The specialties who did not meet the Faster Diagnosis Target are gynaecology, urology, lower gastrointestinal (GI) and upper gastrointestinal (GI). Despite continued challenges in gynaecology, the first performance workshop was held in November to review the endometrial pathway and identify blockages, which has since supported the creation of a targeted action plan to address. Although Upper GI did not meet the target in November, they did reach 74% and current action plans should support the speciality in achieving this in December.</p>	<p>George Eliot Hospital NHS Trust (GEH) In November, there was a dip in the 28-day performance to 68.7%. Breast performance was 89.6%, which, although high, was a reduction from previous months. Gynaecology continues to sit at 59.7%, which is relatively unchanged from the last three months. We have identified an issue with routine histopathology requests. After conducting a review, we have resolved this issue and are now correctly requesting all histopathology, which should lead to improved performance. Upper GI continued to improve and achieved 83.3% in November. Lung performance has gone down to 54.5% in November, which is reflective of some delays in Positron Emission Tomography (PET) due to the scanner breaking and an increased number of referrals, particularly from the Targeted Lung Health Checks (TLHC) programme.</p> <p>Our most challenging site for November continued to be non-specific cancer due to increasing referrals and the multiple investigations required. December's unvalidated position has greatly improved, and the trust is working towards 80%.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT) SWFT's performance (based upon the inclusion of unvalidated December 2024 data) for Q3 has seen improvements in our FDS performance. Our FDS has seen improvements, particularly in Lower GI, with the implementation of their new triage and Consultant of the Week models, along with the recovery of capacity within Skin.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH) At Trust level we are on track to deliver our annual planning commitments for FDS, though there remains variation in tumour site delivery. The Trust remains ahead of the 77% national standard.</p> <p>There has been a specific focus on performance in all specialties with tumour sites plans to support improvements in performance for those patients with a cancer diagnosis in all tumour sites, as it underpins more timely access to treatment. Three tumour sites where improvements are challenging remain the same as last reported: Gynaecology, Lung and Urology. Breast is watching wait. Delays in the launch of the Community-led Post-menopausal Bleeding pathway are limiting improvements in Gynaecology due to a lack of guidance. New options being put forward by the ICBs are still being discussed. An additional respiratory consultant is still being sought for the Lung cancer pathway. Urology Investigation Unit impact is yet to be defined.</p>

Foundation Group Key Metrics



Referral to Treatment (RTT) List Size - English

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	% change v Dec-23
GEH	14857	15216	15504	16426	16556	15901	16025	16075	16917	16501	16426	17086	17799	17540	16896	16484	16310	15994	16958	17233	17633	17046	17751	18209	18184	2.2%
SWFT	29788	30513	30808	32013	31664	32544	32604	32774	32385	33100	33287	33387	33623	33870	33981	33764	33530	33931	33436	33285	33188	33100	33122	32721	31927	-5.0%
WAH	69832	67744	67208	66840	67191	66623	64956	62700	61006	59842	58046	58058	59242	59900	61458	61753	61740	62118	62152	61348	61862	60779	59873	58201	57382	-3.1%
WVT	21117	20953	21181	21776	26503	26797	26710	26882	27963	27857	27260	26915	27031	26837	27256	27780	28130	28574	29179	28848	28708	28783	28761	28246	27766	2.7%



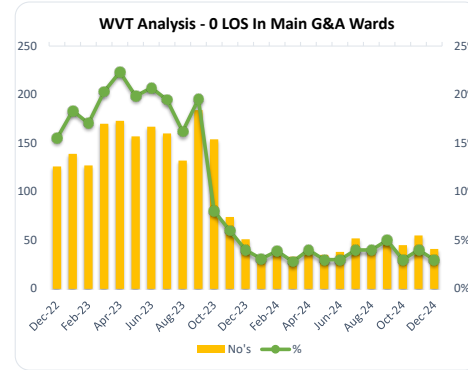
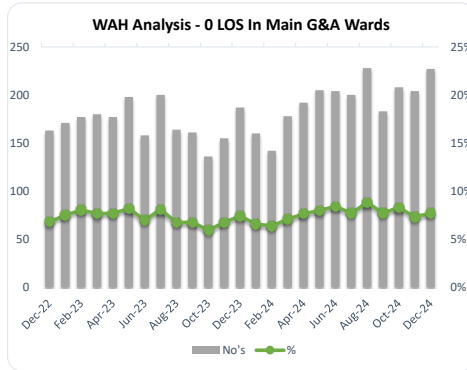
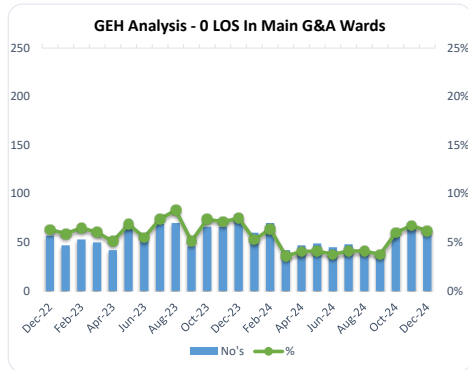
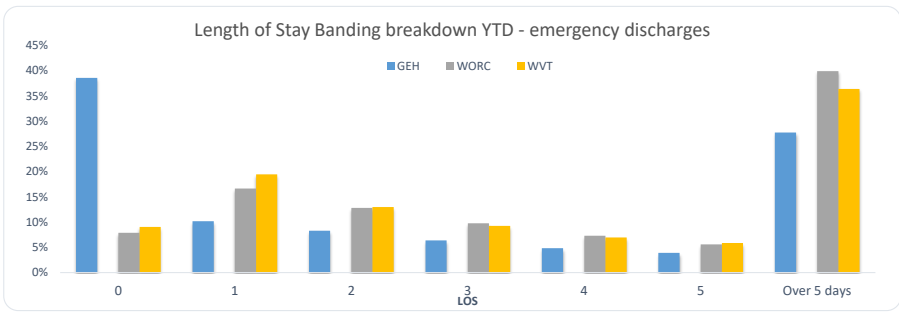
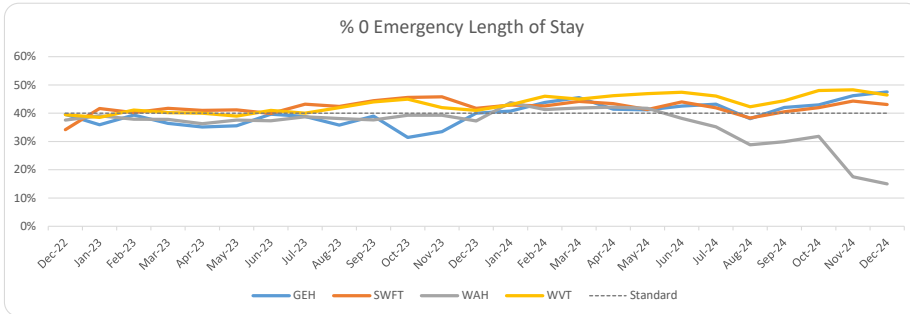
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Despite our Referral to Treatment (RTT) performance remaining static at around 55-56% over the year, we have made a considerable impact on the number of patients waiting over 52 weeks for treatment. Our waiting list of patients over 52 weeks was over 1200 patients at the start of 2024/25 and is now reduced to 750 patients.</p> <p>At the end of December 2024, we still had a small number of English 65wk waits, a total of 19 patients. We also had 2 patients waiting over 78 weeks for cornea transplant surgery.</p> <p>The specialities with the significant areas of concern remain Orthopaedics, Ophthalmology, Ear Nose and Throat (ENT), Gynaecology and Cardiology, which all sit just below 65 weeks for the start of treatment.</p> <p>As we approach the new financial year, we are modelling how we deliver reduced waiting lists and improve our RTT position whilst delivering improved productivity through the Getting it Right First Time (GIRFT) resources with oversight from our Productivity Programme Board.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>RTT: There continue to be no 78-week breaches. However, December 2024 saw 14x >65 week breaches. This was mainly due to patient choices during Christmas and the New Year. All of these patients have treatment planned for January 2025. Plans continue with an aim to have eliminated all 52-week waits by the end of March 2025. The main areas of concern are General Surgery, Gynaecology, and ENT. However, plans call for additional capacity in the form of Waiting List Initiative (WLI) theatre lists for General Surgery and weekend outpatient clinics for ENT. Gynaecology has increased its capacity through the recruitment of additional consultants in 2024. While the pathways are complex, there is potential to eliminate 52-week waits. The trust is aiming to eliminate 57-week waiters by the end of January 2025, 54 weeks by the end of February 2025, and then 52 weeks by the end of March 2025. There was an increase in the numbers at 52 weeks in December 2024 to 452, with overall 18-week RTT performance dipping only slightly at 58.4%. We have developed a new RTT Patient Tracker List (PTL) and are currently using it internally. This provides assurance that all patients on an RTT pathway have been identified and allows for robust management of the PTL by the Patient Access team and the specialities.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>RTT performance has seen a stabilisation in performance in Q3 of 2024/25, remaining at around 64%. The performance has remained at around 64% for six out of the last seven months, following a 4% improvement that was seen in Spring 2024. Its important to mention that the focus from NHS England remains on reducing the number of patients who have been waiting for the longest period of time; however, this will change in the next financial year when the focus will be on the 18-week wait performance.</p> <p>As of the end of December 2024, SWFT had 5 patients waiting over 78 weeks, with these being patients on an orthodontics pathway. The number of patients waiting more than 65 weeks now stands at 51, but this number has crept up over the last 2 months, and SWFT is working with its commissioners and NHS England (NHSE) in terms of producing a plan to ensure that the patients are treated as soon as possible.</p> <p>The really good news is that the overall number on the RTT waiting list has seen a reduction since May 2024, with a reduction of over 2,000 pathways, with reductions being seen in both the admitted and non-admitted pathways.</p> <p>In terms of the diagnostic waiting times and the Diagnostics Waiting Times and Activity (DM01), there has been a marked increase in performance over the past few months. SWFT is now at 96.5%, up from 68.7% from this time last year. The Trust is now back in the top quartile in terms of the national benchmarked position. Challenges remain in the increase in demand for Computerised Tomography (CT) scan and X-Ray specifically, especially overnight.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Considering the size of the waiting list at the start of the financial year, there has been a monumental effort to see and treat patients who had been or were 'at risk' of waiting above 65 weeks.</p> <p>In December 2024 (unvalidated), the trust is above plan for outpatient new appointments and outpatient follow-ups with procedures, but also for outpatient follow-ups (without procedures). Inpatient and day case activity is slightly below target.</p> <p>Our RTT validated submission for December 2024 was 1,178 patients waiting over 52 weeks, of whom 40 were waiting over 65 weeks and three patients over 78 weeks; 55.5% of patients are waiting less than 18 weeks for their first definitive treatment. Our total waiting list had reduced to 57,382, the lowest since March 2022.</p> <p>Business cases or 'I have an idea' are being developed for the 25-26 annual planning process to maximise productivity, which would reduce the waiting lists, but it is challenging for some specialities where insourcing has been relied upon or in the specialities where new substantive consultants are hard to attract.</p> <p>There continues to be weekly scrutiny on the PTL.</p>

Foundation Group Key Metrics



SDEC-Same Day Emergency Care (0 LOS Emergency admissions)

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	39.6%	35.9%	39.4%	36.4%	35.2%	35.6%	39.6%	38.8%	35.8%	39.0%	31.4%	33.5%	40.0%	40.7%	43.8%	45.5%	41.4%	41.2%	42.5%	43.2%	38.0%	42.1%	43.0%	46.2%	47.5%
SWFT	34.2%	41.7%	40.2%	41.7%	41.0%	41.2%	39.9%	43.2%	42.4%	44.4%	45.6%	45.8%	41.7%	42.9%	42.6%	44.2%	43.4%	41.3%	44.0%	41.9%	38.3%	40.5%	42.0%	44.3%	43.1%
WAH	37.6%	39.1%	37.9%	37.8%	36.3%	37.6%	37.3%	38.7%	38.1%	37.6%	39.3%	39.3%	37.3%	43.8%	41.3%	41.8%	42.1%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%
WVT	39.4%	38.5%	41.1%	40.2%	40.0%	39.0%	41.0%	40.0%	42.0%	44.0%	45.0%	42.0%	41.0%	43.0%	46.0%	45.0%	46.2%	46.9%	47.4%	46.1%	42.3%	44.4%	48.0%	48.3%	46.5%



SWFT has no reported figures on this section

Analysis / Current Performance:

Wye Valley NHS Trust (WVT)
 Zero Length of Stay on our General and Acute wards remains low at 3% for December 2024, with our SDEC areas managing over 46% of the daily admissions from our ED or directly from Primary Care or Community Services.
 However, we know there is more work to do to improve the throughput through our SDEC areas. Recent criteria to admit audits have shown that there is further opportunity to prevent admissions to our Acute Assessment Unit and reduce pressure on ED by decongesting the overspill of follow-up activity through our medical SDEC by utilising the increased estate in our Medical Day Case. The operational and clinical teams are working through the options currently on how to achieve this.

South Warwickshire University NHS Foundation Trust
 SDEC areas and Urgent Community Response (UCR) are also seeing an increase in numbers supported with new virtual wards in acute medicine and respiratory opening in Q3. Despite some SDEC areas having to be bedded due to a rise in demand, they have continued to function, streaming patients either away from ED.

George Eliot Hospital NHS Trust (GEH)
 Ongoing work to improve the 0 length of stay continues; the reconfiguration of the site started in April 2024, which will enable the trust to have a frailty area, currently being delivered from the Meriden Unit. The Surgical Assessment Unit (SAU) has increased its capacity to accommodate patients from the Early Pregnancy Assessment Unit (EPAU) and Gynaecology Assessment Unit (GAU). Work is ongoing to increase the number of patients streamed to SDEC over the weekend by ensuring the opening times meet the demand from the emergency department.

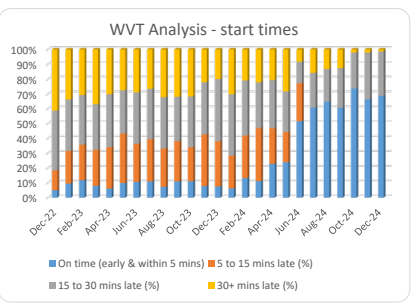
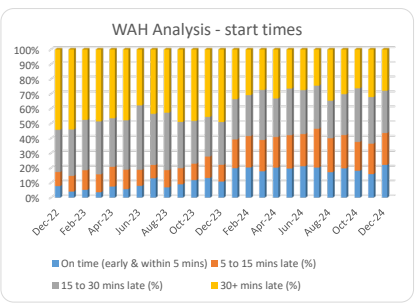
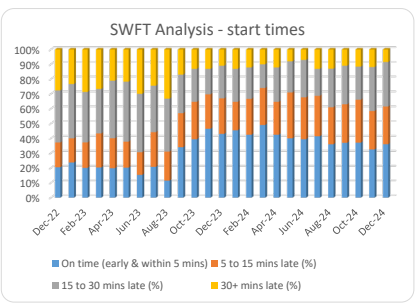
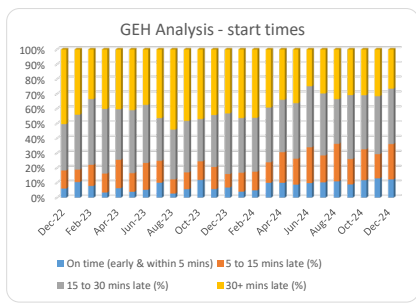
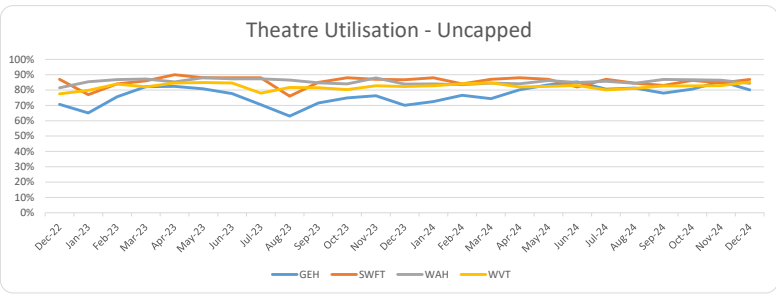
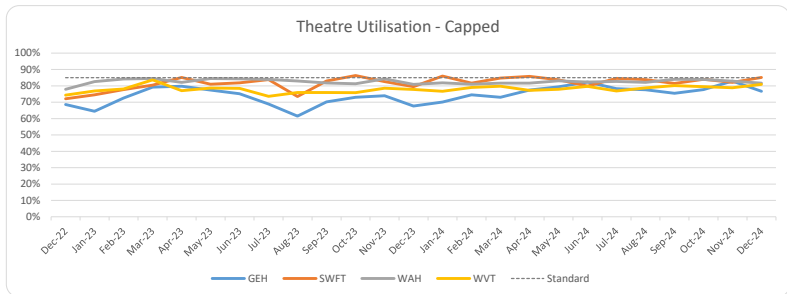
Worcestershire Acute Hospitals NHS Trust (WAH)
 SDEC activities that were not included in the costing and counting emergency changes are being reported as Outpatient News.
 During December we have seen the highest volume in a decade of patients admitted to the hospital who are flu positive and days where ED attendances peaked beyond anything previously seen; this placed significant pressures on the bed capacity and isolation room usage and limited hospital flow, which resulted in some patients waiting within the hospital longer than they should.

Foundation Group Key Metrics



Theatre Productivity - Capped Utilisation (% Touch time within planned session vs planned session time)

Trust	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	68.56%	64.5%	72.5%	79.2%	79.8%	77.4%	75.2%	68.9%	61.5%	70.2%	73.0%	74.0%	67.6%	70.1%	74.6%	73.0%	77.5%	79.4%	82.4%	78.3%	77.6%	75.5%	77.7%	82.9%	76.7%
SWFT	72.10%	74.5%	77.7%	80.4%	85.1%	81.0%	81.8%	83.8%	73.5%	83.0%	86.3%	82.6%	79.5%	86.0%	81.7%	84.8%	85.8%	83.7%	79.9%	84.6%	83.8%	81.5%	84.0%	82.1%	85.1%
WAH	77.9%	82.6%	84.2%	84.5%	82.1%	84.5%	84.3%	83.9%	83.0%	81.7%	81.3%	84.3%	80.9%	81.8%	81.0%	81.6%	81.6%	83.1%	82.3%	82.7%	82.1%	84.0%	83.9%	82.9%	81.6%
WVT	74.3%	76.9%	78.1%	83.6%	77.0%	78.7%	78.5%	73.6%	75.9%	75.9%	75.8%	78.6%	77.8%	76.7%	79.0%	79.8%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%	79.5%	78.8%	80.9%



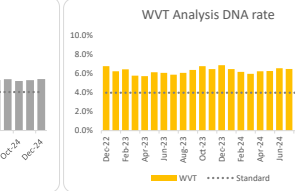
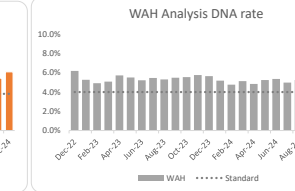
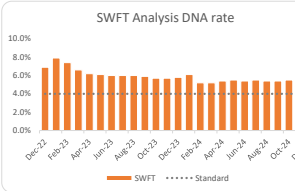
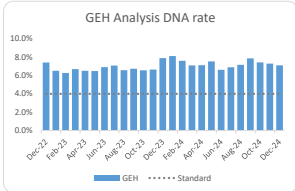
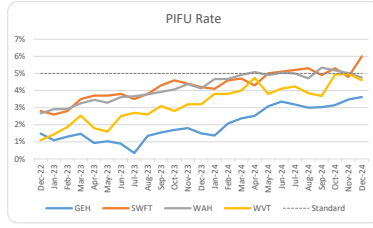
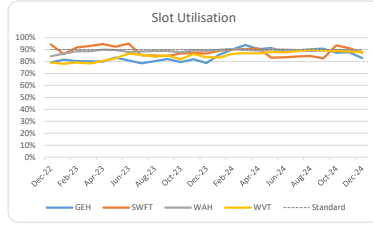
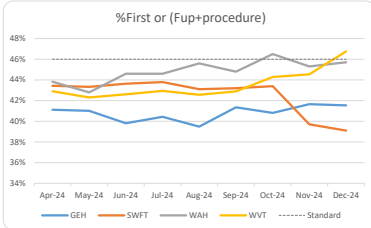
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>The team was faced with significant challenges in December with high levels of absence in the anaesthetic, orthopaedic and breast medical workforce, which impacted some of our theatre lists at short notice and our ability to backfill some vacant sessions. However, we did manage to achieve almost 81% uncapped theatre utilisation and our average cases per list were 3.7 per list. Prior to the Surgical Day Case Unit (SDCU) opening, this averaged just 3 per list.</p> <p>Our challenges for December 2024 and January 2025 were to raise the capped theatre utilisation of some of the most challenged specialities. Detailed reviews of each speciality were undertaken via the retrospective theatre review meetings and working with each surgeon to improve their list construction, early finishes and how additional patients can be added to lists.</p> <p>During February 2025 we are aiming to have the GIRFT team on site to start the peer review processes of reviewing our SDCU in order to improve our utilisation and efficiency further and achieve accreditation.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>76.7% capped for December 2024 and uncapped 80%. Ophthalmology, Oral surgery, and Plastics had the lowest performance. For some sessions, the actual procedure times were significantly shorter than the planned times. Specialities showed significant differences in the use of capped touch time. Breast and Urology had 90%, but General Surgery had 64.2%, Gynaecology had 51.1%, and Trauma and Orthopaedics had 36.5%. The cancellation rate for the month of December was notably high, at 9.5%. The flu and other illnesses in the community reduced patient availability over Christmas. There was also a need to increase emergency theatres due to demand. There are ongoing actions and a focus on improving the current position to deliver 85% of the capped capacity.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>The new format for the forward look and the look back meetings is embedded as business as usual. The forward look meetings are identifying more issues ahead of the lists taking place, which is ensuring we have the right theatre teams, kit etc. The communication between the booking teams and the theatre teams has improved and short notice changes are discussed to ensure they can be facilitated. Utilisation remains steady and is being maintained well.</p> <p>There is ongoing work relating to the cancelled-on-the-day report, as it has proved to be considerably more complicated than first envisaged, however, several workshops have taken place and work is progressing.</p> <p>Late starts continue to be monitored and challenged with any teams or clinicians where it is happening regularly.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>The Theatres Programme and the supporting teams continue to focus on the capped utilisation performance. The focus on improving the utilisation has been through investigation regarding late starts and early finishes and how to mitigate barriers to starting on time. This is being reviewed at speciality and clinician level to identify improvements. Improving processes for pre-op to increase the capacity and efficiency of the process, this has been implemented and cancellations on the day for this cohort are reducing. Focus on the reasons for cancelled operations and putting in place plans to mitigate those within the hospital's control, such as staffing being available.</p> <p>We are also looking to reconfigure some services to better utilise the physical space and improve consultant availability (i.e. reduction of travel across sites) and ensure that procedures are carried out in an appropriate setting, i.e. treatment room rather than a theatre where safe to do so. The scope of these changes has been documented and plans are in place to start to implement what is a consecutive and complex set of changes.</p>

Foundation Group Key Metrics



Outpatients procedures-First or (Fup+procedure)

Trust	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	41.1%	41.0%	39.8%	40.4%	39.5%	41.3%	40.8%	41.7%	41.5%
SWFT	43.4%	43.3%	43.6%	43.8%	43.1%	43.2%	43.4%	39.7%	39.1%
WAH	43.8%	42.8%	44.6%	44.6%	45.6%	44.8%	46.5%	45.3%	45.7%
WVT	42.9%	42.3%	42.6%	42.9%	42.6%	42.9%	44.3%	44.5%	46.8%



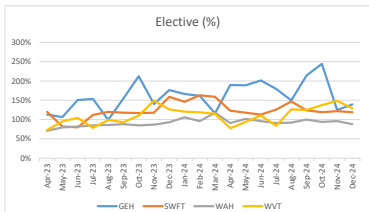
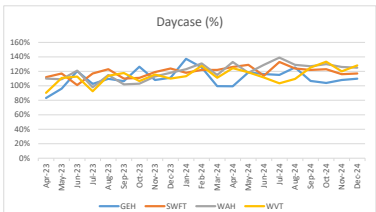
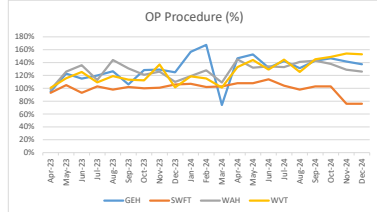
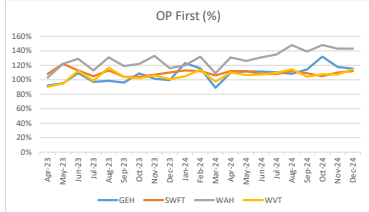
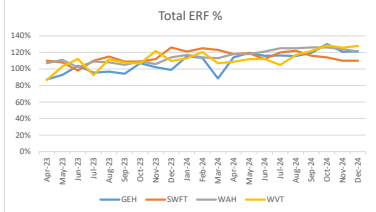
Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Detailed work has been undertaken over the last three months to review all our outpatient clinics to ensure coding is correct, along with some productivity reviews within our Clinical Nurse Specialists (CNS). This has led to an increase in our percentage of New and Follow up with a procedure split within our outpatient clinics. Gastroenterology, cardiology and diabetes have seen the biggest increase through our coding reviews. We are developing reports to feedback coding practices to support ongoing sustainability of improvements.</p> <p>Patient Initiated Follow-up (PIFU) had a positive movement in the month despite the upgrade to our local systems in order to record all PIFU pathways correctly. The system upgrade should happen at the end of January 2025 and allow for increased patients being recorded on PIFU, in particular the opportunity to record patients in other groups of patients, e.g. in Gastroenterology, Inflammatory Bowel Disease patients can be added to PIFU pathways.</p> <p>Did Not Attend (DNAs) are still higher than we would like and we are looking at some of the work undertaken across the foundation group around how various specialities and patient demographics were targeted for reminder phone calls in order to reduce cohorts of patients that DNA.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>The PIFU rate has increased to 3.6% for December 24, against a trajectory of 4.5%, with 647 patients transferred to a PIFU pathway. The go-live of the new PIFU Structured Query Language (SQL) report has now taken place, enabling the Directorates team to manage their pathways for their specialities, giving assurance to the clinical teams. Electronic reporting will also now commence on 01/02/2025. Further work continues to increase the number of patients added to PIFU.</p> <p>The DNA rate in December 2024 was 7.1% (GEH OP Spreadsheet), with the DNA number reduced from 1638 in November 2024 to 1523 in December 2024. Focus on the multiple DNAs for the New Year with our volunteers looking to contact these patients with an appointment within 3 months as reminder calls.</p> <p>Utilisation has seen the seasonal dip in December 2024 to 82.9%. Work is ongoing to improve and maximise utilisation, working toward booking 4-hour sessions and also embedding 6, 4, and 2 style meetings in surgery for outpatients. Outpatient attendances attracting a procedure tariff have remained relatively static over the past couple of months, with December 2024 at 41.5%. Directorates and coding teams are reviewing clinics to ensure procedures are being recorded.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>DNA Rate: The SWFT position has increased to 6.4% in December 2024, however, some of this would have been driven by the higher instances of winter viruses during December 2024. There continues to be a major focus on reducing the Trust's DNA rate, which has seen a recent increase, but this is still below the performance seen at the start of the year. However, SWFT remains in the top quartiles for performance nationally. The Outpatient Improvement Programme continues to monitor the DNA rate at speciality level, with Physiotherapy - Paediatrics, Diabetic Medicine and Orthotics having the highest rates.</p> <p>SWFT continued to do work on a previous DNA prediction report that had been developed by the trust's Information Department. This work is still being done in conjunction with operational colleagues and a local voluntary organisation, Helpforce, and will continue the work to reduce the DNA rates in the Trust's specialities with the highest DNA rates. The trial period is coming to an end in the next month or so and then an evaluation report will be produced to establish the effectiveness of the DNA prediction tool.</p> <p>PIFU: SWFT's PIFU rate continues to see a steady improvement and has peaked at 6% in December 2024, which is in the top quartile nationally. The specialities with the highest PIFU rates continue to be Gastroenterology, Trauma & Orthopaedics and Physiotherapy. The PIFU project group is still running and rolling out to more specialities over the next few months, so further improvements are expected.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>Outpatient New is performing on target against our annual plan (year to date), and follow-ups is above the annual plan. The reason for the follow-ups being higher is still a consequence of the delay and waiting list backlog generated by Covid.</p> <p>We are focusing on improving the productivity within outpatients, particularly in the utilisation of physical space within the hospital sites, where we can potentially run additional clinics. An internal system has been developed to identify the opportunities; this tool has significant power in linking room utilisation to planned clinic activity and job plans. The tool is in the early stages of being used—it was released in late December 2024. Impact analysis will take place in the coming months.</p> <p>In-clinic utilisation is being reviewed and improved by comparing appointment times at speciality levels and variance in practice by clinicians to try and share good practice and remove any barriers within our power.</p> <p>DNAs are performing well with continuous usage of the text reminder service and daily monitoring for any patients who have cancelled so that we can try to reuse the vacated appointment slot.</p> <p>We are still receiving some patient feedback that letters are not reaching them in time for them to attend the appointment, in some instances after the appointment, but the development of the local patient portal is another medium for patients to access future outpatient appointment details themselves. This goes live before the end of this year.</p> <p>PIFU usage is becoming more embedded and is being applied appropriately, with few patients requesting PIFU appointments - this is monitored monthly. Further work comparing our values to GIRFT will take place in the coming months to see if we can convert follow-ups to new clinics in some of the high-volume waiting list areas.</p>

Foundation Group Key Metrics



Total Elective Recovery Funding (ERF)

Trust	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
GEH	87.3%	92.8%	103.8%	95.5%	96.8%	94.2%	107.0%	102.0%	98.8%	115.2%	113.4%	88.5%	114.0%	119.4%	115.8%	116.2%	115.6%	119.5%	130.2%	120.8%	121.3%
SWFT	110.0%	108.0%	98.0%	110.0%	115.0%	109.0%	109.0%	112.0%	126.0%	121.0%	125.0%	123.0%	118.0%	119.0%	112.0%	120.0%	122.0%	116.0%	114.0%	110.0%	110.0%
WAH	107.0%	111.0%	102.0%	109.0%	108.0%	105.0%	109.0%	106.0%	114.0%	117.0%	114.0%	113.0%	118.0%	118.0%	121.0%	125.0%	125.0%	126.0%	126.0%	124.0%	121.0%
WVT	86.7%	103.0%	112.1%	92.5%	111.8%	107.8%	106.7%	121.8%	109.7%	112.8%	120.4%	106.9%	108.7%	111.9%	112.1%	104.8%	116.8%	121.7%	128.5%	125.8%	127.9%



Analysis / Current Performance:	
<p>Wye Valley NHS Trust (WVT)</p> <p>Our stretched activity plan, which was reviewed and re-profiled as part of the 2024/25 second half of the year check and challenge with the clinical divisions, remains on plan for outpatients and day case procedures overall but slightly behind plan for overnight electives. However, the activity levels, when compared with Value Weighted Activity (VWA) is one of the highest in the region and delivery of our Elective Recovery Fund (ERF) remains on target to deliver for this year. The impact of the Day Case Surgical Unit from July 2024 onwards had a significant impact on this achievement, along with improved productivity as part of the GIRFT Faster Further programme.</p> <p>Nationally they are continuing to indicate that they cannot afford the level of ERF activity and that they will apply a cap. We have received indication that this will be based on our month 8 forecast, which would see us achieve our planned overperformance however, any further improvements in performance would mean we would lose income and have made that clear to the ICB and regional colleagues.</p>	<p>George Eliot Hospital NHS Trust (GEH)</p> <p>ERF performance has been steadily improving to last year. Driven by improvements in the Outpatient First Attendance (OPFA) setting and Outpatient Procedures (OPROCS), day cases have reduced as we moved Gynaecology activity to the CDC setting (previously in day cases) and Urology cases moved to OPROCS. Our elective performance reflects the way we account for virtual wards since November 2024 but reflects a steady improvement in performance reflecting the focus on the theatre improvement programme.</p>
<p>South Warwickshire University NHS Foundation Trust (SWFT)</p> <p>For Quarter 2 of 2024/25, SWFT has continued to see strong performance with the ERF, both in terms of activity numbers as well as the estimated financial value. The quarter has seen the estimated value of inpatient activity being the highest at around 120% the value of 2019/20; day-case activity was at 119% and out-patient new at 109%. Where there was a lower performance was around the out-patient new and follow-up procedure code activity.</p> <p>As part of the work to increase the number and value of the out-patient procedure coding, the Finance Directorate have arranged a series of SPRINT meetings. These meetings bring together operational, clinical, financial, data quality, IQVIA and coding staff to engage in focused sessions looking at out-patient procedure benchmarking data, tariff data, existing out-come sheets and investigating what activity takes part in each speciality area. These meetings attempt to provide a one-stop stop for the discussion of the opportunities for improving the procedure coding at pace, by having all of the correct stakeholders in room at the same time.</p> <p>The Financial Estimate Year To Date percentage position at the end of December stood at 116% - the activity percentage is 108%, demonstrating that the value of the activity is higher now than the baseline financial year of 2019/20.</p>	<p>Worcestershire Acute Hospitals NHS Trust (WAH)</p> <p>ERF value is being driven by the overperformance in Outpatient New (in part due to the SDEC outpatients) and improved data capture of procedures following dedicated benchmarking and advice from Coding. Understanding where our opportunities are with the elective inpatients is a focus for the Theatres Programme.</p>

Performance Against Target (Status)		Activity Performance Only	
■ Meeting Target	■ Over 5% above Target	■ 5% above to 2% below Target	■ More than 2% below Target to 5% below Target
■ Not Meeting Target		■ Over 5% below Target	

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark					
																	Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month				GEH Latest month vs benchmark	National or Regional			
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 77% (FY_2024-25)	68.2%	74.0%	76.9%	75.7%	75.9%	79.6%	79.0%	75.5%	76.7%	69.9%	66.6%	68.7%			435	633	73.5%		68.7%	78.6%	Nov 2024				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	≥ 96%	98.0%	100%	100%	96.7%	91.4%	98.7%	100%	100%	100%	96.8%	100%	100%			66	66	98.3%		100%	94.0%					
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	≥ 85% (FY_2023-24) ≥ 70% (FY_2024-25)	51.9%	50.7%	60.5%	58.2%	67.5%	48.8%	60.9%	67.9%	72.9%	71.4%	63.8%	66.3%			33	49	63.5%		66.3%	71.7%					
	2 Week Wait all cancers	Chief Operating Officer	≥ 93%	65.5%	75.0%	83.7%	83.2%	86.3%	88.5%	86.3%	80.3%	52.1%	51.0%	59.0%	72.2%			426	590	71.4%		72.2%	94.1%					
	Urgent referrals for breast symptoms	Chief Operating Officer	≥ 93%	51.6%	64.3%	66.1%	97.4%	100%	87.0%	86.9%	71.4%	8.5%	26.8%	30.9%	38.8%			19	49	58.6%		38.8%	86.9%					
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	9	7	6	8	8	7	3	6	4	3	3	7													
	Cancer 62-Day National Screening Programme	Chief Operating Officer	≥ 90%	22.0%	25.0%	27.3%	55.6%	58.3%	15.4%	8.3%	40.0%	26.7%	100%	50.0%	66.7%			2.0	3.0	36.0%		66.7%	68.9%	Nov 2024				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	≥ 85%	90.0%	93.5%	77.8%	92.3%	78.3%	89.2%	90.0%	84.6%	90.5%	83.8%	95.2%	100%			10.5	10.5	89.1%		100%	80.7%					
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	0	55	57	37	33	61	54	43	34	35	45	53	42													
Primary Care and Community Services	% emergency admissions discharged to usual place of residence	Chief Operating Officer	≥ 90%	92.1%	92.7%	92.4%	93.3%	92.6%	94.0%	93.4%	94.3%	94.3%	93.1%	92.6%	91.8%	88.8%			2,393	2,696	92.7%							
Urgent and Emergency Care	A&E Activity	Chief Operating Officer	Actual	8,301	8,453	8,102	8,738	8,489	8,913	8,873	8,694	7,795	8,229	8,688	9,199	9,098					77,978		9,098	14,446	Dec 2024			
	Ambulance handover within 15 minutes	Chief Operating Officer	≥ 95%	13.7%	9.0%	13.0%	11.9%	10.2%	13.5%	11.4%	11.7%	13.3%	9.6%	6.7%	6.8%	7.1%			107	1,516	10.0%							
	Ambulance handover within 30 minutes	Chief Operating Officer	≥ 98%	62.6%	48.7%	54.9%	62.4%	59.3%	66.1%	64.6%	61.4%	68.3%	61.4%	45.9%	53.8%	43.9%			665	1,516	58.2%							
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	6.0%	23.0%	16.7%	13.0%	13.8%	6.4%	6.8%	9.1%	4.9%	9.2%	25.4%	12.2%	25.7%			390	1,516	12.7%							
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Actual	1,042	1,072	931	976	914	872	844	798	865	768	902	856	931												
	Same Day Emergency Care (0 LOS Emergency admissions)	Chief Operating Officer	≥ 40%	40.0%	40.7%	43.8%	45.5%	41.4%	41.2%	42.5%	43.2%	38.0%	42.1%	43.0%	46.2%	47.5%			1,036	2,180	42.9%							
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		9.1%	12.2%	11.3%	9.6%	11.2%	11.2%	9.6%	12.2%	9.3%	7.5%	7.6%	7.5%	9.2%			841	9,098	9.4%							
	A&E - Time to treatment (mean) in mins	Chief Operating Officer		83	90	96	91	95	92	92	93	85	93	96	111	113					97		111	73	Nov 2024			
	A&E - 4-Hour Performance	Chief Operating Officer	≥ 76% (FY_2023-24) ≥ 78% (FY_2024-25)	73.4%	71.7%	71.6%	77.4%	74.8%	75.3%	76.4%	74.6%	73.8%	74.6%	72.5%	70.9%	68.2%			6,207	9,098	73.4%		68.2%	68.8%				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	22	26	23	21	19	18	18	19	15	17	21	24	22					19		24	15.5	Nov 2024			
A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	98	279	267	245	254	116	51	133	56	161	380	141	345					1637								

Performance Against Target (Status)		Activity Performance Only	
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■ Not Meeting Target			■ Over 5% below Target

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Pass/Fail		The system may achieve or fail the target subject to random variation
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Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Quality of care, access and outcomes	Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark
																Numerator	Denominator			GEH Latest month vs benchmark	National or Regional	Nov 2024			
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	≤ 3%	0.9%	1.6%	2.2%	1.7%	1.9%	1.9%	2.0%	2.3%	2.1%	2.0%	1.4%	2.3%	2.5%	217	8,622	2.0%							
Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	≥ 92%	59.8%	59.9%	58.7%	60.1%	59.7%	59.2%	60.7%	61.0%	59.6%	59.5%	60.1%	59.4%	58.4%	10,621	18,184	59.7%		59.4%	55.2%	Nov 2024			
Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		17,799	17,540	16,896	16,484	16,310	15,994	16,958	17,233	17,633	17,046	17,751	18,206	18,184										
Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer		339	381	343	247	279	238	225	255	273	229	352	418	452					418	1,181	Nov 2024			
Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0 End of Sept24	36	50	35	8	5	24	9	13	9	0	1	2	14			17		2	87	Nov 2024			
Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	0	0	0	0	0	0	0	0	0	0	0	0					0	24				
Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
GP Referrals (% v 2019/20 baseline)	Chief Operating Officer	2019/20	93.1%	107%	112%	88.4%	107%	101%	100%	146%	126%	130%	135%	137%	84.6%	7,743	9,151								
Outpatient Activity - New attendances (% v 2019/20 baseline)	Chief Operating Officer	≥ 130%	99.5%	123%	116%	88.9%	110%	112%	111%	110%	108%	114%	132%	118%	115%	5,179	4,384	112%		118%	114%	Nov 2024			
Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	84.5%	107%	105%	79.8%	87.1%	79.1%	81.3%	80.6%	79.7%	79.3%	89.9%	90.5%	85.1%	5,179	6,088								
Proportion of all outpatient attendances that are for first appointments or follow-up appointments with a procedure	Chief Operating Officer	≥ 46%					41.1%	41.0%	39.8%	40.4%	39.5%	41.3%	41.0%	42.5%	36.9%	7,427	20,102	37.0%							
Total Elective Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	176%	166%	162%	116%	190%	189%	201%	180%	150%	214%	244%	125%	139%	162	119	178%		125%	94.8%	Nov 2024			
Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	140%	128%	129%	93.5%	133%	93.8%	103%	85.8%	78.2%	64.9%	105%	112%	84.8%	162	191								
Total Daycase Activity (% v 2019/20 Baseline)	Chief Operating Officer	≥ 130%	111%	137%	125%	99.5%	99.4%	118%	116%	115%	125%	107%	104%	108%	110%	1,340	1,230	110%		108%	109%	Nov 2024			
Total Daycase Activity (volume v plan)	Chief Operating Officer	Plan	88.8%	79.1%	100%	79.6%	82.5%	84.6%	82.2%	81.1%	83.5%	69.1%	77.2%	86.5%	79.1%	1,340	1,694								
BADS Daycase rates	Chief Operating Officer	≥90%	94.5%	98.0%	93.5%	91.7%	95.3%	95.5%	91.9%	97.9%	97.8%	94.8%	89.8%	96.3%	95.6%	65	68	95.0%							
Cancelled Operations on day of Surgery for non clinical reasons per month	Chief Operating Officer	≤10 per month	31	17	28	24	21	26	16	31	30	42	34	43	16			29							
Diagnostic Activity - Computerised Tomography (% v 2019/20 Baseline)	Chief Operating Officer	Plan	131%	140%	126%	162%	142%	151%	142%	132%	141%	137%	150%	151%	143%	2,295	1,603	143%							
Diagnostic Activity - Endoscopy (% v 2019/20 Baseline)	Chief Operating Officer	Plan	93.7%	102%	104%	128%	85.4%	96.0%	89.1%	85.0%	90.6%	92.5%	96.4%	95.0%	96.4%	646	670	91.7%							
Diagnostic Activity - Magnetic Resonance Imaging (% v 2019/20 Baseline)	Chief Operating Officer	Plan	75.2%	87.7%	81.5%	99.6%	92.8%	95.8%	104%	104%	85.9%	93.2%	80.6%	83.2%	90.4%	1,164	1,287	91.9%							
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	>95%	91.6%	92.4%	97.0%	92.1%	89.9%	95.4%	96.6%	91.9%	87.4%	86.0%	92.3%	95.2%	89.6%	2,168	2,420	91.6%		95.2%	86.5%	Nov 2024			
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	≥90%	97.7%	85.0%	98.7%	95.3%	97.4%	99.5%	98.3%	97.1%	98.3%	97.3%	97.6%	98.3%	98.4%	180	183	97.9%							

Performance Against Target (Status)		Activity Performance Only	
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■	Not Meeting Target	■	5% above to 2% below Target
		■	More than 2% below Target to 5% below Target
		■	Over 5% below Target

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Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark	
																	Numerator	Denominator			GEH Latest month vs benchmark	National or Regional				
Woman and Child Care	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer		38.5%	17.4%	4.8%	10.5%	20.0%	25.0%	25.0%	8.3%	4.5%	20.6%	25.0%	20.0%	18.5%	5	27	18.2%		25.0%	10.1%	Oct 2024			
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer		65.0%	56.8%	63.1%	56.0%	53.1%	50.0%	61.0%	56.3%	55.9%	53.3%	44.6%	55.6%	50.0%	23	46	53.0%		44.6%	64.0%	Oct 2024			
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer		92.3%	82.8%	89.5%	84.0%	57.7%	87.1%	71.4%	92.7%	75.0%	92.7%	74.1%	66.7%	88.5%	23	26	81.3%		74.1%	83.9%	Oct 2024			
	Maternity Activity (Deliveries)	Chief Nursing Officer	Actual	173	177	186	167	198	172	163	206	147	187	186	160	175			1,594							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:29	1:27	1:28	1:23	1:29	1:27	1:25	1:29	1:23	1:30	1:27	1:28					1:27						
Outpatient Transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<5%	7.9%	8.1%	7.6%	7.1%	7.1%	7.5%	6.6%	6.9%	7.2%	7.9%	7.4%	7.3%	7.1%	455	6,399	7.2%		7.3%	6.6%	Nov 2024			
	PIFU Rate	Chief Operating Officer	≥ 5%	1.5%	1.4%	2.1%	2.4%	2.5%	3.1%	3.4%	3.2%	3.0%	3.0%	3.2%	3.5%	3.6%	647	17,854	3.2%							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	≥90%	78.8%	85.7%	90.1%	93.8%	90.3%	91.2%	88.1%	89.4%	90.3%	90.8%	87.4%	87.7%	82.9%	6,399	7,718	88.7%							
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	≥ 25%	16.5%	17.1%	18.4%	18.9%	19.7%	18.9%	19.4%	19.6%	18.5%	17.2%	17.2%	16.9%	18.3%	1,085	5,944	18.4%							
Prevention Long Term Conditions	Maternity - Smoking at Delivery	Chief Nursing Officer		8.1%	5.5%	5.9%	8.4%	5.6%	8.0%	8.9%	12.0%	12.2%	6.9%	6.5%	10.0%	6.9%			8.9%		6.5%	6.3%	Oct 2024			
Safe, High-Quality Care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	< 90%	93.6%	97.9%	100%	98.5%	100%	99.2%	99.2%	94.8%	96.5%	94.8%	94.2%	98.3%	99.3%	410	413	97.3%		95.4%	90.5%	Jul - Sep 2024			
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	0	1	0	0	0	0	0	0	0	0	0	0	0			0		0	37	Nov 2024			
	Patient ward moves emergency admissions (acute)	Chief Nursing Officer		3.2%	2.8%	2.9%	3.3%	3.8%	1.4%	2.0%	1.5%	1.8%	1.9%	1.8%	1.4%	0.9%	12	1,275	1.8%							
	ALoS - D2A Pathway 2	Chief Operating Officer		29.5	21.8	20.6	29.5	23.7	21.3	22.7	32.4	19.6	32.0	21.4	38.4	25.2										
	ALoS - D2A Pathway 3	Chief Operating Officer		26.3	13.6	15.6	26.3	17.1	16.3	14.7	20.9	18.0	25.2	14.0	22.6	16.0										
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	< 4.5	5.5	5.3	5.4	5.3	5.8	4.9	5.1	4.9	4.7	5.1	5.4	4.8	4.5			5.0							
	ALoS - General & Acute Elective Inpatients	Chief Operating Officer	< 2.5	2.6	1.7	2.2	2.9	2.4	2.7	2.1	2.5	2.9	2.7	2.7	2.6	3.5			2.7							
	Medically fit for discharge - Acute	Chief Operating Officer	≤5%	18.0%	21.6%	27.0%	19.5%	21.6%	22.8%	17.0%	20.3%	22.6%	19.0%	23.7%	17.7%	16.3%	67	410	19.9%							
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	≤5%	9.5%	7.7%	8.5%	9.0%	9.6%	8.7%	8.5%	8.1%	8.8%	9.0%	9.0%	8.0%	10.4%	437	4,209	8.8%							
	HSMR - Rolling 12 months (Published Month)	Chief Medical Officer	<100	108.7	104.7	100.7	100.4	97.5	97.5	97.5	105.3	105.3	104.3	106.7	106.0	118.8			118.8							
	Mortality SHMI - Rolling 12 months (Published Month)	Chief Medical Officer	<1	1.18	1.10	1.10	1.09	1.09	1.09	1.09	1.07	1.06	1.05	1.06	1.06	1.04			1.06							
Never Events	Chief Medical Officer	0	0	1	0	0	0	0	0	0	0	0	0	0	0			0								

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Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Quality of care, access and outcomes	Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Latest Available Monthly Position			Pass/Fail	Trend Variation	DQ Mark	
																Numerator	Denominator	Year to Date vs Standard	Trend - Rolling 13 Month	GEH Latest month vs benchmark				National or Regional
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	1	Oct 2024			
MSSA Bacteraemia	Chief Nursing Officer		1	1	1	1	1	2	0	2	5	4	2	1	3				2	10	Oct 2024			
Number of reportable >AD+1 clostridium difficile cases to Hospital apportioned clostridium difficile cases (COHA& HOHA)	Chief Nursing Officer	2022/23 (35)	4	5	4	7	4	5	3	6	3	1	6	10	3									
Number of falls with moderate harm and above	Chief Nursing Officer	2021/22 (10)	0	0	2	1	1	1	0	1	0	0	2	0	1									
Total no of Hospital Acquired Pressure Ulcers Category 4	Chief Nursing Officer	0	0	0	0	0	1	0	0	1	0	0	0	0	0									
Serious Incidents	Chief Medical Officer	Actual	2	0	1	3																		
Patient Safety Incident Response Framework (PSIRF)	Chief Medical Officer	Actual					5	1	0	2	5	0	1	5	3									
VTE Risk Assessments	Chief Medical Officer	≥95%	94.1%	95.2%	94.9%	95.4%	96.9%	95.3%	97.6%	97.5%	97.3%	97.5%	97.2%	97.3%	97.5%	4,415	4,544	97.0%						
WHO Checklist	Chief Medical Officer	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	≥80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%									
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	≥95%	95.4%	95.5%	96.0%	96.1%	95.8%	95.2%	95.4%	95.6%	95.5%	96.2%	96.8%	97.8%	97.8%									
Number of complaints	Chief Nursing Officer	2021/22 (352)	4	10	12	6	13	9	10	12	7	9	8	6	2									
Number of complaints referred to Ombudsman Assessment Stage BWF	Chief Nursing Officer	0	1	0	0	0	0	2	0	0	0	0	0	0	0									
Number of complaints referred to Ombudsman Investigation stage BFW	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0									
Number of complaints referred to Ombudsman Closed	Chief Nursing Officer	0	2	0	1	2	0	0	0	0	0	0	0	0	0									
Complaints resolved within policy timeframe	Chief Nursing Officer	≥ 90% (FY_2023-24) ≥ 85% (FY_2024-25)	100%	80.0%	83.3%	100%	84.6%	88.9%	80.0%	83.3%	85.7%	88.9%	87.5%	100%		6	6	86.5%						
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	≥86%	79.7%	81.2%	76.7%	78.3%	76.6%	77.3%	77.6%	77.8%	81.9%	100%	100%	40.0%	12.5%	1	8	78.1%	40.0%	78.0%				
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	≥86%	85.4%	88.9%	82.1%	89.6%	91.8%	91.3%	90.4%	92.5%	87.4%	98.8%	99.0%	94.6%	90.4%	66	73	90.9%	94.6%	94.6%				
Friends and Family Test Score: Maternity % Recommended/Experience by Patients**	Chief Nursing Officer	≥96%	93.2%	89.3%	95.4%	95.2%	93.4%	88.6%	94.8%	87.7%	92.7%	0%	66.7%	100%	89.5%	17	19	91.6%	100%	91.0%				
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	≥25%	27.6%	29.3%	27.4%	23.9%	23.7%	23.6%	27.7%	24.0%	24.9%	0.1%	0.1%	0.1%	0.1%	8	6539	15.4%	0.1%	10.3%	Nov 2024			
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	≥30%	31.5%	31.7%	29.7%	35.6%	24.4%	42.4%	33.2%	25.0%	37.9%	11.3%	11.0%	10.3%	3.6%	73	2030	24.5%	10.3%	21.5%				
Friends and Family Test: Response rate (Maternity)**	Chief Nursing Officer	≥30%	26.7%	25.3%	30.2%	30.4%	32.2%	35.7%	28.0%	24.9%	22.3%	0%	1.3%	10.0%	8.2%	19	232	20.7%	10.0%	11.7%				

**Due to changes in HSMR methodology, HSMR is now an outlier at 118.8 for the latest period.

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People		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Year to Date vs Standard	Trend - Rolling 13 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark			
																	Numerator	Denominator			GEH Latest month vs benchmark	National or Regional						
Looking After Our People	Appraisals	Chief People Officer	≥ 85%	78.8%	81.6%	82.4%	80.0%	81.4%	85.0%	86.9%	88.0%	87.4%	84.3%	83.6%	84.7%	82.8%	1,645	1,986	84.8%		79.3%	80.9%	Sep 2023					
	Mandatory Training	Chief People Officer	≥ 85%	93.7%	94.5%	93.9%	94.1%	94.1%	94.4%	94.2%	94.2%	94.6%	94.2%	93.9%	93.4%	93.7%	2,788	2,976	94.1%		96.6%	89.6%	Sep 2023					
	Sickness Absence (%) - Monthly	Chief People Officer	< 4%	5.4%	4.9%	5.2%	4.8%	4.7%	4.7%	4.6%	4.9%	5.0%	5.3%	5.7%	6.1%	6.5%	5,921	90,683	5.3%		5.0%	4.8%	Aug 2024					
	Overall Sickness (Rolling 12 Months)	Chief People Officer	< 4%	5.2%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	5.0%	5.0%	5.1%	5.2%	53,169	1,019,944	5.1%		5.4%	5.3%	Oct 2023					
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	< 13.5%	15.4%	14.7%	14.6%	15.9%	12.5%	12.1%	11.4%	10.9%	11.1%	10.4%	10.2%	10.1%	10.2%	283	2,783	11.0%		10.4%	10.0%	Sep 2024					
	No of Clinical Placements and Apprenticeship Pathways	Chief People Officer						10	6	1	2	2	0	0	0	0												
	Total number of FTSUs received per Month (excluding issues related to staffing)	Chief People Officer						8	5	4	6	4	6	4	6	5												
	Vacancy Rate	Chief People Officer	< 10%	6.0%	4.3%	3.3%	4.5%	13.9%	12.6%	12.2%	10.0%	10.1%	7.7%	8.8%	8.4%	9.6%	311	3,230	10.2%		7.7%	7.5%	Sep 2024					

Finance and Use of Resources		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Year to Date vs Standard	Trend - Rolling 12 Month	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark	
																	Numerator	Denominator			GEH Latest month vs benchmark	National or Regional				
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	Plan	481	48	1,155	954	-1,608	-1,257	-916	208	507	46	465	-1,148	-627			-4,330							
	I&E - Margin (%)	Chief Finance Officer	Plan	2.3%	0.2%	4.8%	3.2%	-7.8%	-6.0%	-4.4%	1.0%	2.4%	0.2%	1.7%	-5.2%	-2.8%	-627	22,452	-2.2%							
	I&E - Variance from plan (£k)	Chief Finance Officer	≥ 0	-503	-391	665	44	26	-18	-247	-39	-31	-527	209	-1,664	-1,291			-3,589							
	I&E - Variance from Plan (%)	Chief Finance Officer	≥ 0%	-51.0%	-89.0%	136%	5.0%	2.0%	-1.0%	-37.0%	-16.0%	-6.0%	-92.0%	82.4%	-323%	-194%	-1,291	664	-484%							
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥ 0	-997	-1,175	4,901	-285	521	274	-197	-119	770	-1,420	-1,067	-84	-730			-2,051							
	Agency - expenditure (£k)	Chief Finance Officer	N/A	736	843	842	759	587	520	449	341	617	288	355	361	223			3,740							
	Agency - expenditure as % of total pay	Chief Finance Officer	≤ 3.2%	5.1%	5.8%	5.6%	3.4%	3.9%	3.5%	3.0%	2.3%	4.4%	1.9%	1.9%	2.3%	1.4%	223	15,753	2.7%							
	Agency - expenditure as % of cap	Chief Finance Officer	≤ 100%	203%	234%	234%	211%	83.4%	74.0%	64.0%	90.0%	163%	76.0%	93.9%	96.0%	59.0%	223	378	85.0%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A	4,460	4,325	4,762	4,945	4,851	4,885	4,773	4,328	4,739	5,031	4,355	4,413	4,468			4,549							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥ 0	-1,264	1,293	1,313	-832	-54	-20	266	193	576	514	781	269	295			2,869							
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	37.1	31.8	36.2	32.1	34.7	32.0	27.6	24.2	29.5	27.0	30.6	24.7	25.0			25.0							
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥ 95%	98.7%	84.9%	81.0%	88.7%	96.4%	91.0%	98.0%	97.2%	98.1%	97.2%	93.2%	83.1%	90.0%	8,924	9,914	94.3%							
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥ 95%	95.8%	94.4%	91.9%	91.3%	93.7%	96.1%	97.9%	97.9%	98.0%	97.3%	91.7%	94.9%	96.0%	2,908	3,029	95.9%							

Performance Against Targets TB (Status)

Meeting Target (Green)

Not Meeting Target (Red)

Activity Performance Only

Over 5% above Target (Light Green)

5% above to 2% below Target (Green)

More than 2% below Target to 5% below Target (Yellow)

Over 5% below Target (Red)

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the Targets TB
Pass/Fail		The system is expected to consistently Pass the Targets TB
Pass/Fail		The system may achieve or fail the Targets TB subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is a GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is a GOOD)
Trend Variation		Special cause variation where UP is neither improvement or concern
Trend Variation		Special cause variation where DOWN is neither improvement or concern
General Icon		The system is not suitable for SPC reporting

Example	Data Quality Assurance Questions	Overall KPI Rating Key
	S - Sign Off and Validation Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
	T - Timely & Complete Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
	A - Audit & Accuracy Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
	R - Robust Systems & Data Capture Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	76.0%	76.1%	78.8%	84.2%		1311	1557	76.6%						
	Cancer 2WW all cancers, Urgent GP Referral	Chief Operating Officer	93%	61.2%	58.5%	71.9%	80.8%		1199	1484	64.0%						
	Cancer 2WW Symptomatic Breast	Chief Operating Officer	93%	95.2%	90.9%	92.6%	97.0%		96	99	94.0%						
	Cancer 62 Day Standard	Chief Operating Officer	85%	61.3%	66.1%	58.3%	65.2%		76.0	117	62.1%						
	Cancer 31 Day Treatment Standard	Chief Operating Officer	96%	95.4%	96.4%	94.6%	95.1%		137	144	93.3%						
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer	0	19	16	15	15		15								
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	2019/2020 Outturn	134.5%	126.7%	130.4%	129.4%	130.1%	87532	67288	132.9%						
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	99.5%	99.5%	99.2%	99.0%	98.9%	1473	1490	99.5%						
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	90.1%	88.9%	88.8%	87.8%	85.1%	1458	1713	88.1%						
	Emergency admissions discharged to usual place of residence	Chief Operating Officer		95.4%	95.7%	96.2%	95.1%	92.6%	2644	2854	95.5%						
	ISPA call response rate within one minute	Chief Operating Officer	80%	92.5%	91.6%	91.3%	93.4%	91.8%	9751	10621	92.1%						
Urgent and emergency care	A&E Activity	Chief Operating Officer	PLAN	122.4%	120.8%	127.3%	130.3%	124.3%	8680	6981	125.2%						
	A&E - Ambulance handover within 15 minutes	Chief Operating Officer	65%	44.9%	42.1%	33.7%	31.5%	19.7%	325	1649	36.1%						
	A&E - Ambulance handover within 30 minutes	Chief Operating Officer	95%	95.2%	95.2%	87.5%	80.7%	54.9%	587	1069	86.1%						
	A&E - Ambulance handover over 60 minutes	Chief Operating Officer	0.0%	1.0%	1.1%	5.0%	5.0%	44.3%	730	1649	7.5%						
	Total Non Elective Activity (Exc A&E)	Chief Operating Officer	PLAN	124.3%	130.2%	130.3%	130.5%	157.1%	14296	13878	130.5%						
	Emergency Ambulatory Care - % of total adult emergencies (Ambulatory or 0 LOS)	Chief Operating Officer	-	38.3%	40.5%	42.0%	44.3%	43.1%	922	2141	42.1%						
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	0.9%	1.4%	3.4%	4.1%	7.1%	617	8694	2.7%						
	A&E - Time to treatment (median)	Chief Operating Officer	-	45	49	64	65	63	63			57					
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	75.1%	75.3%	65.3%	65.0%	60.7%	5279	8694	70.5%						
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	91.4%	91.5%	84.7%	84.9%	81.0%	2897	3575	87.4%						
	A&E - Time to Initial Assessment	Chief Operating Officer	-	14	14	16	19	19	19			16					
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	3	10	1	39	136	136			226					
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	-	4.8%	4.3%	4.8%	4.2%	4.7%	399	8401	4.6%						

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Elective care	Referral to Treatment Times - Open Pathways (92% within 18 weeks)	Chief Operating Officer	92%	64.0%	63.9%	64.0%	64.0%	64.4%	20560	31926							
	Referral to Treatment - Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer	16234	33188	33040	33122	32721	31926	31926								
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	624	605	639	623	544	544								
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	20	46	50	33	51	51								
	Referrals (GP/GDP only)	Chief Operating Officer	0	6825	7044	7986	7360	5907	5907								
	Outpatient Activity - New (excl AHP & AEC)	Chief Operating Officer	106% 2019/20 Outturn	132.9%	133.5%	124.4%	129.4%	132.4%	8980	6785	126.3%						
	Outpatient Activity - Total	Chief Operating Officer	2019/20 Outturn	109.4%	111.6%	111.1%	106.3%	108.0%	32617	30193	113.8%						
	Elective Activity	Chief Operating Officer	106% 2019/20 Outturn	115.5%	115.9%	113.1%	108.5%	109.5%	3113	2844	114.5%						
	Elective - Theatre Productivity (MH Touchtime)	Chief Operating Officer	75%	81.8%	83.5%	83.5%	84.1%	82.8%	74665	90165	82.8%						
	Elective - Theatre utilisation	Chief Operating Officer	85%	89.0%	86.8%	89.7%	88.2%	88.5%	85519	96600	88.0%						
	Cancelled Operations on day of Surgery	Chief Operating Officer	0.8%	0.00%	0.00%	0.00%	0.00%	0.00%	0	96503	0.00%						
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	120% 2019/20 Outturn	100.9%	125.9%	103.4%	114.8%	106.4%	601	565	110.2%						
	Diagnostic Activity - Endoscopy	Chief Operating Officer	2019/20 Outturn	143.0%	125.7%	101.1%	96.3%	82.6%	535	648	121.0%						
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	2019/20 Outturn	238.8%	221.1%	167.4%	210.6%	197.0%	1598	811	240.2%						
Waiting Times - Diagnostic Waits <6 weeks	Chief Operating Officer	95%	84.8%	83.8%	89.7%	95.4%	96.5%	6944	7197								
Maternity and childrens health	Community Family Services - Family Nurse Partnerships - Activity during pregnancy achieving plan	Chief Nursing Officer	70%	69.6%	77.0%	83.1%	80.1%	80.6%	154	191	79.4%						
	Maternity - Emergency Caesarean Section rate	Chief Nursing Officer	-	16.8%	18.4%	19.7%	21.8%	22.1%	58	263	21.8%						
	Increase the number of women birthing in a Midwifery Led Unit setting	Chief Nursing Officer	-	41	30	40	33	26	26	289							
	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Operating Officer	90%	87.0%	88.2%	89.2%	90.0%	92.3%	239	259	88.9%						
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Nursing Officer	-	22.5%	20.8%	21.7%	22.8%	21.2%	66	311	21.2%						
	Robson category - CS % of Cat 2a deliveries (rolling 6 month)	Chief Nursing Officer	-	33.8%	35.6%	38.5%	36.5%	36.4%	90	247	35.2%						
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Nursing Officer	-	88.3%	87.5%	86.4%	85.0%	84.4%	232	275	88.2%						
	Maternity Activity (Deliveries)	Chief Operating Officer	PLAN	104.6%	104.5%	109.3%	120.8%	108.3%	260	240	110.6%						
	Midwife to birth ratio	Chief Nursing Officer	1:27	1:25	1:25	1:24	1:24	1:25	1:25		1:25						
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Warwickshire (Q2)	Chief Nursing Officer	46%							706	1501	47.0%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Coventry (Q2)	Chief Nursing Officer	46%							592	981	60.3%					
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter-Sollihull (Q2)	Chief Nursing Officer	46%							235	461	51.0%					
Maternity - Breast Feeding Initiation Rate (Warwick Hospital)	Chief Nursing Officer	81%	88.5%	89.7%	91.2%	89.9%	90.5%	237	262	89.7%							
Outpatient transformation	Outpatient - DNA rate (consultant led)	Chief Operating Officer	3.35%	5.7%	5.8%	5.7%	5.7%	6.4%	1038	16290	5.8%						
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	95%	92.2%	88.7%	87.7%	84.9%	87.3%	12593	14424	88.9%						
	Proportion of out-patient appointments that are for first or follow-up appointments with a procedure	Chief Operating Officer	46%	53.6%	52.8%	54.0%	49.1%	47.9%	12317	25690	51.6%						
	Outpatient Activity - Follow Up (excl AHP, incl AEC)	Chief Operating Officer	85% OP/112% OPP 2019/20 Outturn	112.2%	112.6%	117.6%	112.2%	113.8%	16710	14687	115.7%						
	<i>Outpatients Activity - Virtual Total</i>	Chief Operating Officer		20.2%	20.2%	19.6%	18.3%	19.1%	4274	22353	20.2%						
Prevention	Maternity - Smoking at Delivery	Chief Nursing Officer	8%	4.1%	2.2%	2.4%	3.8%	1.0%	3	291	3.1%						
	Occupancy Acute Wards Only	Chief Operating Officer	92%	91.3%	96.4%	98.5%	99.4%	98.4%	10299	10463	96.1%						
	Bed occupancy - Community Wards	Chief Operating Officer	90%	111.2%	108.2%	124.5%	123.1%	126.0%	1523	1209	116.7%						

Quality of care, access and outcomes		Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark	
Safe, high quality care	Mixed Sex Accommodation Breaches - Confirmed	Chief Nursing Officer	0	0	0	0	0	0	0		0						
	Patient ward moves emergency admissions (acute)	Chief Operating Officer	2%	1.0%	0.9%	0.9%	1.0%	1.3%	40	3117	1.1%						
	ALoS - D2A Pathway 2	Chief Operating Officer	>28 days	38	26	30	27	27	50	1361	32						
	ALoS - Adult Emergency Inpatients	Chief Operating Officer	6.0	6.8	7.1	6.7	7.0	7.0	6829	970	7.0						
	ALoS - Elective Inpatients	Chief Operating Officer	2.5	2.1	2.4	1.8	1.8	1.9	511	266	2.0						
	Medically fit for discharge - Acute																
	Medically fit for discharge - Community																
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Operating Officer	0	13.3%	14.1%	12.7%	13.4%	10.9%	256	2346	12.1%						
	HSMR - Rolling 12 months Nov 23 - Oct 24	Chief Medical Officer	100						104.3		104.3						
	Mortality SHMI - Rolling 12 months Aug 23 - Jul 24	Chief Medical Officer	89-112						101.0		101.0						
	Never Events	Chief Nursing Officer	-	0	0	0	0	0	0								
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	1	0	0	0		1						
	MSSA Bacteraemia	Chief Nursing Officer	0	2	1	1	2	0	0		10						
	C Diff Hospital Acquired (Target for Full Year)	Chief Nursing Officer	29	4	1	0	2	2	2		22						
	Falls with harm (per 1000 bed days)	Chief Nursing Officer	1.14	1.73	0.63	0.66	TBC	TBC	TBC	13597	0.99						
	Pressure Ulcers (omissions in care Grade 3,4)	Chief Nursing Officer	10	2	1	0	0	0	0		7						
	Serious Incidents	Chief Nursing Officer	-	0	0	0	0	0	0								
	VTE Risk Assessments (Q3)	Chief Nursing Officer	95%							3292	4165	79.0%					
	WHO Checklist	Chief Nursing Officer	100%	98.3%	99.5%	98.3%	99.1%	98.1%	8699	8872	98.8%						
	zStroke Admissions - CT Scan within 24 hours	Chief Operating Officer	80%	-	-	-	-	-									
	Stroke - thrombolysis	Chief Operating Officer	-	-	-	-	-	-									
	zStroke Indicator 80% patients = 90% stroke ward	Chief Operating Officer	80%	-	-	-	-	-									
	Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	95%	98.2%	-	-	-	-			98.3%						
	Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	95%	98.1%	-	-	-	-			98.3%						
	No. of Complaints received	Chief Nursing Officer	0%	17	22	31	18	14	14		168						
	No. of Complaints referred to Ombudsman	Chief Nursing Officer	0%	1	0	1	1	1	1		5						
	Complaints resolved within policy timeframe	Chief Nursing Officer	90%	100.0%	81.3%	66.7%	81.0%	72.2%	13	18	76.0%						
	Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	>96%	86.1%	58.3%	60.0%	36.4%	82.8%	226	273	84.1%						
	Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	>96%	94.9%	99.2%	98.9%	99.5%	95.2%	8525	8959	94.7%						
	Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	>96%	99.0%	98.6%	100.0%	100.0%	100.0%	142	142	99.4%						
	Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	>96%	100.0%	-	-	-	-			93.6%						
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	>12.8%	38.3%	0.3%	0.1%	0.2%	5.8%	273	4723	19.9%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	>25%	9.3%	1.9%	1.1%	3.2%	4.9%	255	5192	5.4%						
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	>23.4%	5.9%	0.0%	0.0%	0.0%	0.0%	0	283	3.5%							
Friends and Family Test: Response rate (Community)	Chief Nursing Officer	>30%	5.3%	2.7%	2.6%	3.2%	1.9%	142	7639	3.0%							

Quality of care, access and outcomes								Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Numertor	Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
People								Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24		Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
Lo	kin	Agency - expenditure as % of total pay						Chief Finance Officer	-	2%	2%	2%	2%	1%	1%										
Finance and Use of Resources								Responsible Director	Standard	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24		Denominator	Year to Date	Trend - Apr 2019 to date	National or Regional	Pass/Fail	Trend Variation	DQ Mark			
Finance	I&E - Surplus/(Deficit) (£k)						Chief Finance Officer	-	338	775	-2177	65	-214	-214											
	I&E - Margin (%)						Chief Finance Officer	-	-2%	-1%	-2%	-1%	-1%	-1%											
	I&E variance from plan (£)						Chief Finance Officer	-	338	775	-2177	65	-214	-214											
	I&E - Variance from Plan (%)						Chief Finance Officer	-	N/A	N/A	N/A	N/A	N/A	N/A											
	CPIP - Variance from plan (£k)						Chief Finance Officer	-	-553	2194	-741	-447	-335	-335											
	Agency - expenditure (£k)						Chief Finance Officer	-	540	464	543	423	334	334											
	Agency - expenditure as % of cap						Chief Finance Officer	-	68%	56%	52%	48%	39%	0											
	Productivity - Cost per WAU (£k)						Chief Finance Officer	-	4774	4723	5348	5100	4831	4831											
	Capital - Variance to plan (£k)						Chief Finance Officer	-	318	-190	-801	-617	-2580	-2580											
	Cash - Balance at end of month (£m)						Chief Finance Officer	-	7996	23331	18099	10308	12908	12908											
	BPPC - Invoices paid <30 days (% value £k)						Chief Finance Officer	-	93%	96%	94%	93%	94%	94%											
	BPPC - Invoices paid <30 days (% volume)						Chief Finance Officer	-	96%	93%	94%	97%	97%	97%											
	Agency - expenditure as % of cap						Chief Finance Officer	-	68%	56%	52%	48%	39%	39%											

Worcestershire Acute Hospitals NHS Trust
Trust Key Performance Indicators (KPIs) - up to Dec-24 data

Performance Against Target (Status)		Activity Performance Only	
■ Meeting Target	■ Over 5% above Target	■ 5% above to 2% below Target	■ Over 5% below Target
■ Not Meeting Target	■ More than 2% below Target to 5% below Target	■ Over 5% below Target	


Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example	Data Quality Assurance Questions		Overall KPI Rating
	S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?	No Assurance
	T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?	Limited Assurance
	A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?	Reasonable Assurance
	R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?	Substantial Assurance

Quality of care, access and outcomes		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Latest Month		Year to Date (v Standard if available)	Latest Available Monthly Position		SPCs		DQ Mark	
																	Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation		
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	80.8%	80.4%	80.0%	82.5%	77.6%	-	2,003	2,581	79.0%	77.4%	Nov-24	?			
	2 Week Wait all cancers	Chief Operating Officer	93%	85.7%	87.9%	88.9%	86.0%	86.0%	89.0%	85.4%	93.0%	96.2%	96.5%	94.6%	92.0%	-	2,359	2,563	91.5%	81.9%	Nov-24	?			
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	80.0%	77.8%	32.0%	16.8%	35.0%	27.4%	30.0%	67.0%	89.8%	94.0%	96.6%	61.5%	-	48	78	60.7%	73.3%	Nov-24	?			
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	90.9%	87.2%	88.5%	87.2%	85.3%	87.1%	85.6%	82.4%	78.5%	79.9%	83.1%	78.7%	-	274	348	82.7%	91.4%	Nov-24	?			
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	89.7%	87.3%	90.5%	87.5%	84.5%	86.8%	87.4%	83.6%	84.0%	84.3%	84.5%	78.0%	-	428	549	84.1%	91.0%	Nov-24	?			
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	42.3%	42.3%	44.1%	50.6%	57.9%	54.4%	60.4%	67.5%	65.7%	68.4%	65.7%	-	135	226	62.5%	64.5%	Nov-24	?				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	83.3%	44.4%	67.8%	61.9%	65.8%	59.4%	66.2%	70.6%	59.0%	79.3%	50.0%	28.6%	-	8	28	60.2%	66.2%	Nov-24	?			
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	77.8%	78.1%	81.9%	79.5%	82.7%	77.2%	82.6%	84.6%	77.2%	77.8%	76.2%	73.5%	-	61	83	79.0%	79.1%	Nov-24	?			
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	54.1%	51.4%	56.7%	58.4%	63.6%	60.9%	66.9%	71.3%	68.3%	72.0%	67.0%	60.3%	-	204	338	66.3%	69.4%	Nov-24	?			
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	379	409	366	141	159	176	145	151	177	172	177	137	144					Nov-24	?				
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	85.4%	87.2%	87.4%	87.5%	85.5%	84.5%	83.7%	2,817	3,320	86.3%	92.2%	Feb to Jan	?			
	A&E Activity (any type)	Chief Operating Officer	Plan	16,960	17,647	17,190	18,537	18,677	19,875	19,293	19,351	18,672	18,444	19,292	18,654	18,348			152,258		Feb to Jan	?			
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	53%	53%	55%	64%	64%	60%	64%	71%	65%	54%	46%	51%	42%	1,605	3,809	58%	73%	July	?			
	Ambulance handover over 60 minutes	Chief Operating Officer	0	1,166	1,072	1,029	869	836	922	784	639	784	1085	1268	1158	1458			7,476		July	?			
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	100%	116%	111%	112%	130%	119%	104%	123%	113%	123%	134%	126%	130%	3,746	2,892	121.6%		July	?			
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	37%	43.8%	41.3%	41.9%	42.2%	41.7%	38.2%	35.2%	28.8%	29.9%	31.8%	17.5%	15.0%	555	3,707	31.1%	36%	Feb to Jan	?			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	67.9%	66.2%	67.8%	68.5%	65.1%	54.4%	53.0%	8,622	18,348	63.8%	72%	Nov-24	?			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	15.4%	14.5%	14.8%	17.0%	17.8%	19.7%	22.0%	2,973	13,472	17.1%	16%	Feb to Jan	?			
	A&E - Time to treatment	Chief Operating Officer	-	167	161	166	143	158	150	146	145	136	135	157	156	135			146		01:41	Feb to Jan	?		
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	16	16	16	14	14	15	15	15	15	16	16	90	39			26		00:22	Feb to Jan	?		
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	260	316	304	301	248	271	307	270	335	369	487	305	605			3,197			Feb to Jan	?		
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.1%	6.7%	7.2%	7.5%	6.8%	7.4%	7.5%	7.5%	7.7%	7.7%	7.2%	12.9%	12.6%	1,496	11,560	8.6%	8%	Feb to Jan	?			

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	96%	97%	96%	96%	96%	96%	95%	96%	95%	95%	94%	94%	93%	780	835	95%		94%	Dec-24				
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	63	75	102	82	69	67	59	56	48	60	65	56	55			535		4,302	Dec-24				
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	7.5	8.1	8.2	8.1	7.8	7.9	7.7	7.5	7.2	7.7	8.1	8.2	8.2	22524	2741	7.8		4.4	Feb to Jan				
	ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	3.5	3.0	3.7	3.2	3.3	3.1	3.3	2.8	3.1	3.0	3.6	3.4	3.3	1176	361	3.2		3.1	Dec				
	Medically fit for discharge - Acute	Chief Operating Officer	5%	15%	14%	14%	12%	12%	13%	14%	12%	12%	15%	15%	13%	9%	70	773	13.0%		23.1%	Jan to Dec				
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	7.2%	6.9%	6.9%	5.1%	4.8%	4.5%	4.5%	10865	492	5.2%		7.5%	Dec				
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	100	105.8	104.0	103.0	103.5	102.8	103.43	103.17	104.10	103.70	-	-	-	-					As expected					
	Never Events	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
	MRSA Bacteraemia	Chief Nursing Officer	0	0	0	1	1	0	0	0	0	0	0	0	0	0			0							
	MSSA Bacteraemia	Chief Nursing Officer	17	5	2	4	2	3	3	3	5	5	6	7	8	11			51							
	Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	78	8	8	15	9	11	10	14	17	16	11	13	11	9			112							
	Number of falls with moderate harm and above	Chief Nursing Officer		1	4	2	5	3	6	5	13	10	2	6	3	7			55							
	Serious Incidents	Chief Nursing Officer	Actual	0	2	1	0	1	1	1	0	0	2	0	1	0			6							
	VTE Risk Assessments	Chief Medical Officer	95%	91.0%	93.3%	93.0%	92.2%	96.3%	96.0%	97.0%	96.9%	97.0%	96.4	97.11	95.82	94.96	265	3,252	97%							
	WHO Checklist	Chief Medical Officer	100%	98%	98%	97%	98%	98%	98%	99%	98%	98%	99%	98%	98%	97%	1,179	1,120	97%							
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	60%	86%	83%	61%	66%	45%	62%	69%	83%	84%	75%	85%	62%	73%	88	121	71%							
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	50%	50%	75%	75%	33%	57%	57%	43%	55%	67%	-	-	-	6	9	52%							
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	80%	81%	77%	75%	82%	78%	68%	74%	75%	59%	64%	-	-	-	48	75	70%							
	Number of complaints	Chief Nursing Officer	2022/23 (747)	51	88	77	75	80	66	73	72	70	58	70	60	61			610							
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0							
	Complaints resolved within policy timeframe	Chief Nursing Officer	85%	62%	63%	82%	69%	48%	62%	73%	61%	62%	70%	59%	54%	50%	30	61	60%							
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	95%	84%	74%	71%	77%	76%	75%	75%	78%	82%	79%	75%	71%	61%	22	36	73%		77%	Nov-24				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	95%	96%	94%	93%	94%	94%	94%	94%	95%	96%	95%	94%	95%	94%	3697	3492	95%		95%					
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	95%	94%	33%	94%	100%	100%	88%	92%	86%	78%	85%	85%	85%	92%	137	149	85%		92%					
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	20%	14%	23%	23%	23%	22%	23%	21%	22%	24%	22%	21%	4%	0%	36	9209	18%								
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	25%	35%	37%	37%	35%	37%	38%	39%	44%	40%	36%	40%	35%	3697	10631	38%								
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	12%	1%	9%	1%	4%	9%	8%	20%	10%	26%	19%	32%	28%	149	537	17.3%								

People		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6%	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%	8.6%	7.9%	8.3%	5.3%	6.9%	7.7%
	Appraisals - Non-medical	Chief People Officer	90%	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	80.0%	82.0%	82.0%	83.0%	84.0%
	Appraisals - Medical	Chief People Officer	90%	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	94.0%	93.0%	94.0%	93.0%	94.0%	94.0%	95.0%
	Mandatory Training	Chief People Officer	90%	88%	90%	90%	91.0%	91.0%	91.0%	91.0%	91.0%	91.0%	90.0%	90.0%	90.0%	90.0%
	Overall Sickness	Chief People Officer	45%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	5.0%	5.1%	5.5%	5.6%	5.9%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	11.5%	11%	11%	11%	11%	11%	11%	10%	10%	10%	10%	10%	10%	10%
	Vacancy Rate	Chief People Officer	7.5%	8%	8%	7%	7%	10%	9%	9%	9%	8%	7%	6%	6%	5%

Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	
		7.8%					
4,957	5,927	81.2%					
541	569	94.1%					
77,480	86,200	90.6%					
12,648	214,507	5.5%					
604	6,084	10.4%					
383	6,908	7.8%					

Finance and Use of Resources		Responsible Director	Standard	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672	-£5,283	-£5,507	-£5,253	£24,901	£6	-£433	-£880
	I&E - Margin (%)	Chief Finance Officer	≥0%	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%	-9.1%	-9.8%	-9.0%	28.2%	18.7%	-4.9%	-7.5%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£5,177	-£7,277	-£6,677	-£4,954	£971	-£836	-£635	£7	-£75	£190	£355	-£143	-£289
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	-6.0%	-31.0%	-53.0%	-47.0%	-11.0%	22.0%	14.0%	0.0%	1.0%	1.0%	-102.0%	50.0%	49.0%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£2,195	-£2,510	-£2,741	-£1,323	-£669	-£223	-£240	£251	£194	£368	£456	-£439	£94
	Agency - expenditure (£k)	Chief Finance Officer	N/A	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406	£2,965	£3,121	£2,961	£3,113	£2,375	£2,700	£3,143
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%	8%	9%	8%	8%	5%	7%	8%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	£757	£401	-£925	£25,631	£0	£0	-£2,314	-£832	-£118	-£1,592	£934	£564	£464
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m	£1.182m	£1.617m	£6.732m	£13.291m	£24.208m	£16.708m	£16.428m
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%	83%	64%	70%	55%	70%	76%	75%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%	71.5%	41.1%	54.2%	55.0%	56.3%	62.9%	64.4%

Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation	
		-£4,920					
		-0.8%					
		-£24					
		1.0%					
		-£210					
		£26,971					
		7.7%					
		-£2,894					
		-					
		-					
		-					
		-					

Performance Against Target (Status)

- Meeting Target
- Not Meeting Target

Activity Performance Only

- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example

Data Quality Assurance Questions

S - Sign Off and Validation
Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?

T - Timely & Complete
Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?

A - Audit & Accuracy
Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?

R - Robust Systems & Data Capture
Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Overall KPI Rating

Key

■ **No Assurance**

■ **Limited Assurance**

■ **Reasonable Assurance**

■ **Substantial Assurance**

Quality of care, access and outcomes		Responsible Director	Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	77%	79.0%	77.3%	77.1%	77.0%	77.8%	79.2%	78.1%	79.3%		
	2 Week Wait all cancers	Chief Operating Officer	93%	86.9%	93.4%	88.4%	87.8%	88.5%	92.1%	91.3%	86.4%		
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	47.6%	32.1%	20.0%	48.4%	43.8%	39.1%	21.4%	7.7%		
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	84.8%	85.5%	90.7%	88.2%	89.3%	89.8%	89.0%	91.9%		
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	84.3%	82.2%	89.7%	86.8%	88.8%	87.1%	86.0%	91.5%		
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		14	11	10	12	3	7	5	8	7	
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	64.5%	75.7%	76.6%	53.5%	74.8%	75.4%	73.5%	76.4%		
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	80.0%	100.0%	100.0%	83.3%	77.8%	100.0%	33.3%	66.7%		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	72.4%	63.3%	65.5%	68.1%	65.7%	90.5%	56.8%	65.9%		
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	70%	63.9%	75.5%	74.0%	57.9%	71.4%	79.2%	69.4%	73.4%		
	Cancer: number of urgent cancer patients waiting over 62 days	Chief Operating Officer	Plan	72	93	85	93	88	61	50	38	54	
	Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2023/24	113%	114%	101%	115%	112%	109%	124%	109%	118%
Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)		Chief Operating Officer	80%										
Urgent Response > 1st Assessment completed within 2 hours (admission prevention)		Chief Operating Officer	70%	78%	79%	76%	67%	77%	76%	77%	70%	83%	
% emergency admissions discharged to usual place of residence		Chief Operating Officer	90%	87.0%	84.7%	85.7%	86.8%	86.9%	87.4%	86.3%	87.3%	86.0%	
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	108%	107%	100%	100%	102%	103%	101%	105%	104%	
	Ambulance handover within 30 minutes (WMAS Only)	Chief Operating Officer	98%	73.3%	72.7%	66.4%	65.8%	75.9%	62.9%	51.1%	55.2%	49.4%	
	Ambulance handover over 60 minutes (WMAS Only)	Chief Operating Officer	0%	10.2%	10.5%	15.4%	18.7%	14.5%	18.8%	29.1%	25.1%	30.9%	
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	114%	112%	112%	113%	115%	120%	119%	129%	124%	
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	46%	47%	47%	46%	42%	44%	48%	48%	46%	
	A&E - % of patients seen within 4 hours	Chief Operating Officer	78%	68.8%	68.1%	66.4%	68.3%	67.6%	65.8%	65.8%	64.8%	63.4%	
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		11.9%	11.7%	12.3%	12.4%	10.8%	12.5%	12.4%	12.2%	13.3%	
	A&E - Time to treatment	Chief Operating Officer		01:31	01:36	01:41	01:30	01:42	01:38	01:40	01:56	01:58	
	A&E minors max wait time 4hrs from arrival to departure	Chief Operating Officer	78%	In development									
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:26	00:25	00:28	00:27	00:26	00:25	00:25	00:27	00:28	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	292	318	291	330	312	284	270	256	232	
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	8.1%	7.8%	8.0%	9.1%	8.3%	7.7%	8.9%			

Latest Month		Year to Date v Standard		Trend - Apr 2019 to date		Latest Available Monthly Position		Pass / Fail	Trend Variation	DQ Mark
Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WVT Latest month v benchmark	National or Regional	Pass / Fail	Trend Variation	DQ Mark		
810	1021	78.1%			77.4%					
864	1000	89.4%			81.9%					
1	13	34.1%			73.3%					
114	124	88.8%			91.4%					
129	141	87.1%			91.0%					
75	98	71.3%			64.5%					
2	3	78.4%			66.2%					
14	21	68.6%			79.1%					
90	122	70.7%			75.7%					
28840	24459	113%								
89	107	76.7%			84%					
1590	1848	86.4%			93%					
6456	6205	103%								
775	1568				73%					
485	1568	10.4%			12%					
1671	1350	117%								
1314	2828	46.3%			37%					
4689	7401	66.6%			71%					
982	7401	11.8%			6%					
					01:41					
					00:21					
107	5309	8.2%			9%					

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	54.5%	55.6%	55.8%	55.7%	55.6%	55.1%	55.8%	56.0%	55.1%	12982	23544			59.1%	Nov					
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	67.8%	68.2%	70.0%	70.3%	69.4%	69.5%	70.0%	70.0%	68.4%	2886	4222									
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		28130	28574	29179	28848	28708	28783	28761	28246	27766											
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1171	1198	1285	1140	1169	987	865	804	764					221889						
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	137	170	196	182	145	74	42	29	34					16904	November					
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	6	13	15	14	14	9	4	1	3					2051						
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	2	3	1	3	2	1	0	0					151						
	GP Referrals	Chief Operating Officer	2019/20	116%	103%	91%	102%	86%	95%	103%	89%			3815	4267								
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	113%	113%	110%	114%	114%	111%	117%	109%	108%			5191	4802							
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	110%	106%	85%	115%	98%	83%	111%	78%	101%			5191	5131							
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	116%	118%	114%	119%	115%	110%	113%	108%	108%			16355	15134							
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	113%	112%	88%	123%	107%	91%	115%	83%	110%			16355	14888							
	Proportion of Total Outpatient Appointments which are New or Follow Up Procedure	Chief Operating Officer	46%	43%	42%	43%	43%	43%	43%	44%	45%	47%			9703	20753			44.3%	Nov to Oct			
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	112%	111%	99%	102%	105%	110%	108%	100%	100%			2606	2611							
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	119%	113%	86%	101%	91%	88%	105%	78%	90%			2606	2911							
	Elective Recovery Fund (ERF) Actual v Plan (£)	Chief Operating Officer	Plan	103%	112%	112%	105%	116%	122%	129%	126%	127%											
	BADS Daycase rates	Chief Operating Officer	Actual	77.6%	80.3%	78.5%	82.6%	79.9%	79.7%						0	0			80%	Nov to Oct			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	77.2%	77.9%	79.7%	76.9%	78.7%	80.2%	79.5%	78.8%	80.9%							80%	November			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%	82.0%	82.4%	83.0%	80.1%	81.1%	82.7%	82.7%	82.9%	85.2%							83%	November			
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	32	24	39	42	40	32	26	31	39							21249	Jul to Sep			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	112%	127%	129%	104%	101%	118%	104%	108%	104%			2923	2823							
	Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	130%	98%	77%	156%	127%	93%	91%	72%	83%			730	876							
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	120%	131%	119%	115%	111%	116%	114%	127%	110%			1544	1407							
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	24.7%	24.8%	30.2%	30.0%	27.8%	17.2%	15.1%	13.3%	12.5%			663	5313			19.9%	Nov			
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	94.4%	93.9%	90.6%	95.5%	95.1%	88.9%	94.6%	94.0%	93.7%			119	127							
	Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	19.0%	16.0%	16.3%	14.2%	16.3%	15.6%	16.2%	18.4%	17.8%			19	107							
	Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	60.6%	55.5%	54.7%	54.8%	55.7%	55.3%	55.6%	61.8%	65.1%			123	189							
	Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	85.5%	87.3%	86.3%	88.5%	88.1%	85.9%	87.8%	88.2%	90.2%			111	123							
	Maternity Activity (Deliveries)	Chief Nursing Officer	v 2023/24	99%	84%	114%	93%	86%	108%	93%	95%	95%			129	136							
	Midwife to birth ratio	Chief Nursing Officer	1:26	1:23	1:25	1:26	1:22	1:21	1:27	1:23	1:23												
	Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer		In development											0	0							
		Chief Operating Officer	<4%	6.3%	6.3%	6.6%	6.5%	7.8%	6.5%	5.9%	6.2%	6.4%			1639	24085			7.0%	Nov to Oct			
Outpatient transformation	DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.3%	6.3%	6.6%	6.5%	7.8%	6.5%	5.9%	6.2%	6.4%			13217	15049							
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	86.7%	88.0%	87.6%	88.8%	89.9%	89.3%	88.8%	88.3%	87.8%			11164	10332							
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	117%	120%	116%	122%	116%	110%	112%	107%	108%			11164	10332							
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	114%	115%	90%	127%	111%	94%	117%	86%	114%			11164	9756							
Prevention long term conditions	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	20.2%	20.5%	19.5%	19.1%	19.6%	19.9%	19.7%	20.0%	19.0%			3110	16355			17%	Nov to Oct			
	Maternity - Smoking at Delivery	Chief Nursing Officer		11.2%	5.3%	10.1%	6.5%	4.1%	6.7%	7.5%	8.7%	7.9%			10	127							

Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	100%	100%	100%	99%	99%	100%	100%	99%	99%
Bed occupancy - Community Wards	Chief Operating Officer	<92%	97%	98%	95%	91%	92%	94%	95%	90%	93%
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	54	99	84	70	134	204	348	150	69
Patient ward moves emergency admissions (acute)	Chief Operating Officer		9%	10%	9%	8%	7%	7%	9%	7%	7%
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	6.5	6.2	6.4	6.1	6.5	5.9	6.7	6.0	5.8
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.6	2.4	2.7	2.7	2.8	2.6	2.4	2.4	2.6
Medically fit for discharge - Acute	Chief Operating Officer	5%	18.8%	15.3%	14.1%	15.6%	17.1%	13.8%	15.5%	16.6%	15.1%
Medically fit for discharge - Community	Chief Operating Officer	10%	46.2%	42.6%	47.4%	48.9%	50.1%	47.5%	53.1%	49.0%	38.8%
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	4.2%	4.6%	4.8%	4.3%	4.5%	4.8%	4.3%		
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	98.5	100.3	100.1	100.1	99.5				
Never Events	Chief Nursing Officer	0	1	0	0	0	0	0	0	0	0
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0
MSSA Bacteraemia	Chief Nursing Officer		1	0	4	2	1	0	0	2	0
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	6	6	5	9	10	6	2	5	6
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	1	4	2	1	2	1	2	3	1
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0									
Serious Incidents	Chief Nursing Officer	Actual									
VTE Risk Assessments	Chief Medical Officer	95%	90.0%	88.7%	89.4%	88.5%	87.4%	88.2%	87.0%	86.0%	83.0%
WHO Checklist	Chief Medical Officer	100%			98.0%			98.7%			
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	64.4%	50.9%	63.2%	74.4%	73.9%	65.8%	64.4%	67.6%	
Stroke -% of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	0.0%	66.7%	20.0%	33.3%	0.0%	66.7%	100.0%	80.0%	55.6%
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	77.8%	75.0%	78.7%	89.2%	87.5%	76.5%	75.9%	87.9%	74.2%
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	93.7%	94.7%	95.0%	94.0%	94.7%	95.7%	96.3%	94.7%	97.0%
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	96.7%	94.8%	95.7%	96.8%	98.0%	97.7%	97.0%	97.0%	99.3%
Number of complaints	Chief Nursing Officer	2022/23 (253)	45	31	30	29	19	32	44	27	28
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0	0	0
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	44.8%	39.4%	50.0%	53.8%	51.6%	50.0%	51.7%	67.9%	50.0%

312	316	100%			94%	Dec			
71	76	94%							
		1212			3983	Nov			
82	1134	8%							
8222	1416	6.2			4.5	Nov to Oct			
653	256	2.6			3.1	Nov to Oct			
1450	9590				23.1%	Dec			
931	2400								
154	3551	4.5%			7.6%	Oct to Sep			
1345	1350				100	Nov to Oct			
		1							
		0							
		10							
		55							
		17							
		0							
		0							
4134	4983	87.6%							
11	23	63.9%							
5	9	55.0%							
23	31	80.1%							
		95.1%							
		97.0%							
		285							
		0							
19	28	51.0%							

Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%										
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	81%	81%	79%	79%	79%	75%	79%	77%	74%	
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	86%	83%	85%	81%	84%	83%	88%	82%	84%	
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%										
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	97%	86%	97%	94%	86%	90%	97%	88%	92%	
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	19%	19%	20%	18%	20%	18%	18%	19%	17%	
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	18%	16%	18%	15%	17%	15%	15%	16%	15%	
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	28%	25%	24%	31%	32%	30%	28%	32%	21%	

4	5023	0.0%										
153	183	83.9%										
4	4	0.0%										
		91.9%										
183	1185	16.1%										
26	122	27.9%										

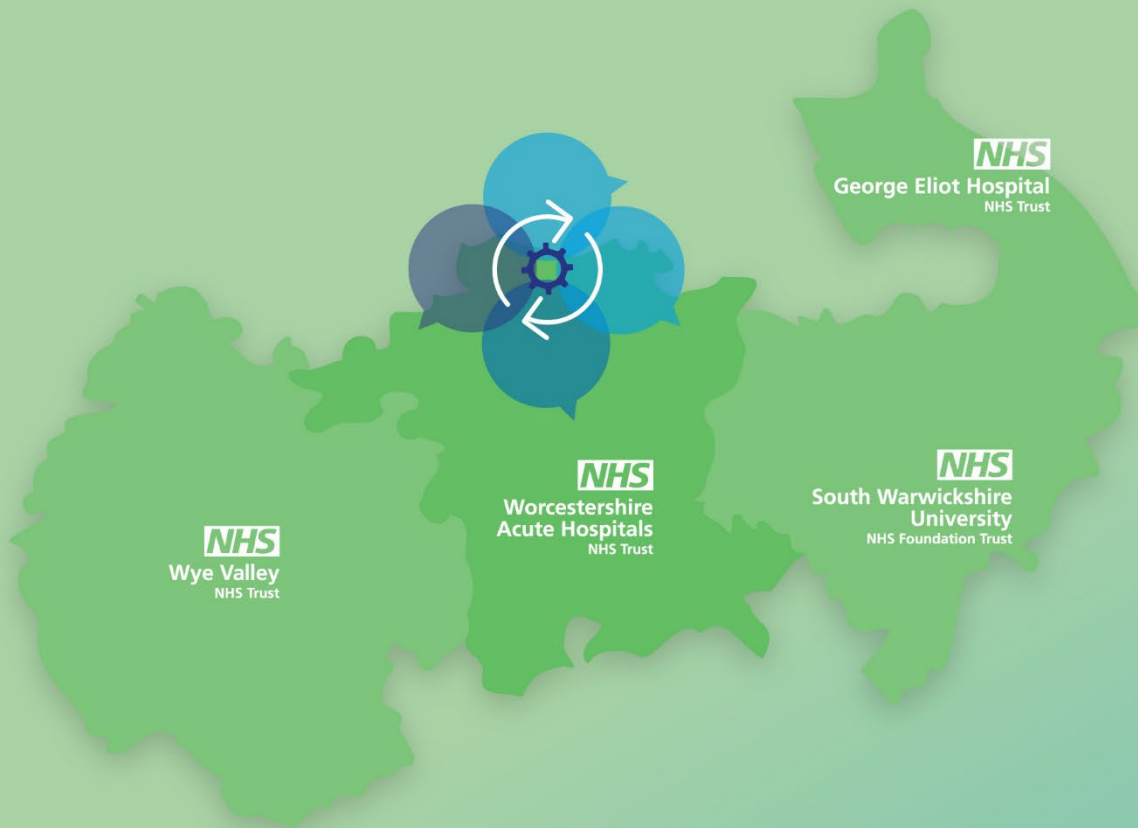
People		Responsible Director	Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	5.5%	6.3%	5.5%	5.9%	5.8%	4.5%	4.1%	4.6%	4.8%
	Appraisals	Chief People Officer	85%	75.9%	79.2%	80.3%	80.2%	80.3%	79.8%	80.1%	79.5%	79.8%
	Mandatory Training	Chief People Officer	85%	89.2%	89.8%	89.7%	89.7%	89.5%	88.0%	88.3%	88.6%	88.8%
	Overall Sickness	Chief People Officer	3.5%	4.7%	4.6%	4.8%	5.1%	4.7%	5.0%	5.3%	5.0%	6.2%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	9.0%	9.2%	9.4%	9.5%	9.8%	9.7%	9.4%	9.1%	9.1%
	Vacancy Rate	Chief People Officer	5%	3.6%	5.5%	5.7%	7.1%	6.3%	3.9%	5.2%	4.7%	4.5%

Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		5%						
2642	3310	79%			76%			
35752	40248	89%			88%			
7237	115972	5%			5%			
330	3639	9%						
174	3914	5%						

Finance and Use of Resources		Responsible Director	Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£3,854	-£3,387	-£3,387	-£4,957	-£3,686	£12,576	-£602	-£202	-£795
	I&E - Margin (%)	Chief Finance Officer	≥0%	-1.2%	-10.1%	-12.3%	-18.4%	-13.6%	28.9%	-1.6%	-0.6%	-2.6%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£877	-£469	-£524	-£1,793	-£606	-£645	-£178	£106	-£488
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	13.0%	-1.5%	-1.9%	-6.6%	-2.2%	-1.5%	-0.5%	0.3%	-1.6%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	-£433	-£580	-£566	-£844	-£811	£539	-£498	-£598	-£489
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£1,069	£1,027	£1,048	£953	£725	£573	£755	£634	£582
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	5.9%	3.1%	5.8%	5.2%	3.9%	3.1%	3.0%	3.2%	3.0%
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£14	£178	-£522	£785	-£284	-£242	-£697	-£345	-£822
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£22	£30	£23	£22	£18	£14	£37	£29	£25
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	99.4%	99.8%	98.9%	98.7%	87.0%	97.6%	95.2%	94.9%	98.6%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	98.7%	99.0%	99.0%	99.3%	99.3%	99.3%	97.4%	98.6%	99.2%

Latest Month		Year to Date	Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator			WVT Latest month v benchmark	National or Regional			
		-£8,295						
-£795	£30,790							
		-£5,475						
		-£4,280						
		£7,366						
£582	£19,457	4.2%						
		-£1,964						
		£25						
£21,399	£21,710	96.9%						
£4,479	£4,513	98.9%						

Report to	Foundation Group Boards	Agenda Item	6.2
Date of Meeting	5 February 2025		
Title of Report	Diagnostics Deep Dive		
Status of report: (Consideration, position statement, information, discussion)	For information and discussion.		
Author:	Harkamal Heran, Chief Operating Officer SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Chris Douglas, Acting Chief Operating Officer WAHT.		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer of SWFT, Andrew Parker, Chief Operating Officer of WVT, Robin Snead, Chief Operating Officer of GEH, and Chris Douglas, Acting Chief Operating Officer WAHT.		
1. Purpose of the Report	<p>To provide the Foundation Group Board with a current update of the position faced across the Foundation Group in the delivery of diagnostics.</p> <p>It is recognised that all Trusts across the Foundation Group have experienced issues, drivers and introduced improvement opportunities with focused plans.</p> <p>The report also shows data graphs pulled by the Group Analyst relating to diagnostic activity and references the Elective Recovery Plan, CDCs and NICE guidance. The Group have identified next-step deep-dive opportunities.</p>		
2. Recommendations	The Foundation Group Boards is asked to receive and note this report.		
3. Executive Assurance	Oversight of this work will be provided by the Chief Operating Officers (COOs) in the Group with regular feedback to future Board meetings.		



NHS
Wye Valley
NHS Trust

NHS
Worcestershire
Acute Hospitals
NHS Trust

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire
University
NHS Foundation Trust

Diagnosics Deep Dive

February 2025

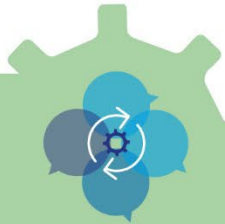
Introduction

Demand for diagnostics services is on the rise, but a lack of infrastructure combined with staffing shortages means waiting lists are growing. Both NICE Guidance and the Elective Recovery Plan position diagnostics as a cornerstone of modern healthcare delivery, underscoring the need for efficient capacity management, equitable access, and alignment with national recovery goals.

NICE Guidance: Diagnostics are increasingly emphasized in NICE guidelines as critical tools for timely and accurate clinical decision-making. The recommendations prioritise early diagnostics to improve patient outcomes, enhance treatment pathways, and reduce unnecessary delays in care.

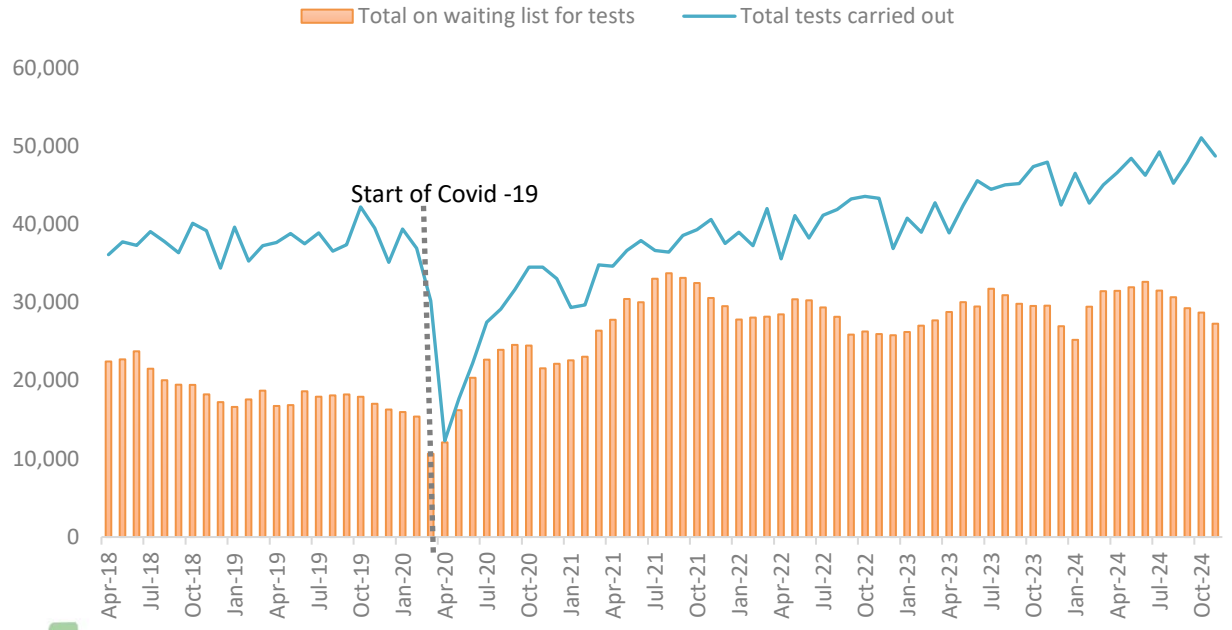
Elective Recovery Plan: The national Elective Recovery Plan underlines diagnostics as pivotal in addressing backlogs and meeting increasing demand. Key objectives include:

- Expanding diagnostic capacity through community diagnostic centres (CDCs).
- Streamlining access to tests such as imaging, scopes, and physiological measurements.
- Reducing waiting times to achieve sustainable performance improvements across trusts.

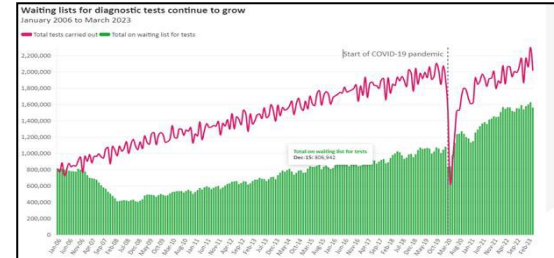


Foundation Group view:

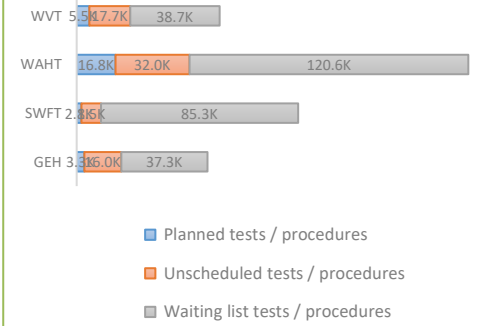
Waiting List and for Diagnostic tests FG Apr18 - Nov 2024



National view:



Total Tests Carried Out April-November 2024

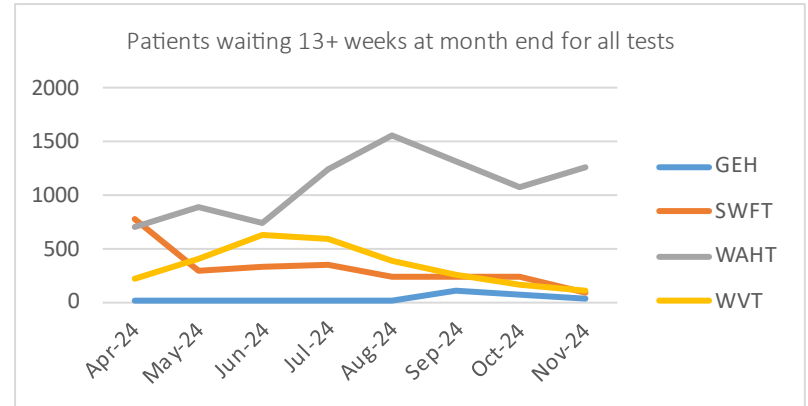
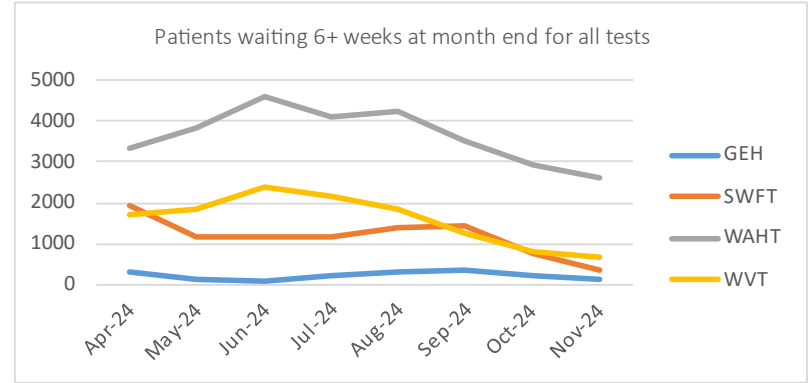
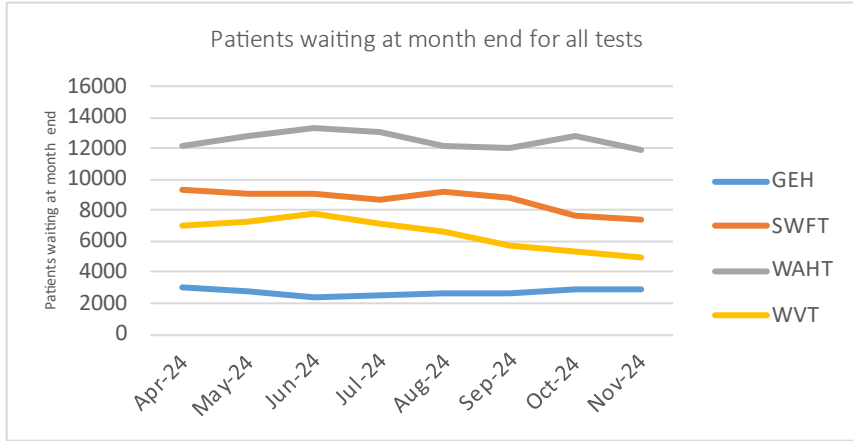


Capacity

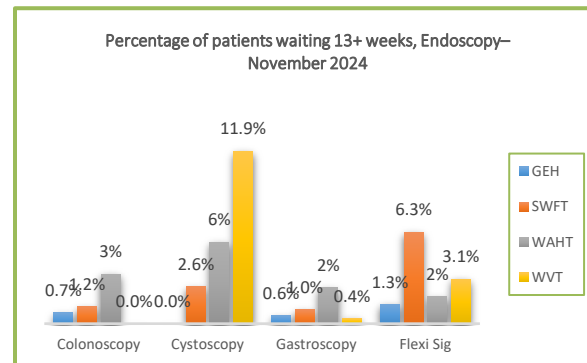
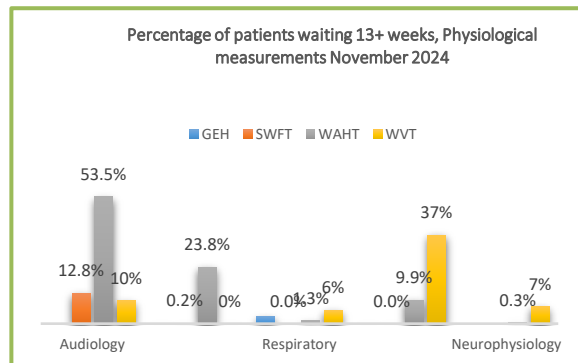
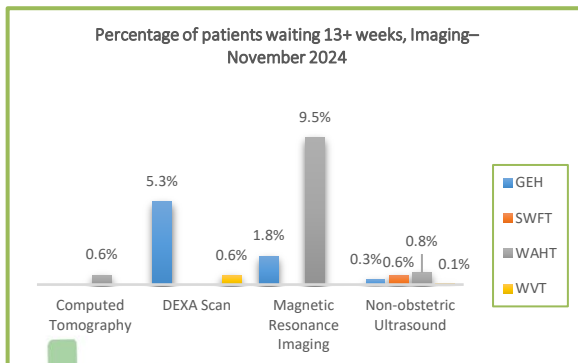
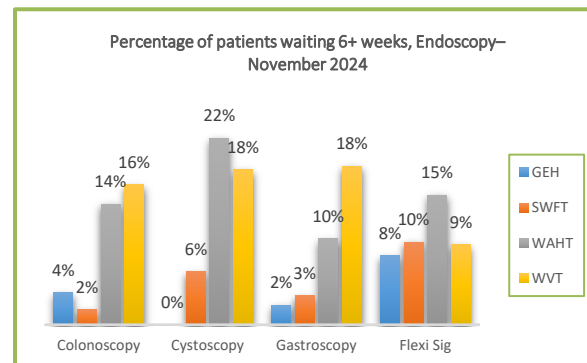
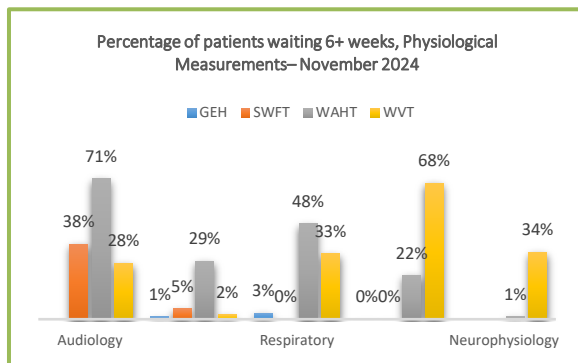
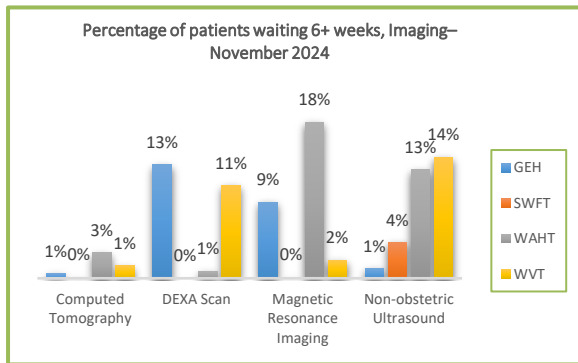
	Worcestershire						Warwickshire South			Warwickshire North		Herefordshire					
	WRH	ALX	KTC (inc CDC)	POWCH	ECH	MCH	Warwick	Stratford CDC	CERU	GEH	CDC	County	CDC (August 2025)	Leominster	Ross	Bromyard	Community (Other)
CT	3	2	2				2	1		2	1	3	1				
MRI	1	1 + 1 mobile	1				1	2 (from 06/25)		2	1	2	1				
Non-Obstetric Ultrasound Scan	5	4	4	1	1	1	4	4	2	4	2	6	1	1	1	1	1
Plain film	5	4	2	1	1	1	2	2		4	1	3	1	1	1		
Plain film (AED)							2					3					
Fluoro	1	1	1				1					2					
IR	1									2							
Nuc Med	1																
Dexa	1							1		1							1
Endoscopy	3	2	5			1						3			1		
Mammo							1 (inc uss)	1				2					
Nuclear Med												1					



Waiting times across the Foundation Group

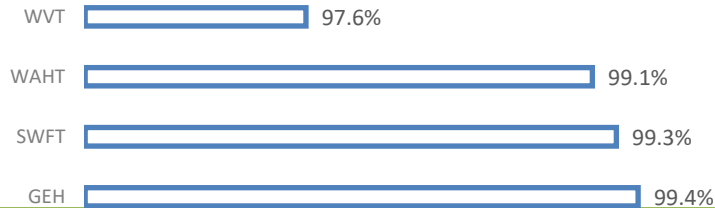


Waiting times across the Foundation Group

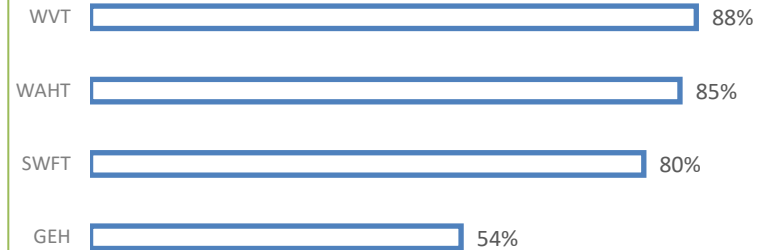


Turnaround Times across the Foundation Group

A&E Report turnaround time **inside 4 hours** for all tests **excluding plain film** Apr-Nov 2024



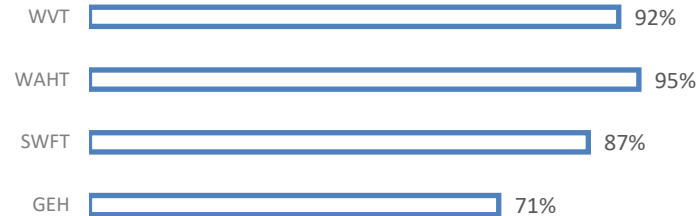
OP Cancer Pathways Report turnaround time **inside 3 days** for all tests Apr-Nov 2024



Urgent IP Report turnaround time **inside 12 hours** for all tests Apr-Nov 2024*



Urgent GP+OP IP Report turnaround time **inside 7 days** for all tests Apr-Nov 2024



*The percentage TAT would improve if plain film was excluded from the data as this is not hot reported.

Turnaround Times Narrative

GEH

Turnaround times have significantly improved at GEH over the last 3 months for both Computed Tomography Scan (CT) and Magnetic resonance imaging (MRI) by changing practices and increasing workforce, further work is still required to continue improvement

SWFT

TAT 3 months, two-week-waits, urgents 7-10 days AE within an hour, inpatients 4 hours

WVT

Significant improvements in imaging made in last 18 months, however heavy reliance on outsourcing/WLI to be addressed with CDC recruitment, job planning, demand management with i-Refer (referral decision support for both primary and secondary care). Utilisation of Allocation Officers to prioritise reporting workload along with developments of Power BI live reporting.

WAHT:

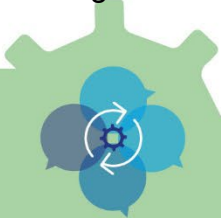
Not all scans have times recorded so the actual figure may differ

A&E within 4 hours 62% – Reporting for exams 8-8 is 91% and 14% overnight, plain film 55% others much higher (90s)

IP Urgent within 12 hours 75% - Plain film 31% others in 90s

Cancer within 3 days 85% - CT and MRI below 80%

Urgent GP 98% - No issues



Challenges

Workforce:

- Testing
- Skillmix
- Reporting capacity

GEH

- Improved access leading to reporting backlogs due to increased demand
- Cardiologist availability for Cardiac MRI
- DEXA delays due to workforce
- Ongoing national changes to CDC services
- Business cases or service improvements that have been previously approved have not included imaging and factored in the additional requirement needed for diagnostic imaging further increasing the bottleneck

SWFT

- Reporting backlogs due to capacity and demand
- Correct workforce
- Skill sets for Paediatric/Ear, Nose, Throat (ENT) work
- Continuing rise in referrals

WVT

- Workforce challenges across modalities – Sonographers / Cardiac Physiologists / Radiologists / monitored, Endoscopists
- Fragility of Paediatric Audiology / Neurophysiology service
- Increase in external and internal referrals

WAHT

- TAT times continually monitored, and the new targets have been implemented but ongoing issues with capacity create limitations. To achieve sustainably we will require investment and access to capital
- Audiology paediatric – currently large backlog. Plan to clear with additional staff.
- Cystoscopy – large backlog but situation improving with waiting list initiatives
- Echo – new insourced clinics to address backlog
- MRI – Extra capacity for cardiac scans via mobile scanners, also challenge of patients requiring general anaesthetic.



GEH

- Diagnostics Waiting Times and Activity (DMO1)
- British Association of Physicians of Indian Origin (BAPIO)
- Community Diagnostic Centre (CDC)
- Recruitment (Allied Health Professionals),
- Advance practice

SWFT

- Internal training continues for staff
- DM01 targets met
- CDC plans in progress
- Recent recruitment of Radiologists (starting Spring 25)

WVT

- International Recruitment for Cardiac Physiologists – joint Practise Educator Role across H&W for international recruits
- CDC due to open August 2025 providing an additional 336 plain film x-rays, 126 NOUS, 259 CT, 154 MRI, 235 Physiological Sciences.
- Turnaround time for MRI/CT performing well against national standards e.g. 88% 2ww reported within 3 days
- Reduction in Echo waiting list from 654 >6 weeks in May 24 to 17 in December 2025.

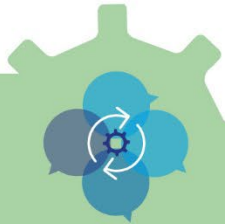
WAHT

- **Imaging:** Strong workforce recruitment and training, effective capacity modeling, reduced waiting times for ultrasounds, and a robust imaging strategy.
- **DMO1:** Targets achieved for MRI, CT, Endoscopy, and NOUS; small colonoscopy waiting list distorts performance metrics.
- **Endoscopy:** FIT@80 national pilot site, improved waiting list management, strengthened workforce, and reduced surveillance wait times.
- **CDC3:** Feasibility study in progress.
- **Cardiology:** Prioritization changes and insourcing have significantly cut down waiting lists.

Future analysis to inform actionable intelligence

- Elective & Emergency - A summary of the demand and capacity by modality for each Trust – for the most vulnerable modalities (inc supporting services such as Sterile Services).
 - Current.
 - Future – next 3-5 years based on current resources and rate of growth.
- A summary regarding the proportion of the elective pathway is spent by patients awaiting diagnostics and at what point in the pathway the request is made.
 - This may highlight possible opportunities for sharing best practice at pathway level and improvement in faster diagnosis standard.
 - Improvements can support the improvements required from Reforming Elective care for patients.
 - Productivity – review the datasets for improved productivity i.e. Did not attend (DNA), cancellations, repeated diagnostics in short period of time.

Note: This will be delivered by joining the subject matter analysts from each organisation together as a Task and Finish Group, to ensure consistency of approach and share learning.



Chief Medical Officer's perspective: Issues and Opportunities

1. Workforce issues

- a. Imaging
 - i. **Lack/Limited specialist skill** set e.g Neonatal and Infant MRI (SWFT, GEH, WVT), Cardiac MRI, ENT (SWFT)
 - i. Pool Expertise across the Foundation
 - ii. Easier access to second opinion from Tertiary centre
 - ii. **Overnight Hot Reporting**: Outsourced at SWFT, WAHT and WVT. At GEH reporting done by Clinical fellows. CPIP opportunity
- b. Pathology : Vacancies affecting turnaround times
- c. Endoscopy : WLI and dependency on insourcing (WVT/WAHT)

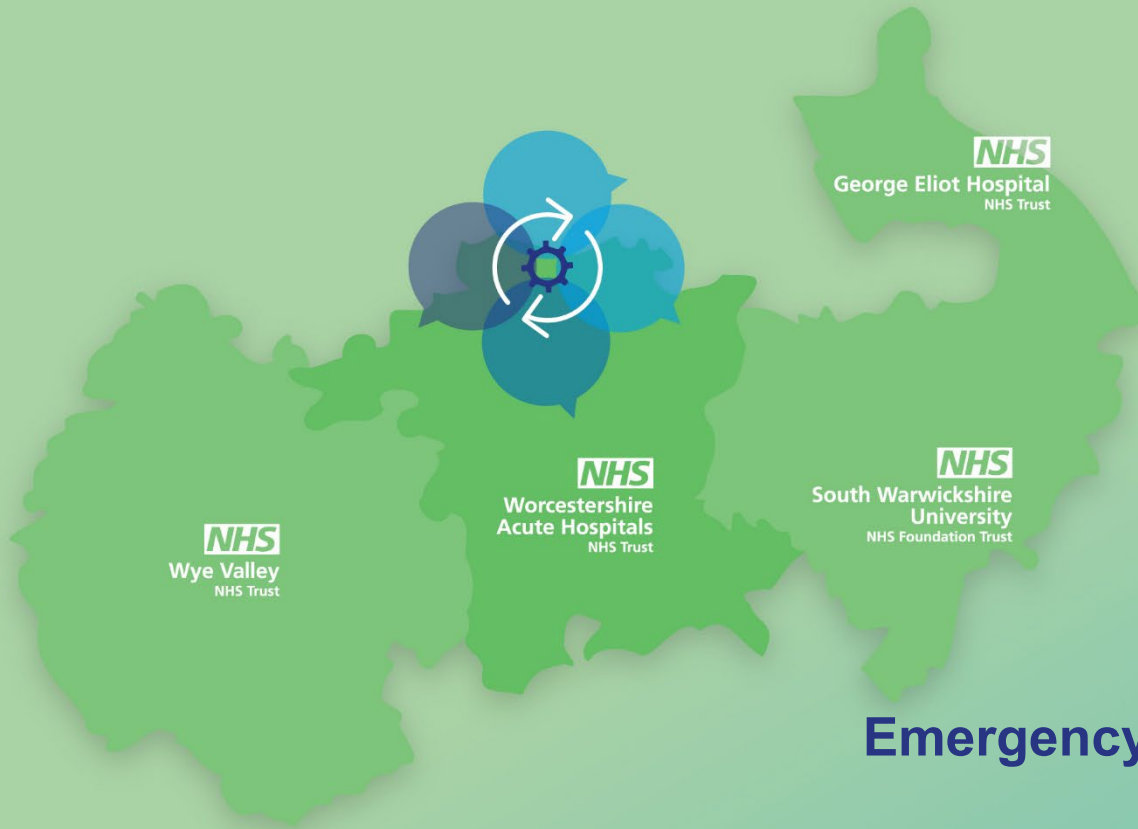
2. **Need for demand management**: Clear pathways and criteria for referrals, restricting who can request certain diagnostics to improve quality and cost

3. **AI Opportunities(CXR and MSK)** (GEH trialling AI to assist with MSK Plain Film in ED)



Report to	Foundation Group Boards	Agenda Item	6.3
Date of Meeting	5 February 2025		
Title of Report	Emergency Department (ED) Benchmarking		
Status of report: (Consideration, position statement, information, discussion)	For Information and Discussion		
Author:	Harkamal Heran, Chief Operating Officer South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer George Eliot Hospital NHS Trust (GEH), Chris Douglas, Chief Operating Officer Worcestershire Acute Hospitals NHS Trust (WAHT), Katie Osmond, Chief Finance Officer WVT, Kim Li, Chief Finance Officer SWFT, Haq Khan, Chief Finance officer GEH, and Neil Cook, WAHT.		
Lead Executive Director:	Harkamal Heran, Chief Operating Officer South Warwickshire University NHS Foundation Trust (SWFT), Andrew Parker, Chief Operating Officer Wye Valley NHS Trust (WVT), Robin Snead, Chief Operating Officer George Eliot Hospital NHS Trust (GEH), Chris Douglas, Chief Operating Officer Worcestershire Acute Hospitals NHS Trust (WAHT), Katie Osmond, Chief Finance Officer WVT, Kim Li, Chief Finance Officer SWFT, Haq Khan, Chief Finance officer GEH, and Neil Cook, WAHT.		

1. Purpose of the Report	<p>To provide the Foundation Group Boards with an update on the work to compare ED benchmarking across the five EDs across the Foundation Group.</p> <p>This report highlights the current work to date on how each ED compares with the current information available via National Model Hospital benchmarking and Finance costing to maintain our current service delivery models within each organisation.</p> <p>The aim of this work is to evaluate:</p> <ul style="list-style-type: none"> - Cost to deliver the models across our ED - Understand the difference in the models and the internal / external influences impacting on how these current models function - Evaluation opportunities across the Foundation Group how these models could be adapted locally through shared learning - What is the financial opportunity to redeploying funding within our EDs to admission avoid or improved discharge schemes that could reduce the need to increase funding our EDs and functions across our acute floors.
2. Recommendations	<p>The Foundation Group Boards are asked to receive and note this report.</p>
3. Executive Assurance	<p>Oversight of this work will be provided by the Chief Operating Officers (COOs) and Chief Finance Officers (CFOs) in the Foundation Group with feedback to future Foundation Board meetings as part of further analysis of the opportunity.</p>



Emergency Department Benchmarking

February 2025

Emergency Departments (EDs) across the NHS face growing pressures, driven by rising patient attendances, workforce challenges, increasingly complex care demands and high acuity; and more recently increased infection. Recent investments have targeted improving patient flow, reducing congestion, and optimising care delivery within EDs.

By benchmarking workforce, analysing flow improvements, and exploring the potential for resource redistribution to community settings, this deep dive seeks to:


- Understand the current state of ED productivity.
- Identify opportunities to improve efficiency while maintaining high-quality patient care.
- Where costs could be utilised elsewhere to improve patient pathways.




Summary Emergency Department Indicator Benchmarking Table - Foundation Group Trusts

Latest Data

Nov-24

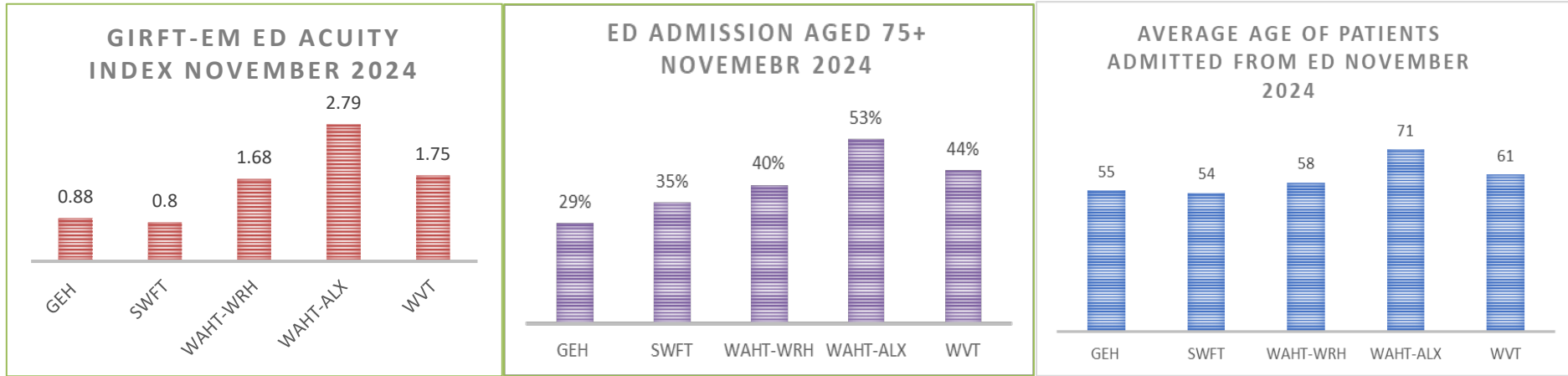
	Activity		Workforce		Cubicles and Beds		Case Mix		
	Type 1 attendances last 12 months – rolling	Admissions via ED last 12 months – rolling	Annual ED attendances per ED consultant	Annual ED attendances per ED registered nurse	Annual ED admissions per Majors and Resus cubicles	Annual all overnight admissions per G&A bed	Average Age of patients admitted from ED	GIRFT-EM ED acuity index	ED admission aged 75+
GEH	82,351 225/day	27,548 75/day	10,042.8	980.4	1967.7	55	55 years	0.88	29.1%
SWFT	98,441 269/day	26,898 74/day	9844.1	1406.3	1169.5	71.2	54 years	0.80	34.9%
WAHT-WRH	91,097 249/day	27,105 74/day	13,202.5	1,314.5	1,129.4	65.1	58 years	1.68	40.0%
WAHT-ALX	64,994 178/day	14,276 39/day	Not reported	Not reported	Not reported	48.4	71 years	2.79	53.1%
WVT	73,772 202/day	18,890 52/day	14187	1,189.9	1,049.4	66.3	61 years	1.75	44.3%

	ED Trauma Status / Patients and UTC		Demand		Outcome	Flow			
	Co-located UTC	Patient and trauma status	Proportion of catchment area attending ED per year	Proportion of all emergency admissions via ED	Proportion of ED arrivals via Ambulance	All ED patients spending > 12 hours in the department	Mean time in ED for admitted patients	Mean time in ED for non-admitted patients	SDEC emergency admissions with Zero LoS
GEH	Yes	Adults and Children ND	36.4%	96.6%	18.5%	11.7%	8.3hrs	3.9hrs	53.9%
SWFT	No	Adults and Children ND	32.8%	75.2%	20%	4.40%	6.8hrs	3.9hrs	48.0%
WAHT-WRH	No	Adults and Children TU	26.3%	73%	22.8%	21.9%	16.7hrs	6.6hrs	19.8%
WAHT-ALX	No	Adults and Children ND	29.0%	97%	29.3%	11.0%	10.2hrs	5.8hrs	11.9%
WVT	No	Adults and Children TU	29.8%	90%	26.5%	14.6%	9.7hrs	4.6hrs	15%

Model Hospital current provides useful benchmarking across Group on high level detail on workforce, acuity, case mix that give context on how each ED is unique and how information regarding Productivity needs further interpretation and review



Model Hospital Demographics Summary

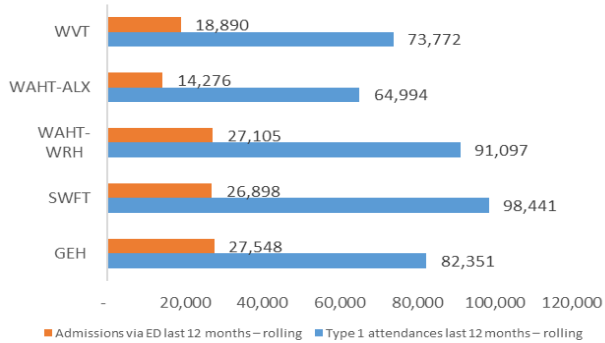


Acuity and patient demographics vary across our EDs. Factors such as Urgent Treatment Centres, paediatric services, Trauma and Stroke units will influence some of the differences in data. Along with geography, social economic factors and proximity to Tertiary Centres.

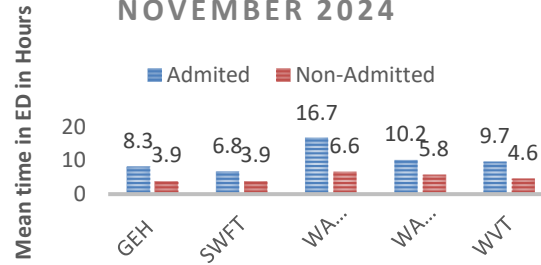


Model Hospital Activity and Performance Summary

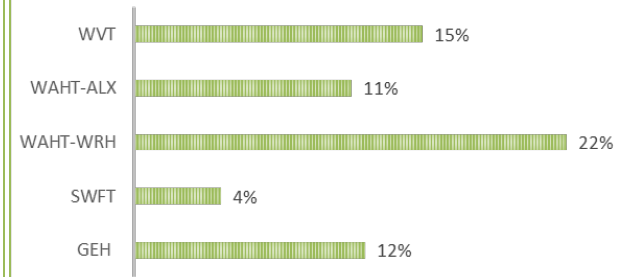
ED Attendances vs emergency admissions Oct 2023-Nov 2024



MEAN TIME IN ED FOR ADMITTED AND NON ADMITTED PATIENTS NOVEMBER 2024



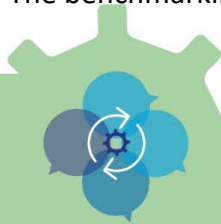
ED PATIENTS WAITING OVER 12 HOURS NOVEMBER 2024



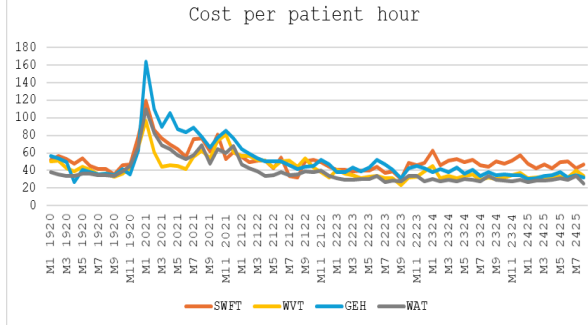
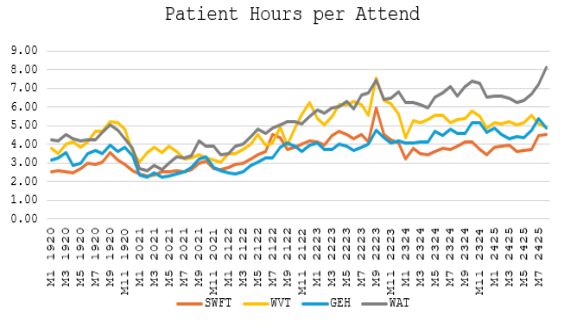
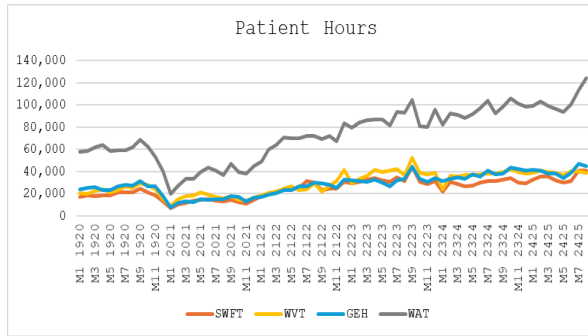
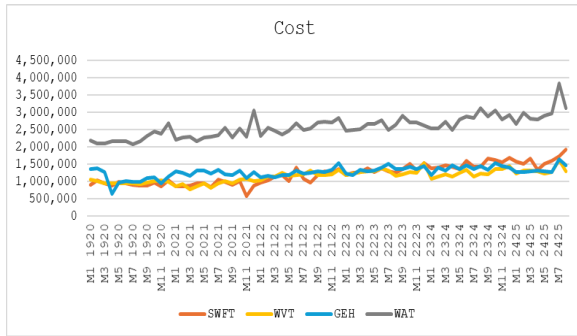
Each of the FG EDs have various degrees of congestion and challenges with ED and Trustwide / PLACE based patient flow

Our EDs have differing degrees of tolerance for becoming “bottlenecks” for Urgent Emergency Care (UEC) flow and various escalation and surge plans influenced resolve their challenges. Some of these will be within the ED or our Acute Floors and others will be across the Trust and local systems

The benchmarking above shows how these factors could have influenced the Financial comparison to follow



Foundation Group Financial Benchmarking



Financial benchmarking evidences increased attendances and patient hours over the last 12 months, and November compared to 2019/20 baseline. Increased demand drives increased use of resources, including temporary workforce at premium cost.

As patients spend longer in ED, we have seen a rise in patient hours per attendance and a reduction in cost per patient hour.

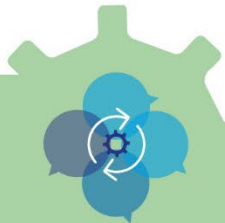
Factors to consider:

- Operational understanding of each ED “cost”:
 - Medical / Nurse / Skill mix / Workforce models / Same Day Emergency Care (SDEC) etc.
 - Mandated requirement to address safety concerns e.g. CQC
- Minors / Majors / Resus split
- Floorplan and layout of our EDs to manage patient care and safety
- Crucially the driving factors behind current Patient hours and Cost per patient differences



Next Steps and Actions

- Further work to understand the cost difference and how de-congested EDs will improve our cost per patient
 - Does this change our workforce models?
 - Can we further learn from our workforce models across the Group?
- Others costs across our Trusts and Systems that are at premium / non-substantive in order to resolve ED congestion or create escalation / surge capacity
 - Escalation beds and TES beds
 - Right size Community beds
 - Success of our UCR / VW
- How Point of Prevalence / Criteria to Admit / Criteria to Reside informs our understanding of the opportunity to “left shift” in admission avoidance / discharge pathways (*10 Year Plan ambitions*)
- Have we tried to fix the Symptoms in ED and not the underlying illness / conditions?



Report to	Foundation Group Boards	Agenda Item	7.1
Date of Meeting	5 February 2025		
Title of Report	Foundation Group Boards Schedule of Business		
Status of report: (Consideration, position statement, information, discussion)	For approval and discussion		
Author:	Chelsea Ireland, Foundation Group EA		
Lead Executive Director:	Russell Hardy, Foundation Group Chairman		
1. Purpose of the Report	For approval of the 2025/26 Schedule of Business for the Foundation Group Boards meeting.		
2. Recommendations	<p>The Foundation Group Boards is asked to discuss and approve the Foundation Group Boards schedule of business for 2025/26.</p> <p>Key things to note are:</p> <ul style="list-style-type: none"> - Foundation Group Boards Workshop agenda items to be identified. - The paper submission deadlines have been included at the bottom of the schedule of business for ease and future diary planning. 		
3. Executive Assurance	N/A		

Foundation Group Boards Schedule of Business for 2025/26

Report	May-25	Aug-25	Nov-25	Feb-26	Presenter
Standing Items for Each Meeting	✓	✓	✓	✓	
Apologies for Absence	✓	✓	✓	✓	
Declarations of Interest	✓	✓	✓	✓	
Minutes of the Meeting held on (relevant date to be inserted)	✓	✓	✓	✓	
Matters Arising and Actions Update Report	✓	✓	✓	✓	
Questions from Members of the Public and SWFT Governors	✓	✓	✓	✓	
Quarterly Reports for Noting and Information					
Foundation Group Strategy Committee Minutes	✓	✓	✓	✓	Group Chairman
Foundation Group Strategy Committee Report	✓	✓	✓	✓	Group Chairman
August's report should include annual report and self-assessment of effectiveness					
Quarterly Reports for Assurance					
Foundation Group Performance Report (leave longer for this on the agenda)	✓	✓	✓	✓	Managing Directors
Overview of Big Moves and Key Discussions from FGB Workshop	✓	✓	✓	✓	Group Chairman / Group Chief Executive
Deep Dive (focus areas to be confirmed throughout the year)	✓	✓	✓	✓	Relevant Executives
Quarterly Reports for Approval					
Bi-Annual Reports for Noting and Information					
Bi-Annual Reports for Assurance					
Group Digital Transformation Update	✓		✓		Group Chief Strategic Digital and Technology Officer
Bi-Annual Reports for Approval					
Annual Reports for Noting and Information					
Annual Reports for Assurance					
Foundation Group Objectives Update		✓			Group Chief Executive
Gender Pay Gap			✓		Chief People Officers
Safe Staffing Overview (to include Nurse Per Bed Ratio)	✓				Chief Nursing Officers
Equality Update Report		✓		✓	Chief People Officers
Annual Reports for Approval					
Calendar of Meetings			✓		Group Chairman
Schedule of Business				✓	Group Chairman
Fit and Proper Persons Test Annual Compliance	✓				Trust Secretary / Company Secretary
Board Committee's Terms of Reference				✓	Trust Secretary / Company Secretary

Dates for Submission	May-25	Aug-25	Nov-25	Feb-26
Deadline for papers	29-Apr	29-Jul	29-Oct	27-Jan
Meeting dates	07-May	06-Aug	05-Nov	04-Feb

Key:
 Public
 Confidential

Foundation Group Boards Workshop Schedule for 2025/26

Meeting Date	Subject/Items	Presenter	Submission Date for Presentations/Papers
07 May 2025	1. Guest Speaker 2. Update on Big Move - Warwickshire's Discharge Front Runner Programme and Herefordshire Better Care Fund 3. Electronic Patient Records Learnings in Conversation with Oracle 4. Foundation Group Succession Planning and Talent Management	1. 2. Zoe Mayhew (Warks) and Jon Barnes (Hereford) 3. Oracle / All 4. Chief People Officers	29/04/2025
06 August 2025	1. Guest Speaker 2. Update on Big Move - 'Embed Prevention in Every Service' 3.	1. 2. Managing Directors 3.	29/07/2025
05 November 2025	1. Guest Speaker 2. Update on Big Move - 'Lead the NHS on Carbon Reduction' 3. Update on Big Move - 'Home First - Supported by Technology and Collaboration' 4.	1. 2. Chief Strategy Officers with Sustainability Leads 3. Chief Operating Officers with Support from Rebecca Brown 4.	29/10/2025
05 February 2026	1. Guest Speaker 2. Update on Big Move - Be a Very Flexible Employer 3.	1. 2. Chief People Officers 3.	27/01/2026

Report to	Foundation Group Boards	Agenda Item	7.2
Date of Meeting	5 February 2025		
Title of Report	Annual Review of Board Committee Terms of Reference		
Status of report: (Consideration, position statement, information, discussion)	For approval		
Author:	<p>Gwenny Scott, Company Secretary/Associate Director of Corporate Governance for Wye Valley NHS Trust (WVT) and Company Secretary for Worcestershire Acute Hospitals NHS Trust (WAHT)</p> <p>Sarah Collett, Trust Secretary for South Warwickshire University NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH)</p>		
Lead Executive Director:	Chief Finance Officers and Chief People Officers.		
1. Purpose of the Report	To ensure the Foundation Group Boards have an opportunity to consider and ratify the Board Committee Terms of Reference as part of the annual review process.		
2. Recommendations	<p>The Foundation Group Boards are asked to:</p> <ul style="list-style-type: none"> (a) consider and ratify the Foundation Group combined Terms of Reference for the Audit Committee; (b) consider and ratify the Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee; (c) consider and ratify the Terms of Reference for the Foundation Group Strategy Committee; (d) receive and note the update on the Foundation Group combined Terms of Reference for the Charity Trustee, and (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group. 		
3. Executive Assurance	The Foundation Group Boards can be assured by the work taken place to review the Terms of Reference for each of the Board Committees across the Foundation Group, which ensures they are aligned and a consistent approach where possible.		

**South Warwickshire University NHS Foundation Trust
George Eliot Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust
Wye Valley NHS Trust**

Report to Foundation Group Boards – 5 February 2025

Annual Review of Board Committee Terms of Reference

1. Introduction

The Board of each Trust within the Foundation Group is required to review the Terms of Reference of its Board Committees on an annual basis, in accordance with its Schedule of Business.

2. Board Committee Terms of Reference – Annual Review

As part of last year's annual review process, the Foundation Group's Trust Secretaries combined the Terms of Reference for both Audit Committee and Appointments and Remuneration Committee. This ensured that each of the Committees were aligned and there was a consistent approach across the Foundation Group. Where there are unique requirements, such as for SWFT as a Foundation Trust, these are reflected as a footnote.

As part of the this year's annual review process, the Foundation Group combined Terms of Reference were presented to each Audit Committee and Appointments and Remunerations Committee within the Foundation Group, with comments and amendments captured in the final versions attached to this report for consideration and ratification (Appendix A and B).

The Foundation Group Strategy Committee has considered its Terms of Reference and the final version is attached for consideration and ratification (Appendix C).

The Foundation Group combined Charity Trustee Terms of Reference are going through the annual review process to ensure they are considered and approved by each of the Charity Trustees across the Foundation Group. As the Charity Trustee for each Trust is a corporate trustee and not a Board Committee, the Terms of Reference do not require Board approval.

Due to the significant variations in the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee, work has not taken place to combine these Terms of Reference and therefore they will be submitted to the respective Boards for approval and ratification in due course.

3. Recommendations

The Foundation Group Boards are asked to:

- (a) consider and ratify the Foundation Group combined Terms of Reference for the Audit Committee;
- (b) consider and ratify the Foundation Group combined Terms of Reference for the Appointments and Remuneration Committee;

- (c) consider and ratify the Terms of Reference for the Foundation Group Strategy Committee;
- (d) receive and note the update on the Foundation Group combined Terms of Reference for the Charity Trustee, and
- (e) receive and note the update on the Terms of Reference for the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee for the individual Trusts in the Foundation Group.

Gwenny Scott
Company Secretary/
Associate Director of Corporate Governance – WVT
and Company Secretary – WAHT

Sarah Collett
Trust Secretary – SWFT and GEH



Appointments and Remuneration Committee

TERMS OF REFERENCE

<p>Remit</p>	<p>The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board) to perform the duties prescribed by the Trust’s Constitution¹ or Standing Orders² in relation to the appointment and remuneration arrangements of the Chief Executive, Managing Director and Chief Officers (also referred to as Executive Directors). It will also review the Trust’s Fit and Proper Persons procedures and receive reports thereon.</p>
<p>Accountability Arrangements</p>	<p>The Committee is accountable to the Board of the Trust to perform the duties prescribed by the following paragraphs of the Trust’s Constitution or Standing Orders:</p> <ul style="list-style-type: none"> • <i>The non-executive directors shall appoint or remove the Chief Executive³</i> • <i>A committee consisting of the Chairperson, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors⁴</i> • <i>The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors⁵</i>
<p>Responsibilities</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> • Review the structure, size and composition of the Board (including the mix of skills, knowledge and experience) in the light of the strategy and priorities of the Trust, and make recommendations to the Board with regard to any restructuring or development needs. • Give full consideration to continuity in the executive team, including the Chief Executive, taking into account the challenges and opportunities facing the Trust and the skills and expertise particularly needed on the Board in future.

¹ For SWFT

² For WVT, GEH and WAHT

³ SWFT Constitution paragraph 27, WVT, [GEH and WAHT](#) Standing Order 3, ~~GEH Standing Order 2.2 and 4.8.2~~

⁴ SWFT Constitution paragraph 27.4, WVT, [GEH and WAHT](#) Standing Order 43, ~~GEH Standing Order 2.2 and 4.8.2~~

⁵ SWFT Constitution paragraph 33, WVT, [GEH and WAHT](#) Standing Order 43, ~~GEH Standing Order 4.8.2~~

	<ul style="list-style-type: none"> • Determine, and review from time to time, the terms and conditions of office of the Chief Executive, Managing Director and Chief Officers including the Trust's policies for the remuneration and allowances applicable to these positions. • Approve processes for the annual performance review of the Chief Executive, Managing Director and Chief Officers, and receive an annual report on the outcome of these reviews. • Determine, and keep under review, the consolidated and non-consolidated remuneration of the Chief Executive, Managing Director and each Chief Officer. • Determine for all staff, under delegated powers, arrangements for any non-contractual payment, in line with Department of Health and Social Care and NHSE guidance. The Committee shall also sign-off the payment of contractual severance payments for individual Board level members of staff. • In the event of a vacancy for the Chief Executive, Managing Director or a Chief Officer position, approve the recruitment process, person specification and other particulars and instruct the Chief People Officer to undertake recruitment accordingly. • Identify a process for the short-listing and interview of candidates for the Chief Executive, Managing Director or a Chief Officer position. • To agree an interview panel and delegate authority to such a panel which shall be responsible for identifying and nominating for appointment candidates to fill posts for any Chief Executive⁶, Managing Director or Chief Officer vacancies as and when they arise provided that: <ul style="list-style-type: none"> ○ the appointment is within the parameters set by the Appointments and Remuneration Committee; ○ any proposed non-conformance to the parameters is referred back to the Appointments and Remuneration Committee for consideration and approval prior to any appointment being made; ○ a report confirming the appointment is submitted to the next Appointments and Remuneration Committee meeting. • Consider and decide upon any matter relating to the continuation in office of the Chief Executive, Managing Director and a Chief Officer, including suspension or termination of service in accordance with the terms and conditions of office. • Review succession planning and talent management for the positions of Chief Officers, and recommend to the Chief Executive and Chief People Officer such development activities as may be needed to ensure the continued executive and senior management capability of the Trust. • Approve an annual statement of the Committee's processes and activities for the Chairperson to report to the Board, in a suitable form for inclusion in the Trust's Annual Report.
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⁶ For SWFT, the appointment of the Chief Executive is to be approved by the Council of Governors, in accordance with the Trust's Constitution.

	<ul style="list-style-type: none"> • Receive an annual report on the operation of the Trust's Fit and Proper Persons Procedure and the self-declarations made including any concerns raised about Executive Directors through the process, agreeing where necessary the employment process needed. • Receive adhoc reports from the Chairperson, Chief Executive or Managing Director.
Membership / Attendance	<p>The members of the Committee are:</p> <ul style="list-style-type: none"> • The Trust Chairperson • The Non-Executive Directors (Voting, Non-Voting and Associate) <p>The Chief Executive shall be invited to attend the Committee and:</p> <ul style="list-style-type: none"> • excluded from any discussion or decision relating to their own appointment, remuneration or terms of office. • a voting member for any decision related to the appointment or removal of the Managing Director or a Chief Officer except themselves. <p>The Managing Director shall be invited to attend at least annually to discuss the performance of the Chief Officers.</p> <p>The Chief People Officer (or a deputy) will attend to advise the Committee, but will be excluded from any discussion or decision relating to their own appointment, remuneration or terms of office.</p> <p>The Managing Director, other officers of the Trust or external advisers may be invited to attend as the Committee considers necessary.</p>
Chair	The Chairperson of the Trust shall be the Chair of the Committee. The Vice-Chair of the Trust will deputise in the Chairperson's absence.
Quorum	The Chairperson (or Vice Chair) and two other NEDs, with at least one being a Voting NED, will constitute a quorum.
Reporting Arrangements	<p>Following each meeting of the Committee the Chairperson will submit a formal report on the proceedings of the meeting to the next meeting of the Board.</p> <p>The Committee will undertake an annual self-assessment of its effectiveness which will be reported to the Board for information. Also an Annual Report of the Committee's performance and compliance against its Terms of Reference, which includes an annual register of attendance, will be produced and submitted to the Board for information.</p>
Frequency of Meeting	The Committee will hold scheduled meetings at least twice a year, and the Chairperson may convene additional meetings as necessary.

Administration	The Trust Secretary (or a deputy) will attend to advise and support the Chairperson and the Trust Secretary or nominated Executive Assistant to take the Minutes of the meeting.
Date Approved	WVT <u>Vice Chair on behalf of the</u> Committee on 25 October 2023 <u>29 January 2025</u> GEH Committee on 7 <u>5</u> November 202 3 <u>4</u> WAHT <u>Vice Chair on behalf of the</u> Committee on 7 November 2023 <u>29 January 2025</u> SWFT Committee on 14 <u>2</u> December 202 4 <u>3</u> Foundation Group Boards on <u>5 February 2025</u> 2 May 2024
Date Review	To be reviewed annually. Next review due in <u>November/December 2025</u> 4



Audit Committee

TERMS OF REFERENCE

Remit	<p>The Committee is established by the Board of Directors/Trust Board (hereafter referred to as the Board), in accordance with the Trust’s Constitution¹ or Standing Orders², as an Audit Committee in relation to providing assurance to the Board, specifically in relation to internal controls, risk management and the Trust’s overarching governance framework.</p>
Accountability Arrangements	<p>The Committee is accountable to the Board in accordance with the following paragraphs of the Constitution³ or Standing Orders⁴:</p> <ul style="list-style-type: none"> • The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate⁵. • An Audit Committee will be established and constituted to provide the Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS⁶. <p>The Committee has the full support of the Board and the Board has authorised the Committee to:</p> <ul style="list-style-type: none"> • investigate any activity within its Terms of Reference. • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
Responsibilities	<p style="text-align: center;"><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and</p>

¹ For SWFT

² For WVT, GEH and WAHT

³ For SWFT

⁴ For WVT, GEH and WAHT

⁵ SWFT Constitution paragraph 39

⁶ GEH [Standing Order 4.8.1](#), WVT [and WAHT](#) Standing Order 43.1 [and WAHT Standing Order 25.9](#)

internal control, across the whole of the organisation's activities (both clinical and non-clinical), including subsidiaries⁷, that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of disclosure statements.
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications, including the NHS Code of Governance and NHS Provider Licence.
- the policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority (NHSCFA).

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However, these other Committees must not undertake the Committee's role.

Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets public sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable/Accounting Officer and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

⁷ For SWFT

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between Internal and External Auditors to optimise the use of audit resources.
- ensure a robust system is in place to follow up internal audit, external audit, value for money and any other audit reports presented to the Committee, based on agreed management action plans.
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- monitor the effectiveness of internal audit by carrying out an annual effectiveness review.

External Audit

The Committee shall review and monitor the External Auditor's (as appointed by the Council of Governors⁸ or Trust Board⁹) independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the External Auditors, and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of External Audit, as far as the rules governing the appointment permit (and make recommendations to the Board, and for SWFT¹⁰ to the Council of Governors, when appropriate).
- discussion and agreement with External Audit, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy.
- discussion with External Audit of their evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- review of all External Audit reports, including reports to those charged with governance and any work undertaken outside the annual audit plan, together with the appropriateness of management responses and also recommend the annual audit letter to the Board.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.
- Ensuring that the External Audit tenure of appointment conforms with the code of governance regarding rotation of key audit personnel and the provider as a whole.
- The Committee shall ensure the cost effectiveness of External Audit.

⁸ For SWFT

⁹ For GEH, WAHT and WVT

¹⁰ For SWFT

Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance, risk management and assurance of the organisation, to include IT security and information governance.

These will include, but will not be limited to, understanding the implications of working in an Integrated System, ensuring arrangements are aligned and any impact on the Trust's governance arrangements. Also any reviews by NHS England, Department of Health and Social Care arm's length bodies, Regulators/Inspectors (eg Care Quality Commission (CQC), NHS Resolution, etc), NHSCFA and professional bodies with responsibility for the performance of staff or functions (eg Royal Colleges, accreditation bodies, etc).

In addition the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee and the Risk, Health and Safety Board/Executive Risk Committee/Executive Risk Management Committee.

In reviewing the work of the Clinical Governance Committee/Quality Assurance Committee/Quality Committee/Quality Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function including that the quality account presents accurate data and meets the reporting requirements as prescribed nationally.

Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and shall review the outcomes of counter fraud, bribery and corruption work that meet NHSCFA's standards and shall review the outcomes of work in these areas.

With regards to the local counter fraud specialist, it will review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans and discuss NHSCFA quality assessment reports.

Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

It may also request specific reports from individual functions within the organisation (eg clinical audit, ICT, compliance reviews and accreditation reports) as they may be appropriate to the overall arrangements.

Financial Reporting

The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- changes in, and compliance with, accounting policies, practices and estimation techniques.
- Changes in, and compliance with guidance issued by NHS England.
- unadjusted mis-statements in the financial statements.
- significant judgements in preparation of the financial statements.
- significant adjustments resulting from the audit.
- Letter of representation.
- Explanations for significant variances.
- Qualitative aspects of financial reporting:
- The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.
- The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

Waiver¹¹/Suspension¹² of Board Standing Orders

The Committee shall review every Board decision to suspend the Board Standing Orders.

System for Raising Concerns

The Committee shall review the effectiveness of the arrangements in place for allowing staff (and contractors) to raise (in confidence) concerns about possible improprieties in any area of the organisation (financial, clinical, safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, and in line with the relevant policies.

Governance Regulatory Compliance

The Committee shall review the organisation's reporting on compliance with the NHS Provider Licence, NHS Code of Governance and the Fit and Proper Persons Test.

¹¹ SWFT Constitution paragraph 3.11

¹² GEH ~~Standing Order 3.13~~, ~~WVT and~~ WAHT Standing Order ~~40.5~~ and ~~WVT Standing Order 27~~

	<p>The Committee shall satisfy itself that the organisation’s policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the policy and procedures relating to conflicts of interest.</p>
<p>Responsibilities for SWFT Clinical Services Ltd Audit Business (the Company) – (for SWFT only ¹³ and not applicable for GEH, WVT or WAHT)</p>	<ul style="list-style-type: none"> • To monitor the integrity of the financial statements of the Company, reviewing significant financial reporting judgements contained in them. • To review the Company’s internal financial controls and the Company’s general internal control and risk management systems. • To monitor and review the effectiveness of the Company’s internal audit function. • To make recommendations to the Company’s Board in relation to the appointment of the external auditor. • To approve the Company’s remuneration and terms of engagement of the external auditor. • To review and monitor the external auditors’ independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements. • To develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm. • To report to the Company’s Board, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.
<p>Membership / Attendance</p>	<p>The Members of the Committee are:</p> <ul style="list-style-type: none"> • <u>Not less than three Non-Executive Directors (Voting, Non-Voting and Associate).</u> • <u>One of the members shall have recent and relevant financial experience.</u> • <u>A Non-Executive Director maybe coopted to attend a meeting to ensure the quorum of two Non-Executive members is met.</u> <p>The Chairperson of the Trust shall not be a member of the Committee.</p> <p>The Chief Finance Officer, Trust Secretary and appropriate Internal Auditor, External Auditor and Local Counter Fraud Specialist representatives shall normally attend meetings. At least once a year the Committee will meet privately with External and Internal Audit.</p> <p>The Chief Executive, Managing Director, Chief Officers and other Managers should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.</p>

¹³ For SWFT

	<p>The Chief Executive will attend at least annually, to discuss the process for assurance that supports the Annual Governance Statement and also when the Committee considers the annual accounts. The Managing Director will attend when the Committee considers the draft internal audit work plan.</p> <p>For SWFT Clinical Services Ltd, the Company's Chief Executive, Director of Finance, Company Secretary and appropriate Internal and External Auditor representatives should be invited to attend when discussing the Company's audit business¹⁴.</p> <p>In exceptional circumstances, deputies may be nominated to attend prior to the meeting, with the Chair's approval.</p> <p>The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda.</p> <p>The Audit Committee, supported by the Chief People Officer, will ensure that all members are suitably trained and have continuing appropriate training to enable them to be effective.</p>
<p>Chair</p>	<p>The Chair of the Committee shall be appointed by the Board from amongst the Non-Executive Directors.</p> <p><u>The Vice Chair or Senior Independent Director should not Chair the Audit Committee.</u></p> <p>In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the Chair.</p>
<p>Quorum</p>	<p>A quorum shall be two Non-Executive members, to include the member with significant, recent and relevant financial experience/ Chair of the Committee (who will be a voting Non-Executive Director).</p>
<p>Reporting Arrangements</p>	<p>The Minutes of Audit Committee meetings shall be formally recorded and the approved Minutes will be submitted to the Board. Following each meeting, the Committee Chair will submit a formal report on the proceedings of the meeting, drawing the Board's attention to any issues that require disclosure to the full Board, or require executive action, to the next meeting of the Board.</p> <p>The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements, the</p>

¹⁴ For SWFT

	appropriateness of the evidence compiled to demonstrate fitness to register with the CQC and the robustness of the processes behind the quality accounts.
Reporting Arrangements for SWFT Clinical Services Ltd <i>(for SWFT only ¹⁵ and not applicable for GEH, WVT or WAHT)</i>	The Minutes of the Audit Committee relating to Company business will be formally recorded separately and submitted to the Company's Board. Any confidential matters will be identified as such in the Minutes.
Frequency of Meeting	The Committee will hold scheduled meetings not less than four times a year. The External Auditor or Head of Internal Audit may require a meeting if they consider that one is necessary. Therefore the Committee Chair may convene additional meetings as necessary.
Administration	<p>The Trust Secretary will provide appropriate support to the Committee Chair and Committee members which will include:</p> <ul style="list-style-type: none"> • Advising the Committee on pertinent areas relating to governance and risk management arrangements. • Supporting the Chief Executive as Accountable Officer on issues in relation to internal controls, governance and risk management particularly providing assurance on such systems through the drafting of the Annual Governance Statement. • The development of an annual programme of work for the Committee to approve. <p>The Committee shall be supported by a nominated Executive Assistant/Board Administrator, whose duties will include:</p> <ul style="list-style-type: none"> • Preparation of agenda in consultation with the Committee Chair and Chief Finance Officer. • Collation and publishing reports / presentations at least 5 working days in advance of the meeting. • Taking the Minutes, ensuring they are an accurate reflection of the business of the meeting and keeping an accurate record of matters arising and issues to be carried forward. • Ensuring the Minutes and actions are circulated to the Committee Chair for review within 5 working days of the meeting and circulated to the other members for information within 10 working days. • Keeping a record of matters arising and seeking updates on action points ready for the next meeting.

¹⁵ For SWFT

Date Approved	GEH Committee on 30 January 2024 <u>14 January 2025</u> SWFT Committee on 13 December 2023 <u>11 December 2024</u> WAHT Committee on 9 January 2024 <u>9 January 2025</u> WVT Committee in December 2023 <u>12 December 2024</u> Foundation Group Boards on 2 May 2024 <u>5 February 2025</u>
Date Review	To be reviewed annually. Next review due by each Trusts Committee in December 2024 <u>2025</u> /January 2025 <u>2026</u> . Next Foundation Group Boards Review Date: February 2025 <u>2026</u>

Appendix C



Foundation Group Strategy Committee

TERMS OF REFERENCE

Remit	The Foundation Group Strategy Committee advises the Boards of South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust on all matters relevant to identifying and sharing best practice at pace.
Accountability Arrangements	<p>The Committee is accountable to the Board of Directors/Trust Board (hereafter referred to as the Board) of each Trust and is authorised by the Boards to investigate any activity within its Terms of Reference.</p> <p>It is also authorised to:</p> <ul style="list-style-type: none"> • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • ensure the engagement of all Board members in the formation and execution of the strategy. • decide upon, and require officers to implement, appropriate action to ensure achievement of, or to correct deviation from, the strategic objectives agreed by the Boards.
Responsibilities	<p>The Committee will advise the Boards on the following matters;</p> <p>Strategic Financial and Operational Planning</p> <ul style="list-style-type: none"> • developing strategy and investment plans, including finance, IT, estates, and commercial development. • overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions. • developing new working models for corporate functions. • developing new business models to progress the development of integrated health and care. • developing and executing a communications strategy. • developing and maintaining business development capacity and capability across the Group.

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	<ul style="list-style-type: none"> • Determining the framework that supports each provider's organisational objectives and targets. • developing and supporting achievement of operating, business, efficiency and delivery plans. • identifying, reviewing and mitigating strategic risks. • proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies. • overseeing service transformation and pathway redesign.
Membership/ Attendance	<p>Members of the Committee are:</p> <ul style="list-style-type: none"> • Chair of the Trusts • Chief Executive of the Trusts • A Non-Executive Director from each Trust • Managing Director from each Trust • Chief Medical Officer from each Trust • Chief Strategy Officer from each Trust • Group Strategic Financial Advisor • Group Medical Advisor • Other Group Advisors • Representatives from Key Partner Organisations (as agreed by the Chair or Chief Executive) <p>Other officers of the Trust may be invited to attend as required.</p> <p>Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.</p>
Chair	The Chair of the Committee will be the Chair from the Trusts.
Quorum	A quorum shall be six members which will include two Non-Executive Directors (one of which could be the Chair), the Chief Executive and a Managing Director. The quorum should include either a Non-Executive Director or Managing Director from South Warwickshire University NHS Foundation Trust , Wye Valley NHS Trust, George Eliot NHS Trust and Worcestershire Acute Hospitals NHS Trust.
Reporting Arrangements	<p>The Minutes of the Foundation Group Strategy Committee will be formally recorded and the approved Minutes will be submitted to the respective Boards through the Foundation Group Boards meeting. Any confidential matters will be identified as such in the Minutes and separately recorded.</p> <p>Following each meeting, the Non-Executive DirectorsFoundation Group EA of the Foundation Group Strategy Committee will submit a formal report to the next Board meetings on the proceedings of the meeting, drawing the Board's attention to any issues and— significant developments, highlighting areas where further assurance is required and matters requiring Board decisions.</p>

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	<p>The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards.</p> <p>The Committee will review its work annually to highlight key issues in the development of the Groups Operational and Financial Strategies and their management, as well as the effectiveness of the Committee.</p>
Frequency of Meeting	The Committee shall normally meet quarterly. The Chair may call an additional meeting if they consider one is necessary.
Administration	<p>The Committee shall be supported by a member of the Corporate Support staff, whose duties in this respect will include:</p> <ul style="list-style-type: none"> • Preparation of agenda in consultation with the Chair • Collation and circulation of papers/ presentations in advance of the meeting • Taking the minutes and agreeing these with the Chair • Keeping a record of matters arising and seeking updates on action points
Date Approved	<p>Foundation Group Strategy Committee on 16 January 2024 <u>17 December 2024</u></p> <p>Foundation Group Boards on 2 May 2024 <u>5 February 2025</u></p>
Date Review	<p>To be reviewed annually.</p> <p>Next Committee Review Date: January 2025 <u>December 2025</u></p> <p>Next Foundation Group Boards Review Date: February 2026 <u>5</u></p>



South Warwickshire
University
NHS Foundation Trust



Worcestershire
Acute Hospitals
NHS Trust



George Eliot Hospital
NHS Trust



Wye Valley
NHS Trust

Report to	Foundation Group Boards	Agenda Item	8.1
Date of Meeting	5 February 2025		
Title of Report	Foundation Group Strategy Committee Report from the Meeting on 17 December 2024		
Status of report: (Consideration, position statement, information, discussion)	For information		
Author:	Chelsea Ireland, Foundation Group Executive Assistant (EA)		
Lead Executive Director:	Russell Hardy, Foundation Group Chair		
1. Purpose of the Report	To provide the Foundation Group Boards with an update on the discussions at the last Foundation Group Strategy Committee meeting.		
2. Recommendations	The Foundation Group Boards are asked to receive and note the Foundation Group Strategy Committee report for the meeting on 17 December 2024.		
3. Executive Assurance	N/A		

**George Eliot Hospital NHS Trust (GEH)
South Warwickshire University NHS Foundation Trust (SWFT)
Worcestershire Acute Hospitals NHS Trust (WAHT)
Wye Valley NHS Trust (WVT)**

Report to Foundation Group Boards – 5 February 2025

The agenda for this meeting was focused on the following key items:

1. Group Job Planning

The Group Medical Advisor provided the Committee with an update on Job Planning across the Foundation Group. Three measures had been agreed, with the view that behaviours would change with the measures being monitored and reported on moving forward. The measures were Direct Clinical Care (DCC): Programmed Activity Ratio, DCC's delivered vs DCC's promised, and value for money by looking at additional responsibility payments.

2. Group Procurement

The Chief Finance Officer for WVT and Acting Associate Director of Procurement updated the Committee on Procurement Shared Services. Key things to note included some of the Foundation Group Non-Executive Directors becoming engaged with the review of the service and supporting the service. Procurement Shared Services had achieved a lot since it had formed, including enhanced compliance through the 'No PO, No Pay' rule, improved catalogue and contract coverage, and an enhanced procurement profile. Working relationships between Procurement Shared Services and WAHT had improved with all four Trusts working off one platform for projects, contracts and the workplan which had created cost savings through collaboration. All four Trusts were also in the process of completing a data benchmarking exercise to leverage further opportunities.

Key Performance Indicators for 2023/24 vs 2024/25 had improved with turnaround time of requisition processed within five days going from 97.1% to 98.82%. Email ticketing had seen an increase of 305 and a catalogue cleanse removed 157 suppliers into the NHS Supply Chain, resulting in a cost saving of circa £52k.

The next steps for Procurement Shared Services included Inventory Management, developing the Social Value Policies, looking at current resource, furthering collaboration and completing an Options Appraisal in line with Central Commercial Function Standards with a NED led Task and Finish Group.

3. Clinical Training and Education

The Heads of Education and Development from across the Foundation Group provide an annual update to the Committee on Clinical Education and Training. Achievements through 2024/25 included creating a Joint Knowledge and Library Services Strategy and Vision, all Trusts being assessed against the Quality Library Framework (WVT due in June 2025), and the development of the LEO (Leading and Empowered Organisation) Faculty.

At the previous Foundation Group Strategy Committee update on Clinical Training and Education in 2023, the Heads of Education and Development were asked to provide a breakdown of the proportion of school leavers required for healthcare training roles. This was quite challenging data to get, which was partly due to the long-term Workforce Plan having only high-level outputting value for increase in workforce. However, took the time

to assure the Committee that the Education and Development teams engaged with schools regularly around Apprenticeships and Work Experience opportunities.

Ongoing projects included the Introduction of the West Midlands Evidence Repository across the Foundation Group, implementing shared Information Skills training, rolling out a General Managers programme, and the development of the long-term Foundation Group Education Forum. The Foundation Group Education Forum would focus on delivery of actions from the long-term Workforce plan. Other areas of focus would include ensuring placement capacity as part of the Workforce Plan, embedding the Safe Learning Charter, Preceptorship and reviewing local education strategies to identify alignment and further collaboration opportunities.

4. Aseptics Services

The Directors of Pharmacy presented the Aseptics Services Update to the Committee, providing an overview that the current model was unsustainable and the G5 (the Foundation Group plus University Hospital Coventry and Warwickshire) recognised that Aseptic Services was a fragile service. A national piece of work was being undertaken to provide a 'Mega Unit' in each region to support Aseptic production, however, delivery of these would likely be in five to ten years' time. Regional advice was therefore for Groups of Trusts where close working relationships had been formed to move forward with redesigning local services to improve efficiency and resilience of Aseptic Service provision.

Herefordshire and Worcestershire (H&W) now had the support of a project manager from SWFT CS, who had facilitated an outline business case including an options appraisal, which had been shared with senior managers in each Trust. The proposal was that two new licensed units be required (one for WVT and one for WAHT). WVT had now been deemed high/medium risk by External Audit and WAHT had been deemed medium risk. Coventry and Warwickshire (C&W), were looking at linking cancer pathways across the ICS, aligning workforce and training between existing units and focusing on business continuity by linking licencing of both the units. C&W plans included UHCW. Other areas to consider in the future included the feasibility of a single prescribing system across the G5 and looking into a single provider for quality assurance which would support staff being able to work across all areas where necessary. Next steps for H&W included SWFT CS supporting the completion of the full business case and ensuring that this was ready for WVT and WAHT by March 2025. As part of that business case development, they would be translating the narrative and options appraisal from an outline case into the full case and would be completing the financial element including identifying estates solutions and confirming capital costs.

A discussion took place on the position of the Single Prescribing System, as it was felt this was a must to help improve Aseptic Services. The Director of Pharmacy for SWFT/GEH explained that SWFT/GEH were linked with UHCW due to clinicians and the movement of patients. Moving to a Single Prescribing System was the way forward but was a bigger piece of work due to the challenges that it posed. The Group Chairman asked the Chief Medical Officers (CMOs) to discuss the Single Prescribing System and come up with a single agreed position.

5. Group Roles and Recharges

The Group Strategic Financial Advisor presented an update on the Foundation Groups shared roles and subsequent recharges. Group costs were charged based on the

2023/24 turnover, and had not yet been updated for 2024/25 however would be updated ready for 2025/26.

A discussion took place regarding the importance of keeping everything in one overall schedule and recharge, and default proportion to be based on income analysis. It also avoided several transactions taking place across the Group. It was also felt that SWFT CS should be used as much as possible to ensure best value, and the importance of using the expert advisory roles that sat within the company to avoid unnecessary consultancy costs.

6. Prostate Cancer Pathways and Project Scope

The Group Medical Advisor presented the Prostate Cancer Pathways Project Scope to the Committee explaining that he was asked by the Group Chief Executive to look at the Cancer Pathways. Prostate Cancer presented itself as a common area of concern across the Foundation Group, with key problem areas discovered. These were access to MRI, MRI reporting and the timeliness of the Prostate biopsy. Following this he was asked to bring back a project scope to the Committee to find a way forward for improving the pathway.

The Group Medical Advisor provided the Committee with the three project scope options and explained that for the project to be successful leads needed to be identified with dedicated time and business intelligence support. He also recommended appointing a Project Co-ordinator/Project Manager. It would be important that each Trust had an Executive sponsor, to act as a trouble shooter for the leads. The results of the project would lead to clear recommendations on how to improve access to and the reporting of MRIs, agreed standardised reporting, an increase in MRI time, and a training programme for a CNS led Prostate Biopsy Service. The Group Medical Advisor concluded by explaining that the project would result in the Foundation Group knowing how it can reliably meet the current and future demand for Prostate Cancer Pathways over the next five years.

The Group Chief Executive explained that the challenge around Urology would always be that there was a Urology Area Network that brought the Foundation Group and UHCW together, however he sensed that the Urologists within the Foundation Group seemed quite supportive of each other and that there could be the potential for WAHT to lead on some of the Prostate Cancer Pathways work. He highlighted that there was an issue with Specialist Multidisciplinary Teams (MDT) and how that would move forward so the design needed a bit more working through. The Managing Director for WAHT echoed the Group Chief Executive's comment regarding WAHT leadership and offered to work with the Group Medical Advisor on how to move the work forward.

7. NHS Strategic Developments Update

The Group Chief Executive updated the Committee on the current strategic developments within the wider NHS. This included the NHS Long-term plan, financial challenges and future changes and the Earned Autonomy model.

8. Foundation Group Boards Overview and Agenda Planning

The Committee reviewed the draft agenda for the February 2025 Foundation Group Boards meeting, which was approved. They did request the removal of the National Single Oversight Framework Update, which was scheduled, due to this be unlikely to be ready.

9. Foundation Group Strategy Committee Terms of Reference Review

The Committee reviewed and approved its Terms of Reference for 2025/26.

Recommendation

The Foundation Group Boards is asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 17 December 2024.

Chelsea Ireland
Foundation Group EA